

**CBT**  
**Intensive Outpatient**  
**Program**



**mhs**

DBT & Mental Health Services



# **MHS IOP Program Curriculum**

## **Session Format**

### **Group 1: Check-In**

- Safety, inappropriateness addressed 1<sup>st</sup>
- Therapist can assess group dynamics for cognitive work later
- Therapist can get specific material to work with
- Members can feel supported up front with group feedback

### **Group 2: Process**

- Process attempts to use skill taught in previous session
- Places emphasis on between-session work
- Change to internalize meaningful changes
- May activate patients if they are “digging deep,” but they have another hour to re-compensate if necessary before leaving for the day

### **Group 3: Skills Training**

- Places emphasis on practical skill mastery
- Psychoeducational in nature – less likely to leave patients in activated state as they leave the clinic

## Session 1: Psychoeducation/Socialization to the Model

- Good Morning, Welcome!
- This is our Cognitive Behavioral Therapy IOP Program.
- Versions of CBT have been around since the 1950s, and it has been shown by over 500 research studies to be extremely helpful for just about every mental health problem.
- Who knows what CBT is?

Possible Facilitation Points/Questions:



Which comes first: a thought or a feeling?



What is the difference between a thought and a feeling?



Is it possible for two different people to go through the same event in life and come out with a different result? How?



Where in this sequence can we intervene *directly* to do something different?



Do we choose the EVENTS we go through in life?

- Sometimes yes, sometimes no. The younger we are, the less choice we have.
- We didn't get to choose who our parents were.
- We didn't get to choose who our siblings were.



- We didn't get to choose who our parents have left us with, etc.
- The older we get, the more choices we have. For example, we get to choose who our friends are.
- We get to choose who we date, who we marry, where we work, etc.
- Still, some things happen that are completely out of our control.



How do we know if we are getting better?

- How often do we have disturbing thoughts?
- How intensely do we feel harmful emotions?
- How often do we act in ways that are hurtful as a result of those thoughts and feelings?



Do we choose our THOUGHTS?

- Facilitation Points/Questions:
  - We all have thoughts that just “pop into our minds.”
  - We call these “automatic thoughts.”
  - We all get triggered and have thoughts we don't choose to have.
  - But once we recognize those thoughts, *then* we get to choose. This is the power that many people surrender: the ability to change them. During the course of this program, we are going to teach you several strategies for changing the way you think and give you some opportunities to practice it.



Do we choose our FEELINGS?

- Facilitation Points/Questions:
  - Can we command a feeling?

- No human being has direct access to feelings.
- We only have access to our feelings through our thoughts.
- Behaving differently often changes our thoughts.



Do we choose our ACTIONS?

- Facilitation Points/Questions:
  - Name something you did that you didn't choose to do.
  - Sometimes we are emotionally flooded (but have there been times you have felt things intensely before and made a different choice?).
  - Sometimes we have consequences for choices.
  - Sometimes our choice is between two bad options.
  - Sometimes people threaten us.
  - But it is NEVER accurate to say "I didn't have a choice."



**Leader's note: (one exception: dissociation)**



Do we choose our RESULTS?

- NO
- Actions influence results.
- The better choices we make, the better chance we have of positive results. (But sometimes we make the best decision possible, and it still turns out poorly).
- The worse choices we make, the better chance we have of creating negative consequences for ourselves... but sometimes we "luck out."

→ In this program, we are going to focus on the two main areas that we, as humans, can DO SOMETHING DIFFERENTLY to improve our lives: Thoughts and Actions. This is essentially what CBT does: teaches us how to think differently and behave differently to create better results for our lives.

→ The best choices/actions can vary significantly depending upon the situation. We will teach you many behavioral skills as we go, but let's start with thoughts.

The main cognitive or thinking tool used in CBT is called Challenging Thoughts. While there are different ways to challenge thoughts (we will look at some later in the program), the foundational skill is simply using *logic* or *rational disputation*.

- Let's look at an example of challenging using the following example:

Event	Thoughts	Feelings	Actions	Results
Stuck in a traffic jam	"We have the worst traffic in the world."			Increased stress
	"People should drive better."	Angry (7)	Honk horn	Increased blood pressure
	"I'm going to be late to work again—I'll probably lose my job."	Stressed (9)	Profanity (out loud or under breath)	Still possibly late to work

Challenging the content of the upsetting thoughts might look something like this:

### Thought Log

Automatic Thoughts	Rational Responses
"We have the worst traffic in the world."	"It's probably not the worst in the world." "It's probably not the worst in the country." "It's probably not even in the top 5." "It really doesn't matter how our traffic rates... It is the traffic I have to deal with every morning as long as I live here."
"People should drive better."	"They don't." "They probably won't get better." "My getting upset does not make them better drivers." "My getting upset doesn't get me to work any sooner." "My getting upset only hurts me." "Why would I give an incompetent driver that kind of power over my emotions and my health?"
"I'm going to be late to work again—I'll probably lose my job."	"I might not be late." "I have been stuck in traffic many times before and thought I would be late, but I wasn't." "I have never lost my job when late before, so maybe I won't this time." "Others have been late a lot more than me, and they haven't lost their jobs." "It's not very likely that even if I am late I will lose my job."

- Now, if we were able to think more like this, how might the sequence change?

Event	Thoughts	Feelings	Actions	Results
Stuck in a traffic jam	<p>"We have the worst traffic in the world."</p> <p>"People should drive better."</p> <p>"I'm going to be late to work again—I'll probably lose my job."</p>	<p>Angry (7)</p> <p>Stressed (9)</p>	<p>Honk horn</p> <p>Profanity (out loud or under breath)</p>	<p>Increased stress</p> <p>Increased blood pressure</p> <p>Still possibly late to work</p>
Stuck in a traffic jam	<p>"It's probably not the worst in the world."</p> <p>"It really doesn't matter how our traffic rates... It is the traffic I have to deal with every morning as long as I live here."</p> <p>"Why would I give an incompetent driver that kind of power over my emotions and my health?"</p>	<p>Anger (4)</p> <p>Stress (5)</p>	<p>Sit calmly</p> <p>Listen to a book on tape</p>	<p>Decreased stress</p> <p>Decreased blood pressure</p> <p>Same likelihood of being late</p>

- Card: To minimize my chances of being late in the future, I can leave earlier, take an alternate route, schedule myself for a later shift, etc.



Any questions about any of the ideas we've talked about?

- Have a great rest of your day, and we will see you next group!

\* Handouts:

- ✓ Socialization Tool
- ✓ I Felt, Because I Thought
- ✓ Thought Log
- ✓ Mini Chain

## Session 2: Cognitive Distortions

Good Morning! Who remembers what we discussed last time?



**Leader's Note: Review ideas that come up using ETFAR.**

**Event→ Thoughts→ Feelings→ Actions→ Results (ETFAR)**



Which comes first: A thought or a feeling?

- Thoughts influence feelings.
- Feelings often drive behaviors.
- We can change thoughts and/or behaviors.
- We usually can't make feelings go away, but we can decrease the intensity of them to feel better and make it easier to act effectively.



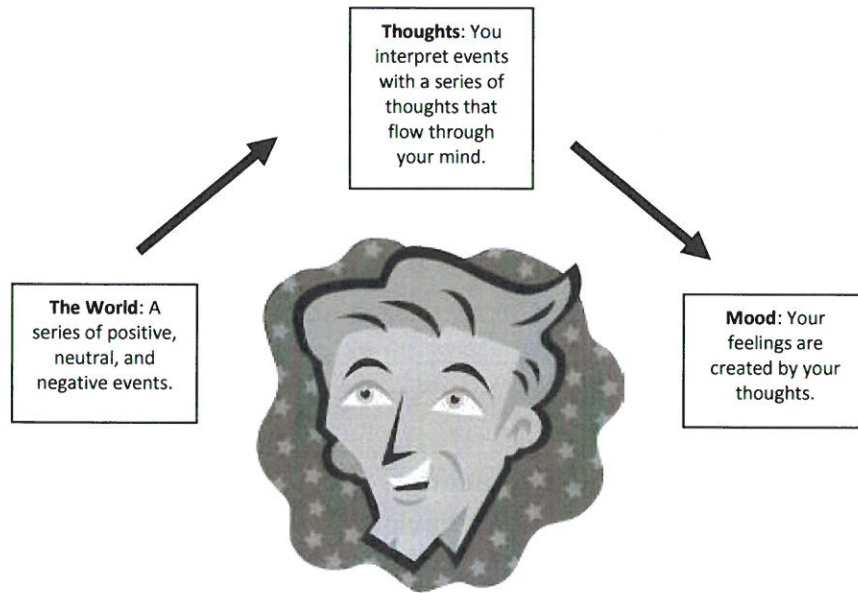
Today, we are going to talk about what are called ***Cognitive Distortions***.

Has anyone heard of these?

- Cognitive Distortions are specific types of irrational or unhealthy thinking. Every time we feel certain emotions, we have very specific types of distorted thoughts fueling those feelings. For instance, every time we feel guilty, there is a very specific type of thinking involved. Every time we feel anxious, there is a very specific type of thought responsible, and so on.
- Also, it is important to recognize that all people do most of these at least a little bit of the time. So, we don't want anyone freaking out saying, "I've got all 10!" But we do want you to listen as we discuss these and try to identify which ones you think you do the most.
- We are going to take turns reading these. As we do, I am going to give some examples, and I want each of you to think about how these may apply to you.



# Cognitive Distortions



**1) Rationalization** – You give yourself or others permission to make unhealthy choices that won't serve you well. Examples: You convince yourself "It's ok to use drugs because I think it should be legal," or "It's ok to yell at her because she yelled at me first." Some people make excuses for others with thoughts like "It was ok for him to hit me because I probably deserved it," and "It's ok for him to be mean to the kids because he had a stressful day at work." Another example is "His dad treated him poorly, so he never had a positive role model."

- Questions or comments about rationalization?
- Do you notice that you are currently doing (or have done in the recent past) some rationalizing in any area of your life?
- If so, write them down on your thought log, and we will explore them during our next group.
- (Process/discuss as long as the group needs to process, pacing for 1-hour session.)



**2) Overgeneralization** – You take your experience with a given person or thing, and you assume that it applies to all in the same *category*. Examples: “Since my last two boyfriends treated me poorly, ‘all men are abusive,’” or “Since I tried two support groups, and neither of them were helpful, ‘all support groups are full of quacks.’”

- Questions or comments about overgeneralization?
- Do you notice others generalizing?
- Have you caught yourself putting groups of people or certain organizations in categories?
- If so, write them down on your thought log, and we will explore them during our next group.

**3) All-or-Nothing Thinking** – You see things in black and white terms. Things are “all one way” or “all the other way,” and you have difficulty seeing a middle ground. Examples: You had a great experience at a particular treatment facility so “It is the best ever, and nowhere I go in the future will ever compare to it,” or when your partner does something upsetting, it’s not because he/she is a good person who made a mistake but rather “He/she is the worst person on the face of the earth, and I hate him/her!”

- Questions or comments about all-or-nothing thinking?
- Do you notice any of this in your own thinking?
- How do you catch yourself thinking this way?
- Are there certain areas of life you are more prone to think this way?
- Write any thoughts down on your thought log, and we will explore them further next group.

**4) Discounting the Positive** – You are unable to receive positive feedback about yourself or give yourself credit for things when you genuinely deserve it. Examples: You were responsible for leading a successful project but say, “We were just very lucky,” or someone gives you a compliment and you reply, “Oh, it’s not that big of deal. Anyone could have done it.”

- Questions or comments about discounting the positive?
- Are there certain types of compliments that are harder to take than others?

- What makes a compliment hard to take?
- Is it easier to take a compliment from certain people in your life than others?
- If you struggle with this, write an example down on your thought log, and we will discuss it next group.

**5) Personalization** – You get your feelings hurt by making an event mean something about you that it doesn't mean. Examples: "Because he looked at that woman in the restaurant, he doesn't want to be with me anymore," or "Because she complimented my coworker and not me, she doesn't think I'm a good employee."

- Questions or comments about personalization?
- Who here feels like you get your feelings *hurt* more than others?
- Has anyone said you are "too sensitive"?
- Is there a person in your life you are prone to do this with?
- If you struggle with this, write some examples down on your thought log, and we will explore them next group.

**6) Emotional Reasoning** – You allow your emotional state in the moment to dictate your perceived reality. An example: "Because I am really upset, my life will never get better."

- Questions or comments about emotional reasoning?
- Have you ever referred to yourself as a "touchy-feely" person? An "empath?"
- Does it feel like you are easily overwhelmed or emotionally flooded?
- If this is sometimes you, and you base your thoughts on these emotions, write down an example to explore further in the next group.

**7) Mind Reading** – You assume you know what someone else is thinking in a variety of situations. Examples: Because your neighbor's trash can is in your driveway you think, "He probably put it there on purpose to be in the way of my car," or "I know she is mad at me for being late." Oftentimes, these ideas are completely inaccurate, causing unnecessary emotional distress or relationship problems.

- Questions or comments about mind reading?
- This is a common problem in relationships, even for people who don't have psychiatric diagnoses. Can you see how this can be problematic? Any examples?
- Have you had a partner, parent, or friend make assumptions about what you were thinking? How did it feel?
- If you have caught your thoughts doing this, write some examples down on your thought log, and we will explore it next group.

8) **Fortune Telling** – You make doomsday predictions about the future based upon your current situation and/or how things have turned out in the past. You fail to recognize the differences in your current self and circumstances from your past, and you fail to recognize there are a number of other ways this could turn out. An example: “The last time I had financial problems, I got kicked out of my apartment. Since I am having them again, it will probably happen again.”

- Questions or comments about fortune telling?
- This is another very common one. It is easy to predict things will turn out poorly because, for many of us, they have in the past.
- Who has noticed themselves doing this?
- If you have had these kinds of thoughts, write them down on a thought log, and we will explore them in the next group.

9) **Magnification** – You blow things WAY out of proportion, predicting catastrophic outcomes to trials you are going through. Somebody who magnifies the above example not only thinks “I will get kicked out of my apartment,” but then goes on to think “I will never find a place to live, I won't have any food, and I will end up in the homeless shelter.”

- Questions or comments about magnification?
- These are similar to fortune telling and sometimes mind reading – just an extreme version of them.
- If you struggle with this, identify some of the thoughts you have had, write them on your thought log, and we will explore them in the next group.

**10) “Should” Statements** – You place unrealistic expectations on yourself or others, insisting that a person or situation “should” be a certain way.

Examples: “She should look both ways before turning, so she doesn’t pull out in front of others,” or “He should tell me the truth.” Others include: “This world should be different,” or “I should have handled that situation differently.” By mentally insisting that reality be different than it is, you keep yourself emotionally upset.

- Questions or comments about “should” statements?
- Did you notice the two different types of “shoulds”?
- What is the primary emotion “shoulding” others leads to?
- What is the primary emotion “shoulding” ourselves leads to?
- Identify “shoulds” (in either category) that you have struggled with, get them on your thought log, and we will explore them further next group.



Any other questions about ANY of the distortions?

- As you are paying attention to your thoughts, keep these distortions in mind. Continue to write down potentially unhealthy thoughts as you recognize them on your thought logs. We will help you work with them in future sessions.
- Have a great rest of your day and we will see you next group!

\* Handouts:

- ✓ Cognitive Distortions

## Session 3: Thinking Toolbox

Good Morning! Who remembers what we talked about last session?



**Leader's Note: Review group responses regarding the distortions using ETFAR.**

- You have already learned the basics of *disputing*, or *challenging* thoughts. As the CBT model has evolved, we now actually recognize three main types of *Cognitive*, or *Thinking*, skills: Challenging, Distraction, and Mindfulness.

**Challenging** unhealthy thoughts was what CBT was originally based upon. As the model has evolved, newer strategies have been added. Challenging may be best in the *LONG TERM* as this is the skill that can get us to change the way we think over time. Challenging *changes the content* of the distressing thoughts, thus lessening the intensity of the uncomfortable feelings. It is this type of work that, over time, helps people take things less personally, become less of a people pleaser, and eliminate panic attacks, among other things. While you have learned one way to do this, *rational disputation*, there are some other tools that can be used as well.



**Leader's Note: You will not have time to cover all these "tools" in one hour. Choose which skill sets you think would be most beneficial to this group. If you have people repeat the group, you can pick a different one than was taught last time through to expose patients to a variety of skills.**

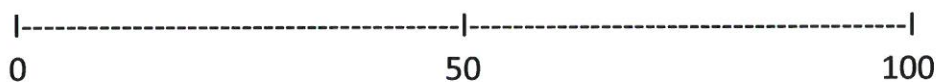


## Cognitive Continuums

A continuum is a tool that helps us realize there is often more middle ground than we realize in a person or situation. One easy way to do this is look at things on a scale of 0 – 100.



**Leader's Note: Draw it on the board.**



For instance, a client said, “My mom is the worst alcoholic loser ever.” So, if 0 is someone who never drinks at all, who would you consider the worst alcoholic?

- Of the people you know, who drinks the most?
- Ask the group to share stories about alcoholics they know.
- Have you seen stories in the media of things alcoholics have done?
- Now compare with “my mom.” Where on this scale would you put her?

**+** Ask for concluding statement to accurately replace “My mom is the worst alcoholic loser ever.” (Maybe it’s something like “My mom drinks a lot and has done some pretty horrible things when she was drunk, but she is not a loser. I guess it actually could be worse. There are things I can do to improve my relationship with her or my situation.”)



**Leader's Note: Make sure the summary statement the client**

**comes up with is accurate, is not invalidating or minimizing, and eliminates the extreme nature of the language that is fueling the intensity of the emotion.**

- If you think using a continuum would be helpful for you, write down information on your continuum form or in your notes, and we will explore it more in the next process group.

## Comparisons

- Many people compare themselves to others. To some extent, this is natural. However, many people who struggle with depression and anxiety often compare themselves with the most successful, smartest, funniest, most attractive, the best athletes, etc. In doing so, they reinforce the belief in their minds that says "I am a failure."
- You will hear many people say, "No comparisons!" Comparisons can actually be a helpful tool when used effectively. There are several ways to do so:

### 1) Compare with "most people."

- The person comparing herself to her colleague (who is a genius) and says she is "an idiot" might compare herself with other people who work in her store, others who she went to school with, or other people in her field. There will almost always be someone "better" than us in a given area, and we will always be "better" than others in given areas. When we compare ourselves with those who do better than us and neglect the ones we do better than, of course we will feel lousy about ourselves.

### 2) Compare with our "former self."

- In response to overeating at the holidays, a woman who was working on her emotional eating said, "I blew it again. I am right back to my old, bad habits."



**How might you guess this made her feel? (teaching on the board)**

- A comparison with her former self, however, could lead to the thought "I have lost 15 lbs. since Christmas last year, and even though I still slip from time to time, I am doing better than I was then. I am moving in the right direction!"



How might you guess thinking about it in this way might change her feelings?



**Leader's Note: Teach on Board.**

**3) Compare with a previous situation or circumstances.**

- A factory worker had a headache at work and had the thought "This is the worst! I'll never make it through the day!"



Guesses how he might be feeling as a result of this thinking?



**Leader's Note: Teach on Board.**

- A comparison with a previous situation might help him think "I worked back-to-back shifts after having my surgery last year. I can surely make it through today."



How might you guess thinking about it this way might change his feelings?



**Leader's Note: Teach on Board.**

If you believe this exercise may be helpful, complete the comparison worksheet, and we will help you process it at the next group.



## Cognitive Comparison Tool:

### Unhelpful Comparing Statement:

Compare with "Most People":	
Compare with "Former Self":	
Compare with "Worse Situation":	

## Considering Alternatives

- Another way of challenging thinking has to do with considering alternative explanations. A young man had the thought: "The police drove by my house after I was speeding; I know he's coming after me."

?

What are some examples of ways we could help him consider alternative explanations instead of simply disputing it by saying something like "He's not." or "Why in the world would he be coming to my house?"



**Leader's Note: Teaching on board, write on thought log what the group generates. (Some examples might include those below.)**

- "It might not even be same guy."
- "There are thousands of policemen/cars in this city."
- "Maybe he was just in the neighborhood."
- "This is his area of patrol."
- "Maybe something else is going on in the area—this neighborhood can be rough."
- "Maybe he is headed to the donut shop down the street." 😊

When filling out your thought log next time, try considering some specific alternatives to the thought that was running through your head and see how it affects your feelings. Then bring it to your next process group and let the therapist/group help you work with it.



**Leader's Note: Hand out the thought log and let members write down related thoughts for next group.**

## **Pros and Cons**

Another common CBT skill is called a cost-benefit analysis, or "pros and cons," exercise. There are many versions of this exercise, but one specific version is helpful when trying to make an important decision. Most people are familiar with looking at how making a particular decision might benefit them, as well as what it would cost them. This particular version helps people look at not only the pros and the cons, but also how *important* each is. In this way, they can make a more effective decision based upon what is most important to them. Here is an example one young man did when trying to decide whether or not to quit his job:

## Pros and Cons of Quitting My Job

Pro	Importance	Con	Importance
Won't have to set alarm clock	45	Won't be able to pay rent	80
Won't have to listen to boss gripe anymore	80	Will have to move in with sister and her boyfriend	70
Won't have to deal with lazy co-workers	60	Won't be able to pay for college	90

By rating the importance, or doing this version of a *weighted* pros and cons, we can see that even though there are three reasons in both columns, they don't carry the same "weight." Thus, some reasons need to be given stronger consideration than others.

If you are facing a decision you need help thinking through, put the information on the the Pros and Cons sheet and we can help you explore it further in the next process group.

## Examining the Evidence

One final way of challenging thoughts is by using evidence. Looking at actual things that have happened in life that speak to our conclusion can be a powerful way of separating facts from feelings.

For instance, we might have someone who believes they are a failure look at both facts that support their belief as well as facts that would support a belief that they could be a success. An example might look like this:

Evidence I am a Failure	Evidence I can Succeed
<ul style="list-style-type: none"> <li>- I got a subpar performance evaluation.</li> <li>- My girlfriend broke up with me.</li> <li>- I don't make very much money.</li> </ul>	<ul style="list-style-type: none"> <li>- I have kept this job 4 years.</li> <li>- I have had several girlfriends.</li> <li>- I have many good friends.</li> <li>- My mom told me yesterday that she is proud of me.</li> <li>- I can pay my bills and support my own place, which is more than many can say... and I have potential to do better later.</li> </ul>

The above tools are all ways of *challenging*, or *cognitive restructuring*. Again, these are meant to help you *change the way you are thinking about the problematic situation*. Sometimes we are so overcome with emotions that we are not able to “think straight” enough to do this. In these cases, there are thinking skills other than challenging we can use. One such skill is called a **distraction technique**. A distraction does not change the *content* of the thoughts that are bothering a person. Rather, distraction techniques help people “change the channel in their minds.” Distraction can be extremely beneficial in the *short-term* for calming oneself down in an intense moment. However, many people use this ALL OF THE TIME. People often say, “I just try not to think about it.” This helps in the short-term but is COUNTERPRODUCTIVE in the long-term. A healthy use of distraction calms us down in the moment, allowing us to come back later and confront (with our thoughts and our behavior) whatever it is that is bothering us. If you have a problem with a relationship, “not thinking about it” can keep you from being as bothered in the moment, but until you confront the problem, it will always be there.

**Distraction techniques** can be positive (i.e. “10 Things I am looking forward to”), but they can also be neutral (thinking about all of the things you need to pick up when you go to the grocery store). The only intent is to get your mind off of whatever is distressing you in the moment.

Spend a few minutes looking at the list “Incredibly Generic Coping Skills,” and write a “D” by the ones that qualify as distraction techniques. Remember these

are skills that *require* you to think. This is not an exhaustive list, and not every skill on here is a good idea for every person. Review with your therapist and decide which skills you might be willing to try. If you can think of something else that would work better for you, write it down. See if you can come up with a “Top 10” list of distraction techniques you might try the next time you have racing thoughts or feel too emotionally “worked up” to think straight.



**Leader’s Note: Hand patients the distraction techniques worksheet, and give them a few minutes to write down 10 they might use to share in process group.**

- If you want to add this to your toolbox, practice this in some way this week. When you do, don’t forget to add it to your daily log.

A final cognitive tool we have at our disposal is called ***mindfulness***. If you have had any DBT training, you are likely aware of this. Mindfulness has become an increasingly popular technique being integrated by CBT over the last couple of decades. Research has shown mindfulness meditation to be a likely contributor to both functional and structural changes in the brain.

One definition of mindfulness is *aware and purposeful thinking on a particular thing in a particular way*. Similar in some ways to distraction, mindfulness can have a calming effect, can help a person detach, and can change the relationship between themselves and their thoughts. Many experts teach mindfulness and distraction as ways to deal with intense emotions in the moment, while using cognitive restructuring (challenging/disputing) to help people learn to think differently over time. So challenging is often CBT’s first option if the person is not too “worked up” to think rationally. All three thinking techniques can be extremely beneficial when used in the right situations.

There are many types of mindfulness, including mindfulness of the body, of thoughts, of feelings, and compassion-focused mindfulness to name a few.



We are going to give you a brief introduction to a mindful breathing exercise described by Rezvan Ameli.



**Leader's Note: Walk group through exercise.**

→ *Establish a good posture.* Bring your attention to your posture. Sit upright and tall with your spine erect but not stiff. Let your shoulders be relaxed and away from the ears. Open your chest. Tuck your chin in slightly. If sitting in a chair, do not lean against the back of the chair. Sit upright. The height of the chair also matters. If your feet feel short compared with the height of the chair, put something under your feet. When sitting on the floor, the best approach is to sit cross-legged on a cushion. You may want to experiment until you find your optimal sitting position.

→ *Relax your eyes.* You may keep your eyes closed or open. Many people choose to keep their eyes lightly closed. If you choose to keep your eyes open, maintain an unfocused, soft gaze 2 to 3 feet ahead.

→ *Support your hands.* Rest your hands comfortably on your lap or knees. You may find that keeping your arms and elbows close to the body can help with the upright maintenance of your posture. Palms may be up or down. You may choose to rest one hand in the palm of the other.

→ *Survey your body, mind, and heart.* Take notice of how it feels (tense, achy, soft, relaxed) in various parts of the body (feet, legs, torso, arms, hands, head, face), how it is in the mind (busy, wandering, focused), and how it feels in the heart (pleasant, unpleasant, neutral). Conduct a survey of how you are right now. There is no need to change anything. There is no right or wrong way to think, feel, or be right now. Just note what is present. Just relax, and to the extent possible, let go of judgments, strivings, and expectations.

→ *Attend to your breath.* Gently bring your attention to the breathing process. As you breathe in, notice that you are breathing in. As you breathe out, notice that you are breathing out. Keep your attention and awareness on your breath. Attend to every detail of the inhalation and exhalation. Note that as air goes through the nostrils, down the windpipe, and down into the lungs, the belly

expands while the lower part of the lungs fills up with air, then the belly contracts, then goes back down toward the spine, and the air comes out through the nostrils. Depending on your natural breathing habits, you may notice a subtle or pronounced expansion of the belly or chest. You do not need to manipulate your breath. Simply trace its natural flow with your mind's eye. The rhythm of the breath may shift during the exercise as well. Remain an observer.

→ *Refocus your attention.* As you keep your attention on the breathing process, the mind will wander. When you notice the mind has wandered, silently acknowledge the wandering mind and bring the attention back to the breathing process without judgment. Each time, let go of what came before, and allow the attention of the breath to be a new and fresh experience.

→ *Have a compassionate attitude.* Bring forth and maintain a kind, gentle, accepting, and friendly attitude throughout the practice. Pay attention to the first breath as though it were the first breath you have ever taken. No need to change anything. Stay attentive to the breathing process with gentle curiosity, friendliness and receptivity. Notice the wandering mind and gently bring it back again and again to the inhalation and to the exhalation, without judgment or any particular expectation. There is no right or wrong way to do this. You might even smile as you practice paying attention to your breath. Smiling gives the body the message of ease, joy, and friendliness. Practice focused attention on the breath for 5 minutes.

→ *End the practice.* When five minutes are up, gently open your eyes, and take note of how the body, mind, and heart feel.

**\* Journal or process out loud, reflecting on the experience.**

- What was that experience like for you?
- Did you find it helpful? If so, How?
- Are there other mindfulness meditations you have used in the past you have found helpful?
- How can you incorporate mindfulness into your recovery plan? (Some people have a daily mindfulness practice. Others just use it as one of many coping skills to use when they are emotionally overwhelmed.)

- If you want to add this to your toolbox, practice it this week and log it on your daily log.



**Any questions about any of the ideas we've talked about?**

- Have a great rest of your day, and we will see you next group!

**\* Handouts:**

- ✓ Cognitive Continuum
- ✓ Comparison Tool
- ✓ Pros & Cons
- ✓ Examine the Evidence Tool
- ✓ List of Coping Skills
- ✓ "My Distraction Techniques"
- ✓ Mindfulness Journal Entry



## Session 4: Relationships

Good Morning! Who remembers what we discussed last session?



**Leader's Note: Review group responses about other cognitive tools using ETFAR.**

- All people need people. Some people need people more than others, but all people need people. This can be a “catch 22” for many people who struggle with intense emotions. On one hand, we need human interaction for support, encouragement, touch, fun, and a sense of connectedness; on the other hand, relationships can be very difficult for a variety of reasons. Depression influences us to want to isolate. Anxiety makes us too fearful to put ourselves out there. Anger often influences us to “blow up” verbally or sometimes even physically which estranges us from the people we do care about most. Others may not have any “emotional problems” but have just had certain ways of thinking and behaving modeled to them that lead to problematic communication in relationships. While it is not necessary that you become “the life of the party” if that is not “you,” it is vital to have a support system to help you face the trials life throws at us.



**Leader's Note: Hand out “Relationship Circles.” Teach on board.**

**Intimacy = INTO—ME—SEE – the degree to which we let people see into us. Place numbers 1-5 on the circles on the board with one being closest to “me” and 5 Being the outer ring. Explain to group members to evaluate their relationships in terms of how much they share with different people in their lives (with 1 being the people with whom they share the most and 5 being the people with whom they share the minimum possible).**

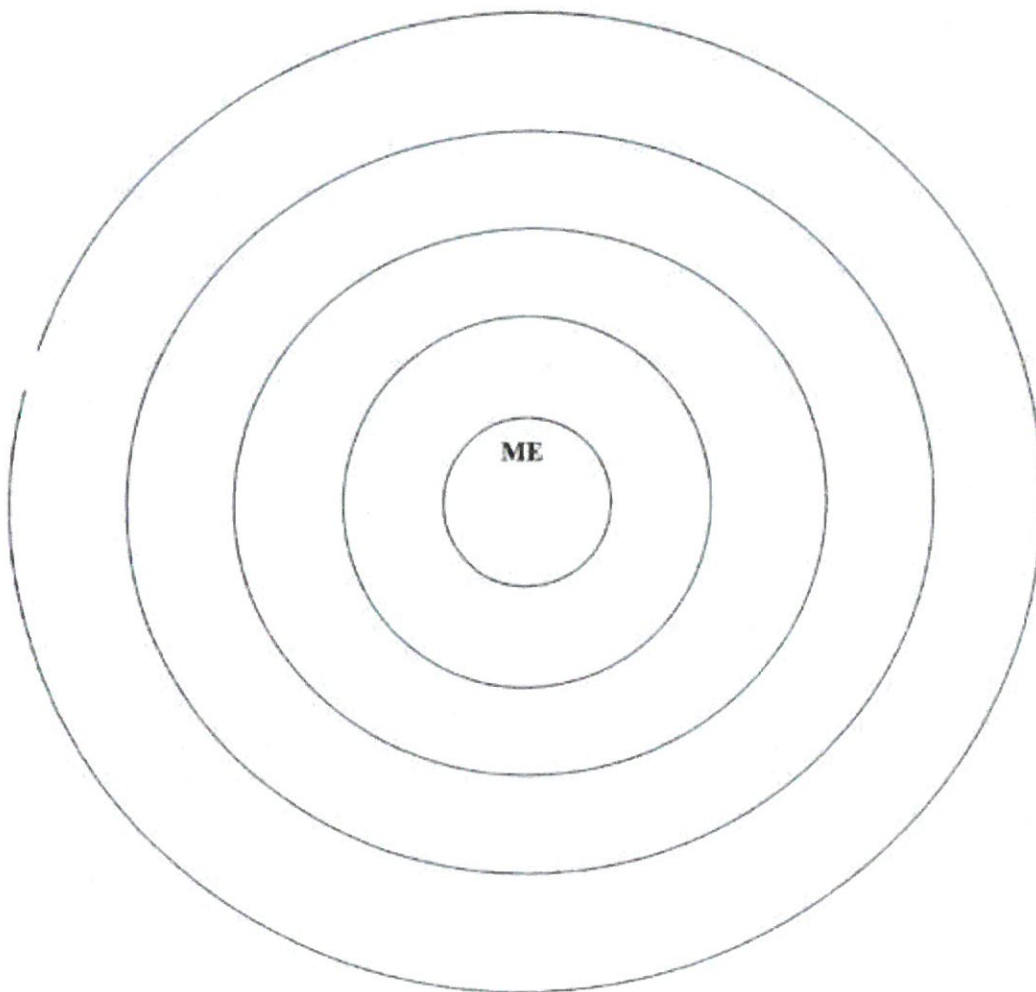
Take a few minutes to evaluate the relationships you have in your life, writing them in the circle you view as appropriate.



**Leader's Note: Give the group 10-15 minutes to complete their "circles."**

**Process approximately 30 minutes.**

### **Intimacy Circles**



**?**

**What general observations did you make when completing your “circles”?**

**?**

**Is it up to us how close in or how far out people are in our circles?**

**?**

**If someone in your circles was doing this exact same exercise in a different classroom now, is it a guarantee that they would have put you in the same circle that you put them? Is that ok?**

## Questions

What changes would I like to make to my circles?

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Are there people I would like to have closer in? Further out? Who and why?

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Some hurtful things I have done that have damaged one or more relationships:

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Some helpful things I have done that have helped me in maintaining relationships:

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Changes I could make in the way I relate to people may include:

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---

Would I like to add people to my circles who currently aren't there? Why or why not?

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---

What are some qualities of the people I would like to add?

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---

Where might I go to meet people like that?

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What are some "red flag" qualities of people I may be drawn to but that I have learned from experience are NOT good candidates for my circles?

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One step I am willing to take today to start work on my circles is...

Some people have trouble taking the steps they need to take to improve relationships because of specific thoughts. Try to identify some unhelpful thoughts you have had in relationships and use a relationship thought log to challenge those. A few common relationship related thoughts include:

- ☐ "Asking for help means I am weak."
- ☐ "He/She shouldn't have done that!"
- ☐ "He/She won't want to be around me."
- ☐ "Relationships take too much work/energy."
- ☐ "I don't want to be a bother."
- ☐ "I won't be able to be a good friend to them anyway, so why even try?"
- ☐ "No one will like me if they really get to know me."
- ☐ "If I ask for help, I will get hurt."
- ☐ "If I ask for help, I will get rejected/turned down."
- ☐ "If I share something personal, I will get hurt."
- ☐ "If I ask him/her a question, they might ask me a question, and I'd rather not share."
- ☐ "If they can't meet my needs, they deserve to be punished/are not worth having in my life at all."



Any questions about relationship problems?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Relationship Circles
- ✓ My Support Team
- ✓ Relationship Thought Log

## Session 5: Depression

Good Morning! Who remembers what we discussed last session?



**Leader's Note: Review group responses about relationships using ETFAR.**

- **?** Today's topic is depression. What does anyone know about depression? What are some of the characteristics of depression?



**Leader's Note: Write group responses on board.**

- One of the toughest things about combating depression is that the things we need to do to get better are the very things we don't *feel* like doing. Many people stay depressed needlessly for lengthy periods of time because they say things like, "I'll do more when I feel like it," but depression keeps them from ever feeling like it. So as long as we allow our feelings to dictate our behavior (or lack thereof), we stay stuck in a rut.
- With depression, we start at the **ACTION STAGE (reference on board)** rather than the events (triggers) or thoughts stages like we do with most of the others. One of the tough steps necessary for chipping into depressed feelings is to *do something even though you don't feel like it*. While it sounds a little clichéd, Nike's old slogan "Just do it" is applicable here. Research has shown that chemical changes occur in our brain as a result of *doing* things that get us "up and moving." A term you may hear in cognitive behavioral therapy is *behavioral activation*.



- There are a few important parts to this. Maybe the most important ones are *getting active* and *changing your environment*. Before we can identify what would be helpful for you to change, we need to see what you are doing now.



**Leader's Note:** Hand out activity monitoring log and ask group members

to pay attention to how they are spending their time, logging activities in one hour increments. Write this example on the board, demonstrating for the group how to log activities and make observations about potential problem areas. Ask if they have any questions before completing their own prior to next group.

### Activity Monitoring Log

Time	Activity (Be Specific)
11:00 am	Got out of bed
11:30 am	Ate two frozen burritos
12:00 pm	Watched TV, went on Facebook
3:00 pm	Went to store
4:00 pm	Took nap
5:30 pm	Played video games
8:30 pm	Ate chips and dip
9:00 pm	Ran on treadmill for 2 hours
11:00 pm	Lay in bed for an hour, couldn't sleep
12:00 am	Watched TV in bed
1:30 am	Eventually fell asleep

### **Observations:**

1. I didn't realize how much time I spent playing video games/on Facebook, watching TV, etc.
2. I didn't think about getting on the treadmill so late and how it might affect my sleep.
3. I stayed in bed too long when I couldn't sleep.
4. I have stopped eating healthy breakfasts.
5. I managed to go through the whole day without talking to another human being live or on the phone.

### **Activity Scheduling**

\* The next step will be the scheduling step. This time we want you to fill out your daily log ahead of time. Review the observations you made from your first log, noting areas you identified to change. Be intentional about what kinds of things you schedule during those time slots. You have an appointment with yourself at each time to do each scheduled event.

- When considering what to schedule, research has shown three areas of coping to be especially helpful for people who struggle with depression: *mastery*, *pleasure*, and *meaning*. *Mastery* skills are especially important for people who value performance or accomplishment. If you are one of these people, you probably feel better about yourself when you get things done. If you are one of these people, chances are you have made a "to-do" list or two in your life! These can be powerful tools for individuals who value performance. If this is you, try making a list of things to accomplish for the day. Use the mastery skills form to get some ideas, or come up with things on your own that help you feel accomplished.



**Leader's Note:** Hand out Mastery Skills form. Give the group the time they need to review the sheet and instruct them to identify and write 10 skills they might use on their mastery list. These will serve as a menu of options for their activity scheduling to come. Record group responses on the board under mastery.

- A clinical term you may hear to describe a category of depression symptoms is *anhedonia* or *anhedonic symptoms*. These refer to a set of symptoms that can include lack of desire or lack of pleasure. Therefore, skills that involve inducing pleasure are vital to incorporate into your activity scheduling on a daily basis.



**What are some things you do that give you pleasure?**



**Leader's Note:** Hand out Pleasurable Events form. Record group responses on board under "Pleasure." Then give group members time to record 10 pleasurable events they might add to their menu of options for activity scheduling.

- The third area associated with depression has to do with **meaning**. This is different for different people. You may be familiar with the story of Victor Frankl, who survived what could be considered among the worst environmental experiences—a concentration camp. Yet he came out with a positive attitude because of his development of, and focus on, what the meaning of life was for him. For many people, this involves issues related to religion or faith. For others, it may include meaningful relationships, worthy causes, or other areas of value for them. The more consistently we live our lives in accordance with our values, or what we consider to be meaningful, the more significance we believe we have, which contributes to our sense of well-being.



**What are some things you do that give your life meaning?**



**Leader's Note: Record group responses on the board under meaning. Hand out the "My Values" worksheet. Give group members the time they need to complete their own sheet. Allow them to share in group if time allows. Be sure to save time for activity scheduling.**

- Now, use your mastery, pleasure, and meaning skills (or others you come up with) to complete your activity log.



**Leader's note: Give group time to complete their activity scheduling logs. Provide assistance if needed.**

- We spent most of our time on the behavioral or the "ACTION" steps for depression. This is the first step for depression. But at the cognitive, or thinking level, one thing depression makes us do is think *negatively*. In general, CBT is not just about positive vs. negative thinking, but when we get depressed, thinking does get specifically negative. One thing research shows has been helpful is cultivating a daily *gratitude practice*.



**It can be hard to be thankful when we are depressed, but what are some areas that you can focus on that have helped you feel a sense of gratitude in the past?**



**Leader's Note: Record group responses on the board.**



**Leader's Note: Hand out gratitude journal and give as homework. Explain different ways of doing it. Two options would be: 1) to write down as many things as they can think of to be thankful for and meditate on them 5-10 minutes each morning or 2) to write one new thing each day.**



**Any questions about depression?**

**\* Have a great rest of your day, and we will see you next group.**

**\* Handouts:**

- ✓ Activity Monitoring Tool
- ✓ Mastery Skills Form
- ✓ Pleasurable Events Form
- ✓ My Values
- ✓ Gratitude Tool
- ✓ Activity Scheduling Tool



## **Session 6: Sleep**

Good Morning! Who remembers what we discussed last session?



**Leader's Note: Review depression related ideas using ETFAR.**

- Insomnia is a huge struggle for most people with depression, but it is also a problem for many people who struggle with anxiety, anger, and other mental health issues. Sleep problems are actually also common in people with no history of psychiatric diagnosis at all.



Who in here has trouble sleeping?



What kind of trouble do you have?



**Leader's Note: Facilitate discussion – Some teaching points regarding the different types of sleep disturbance.**

- Some people can't fall asleep in the first place.
- Some people fall asleep fine but then wake up in the middle of the night.
- Some people sleep all night long but get minimal REM sleep, so they wake up tired even if they slept all night.



What kinds of things keep you up at night?





**Leader's Note: Write group responses on the board under "problems."**

Sleep Problems	Possible Sleep Solutions

Other common problems include:

- Disturbing reading, television, internet, podcast content
- Upsetting or conflictual conversations before bed
- Racing Thoughts
- Caffeine, sugar intake (too much, too late in the day)
- Noisy environment
- Uncomfortable temperatures
- Moving, noisy pets
- Snoring partners
- Television or radio on
- Uncomfortable bed
- Alcohol intake
- Napping during the day
- Smart phones or other devices in bed
- Clock watching

The widely held belief used to be that people who could not sleep needed medications. Some people do need medications to sleep. However, it is being discovered that there are a lot of things we can do to help us sleep that have nothing to do with medications. So some people use these strategies *alongside* medications, while others have learned to use them *instead of* medications.



What kinds of things have you tried?



**Leader's Note: Write group responses on the board under "Solutions."**

Additional sleep hygiene *behavioral* tips include:

- Developing a bedtime routine with only "wind down" activities (activities that decrease arousal vs. increasing it) during designated period of time before bed
- Doing progressive muscle relaxation
- Burning a candle/incense
- Taking a hot bath
- Reading (depending upon content)
- Using the bed for sleep and sex only ("hanging out" in bed during the day trains the brain to associate your bed with staying awake)
- Getting up and doing something else if lying in bed for 30+ minutes
- Avoiding clock watching – shift focus
- Adjusting the temperature
- Experimenting with bedtimes
- Experimenting (with prescriber) with what time you take medications
- Assessing your sleep using a sleep diary and making necessary changes as you go. This, also, is a process and does not happen overnight.

*Cognitive* tips include:

- Counting to 100 (counting sheep if you like 😊)
- Saying the alphabet forward and backward
- Keeping a journal by the bed and writing thoughts down as they come to mind (in response to worrying or "to do" thoughts). This way, you will remember them in the morning without having to expend any mental energy to do so.

- Being mindful of “I have to sleep now!” thoughts and giving yourself permission NOT to sleep.
- Repeating mantras
- Focusing on boring content



**Leader’s Note: Hand out Bedtime Routine Tool.**

- You might have noticed that the first tip had to do with establishing a bedtime routine. The first step is observing how you are *currently* spending the hours prior going to bed. DON’T MAKE ANY CHANGES. Simply write down the time in the left column, and write what behaviors you observe yourself doing in the right column. This version of the “bedtime routine tool” asks you to account for every 15 minutes.



**Leader’s Note: Hand out Sleep Hygiene Tips worksheet.**

- After you have observed how you have been spending your hours before bed, use the sleep hygiene tips worksheet to purposefully plan out a specific routine for YOU, making changes you believe would be beneficial given your situation. Record them in a new bedtime routine tool. Again, you will need to monitor for effectiveness and make changes as you go.
- Now that you have taken steps to prepare yourself for better sleep, use the following tool to assess your actual sleep. Bring it back to our next group, and we will help you draw conclusions and make any needed changes in following sessions.



**Leader’s Note: Hand out Sleep Diary.**



Any questions about sleep?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Sleep Diary
- ✓ Sleep Hygiene Summary Tool
- ✓ Bedtime Routine Tool

## Session 7: Anxiety

Good Morning! Who remembers what we discussed last session?

**+** **Leader's Note: Review group responses related to sleep using ETFAR.**

- **?** Today's session is on anxiety. Anyone know anything about that? What do you know about anxiety?

**+** **Leader's Note: Brainstorm group response on board using ETFAR.**

(Ideas might include thoughts, feelings, behaviors, or bodily sensations.)

**?** Who remembers which cognitive distortions lead to anxiety?

**+** **Leader's Note: Elicit answers related to mind reading, fortune telling, magnification/catastrophic thinking.**

- Distortions that lead to anxiety are always related to 2 things:
  - 1) Negatively predicting the future when something "bad," "scary," or "dangerous" is going to happen...
  - 2) A belief that we are not capable of handling whatever it is that we are predicting will happen.

- If anxiety had a formula, it would look a little something like this:

$$\text{Anxiety} = \frac{\text{Risk}}{\text{Resources}}$$

- This is what makes *ALL* human beings anxious: perceiving our risks to be greater than our resources.
- You might have seen the studies that have shown that 90% of the things we worry about never happen, and that 79% of the time when the negative thing we predicted *does happen*, people responded by saying, “I handled it better than I thought I could.” Basically, they had more resources than they believed they did.
- Your emotions and your body react the same when your mind perceives danger (i.e. “There is a bear behind that tree.”), whether in reality there is a bear or there is no bear. Anxious thinking always tells us there is risk, and our emotions and central nervous system respond accordingly. Sometimes there is a risk. If so, we need to take appropriate precautions. But more often than not, there is less risk than our mind is predicting, and we are more resourced than we are giving ourselves credit for being. **SO that’s how CBT works with anxiety: It helps us 1) to ensure that we are adequately resourced, 2) to develop a confidence in those resources, and 3) to evaluate the real risks and challenge our thinking appropriately.**

? +

If we are constantly predicting danger, what types of

behaviors/actions might you guess anxiety leads to? **Teach on board and facilitate group brainstorm of common avoidance behaviors.**





How does a person know if their predictions are true or not?



**Leader's Note: Facilitate group discussion regarding testing beliefs by *facing one's fears*.**

- How do we face our fears? By doing the thing(s) we are afraid of. CBT has a term called *safety behaviors*. These are behaviors people do over and over in an attempt NOT to face their fears.



For instance, what might a safety behavior look like for someone who has a fear of elevators?



**Leader's Note: Write group responses on the board under "ACTIONS."**

**Facilitate discussion of possible safety behaviors for other fears and anxieties. Link safety behaviors to negative predicting thoughts.**

- **?** Now, let's talk about resources. Resources can be *Internal* or *External*. Internal resources are resources with we have within us. Things like personal strengths or gifts, personality traits, coping skills. *External* resources may include things like community resources, family support, friends, etc... If someone is going to take steps to confront their fear of elevators, what internal resources do you want them to have? What external resources?



**Leader's Note: Facilitate discussion pointing out potential internal resources including confidence, resilience, ability to face past fears, problem solving skills, intelligence, people skills (to ask for help if necessary), writing resources on the board. Then move on to external**

resources, which might include other people who are there to help, a cell phone to call in case of problems, a sticker in the elevator noting its current maintenance, staff in the building available for assistance, etc.



**Leader's Note:** Hand out anxiety tool and ask them to complete in group as you facilitate discussion.

- Having said all of that....



What are *your* specific safety behaviors? Spend a few minutes recording them on your anxiety tool, and then let's hear what some of you were able to come up with.



**Leader's Note:** Give group needed time, record answers under "ACTIONS," and then move on.



What fortune telling, magnification/catastrophic thoughts are fueling these safety behaviors?



**Leader's Note:** Give group needed time, record answers under "THOUGHTS," and then move on.



What feelings of anxiety have these thoughts led to? On a scale of 0-10 how strong are they?



**Leader's Note: Give group needed time, record answers under "FEELINGS," and then move on.**



What have been the results of doing your safety behaviors vs. facing your fears? How has it hurt you?



**Leader's Note: Give group needed time, record answers under "RESULTS," and then move on.**



What one small step are you willing to take to face your fears between now and our next session?

- Complete your anxiety tool for homework, including your action step of facing a fear, then come back and tell us how it went. We will be glad to process it with you in the next group.



Any questions about Anxiety?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Anxiety Tool
- ✓ Anxiety Thought Log
- ✓ Anxiety Coping Tool Chain

## Session 8: Anger Management

Good Morning! Who remembers what we discussed last session?



**Leader's Note: Review group responses related to anxiety using ETFAR.**

- Today's topic is Anger. Unlike depression—and to a lesser extent anxiety, which many people experience on some level on an ongoing basis, anger is an emotion experienced more *situationally*. Because of this, identification of triggers is more important with anger than with many other emotions (because there is **always** a trigger). Triggers can be people, places, or things.

**?** What are some of the things that trigger your anger? What kinds of things really “tick you off?”



**Leader's Note: Record list of group responses for triggers under “EVENTS.” When done, move to “ACTIONS,” and record group responses to the next question. (If they need help getting started, an example might be: when some people get angry, they yell at people, throw things, etc.)**



What do you typically DO when you feel angry?



Anger is perhaps the emotion that, when acted upon, creates the most significant, long-term consequences. What have been some of the negative consequences in your life as a result of acting on your anger?



**Leader's Note:** Record group responses under "RESULTS." Then move to "FEELINGS." Brainstorm and record feelings of anger in that column. Help group understand there are a continuum of anger related feelings.



What are some feelings in the "anger family?"



**Leader's Note:** Move to "THOUGHTS."



Who remembers what kinds of thoughts fuel anger?



**Leader's Note:** Help group identify "Shoulds." Reorient to how "shoulds" function. Ask group to identify their "shoulds," and record on board under "THOUGHTS."



Who remembers how to challenge "shoulds"?



**Leader's Note:** Do reminder teaching on acceptance and reality based thinking.

- Utilize the following *thought log* to attempt to *challenge* or generate some more *rational responses* to the distorted “should” thoughts you have identified.



**Leader’s Note: Hand out Thought Logs.**

**Example:**

Distorted Thought	Rational Response
He should turn off his cell phone during the flight like everyone else.	I wish he would, but I can’t make him. The plane isn’t going to crash because of it. I can be thankful I have an aisle seat.
She shouldn’t have lied to me. They really did go to that movie without me!	She did. She lied to me last month, too. I heard her lie to her mother yesterday. It’s not reasonable for me to expect her to be honest. I know not to become too close a friend with her because I can’t trust her. I can see the movie later with people I trust.

- Finally, it is important to come up with a list of coping skills you can try instead of the things you have done in the past that have gotten you in trouble. Here is a list of anger related coping skills. Any skill that helps you *delay acting on impulses* and/or *decrease arousal* (help you calm down) can be helpful anger coping skills.





**Leader's Note: Hand out Anger Coping Skills Tool. Also hand out 3x5 cards and ask them to fill out coping card to leave with. Re-orient to format "The next time I get angry, instead of blowing up and \_\_\_\_\_, I can:**  
(old, unhelpful behavior)

1.

2.

3.

- Try using your card when you get angry this week, and let us know how it goes. We will process with you in the next group.



Any questions about anger?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Anger Coping Tool
- ✓ Anger Thought Log
- ✓ Anger Chain

## **Session 9: Substance Use and Other Addictive Behaviors**

Good Morning and welcome back! What do you remember from last session?



**Leader's Note: Review ETFAR and concepts related to Anger.**

Many people with psychiatric diagnoses also struggle with substance use disorders or other “addictive behavior disorders.”



Why might you guess that is?



What other behaviors would you guess fit in this category?



**Leader's Note: Write on board the behaviors group members come up with under “ACTIONS.”**

- Common substances that become problems for people in this area include, alcohol, cannabis, methamphetamines, opioids, and benzodiazepines (“benzos”) to name a few. Other behavioral targets that are viewed by some as “addictive” include gambling, sex, food, and the internet, to name a few.
- One important principle to understand here is the principle of reinforcement. Reinforcement increases the likelihood of the behavior it follows. A practical way of understanding this is to think that every coping skill we use, even unhealthy ones, “work” in the short term, or we wouldn’t do them. We get something out of every behavior we continue to do, including “bad habits” or addictive behaviors.



What do YOU get out of these behaviors?



Why do you do them?



What have you told yourself that has given you permission to do them even if at some level you realize they aren't good for you?



**Leader's Note: Write on board what group shares for functions of their behavior under "Thoughts." Some common examples (depending on substance) include:**

- "Using gives me energy."
- "Using helps me concentrate."
- "Using loosens me up."
- "Using provides excitement."
- "Using decreases my anxiety."



In what ways has using/engaging in the addictive behavior hurt you or those you care about in the past?



How could it hurt you in the future if you continue?



**Leader's Note: Write responses under "RESULTS" on the board.**



If these behaviors are so bad for us, why do we have so much trouble stopping them?



What has kept you from trying to stop this addictive behavior or bad habit?



**Leader's Note: Write group responses on board. If they need help getting started, some possibilities include:**

- "I like it; I don't want to change."
- "It's not that bad."
- "Since I can quit when I want, it's nothing I need to do anything about."
- "I've done it for so long, I'll never be able to change."
- "I want to, but I can't control my impulses."

First of all, it is important to be sure that you want to change. A simple cost-benefit analysis (pros and cons) can help you firm up this decision. This is an example of what is called a *4 Box Pros and Cons* that another IOP patient did when examining the pros and cons of smoking pot.



**Leader's Note: Explain and answer questions as you illustrate.**

<b>Pros of Continuing to Use</b>	<b>Pros of Quitting</b>
<ul style="list-style-type: none"> <li>- Relaxes me</li> <li>- Helps me fit in with Ricky</li> </ul>	<ul style="list-style-type: none"> <li>- Better chance of keeping jobs</li> <li>- My parents will let me stay at the house temporarily again if I need to.</li> <li>- Can date girls that would not date me when I was using</li> <li>- More likely to advance on career track</li> </ul>
<b>Cons of Continuing to Use</b>	<b>Cons of Quitting</b>
<ul style="list-style-type: none"> <li>- Job loss</li> <li>- Parents upset</li> <li>- Suzie won't go out with me.</li> <li>- Loss of motivation</li> <li>- Legal risk</li> </ul>	<ul style="list-style-type: none"> <li>- Don't have other ways to relax</li> <li>- Ricky won't invite me to his parties.</li> </ul>

**Now take a few minutes and try your own:**

<b>Pros of Continuing to Use</b>	<b>Pros of Quitting</b>
<b>Cons of Continuing to Use</b>	<b>Cons of Quitting</b>



If you decided to change, what are some things you could do instead?



**Leader's Psychoeducational Note: Depending on population and substances involved, note that not all substances are safe to discontinue immediately. Use clinical judgment to include appropriate level of medical intervention if indicated.**



What skills could give you a similar result without the damaging consequences?



**Leader's Note: Lead brainstorming discussion, writing alternative coping skills on the board.**



What is your goal for your addictive behavior this week?

- If you notice yourself being tempted/having a craving (or if you give in and engage in the behavior) between now and our next session, fill out one of these addictive behavior tools. Bring it back to the next session and let us know if and how it was helpful for you.



**Leader's Note: Hand out Addictive Behavior Tool.**





### **Leader's Note: Introduce 3x5 Cards – Coping Cards.**

- Finally, gaining the ability to manage urges over destructive behaviors, at its core, has to do with developing self control. The reality is, every time we are tempted to engage in our behavior of choice and choose not to, we demonstrate self-control. This belief that we can restrain our impulses is vital for overcoming addictive behaviors. One way to cultivate this belief is to make note of every such instance. Use the evidence log provided to do this. Mindfully noticing such “temptation thoughts” that you do not act on can take some practice. The better you get at this, the more mastery you will gain over your behaviors.



### **Leader's note: Hand out Addictive Behavior Evidence Log.**

- Recovery from addictive behaviors is a process. It almost never happens overnight. If it is worth it to you, commit yourself to the process. Give yourself some grace. Nobody's recovery is perfect, but if you continue to take one step at a time, you can gain control over behaviors that had control over you.



Any questions about addictive behaviors?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Pros and Cons
- ✓ Addictive Behavior Thought Log
- ✓ Addictive Behavior Tool
- ✓ Addictive Behavior Evidence Log

## Session 10: Core Beliefs

Good Morning and welcome back! What do you remember from last session?

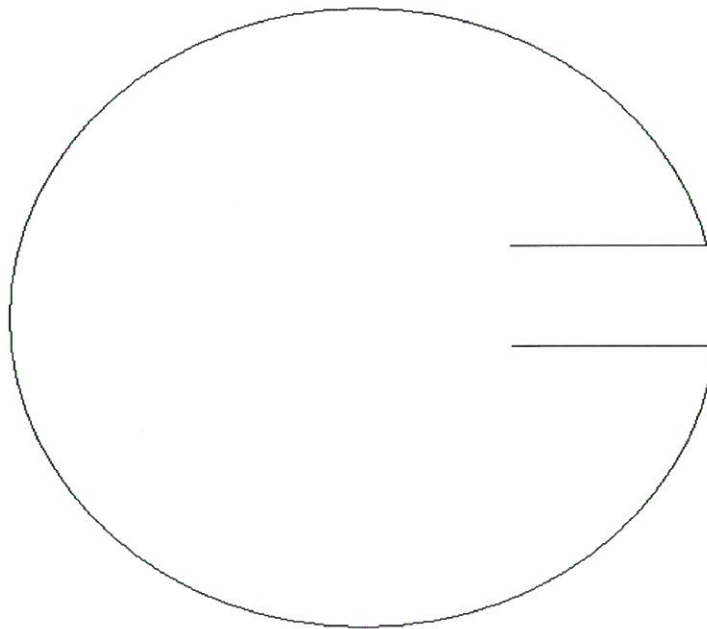
- ? We have already talked about the idea that two of us in this room could go through the exact same event and come out with a different experience. But why is that?



**Leader's Note: Facilitate group discussion based on member responses.**

- We have all gone through unique experiences in life that shape how we view things. As a result of our individual experiences, we have each developed different *beliefs* or *schemas*. For our purposes, we will define these as “mental filters that guide our thinking and behavior.”

Judith Beck, at The Beck Institute for Cognitive Therapy and Research has developed a visual of a belief, that looks like this:





**Leader's Note:** Teach on how “rectangles” are events in life that are *consistent* with the belief, and how “triangles” are triggers that are *inconsistent* with the belief. Give examples of the role of beliefs in influencing information processing.

This visual of a belief shows that certain things “fit” and are well received, and contradictory messages do not “fit” and are often met with resistance. For example, people who have the core belief “I am defective” receive/hear/believe some things better than others. For instance, a woman that has this belief may not believe that she made a good presentation at work, even though 30 people told her so. On the contrary, if her child misbehaves that day or if her husband makes a sharp remark, she is much quicker to feel criticisms.



Jeff Young, the founder of schema therapy has identified 18 of these beliefs, or schemas. As we ready these, I want you to be listening for which one/ones of these resonate with you the strongest.



**Leader's Note: Have group take turns reading each belief. Facilitate discussion promoting understanding of each.**

**Failure:** The belief that one isn't good enough, can't do anything right, and is a loser.

**Approval Seeking/Unlovable or Unlikable:** The belief that one is not likable or lovable, that nobody cares about him or her, that he or she can't make or keep friends or romantic relationships, and that he or she is bothered by these thoughts. If you are a "people-pleaser," this is the belief that is involved.

**Helplessness:** The belief that one can't cope with a particular situation or with life in general. This core belief leads to feelings of inadequacy and anxiety.

**Worthlessness/Defectiveness:** The belief that one has no value, is unworthy, or is "damaged goods." For some people, these beliefs feel similar; for others, they are different.

**Abandonment:** The belief that significant others in one's life will leave or won't be there for him or her and that he or she will not be able to tolerate being alone. People with this belief may go to extreme measures to keep from being alone.

**Mistrust:** The belief that others are untrustworthy, out to get one, or otherwise not looking out for one's best interest. This is a core belief that leads people to become overly suspicious or outright paranoid.

**Vulnerability:** There are different versions of this belief, as it can show up in different areas of life, but in general, this is the belief that one is unsafe and in some way (relationally, medically, financially) overly susceptible to being hurt. People with this belief interpret events in life as more threatening than they really are.

**Emotional Inhibition:** The belief that one must inhibit one's emotions—not speak up/share thoughts or feelings—because not to do so would be unacceptable or harmful in some way.

**Emotional Deprivation:** The belief that one will not get emotional needs met, so he or she often doesn't try. Some people with this belief will say, "I don't have needs," "Your needs are more important than mine," or "It's weak to have needs."

**Subjugation:** This belief is related to control. Some people believe they must turn control of their lives over to others, while others make efforts not to be controlled or controlling. If you have "control issues," this belief is involved.

**Entitlement:** People with this filter believe that they are special or in some way better than or more deserving than others. Often, this serves to cover up an underlying insecurity (defectiveness, emotional deprivation beliefs). People who feel insecure but do not want to be seen as fragile put on a "tough guy" or "tough girl" facade. However, some were raised with no limits growing up and really do view themselves as better than others.

**Punishment:** The belief that one deserves to be punished. Punishment can be directed toward self or others. Our society has become quite litigious due to this belief. There are some psychiatric patients and inmates who just can't wait to file a grievance. Sadistic, masochistic, and self-harming behaviors may also be products of this belief.

**Insufficient Self-Control:** The belief that produces the cognition, "I have to have it now." In the "heat of the moment," people with this belief believe that they have no self-control and no ability to delay gratification or restrain themselves. Impulsive substance abuse, sexual promiscuity, binge eating, or temper tantrums and shopping sprees may be products of this belief.



**Leader's Note: Hand out Belief worksheet.**

- Spend a few minutes and examine your core beliefs. Identify which one(s) you believe impact you the most. Remember, these will play an important role in how you filter information and are thereby able to communicate with others



(more on this next session) in your life. Which of the above stick out to you? Pick one or two beliefs to target in treatment. Research shows modifying these deeper level beliefs is an important factor in preventing relapse and staying well after discharge.



**Leader's Note: Give group 5-10 minutes to complete the unhealthy belief portion. Then ask them to share which beliefs they identified to target in treatment. Then move on to healthy beliefs.**

- The good news is that for every unhealthy core belief we have, we have opposite, healthy beliefs. In last session's addictions work, we had you list times you were tempted to do a target behavior and chose not to. That was really collecting *evidence* to support a healthy belief that "I can show self-control" (which is the exact opposite of the Insufficient Self-Control belief). Now identify in your own words what the opposite of your belief would be. On your belief worksheet: 1) Write down what the opposite of your unhealthy belief is (i.e. for "I am a failure," it would be something like "I can succeed") and 2) Identify at least 3 specific things you would consider to be *evidence* that would support the opposite belief.



**Leader's Note: Hand out blank evidence logs.**

Once you have identified your main belief to work on as well as the opposite belief, record these on your *evidence log*. Now the log will ask you to write *how strongly you believe* each of these on a scale of 0-100 right now. Part of treatment will be monitoring how these strengths of your beliefs change over time.

The homework, then, is to *purposefully* pay attention to evidence that supports your opposite belief. Be particularly aware of when you or others do behaviors that fit the 3 or more specific areas you identified that would "count" as evidence. Also be on the lookout for other evidence that would count. Ask support people to help you. As you notice this evidence, log it on your evidence log. Then rate, on the scale of 0-100, how strongly you believe the opposite belief *in that moment*. Beliefs fluctuate, so these numbers may go down (or up) 10 minutes later. But



that's ok. Don't let that stop you from logging your belief strength in that moment. Log any evidence that you think might "count" between now and the next session and we will review the logs with you then.



Any questions about core beliefs?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Belief Worksheet
- ✓ Evidence Log

## **Session 11: Communication**

Good Morning and welcome back! Who remembers what we talked about last session?



**Leader's Note: Review ideas related to ETFAR, core beliefs.**

- Today's topic is communication skills. Many people develop a style of communication that, on one hand, serves to protect them, but on the other hand, keeps them from experiencing what they want deep down the most: intimacy and closeness in relationships.



Poor communication is related to many problems. Which of the following can you related with? How so?



**Leader's Note: Facilitate discussion based on group responses.**

- Getting feelings hurt often due to miscommunications
- Becoming overly critical of significant others
- Becoming overly critical of self
- Getting angry and lashing out at others
- Feeling betrayed and "dumping" others so they don't get "dumped"
- Low self-esteem
- Difficulty opening up to others
- Poor boundaries
- Intense emotions
- Poor coping skills



CBT plays a more central role in communication skills than most people realize. What do you think CBT has to do with communication skills?

- Perhaps you have heard this definition of communication:

**Communication = Message Sent + Message Received**



**Leader's Note: Write on Board.**

- Our beliefs affect both parts of this equation: how we send messages (the language we use) and how we receive messages others send (our perceptions).



For instance, how do you think someone with the belief "I am undeserving" who needs to ask for help would ask for it?



How about someone who has an entitlement belief that says "I deserve to get whatever I want?"



**Leader's Note: Facilitate discussion. Demonstrate difference between apologizing language vs. demanding language.**

- Which do you think is likely to go over best?
- ? Can you see how beliefs affect how we communicate with people? How do you think your beliefs affect the language you use? How might you need to adjust your language to get better results with your communication?

- Now let's look at the receiving end.



**Leader's Note: Teach role of beliefs using ETFAR.**

Someone made a comment to a woman, saying, "I saw your sister won that contest. She is fantastic!"



How do you think a person who has a belief that says "I am inferior" would interpret that? How would it affect her thoughts, feelings, actions, and results?

**EVENT → THOUGHTS → FEELINGS → ACTIONS → RESULTS**

Compliment of Sister "She has always been better than me—I will never measure up."



What about someone who believes "I am adequate?" How would that affect her thoughts, feelings, actions, and results?

**EVENT → THOUGHTS → FEELINGS → ACTIONS → RESULTS**

Compliment of Sister "She is really good at that."  
"I am glad she is getting the recognition she deserves."

- ? Can you think of a time you had a miscommunication? Looking back, can you see the role your beliefs or language might have had in it? Can you see the role the other person's beliefs might have had in it? Take a few minutes and use the "miscommunication" tool to analyze a previous miscommunication.



**Leader's Note: Hand out Miscommunication Tool and have members**

**complete in group. When they have completed, facilitate discussion, including generating potential changes to improve communication in the future.**

- Now that you have looked at some examples of ineffective communication, let's spend a few minutes thinking about who in your life you are most likely to have communication problems with, try to understand where the breakdown is occurring, and anticipate how you can respond more effectively in the future.



**Leader's Note: Hand out Communication Tool and Communication Tip**

**Sheet. Have members complete the tool in group. After they have completed, read tip sheet and facilitate discussion emphasizing how they could use information from the the tip sheet to deal more effectively with challenges identified on the tool.**



Any questions about communication?

\* Have a great rest of your day, and we will see you next group.

\* Handouts:

- ✓ Miscommunication Tool
- ✓ Communication Tool
- ✓ Communication Tip Sheet

## Session 12: Relapse Prevention

Good Morning! Who remembers what we talked about last session?



**Leader's Note: Review ideas that come from the group, referring to ETFAR, communication skills, or any symptom specific set a patient brings up.**

For some of you, today will be your last day in the program. Others of you will be continuing with us. Some of you will breathe a huge sigh of relief, and some of you might actually miss some of us a little bit. 😊 The reality is that treatment ends for everyone at some time, and we want you to be as prepared as you can be for discharge.

Today's topic is crucial for ending treatment well: relapse prevention. This is one of the reasons CBT has done so well in all of the research studies. CBT not only has the ability to help people get better, but it has the ability to help people stay better.

- A relapse, as most of you know, is *a setback after a period of improvement*. Relapse may look different for each of you in this room. One key for minimizing relapse is to start by understanding *exactly* what behaviors would constitute a relapse for *YOU*.
  - For some of you, this may mean using again after a period of sobriety.
  - For some of you, this might mean being verbally or physically aggressive after a period of time of self-control.
  - For others, it might mean having another panic attack after a period of time without one.
  - It could be bingeing or emotional eating after a period of keeping a fairly disciplined diet.



What are other examples?



- There are several keys for anticipating and decreasing relapse once you have been discharged. We will review those in a few minutes. First, here are some key things you can do NOW while in treatment to decrease the likelihood you will relapse after discharge:
  - 1) Build a support team as you go. This can be hard when depression has set in, but support throughout the whole process is vital to getting better and staying better!
  - 2) Take as much responsibility as possible. Recovery doesn't happen *TO YOU*; it happens *THROUGH YOU*.
  - 3) Recognize your progress and give yourself credit, even for the small things. Many people discount small improvements. Research uses fancy terms called *internal attributions for change vs. external attributions for change*. That means the people MOST likely to relapse are the ones who are not able to give themselves credit for changes in their thinking and behavior.
  - 4) Learn Skills! The more tools you have at your disposal, the more equipped you will be to handle life's difficulties effectively.
  - 5) DO YOUR HOMEWORK! Research also shows that people who do work between sessions get better at much higher rates than those who don't. Again, even if it is relatively small, do something between sessions to move toward your goals.



**Leader's Note: Hand out Relapse Prevention Tool.**

Another way to cut down on relapses (during or after treatment) is to see it coming. Some in the field have referred to episodes as "emotional tornadoes." One of the few good things about tornadoes is that they have warning signs, and people who are trained in this sort of thing can see them coming. People who live in parts of the country where tornadoes are common know that if there is any question, they can turn on the TV, radio, or a weather app to get the information they need to make efforts to stay safe. Also, there are *tornado watches* as well as *tornado warnings*. A watch means "conditions are favorable" for a tornado. During these times, it is recommended to increase vigilance (or have an increased awareness) that the atmosphere is more vulnerable in order to be ready if a

tornado develops. A warning means that a tornado has actually been spotted and it is advisable to take cover immediately. With emotional tornadoes, it can be helpful to follow the same format to prevent relapse.

1) **Know your triggers.** This is fairly self-explanatory. Know what/who “sets you off.” Common triggers might include:

- Comments by specific *people* (parents, partners, etc.)
- Comments about *topics* which are sensitive for you (i.e. weight, employment/marital status, etc.)
- Certain places (work environment, going to in-laws, etc.)

2) **Know your warning signs or when “conditions are favorable” for you to have an episode/relapse.** Develop an understanding of when something within you or your environment is different that might make you more vulnerable to an episode or relapse. Some common warning signs might include:

- a. Appetite disturbance
- b. Sleep disturbance
- c. Decreased energy/motivation
- d. Decreased interaction with friends/family
- e. Agitation
- f. Increased negativity or hopelessness

3) **Have a plan to take precautions once the “storm is upon you.”** Some possible steps might include:

- g. Call members of your support team.
- h. Be honest with someone about how you are feeling/what you are considering doing.
- i. Change your environment to one where you cannot or will not engage in relapse behavior.
- j. Call therapist/physician.
- k. Call a crisis line/go to emergency facility if necessary.

- Use the following relapse prevention tool to help you prepare to be able to minimize relapses after you discharge.



**Leader's Note: Give group members necessary time to complete their sheet in group. Facilitate general group discussion.**

Having a relapse prevention plan is important. Having said that, for most people relapse is a part of recovery. When we do relapse (or any mistake/failure in life), how we think about that setback is crucial.



What have you thought in the past when you made a mistake of some kind?

- Some common thoughts about relapse include:
  - "I told you I couldn't do it."
  - "Since I messed up this one time, I can't stay clean."
  - "See? I only went \_\_\_\_\_ days/weeks."
  - "Since I already screwed up once this week, I might as well go 'all out' until my check-in next week."



**Leader's Note: Write examples on board.**



How would you challenge these?



**Leader's Note: Facilitate group discussion generating challenges to common thoughts about relapse.**



**Leader's Note: Hand out Relapse Thought Log.**

- Identify your own thoughts about relapse. Write them on your relapse thought logs, and generate some challenges you think might be helpful should the time come.



**Leader's Note: Since this is the last session for some (and there is no "next session" to process), go ahead and write patient examples on board and get group feedback challenging member specific thoughts.**



**Questions/Comments about relapse prevention?**

\* OK, go out and practice your skills! For those of you continuing, we will see you next group. For those of you discharging, let us know if you have any questions about your discharge plan, and if you need anything moving forward, do not hesitate to call.

\* Handouts:

- ✓ Relapse Prevention Tool
- ✓ Relapse Thought Log

## MHS IOP Daily Check-In

### Self-Monitoring Log

Name: \_\_\_\_\_

Date: \_\_\_\_\_

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Worst Day of  
My Life, I Have  
No Reason to  
Live

Best Day of  
My Life

☐ Hopeful

☐ Angry

☐ Hearing Voices

☐ Panicky

☐ Positive

☐ Calm

☐ Having Cravings

☐ Having Suicidal  
Thoughts

☐ Feeling Violent/  
Impulsive

#### My Self-Care

#### CBT Skills I've Used

Physical: \_\_\_\_\_

Challenging: \_\_\_\_\_

Emotional: \_\_\_\_\_

Distraction: \_\_\_\_\_

Relational: \_\_\_\_\_

Mindfulness: \_\_\_\_\_

Spiritual: \_\_\_\_\_

"Do Even if I Don't

Feel Like It": \_\_\_\_\_

**Today, I would like the staff to know**

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## Self-Monitoring

*Self-monitoring* is an important tool to have in managing mental health symptoms. First, monitoring is one way for us to tell if we are getting better or not.



What are some ways you know you are getting better which you think might be helpful to monitor for?



**Leader's Note: Facilitate brainstorm session. Record group responses on the board. Examples might include:**

- How often do I get triggered and feel emotions strongly?
  - How long do I feel intense emotions when I get triggered (i.e. do I just feel them intensely but recover in a few minutes vs. do they ruin my whole day, week, etc.)?
  - How often do I act based upon those emotions vs. experiencing the feelings but choosing not to act in a way that hurts me?
  - How long do I do the unhealthy behaviors when I do them (i.e. get mad and engage in emotional eating but catch myself after 3 pieces of pizza rather than binge all night)?
- It is important to identify baseline (beginning) points for some of these markers so you can track your progress over time.

Secondly, the tool of self-monitoring will help you learn to observe your own feelings and behavior more accurately. Observing and recording feelings and behavior helps immediately, as you can become more aware of when emotions are present and what their impacts are on your actions. For instance, if you don't even realize a thought is irrational, you see no need to challenge it.

- Perhaps the easiest way to get started is to start with behaviors you have no desire to change. Some people start with going to the bathroom, brushing their teeth, or eating. Start by observing *frequency* and *duration*; that is, how *often* you do the behavior and how *long* the behavior continues once you've done it.
- Self-monitoring does not come easily, and most people believe they are better at it than they really are. But the more you practice, the more self-aware you become. The more self-aware you become, the better insight you have into behaviors that you might want to change that could have a profoundly positive impact on your recovery.
- We will use the following self-monitoring tool as a check-in instrument. This will be the first form you fill out every morning when you arrive. This will not only help you learn to develop awareness, it will also communicate to us, staff, where you are at each day so we can do our best to meet your needs.

**EVENTS → THOUGHTS → FEELINGS → ACTIONS → RESULTS**



## Identifying Thoughts and Feelings

I Felt...	Because I Thought...





## Thought Log

AUTOMATIC THOUGHT	RATIONAL RESPONSE

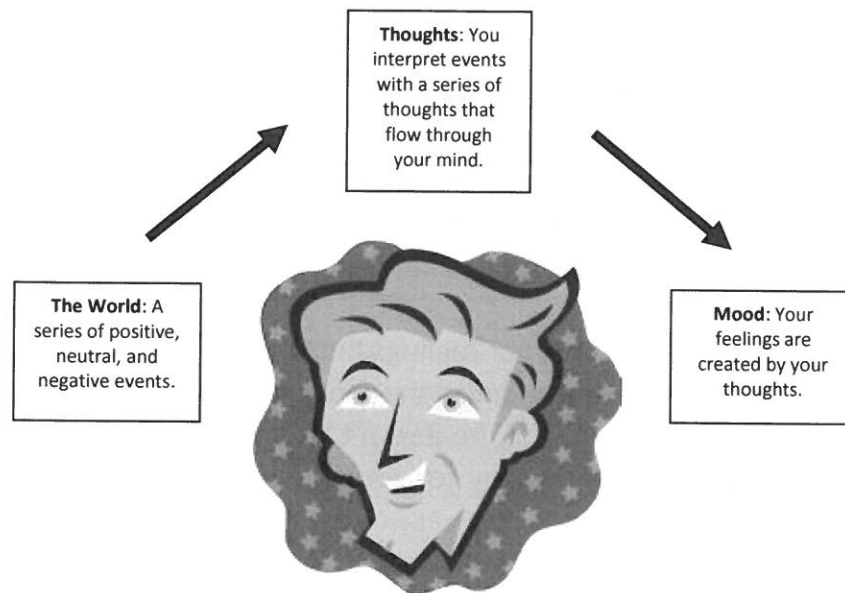


## Mini-Chain/Challenges

EVENT	AUTOMATIC THOUGHTS	FEELINGS	ACTIONS	RESULTS
	RATIONAL RESPONSES	FEELINGS	ACTIONS	RESULTS



# Cognitive Distortions



- 1) **Rationalization** – You give yourself or others permission to make unhealthy choices that won't serve you well. Examples: You convince yourself "It's ok to use drugs because I think it should be legal," or "It's ok to yell at her because she yelled at me first." Some people make excuses for others with thoughts like "It was ok for him to hit me because I probably deserved it," and "It's ok for him to be mean to the kids because he had a stressful day at work." Another example is "His dad treated him poorly, so he never had a positive role model."
- 2) **Overgeneralization** – You take your experience with a given person or thing, and you assume that it applies to all in the same *category*. Examples: "Since my last two boyfriends treated me poorly, 'all men are abusive,'" or "Since I tried two support groups, and neither of them were helpful, 'all support groups are full of quacks.'"
- 3) **All-or-Nothing Thinking** – You see things in black and white terms. Things are "all one way" or "all the other way," and you have difficulty seeing a middle ground. Examples: You had a great experience at a particular treatment facility so "It is the best ever, and nowhere I go in the future will ever compare to it,"

or when your partner does something upsetting, it's not that he/she is a good person who made a mistake – "He/she is the worst person on the face of the earth, and I hate him/her!"

- 4) **Discounting the Positive** – You are unable to receive positive feedback about yourself or give yourself credit for things when you genuinely deserve it.  
Examples: You were responsible for leading a successful project but say, "We were just very lucky," or someone gives you a compliment and you reply, "Oh, it's not that big of deal. Anyone could have done it."
- 5) **Personalization** – You get your feelings hurt by making an event mean something about you that it doesn't mean. Examples: "Because he looked at that woman in the restaurant, he doesn't want to be with me anymore," or "Because she complimented my co-worker and not me, she doesn't think I'm a good employee."
- 6) **Emotional Reasoning** – You allow your emotional state in the moment to dictate your perceived reality. An example: "Because I am really upset, my life will never get better."
- 7) **Mind Reading** – You assume you know what someone else is thinking in a variety of situations. Examples: Because your neighbor's trash can is in your driveway you think, "He probably put it there on purpose to be in the way of my car," or "I know she is mad at me for being late." Oftentimes, these ideas are completely inaccurate, causing unnecessary emotional distress or relationship problems.
- 8) **Fortune Telling** – You make doomsday predictions about the future based upon your current situation and/or how things have turned out in the past. You fail to recognize the differences in your current self and circumstances from your past, and you fail to recognize there are a number of other ways this could turn out. An example: "The last time I had financial problems, I got kicked out of my apartment. Since I am having them again, it will probably happen again."
- 9) **Magnification** – You blow things WAY out of proportion, predicting catastrophic outcomes to trials you are going through. Somebody who magnifies the above example not only thinks "I will get kicked out of my



apartment,” but then goes on to think “I will never find a place to live, I won’t have any food, and I will end up in the homeless shelter.”

- 10) “Should” Statements** – You place unrealistic expectations on yourself or others, insisting that a person or situation “should” be a certain way. Examples: “She should look both ways before turning, so she doesn’t pull out in front of others,” or “He should tell me the truth.” Others include: “This world should be different,” or “I should have handled that situation differently.” By mentally insisting that reality be different than it is, you keep yourself emotionally upset.

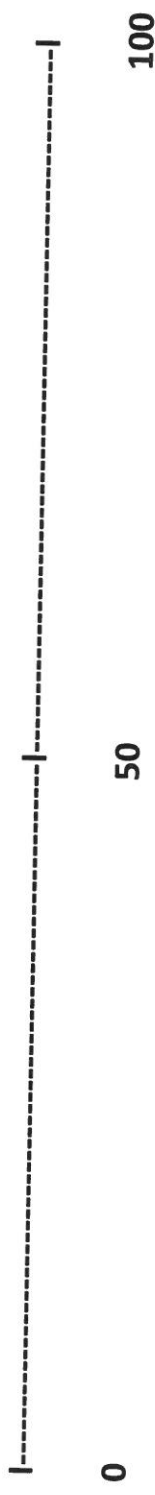


## Cognitive Continuum

A continuum is a tool that helps us realize there is often more middle ground that we realize in a person or situation. Black and white thinking can sometimes convince our minds otherwise. One easy way to do this is look at things on a scale of 0 – 100, with 0 being “the worst ever” and 10 being “the best ever.” Use the following tool to identify the “worst” in a given area, the “best” in a given area, as well as some in the middle, including the person or the situation you are dealing with. Then make a concluding statement that attempts to show *some* perspective/middle ground.

Black and White Statement:

My Continuum



Conclusion (Middle Ground) Statement:



## Comparison Tool

Many people compare themselves to others. To some extent, this is natural. However, many people who struggle with depression and anxiety often compare themselves with the most successful, smartest, funniest, most attractive, best athletes, etc. In doing so, they reinforce the belief in their minds that says “I am a failure.” Sometimes comparing ourselves with most people our age, how we used to be, or even a worse situation can be a more helpful form of comparison. Identify your unhelpful comparison that is making you feel worse, and then try some different types of comparisons.

### Unhelpful Comparing Statement:

<b>Compare with “Most People”:</b>	
<b>Compare with Former Self:</b>	
<b>Compare with Worse Situation:</b>	

Notice any differences in your mood? Other observations? \_\_\_\_\_





## Pros and Cons

Another common CBT skill is called a cost-benefit analysis, or “pros and cons,” exercise. There are many versions of this exercise, but one specific version is helpful when trying to make an important decision. Most people are familiar with looking at how making a particular decision might benefit them, as well as what it would cost them. This particular version helps people look at not only the pros and the cons, but also how *important* each is. After you list each item, ask yourself “How big of a deal is this for me?” In this way, you can make a more effective decision based upon what is most important to you.

## Pros and Cons

Pro	Importance	Con	Importance

Conclusions:

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## Examining the Evidence

Another way of challenging thoughts is by using evidence. Looking at actual things that have happened to us (or others) in similar situations of the past that speak to our conclusion can be a powerful way of separating facts from feelings.

For instance, someone who believes he is a failure might benefit from looking at both facts that support his belief as well as facts that support a belief that he can be a success. Your prediction or belief may be different. Use this tool to fill in your belief, the opposite belief, and all of the evidence you can think of on both sides. This is an exercise that it is also helpful to get feedback from others.

### My Belief

### Opposite Belief

Evidence I _____	Evidence I _____



## 100 Incredibly Generic Coping Skills

1. Take a hot bath \_\_\_\_\_
2. Call a friend \_\_\_\_\_
3. Cuddle with a stuffed animal \_\_\_\_\_
4. Hold an ice cube \_\_\_\_\_
5. Eat \_\_\_\_\_
6. Get in bed \_\_\_\_\_
7. Karate \_\_\_\_\_
8. Fly a kite \_\_\_\_\_
9. Arrange flowers \_\_\_\_\_
10. Play with a pet \_\_\_\_\_
11. Garden \_\_\_\_\_
12. Go for a drive \_\_\_\_\_
13. Cook \_\_\_\_\_
14. Play golf \_\_\_\_\_
15. Recycle \_\_\_\_\_
16. Give a hug \_\_\_\_\_
17. Receive a hug \_\_\_\_\_
18. Burn incense \_\_\_\_\_
19. Go grocery shopping \_\_\_\_\_
20. Go for a walk \_\_\_\_\_
21. Go to church \_\_\_\_\_
22. Sing \_\_\_\_\_

23. Ride a bike \_\_\_\_\_
24. Wrap up in a heating blanket \_\_\_\_\_
25. Go for a run \_\_\_\_\_
26. Do yoga \_\_\_\_\_
27. Walk on a beach \_\_\_\_\_
28. Do 50 sit-ups \_\_\_\_\_
29. Go to a spa \_\_\_\_\_
30. Crochet \_\_\_\_\_
31. Do jumping jacks \_\_\_\_\_
32. Take photos \_\_\_\_\_
33. Journal \_\_\_\_\_
34. Use mouthwash \_\_\_\_\_
35. Picture getting married \_\_\_\_\_
36. Daydream \_\_\_\_\_
37. Go to a sporting event \_\_\_\_\_
38. Watch a movie \_\_\_\_\_
39. Refinish furniture \_\_\_\_\_
40. Write a letter \_\_\_\_\_
41. Paint \_\_\_\_\_
42. Go to a park \_\_\_\_\_
43. Get a backrub \_\_\_\_\_
44. Do a deep breathing exercise \_\_\_\_\_
45. Do a relaxation exercise \_\_\_\_\_
46. Make a list \_\_\_\_\_



47. Clean your house/apartment \_\_\_\_\_
48. Floss your teeth \_\_\_\_\_
49. Give a massage \_\_\_\_\_
50. Drink hot coffee \_\_\_\_\_
51. Read a children's story \_\_\_\_\_
52. Blow bubbles \_\_\_\_\_
53. Quilt \_\_\_\_\_
54. Pray \_\_\_\_\_
55. Hold a pillow \_\_\_\_\_
56. Comb your hair \_\_\_\_\_
57. Go for a swim \_\_\_\_\_
58. Work with clay \_\_\_\_\_
59. Tear paper \_\_\_\_\_
60. Wash your hands \_\_\_\_\_
61. Knit \_\_\_\_\_
62. Lay out in the sun \_\_\_\_\_
63. Get a haircut \_\_\_\_\_
64. Drink hot tea \_\_\_\_\_
65. Color in a coloring book \_\_\_\_\_
66. Do your nails \_\_\_\_\_
67. Mow your lawn \_\_\_\_\_
68. Sit in a hot tub \_\_\_\_\_
69. Swing \_\_\_\_\_

70. Exercise to a workout video \_\_\_\_\_
71. Do art work \_\_\_\_\_
72. Window shop \_\_\_\_\_
73. Burn a candle \_\_\_\_\_
74. Brush your teeth \_\_\_\_\_
75. Eat popcorn \_\_\_\_\_
76. Drink 6 bottles of water \_\_\_\_\_
77. Meditate \_\_\_\_\_
78. Play the piano \_\_\_\_\_
79. Pop your knuckles \_\_\_\_\_
80. Play paintball \_\_\_\_\_
81. Rock in a rocking chair \_\_\_\_\_
82. Do martial arts \_\_\_\_\_
83. Listen to a comedian \_\_\_\_\_
84. Play cards \_\_\_\_\_
85. Go to a casino \_\_\_\_\_
86. Go to a concert \_\_\_\_\_
87. Play computer games \_\_\_\_\_
88. Go to a tanning bed \_\_\_\_\_
89. Make a craft \_\_\_\_\_
90. Do some woodworking \_\_\_\_\_
91. Start a collection \_\_\_\_\_
92. Go to a club \_\_\_\_\_
93. Sleep \_\_\_\_\_

94. Do some stretching exercises \_\_\_\_\_
95. Bite your fingernails \_\_\_\_\_
96. Lift weights \_\_\_\_\_
97. Play with yarn \_\_\_\_\_
98. Squeeze a stress ball \_\_\_\_\_
99. Share a funny story \_\_\_\_\_
100. Play music trivia \_\_\_\_\_



# My Distraction Techniques

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

**7.**

**8.**

**9.**

**10.**





# Mindfulness Journal Entry

My reflections on the exercise...

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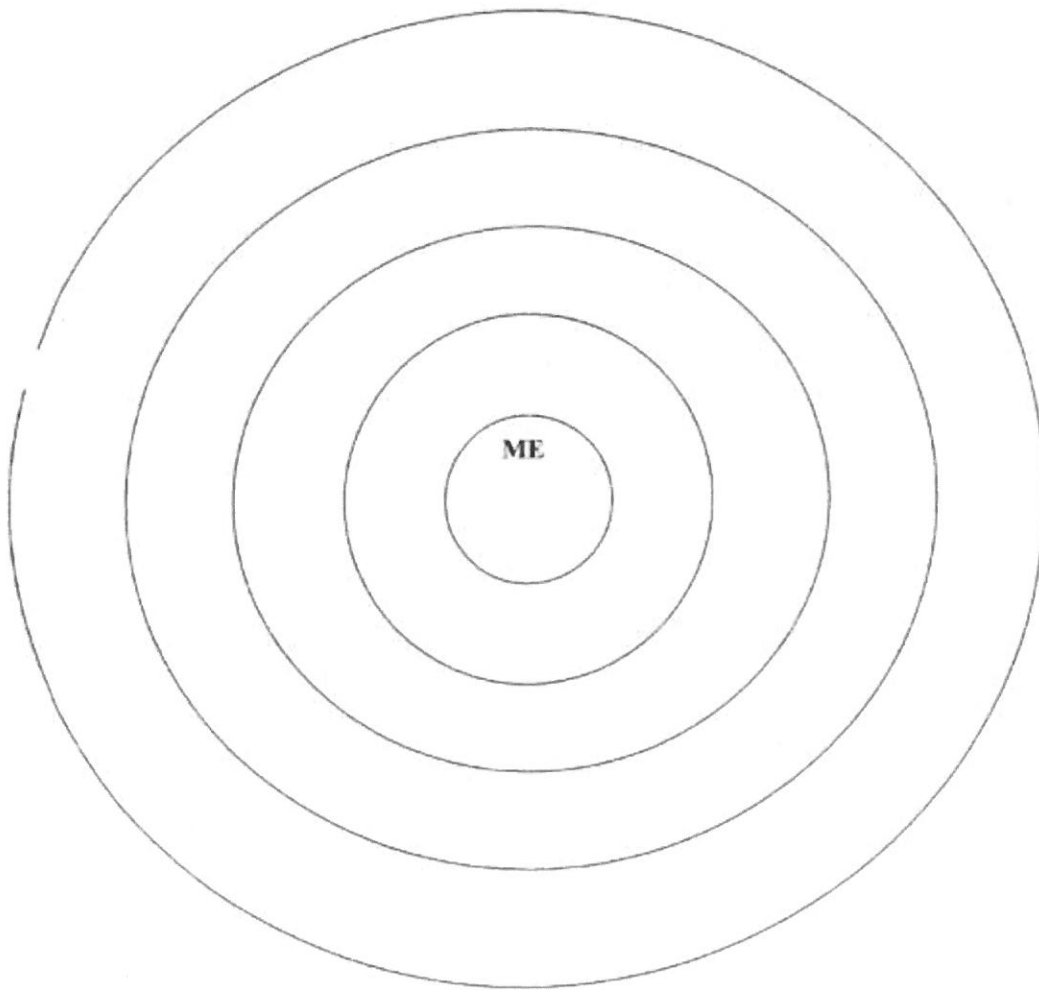
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## Intimacy Circles

People need people, but this can be a “catch 22” for many people. On one hand, we need human interaction for support, encouragement, touch, fun, and a sense of connectedness. But on the other hand, relationships can be very difficult for a variety of reasons. Depression influences us to want to isolate. Anxiety makes us too fearful to put ourselves out there. Anger often influences us to “blow up” verbally or physically which estranges us from the people we care about most. While it is not necessary that you become “the life of the party” if that is not “you,” it is vital to have a support system to help you face the trials life throws at you. Take a few minutes to evaluate the relationships you have in your life, writing them in the circle you view as appropriate.



Adapted from Velasquez, Maurer, Crouch, and DiClemente, 2001

## Questions

What changes would I like to make to my circles?

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Are there people I would like to have closer in? Further out? Who and why?

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Some hurtful things I have done that have damaged one or more relationships:

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Some helpful things I have done that have helped me in maintaining relationships:

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Changes I could make in the way I relate to people may include:

---

---

Would I like to add people to my circles who currently aren't there? Why or why not?

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What are some qualities of the people I would like to add?

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---

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Where might I go to meet people like that?

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---

What are some "red flag" qualities of people I may be drawn to but that I have learned from experience are NOT good candidates for my circles?

---

---

One step I am willing to take today to start work on my circles is...

---

---



## My Support Team

	Name	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		





## Relationship Thought Log

Unhealthy Thoughts about Relationships	Rational Responses



## Activity Monitoring Tool

Use the tool below to pay attention to and log how you are currently spending your time. Don't change anything. Just observe and record.

Time	Activity Observed
6 AM	
7 AM	
8 AM	
9 AM	
10 AM	
11 AM	
NOON	
1 PM	
2 PM	
3 PM	
4 PM	
5 PM	
6 PM	
7 PM	
8 PM	
9 PM	
10 PM	
11 PM	
MIDNIGHT	
1 AM	
2 AM	
3 AM	
4 AM	
5 AM	

**Observations** \_\_\_\_\_



## **Mastery-Related Tasks**

Many people feel better when they *accomplish* things. If this describes you, you may want to consider choosing from some of these mastery-related tasks for your future scheduling.

1. Thinking I have done a full day's work
2. Cleaning a room in my house
3. Planning for or starting a new career
4. Thinking about ways to advance my current career
5. Running errands
6. Planning a day's activities
7. Doing laundry
8. Applying make-up
9. Thinking about how it will be when I finish school
10. Mowing the lawn
11. Working on my car
12. Pulling weeds
13. Repairing things around the house
14. Taking care of my plants
15. Buying and selling stocks
16. Losing weight
17. Doing embroidery
18. Cross-stitching
19. Joining a club

- 20.** Painting my nails (and noticing when each of the 20 gets done!)
- 21.** Writing poetry
- 22.** Sewing
- 23.** Going to work
- 24.** Gardening
- 25.** Refinishing furniture
- 26.** Making lists of tasks
- 27.** Going bike riding (give yourself credit for each mile!)
- 28.** Completing a task
- 29.** Thinking about past achievements
- 30.** Planning future achievements
- 31.** Making a grocery list
- 32.** Exchanging emails
- 33.** Photography
- 34.** Voting for a candidate I support
- 35.** Solving riddles
- 36.** Knitting
- 37.** Crocheting
- 38.** Quilting
- 39.** Doing crossword puzzles
- 40.** Making jigsaw puzzles

41. Doing a school assignment
42. Doing therapy homework
43. Paying bills
44. Picking up around the house
45. Volunteering
46. Playing games online
47. Painting the house
48. Saving money
49. Working on a community service project
50. Playing a game on my smart phone

### **My Mastery Skills**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.





A clinical term you may hear to describe a category of depression symptoms is *anhedonia*, or *anhedonic symptoms*. These refer to a set of symptoms that can include lack of desire or lack of pleasure. Therefore, skills that involve inducing pleasure are vital to incorporate into your regular activity scheduling. Below are a few examples. You may select pleasurable events from this list or come up with your own that you may use in your future scheduling.

## **Pleasure-Related Tasks**

1. Soaking in the bathtub
2. Burning incense
3. Kissing
4. Getting a pedicure
5. Thinking about a past vacation
6. Going on a date
7. Nurturing your pet
8. Going for a walk or jog
10. Listening to music
11. Going to a party
12. Flirting
13. Looking at photos from past trips
14. Reading
15. Brushing your hair
16. Giving or receiving a hug
17. Remembering beautiful scenery
18. Playing Frisbee golf
19. Drawing

**20. Catching up with old friends on Facebook**

**21. Trying a new support group**

**22. Trying a new church**

**23. Going to a casino**

**24. Watching Netflix**

**25. Going to a sporting event**

**27. Going to the gym**

**28. Dancing**

**29. Doing karate**

**30. Enjoying nature**

**31. Doing yoga**

**32. Sleeping**

**33. Getting a massage**

**34. Going for a drive**

**35. Calling a supportive person**

**36. Flying a kite**

**37. Praying**

**38. Buying flowers**

**39. Getting a manicure**

**40. Going swimming**

**41. Watching a sunrise/sunset**

42. Riding a bike
43. Relaxing in a hot tub
44. Having a quiet evening at home
45. Drinking a cup of coffee
45. Going to a lake
46. Getting together with old friends
47. Exercising to an aerobics DVD
48. Going to a play
49. Getting on the internet and researching something you enjoy
50. Giving a small gift to someone else

### **My Pleasurable Events**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



## Gratitude Tool

**Date:**

**Things I am thankful for and will focus my attention on today are:**

**1.**

**2.**

**3.**

## Today's Reflections

---

---

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## **My Values**

**3 Values that are important to me are:**

**1.**

**2.**

**3.**

**Ways I could live my life consistent with each of these values is...**

**1.**

**2.**

**3.**





## Bedtime Routine Tool

CURRENTLY OBSERVED		PLANNED	
6:00		6:00	
6:15		6:15	
6:30		6:30	
6:45		6:45	
7:00		7:00	
7:15		7:15	
7:30		7:30	
7:45		7:45	
8:00		8:00	
8:15		8:15	
8:30		8:30	
8:45		8:45	
9:00		9:00	
9:15		9:15	
9:30		9:30	
9:45		9:45	
10:00		10:00	
10:15		10:15	
10:30		10:30	
10:45		10:45	
11:00		11:00	
11:15		11:15	
11:30		11:30	
11:45		11:45	
Midnight		Midnight	



## Sleep Hygiene Tips Worksheet

### Do:

- Monitor room temperature.
- Get up at the same time daily.
- Keep bedroom quiet while sleeping.
- Establish a bedtime routine.
- Go to bed at the same time daily.
- Use the bed for sleep and sex only.
- Take sleeping meds *as prescribed*.
- Go to bed when you are tired.

### Don't:

- Use alcohol or drugs for sleep which are not prescribed for you.
- Eat heavily before bed.
- Participate in overly-stimulating activity before bed.
- Drink caffeine/eat sugars close to bedtime.
- Watch graphic movies close to bedtime.
- Take another person's sleeping pills.
- Lie in bed for hours if you can't sleep.



## Sleep Diary Tool

Name: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Date:</b>							
<b>Morning Questions:</b>							
What time did I go to bed?							
What time did I fall asleep?							
Number of times I woke up?							
Total time awake at night?							
Final waking time?							
<b>Evening Questions:</b>							
Time I spent napping today?							
Caffeine consumption?							
Alcohol Intake?							
Unusually stressful events today?							
0-10 Sleepiness today?							

Medications I took today: \_\_\_\_\_

Other notes: \_\_\_\_\_



## Anxiety Coping Tool

**My triggers for anxiety:**

1.

2.

3.

**My "Safety Behaviors" that I have used/continue to use to keep myself from experiencing anxiety:**

1.

2.

3.

**My fortune-telling and/or magnification thoughts fueling my feelings of anxiety are/have been...**

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---

**Some negative results in my life or *NOT* facing my fears have been...**

---

---

---

**One step I will take THIS WEEK to face my fears is ...**

---





## Anxiety Thought Log

Fortune-Telling Thoughts	Rational Responses



## Anxiety Coping Tool Chain

Event (Trigger)	Fortune-Telling/ Magnification Thoughts	Anxious Feelings	Safety Behaviors	Results
Event (Trigger)	Challenged Thoughts	Anxious Feelings	Facing My Fear Behavior	Results



## Anger Coping Tool

**My triggers for anger:**

1.

2.

3.

**My acting out behaviors I have/continue to engage in when angry include:**

1.

2.

3.

**Some of my "Should Statements" are/have been...**

---

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---

**Some of the negative results I have experienced as a result of acting on my anger are...**

---

---

---

**One step I will take THIS WEEK to cope with my anger differently is ...**

---



## Anger Thought Log

Should Statements	Rational Responses





## Anger Coping Tool Chain

Event (Trigger)	“Should” Statement	Feelings	Actions	Results
Event (Trigger)	Challenged Thoughts	Feelings	Actions	Results



## Addictive Behavior Tool

The behavior I did/ am considering was/is....

On a scale of 0-10, I would rate my level of urge a \_\_\_\_\_.

People on my accountability/support team I could call include...

I was triggered by...

What I believe(d) it will do for me is...

I am/was telling myself that it is ok because...

It is not ok to \_\_\_\_\_ because (possible consequences of behavior) ...

Possible relational consequences:

Possible health related consequences:

Possible financial consequences:

Possible emotional consequences:

Possible legal consequences:

What else can I do to meet this need? Instead of \_\_\_\_\_, I can/could have  
(Behavior)

1.

2.

3.



## Pros and Cons

There are many versions of “Pros and Cons” exercises available to the public. This one was prepared by Jonathan von Breton, LCMHC, LCDP, who is a Professional Advisor to SMART Recovery (and is reprinted with permission), specifically to help people work through and grow out of addictive behaviors. Complete the following exercise and answer the questions that follow.

### FOUR QUESTIONS ABOUT MY ADDICTION

<b>What do I enjoy about my addiction? What does it do for me? (Be specific.)</b>	<b>What do I think I will like about giving up my addiction? What good things might happen when I stop my addiction?</b>
<b>What do I hate about my addiction? What bad things does it do to me and to others? (Give specific examples.)</b>	<b>What do I think I won't like about giving up my addiction? What am I going to hate, dread or dislike about living without my addiction?</b>

## **FOUR QUESTIONS ABOUT MY ADDICTION:**

### **A COST/BENEFIT EXERCISE**

**These 4 questions can provide you with a lot of useful information with which to grow out of your addiction(s).**

**The more honest and complete your answers, the more this exercise will help you.**

#### **1. What do I enjoy about my addiction? What does it do for me (be specific)?**

List as many things as you can that you liked about whatever you are/were addicting yourself to.

1. Where possible, find alternative ways of achieving the same goals.
2. Recognize positive thinking about the addiction as a potential relapse warning sign.
3. Realize that there are some things you liked about the addiction you will have to learn to live without.
4. List what you enjoy about your addiction so you can ask yourself if it is really worth the price.
5. Realize that you aren't stupid; you did get something from your addiction. It just may not be working on your behalf anymore.

#### **2. What do I hate about my addiction? What bad things does it do to me and to others (give specific examples)?**

List as many of the bad, undesirable results of your addiction as you can. Here it is extremely important that you use specific examples. Specific examples have much greater emotional impact and motivational force!

a. Ask yourself honestly "If my addiction was a used car, would I pay this much for it?" If you wouldn't pay this much for it, why not?

b. Review this list often, especially if you are having a lot of positive, happy thoughts about all the great things your addiction did for you and how much fun you had in pursuing it.

#### **3. What do I think I will like about giving up my addiction?**

List what good things you think/fantasize will happen when you stop your addiction.

1. This provides you with a list of goals to achieve and things to look forward to as a result of your new addiction-free lifestyle.

2. This list also helps you to reality test your expectations. If they are unrealistic, they can contribute to relapse based on disappointment, depression, or self-pity.

#### **4. What do I think I won't like about giving up my addiction?**

List what you think you are going to hate, dread, or merely dislike about living without your addiction.

- a. This list tells you what kinds of new coping skills, behaviors, and lifestyle changes you need to develop in order to stay addiction free.
- b. It also serves as another relapse warning list. If all you think about is how much life sucks now that you are not doing your addiction, you are engaging in a relapse thought pattern that is just as dangerous as only focusing on what you liked about your addiction.

This is not a do once and forget about it exercise. It is an ongoing project. Most people simply can't remember all of the positive and negative aspects of addiction and recovery at any one time. Furthermore, seeing all the negative consequences of addiction listed in one place is very powerful. On the positive side, most people do not absolutely know for certain what they will like or will not like about living free of their addictions until they have done so for some time. I know of people who continued to add items to all four questions for a full 6 months.





## Addictive Behavior Thought Log

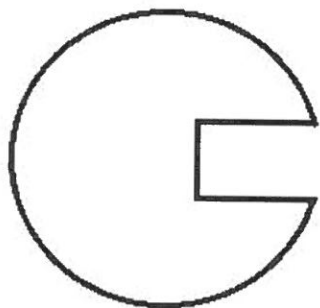
Permission-Giving Statements	Rational Responses



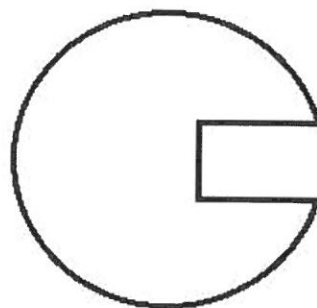
## Addictive Behavior Evidence Log

**I Am Powerless Over My Addiction**

**I Can Show Self-Control**



Starting Belief %: \_\_\_\_\_



Starting Belief %: \_\_\_\_\_

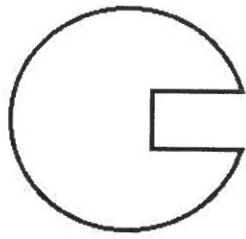
DATE	TRIGGER	URGE (0-10)	ACT (Y/N)	IF NO, COPING SKILL	BELIEF %

Conclusions: \_\_\_\_\_

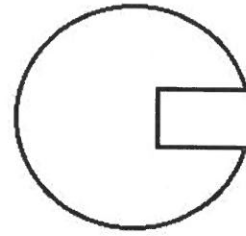
\_\_\_\_\_



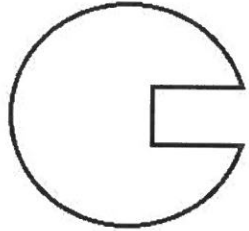
## Belief Worksheet—MY Beliefs



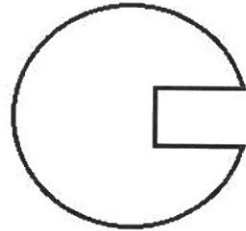
**I Am a Failure**



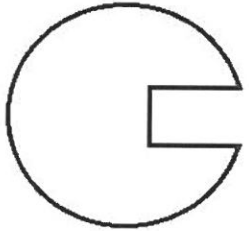
**I Must Have Others' Approval**



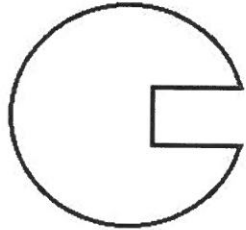
**I Am Helpless/Powerless**



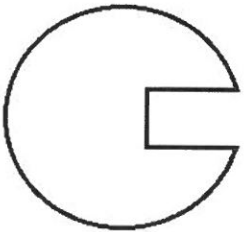
**I Have No Value**



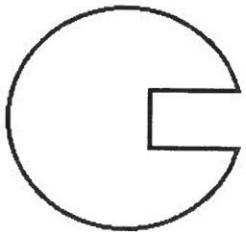
**Others Will Leave Me**



**I Can't Be OK Alone**



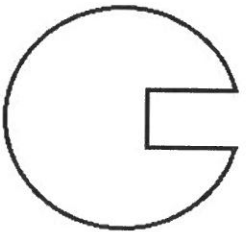
**I Am Vulnerable**



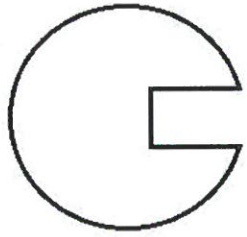
**Others Are Untrustworthy**



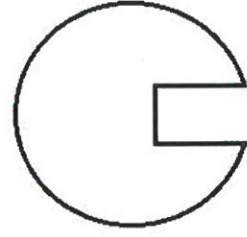
**It's Not OK to Express Feelings**



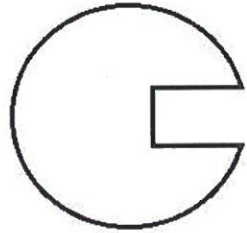
**It's Not OK to Have Needs**



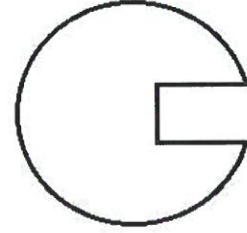
**It's Important to Stay in Control**



**I Deserve Whatever I Want**



**People Should Be Punished**



**I Can't Control My Impulses**

**My Top 3 Beliefs:**

- 1.
- 2.
- 3.

**The belief I identify with the *MOST* is...**

**The opposite of that belief is...**

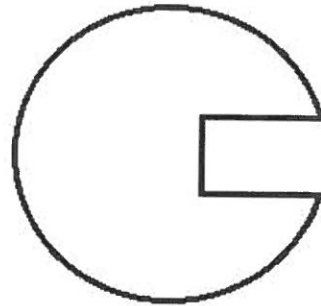
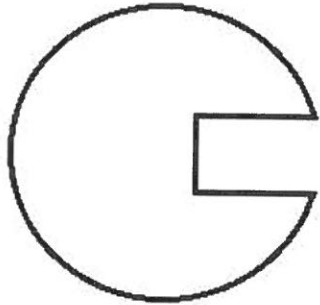
**Evidence a person possesses the opposite belief includes...**

- 1.
- 2.
- 3.

## Evidence Log

Unhealthy Belief: \_\_\_\_\_

Healthy Belief: \_\_\_\_\_



Starting Belief %: \_\_\_\_\_

Starting Belief %: \_\_\_\_\_

Date	Evidence Supporting Healthy Belief	Belief %

Conclusions: \_\_\_\_\_  
\_\_\_\_\_





## Miscommunication Tool

Use this tool to chart a recent miscommunication with someone. Remember our definition:

# Communication = Message Sent + Message Received

First, identify a time that what you "sent" was not "received" as you intended.

**Message Sent**

(What I actually said)

---

---

---

---

**+ Message Received**

(What he/she heard)

---

---

---

---

From this interaction, I can learn \_\_\_\_\_.

Now, identify a time that what you “heard” was not what someone else “sent.”

## Message Sent + Message Received

(What I actually said)

---

---

---

---

(What he/she heard)

---

---

---

---

From this interaction, I can learn \_\_\_\_\_.

## Communication Tool

People in my life I have the most trouble communicating with are...

The core belief(s) I have that influence my "sending" of messages are...

The core belief(s) I have that influence my "receiving" of messages are...

I will work on altering my language when communicating with \_\_\_\_\_ in the following way....

When communicating with \_\_\_\_\_, I will ask the following questions to clarify what they really mean (vs. if my filter is distorting what I am hearing):

I will take the following steps to change my communication skills:

The person I will first practice this with is...



# Communication Tip Sheet

## Oval of Communication

O  
V  
A  
L

### Overview of the problem:

- Just the facts.

### Verbalize your feelings:

- Validate the other's perspective.
- State your feelings ("I" statements).
- Recognize both feelings as valid.

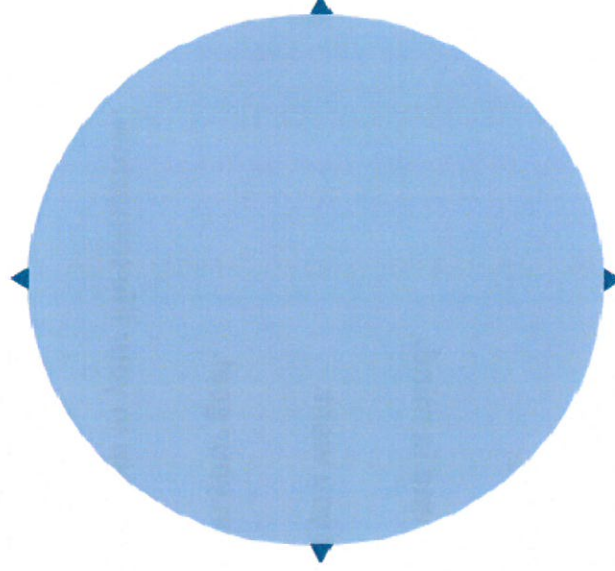
### Ask for what you want:

- Make eye contact.
- Be kind but direct.

### Leave and regroup:

- Calm yourself.

**O**verview  
the Facts



**V**erbalize  
Feelings

**L**eave  
and  
Regroup

**A**sk for  
What You  
Want

## **Tips**

- Don't raise your voice.
- No Blaming.
- Begin with the end in mind.
- Know what you want.
- Stay focused on your goal.
- Remember why you may want them in your life tomorrow.
- Don't compromise your morals.
- State your case calmly.
- Agree to disagree, and live to fight another day.

## Relapse Prevention Tool

A way to cut down on relapses (during or after treatment) is to see them coming. Some in the field have referred to episodes as “emotional tornadoes.” One of the few good things about tornadoes is that they have warning signs, and people who are trained in this sort of thing can see them coming. People who live in parts of the country where tornadoes are common know that if there is any question, they can turn on the TV, radio, or a weather app to get the information they need to make efforts to stay safe. Also, there are *tornado watches* as well as *tornado warnings*. A watch means “conditions are favorable” for a tornado. During these times, it is recommended to increase vigilance (or have an increased awareness) that the atmosphere is more vulnerable in order to be ready if a tornado develops. A warning means that a tornado has actually been spotted and it is advisable to take cover immediately. With emotional tornadoes, it can be helpful to follow the same format to prevent relapse.

Trigger	Warning Signs	Ways I can Take Precaution





## Relapse Thought Log

Thoughts About Relapse	Rational Recovery Thoughts

