

STEADY PROJECT **INTERVENTION MANUAL**

COLLABORATIVE CARE, COGNITIVE-BEHAVIORAL PROGRAM FOR DEPRESSED YOUTH IN A PRIMARY CARE SETTING

Version June 14, 2002

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This manual borrows from several source manuals, including:

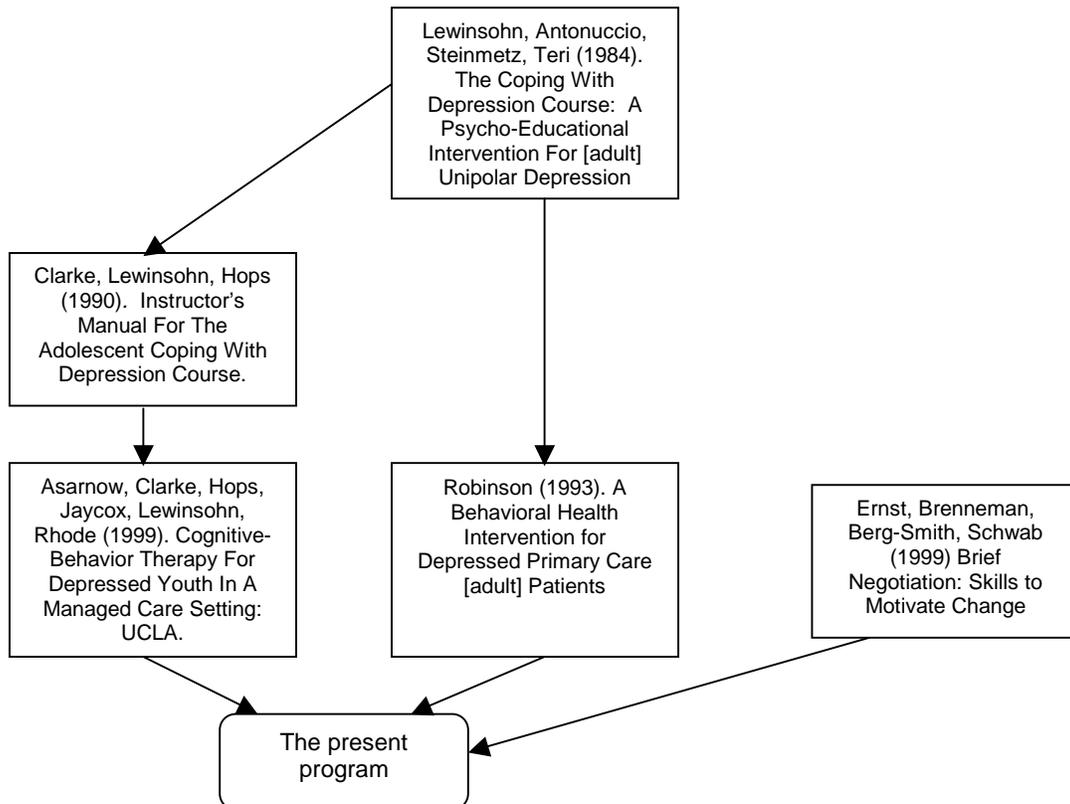


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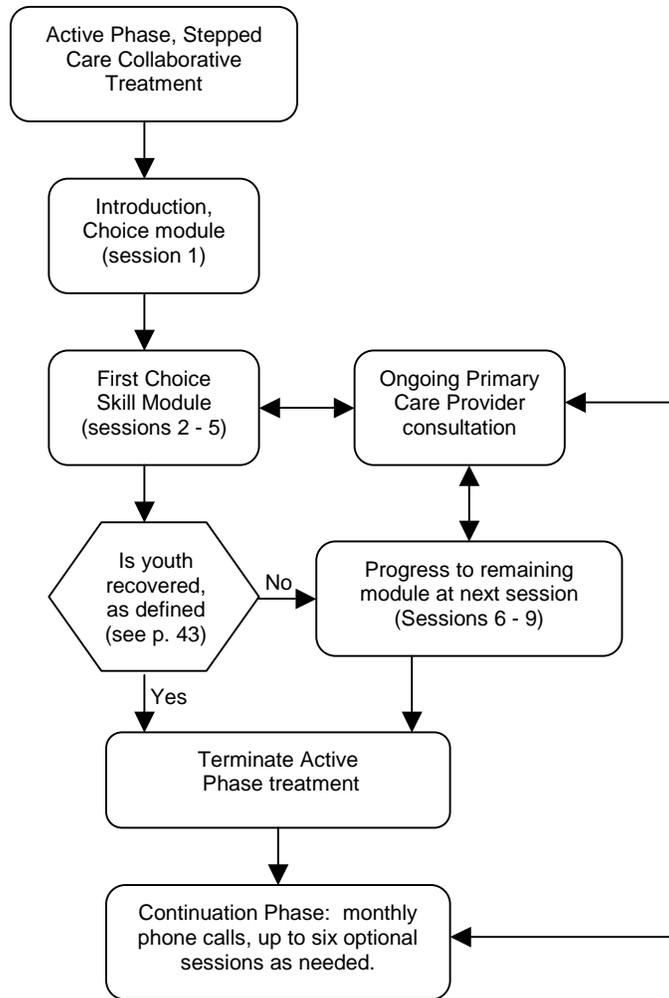
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STEADY Intervention Model Diagram



Guidelines for Counselors:

1. Encourage Participation and Keep Youth Actively Involved.

The more active and involved youth are the more likely they are to process the information provided in sessions. Rather than lecturing at youth try to convey information in the form of questions and use real life examples they provide whenever possible.

2. Emphasize links between feelings, actions, and thoughts in all modules.

Although the emphasis in different modules is on one of two components(thoughts or activities), it is important to highlight the links between feelings, actions, and thoughts across components. This is important for two reasons: 1) It is artificial to think of any situation only in terms of one aspect of the situation. For example, different thoughts about situations are likely to lead to different actions in a situation, which is likely to lead to different outcomes. 2) Different youth will have different patterns of responding. For some youth, it will be important to emphasize thoughts - for other youth actions may be more critical. Consequently, by emphasizing the links between all components of the intervention you will be more likely to address the needs of all youth.

3. Feedback on Medication

Never give medical directions specifically for that individual, unless you are asked to convey a message by the primary care provider (PCP) or psychiatric consultant to the study. When describing medication issues, be careful to state information in generic terms. For example, rather than tell a given youth to stay on their anti-depressant medications for six months, state "Usually, six months is the shortest time that doctors want their patients to stay on medications - this gets people past the point where they are most likely to fall back into depression." If pressed by youth or parent(s) for specific recommendations, remind them that you are not a medical doctor, but that you are happy to carry their question to their PCP, and relay the answer back to them.

4. Normalize Youth's Experiences

A potentially curative aspect of these sessions is the normalization of each youth's experiences. Assure your participant that depression is very common; it is the most common emotional problem in both adolescents and adults, affecting as much as 25% to 35% of all persons at least once in their lifetime. Assure youth that they are "not crazy" for feeling this way. Depression may be a normal reaction to life stresses, but one that they may have become "stuck" in.

5. Following the Manual

The text in the therapist manual is meant to be a guide. The first few times you do the intervention you may want to follow the text fairly specifically but once you become familiar with the concepts just make sure that you cover these main points and feel free to express the ideas in your own words. The important thing is that the general material and

concepts are covered and that you are able to customize the specific examples to meet the participants needs and not feel stilted in your presentation of the material.

6. Using Motivational Interviewing

There may be a number of times over the course of working with an individual that he or she seems discouraged, resistant, and/or ambivalent (e.g., about how things are going overall, continuing with the intervention, or taking his or her psychotropic medication). Brief motivational interviewing techniques are useful ways to respond to such reactions. These approaches give the counselor tools for helping the youth get “unstuck” without getting into a push-pull process with the counselor cajoling and the youth resisting these efforts. The aim is to build a collaborative relationship with the youth in which the youth actively participates in setting the agenda for the intervention. Listed below are some general motivational interviewing strategies that may prove useful.

General MI Strategies

FRAMES Components:

(Try to incorporate as many of the FRAMES components as possible into your discussions with the youth. Acknowledge and express appreciation for the youth’s willingness to discuss their perspective on change)

Feedback- Provide youth with personal feedback regarding their individual status and where they stand in relationship to norms and standards.

Responsibility- Emphasize the youth’s freedom of choice and personal responsibility for their choices.

Advice/Education- Provide clear recommendations or advice in a supportive, non-threatening manner.

Menu- Provide options for youth to chose from.

Empathy- Express empathy; accurate reflective listening, warm and genuine manner, non-judgmental approach.

Self-Efficacy- Reinforce the youth’s sense of self-efficacy regarding their ability to make or maintain behavioral or lifestyle changes.

General Guidelines for Discussion:

Share personalized feedback in a neutral manner. Offer professional advice/opinion in a motivation-enhancing manner. Offer new information to help the teen’s decision making process, for example:

“This is what we/your doctor recommends, and our experience is that (taking medication/counseling) is one of the best ways people can improve/manage their mood.”

“We strongly encourage you to (consider increasing your pleasant activities).

Experience has shown that this is one of the most important things a person can do to help manage their moods.”

Some particular MI approaches to medication compliance issues

Assessing and Exploring Medication Adherence:

“On a scale from 0-10, with 0 being “not at all ready” and 10 being “very ready”, how ready are you to consider taking your medication everyday?”

“Why did you pick a (4)? What does a (4) mean to you?

“Why did you pick a (3) and not a (1)?”

“What would need to be different for you to move from a (2) to a (5)?”

“Let’s suppose you decided to _____ sometime in the future. Why would you want to do it? How would your life be different?”

Exploring Ambivalence about Taking Antidepressant Medication:

(Generally want to help youth verbalize and clarify conflicting thoughts and feelings about the behavior)

“What are some of the things you dislike about taking (Paxil)?”

“What are some of the things you like about taking (Paxil)?”

“What are some of the reasons that you find it difficult to (take your medication)?”

“What are some of the reasons that make it easier to take your medication?”

“What are some of the reasons you would want things to stay the same as they are now?”

“What are some of the reasons for making a change?”

INTRODUCTION, CHOICE MODULE

Materials needed for this session:

1. Workbook
2. Extra pens and pencils
3. Synapse picture
4. "Beliefs about Medications" form
5. "Beliefs & Knowledge about Medication" cards
6. "Important Information about Using These Medications" Handout
7. "Some Common Side Effects" Handout
8. Medication Plan

AGENDA

- I. INTRODUCTIONS, OVERVIEW
- II. MOOD QUESTIONNAIRE
- III. MEDICATIONS CHECK
- IV. CHOOSING HOW TO CHANGE YOUR LIFE
- V. MOOD DIARY

I. INTRODUCTIONS, OVERVIEW

I'm _____. I'm very happy that we'll be meeting together to help you find solutions to any problems or issues you have.

Confidentiality

- Anything you say in these meetings is confidential.
- However, I will be sharing information about how you're doing with your doctor (who prescribed your medication). This includes information about your medication, side effects, etc.
- Also, if there is a medical emergency, or abuse going on, or someone may be hurt, or a legally approved law enforcement request I would have to break confidentiality.

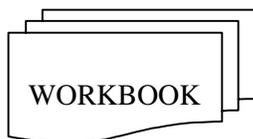
Briefly, today and each session we'll be meeting between 30 and 45 minutes.

- First, I'd like to take a bit of time to get to know each other, talk about how things are going for you and how our meeting together might be most helpful for you.
- Then, I'll ask you to fill out a short questionnaire about your mood.
- After that, we'll talk about your medications, and how that has been going – any side effects or improvements you've noticed (or not). This is something we'll do at every session.
- Then I'll describe some choices we have about what to work on in these meetings, and you can choose or start to think about which approach you like best.

? How does that sound? Anything else you'd like to work on, or talk about?

First, a quick overview of your Workbook. Learning new skills in these meetings sometimes takes practice. The workbook helps with this, with pages to write your notes on, practice skills you've learned, and more. The pages are numbered for each session; for example, C.1 is the first session for this module the "choice" module, A.4 is the fourth session of the "activities" module, and T.2 is the second session of the "thinking" module. Later in our meeting today, I will explain more about what each of these modules are about.

II. MOOD QUESTIONNAIRE



Ask youth to turn to the Mood Questionnaire #1 at the end of his or her workbook.

In these sessions I'm going to teach you some ways to control the way you feel. Before we start, we need to measure how you feel about yourself and your life now. After we meet several times, we will measure how you feel again to see how much change there is. Can you fill out the Mood Questionnaire right now? I will be the only one reading your responses, so please answer the questions honestly.

When you're done, tear out that page and give it to me. I'll write down your total, and return the questionnaire back to you. I will keep your scores private.

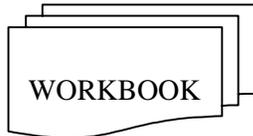
Counselor: Collect the completed Mood Questionnaire; check youth's addition of the score, record it, and return it. If appropriate, give them feedback about ranges of scores: Mild = 0-15 Moderate = 16-27 Significant = 28 or higher
Remind youth that no score on any question can really "classify" someone as having something or not.

III. MEDICATION CHECK

- **Encouragement**

- Medications often take time before you begin to feel better. Stick with it!
- The skills you'll learn in these sessions, starting today, will help you feel better now while the medication may be still taking time to "kick in."
- Sometimes people have side effects – I'll ask you about these in a minute. There are useful things we can do to cope with side effects that bother you – don't give up on your medications just because of side effects.

- **Medication Issues**



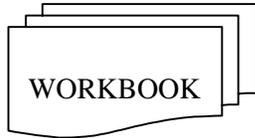
Ask youth to turn to page C.1

- There is a biological aspect to depression or its symptoms (sleep and appetite problems, sadness, irritability, pain) that medications may help with.
 - Using medications often makes it easier for people to start behaving and thinking in ways that will improve their lives.
 - The medication you are taking (*Youth's medication*) affects one of the most important brain chemicals that is related to mood: serotonin. (*Look at the synapse picture on page C.1*).
 - These chemicals are represented by these little dots in this picture. Medications may help your brain use these chemicals more efficiently.
- **Medication History**
 - Let's talk about your use of _____ for a few minutes.
 - This program is designed to help you use _____ successfully.

First, have you used an antidepressant medication before? What? How long did you use it? Did you have any side effects? What beneficial effects did you experience? How much improvement did you get from your medication?
 - **Steps to Success**
 - There are two steps we can take to help your medication be more successful:
 - (1) Having accurate *beliefs and knowledge* about your medication, or drugs in general
 - (2) Having a specific plan to *cope with side effects*

- **Beliefs And Knowledge**

- **First, let's look at your beliefs about medications for a moment**



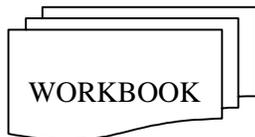
Ask youth to turn to page C.2

[Counselor: Have youth complete the Beliefs about Medications form. Discuss any beliefs the youth endorsed. Use *Motivational Interviewing techniques* to examine the evidence pro and con, regarding the specific beliefs about the medication.]

Another important area is your knowledge about use of the _____. While your doctor probably told you these things, I want to make sure that you know that:

- (1) **It will take 2 to 3 weeks for you to begin to experience beneficial effects from the medication;**
- (2) **You will need to take the medicine everyday;**
- (3) **Stop the medicine only when you decide with your doctor that it is OK to stop;**
- (4) **Call you doctor or myself if you are concerned about an unpleasant sensation that you think might be related to you medication.**

This information is written here page C.3 in your workbook.



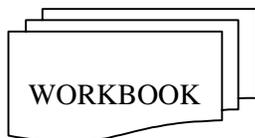
Ask youth to turn to page C.3

Review Medication Information

[Counselor: Review information on page C.3: "Important Information about Using These Medications."]

? Do you have any questions about _____?

SIDE EFFECT PLAN:



Ask youth to turn to pages C.4 and C.5

As you may know, side effects are common during the initial phase of treatment with medications. Many of these are listed on page C.4 -along with ways to deal with them.

[Counselor: (Ask youth about side effects that are currently bothersome and how well he/she has been able to adhere to medications. Suggest how youth's success in adhering to previous prescriptions, even if not antidepressants, may give ideas for strategies to use now. Record side effects on Medication Plan (page C.5), along with specific coping strategies the youth wants to use in the "Plan for coming week" section (the coping skills are listed in the Side Effects handout). Ask youth about specific beneficial effects they are hoping to experience in the coming week and encourage attention to small changes in these areas. Complete all sections of Medication Plan - Page C.5.]

IV. MAKING A CHOICE

A little background information about personality can help you choose one of two approaches to overcoming sadness and distress to work on over the next few sessions.

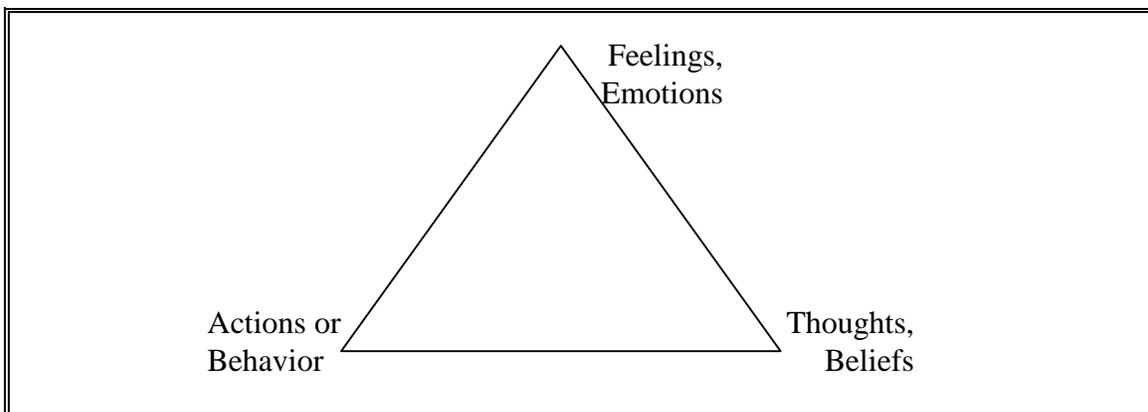
Your Personality Has Three Parts

We believe that each of us has a personality with three parts. This is important, because it helps us think about how to get control over depression.

Counselor: Show teen the following diagram in their workbook, or draw it on a paper pad.

Depression can start in any of these three areas: Feelings and Emotions, Actions, or Thoughts. Each area affects the other two. Which of these three parts do you think are easiest to control, or change?

[from workbook]



Counselor: If youth focuses on changing emotions first, respond by saying, “*Most people try to change their emotions; for example, they try to feel better first, but this is the hardest part to change. It is much easier to learn skills to change your thoughts and actions, and this will, in turn, change how you feel.*”

DEPRESSING actions and thoughts have unpleasant and depressing results. **POSITIVE** actions and thoughts make us feel good.

? Can you think of any Depressing actions and thoughts?

? How about positive actions and thoughts?

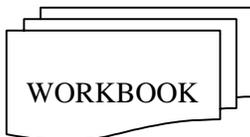
[Counselor: here are examples if youth cannot generate any.]

- 1. Withdrawing from friends.
- + 2. Having fun with friends.
- 3. Telling yourself that you are boring.
- + 4. Reminding yourself about someone who cares about you.]

Emotional Spirals

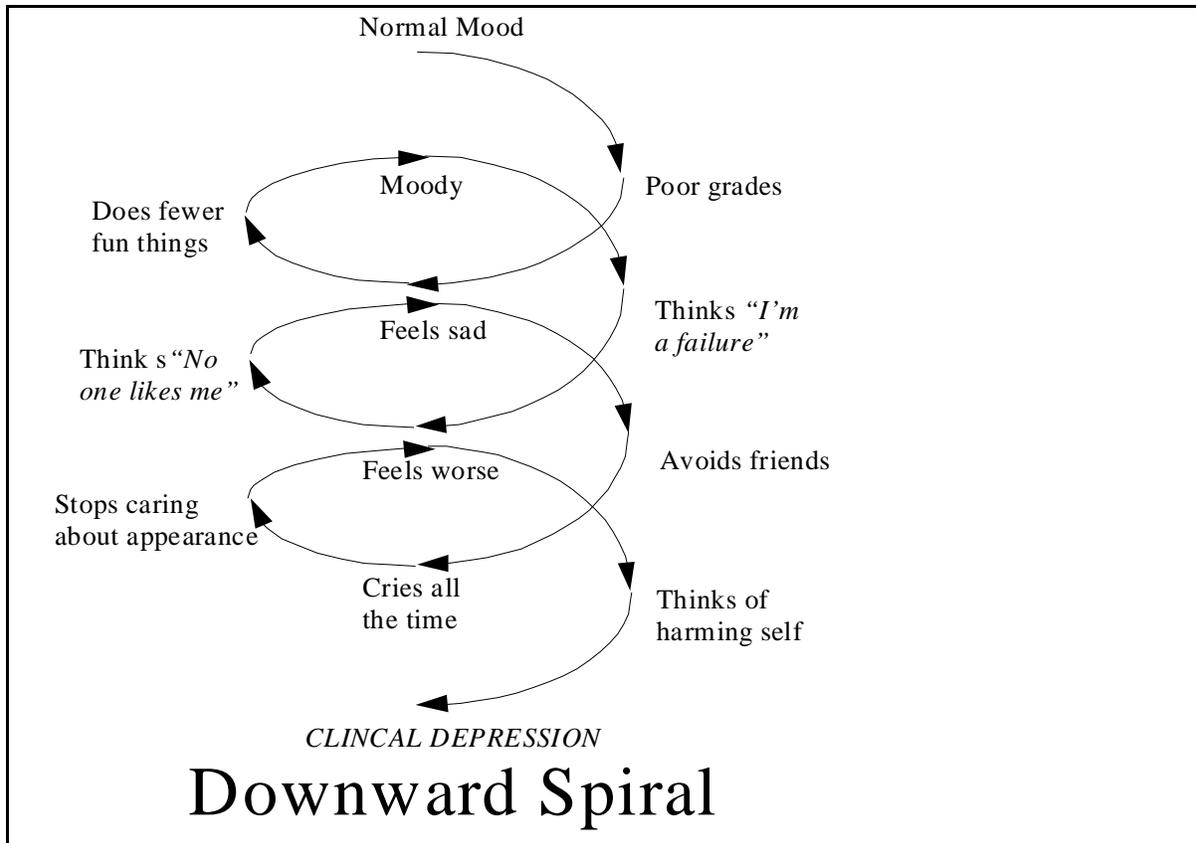
When we feel BAD, we're less likely to do things we enjoy, and we then have doubts about our ability to be successful doing those things (for example, making new friends). This can lead to doing fewer positive things in the future.

When we're SUCCESSFUL at doing something, we feel good, we gain self-confidence, and are encouraged to do more positive things in the future.



Show youth the emotional spiral diagrams on pages C.6 and C.7, or draw them on a paper pad.

You can think of either of these as A SPIRAL that can move in one direction or the other. How you feel affects how you think and behave, which then affects how you feel and think, and so on. Remember the triangle that represents the three parts of your personality? How each part affected the other?



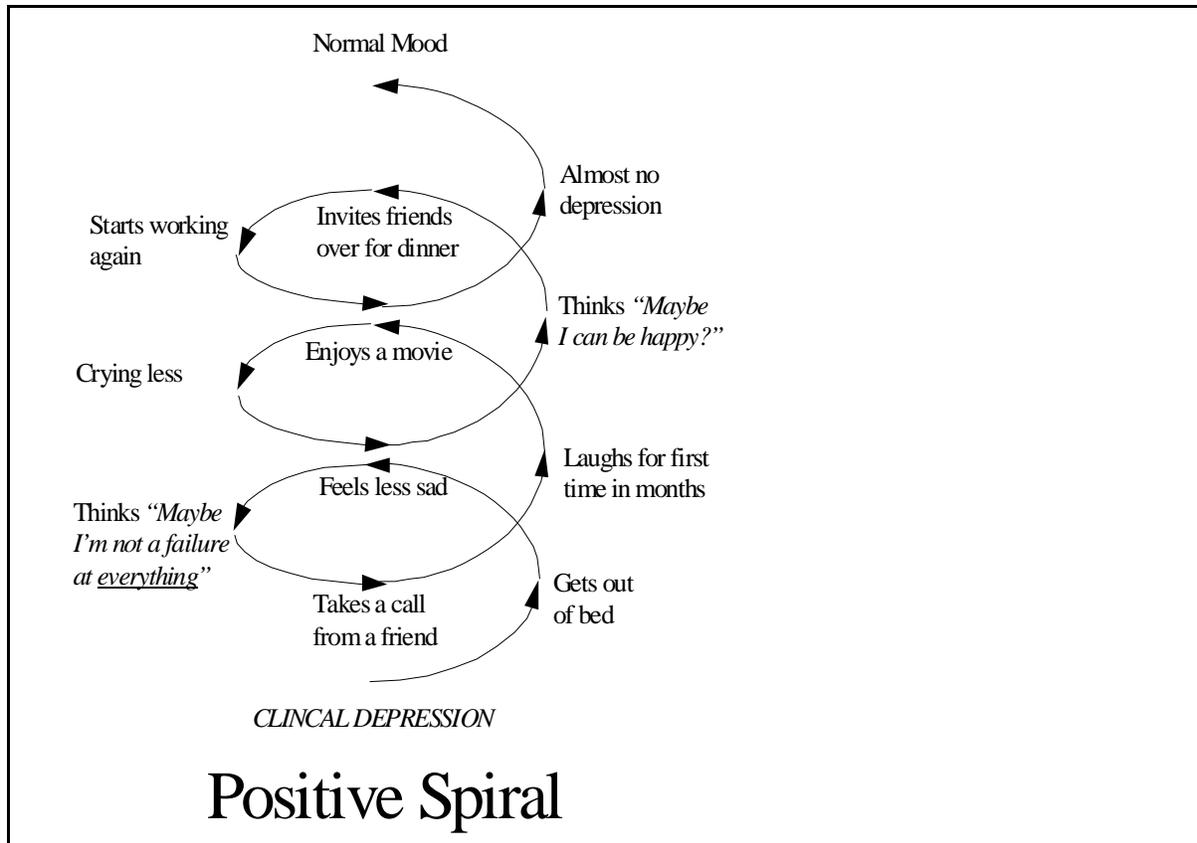
? What are some things that can start a spiral *DOWNWARD* into depression?

Some possible answers to note if none are generated:

1. Participating in few positive or fun activities.
2. Feeling depressed.
3. Doing less.
4. Thinking negative thoughts.
5. Feeling even worse, then doing less, etc.

More specific examples:

6. You have been receiving bad grades
7. You need a job.
8. Breakup with a boyfriend or girlfriend.
9. You had an argument with your best friend.
10. You have been fighting with your parents



? What are some of the things that can start a spiral *UPWARD*?

Some possible answers to add if none are generated:

1. Being successful at something.
2. Feeling confident.
3. Doing more fun things.
4. Having friends.

More specific examples:

6. Exercise more often.
7. Studying harder.

I'm going to read some examples to you. While you listen, think about two things: First, what kind of spiral is represented in each example? Second, what keeps the spiral going?

EXAMPLE 1. a (for a younger client): Mark, a 13-year-old, was doing poorly at school for many months. Mark was beginning to feel like a failure and that he would never be successful at anything. Over the next few months, Mark started pulling away from his friends and family and spending more time alone in his room, thinking that no one liked him or wanted to spend time with him. He began feeling depressed, gloomy,

and tired. He also had difficulty concentrating, and his grades got even worse. He skipped school several days a week, spending the days alone, unhappy and confused.

EXAMPLE 1.b (for an older client): Sara, an 18-year-old living on her own and out of school, has been out of a job for many months since she was let go from her last job. When she was first laid off, she was sure she would find another job right away. However, with each failed interview she began to lose confidence in herself and feel that she wasn't qualified to do anything. As a consequence, she has begun to spend less time with her friends and family. Bills are also beginning to pile up. She feels gloomy, depressed, and tired. She is so affected by her feelings that she has given up on going to job interviews and just doesn't care about her money problems anymore.

OPTIONAL:

EXAMPLE 2.a. (for a younger client) When Mark began coming to the sessions, he was sure that things would never get better for him. However, he worked with his counselor to develop a plan to change his thoughts, feelings, and actions. In the past, Mark had enjoyed playing his guitar with some musician friends, but when he became depressed he stopped doing this altogether. With encouragement from his counselor, Mark started playing guitar with his friends again. As Mark became more socially active and spent less time thinking negative thoughts about himself, he found his depression lifting and his mood improving, even though he'd done nothing directly to change his mood.

EXAMPLE 2.b: (for an older client) When Sara began coming to the sessions, she was sure that things would never get better for her. However, she worked with her counselor to develop a plan to change her thoughts, feelings and actions. In the past, Sara had enjoyed dancing with her friends, but when she became depressed she stopped doing this altogether. With the encouragement from her counselor, Sara started dancing with her friends again. As Sara became more socially active and spent less time thinking negative thoughts about herself, she found her depression lifting and her mood changing, even though she'd done nothing directly to change her mood.

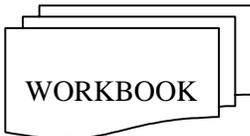
Counselor: Review the section below on the ways in which these sessions will impact the spiral of depression. Highlight the two counseling modules (“Fun Activities” and “Changing Your Thinking”).

In these sessions, we have the choice of starting with one of two skills approaches to change the downward spiral to an upward one. Both work about equally well.

- (1) We can work on changing *ACTIONS* or *BEHAVIORS* by increasing pleasant activities—doing more fun things. This involves making a plan, and choosing fun things to do that are realistic – that you can do often, and can afford. Pages A1.5, A1.6, A3.3 and A3.4 in your workbook are good examples of this approach.**
- (2) We could also work on changing *THOUGHTS* by learning skills to uncover and stop negative or unrealistic thinking, and to increase realistic and positive thinking. Pages T1.3, T1.5, T2.4 and T2.6 in your workbook are good examples of this approach.**

Doing either one of these two approaches will help to change your mood or *FEELINGS*.

Don’t worry about making the “perfect” choice. You can’t lose - If the first skill you learn doesn’t work for you (that is, you don’t feel better), we will automatically move on to the other skill.



The information above is summarized on workbook page C.8

GATHERING INFORMATION:

In making this choice, it is often helpful to think about what has worked well for you in the past.

- ? Have you been in counseling or therapy before?**
- ? [if yes] What have you tried before? Does either of the two approaches I just described sound familiar?**
- ? What worked for you before? What didn't work?**
- ? What do you do for yourself (not in counseling) that helps you feel better?**
- ? When you feel down, what do you notice yourself doing to feel better? Does it help?**

- ? Are you a "doer" or a "thinker?" When you feel down, do you find yourself trying to think things through, or doing stuff to distract yourself?**
- ? What have you seen other people try that you might like to try?**

MAKING THE CHOICE AT THE NEXT SESSION

- **This is a lot of information to think about right away.**
- **You don't have to make a choice right now.**
- **When we meet next week, I'll ask you then which of these two approaches is more appealing to you.**

[Counselor: If the youth wants to make a choice right now, they are free to do so. However, encourage them to think it over during the next week.

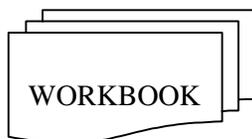
If the youth persists in wanting to make a choice right now, you are free to offer advice here, using discretion. However, the choice is ultimately up to the youth. If the youth is indecisive, try a motivational interviewing approach - examine their readiness to try any skill training at all. If they are hesitant, explore the barriers or risks they perceive, and what would help them feel more ready to try a new skill. Reflect this back to them.

If they are ready to try a new skill, but are having difficulty choosing an approach, remind them that they do not have to make a perfect choice. If they need to, they can try both approaches. Explore their reasons for and against choosing either approach - summarize this for them in a "pro" and "con" list.

Once they make their choice, **GATHER INFORMATION ON REASON FOR MAKING THEIR CHOICE, AND RECORD ON THE "CBT PROCESS DATA RECORDING FORM"]**

V. MOOD DIARY

Monitoring How You Feel and What you Do



Ask youths to turn back to the Mood Diary at the front of their workbooks (point out that there are several pages of this same form, for up to 9 weeks- start with Week 1).

Before we get started on your first “Skills” area, you will be keeping track of how you feel through the next few weeks by filling out a Mood Diary. As you can see, there are two boxes for each day of the week: one labeled “Mood”, and another labeled “Fun Activities”. We’ll talk about how to fill in the Mood boxes first.

The Mood part of the Diary uses a *SEVEN-POINT SCALE*. Before we talk about the seven-point scale of the Mood Diary, let's see how you would use a scale like this with other things. On a scale of 1 to 7, how warm are you right now? A rating of 7 is very, very hot, and 1 is very, very cold.

Counselor: Try to determine whether the youth knows how to use a seven-point scale by the way he or she answers this question. If youth seems confused, go through several more examples that are based on information that is relatively objective so you can check the results. The following are some suggestions: How warm is it at the North Pole? How warm is it in the desert? How warm is it in [Oregon] on the average? How warm is it today (more or less than the average?)

IF NECESSARY, consider some examples that are based on continuous dimensions such as difficulty, brightness, speed, redness, and so on. Keep doing this until you are sure the youth knows how to use a seven-point scale. Use the examples below only if it is not evident that the youth understands.

Examples, if necessary:

- ? How fast can you go on a bicycle?**
- ? How fast can you go on a car?**
- ? How fast can you go on an airplane?**

Mood Anchors

The seven-point Mood scale in the Diary in your workbook is used in a similar way. It's harder to decide what number our moods should have, however, without something to anchor the numbers to. So think of the *BEST YOU HAVE EVER FELT IN YOUR LIFE*. Now give this mood a number. If you think it's possible for you to feel even better than this, give it a 5.5 or maybe a 6.

Counselor: Write an example of a good mood anchor on a pad of paper.

Examples:

1. Money from the lottery.
2. Scored a winning touchdown, or had a solo performance in a musical.

Now think of the *WORST YOU HAVE EVER FELT*. If you think it would be impossible for you to feel any worse, give it a 1. If you might be able to feel worse, give it a 2.

Counselor: Write an example of a depressed mood anchor on a pad of paper.

Examples:

1. Pet died.
2. Best friend moved away.

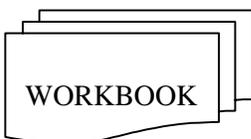
Now compare how you feel today with these two feelings. Give today's feeling a number, and write the number in the correct Mood box on the Mood Diary in your workbook. Then circle the corresponding number above the box.

Counselor: Model this process with a personal example.

Next time we meet you can compare how you feel with how you felt today. Every day at about the same time you should compare how you feel with the worst and best moments of your life and with how you felt the day before, too. Then write a number in the box for that day. You will be filling this form out throughout our sessions together. *IT'S IMPORTANT TO DO THIS AT THE SAME TIME EVERY DAY*. We suggest doing this at the end of the day, so that you can average your mood over the entire day.

[Counselor: If youth reports feeling very different in the AM and PM, ask if they would be comfortable averaging. If not, they can divide their mood boxes into two parts (with a diagonal line) and record the AM and PM mood ratings separately - with separate lines.]

V. LIFE EXPERIMENT



Ask youth to turn to the Mood Diary (in a separate section at the front of their workbook)

In most of these meetings, I'll be asking you to try a "life experiment" - to test out whether or not the ideas and skills we just talked about are useful for you. I'm hopeful they are - but the best way to find out is for you to "try them on for size." I will never ask you to complete anything between sessions that we will not be using during our meetings together. Hopefully this will eliminate unnecessary "busy work". We will use the information you gather through your "Life Experiments" to focus on the particular issues that are important to you, so try to make sure that you go through these life experiments at home each week.

Your life experiment for this session is to do the following:

- 1. Keep track of how you feel by filling out your Mood Diary. Let's do this for today, right now.**
 - 2. During our next meeting you can let me know whether you would rather start with the “activities” or “thinking” module. You may want to review each section in your workbook before then to try to figure out which you would like to begin with.**
 - 3. I will also be calling you by telephone before our next meeting just to check in and make sure you don't have any additional questions. What are good times and days to best reach you by telephone?**
 - 4. Remember to bring your workbook to every meeting!!**
- ? Do you have any questions?**
- ? Other things you want to talk about?**

Counselor: Remember to send an epic e-mail message to the youth's primary care provider about the youth's progress with the intervention and any other pertinent information (e.g., reported side effects, level of functioning) following this session.

Phone Contact (week 1): Preserver

Overview: 10 minutes

This phone call is to be offered to all youths and strongly recommended to youths with more severe symptoms and less strong social support resources.

The purpose of the call is to encourage adherence to the medication and to increasing fun activities. Introduce the idea that motivation often comes from doing; that even small behavior changes may lead to mood change. The counselor should record the contact on the "CBT PROCESS DATA RECORDING FORM" and communicate resulting treatment plans (if any) to other providers.

CHOICE MINI-MEETING C-2

Confirming the Choice

Counselor: this brief, 5-minute section (at the beginning of your second meeting with each youth) is to confirm or complete the choice of which skill to work on: cognitions or fun activities. This is always the second session, but is then followed in the same meeting by either session T-1 or A-1, depending on which of two skill areas the youth has selected.

Last time we met, we talked about two approaches to feeling better. Both work about equally well. Your job was to think about which of these you wanted to work on first (today, and for the next three meetings).

Just as a reminder:

- (1) We can work on changing *ACTIONS* or *BEHAVIORS* by increasing pleasant activities—doing more fun things. This involves making a plan, and choosing fun things to do that are realistic – that you can do often, and can afford. Pages A1.5, A1.6, A3.3 and A3.4 in your workbook are good examples of this approach.**
- (2) We could also work on changing *THOUGHTS* by learning skills to uncover and stop negative or unrealistic thinking, and to increase realistic and positive thinking. Pages T1.3, T1.5, T2.4 and T2.6 in your workbook are good examples of this approach.**

Doing either one of these two approaches will help to change your mood or *FEELINGS*.

Don't worry about making the "perfect" choice. You can't lose - If the first skill you learn doesn't work for you (that is, you don't feel better), we will automatically move on to the other skill.

? Which of these two approaches is more appealing to you?

[Counselor: you are free to offer advice here, using discretion. However, the choice is ultimately up to the youth. If the youth is indecisive, try a motivational interviewing approach - examine their readiness to try any skill training at all. If they are hesitant, explore the barriers or risks they perceive, and what would help them feel more ready to try a new skill. Reflect this back to them.]

If they are ready to try a new skill, but are having difficulty choosing an approach, remind them that they do not have to make a perfect choice. If they need to, they can try both approaches. Explore their reasons for and against choosing either approach - summarize this for them in a "pro" and "con" list.

Once they make their choice, GATHER INFORMATION ON REASON FOR MAKING THEIR CHOICE, AND RECORD ON THE "CBT PROCESS DATA RECORDING FORM"]

FUN ACTIVITIES SESSION A-1

Tracking Mood and Activities

Materials needed for this session:

1. Extra workbook (in case youth forgot theirs).
2. Extra pens and pencils.
3. Counselor's "Sharing Activity"
4. A copy of the Pleasant Events Schedule—
Adolescent Version.

Counselor: Write the Agenda on a pad of paper at the beginning of each class session.

[FROM WORKBOOK]

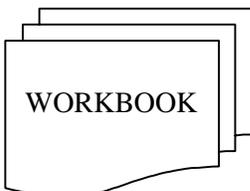
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. INTRODUCTION TO THE MODULE
- IV. KEEPING TRACK OF FUN ACTIVITIES
- V. LIFE EXPERIMENT

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth's progress and their plans for the future



Ask youth to turn to workbook page A1.1.

Review Medication Plan

- **How has it gone taking your medication since we last met?**
- ***If applicable:* Last time we talked you were having problems with “x” (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to notice that you also were “z” (e.g., sleeping better).**
- or -
- **How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?**
- **Have you noticed any new or continuing positive changes in how you feel this week?**

[**Counselor:** Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth’s reported side effects, beneficial effects, and plan for coping on the “Counselor Medication Review” form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use *motivational interviewing approach* to help youth step up / down the scale on “side effects”, “benefits”, and/or “commitment to medication”]

II. CHECK-IN (*not more than five minutes*)

Today we will focus on activities. First, I’d like to check in with you to find out how you’ve been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you’d like to talk about.

- ? How are you feeling?**
- ? How is your depression - any improvement?**
- ? Any thoughts of harming yourself? Harming others?**

Our expectations are important. Realistic expectations help us to succeed in what we choose to do. The important parts of change are:

- 1. Labeling something as a problem;**
- 2. Accepting that something can be done about it;**
- 3. Having the desire to change; and**
- 4. Being willing to work to make a change.**

? Where are you? Which of these steps have you done on your own, so far?

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth’s [continued] participation in the intervention.]

III. LIFE EXPERIMENT REVIEW

Review Youth Progress/Record Forms

A. Mood and Activity Diary

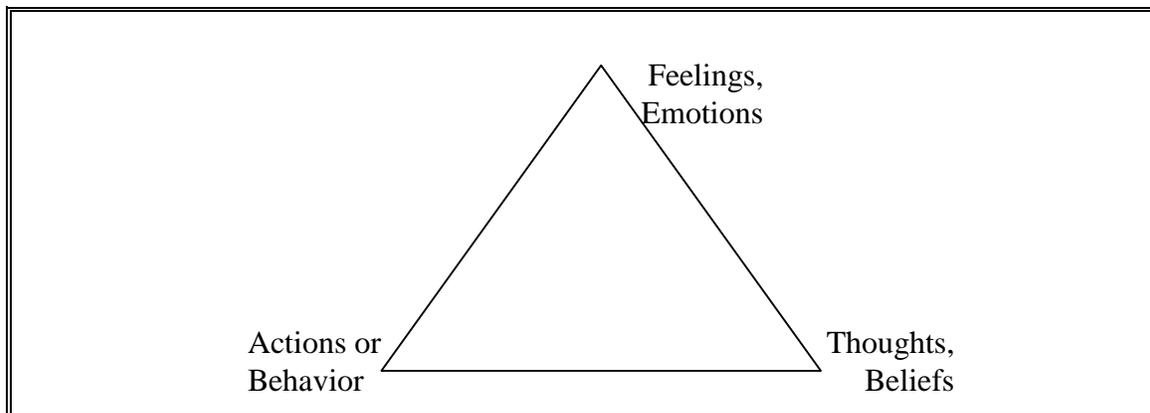
? Did you have any problems keeping track of mood or activities?

Counselor: If youth forgot to make ratings, have he or she make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

? Looking at the last few days in your Mood Diary, do you see any improvement in your mood?

IV. INTRODUCTION TO THE FUN ACTIVITIES MODULE

Counselor: Remind youth of the triangle figure – show them the figure in their workbook, or the version shown below.



Today, and for the next three sessions, we are going to focus on ACTIVITIES. When people are depressed, they often stop doing fun things. But doing fun things is one way to begin to feel better, and to protect yourself from getting depressed.

? How does that sound to you?

? Do you think this is going to be helpful? Fun? Hard work?

Emotional Spirals

Remember emotional spirals? When we feel BAD, we're less likely to do things we enjoy, and we then have doubts about whether we can do those things (for example, making new friends). This can lead to doing fewer positive things in the future.

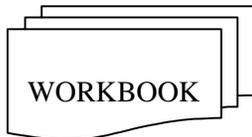
When we're SUCCESSFUL at doing something, we feel good, we feel more confident, and are encouraged to do more positive things in the future.

We are going to be working on increasing fun activities over the next several meetings.

V. KEEPING TRACK OF FUN ACTIVITIES

Objectives

1. To demonstrate how to do a simple baseline count.
2. To help youths understand how to look for and interpret patterns in mood and activity charts.



Ask youths to look at Mood and Activity Diary (in a separate section at the front of their workbook).

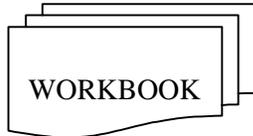
You remember the “*Fun Activities*” boxes on the Mood and Activity Diary? We’re going to use those boxes to keep track of how many fun activities you do each day.

Why Is This Important?

Keeping track of your fun activities and your mood over the next few weeks is helpful because we can use this information to *SET GOALS*. Try to think about doing more fun activities.

- ? Think of a day when you felt really great - a “7” day on the Mood scale. What kinds of things were you doing on that day? How many fun things did you do that day?**
- ? Think of a day when you felt really low or sad - a “1” or “2” day on the Mood scale. What kinds of things were you doing on that day? How many fun things did you do that day?**

Counselor: What you're looking for here is for youth to understand the relationship between mood and activities - feeling good and doing fun things, or conversely doing very few fun activities and feeling down.



Ask youth to turn to page A1.2.

Page 1.2 is an example of a Mood and Activity Diary filled out by a youth called Susan. She has connected the mood and activity numbers from day to day, so it is easier to see what changes there are over time.

? Do you think the changes in her mood and fun activities are related?

Look at Susan's chart. The dashed line is her daily mood score, and the solid line is the daily total of fun activities.

OPTIONAL - IF YOUTH DOESN'T UNDERSTAND THE CONCEPT

? Is Susan's mood related to the number of fun activities she does?

(Answer: Yes, mood and the number of fun activities are usually closely related. See how both lines tend to move up and down together? This means that one is probably related to the other.)

? When you're sad, are you likely to do more or less fun activities?

(Answer: Most people are likely to do fewer fun activities and be less active. You may be similar or different.)

? If you do fewer fun activities, how do you usually feel afterwards? Better or worse?

(Answer: Most people will generally feel worse.)

? If you do more fun activities, how do you usually feel afterwards?

(Answer: Most people will feel better.)

You might notice patterns when you fill out this type of chart. For example, you might tend to feel worse on Mondays when you have to go back to school. Or you might feel worse on weekends when you don't have a regular routine.

? Can you think of any patterns that you might have?

IMPORTANT FUN ACTIVITIES

There are some fun activities that have been found to be especially important for counter-acting depression. These are called **MOOD-RELATED ACTIVITIES**. There are two types of fun activities that are particularly effective in reducing depression.

1. **FUN SOCIAL ACTIVITIES.** Time spent with other people (friends, family) that are positive, pleasurable, and fun.
2. **SUCCESS ACTIVITIES.** Experiences that make us feel like we've done a good job at something

? Can you think of any social activities or success activities important to you?

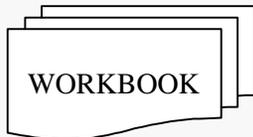
OPTIONAL ACTIVITIES - IF YOUTH DOES NOT UNDERSTAND ABOVE

Social activities:

1. Going to the movies with friends.
2. Playing a sport on a team.

Success Activities:

1. Saving enough money to buy something for yourself.
2. Helping a younger sibling with his/her homework.



Together, complete the activity on page A1.3

Counselor: Review the correct answers when the youth has finished.

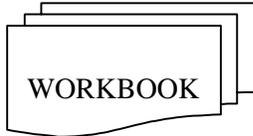
The activities that don't fall in either category are generally not mood-related activities such as working or being alone. Doing these activities are **NOT** likely to change your mood.

Now I want you to answer the question at the bottom of page A1.3. Think about yourself for a moment.

- ? What kind of activity would make you feel happiest if you did more of it—*social* activities or *success* activities?**

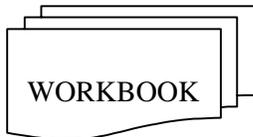
Selecting Fun Activities

Now you're going to decide which fun activities you will keep track of. Let's fill out a diary like Susan's. We'll use the diary later to make a plan for doing more fun activities.



Ask youth to turn back to first "Mood & Activity Diary page (in a separate section at the front of their workbook)

At the bottom of each Mood and Activity Diary page is a place to write down fun activities which you will keep track of during the next three or four weeks. You can add more activities later on, during the week.



Ask youth to turn to pages A1.4, A1.5 and A1.6

Imagine that you have a day off from school, and have nothing scheduled.

- ? What would you do to have fun, with no limits placed on you?**

Counselor: Act as secretary and write these down. Below, you and the youth will see which of these "fit" the guidelines for fun activities to track.

Follow the directions on page A1.4. If you need more ideas, look at the list of fun activities on pages A1.5 and A1.6 (*this is an optional list*). Select 10 fun activities to keep track of. Write these down on the bottom of your Mood and Activity Diary. Remember: you can add more later to this list, if you want.

- ✓ **TIP:** You might also want to fill in the last line with "OTHER FUN ACTIVITY," to remind yourself to count other fun activities that happened that day that weren't on your list.

Counselor: Take about *10-minutes* for the youth to read the directions and fill out the tracking form with your help. Try for a minimum of 10 activities. At least 2/3rds of the activities should be Social or Success activities, but some solitary activities are also allowed. If the youth has brainstormed enough fun activities during the "day off from

school" exercise, then s/he may not need the lists on pages A1.5 and A1.6 (*these are optional*).

Use the guidelines on page A1.4 (that is, activities that are frequent, fun, low cost, not objectionable to parents or teachers, observable, and under the control of the youth) to generate a list of activities that youths can track on their mood diary (emphasize the social activities, since these are the most important for lifting depression).

How to Keep Track of Fun Activities

Part of this session is to keep track of your mood each day, and how many fun activities you do each day. This is how you do it. Look at the list of fun activities at the bottom of your Mood and Activity Diary. Count up how many of these you did that day, and write that total number in the box marked "Fun Activities" for that day.

For example, if you listen to the radio once or twice in one day, and then talked to a friend on the phone, you would write the number 2 in the "Fun Activities" box for that day. *At the end of each day, just sit down and think through the day, and get a total of the fun activities you did.*

At the same time, you should also fill out your "Mood" boxes on the Diary. If you notice any *patterns* or *reasons* for doing more or fewer activities, write some notes about this in the margin of the diary.

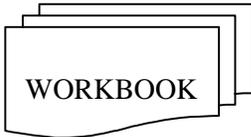
Try to record activities accurately. The goal is for you to learn something about yourself. You are not trying to prove anything to anybody, and *you are not attempting to change at this point*. You are just trying to get a good look at your own behavior, to see how your number of activities and mood are related.

Before we go on, I'd like to check in with you:

- ? How do you think it will be to keep track of your fun activities?**
- ? What might make it difficult to do this?**
- ? Do you think it will be helpful for you? Or not?**

Counselor: use MI techniques to judge the youth's commitment to starting this life experiment. If necessary, explore ambivalence and reasons for hesitancy. Try to suggest to youth that this is an "experiment" - to test out whether or not the ideas and skills are useful for them. You are uncertain too - and the best way to find out is to "try them on for size."

VI. LIFE EXPERIMENT



Ask youth to turn to the Life Experiment assignment on page A1.7

In most of these meetings, I'll be asking you to try a "life experiment" - to test out whether or not the ideas and skills we just talked about are useful for you. I'm hopeful they are - but the best way to find out is for you to "try them on for size."

Notice that the life experiment for this session is described on page A1.7.

Your life experiment for this session is to do the following:

- 1. Keep track of how you feel by filling out your Mood and Activities Diary .**
 - a. Let's do this for today, right now.**
 - 2. Remember to bring your workbook to every meeting!!**
- ? Do you have any questions?**
- ? Other things you want to talk about?**

FUN ACTIVITIES SESSION A-2

Learning How to Change

Materials needed for this session:

1. Extra workbook
2. Calculator
3. Colored pencils or pens

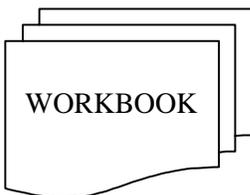
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. LIFE EXPERIMENT REVIEW
- IV. LOOKING AT MOOD and ACTIVITIES
- V. CONTRACTING
- VI. LIFE EXPERIMENT

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth's progress and their plans for the future



Ask youth to turn to workbook page A2.1

Review Medication Plan

- **How has it gone taking your medication since we last met?**
- ***If applicable:* Last time we talked you were having problems with “x” (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to notice that you also were “z” (e.g., sleeping better).**
- or -
- **How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?**
- **Have you noticed any new or continuing positive changes in how you feel this week?**
- **How is your depression - any improvement?**
- **Any thoughts of harming yourself? Harming others?**

[Counselor: Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth’s reported side effects, beneficial effects, and plan for coping on the “Counselor Medication Review” form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on “side effects”, “benefits”, and/or “commitment to medication”]

II. CHECK-IN / REVIEW

Check-in (not more than five minutes)

Today we will continue to look at moods and fun activities but, first, I’d like to discuss how your life experiment went and check in with you to find out how you’ve been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you’d like to talk about.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth’s [continued] participation in the intervention]

III. LIFE EXPERIMENT REVIEW

Review Youth Progress/Record Forms**A. Mood and Activity Diary**

? Did you have any problems keeping track of mood or activities?

Counselor: If youth forgot to make ratings, have him or her make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

? Looking at the last few days in your Mood Diary, do you see any improvement in your mood?

IV. LOOKING AT MOOD and ACTIVITIES

Objectives

1. To demonstrate how to chart lines for pleasant activities and mood.
2. To help youth learn how to analyze mood and activity data.

Today, we'll look at your mood and fun activity information, and decide which changes to work on first. Then we'll talk about how to make those changes.

LEARNING TO CHANGE IS DIFFERENT THAN WILLPOWER.

Learning to change is a *SKILL* you can improve with practice. It's not a question of willpower.

? What do you think about this idea?

? Do you believe you can learn how to change the way you are?

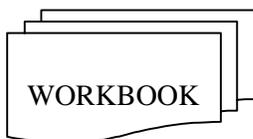
There are two important ingredients for learning to change:

1. ***BELIEVING THAT YOU CAN CHANGE.*** It's important to have confidence that you can change.
2. ***MAKING A PLAN FOR CHANGE.*** This is what we're going to do today.

The first step is to find out *what you are doing now*. You've been doing that for several days with your mood and fun activities. The next step is to look at this information, and see what's happening.

Counselor: Charting information may be difficult for some adolescents. Refer frequently to the sample mood diary on page A1.2 - you may need to color the lines in different colors to clarify the relationship between the written numbers and the lines.

Using Mood and Activity Information



Ask youth to look at the sample completed Mood diary on page A1.2.

1. **First, we'll connect your daily totals of fun activities and mood to make two lines, similar to Susan's Mood and Activity Diary.**
2. **Look at the vertically-stacked numbers above the "fun activities" box. There are only even numbers: 0, 2, 4, 6 and so on. If you have an odd number of fun activities on any day, like 5 activities, you'll have to circle the space between 4 and 6.**

Counselor: (Point to various places on the sample scale; for example, 5 activities, etc.).



Ask youth to turn to their own Mood Diary.

3. **Now, turn to your own Mood and Activity Diary, and circle the number of fun activities you've done each day. Then, connect those circled numbers. Be careful to connect only the fun activity numbers across each day, not the mood numbers!**

Counselor: Confirm that youth is doing it correctly.

4. **Finally, let's do the same thing for your daily mood ratings: circle the vertically-stacked number above the "mood" box which matches your daily mood for that day. Then, connect the circled mood numbers across each day - be careful not to connect any daily activity total to this "mood" line! Use a different colored pen than you used for the fun activities, so you can tell the lines apart.**

Is there a Relationship?

- ? Look at your mood and fun activity lines. Do they go up and down together?**
- ? Do you have mood and activity lines which don't seem to go up and down together?**
- ? If so, why do you think these don't go up and down together?**

A: Pleasant activities might not be too important for you. Or, you might not be keeping track of the type of fun activities that really matter to your mood - may need to change those activities.

CHOOSING A MOOD GOAL

Now that you've looked at how your mood and fun activities are related, it is time to chose a goal for both. This is where you want to be each day over the next week or two.

Now you need to decide on a goal for your mood. This involves choosing a mood level that you would like to stay above.



Work though the questions on Page A2.2 with the youth.

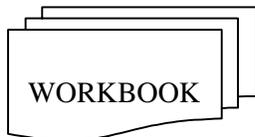
Counselor: Help youth select a goal of 3, 4, or 5 (essentially, somewhere in the middle - stay away from the extremes). A good starting place is one point higher than his or her lowest mood level in the last week (e.g., with a low mood of 2 in the past week, the mood goal would be 3). However, this starting mood goal can be changed up or down, if youth and therapist think there are good reasons. Encourage youth to discuss the reasons for their choice. Use the following questions to guide the discussion.

- ? Why did you choose this number as your goal?**
- ? Is it just a little bit higher than your lowest mood level last week? If not, you should consider choosing another goal. We want you to be successful in meeting your goal, so it's important to be realistic.**

You can always raise your goal to a higher mood level later on. This is just the first, small step to your final goal.

CHOOSING A FUN ACTIVITY GOAL

Now you need to decide on a goal for your ACTIVITIES. This involves choosing a level of fun activities you would like to do each day.



Work though the questions on Page A2.3 with the youth.

Counselor: Show the youth how to add up the daily totals of pleasant activities, then how to get an average. Calculate the low and high points [bookends, or brackets] for their

pleasant activities goals: The "low point" is their lowest daily total plus 1. Their "high point" is their average (rounded) minus 1. Ultimately, their pleasant activity goal will be between these two bookends.

During our next meeting we will continue to look at your mood and activities, and make a plan to increase the number of fun activities you do.

V. CONTRACTING

Objectives

1. To have each youth create a list of rewards that he or she has control over.
2. To help each youth develop a personal contract.

Most people are more likely to meet goals if they make a written contract with themselves. In this case, the contract is an agreement to reward yourself if you accomplish your goals.

Selecting a Reward

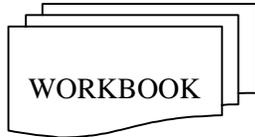
Selecting a good reward is an important part of making your contract work. There are certain rules for selecting good rewards.

Here are four things that make a good reward:

1. They should be **SOMETHING YOU REALLY ENJOY**. Don't pick them because you think you *should* enjoy them. For example, going to a party would be a bad reward if you hate parties.
2. They should be **UNDER YOUR CONTROL**. The reward shouldn't be something that someone else has to get for you. For example, driving the car would be a bad reward if you don't have a car.
3. They should be **POWERFUL**. The reward should be equal to the effort you put into meeting your goals. For example, going to a movie would be a more powerful reward than chewing gum. However, you should be able to afford them (see "Under your Control")
4. They should be **AVAILABLE RIGHT AWAY** when you meet your goal. Don't make yourself wait for the reward. For example,

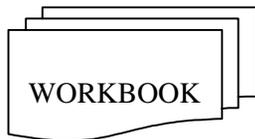
listening to your favorite tape or CD would be a bad reward if you won't be able to do it until tomorrow.

- ? Do rewards work for you?**
- ? If they do, what are some of your favorite rewards?**
- ? If they don't, why do you think this is? Are you getting rewards you don't really care about?**



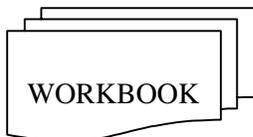
Work with youth to complete the Reward Menu on page A2.4

Writing a Contract



Ask youth to turn to page A2.5. Work with youth to write a contract, using all the information from earlier in today's session.

VI. LIFE EXPERIMENT



Ask youth to turn to the life experiment on page A2.6

- 1. Continue tracking your daily mood and fun activities in your Diary.**
- 2. Try to maintain your fun activities at a specific level. Follow the terms of your contract (page A2.5) by keeping track of whether you achieve your goals on a daily and weekly basis; give yourself the reward you have selected if you're successful.**

- ? Do you have any questions?**
- ? Other things you want to talk about?**

FUN ACTIVITIES SESSION A-3

Setting Goals

Materials needed for this session:

1. Extra workbooks.
2. Colored pencils or pens (preferably the same two colors).
3. “Short-term Change” handout

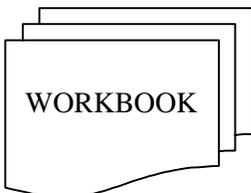
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. LIFE EXPERIMENT REVIEW
- IV. REVIEWING YOUR GOAL FOR FUN ACTIVITIES
- V. LOOKING FOR HIGH IMPACT ACTIVITIES and CAUSES
- VI. LIFE EXPERIMENT

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth’s progress and their plans for the future



Ask youth to turn to workbook page A3.1

Review Medication Plan

- ? How has it gone taking your medication since we last met?
- ? ***If applicable:*** Last time we talked you were having problems with “x”
- ? (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to
- ? notice that you also were “z” (e.g., sleeping better).
- or -*
- ? How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?
- ? Have you noticed any new or continuing positive changes in how you feel this week?
- ? How is your depression - any improvement?
- ? Any thoughts of harming yourself? Harming others?

[Counselor: Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth’s reported side effects, beneficial effects, and plan for coping on the “Counselor Medication Review” form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on “side effects”, “benefits”, and/or “commitment to medication”]

II. CHECK-IN / REVIEW

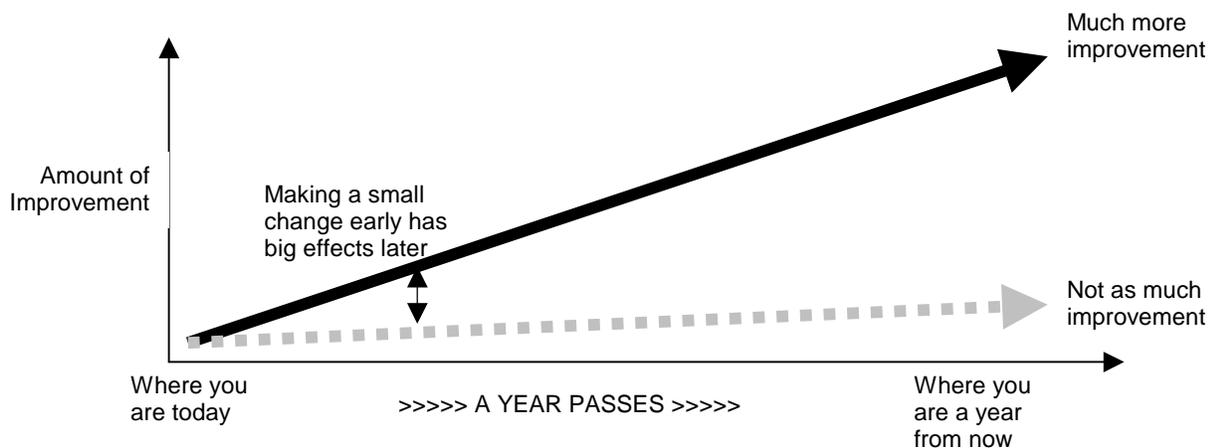
Check-in *(not more than five minutes)*

As we discussed during our last meeting together, today we will continue to look at your mood and activities, and make a plan to increase the number of fun activities you do. First, I’d like to check in with you to find out how you’ve been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you’d like to talk about.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth’s [continued] participation in the intervention]

Large goals are reached one small step at a time. [show the youth the Short-Term Change figure (below). It may help to draw it, to show the changing course over time in a more dynamic way.] **A tiny bit of change at one point in our lives may result in our taking a totally different path months or years down the road. That's what this program is all about.**

Short-Term Change figure



III. LIFE EXPERIMENT REVIEW

Review Youth Progress/Record Forms

Mood and Activity Monitoring

1. Did you have any problems keeping track of mood or activities?

Counselor: If youth forgot to make ratings, have him or her make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

2. Were you able to keep your contract? Did you reward yourself?

Counselor: if youth did not meet their goals, delay details until the next section on setting realistic goals.

3. Look at the last few days in your Mood Diary. Do you see any improvement in your mood?

IV. REVIEWING YOUR GOAL FOR FUN ACTIVITIES

Objectives

1. To review the characteristics of good goals.
2. To help youth identify the fun activities that would have the most impact on his or her mood if they were increased.
3. To assist youth in developing strategies for increasing the number of fun activities.

Last week, you picked some goals for your mood, and for your level of fun activities.

? Did you met your goals last week?

IF NO	IF YES
<p>Let's take a closer look at your goals, and see if they were reasonable goals for you.</p>	<p>This is great! Congratulations. I hope this continues to be the case.</p> <p>Even though you did meet your goals, let's spend the next few minutes talking about what makes a good goal.</p> <p>This is in case you set goals for yourself in the future that are difficult to make. In that case, it would be a good idea to look at your goals, and see if they were reasonable for you.</p>

Setting Appropriate Goals

Goals Must Be Specific

First, let's look at some goals that are not very reasonable, and try to figure out why that is the case.

Poor Goals:

- I want to do more fun activities.
- I want to succeed.
- I want to feel good about myself.
- I want to be a good baseball player.

? Do you have any thoughts about why these may be poor goals?

[Answer: The reason these are examples of poor goals is that they are *NOT SPECIFIC ENOUGH*. This means it would be very difficult to know whether you have actually reached the goal. The following are some examples of good goals.]

Good Goals:

I want to call my best friend once every day.

I want to join a rock and roll band.

I want to enroll in an aerobics class.

I want to practice batting more to improve my baseball game.

? Do you have any thoughts about why these may be good goals?

[Answer: they are specific - you can easily tell when you have reached them]

Goals Must Be Realistic

? Here are some other goals. These are specific, but they have another problem with them. Can you guess what it is?

Poor Goals:

I want to increase my daily average of fun activities from 2 per day to 10 per day.

I want to get straight A's *every* semester.

I want to exercise 7 days a week.

I want to hit 20 home-runs this season.

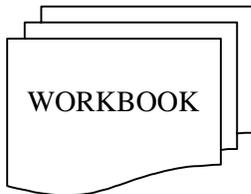
? How might you change these to good goals? [from 2 to 4 fun activities; etc.]

Good goals lead to improvement through *SMALL, REALISTIC STEPS*.

OPTIONAL

Counselor: Convert the examples of poor goals to good goals (for example, increase the level of fun activities from 2 per day to 4 per day). Solicit suggestions from youth about how to change the examples, and guide the process by providing feedback and explanations. Examples: I want to exercise 2 or 3 times a week; I want to improve my batting average this season

Good goals are a *SMALL IMPROVEMENT* over your normal, starting level. You can have a **LONG-TERM GOAL which involves a major or large change. However, it is easier if you break it down into small, realistic goals for each week or month. Over time, as you make each small goal, you can set the next goal a little bit higher, and eventually reach your **LARGE GOAL**.**

REVIEW YOUR PERSONAL GOAL FOR FUN ACTIVITIES

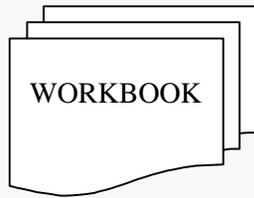
Ask youth to review their personal goal for fun activities (the bottom of page A2.3)

- ? Given what has happened over the past week, is this a good fun activities goal for you?**
- ? Is it specific?**
- ? Is it realistic?**

You may find it useful to review the goal you set for mood level (on workbook page A2.2). Make certain your goal is realistic!

OPTIONAL - IF YOUTH ACTIVITY GOAL IS NOT REALISTIC

If this is not a realistic goal, then you should make a new contract with yourself.



Ask youth to turn to workbook page 3.2

Let's pick a more realistic fun activities goal, and complete a new contract using that goal.

V. LOOKING FOR HIGH IMPACT ACTIVITIES AND CAUSES

“High Impact” Activities

There are certain activities that make the most difference in your mood if you increase them. Some activities are just more “powerful” than other, more ordinary activities.

? What are some “high impact” or “powerful” activities for you?

Examples:

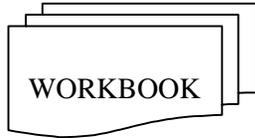
dancing, exercising---makes me happy, energizes me
 keeping up with schoolwork, preparing well for a test---makes me feel proud, successful

Counselor: Write the youth's answers on a pad of paper.

You should try to focus on increasing these activities.

Looking for Causes

Sometimes it is hard to do as many fun activities as we'd like. We are limited by other things. For example, we might not do many fun activities on Mondays because we have to get back to the school routine and we feel down, or we might not do social activities unless someone invites us.



Together, read questions #1 and #2 on page A3.3

- ? Did you find that there are some situations, or weekly or daily patterns, associated with your level of fun activities?**
- ? How might you get around these problems, to increase your fun activities?**

Counselor: Use the information offered by youth to generate examples for the optional discussion that follows. Only use the optional exercise if youth has trouble identifying strategies for getting around barriers to more fun activities. Brainstorm *many* solutions with youth. Build on their statements of what they already do. E.g., "How could you do X and Y more often?"

OPTIONAL: IF YOUTH IS HAVING TROUBLE INCREASING ACTIVITIES
Increasing Fun Activities

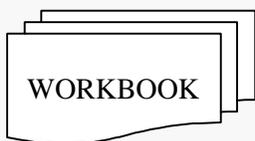
Think of some ways to do more fun activities. The simplest would be to try to do fun activities more often. But for you, it may not be that easy. There might be a *PATTERN* in your life that will make it difficult for you to do more activities, unless we come up with some ideas for making it easier.

For example, if fun *SOCIAL ACTIVITIES* would make you feel happiest, but you never do anything with people except go to classes where you're not supposed to talk, it might be difficult for you to increase those activities. One way to improve the situation would be for you to set a goal to *JOIN A CLUB*. This could be a school club, a church youth group, a sports program, or some other group that would give you an opportunity to be with other people in a casual situation.

If *SUCCESS ACTIVITIES* would make you feel happiest, but there aren't enough things that you feel you do well, then you might need to *SET A GOAL TO LEARN HOW TO DO SOMETHING BETTER*. This may involve taking lessons, or joining a hobby group.

If you don't do a fun activity unless it's *SOMEONE ELSE'S IDEA* and he or she invites you, then you might need to begin thinking of fun activities and *INVITE OTHERS TO JOIN YOU*.

Counselor: Create additional examples that relate directly to the youth's responses to questions #1 and #2.

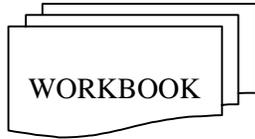


Together, read question #3 on page A3.3

- ?** What could you do to make it more likely that you can do more fun activities?
Write your ideas in the space provided after question #3.

Now decide which idea you listed under question #3 would make the most difference for you in terms of increasing fun activities. Place a *STAR* by that idea or strategy.

VI. LIFE EXPERIMENT



Ask youths to turn to the life experiment on page A3.4

- 1. Try to maintain your fun activities at a specific level. Follow the terms of your contract (either page A2.5 or page A3.2) by keeping track of whether you achieve your goals on a daily and weekly basis; give yourself the reward you have selected if you're successful.**
- 2. Continue recording your mood and fun activities in your Diary**

? Do you have any questions?

? Any other issues you want to talk about?

FUN ACTIVITIES SESSION A-4

Making A Plan Work

Materials needed for this session:

1. Extra workbook
2. Colored pencils or pens

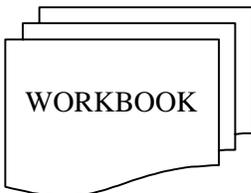
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. LIFE EXPERIMENT REVIEW
- IV. HOW TO MAKE A PLAN WORK
- V. INCREASING SOCIAL SUPPORT
- VI. EVALUATION OF PROGRESS
- VII. LIFE EXPERIMENT (if continuing)
- VIII. ENDING ACTIVE SESSIONS (if applicable)

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth's progress and their plans for the future



Ask youth to turn to workbook page A4.1

Review Medication Plan

- ? How has it gone taking your medication since we last met?
- ? ***If applicable:*** Last time we talked you were having problems with “x”
- ? (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to
- ? notice that you also were “z” (e.g., sleeping better).
- or -*
- ? How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?
- ? Have you noticed any new or continuing positive changes in how you feel this week?
- ? How is your depression - any improvement?
- ? Any thoughts of harming yourself? Harming others?

[Counselor: Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth’s reported side effects, beneficial effects, and plan for coping on the “Counselor Medication Review” form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on “side effects”, “benefits”, and/or “commitment to medication”]

II. CHECK-IN / REVIEW

Check-in *(not more than five minutes)*

First, I’d like to check in with you to find out how you’ve been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you’d like to talk about.

Waiting for improvement can be hard. We often want things to get better right away. I’m impressed with your willingness to stick with these sessions, to put in the time to improve your future.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth’s [continued] participation in the intervention]

III. LIFE EXPERIMENT REVIEW

- ? Did you have any problems tracking mood or activities in your diary?

Counselor: If youth forgot to make ratings, have them make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

Look at the last few days in your Mood Diary. Do you see any improvement in your mood?

CONTRACT (WORKBOOK PAGE A2.5 OR A3.2)

Counselor: go over these four points with youth.

- ? Were you able to meet your daily goal for fun activities on page A2.5 or A3.2? Did you reward yourself? What did you chose?**
- ? Will you be able to meet your weekly goal tomorrow? If you are successful, be sure to give yourself the bigger reward.**
- ? If you need just a few more activities to meet your weekly goal, take a moment to pick a few activities from the list at the bottom of your Mood and Activity Diary. Pick activities you'd like to do (and you can do) by the end of the week. This will help you meet your contract. When will you do these things? Where? With whom?**
- ? Do you feel that increasing fun activities is helping you change your mood?**

IV. HOW TO MAKE A PLAN WORK

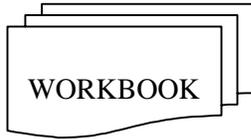
Objectives

1. To help youth develop one important strategy for improving his or her success rate on the Fun Activities Contract.
2. To have youth evaluate his or her goal for fun activities, and make appropriate adjustments.

- ? What were some things that helped you meet your fun activity goals?**
- ? What were some of the problems?**

Counselor: brainstorm with youth how to overcome their problems. Take 10 minutes to write **youth's** suggestions on a pad of paper, and discuss. If **youth** runs out of ideas, use the following other possible solutions. Only use this list if **youth** cannot not generate his or her own ideas. These ideas are listed on workbook page A4.2, but **don't** have **youth** turn to this page until they have had a chance to problem solve on their own:

The rule for this session is to *PLAN FOR SUCCESS*.



Ask youth to turn to page A4.2

As you can see, some of the basic ideas that you came up with are already printed on page A4.2, although they may be worded a bit differently.

Take a moment to write down any other ideas that you believe will help you reach your fun activity goals. Write them in the space provided on page A4.2.

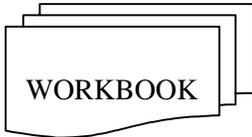
1. Schedule activities in advance.
2. Don't let yourself back out or make excuses.
3. Make a commitment, even for a small increase in your fun activities.
2. Plan ahead (e.g., arrange for transportation ahead of time, make reservations, etc.)
4. Name the time and place.
5. Make a "to do" list - make certain to include fun activities as well as obligations
6. Anticipate problems and try to prevent them.
7. If parents object, make "a deal" (e.g., "If I do my chores, can I go to the movies?")
8. Balance what you have to do with what you want to do.
9. Make reservations.
10. Begin to keep a calendar or datebook.
11. Find a "partner" - someone who is also trying (or willing) to do more fun stuff
12. Make a "quickies" list of fun activities that can be done in 10 minutes or less

Counselor: Time limit: *10 minutes*.

1. Have youth review and revise their fun activities goals on their contracts on workbook page A3.2. Youths who were able to meet their goals should keep them at the same level or raise them slightly, and those who were not successful should lower their goals.
2. Help youths who were not able to meet their goals. Look at the solutions on page A4.2, or come up with other strategies that address the factors that got in the way of achieving the goal.
3. Ask youths to circle the one or two solutions on page A4.2 which will help them the most.

V. INCREASING SOCIAL SUPPORT

So far, we've been talking about all kinds of fun activities. We are going to take a few minutes to talk more about SOCIAL SUPPORT. The support we receive from friends, family members, and others is important for our health. Generally, the more social support you have, the better you can cope with more difficult life situations.



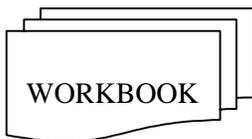
Turn to workbook page A4.3.

Your social support includes your family, friends, neighbors, acquaintances, co-workers etc. Let's fill out this page of the workbook together.

- ? How much social support do you have?**
- ? Are you satisfied with your social support?**

Two important ideas to keep in mind are:

- 1. If you have too little social support, get some more! Your social support is too small a) if you don't have any one that you can trust for help with personal matters, b) if you don't have anyone to go to if you need help, or c) if you have no friends or acquaintances to do things with.**
- 2. If your social support system is a good size, appreciate it and keep it going by continuing social activities.**



Respond to questions on workbook page A4.3

- ? Any ideas on how to get more social support?**

Counselor: Write youth answers on pad of paper, and highlight effective answers. If "joining groups" is an answer, use this as link to next topic.

JOINING GROUPS

The easiest way to meet people without feeling too self-conscious is to do something that you like to do with other people. This could include hobby groups, sports groups, etc.

? Any idea why might this be true?

Counselor: Write youth answers on pad of paper, and highlight the following:

- 1. When you do something you like, you are more likely to be in a good mood, and it will be easier to be friendly to others.**
- 2. At least you will be doing something you like to do and you won't feel that you have wasted your time, even if you don't find anyone that you would like to get to know better.**
- 3. The focus is on the activity you are doing, not just meeting people. So, you will probably feel less pressure than you would if you were only just trying to meet people.**
- 4. The people you meet are likely to share a common interest, the activity that brought you together.**

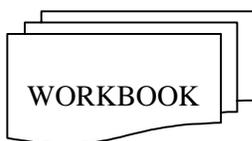
Counselor: Discuss responses to these items and encourage youth to work on improving their social support system.

? How comfortable do you feel about getting more social support for yourself?

? What are some of the barriers?

VII. EVALUATION of PROGRESS

Now we come to the end of working on increasing fun activities. However, I want to encourage you to continue to do more fun things. Use your contract to reward yourself for doing more fun things.



Ask youth to turn to Mood Questionnaire #2 or #3 at the end of his or her workbook, whichever is appropriate to this time point.

If you remember, you filled out this same questionnaire at our first session together. Now, please fill it out again. Then, we'll compare it to the first one and see whether there is any change [don't say improvement]. I will be the only one reading your responses, so please answer the questions honestly.

When you're done, hand me your workbook and I'll write down your total, and return your workbook to you. I will keep your scores private.

Counselor: Collect the completed Mood Questionnaire; check youth's addition of the score, record it, and return it. If appropriate, give them feedback about ranges of scores.

ALSO, ask youth about their *subjective* sense of any changes, positive or negative, since the start of treatment.

For the present (and Session 1) totals, here are rough classifications:

Mild = 0-15

Moderate = 16-27

Significant = 28 or higher

The following categorizations are only relevant if the youth has completed only ONE of the two skill modules, and there is a decision to be made about whether to continue on to the second module or terminate the Active Phase of treatment and progress to the Continuation Phase (brief, monthly phone check-ups with in-person sessions as needed).

- RECOVERED: In order to be considered "recovered," youth have to (a) have a score below 12, and (b) at least a 50% reduction. These youth may be terminated at the end of this session (and progress to Continuation phase). HOWEVER, a youth who officially meets the definition of "Recovered" may still continue on in therapy (up to the maximum of nine Active Phase sessions) if the subjective judgement of the Counselor and youth is that they have still not yet achieved sufficient improvement.

Typically, when someone improves this much, we usually stop these weekly meetings and go to monthly "check-in" phone calls. Of course, some people do continue - what do you think?

Counselor: If youth wants to continue intervention but counselor doesn't think he or she needs additional sessions and youth has not made it clear why he or she wants to continue:

Tell me a little more about what your needs are so I can be of more help.

Counselor: Identify which of three situations below best fit the youth and proceed accordingly:

- 1) Youth requesting more sessions to please counselor, parents, or provider
⇒ review with youth the progress they have made to date and the goal of giving them tools to use independently)
 - 2) Youth requesting more sessions for mental health/psychosocial need that not appropriate to address through intervention
⇒ Refer to primary care provider or another source for case management or additional services
 - 3) Youth requesting more sessions for concerns that can be addressed through intervention and perceives a real need for additional intervention
⇒ Continue to second module in intervention
- **IMPROVING:** In order to be considered "improving," youth have to at least a 30% reduction from their original score, and NOT meet the Recovered category. These youth should continue on in Active treatment, to consolidate their gains.

It seems that you've made some good progress. I think now is the time to keep meeting for a few more weeks, and learn some additional, new skills to help you to improve even more. What do you think?

- **NOT IMPROVING:** Youth who do not meet either of the two above conditions. These youth should continue on in Active treatment, to attempt to achieve gains.

It doesn't seem like you've improved as much as we would like. What do you think?

I would like to keep meeting with you for another four weeks. We would start learning the additional, new skills that you didn't chose at the beginning of these meetings. This new approach may help "kick-start" some improvement. What do you think about that?

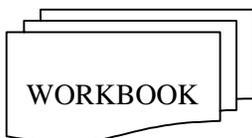
Examples of Recovered youth:

1. Session 1 score of 24, and session 4 score of 11.
2. Session 1 score of 60, and session 4 score of 10.

Examples of youth who do not meet full Recovered criteria:

1. Session 1 score of 60, and session 4 score of 19 (*would be considered Improved*)
2. Session 1 score of 29, and session 4 score of 13 (*would be considered Improved*)

VII. LIFE EXPERIMENT (only for those youth who are continuing on to additional Active sessions).



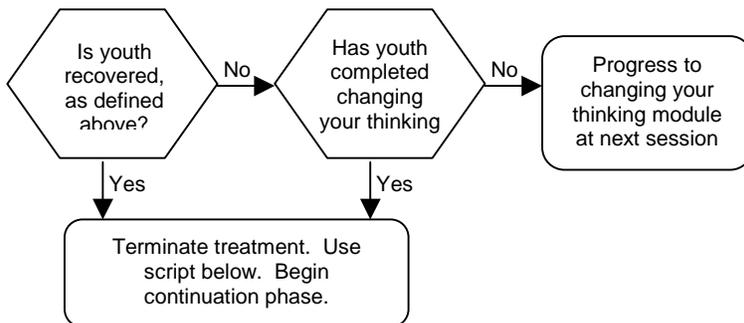
Turn to the life experiment on page A4.4

1. **Try to maintain your fun activities at a specific level. Follow the terms of your contract on workbook page 3.3 by keeping track of whether you achieve your goals on a daily and weekly basis; give yourself the reward you have selected if you're successful.**
 2. **Continue recording your mood and fun activities in your Diary**
- ? Any other questions?**
- ? Any other issues you want to talk about?**

VIII. ENDING ACTIVE SESSIONS (if applicable)

[Counselor: if youth has made good to excellent progress [met "recovered" criteria in previous section on "EVALUATION of PROGRESS"], then this may be the time to end the Active Phase weekly sessions, and transition to monthly phone check-up contacts during the Continuation Phase.

If the youth has not made sufficient recovery, and has only completed one skills training module, then continue on to the changing your thinking module. *Follow the decision tree below.*]



[Counselor: use the following script only if youth has recovered from their depression, or because they have completed both the fun activities and cognitive Active Treatment modules.]

Because you've made such great progress, this is our last weekly session. However, I will call you each month to check on your continuing progress. If needed, we can meet from time to time.

[Counselor: use the following script if youth has completed both the fun activities and thoughts modules.]

You have now completed both portions of the skills training we set out to do several weeks ago. You have spent several weeks working on increasing pleasant activities and have also worked hard on changing your thinking to stop negative or unrealistic thinking and to increase realistic and positive thinking. Although you have already made progress in both of these areas, continuing to practice the skills on your own will be an important part of continuing to see improvements in how you feel.

[Counselor: use the following script for both youths who have recovered from their depression, and youths who have completed both the fun activities and thinking modules.]

Before we end, let's take a few minutes to review:

- 1. What you got out of these sessions.**
- 2. What you see as the biggest challenges you'll face in the next few months or few years.**
- 3. How you can apply the skills you learned here to tackle those challenges.**

Counselor: Use this time to help those ending these **sessions** to summarize his or her experiences. Work on relapse prevention by anticipating future problems and how they will handle them. Make sure to highlight youth's strengths as well as areas in which they should continue to practice skills.

Counselor: Remember to send an epic e-mail message to the youth's primary care provider about the youth's progress with the intervention and any other pertinent information (e.g., reported side effects, level of functioning) following this session.

CHANGING YOUR THINKING - SESSION T-1

Thoughts and Feelings

Materials needed for this session:

1. Extra workbook
2. 3 x 5 index cards

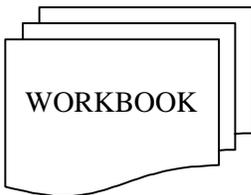
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. LIFE EXPERIMENT REVIEW
- IV. INTRODUCTION TO “THINKING” MODULE
- V. THOUGHTS & FEELINGS
- VI. CHANGING NEGATIVE THOUGHTS
- VII. LIFE EXPERIMENT

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth’s progress and their plans for the future



Ask youth to turn to workbook page T1.1

Review Medication Plan

- ? How has it gone taking your medication since we last met?
- ? *If applicable*: Last time we talked you were having problems with “x”
- ? (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to
- ? notice that you also were “z” (e.g., sleeping better).

or -

- ? How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?**
- ? Have you noticed any new or continuing positive changes in how you feel this week?**
- ? How is your depression - any improvement?**
- ? Any thoughts of harming yourself? Harming others?**

Counselor: Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth's reported side effects, beneficial effects, and plan for coping on the "Counselor Medication Review" form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on "side effects", "benefits", and/or "commitment to medication"]

II. CHECK-IN / REVIEW

Check-in (*not more than five minutes*)

As we discussed during our last meeting together, today we will explore how both depressing and positive thoughts make you feel and how you might change your thinking to help yourself feel better. First, I'd like to check in with you to find out how you've been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you'd like to talk about.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth's [continued] participation in the intervention.]

III. LIFE EXPERIMENT REVIEW

Review Youth Progress/Record Forms

A. Mood and Activity Diary

- ? Did you have any problems keeping track of mood or activities?**

Counselor: If youth forgot to make ratings, have he or she make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

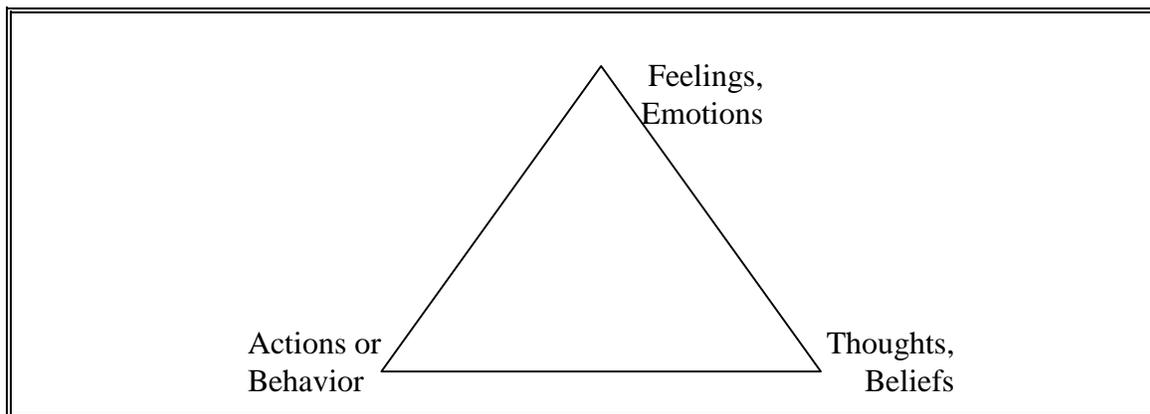
Looking at the last few days in your Mood Diary, do you see any improvement in your mood?

IV. INTRODUCTION TO THE THOUGHTS MODULE

If Session 2: Do you remember during our last meeting together how we described the three parts of your personality?

If Session 6: Do you remember during our first meeting together how we described the three parts of your personality?

Counselor: Remind youth of the triangle figure – show them the figure in their workbook, or the version shown below.



During the remainder of our meeting today and in the next three sessions, we are going to focus on depressing **THOUGHTS**.

DEPRESSING thoughts have unpleasant results. They make you feel bad because they focus your attention on the negative side of a situation.

POSITIVE thoughts make you feel better, by focusing on the positive sides of a situation

So for example, “Telling yourself that you are boring” is an example of a thought that makes you feel bad

-and-

“Reminding yourself about someone who cares about you” would make you feel? (have the youth respond, if any confusion use optional examples below).

Optional:

1. Thinking about *the times that you have embarrassed yourself* would make you feel _____?
2. Thinking about *ways to solve a problem* would make you feel _____?

V. THOUGHTS AND FEELINGS

Objectives

1. To help each youth understand the link between thoughts and feelings.
2. To help each youth identify his or her most frequent negative and positive thoughts.
3. To have youths record daily (for the following week) their worst negative thoughts, the activating events that made them think that way, and the number of times they catch themselves thinking negatively.

How Thoughts Affect Your Mood

Today and in the next few meetings, we are going to talk about how thinking affects the way that you feel. Let's start with taking an example of a problem that you have faced:

Counselor: Use youth's own examples if possible, or one of the examples provided below. Examples for achievement stressors and social stressors are included. Some youth will be most sensitive to achievement stresses and other youth will be more sensitive to social stresses. Over the course of the sessions try to match the stresses addressed with those that are most problematic for the youth.

If youth unable to describe any problems:

How about something where you felt that you failed to accomplish something important to you?

-or-

How about a problem you might have experienced with other people for example a family member or a friend?

Optional: If youth still unable to generate any examples use examples below:

Example 1: (Achievement Stressor)

You work hard on a project for school/work, and get it done just in time for the deadline. But you leave it at home. When you get to school/work and tell the teacher/boss, she yells at you in front of everyone.

Example 2: (Social Stressor)

You hear some of your friends talking about going to a party that another friend is having, but you haven't been invited.

What are some ways that you might feel if this happened to you?

Counselor: List feelings, elicit several different types, on a pad of paper.

So this is interesting. We have the same situation, but it’s causing all kinds of different feelings. Why is this? Let’s take a look at the way that you might be thinking about this situation, that would lead to the different feelings.

Counselor: Fill in the thoughts that would lead to each of the different emotions listed. Make the point that different thoughts lead to different feelings, even if the situation is exactly the same.

What might you be saying to yourself that would make you feel _____?

Optional: *The examples listed below are to help the youth connect thoughts to feelings if they have difficulty doing so without prompting. Many of the feelings listed below are common ones that may come up for either achievement or social stressors and the “possible thoughts” likely to correspond to some of the youth’s own thoughts. If the youth is easily able to come up with thoughts connected with their stated feelings, none of the examples below are necessary.*

Example 1 (Achievement Stressor):

Feelings

Possible Thoughts

Angry

**She has no right to embarrass me this way
She should understand that I left it at home.**

Sad

I never do anything right.

Embarrassed

Everyone thinks I didn’t do it.

OK

She just doesn’t realize that I did it but left it at home. I can pick it up at lunch time, and hand it in this afternoon.

Good or

I’ll just call my Mom and see if she can drop it Effective off when she goes out.

Example 2 (Social Stressor):

Feelings

Possible Thoughts

Angry

What a jerk! She/he is really disgusting!.

**Sad or
Rejected**

**They must not like me very much.
I have lost all of my friends. I’m all alone.**

OK

They probably forgot to invite me. I’ll go anyway.

**Good or
Effective**

I’ll ask them about the party. If they really don’t want to invite me, I can make plans with my other friend who I haven’t seen in a while.

Exercise – Controlling your thinking

Now that you've worked on identifying negative thoughts, I'd like you to shift gears and identify some positive thoughts you have about yourself or other things. These can be pleasant experiences, thinking about your favorite places, or positive things about yourself.

Counselor: Provide some examples of positive thoughts if youth has difficulty coming up with their own examples. Ask youth to identify some positive thoughts about themselves, but to "put them aside for a moment".

Now I'm going to ask you to put these positive thoughts aside for the moment and take some of the negative thoughts we talked about back out and to think about them hard, that is worry to yourself about them until I tell you to stop

Counselor: Stop youth after about *10 seconds* of covert worrying

Now stop and put the negative thoughts away and think about the POSITIVE THOUGHTS you identified. Concentrate as hard as you can on these POSITIVE THOUGHTS until I tell you to stop

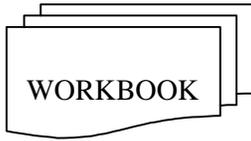
Counselor: Stop youth after about *20 seconds* of positive thoughts

What did you experience? Did your mood change? This is a simple example of how you can control your thinking.

Before we can control our thoughts, we must become aware of them. In particular, we need to know which negative thoughts we have most often. Everyone has negative thoughts sometimes, and there are understandable reasons to have them every now and then. But *NEGATIVE THOUGHTS CAN BECOME A PROBLEM IF THEY OCCUR TOO FREQUENTLY* because they make us feel sad or down. The most effective way to work on negative thoughts is to identify the ones that occur most often.

When we become aware of our thoughts, we should notice whether we're thinking more positive thoughts or more negative thoughts. As a general rule of thumb, we should have at least *TWICE AS MANY POSITIVE THOUGHTS AS NEGATIVE THOUGHTS* (although this can vary somewhat from one person to the next).

Identifying Frequent Negative Thoughts



Ask youths to turn to pages T1.2

On page T1.2 there is a list of negative thoughts that tend to occur frequently. Have you had any of these? Check the ones that are familiar to you.

At the bottom of page T1.2, write down any other negative thoughts that you have had.

Counselor: Give youth some time to work.

Optional: (if youth unable to generate other examples)

To help you identify other negative thoughts, I'm going to describe some situations. I want you to write down any negative thoughts you might have *ABOUT YOURSELF* in each situation. Add these thoughts to the list you have started at the bottom of page T1.2.

- a. It's Monday, and you find out that some friends of yours went to a movie on Saturday and didn't invite you.
- b. Your parents won't let you go to a party on Friday night.
- c. You have just finished a very hard exam, and your best friend tells you that he or she thought the exam was fairly easy.
- d. You see a group of friends having fun together, and you're not with them.
- e. You have just been turned down for a promotion at work

Do you have some of these thoughts much more often than the others?

Now look at your list of negative thoughts. Pay particular attention to the thoughts you have about YOURSELF. These are called “personal” thoughts because they are about you as a person. Personal thoughts usually have the word “I”, “me”, “my” or “we” in it.

You may want to put a star or an asterisk by the most frequent thoughts so that you can quickly remind yourself of the negative thoughts that are most frequent or troublesome for you when you review this list.

Identifying Positive Thoughts

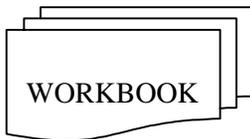


Ask youths to turn to pages T1.3

There is a list of positive thoughts on page T1.3.

Read through the list and check the thoughts that you have had during the past month. At the bottom of page T1.3, list some other positive thoughts that you have had.

Comparing the Totals



Ask youths to look at page T1.4

Count the number of positive thoughts you have identified from the list on page T1.3 and write the total on the line provided on page T1.4. Then count up the negative thoughts you identified from the list on page T1.2 and write that total on the next line. Which total is higher—the one for negative thoughts or the one for positive thoughts?

Ideally, our goal is for you to have twice as many positive thoughts as negative thoughts. Where are you at?

It may take some time before the balance between your negative and positive thoughts changes so that you have close to twice as many positive thoughts as negative thoughts. This is part of what we will continue to work on and monitor over our next few meetings together.

VI. CHANGING FROM NEGATIVE TO POSITIVE THINKING

Objectives

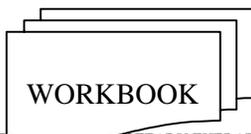
1. To discuss how to use positive thoughts to counter negative thoughts.
2. To provide feedback as youths identify unrealistic beliefs in cartoon sequences and suggest more positive, rational beliefs.
3. To help youths develop positive counter-thoughts and beliefs for his/her negative thoughts.

Using Positive Counter-thoughts

Negative thoughts can make you feel depressed and unhappy. Positive thoughts make you feel “up” and cheerful. When you think positively about yourself and the world, you feel better. The techniques we're going to learn next have to do with *CHANGING YOUR NEGATIVE THOUGHTS* in order to control your feelings. The first technique involves the use of *POSITIVE COUNTER-THOUGHTS*.

When you catch yourself thinking negatively, replace the negative thought with a positive “counter-thought.”

Definition: A *POSITIVE COUNTER-THOUGHT* relates to the *SAME TOPIC* as the negative thought, but it's *MORE POSITIVE* and often *MORE REALISTIC*. Negative thoughts and positive counter-thoughts have the same sort of relationship between them as “Good News” and “Bad News” stories. The “News” itself is neutral. It is the way we *THINK* about the “News” that makes it either “Good News” or “Bad News”. Another way people sometimes think of this is thinking about a cup as either “half empty” or “half full” – “half empty” would be a more negative way of looking at a situation than “half full”.



Ask youth to read the Herman cartoon on page T1.5.

1. What is the “good news” or positive counter-thought?

(Answer: “He won't be scratching my furniture anymore.” This is obviously not really good news, but this is just an example of this technique.)

2. What do you suppose the “bad news” is?

(Answer: “Your pet is dead.” This is also the activating event.)

OPTIONAL

Ask youth to read the Wizard of Id cartoon on page T1.6.

3. What is the negative thought in the Wizard of Id cartoon?

(Answer: "I have a 105° temperature [I'm sick].")

4. What is the positive counter-thought?

(Answer: "The fungus in my cell may dry up.")

5. Are these two thoughts on the same topic?

(Answer: Although unrealistic and silly, Yes.)

Counselor: Ask youth to fill in the thought diagram at the bottom of page T1.8. Briefly review the youth's answer on the thought diagram. Youth may want to argue about whether "scratching furniture" is really a good positive counter-thought. Briefly agree with them that it probably isn't the best, but this is just a silly cartoon and in later examples we will do a much better job generating good positive counter-thoughts.

6. In these two cartoons (Herman and Wizard of Id), one positive counter-thought is more realistic than the other. Which one is it?

(Answer: "My pet won't be scratching the furniture anymore." Fevers don't really dry up fungi, so this thought is not as realistic.)

7. What are some positive counter-thoughts to the following negative thoughts?

Negative Thought: "Why do so many bad things happen to me?"

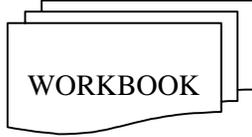
(Possible counter-thought: "Last week I saw a disabled veteran with no legs. I'm relatively lucky.")

Counselor: Allow youth to come up with some alternative answers.

Negative Thought: "I don't have enough willpower."

(Possible counter-thought: "Last week I met my pleasant activities goal.")

Recording Negative Thoughts



Ask youth to turn to page T1.7.

The form on page T1.7 is for recording information on how often you have negative thoughts. You will use this form to write down your *MOST NEGATIVE THOUGHTS* each day and the situation that came before each thought (we call this the *ACTIVATING EVENT*).

Every day for a week, I want you to *RECORD AT LEAST ONE NEGATIVE THOUGHT*—preferably the worst, most depressing thought you had that day. This will be hard to remember from one day to the next, so you'll need to fill out the form every day.

When you realize that you are thinking negatively, also try to identify the activating event, or situation, where you began thinking this way. Write down some notes about this as well.

Your goal is to record at least one thought for each day.

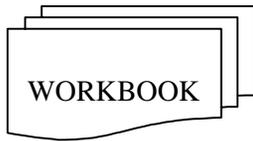
When you catch yourself thinking negatively, try to think positive thoughts instead. I know this can be very difficult, but give it a try anyway. We'll show you some techniques to make this easier in the coming weeks. Write down some of these positive thoughts in the column labeled positive counter-thoughts.

OPTIONAL: Another useful but *OPTIONAL* piece of information is *HOW MANY TIMES* you caught yourself thinking negatively; write this down in the space provided on the form.

Counselor: Emphasize that recording one negative thought each day is critical because the exercises in subsequent sessions are based on this information. The counting part is not as important, but it will also be helpful. Optional: If you feel comfortable, give personal examples of negative thoughts which would be recorded on page T1.7.

Discuss some ways to take notes on negative thoughts right after they occur. Give the youth blank 3" x 5" cards, and suggest using the cards to record thoughts. Help youth think of a place in their notebook or purse to carry the cards. Show some examples of good record keeping.

VII. LIFE EXPERIMENT



Ask youth to turn to the Life Experiment on pages T1.8.

Notice that the Life Experiment for this session is described on page T1.8.

- 1. Keep track of how often you have negative thoughts, using page T1.7.**
 - a. Write down your worst negative thought for the day and the event or situation that activated it. Try using the 3" x 5" card to take notes right after the thought occurs, then transfer the notes to page T1.7. Note any positive thoughts that you used to counter the negative thoughts. Remember a positive counterthought relates to the same topic as the negative thought, but is more realistic, more positive, and focuses your attention on what you can do to resolve the problem or cope with the stress.**

Counselor: Pass out 3" x 5" cards to youth.

- b. *OPTIONAL.* Count the number of times you catch yourself thinking negatively every day and record it on page T1.7.**

Your life experiment for this session is to do the following:

- 1. Fill out the “Negative Thoughts Chart” Chart on page T1.7**
- 2. Continue tracking your daily mood in your Diary**
- 3. *Remember to bring your workbook to every meeting!!***

? Do you have any questions?

? Other things you want to talk about?

CHANGING YOUR THINKING - SESSION T-2

Arguing Against Negative Thoughts

Materials needed for this session:

1. Extra workbook.
2. Extra pens and pencils.

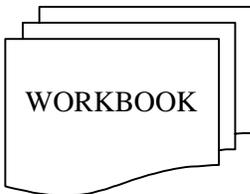
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. LIFE EXPERIMENT REVIEW
- IV. THE A-B-C TECHNIQUE
- V. HOW TO ARGUE AGAINST NEGATIVE THOUGHTS
- VI. LIFE EXPERIMENT

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth's progress and their plans for the future



Ask youth to turn to workbook page T2.1

Review Medication Plan

- ? How has it gone taking your medication since we last met?**
- ? If applicable: Last time we talked you were having problems with “x”**
- ? (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to**
- ? notice that you also were “z” (e.g., sleeping better).**

or -

- ? How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?**
- ? Have you noticed any new or continuing positive changes in how you feel this week?**
- ? How is your depression - any improvement?**
- ? Any thoughts of harming yourself? Harming others?**

[Counselor]: Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth's reported side effects, beneficial effects, and plan for coping on the "Counselor Medication Review" form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on "side effects", "benefits", and/or "commitment to medication"]

II. CHECK-IN / REVIEW

Check-in (*not more than five minutes*)

Today we will talk about how to figure out what makes us feel sad or upset and how to argue against negative thoughts, but, first, I'd like to check in with you to find out how you've been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you'd like to talk about.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth's [continued] participation in the intervention]

III. LIFE EXPERIMENT REVIEW

During our last meeting we talked about how depressing and positive thoughts make you feel and how you might change your thinking to help yourself feel better.

So, for example, telling yourself "I can't do that!" or "It's my fault" are examples of negative thoughts. Can you think of what might be examples of positive counterthoughts?

Review Youth Progress/Record Forms

Counselor: Keep the review moving along. The time limit for each question is *1-2 minutes*.

A. Daily Mood Diary

1. Did you have any problems keeping track of mood?

Counselor: If youths forgot to make ratings, have them make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

2. Look at the last few days in your Mood Diary. Do you see any improvement in your mood?

B. Negative Thoughts Tracking (page T1.7)

1. Did you record at least one negative thought each day?
2. Did you record the activating event for that thought?
3. Did you record positive counterthoughts? Did they relate to the same topic? Were they more realistic than the negative thought?

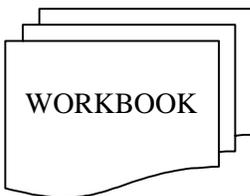
Now we know how to recognize negative thoughts. The next step is to try some strategies for developing more positive thinking styles.

IV. USING THE A-B-C METHOD

Objective

1. To demonstrate how to analyze negative feelings using the A-B-C approach.

When we're sad or upset, it is sometimes difficult to figure out what is making us feel that way. In this type of situation, the A-B-C method is a useful technique for analyzing our feelings.



Ask youth to turn to workbook page T2.2

[FROM WORKBOOK]

2 nd	3 rd	1 st
A (Activating Event)	B (<i>Belief</i>)	C (<i>Consequence</i>)

The Three Steps

Even though this is called the A-B-C method, C-A-B is usually the way you notice things and the order in which things happen. For example:

1. The first step is to notice the Consequence.

The *CONSEQUENCE* is the emotional *RESULT* of some situation or thought, what prompts us to take action. We notice that we're upset or depressed, and we want to change the situation.

2. The second step is to identify the Activating Event.

Then we look at what has happened to find out what's affecting us. This can be difficult. *THE ACTIVATING EVENT* is the situation that “triggers” an emotional reaction, such as depression.

EXAMPLE. Bill and Steve live across the street from each other. Bill feels depressed, while Steve feels happy. Let's do the A-B-C method. The first step is to identify their emotional Consequences. What are the emotional consequences for Bill and Steve?

Counselor: Have youth write the answer in the “C” column in the workbook.

[FROM WORKBOOK]

A	B	C
		Depression (Bill)
		Happiness (Steve)

Bill and Steve both look out the window. It's October, and it's raining again. They both notice that the rain affects their feelings.

The second step in the A-B-C method is to ask: What are the Activating Events for Bill and Steve?

Counselor: Have youth copy their “C” column answer and write the answer in the “A” column in the workbook.

[FROM WORKBOOK]

A	B	C
October rain		Depression (Bill)
October rain		Happiness (Steve)

Notice that the same Activating event resulted in different Consequences for Bill and Steve.

3. The third step is to determine the Beliefs that led from the activating event to the consequences.

This is often the most difficult step. To find the beliefs, you must ask yourself, “What was going on in my head when I was feeling depressed?”

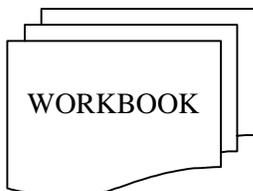
[*Note: The following example was adapted from Kranzler, Gerald. You can change how you feel. Eugene, OR: RETC Press, 1974.*]

EXAMPLE. It's October and it's raining again. Bill looks out the window and thinks to himself, “This is awful! Summer is over and now it's going to rain nonstop for six months! I can't stand the clouds and the cold! This is horrible! I'll *never* have any fun now!”

Across the street, Steve is looking out his window. He is thinking to himself, “This is great! When it's raining here, that means it's snowing in the mountains. I'll be skiing again soon! I can't wait!”

What are Steve's and Bill's beliefs?

Counselor: Have youth copy their “A” and “C” column answer and write the answer in the “B” column in the workbook.



Ask youth to turn to workbook page T2.3

[from workbook]

A	B	C
October rain	“The rain means I can't have any fun for six months.”	Depression (Bill)
October rain	“The rain means I'll be skiing soon.”	Happiness (Steve)

What actually caused the different consequences for Steve and Bill?

(Answer: Their different beliefs.)

Counselor: If youth suggests that Steve can ski and Bill can't, indicate that for this example they both know how to ski; the only difference is how they interpret the rain.

This example demonstrates that it is not the SITUATION that makes you sad or upset but the MEANING you give it.

Optional:

Let's review the three steps in the A-B-C Method.

1. What is the first step?

(Answer: Notice the feeling or Consequence—depression, anger, guilt, happiness, etc. This is easiest to notice first. Most of the time people notice their emotional upset before anything else.)

2. What do we do next?

(Answer: Identify the Activating Event.)

3. What do we do third?

*(Answer: Determine the **Belief** that led to the Consequence.)*

The next step is to ARGUE WITH YOURSELF to decide whether the belief is unrealistic.

How can you argue with these negative thoughts? There are a few different ways to make sure that the thought isn't totally unrealistic.



Ask youth to turn to page T2.4 in the workbook.

Counselor: Use the questions on page T2.4 to guide the discussion below. For each topic, there will be corresponding questions listed on page T2.4. You will review the topic (alternatives, implications, etc.), review the pertinent questions on page T2.4, and then practice using those questions via the Hot Seat activity. The Hot Seat can be cumulative, so that each time you use it the youth uses all the questions reviewed to that point. Use the Hot Seat exercise as often as needed to keep the youth engaged in the process.

- 1. The first approach is to ask yourself if there are any OTHER WAYS OF THINKING (ALTERNATIVES) about this situation that make sense. The questions on page T2.4 that help you figure this out are:**

Is there another way to look at this?

Is there another reason why this would happen?

For example:

Maybe your good friend says he'll call you before 7 to arrange to go out that night. Its almost 8, and he still hasn't called.

Your first thought may be, "He isn't going to call...he went out without me"

How might this make you feel? (answer: sad / disappointed)

What are some negative thoughts you might have about this situation?

Counselor: Write all youth's negative thoughts on a pad of paper. Make sure the alternatives "make sense" and are not completely unrealistic.

Now let's try to come up with some "alternative thoughts". What are some other, more positive things you might think when your good friend hadn't called yet?

Counselor: Encourage youth to come up with own alternative thoughts. Make sure the alternatives "make sense" and are not completely unrealistic. If youth has difficulty coming up with alternatives, you can offer possibilities such as the following:

your friend's older sister is talking on the telephone and won't get off he is

still waiting to call you
 he got held up doing errands with his parents and isn't home yet
 your friend always runs late, he probably will call anytime

2. Another way to work on unrealistic negative thoughts is to look at WHAT WILL HAPPEN (IMPLICATIONS), or to ask yourself (see page T2.4):

Even if this thought is true, what's the worst thing that can happen?

Even if this thought is true, what's the best thing that can happen?

What will be the most likely thing to happen?

The trick is to look at both the positive and negative things that could happen, to make sure you aren't only thinking about the bad things that could happen. For instance, in the example above, you thought "He isn't going to call He went out without me."

First, ask yourself, "Even if this thought is true, what's the WORST thing that could happen?"

Counselor: Elicit ideas and write on a pad of paper, such as the following:

I won't have anything to do tonight.
 He doesn't like me anymore / we won't be friends anymore
 I am losing all my friends.

Next ask yourself, "If this thought is true, what's the BEST thing that could happen?"

Counselor: List these, for example:

I'll make better friends, who are more reliable.
 I'll have more fun without him.
 I'll have a chance to do some things at home (read, watch tv, sleep).
 Living well is the best revenge.

Finally, ask yourself, "What will be the most likely thing to happen?"

Counselor: List these on a pad of paper, for example:

We won't go out tonight, but we'll do it another time.
 I'll figure out something else to do tonight.

3. Another way to work on unrealistic negative thoughts is to look for any possible PLAN OF ATTACK. Even if your most negative thought seems true, there might be something you can do about it. Continuing with the example above,

what are some things you could do if you decide that it really is true that he's not going to call, and that he's going out without you? Ask yourself (see page T2.4):

Is there anything I can do about this?

Counselor: List possible plans for attack on a pad of paper, such as:

- I can call him and see what's going on.
- I can call another friend and make arrangements to go out.
- I can make sure next time that we figure things out earlier.
- I can tell him that it made me really mad.
- I can find something fun to do at home, and try to make plans for tomorrow night.
- I can try to make friends with people that won't do this to me.

- 4. Another way to make sure you're not believing totally unrealistic negative thoughts is to look for EVIDENCE for the thought. Evidence consists of facts, not feelings or guesses about things. Sometimes when we are feeling down or stressed out, we tend to focus on negative evidence and ignore evidence that might lead to a more positive approach to the situation. You need to look at all of the evidence clearly in order to decide whether your thoughts in the situation are RATIONAL AND REALISTIC OR DISTORTED AND UNREALISTIC.**

The key here is to look for all kinds of evidence. Not only do you need to list evidence FOR the belief (evidence that supports the belief), but you also need to list evidence AGAINST the belief. The kinds of questions you can ask yourself to find evidence are (see page T2.4):

Has this happened to you before?

Has this happened with other people?

Take the example we used a minute ago. I'll list some evidence and you tell me whether this evidence is FOR or AGAINST the thought "He isn't going to call... he's going to dump me."

Counselor: List pieces of evidence, such as the ones below. Help the youth put them into categories on a pad of paper: “Evidence FOR” and “Evidence AGAINST.”

1. He never did this before. (*AGAINST*)
2. He seems to be hanging out a lot with a different group of kids that I don’t get along with very well. (*FOR*)
3. He said he was going out to dinner with his parents at 5:30. (*AGAINST*)
4. He is frequently late for things. (*AGAINST*)
5. He had a track meet this afternoon out of town. (*AGAINST*)
6. He has canceled some dates recently. (*FOR*)
7. He came over and you had a really good time yesterday. (*AGAINST*)
8. He doesn’t do as many things with you as he used to. (*FOR*)
9. You have been good friends for a long time. (*AGAINST*)
10. He has been having car trouble. (*AGAINST*)

Let’s take another example. You see your good friend laughing with another person and looking over at you. You think, “They are laughing at me. He doesn’t like me anymore.”

Let’s list the kinds of evidence that you could look for, both for and against this thought.

Counselor: Write the thought on a pad of paper and then make two columns: EVIDENCE FOR and EVIDENCE AGAINST. Help youth generate pieces of evidence that would fit under both columns. Examples are as follows:

Evidence FOR:

He keeps doing this day after day.
He doesn’t do things with you anymore.

He says no when you ask him to do something.

Evidence AGAINST:

He comes over and talks to you next.
It turns out they were laughing about something else.

He is still friendly with you.

To review, all of these things can be used to make sure you’re not getting too upset about an unrealistic negative thought. They’ll help you check out how true the thought is, other ways to think about it, what it will mean for the future, and how to handle it. In our upcoming meetings together we will keep talking about these ways of challenging negative thoughts.

Optional:

If helpful, go through the exercise above with the youth using youth generated example(s) from Workbook page T1.7. –or–

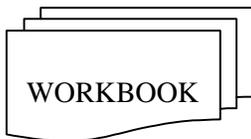
Use one or more practice examples listed below with youth to generate positive counter-thoughts using the methods discussed above (i.e., “thinking of alternatives”, “implications”, “plan of attack”, “checking the evidence”)

Your friend has been away on a trip. He returns on Tuesday. It is now Thursday and he still hasn’t called you.

You worked really hard on a school/work assignment and your teacher gave you a bad grade (d) / your boss told you it had to be redone.

You have a part-time job waiting on tables. The schedule for next week came out and you notice that your time has been cut back to 2 days. It had been 4 days the week before.

VI. LIFE EXPERIMENT



Ask youth to turn to the life experiment on page T2.5

- 1. Analyze a personal situation by using the A-B-C method and filling out a thought diagram. Page T2.6 is filled in as an example of how to use these worksheets. There are four additional copies of the thought diagram in your workbook on pages T2.7 to T2.10.**
- 2. Continue to fill out your Mood Diary.**

? Do you have any questions?

? Other things you want to talk about?

CHANGING YOUR THINKING - SESSION T-3

Practice in Arguing Against Negative Thoughts

Materials needed for this session:

1. Extra workbook.
2. Extra pens and pencils.

AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN
- II. CHECK-IN
- III. LIFE EXPERIMENT REVIEW
- IV. IDENTIFYING UNREALISTIC THOUGHTS
- V. CHALLENGING UNREALISTIC THOUGHTS
- VI. RAPID FIRE TECHNIQUE
- VII. LIFE EXPERIMENT

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth's progress and their plans for the future

Ask youth to turn to workbook page T3.1

Review Medication Plan

- ? How has it gone taking your medication since we last met?
- ? *If applicable*: Last time we talked you were having problems with “x”
- ? (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to

- ? notice that you also were “z” (e.g., sleeping better).
or -
- ? How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?
- ? Have you noticed any new or continuing positive changes in how you feel this week?
- ? How is your depression - any improvement?
- ? Any thoughts of harming yourself? Harming others?

[Counselor: Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth’s reported side effects, beneficial effects, and plan for coping on the “Counselor Medication Review” form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on “side effects”, “benefits”, and/or “commitment to medication”]

II. CHECK-IN / REVIEW

Check-in (*not more than five minutes*)

Today we will continue to talk about negative thoughts, how to recognize them and change them but, first, I’d like to check in with you to find out how you’ve been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you’d like to talk about.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth’s [continued] participation in the intervention]

III. LIFE EXPERIMENT REVIEW

During our last meeting we talked about how to argue against negative thoughts by thinking about Alternatives (are there other ways to think about this?), Implications (what is the worst / best / most likely to happen?), a Plan of Attack (what can I do about a situation?), or looking for Evidence (what is the evidence for this belief?)

Review Youth Progress/Record Forms

Counselor: Keep the review moving along. The time limit for each question is *1 to 2 minutes*.

A-B-C Technique

1. **Did you diagram your negative thoughts using the A-B-C forms (pages T2.7 through T2.10)?**
2. **Were you able to change your thinking about the event fairly consistently?**
3. **Did you feel differently after substituting a positive counterthought?**

Mood Diary

1. **Did you have any problems keeping track of mood or activities?**

Counselor: If youth forgot to make ratings, have youth make retroactive ratings for the past two to four days. Emphasize, however, that the most accurate ratings are those made on a daily basis.

2. **Looking at the last few days in your Mood Diary, do you see any improvement in your mood?**

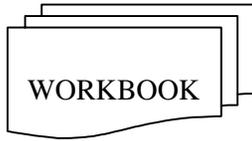
IV. IDENTIFYING UNREALISTIC THOUGHTS

Today we're going to take a closer look at some negative thoughts that are especially problematic, because they are so negative and have the power to make us feel so bad. We're going to call these UNREALISTIC thoughts. That's the word I use. Later, I'm going to ask you your word for these thoughts. Do you have any ideas what "unrealistic" might mean in this instance?

Counselor: Elicit definition of unrealistic vs. realistic here, and make sure that youth has an understanding of these terms.

Let's take an example. The first kind of unrealistic thought is JUMPING TO CONCLUSIONS. In this kind of thought, you automatically think that the activating event will cause something else to happen, and that something is usually bad.

For example, you get a C on a test, and your first thought is, "I'm going to fail this class". That's an example of jumping to conclusions.



Ask youth to look at cartoon on page T3.2.

Look at the cartoon on page T3.2. In this cartoon, Garfield ends up feeling very ashamed. His belief is one that jumps to conclusions. What is that thought? Fill out the top row of boxes on page T3.2

Counselor: Appropriate answers would be something like the following:
He looks like a clown, so everyone will laugh at us.

Does this remind you of anything in your own life? Are there times when you think you might jump to conclusions when it might be unrealistic to do so?

Counselor: Encourage youth to come up with an example from their own life that illustrates “jumping to conclusions”.

Optional:

Look at the cartoon on page T3.3. In this one, Spiderman feels upset because he jumped to conclusions. What belief did he have? Fill out the top row of boxes on page T3.3.

Counselor: Appropriate answers would be something like the following:
“She’ll fall into my arms, hopelessly in love, when she finds out my true identity.”

Another type of unrealistic thought is OVERREACTING or EXAGGERATING the problem. These types of beliefs can be easy to spot, because they usually contain words such as ALWAYS, NEVER, ALL, or NONE. These beliefs usually take a small problem and blow it up into a never-ending pattern that affects everything.

For example,
Two different girls, Linda and Julie, both ask their friends to go out on Friday night. Both girls' friends say they can't make it because they have too much work to do.

Linda feels rejected and thinks, "Because my friend won't go out with me tonight, she doesn't like me, and she will *never* want to go out with me again."

On the other hand, Julie thinks, "Well, my friend is busy tonight, but we can go out some other night. She's still my friend."

The same situation happened to both girls, but their reactions were very different. It's not *what happened* but *what they told themselves* about what happened that made the difference in how they felt. One girl's thoughts were unrealistic, and the other girl's thoughts were more positive and more realistic.

Which girl had the unrealistic thoughts?

(Answer: Linda [the first girl].)

Optional:

Thought: "If I don't get a date for Friday night, I'm a total failure forever."

Is this thought unrealistic?

(Answer: Yes, because of the over-generalization "I'm a total failure forever")

Thought: "Either I'm a wonderful person that everyone likes, or I'm a real loser."

Is this thought unrealistic?

(Answer: Yes.)

V. CHALLENGING UNREALISTIC THOUGHTS

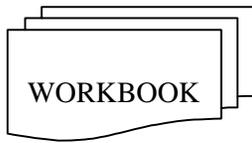
How do we argue with unrealistic beliefs? We use the same tools we learned during our last meeting:

Other ways to think about it (Alternatives)

Evidence for and against the belief

The best/worst/most likely thing that will happen (Implications)

A plan of attack



Ask youth to turn to page T3.2

Turn back to page T3.2. What positive-counter-thought can you supply for this cartoon?

Counselor: Use the cartoon to develop positive counter-thoughts, using alternatives, evidence, implications, and plans of attack.

Optional:

Turn back to page T3.3. What positive-counter-thought can you supply for this cartoon?

Counselor: Use the cartoon to further develop positive counter-thoughts, using alternatives, evidence, implications, and plans of attack.



Ask youth to turn to page T3.4.

The statements on this page may be unrealistic beliefs. What do you think? If you believe they are unrealistic, let's come up with some beliefs that are more realistic to replace them. What are some rational challenges to these statements?

Counselor: Have youth answer at least a few of the questions on page T3.4 (do at least three continuing with more examples only if the youth seems to be having difficulty understanding the concept). This is a good time for discussing what is really unrealistic. Note that many youth will have a difficult time recognizing that these are unrealistic thoughts. Use the comments below to help guide discovery that these are in fact unrealistic beliefs. Solicit ideas for thoughts that are more realistic, and have youth write them down in their workbook. Allow youth to generate his or her own challenges to these thoughts. Use the answers given below only if the youth is unable to generate his or her own answers. Remember, you DON'T need to review all thoughts if the youth appears to grasp the ideas. **PAY ATTENTION TO THE TIME; REVIEWING THIS**

PAGE CAN RUN OVER. You still need about 10-15 minutes to complete the section after this page.

1. **“All the important people in my life (especially my parents and/or my friends) must always approve of what I do.”**

Why is this unrealistic? It's not really possible to always have the approval of everyone in your life, in every situation. Even though most important people in your life will care about you, not everyone in your life will always approve of what you do. That doesn't mean they dislike you, only that they don't approve of some of the things you do.

Think of your best friend. Have you always approved of everything they do? Even if you don't like some of the things they do, you still like them as a friend. You understand and accept them. Recognize that others will do the same for you.

Positive Counterthoughts: "They may not always approve of what I do, but I know that they care about me. I guess they get upset because they are concerned."

2. **“I have to be popular or smart (the smartest) all the time in everything I do in order to feel like I'm worth something.”**

Why is this unrealistic? It's just not possible for anyone to be the smartest or most popular in everything. This is setting too high a standard for yourself. Give yourself a break! If you want to be good at something, at least limit yourself to one or two main things, but not everything! Just try your best!

Positive Counterthoughts: "Even if I'm not the best at everything, I can do ___ pretty well. I'm as good or better at it than lots of other people who are O.K. people."

3. **“When I make a mistake, even a tiny one, I should be punished”**

Why is this unrealistic? It's not possible to avoid all mistakes all the time. Making lots of the same mistakes over and over may be worth being concerned about, but even that doesn't merit severe punishment. And certainly doing just one or two things wrong is no reason to feel extremely guilty. Everyone makes mistakes; give yourself a break!

Positive Counterthoughts: "Am I really making more mistakes than other people? Maybe I'm judging myself too harshly. I'm a normal human being, who makes occasional mistakes. I'll try harder next time, but I won't beat myself over the head with this one mistake!"

4. “My unhappiness is someone else's fault. I can't help feeling the way I do.”

Why is this unrealistic? While it is true that other people will do things that you don't like, the way you feel about it is something that you control. That's the basis of what we're working on: you can gain control over how you feel. With time, you can learn to control how you react, too.

Positive Counterthoughts: "When other people do things I don't like, maybe it's O.K. for me to get upset for a while. But when I'm down and depressed for a long time, I'd rather change the way I feel. In the long run, it only hurts me when I stay depressed (angry, hurt, upset, etc.)."

5. “It's terrible when things aren't the way I'd like them to be.”

Why is this unrealistic? It may be upsetting, but is it really terrible? Who else would find this terrible? This seems like an overexaggeration. Some things really are terrible, such as someone dying, or an auto accident. But most problems are usually much smaller than that, and are not really terrible or horrible. Are your problems "horrible", or mostly just annoying or upsetting?

Positive Counterthoughts: "It's annoying when things aren't the way I like them, but it's not the end of the world. If it bothers me enough, I'll take steps to change things."

6. “When something seems dangerous or something could go wrong, I must constantly worry about it.”

Why is this unrealistic? Again, this is a matter of degree. It may make sense to worry a little bit, and everyone does this sometimes. But it is no good to worry constantly; that only makes you feel tense and miserable, and usually doesn't solve the problem.

Positive Counterthoughts: "I'll probably worry about this for a while, but then I'll take some time to think about how to solve the problem. Worrying all the time will just make me feel worse."

7. “There must be a perfect solution to human problems (including mine). I can't settle for less than the perfect solution.”

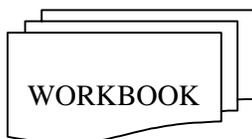
***Why is this unrealistic?** Unfortunately, there are no "perfect" solutions. Perfect solutions are not possible because of two reasons. First, some solutions which are "perfect" are just not humanly possible. For example, everyone wants an end to world famine, but it is impossible to completely erase it (although we can certainly work towards reducing it a great deal). The second reason is that so many people want different things, it is never possible to come up with a solution that fully satisfies everyone. If we waited for a "perfect" solution to every problem, we'd never solve anything: we'd always be waiting.*

***Positive Counterthought:** "I may not be totally happy with this solution, but I can live with it. If possible, I'll keep working towards a better solution."*

VI. RAPID FIRE TECHNIQUE

Now we are going to **PRACTICE** arguing with unrealistic thoughts and finding more realistic positive thoughts. Remember because negative thoughts come quickly, we need a way to begin to argue with ourselves on the spot, quickly, so we can decide how to handle the problem. For instance, if your friend calls you a name and you are getting really angry, you have to handle it right then and there, or else you might overreact to the situation. As usual, we'll look for alternatives, evidence, implications, and plans of attack to argue with ourselves. So, you'll need to come up with a reason that the thought isn't true, or why it doesn't matter so much, or what you can do about it.

Before we begin, I'd like you to take an index card and note some typical "activating events" that we can use for these exercises.



Ask youth to refer to pages **T2.6 – T2.9** as needed for "activating events and page **T2.4** for strategies to generate positive thoughts.

This time I will read the negative thoughts and you will generate the positive thoughts. Remember the questions on page T2.4 of the workbook can help you to argue with negative thoughts.

Counselor: Ask youth to tell you a recent event or take one of the examples from the cards. Review procedures and say negative thoughts one at a time, then let the youth respond with a challenge that makes sense. If the youth is finding it difficult to generate counter-thoughts / disputations, the counselor may act as coach. When acting as coach, the counselor should try one or more of the following: (a) allow the youth to try their own disputations first; (b) start by using the questions in workbook (p.T2.4) to help the youth to argue with the negative thoughts and offer direct counterthoughts only if the youth continues to have difficulty finding a positive disputation, and C) allow the youth to accept or decline the counselor’s suggestions.

Consider the following situation (use example from the youth or the one below):

Your parents are fighting a lot at home lately.

Negative Thought

Challenge

It’s my fault that they are fighting so much.

That’s not true: they are arguing about finances, and I haven’t done anything wrong. (EVIDENCE)

That’s not true because they would tell me if they were mad at me.
(EVIDENCE).

It’s more likely that they are mad at each other about something else.
(ALTERNATIVE)

They hate each other.

That’s not true because sometimes they are also really nice to each other. (EVIDENCE)

They are angry, but don’t hate each other
(ALTERNATIVE)

My father is so mean.

He’s acting this way because he’s mad. He’s not always mean.
(ALTERNATIVE)

My parents will get divorced.

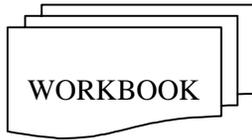
It’s possible that they’ll get divorced, but also possible that they are just stressed out right now.
(ALTERNATIVE)

Even if they do get divorced, it might be for the best.

(IMPLICATIONS)

I will talk to them and find out what's going on.

(PLAN OF ATTACK).



Ask youth to turn to pages T3.5, T3.7 and T3.8.

Counselor: Introduce worksheets for practice of the RAPID FIRE TECHNIQUE on pages T3.7 and T3.8. Work with the youth to identify two important “activating events” that they could use to complete this exercise over the next week. Let youth know that it may help for them to ask themselves the “Eight Tough Questions” on workbook page T3.5 while doing this exercise.

V. LIFE EXPERIMENT



Ask youth to turn to the homework assignment on page T3.6

1. **Analyze a personal situation by using the A-B-C method and filling out a thought diagram several times over the next week (there are four copies of the thought diagram in your workbook on pages T3.9 to T3.12).**
2. **Use the “Rapid Fire Technique” Practice worksheets for the activating events you identified during today’s meeting as particularly important for you (pages T3.7 and T3.8).**
3. **Continue to fill out your Mood Diary.**

? Do you have any questions?

? Other things you want to talk about?

CHANGING YOUR THINKING - SESSION T-4

Other Ways to Handle Negative Thoughts

Materials needed for this session:

1. Extra workbook.
2. Extra pens and pencils.
3. Index cards
4. Balloons

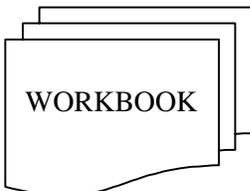
AGENDA

- I. PROVIDER CONTACT / MEDICATION PLAN**
- II. CHECK-IN**
- III. LIFE EXPERIMENT REVIEW**
- IV. “RAPID FIRE TECHNIQUE” PRACTICE**
- V. OTHER WAYS TO DEAL WITH NEGATIVE THOUGHTS**
- VI. REVIEWING WAYS TO DEAL WITH NEGATIVE THOUGHTS**
- VII. EVALUATION OF PROGRESS**
- VIII. LIFE EXPERIMENT (if continuing)**
- IX. ENDING ACTIVE MEETINGS (if applicable)**

I. PROVIDER CONTACT / MEDICATION PLAN

Provider Contact

- Encourage youth (or offer) to contact primary care provider during coming week if any medication side effects etc., also check if youth had any contact with health care provider since previous meeting
- Reinforce idea of youth (and counselor) being an active team with primary care provider
- Discuss youth’s progress and their plans for the future



Ask youth to turn to workbook page T4.1

Review Medication Plan

- ? How has it gone taking your medication since we last met?
- ? ***If applicable:*** Last time we talked you were having problems with “x”
- ? (e.g., dry mouth) and “y” (e.g., jitteriness), but you were beginning to
- ? notice that you also were “z” (e.g., sleeping better).
- or -*
- ? How have side effects been for you this week? Have the things we talked about to deal with the side effects worked?
- ? Have you noticed any new or continuing positive changes in how you feel this week?
- ? How is your depression - any improvement?
- ? Any thoughts of harming yourself? Harming others?

[**Counselor:** Help youth create a plan for coping with expected side effects and other medication barriers over the next week. Record youth’s reported side effects, beneficial effects, and plan for coping on the “Counselor Medication Review” form. Calculate a total risk adherence score as indicated on the form. Compliment the youth on their continuing to take medication, and/or attentiveness to beneficial effects.]

[Optional: Use motivational interviewing approach to help youth step up / down the scale on “side effects”, “benefits”, and/or “commitment to medication”]

II. CHECK-IN

Check-in *(not more than five minutes)*

First, I’d like to check in with you to find out how you’ve been since our last meeting together and whether there is anything we discussed last time or that has happened since we last met that you’d like to talk about.

[If youth seems discouraged and/or resistant, counselor may consider using *motivational interviewing techniques* to encourage youth’s [continued] participation in the intervention]

III. LIFE EXPERIMENT REVIEW

Let's begin by reviewing some of the ideas we have covered in previous sessions.

Review Youth Progress/Record Forms

A. Rapid Fire Technique

- 1. Were you able to complete the “Rapid Fire Technique” practice worksheets (pages T3.7 and T3.8) ?**
- 2. Do you feel more comfortable with your ability to challenge negative beliefs? Were you able to come up with positive counter-thoughts quickly?**

B. A-B-C Technique

- 1. Did you diagram your negative thoughts using the A-B-C forms (pages T3.9 through T3.12)?**
- 2. Were you able to change your thinking about the event fairly consistently?**
- 3. Did you feel differently after substituting a positive counter-thought?**

C. Mood Monitoring

- 1. Did you remember to record your mood ratings?**
- 2. Have you noticed any improvement in your mood?**

IV. RAPID FIRE TECHNIQUE PRACTICE

Today we’re going to start by practicing the Rapid Fire Technique some more. I’ll give you a situation, and say some negative thoughts that you might have. Your job is to quickly come up with a realistic response to that thought that could make you feel better and act most effectively in the situation.

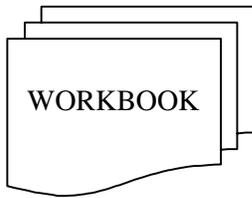
Before we begin, I’d like you to take an index card and note some “TYPICAL ACTIVATING EVENTS” that we can use for these exercises.

Counselor: Repeat rapid fire technique practice with real examples from the youth, and pause to discuss problematic situations.

V. OTHER WAYS TO DEAL WITH NEGATIVE THOUGHTS

Objectives

- 1. To present four ways to deal with activating events.**
- 2. To have youth determine the best way to handle activating events.**
- 3. To present three new techniques that can be used to stop negative thinking.**
- 4. To help youth select one of these techniques may work best for them.**



Ask youth to turn to workbook page T4.2

There are four ways we can deal with activating events.

[FROM WORKBOOK]

1. Change the way we respond to them.
2. Avoid them.
3. Don't respond to them.
4. Cope with them.

1. Change the way we respond to Activating Events

We have already learned how to *CHANGE* the way we respond to activating events by using the A-B-C method to change our thinking.

2. Avoid Activating Event

We can also simply *AVOID* activating events.

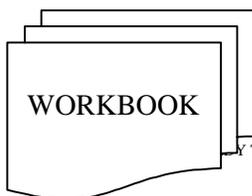
? How can we avoid bad activating events?

(Answer: Schedule time to avoid problem situations, make clear decisions in advance about the people you want to spend time with, and study or make other necessary preparations in order to avoid stressful or negative situations such as failing tests, etc.)

Counselor: Ask youth to offer some specific examples.

3. Don't Respond to Activating Events (Thought Interruption Techniques)

Here are some additional techniques we can use to interrupt or block negative thinking. These are ways to **NOT RESPOND TO** negative thoughts.



Ask youth to turn to workbook page T4.3

[FROM WORKBOOK]

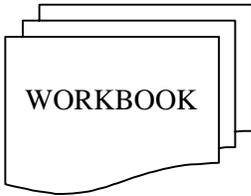
- | |
|---|
| <ul style="list-style-type: none">A. Thought stopping.B. The rubber band technique.C. Set aside some “worrying time.” |
|---|

- a. ***THOUGHT STOPPING.*** When you're alone and catch yourself thinking negatively, yell “STOP” as loud as you can. Then say, “I'm not going to think about that any more.” Gradually change from yelling out loud to thinking “Stop” to yourself, or imagining someone you respect telling you to stop (or a stop sign, etc.). Then you can use the technique in public.
- b. ***THE RUBBER BAND TECHNIQUE.*** Wear a rubber band on your wrist and snap it every time you catch yourself thinking negatively. This will help to prevent negative thoughts.
- c. ***SET ASIDE SOME WORRYING TIME.*** If you need to think about certain negative things, then schedule a time for it once each week. Make an appointment with yourself for worrying; fifteen minutes should be plenty. Only allow yourself to worry about negative things during that period of time. If you start worrying other times during the week, tell yourself, "I'll think about that later, during my worry time."

When you worry, don't do anything else—don't talk, eat, drink, work, or play. Save up your worries during the rest of the week, and only worry about them during this scheduled time. During the rest of the week, you can also write your worries down on a piece of paper, and put it in a jar or a drawer to take out later during your worry time. This helps "put it aside" until later.

At the bottom of the page, choose the *ONE* you think might best work for you. Write this as your answer. If this technique doesn't seem to work, you'll need to try one of the other techniques on the list. Choose which technique you'll use as a back up, and write it on the second line.

4. Cope with Activating Events



Ask youth to turn to workbook page T4.4

Now we'll try an exercise that will give you a few ways to cope with negative thoughts when they occur. This is partly a relaxation exercise and partly a way of getting rid of negative thoughts. This exercise is called the "balloon exercise".

Counselor: Give the youth a balloon. Have them stretch it out, then hold it in their hand.

THE BALLOON EXERCISE:

FINDING THE NEGATIVE THOUGHT:

- I. Make yourself comfortable.
- II. Breathe in and out, slowly and deeply. Close your eyes.
- III. Focus your attention inward, to your "*minds eye*". This is the place in your mind where you can see images - the "*movies*".
- IV. Think about one negative thought that is a problem for you; the main negative thought that brings your mood down.
- V. Ask yourself these questions, but save your answers for later:
 - A. What is this negative thought?
 - B. What happens when you think this negative thought?
 - C. How do you feel? What do you end up doing?
 - D. What does the negative thought feel like?
 - E. How much room does it take up, in your life or your mind?
 - F. How heavy is it? Does it have sound, or color? What does it look like?

ELIMINATING THE NEGATIVE THOUGHT:

- I. Now, take three deep breaths. With each breath move this negative thought toward your lungs until your lungs are completely full of it.
- II. When you can't hold it any longer in your lung, blow it all out into the balloon. Do whatever it takes to empty your lungs. Blow the negative thought into your balloon!
- III. Open your eyes and tie the balloon.

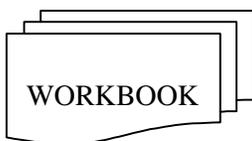
DEBRIEF:

- I. What's in the balloon?
- II. Where did you find it in yourself? In your body? Your mind?
- III. What did it look like, sound like, feel like?
- IV. What do you want to do with your balloons?
 - A. Stomp it?
 - B. Throw it away?
 - C. Hang it someplace?
 - D. Give it to someone?
- V. What is most important is that you 've got the power to let go of negative thoughts.
- VI. How did this exercise work for you? Could you use it at home? At school? Is there any way to do it without a balloon?

REPLACING IT WITH A POSITIVE THOUGHT:

- I. Now that you've let go, you can replace the negative thought with a positive one.
- II. What is a positive thought (a counter-thought?) to put in place of the old, negative belief?

VI. REVIEWING WAYS TO DEAL WITH NEGATIVE THOUGHTS

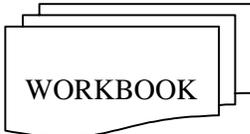


Ask youth to look at the examples on page T4.5

On page T4.5, there are examples of situations you might encounter when you could use one of the techniques we just discussed. Decide which of the four ways to deal with activating events would be best to use in each of these examples.

VII. EVALUATION of PROGRESS

Now we come to the end of working on changing your thinking. However, I want to encourage you to continue to practice the techniques we've worked on over the past four meetings. Although changing your thinking can be difficult to do at first, with practice doing these things can become almost automatic.



Ask youth to turn to the Mood Questionnaire #2 or #3 at the end of his or her workbook, whichever is appropriate to this timepoint.

If you remember, you filled out this same questionnaire at our first session [and perhaps fifth session] together. Now, please fill it out again. Then, we'll compare your responses and see whether there is any change [don't say improvement]. I will be the only one reading your responses, so please answer the questions honestly.

When you're done, hand me your workbook and I'll write down your total, and return your workbook to you. I will keep your scores private.

Counselor: Collect the completed Mood Questionnaire; check youth's addition of the score, record it, and return it. If appropriate, give them feedback about ranges of scores.

ALSO, ask youth about their *subjective* sense of any changes, positive or negative, since the start of treatment.

For the present (and Session 1) totals, here are rough classifications:

Mild = 0-15

Moderate = 16-27

Significant = 28 or higher

The following categorizations are only relevant if the youth has completed only ONE of the two skill modules, and there is a decision to be made about whether to continue on to the second module or terminate the Active Phase of treatment and progress to the Continuation Phase (brief, monthly phone check-ups with in-person sessions as needed).

- RECOVERED: In order to be considered "recovered," youth have to (a) have a score below 12, and (b) at least a 50% reduction. These youth may be terminated at the end of this session (and progress to Continuation phase). HOWEVER, a youth who officially meets the definition of "Recovered" may still continue on in therapy (up to the maximum of nine Active Phase sessions) if the subjective judgement of the Counselor and youth is that they have still not yet achieved sufficient improvement.

Typically, when someone improves this much, we usually stop these weekly meetings and go to monthly "check-in" phone calls. Of course, some people do continue - what do you think?

Counselor: If youth wants to continue intervention but counselor doesn't think he or she needs additional sessions and youth has not made it clear why he or she wants to continue:

Tell me a little more about what your needs are so I can be of more help.

Counselor: Identify which of three situations below best fit the youth and proceed accordingly:

- 1) Youth requesting more sessions to please counselor, parents, or provider
⇒ Review with youth the progress they have made to date and the goal of giving them tools to use independently)
 - 2) Youth requesting more sessions for mental health/psychosocial need that not appropriate to address through intervention
⇒ Refer to primary care provider or another source for case management or additional services
 - 3) Youth requesting more sessions for concerns that can be addressed through intervention and perceives a real need for additional intervention
⇒ Continue to second module in intervention
- IMPROVING: In order to be considered "improving," youth have to at least a 30% reduction from their original score, and NOT meet the Recovered category. These youth should continue on in Active treatment, to consolidate their gains.

It seems that you've made some good progress. I think now is the time to keep meeting for a few more weeks, and learn some additional, new skills to help you to improve even more. What do you think?

- NOT IMPROVING: Youth who do not meet either of the two above conditions. These youth should continue on in Active treatment, to attempt to achieve gains.

It doesn't seem like you've improved as much as we would like. What do you think?

I would like to keep meeting with you for another four weeks. We would start learning the additional, new skills that you didn't chose at the beginning of these meetings. This new approach may help "kick-start" some improvement. What do you think about that?

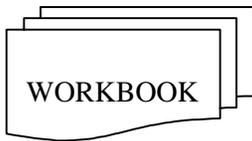
Examples of Recovered youth:

1. Session 1 score of 24, and session 4 score of 11.
2. Session 1 score of 60, and session 4 score of 10.

Examples of youth who do not meet full Recovered criteria:

1. Session 1 score of 60, and session 4 score of 19 (*would be considered Improved*)
2. Session 1 score of 29, and session 4 score of 13 (*would be considered Improved*)

VIII. LIFE EXPERIMENT (only for those youth who are continuing on to additional Active sessions).



Turn to the life experiment on page T4.6

1. **Next time we meet we will begin talking about how you can do more fun activities. Between now and then, review the techniques for changing your thinking that we have covered during our last four meetings together and figure out which ones seem like the best fit for you and how you can continue practicing these things in a regular way.**
2. **Continue to use the A-B-C worksheets to write down and argue against your negative thoughts (pages T4.7 – T4.10).**
3. **Continue to fill out your Mood Diary.**

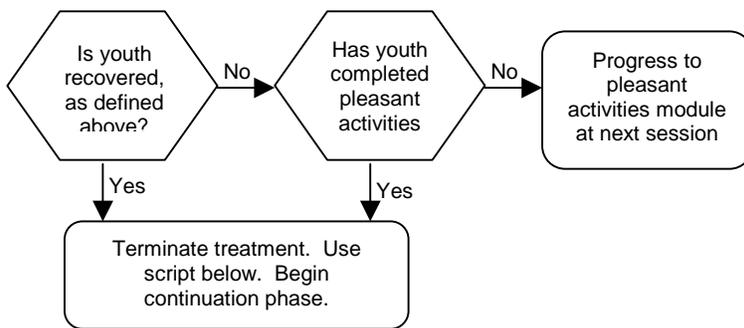
? Do you have any questions?

? Other things you want to talk about?

IX. ENDING ACTIVE MEETINGS (if applicable)

[Counselor: if youth has made good to excellent progress [see previous section on "EVALUATION of PROGRESS"], then this may be the time to end the Active Phase weekly sessions, and transition to phone checkup contacts during a Continuation Phase.

If the youth has not made sufficient recovery, then continue on to the pleasant activities module, if you have not already done so. *Follow the decision tree below.*]



[Counselor: use the following script only if youth has recovered from their depression, or because they have completed both the fun activities and cognitive Active Treatment modules.]

Because you've made such great progress, this is our last weekly meeting. However, I will continue to call you each month to check on your continuing progress. If needed, we can meet from time to time.

[Counselor: use the following script if youth has completed both the fun activities and thoughts modules.]

You have now completed both portions of the skills training we set out to do several weeks ago. You have spent several weeks working on increasing pleasant activities and have also worked hard on changing your thinking to stop negative or unrealistic thinking and to increase realistic and positive thinking. Although you have already made progress in both of these areas, continuing to practice the skills on your own will be an important part of continuing to see improvements in how you feel.

[Counselor: use the following script for both youths who have recovered from their depression, and youths who have completed both the fun activities and thinking modules.]

Before we end, let's take a few minutes to review:

1. **What you got out of these meetings.**
2. **What you see as the biggest challenges you'll face in the next few months or few years.**
3. **How you can apply the skills you learned here to tackle those challenges.**

Counselor: Use this time to help those ending these meetings to summarize his or her experiences. Work on relapse prevention by anticipating future problems and how they will handle them. Make sure to highlight youth's strengths as well as areas in which they should continue to practice skills.

Counselor: Remember to send an epic e-mail message to the youth's primary care provider about the youth's progress with the intervention and any other pertinent information (e.g., reported side effects, level of functioning) following this session.

