CBT for Depression

Course Manual

Contents

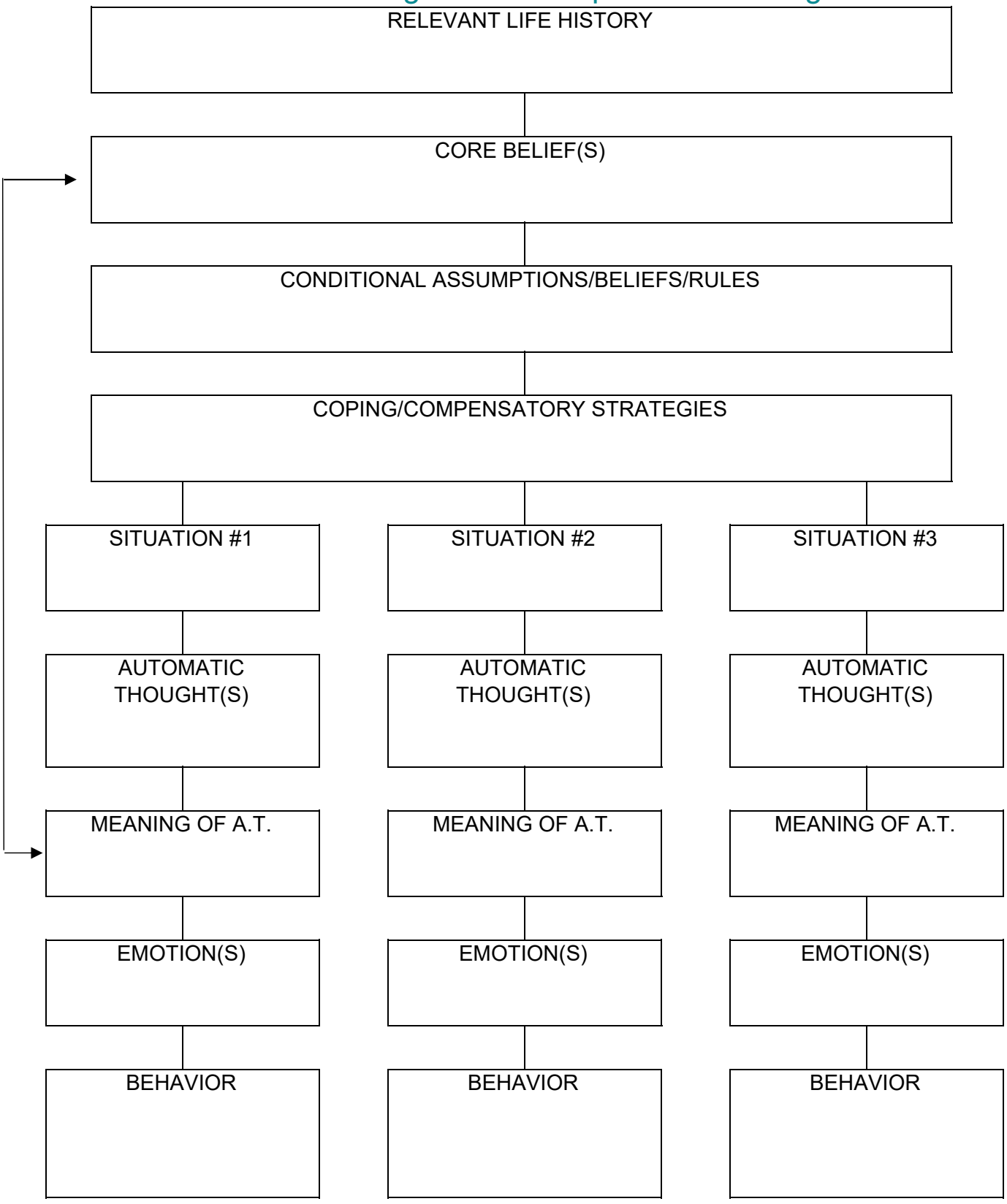
Week 1: Module 1 – Goals of the Course

- Create a case formulation for your own client and complete a Cognitive Conceptualization Diagram
- Use your conceptualization to plan treatment within and across sessions
- Develop a good therapeutic relationship with your depressed clients
- Structure sessions effectively
- Select and implement cognitive and behavioral techniques with your depressed clients
- Teach depressed clients skills to prevent relapse

Week 1: Module 1 – Topics for the Course

- An introduction to CBT for Depression
- Cognitive formulation and conceptualization
- Treatment planning
- The therapeutic alliance
- Structuring sessions
- Identifying and modifying cognitions
- Behavioral change
- Creating “action plans”
- Relapse prevention

Week 1: Module 1 – Cognitive Conceptualization Diagram



Week 1: Module 2 – Questions to ask when Conceptualizing Your Client

1. What were the client's symptoms? When did they start?

2. What was the client's primary diagnosis? Was it mild, moderate or severe? When did the episode start? What had the course been? Was this their first episode? If not, how many episodes had they had? Did they recover fully between episodes?

3. Did the client have any additional diagnoses? If so, what are they? How severe and chronic are the other diagnoses? If the client were treated for a co-morbid diagnosis, would their depression improve substantially? If so, should I orient treatment toward the other disorder instead of toward depression?

4. What was going on in the client's life when he got depressed? What other lifetime experiences may have contributed to their problems? What meaning did these experiences have for them?

5. What were the client's major problems at the start of treatment? What had interfered with their ability to solve or cope with these problems?

6. What strengths did the client have?

7. What are the key dysfunctional cognitions, emotions, and behaviors associated with the client's problems? Are the client's physiological reactions an important issue to address, too?

8. How does the client view them self, other people, and their future, in other words, what are their core beliefs?

9. What unhelpful behavioral strategies has the client developed to cope with their dysfunctional beliefs?

Week 1: Module 2 – Longitudinal Diagram of Depression (1/2)

Early Experience

Father was cold; Jim never felt close to him.
Mom sometimes belittled his school success.
Seemed as if parents favored his siblings and were disappointed in him.
Parents compared him unfavorably to older siblings.
Teased by brothers when he didn't measure up.
Doubted his intellectual abilities.
Feared he wouldn't measure up to his siblings and peers.
Some periods of loneliness.

Formation of Beliefs

I'm not good enough [in terms of achievement, and to a lesser degree, in terms of likeability].

Conditional Assumptions

If I work very hard, maybe I'll be okay. If I don't, I'll fail.

Formation of Coping Strategies

Set high expectations for self
Remain vigilant for signs of failure
Work very hard

Precipitating Events

Laid off at work; couldn't find comparable job; cut off contact with former work friends
New job below his capabilities; take home pay much lower
Wife moved out with their children; started divorce proceedings; stressful custody battle
Financial problems, house was foreclosed
Had to move to basement of parents' house
Difficulty sleeping, felt exhausted most of the time

Week 1: Module 2 – Longitudinal Diagram of Depression (2/2)

Activation of Core Beliefs

I'm a loser. I'm a worthless failure. I'm helpless.
[to a lesser degree—I'm not good enough to be liked/loved]

Negative Cognitions (Cognitive Triad)

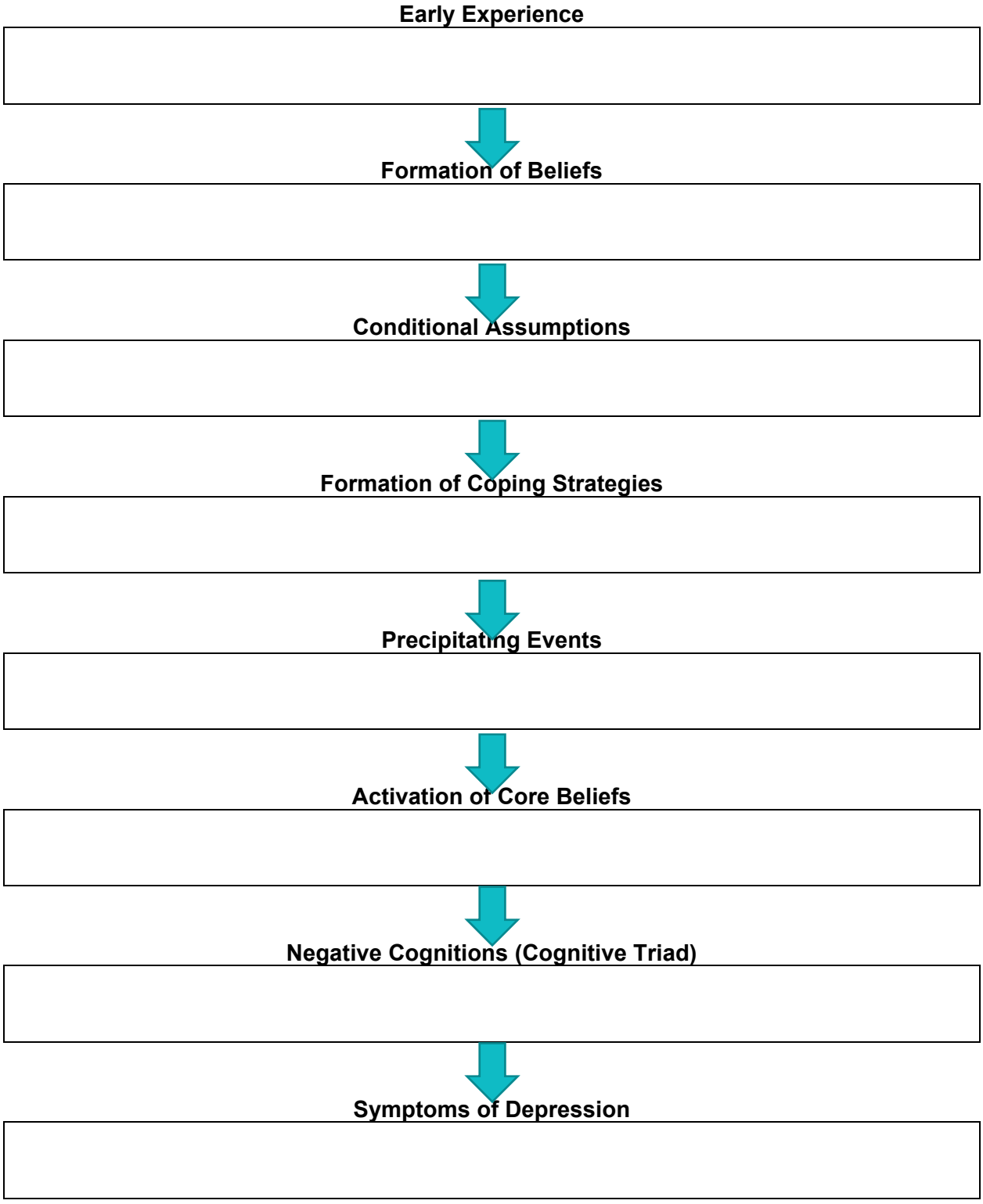
I can't believe I have to live with my parents. I'm a loser. I'm a worthless failure.
[Image of self weighed down, living with parents forever]
I can't provide for my kids. I'm letting them down.
I'll lose my children and there's nothing I can do to prevent that.
My friends won't want to hear from me.
My life will just keep getting worse and worse.

Symptoms of Depression

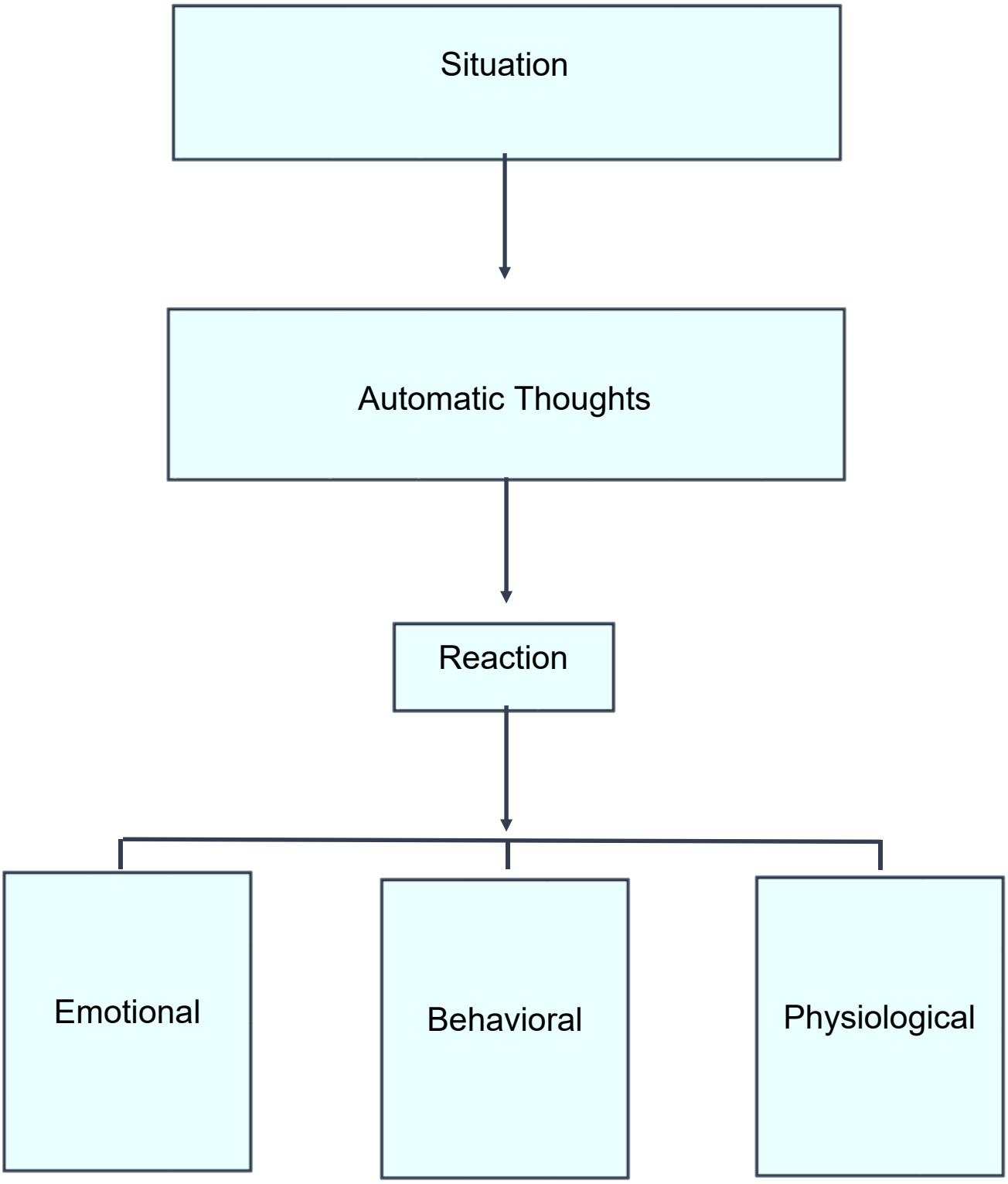
AFFECTIVE –feels sad, hopeless, anxious, guilty
BEHAVIORAL—isolates himself socially, has withdrawn from most non-work activities, gives up easily when faced with a problem or doesn't engage in problem-solving

COGNITIVE –has trouble concentrating and making decisions
PHYSICAL –difficulties eating and sleeping; feelings of exhaustion; loss of libido
MOTIVATIONAL—feels apathetic; difficulty getting himself to do what he needs to do

Week 1: Module 2 – Longitudinal Diagram of Depression (Blank)



Week 1: Module 3 – Diagram of the Cognitive Model



Week 1: Module 5 – Summary of Week 1

Here are the key points I'd like you to remember about this first week of the course:

1. CBT is not only an effective treatment for depression but it also reduces relapse.
2. A cognitive formulation helps you understand how the meaning of events earlier in life can lead to the development of assumptions and coping strategies.
3. People's negative beliefs can be one factor that predisposes them to depression, when they encounter particular life stressors.
4. When people become depressed, they begin to process information differently.

Week 2: Module 4 – Summary of Week 2

Here are the key points I'd like you to remember from this week:

1. A Cognitive Conceptualization Diagram helps you organize information so you can quickly identify the most important problems, cognitions, and behaviors to focus on in treatment.
2. A CCD helps you plan treatment within a session and across sessions.
3. You finish conceptualizing clients only when they terminate treatment.

Week 3: Module 2 – Summary of Clinical Roundtable

What kinds of things have you found out that you might not otherwise have learned by asking your clients about positive experiences? What did you do with that information?

- Found activities not previously discussed that produced positive experiences, which gave us more items to add to the action plan.
- Some clients may start to report positive experiences on their own instead of only reporting negative experiences
- Asking about positive experiences can provide evidence against negative core beliefs

Week 3: Module 5 – Summary of Clinical Roundtable

What difficulties have you had in getting depressed clients to do complete their action plan? How did you solve the problem?

- Giving homework can help you as the therapist identify the obstacles the client has in completing tasks; then break down the task in to steps and address each obstacle.
- When clients report a lack of motivation, one technique is to use a cost-benefit analysis and show the client the advantages of the assignment as being a motivation in and of itself.
- Start action plan items IN SESSION, so you can respond to automatic thoughts in the moment.
- Sometimes the Action Plan can be overwhelming to the client, even if it is created collaboratively. Use this as an opportunity to identify the obstacles that got in the way and adjust the action plan accordingly.

Week 3: Module 6 – Summary of Week 3

Here are the key points I'd like you to remember from this week:

1. Therapy sessions are made up of three stages: a beginning, middle, and end. At the beginning of the session you re-establish rapport and collect data to plan the rest of the session. In the middle of the session, which is the bulk of the session, you discuss one or more problems, followed by a summary and Action Plan. At the end of sessions, there's some kind of summary, a check on the total Action Plan and you elicit feedback.
2. The Therapeutic alliance is important to treating depressed clients. Most clients who are depressed benefit from your direct expressions of empathy but also from your can-do attitude that implicitly says, "I can help you."
3. Clients' minds are drawn to the negative and much of what we do in session is helping them see negative situations in a more realistic light, which is almost always in a positive direction. But CBT is not the power of positive thinking. It's the power of realistic thinking. Part of realistic appraisal is recognizing experiences throughout the day that are even a little better than other parts of the day.
4. Action plans are an important tool in making sure the client has a better week.

Week 4: Module 6 – Summary of Week 4

Here are the key points I'd like you to remember from this week:

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2. Two essential goals for the first therapy session are to establish a good therapeutic relationship and increase optimism.
3. Two other important goals are to identify the clients' goals for treatment and come to an agreement about the treatment plan.
4. The most important goal is to ensure the client returns to treatment for the next session.
5. Psychoeducation is important so clients can attribute their difficulties to their depressive illness instead of their personal failings and to start to see their experiences in light of the cognitive model.

Week 5: Module 5 – Socratic Questions

1. What's the evidence that your thought is true, that people will be critical of you? Is there any evidence on the other side, that people might not be critical?

2. Is there another way of looking at this situation?

3. If people are critical, how could you cope with that? But people being critical is only one outcome, in fact, it's the worst one. What's the best possible outcome of posting on the Forum? What's the most realistic outcome?

4. What is the effect of telling yourself that people are likely to be critical? What could be the effect of changing your thinking?

5. What would you tell your friend [think of a specific person] if he or she were in this same situation and had this thought? How might that apply to you?

6. What should you do now?

Week 5: Module 5 – Typical Cognitive Distortions

1. **All-or-Nothing Thinking:** You see things only in two categories. Things are black or white, with no shades of gray. “I have to do a great job on everything.”

2. **Fortune-Telling:** You make negative predictions about what will happen when other outcomes are more likely. “I’ll always have trouble figuring out my thoughts.”

3. **Labeling:** You put a globally negative label on yourself. “I’m a failure for making a mistake.”

4. **Emotional Reasoning**: You believe something must be true because it “feels” true. “I must be incompetent.”

5. **Selective Abstraction:** You pay attention only to the negative aspects of situations instead of considering the entire experience. “I made so many mistakes.”

6. **Overgeneralization:** You draw a general conclusion on the basis of a small amount of evidence. “I do everything wrong.”

7. **Mind Reading:** You are sure you know what others are thinking. “They probably think I’m foolish.”

8. **Personalization:** You take others’ actions personally when they actually have other intentions. “They did that to me on purpose.”

9. **Imperatives:** You have an unreasonably rigid idea about how you or others should or must behave. “I should always do my absolute best.”

10. **Magnification and minimization:** You magnify the negatives or minimize the positives. “I’m no good at figuring out what to do.” “It doesn’t matter than I have good common sense.”

Week 5: Module 7 – Testing Your Thinking Worksheet

Name: _____ Date: _____

This worksheet is an easier version of the Dysfunctional Thought Record and should be used in place of, not in addition to, the DTR, for certain clients, such as adolescents.

What is the situation?_____

What am I thinking or imagining? _____

How does that make me feel? mad sad nervous other:_____

What makes me think the thought is true?_____

_____

What makes me think the thought is not true or not completely true?_____

_____

What's another way to look at this?_____

_____

What's the worst that could happen? What could I do then?_____

_____

What's the best that could happen?_____

_____

What will probably happen?_____

What could happen if I changed my thinking?_____

What would I tell my friend [think of a specific person]_____ if this happened to him or her?_____

_____

_____

What should I do now?_____

Directions: When you notice your mood getting worse, ask yourself, **"What's going through my mind right now?"** and as soon as possible jot down the thought or mental image in the Automatic Thought Column.

DATE/ TIME	SITUATION	AUTOMATIC	EMOTION(S)	ALTERNATIVE RESPONSE	OUTCOME
	1.What actual event of stream of thoughts, or daydreams, or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have?	1.What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	1. What emotion(s) (sad, anxious, angry, etc.) did you feel at the time? 2. How intense (0-100%) was the	1. (optional) What cognitive distortion did you make? (e.g., all-or-nothing thinking, mind-reading, catastrophizing, etc.) 2. Use questions at bottom to compose a response to the automatic thought(s0> 3. How much do you believe each response?	1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (o-100%) is the emotion? 3. What will you do? (or did you do?)

Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of changing my thinking? (5) What should I do about it? (6) If _____ (friend's name) was in the situation and had this thought, what would I tell him/her?

Week 5: Module 8 – Summary of Week 5

Here are the key points I'd like you to remember from this week:

1. Use a variety of techniques to elicit automatic thoughts and images, and recognize when they are spontaneously reported by clients.
2. Make sure clients correctly differentiate their automatic thoughts from interpretations or emotions and translate interpretations, telegraphic thoughts, and questions into an appropriate form so they can be evaluated.
3. Identify the range of emotions clients have experienced and their associated automatic thoughts. Focus on *key* automatic thoughts, the ones whose themes are recurrent and that are associated with significant current distress or dysfunctional behavior.
4. Primarily use Socratic questioning and behavioral experiments to evaluate clients' thoughts as well as a variety of other techniques, such as imagery, self-disclosure, and analogies, metaphors, and stories. Do not challenge or dispute clients' cognitions.
5. Insure that clients have therapy notes to take home from each session that contain responses to their automatic thoughts or anti-rumination strategies, when applicable. Motivate them to read their therapy notes daily.
6. Send home a worksheet only after clients successfully use it in session.

Week 6: Module 2 – Common Core Beliefs

Helpless core beliefs	Unlovable core beliefs	Worthless core beliefs
I am incompetent	I am unlovable	I am worthless
I am ineffective	I am unlikeable	I am unacceptable
I can't do anything right	I am undesirable	I am bad
I am helpless	I am unattractive	I am a waste
I am powerless	I am unwanted	I am immoral
I am weak	I am uncared for	I am dangerous
I am vulnerable	I am different	I am toxic
I am a victim	I am bad [so others will not love me]	I am evil
I am needy	I am defective [so others will not love me]	I don't deserve to live
I am trapped	I am not good enough [to be loved by others]	
I am out of control	I am bound to be rejected	
I am a failure	I am bound to be abandoned	
I am defective [i.e., I do not measure up to others]	I am bound to be alone	
I am not good enough [in terms of achievement]		
I am a loser		

Week 6: Module 2 – Core Belief Worksheet

Name: _____ Date: _____

Old Core Belief: _____

New Belief: _____

Evidence that contradicts old core belief and supports new belief	Evidence that seems to support old core belief with reframe

Week 6: Module 2 – Jim's Core Belief Worksheet

Name: Jim

Old Core Belief: I'm a loser

New Belief: I have strengths and weaknesses like everyone else

Evidence that contradicts old core belief and supports new belief	Evidence that seems to support old core belief with reframe
Applied for jobs Worked with lawyer about custody Customer told my boss how helpful I was Gave good suggestion to supervisor to help store save money Helped Robert with complicated order at work Helped parents figure out their medical insurance problem Keith invited me to watch a ball game with him Had a good time with kids at the movies Got ex to let me spend more time with kids next week	Got to work late BUT it was less than 5 minutes and it was the first time all week I was late. Still living in my parents' basement BUT I'm looking for a new job so I can move out. Didn't get a job interview BUT the job market is tight. Don't have enough money to take kids to basketball game BUT this is temporary, until I find a new job.

Week 6: Module 4 – Summary of Week 6

Here are the key points I'd like you to remember from this week:

1. People have certain themes in their Automatic Thoughts because their thoughts are derived from their core beliefs, which are their most basic understanding of themselves, their worlds, and of other people. And, these beliefs influence the way they perceive situations.
2. Depressed clients develop assumptions or "rules" for living that help protect the activation of their core beliefs. These assumptions get translated into actions, which we understand as our client's coping strategies.
3. We use various techniques and strategies to help depressed clients identify, evaluate and modify their unhelpful core beliefs and assumptions or "rules" for living.

Week 7: Module 2 – Summary of Clinical Roundtable

Behavioral activation helps clients re-engage in life.

Important for depressed clients because:

- Doing nothing does not allow the opportunity for pleasure or mastery.
- Counters the tendency to isolate.
- Clients might be overscheduled, which can leave little time for activities of pleasure or mastery.

Week 7: Module 2 – Summary Questions

What do you want to remember about this? Or, can you summarize what we just talked about?

Or you can vary these questions by asking:

What do you conclude?

What would be important for you to remind yourself this week?

Also, make sure to ask:

What do you want to DO this week?

Week 7: Module 2 – Sample Therapy Notes

When I think I'm not important to anyone, remind myself: Actually I'm very important to my kids. Even if they don't call me very often, they always know I'm there for them. And I'm probably as important to Ruth and Eric as they are to me, if not more so. I just don't *feel* very important at the moment because I'm depressed. The best thing I can do now is to reach out to someone, even if only with a text.

Automatic thought: I have no energy to do anything.

Response: It's true that I'm very tired but it doesn't take much energy to take a walk around the block. Every time I do, I feel a little better. It's important for me to prove to myself that I can do things, no matter how tired I am.

When I'm sitting on the couch crying, get up! Doing anything is better than that. Pick something from this list. When I'm finished, pick something else:

1. Call Tracy.
2. Email Cousin Susan.
3. Play a word game on my phone.
4. Do a crossword puzzle.
5. Look for a new comforter online.
6. Take a shower.
7. Watch a comedy on TV.
8. Take a walk.
9. Do a crafts project.
10. Plan a trip to visit Janie.

Week 7: Module 3 – Summary of Clinical Roundtable

Acceptance and Commitment Therapy

Use a pneumatic device: Accept, Choose and Take Action. Takes focus away from often unstable emotions and places focus on more stable values.

Party Metaphor

If you spend all of your time at the party making sure that the one annoying party guest stays out, you miss out on the party. But if you allow the annoying guest in you can still enjoy the party.

Finger Trap Metaphor

If a client tells you that they can't stand the way they are feeling, or they don't want to think a particular thought, use the finger trap metaphor. The more you pull away from the trap the harder it is to get out. The more you try to pull away from your mood the harder it will affect you.

Dialectical Behavior Therapy

Distress tolerance

By bringing attention to the senses (away from your body, i.e. finger tips) you can lift the client's mood, which can be used as a strategy in the future if it works.

Mindfulness

When you are depressed you often ruminate about the past. Using mindfulness techniques to bring the client to focus on the here and now, the client can recognize automatic thoughts and correctly label them. Then they can bring their attention away from the automatic thought and back to the moment.

Facial Feedback Model

By practicing smiling clients can see an improvement in their mood and the response they receive from others.

Compassion Focused Treatment

If the client is particularly hard on themselves, suggest they treat themselves with the same compassion as they would with a child.

By having a client tell a positive story about themselves, you can together provide evidence against negative beliefs about the self

Week 7: Module 4 – Summary of Week 7

Here are the key points I'd like you to remember from this week:

We talked about many of the cognitive and behavioral techniques we use with depressed clients, and we also covered some techniques from other psychotherapeutic modalities.

The techniques include:

- Problem solving
- Behavioral activation
- Making decisions
- Graded task assignments
- Organization
- Therapy Notes and Coping Cards
- The Pie Chart Technique
- Credit
- General Skills Training
- Bibliotherapy

We also discussed how to incorporate techniques from other modalities:

- Mindfulness
- Acceptance and Commitment
- Dialectical Behavior Therapy
- Compassion-focused techniques

Week 8: Module 2 – Summary of Clinical Roundtable

What do you do to prepare your depressed clients for termination?

Normalize the range of human emotion. Clients should expect to feel everything, and that is not a bad thing. Negative emotions are a normal part of life.

Depression is different from mere sadness (or irritability or tiredness). Educate your clients about the warning signs of depression so they can tell the difference between a normal emotions or behaviors and depression.

Use mindfulness exercises: Do an induction with your client to have them ruminate on a negative thought or emotion, then ask them to describe how they feel and ask them to notice the feelings and let them change on their own, let the feeling fluctuate on their own. Ask your client to watch their sensations as they would a movie, watch as they unfold over time.

Warning signs might vary from client to client. Have your client recall the period as they started to feel depressed and write down the warning signs for them.

Is the emotion your client is feeling proportionate to the situation?

Emotion serves a purpose: explain to your clients that emotions motivate us for action.

Address any automatic thoughts about termination.

Talk about booster sessions.

Week 8: Module 3 – Self-Therapy Outline

1. **Set Agenda**
   - What important issues/situations should I think about?

2. **Review Homework**
   - What did I learn?
   - If I didn't do homework, what got in the way? (Practical problems? Automatic thoughts?)
   - What can I do to make it more likely I'll do homework this time?
   - What should I continue to do for homework?

3. **Review of Past Week(s)**
   - Other than a specific homework assignment, did I use any cognitive therapy tools?
   - Looking back, would it have been to my advantage to have used cognitive therapy tools more?
   - How will I remember to use the tools next time?
   - What positive things happened during the week? What do I deserve credit for?
   - Did any problems come up? If so, how well did I handle them? If the problem recurred, how would I handle it next time?

4. **Think About Current Problematic Issues/Situations**
   - Am I viewing this realistically? Am I overreacting?
   - Is there another way of viewing this?
   - What should I do?
5. **Predict Possible Problems that May Occur between Now and the Next Therapy Session**
   - Develop a plan to cope with the problem.
   - If useful, specifically imagine self-coping.
   - What positive events do I have to look forward to?

6. **Set New Homework**
   - What homework would be helpful? Should I consider:
     i. doing Dysfunctional Thought Records
     ii. monitoring my activities
     iii. scheduling pleasure or mastery activities
     iv. working on a behavioral hierarchy
     v. reading therapy notes
     vi. practicing skills such as relaxation or dealing with images
     vii. doing a positive self-statement log
     viii. Which behaviors would I like to change?

7. **Schedule the Next Self-Therapy Appointment**
   - When should the next appointment be? How much time should elapse?
   - Should I have future appointments on a regular basis: the first of each week/month/season?

Week 8: Module 6 – Summary of Clinical Roundtable

Can you describe some difficulties you have encountered when clients are approaching termination of treatment?

Those difficulties might be related to a certain core belief, one of helplessness. "If I terminate treatment I will fall apart because I need other people (like my therapist) to help keep me functioning. Review your work on core beliefs. Do booster sessions that tapper treatment more slowly (i.e. one month apart, two months apart, 6 months apart, etc.). As the client goes longer and longer between sessions you'll be gathering information to disprove the core belief.

Be aware of the dieting mentality: "because I have lost the weight I can resume my old eating habit." Some clients might stop practicing the skills they learned in therapy the longer they are out of therapy.

Termination can be particularly difficult with clients who have abandonment issues as it triggers this issues. Booster sessions can be helpful in this situation. For these clients, termination itself can be a form of exposure.

Some clients might want to change the nature of the relationship as you near termination. If you can respond genuinely, do so, but explain that the therapeutic relationship has to be different from a normal friendship. You can use the example of wanting to maintain your role as their therapist in case they need to resume sessions somewhere down the line.

Week 8: Module 7 – Summary of Week 8

Here are the key points I'd like you to remember from this week:

1. Make sure clients have reasonable expectations for the course of getting better during and after treatment
2. Prepare them for setbacks and potential relapse
3. Identify key cognitions that might arise and dysfunctional coping strategies they might engage in if they start struggling.
4. Create a list of early warning signs and have a plan in writing of what they can do if they have a recurrence of symptoms
5. Collaboratively decide whether to taper sessions and schedule booster sessions.