Depression Management

DP 015 - Developmental Intervention

By

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INTRODUCTION

The outreach program described herein is one of a series prepared by the staff of the Counseling-Psychological Services Center at The University of Texas at Austin. The series includes the more frequently requested outreach topics and is designed to assist CPSC staff members respond to such requests. All programs in the series include the following sections:

- Goals/Objectives
- Target Population(s)
- Overview/Summarization
- Outline
- Description of Content
- Special Instructions/Recommendations

These materials are intended for use in single-session (1-2 hours) outreach presentations or workshops. At the presenter's discretion, materials may be used in part or as a whole.
DEPRESSION MANAGEMENT

Goal/Objective

1. To give participants an understanding of the concepts and dynamics of coping and depression.

2. To provide information that will allow participants to identify and recognize sources and manifestations of depression in daily life.

3. To teach coping and self-management strategies for dealing with depression.

Target Population(s)

This program is intended for use with a general population as opposed to being aimed at any specific target group(s).

Overview

The content of this program is specifically designed to improve participants' ability to understand, identify, and cope successfully with depression. Depression is defined, and situational determinants or "stressors" related to becoming depressed are identified. The cognitive aspects of depression are presented, with emphasis given to the coping techniques of restructuring and taking an active role in controlling reinforcement. Additionally, special attention is given to the emotions related to depression and to effective means for dealing with them. The final focal point of this program concerns the social and interpersonal behaviors related to being depressed.

Outline

Total Time - Two Hours

Minutes

30  I. Define Depression

   A. Handout on "Symptoms of Depression" (APPENDIX A)

   B. Handout: "Bibliography," and listing of telephone tapes (TCRS). (APPENDIX B)

   C. Major theories of depression

      1. Beck's Cognitive Theory
      2. Seligman's Learned Helplessness Model
      3. Psychoanalytic View
Outline (continued)

Minutes

15 II. Awareness and identification of situational determinants of depression.
   A. Handout: "Log" of times when you're depressed. (APPENDIX C)
   B. Discover cause and learn to prepare for depression-inducing situations.

30 III. Increased awareness and effectiveness in dealing with emotions related to depression (especially anger and sadness).
   A. Exercises to stimulate awareness of emotions related to depression.
   B. Handout on "Emotional Bill of Rights" (APPENDIX D)

30 IV. Coping and self-management strategies for dealing actively with depression (ways of breaking the cycle of depression).
   A. Depressive cognitions and their restructuring.
      1. Ellis's irrational beliefs ("Beliefs that Lead to Worry") handout. (APPENDIX E)
      2. "Self-Talk" handout - changing negative self-talk to positive, coping self-talk. (APPENDIX F)
      3. Misattributions of responsibility.
      4. Unrealistic expectations.
      5. Focusing on the positive.
   B. Taking an active role in controlling reinforcement.
      1. Activity is reciprocally inhibitive of the passivity characteristics of depressed persons (Seligman, 1975).
      2. Concept of secondary gain.
   C. "Structure in Daily Life and Regular Exercise" routine handout. (APPENDIX G)

15 V. Social and interpersonal behaviors related to being depressed.
   A. Effect of depression on intimates.
   B. Discussion of dependency.
   C. Identification of sources for broadening support.
Description of Content

I. Defining Depression

A. Leaders ask, "What do you think of when you think of being depressed?" Write responses on blackboard. Purpose: (1) to get a broad view of the kinds of symptoms, experiences, and attitudes that other people have when experiencing depression; and (2) using the symptoms, attitudes, and experiences that are listed to help them identify or label their experiences as depression early on before it goes unchecked. Leaders can add any cognitive factors, sensory experiences, behavioral cues, and physical aspects that are omitted from the participants' list. Give out handout on "Symptoms of Depression." (APPENDIX A)

(Note: An optional way of handling the above exercise or any of the following is to break the larger group into smaller ones of 5-6 members. Each small group may then act as a team in thinking of as many responses as possible. One person in each small group might act as a secretary to record the group's responses. Then members of each group share responses with the larger group.)

B. Give out handout containing bibliography on depression and listing of TCRS tapes on depression. (APPENDIX B)

C. Leaders discuss the following three major theories of depression:

1. Beck's Cognitive Theory

Beck (1970) believes that cognitive distortions are the primary cause of depression. These cognitive distortions involve extreme pessimism or unrealistic self-reproaches. More specifically, Beck calls them a "cognitive triad." This triad consists of:

a. Negative expectations of the environment.

b. Negative view of oneself.

c. Negative expectations of the future.

Beck connects the onset of depression to the experiencing of a significant loss of some kind. This loss triggers a self-reinforcing chain reaction that begins with a negative appraisal of the experience and culminates in depression. Beck believes that depressed people consider themselves as "lacking some element or attribute" that they consider essential for their happiness. (The unconscious cognitive structures and role conflict.)

2. Seligman's Learned Helplessness Model (1967)

This model grew out of experiments involving the administration of inescapable shock to dogs. Seligman discovered that, after the dogs were exposed to a series of painful stimuli in a situation that
prevented their escape, the dogs did not avoid the painful stimuli even when escape was possible. Seligman and his associates termed this reaction "learned helplessness." It seemed that, as a result of having learned to endure helplessly the painful shocks, the dogs had simply given up. Seligman suggested that the depressed person has been blocked from mastering adaptive techniques for dealing with painful situations, instead learning helplessness. The history of the depressed individual is characterized by failure to control rewards in the environment. This model sees depression occurring when the person feels a loss of personal control over environmental rewards and, as a result of learned helplessness, perceives him/herself as unable to change this unsatisfying state of affairs. Then he/she falls into a state of passivity, misery, and hopelessness. The following quote best explains the difference between the models of Beck and Seligman: "according to our model (i.e., learned helplessness), depression is not generalized pessimism but pessimism specific to the effects of one's skilled actions."

(Criticism of Seligman's model: the depressive is not helpless; rather, the system of reinforcement is too precarious and limited. Depressives are too reliant on external sources for providing them with a sense of meaning.)

3. The Psychological View

The psychological view is that depression has to do with loss of important relationships. Most frequently, this is a loss of human relationships, but may be due to loss of a dream, expectation, or position. The positive energy that was directed outward to these desires or invested in persons or ideals no longer has an object to move toward. It is subjectively experienced as sadness and also has some elements of anger and guilt as that energy turns inward. The normal grief process is a gradual turning loose of the lost object and a turning toward other desired or hoped for persons or goals. If these feelings of sadness, despair, anger, guilt are not allowed, then the lingering subjective state of depression is experienced with low affect, low energy, and lack of interest. Some of the roots of depression that seem to be a life pattern are thought to originate during early infancy when basic nurturing needs were not adequately met. This "loss" was dealt with in a passive manner, as one would expect in an infant, but the same passive stance continues into adulthood, where it has continuous and serious effects.

II. Awareness and identification of situational determinants of depression.

A. Identifying situational sources of depression

Leaders ask, "What are the situations you can remember being depressed about?" Solicit common sources of depression, i.e.,
situational, interpersonal, and internal kinds of sources which elicit depressive affects (especially sadness). Have each participant try to identify at least two sources or situations in which they often get depressed. Discuss the concept of "loss" as a basic way to look at depression-inducing situations. Purpose: (1) members can use coping techniques that they have already developed that have been effective for them in the past; and (2) they can learn new coping techniques to apply in situations where they know they are vulnerable to depression.

B. Discovering the cause and learning to prepare for depression-inducing situations.

Leaders hand out log of times when you're depressed (APPENDIX C). Explain to participants how log can be used to help them pick out the situation(s) that relate to or cause their depressive feelings.

Leaders ask participants to "pick out a situation that is forthcoming and to which you may react with depression. How would you anticipate coping with it?"

III. Increased awareness and effectiveness in dealing with emotions related to depression, especially anger and sadness.

A. Exercises to stimulate awareness of emotions.

Goals:

1. Increase awareness of role of feelings on depression.

2. Identification of feelings related to situations and identification of cognitions that accompany those feelings.

3. Communication and assertive expression of feelings.

One way to think about depression is de — pression: sitting on your feelings. The more you de-press your feelings, the more you experience depression, rather than the feelings underneath. These are usually sadness, anger, disappointment, and guilt.

These feelings are often not expressed because we believe:

1. We can't stand the pain;

2. Others would view our expression of emotions negatively;

3. We have been taught to believe expressions of anger are destructive.

Anger is a normal and unavoidable human emotion, even when it is directed at a loved one who is dead.
Description of Content (continued)

Find ways to express it: beat on pillows and/or yell, make lists of resentments, allow angry fantasies.

Learn good fighting techniques and use assertion in expressing angry feelings as they arise.

B. Experiential exercise on loss (5-10 minutes)

1. Relax, think of someone you've lost or separated from within the past or will in the future.
2. Imagine that person and being with them.
3. What are you feeling?
4. Now that person is gone. Let yourself experience the loss.
5. What did you think/feel right afterward?
6. Pay attention to your body.
7. Have somebody come and be with you to experience that pain.
8. What are you doing; what are they doing?
9. Imagine some time has gone by; you have had time to experience loss. Take a minute now to say to that lost person anything you would have wanted to say. Notice any anger, resentment, guilt, appreciation, longing you would like to express.

C. Process in small groups of 5-10 (20 minutes)

1. What was experience like for you?
2. What were thoughts, feelings?
3. What was it like to have someone there? Who did you have? What did they do?

D. Handout of "Emotional Bill of Rights" (APPENDIX D)

IV. Coping and self management strategies for dealing actively with depression (ways of breaking the cycle of depression).

A. Depressive cognitions and their restructuring.

1. Negative self-talk (leader collects examples of negative self-talk from participants).
Description of Content (continued)

a. **Beliefs have consequences** (leaders discuss):

   "The way we think about ourselves and the world around us can have a powerful influence on the way we feel. Making these kinds of negative self-statements probably has a strong tendency to help you feel depressed. Is it any wonder that, when you're depressed, you often feel like a failure?"

b. **Self-talk and feelings of helplessness**:

   Leaders explain how depression is frequently tied to feelings of helplessness and lack of adequate impact or control or the environment. Beliefs and self-talk often reflect these feeling states, e.g., "I am no good," "I am a lousy person," "It is not possible to change things in my life because of who I am," "Everything is crashing down on me and I can't do anything about it."

2. **Changing negative to positive self-talk.**

   a. We can change how we feel by altering these beliefs and perceptions and establishing a more rational frame of reference.

   b. Using negative self-statements listed on the left side of the blackboard, leaders encourage participants to think and discuss alternative, positively-oriented statements to replace those negative statements on the right side of the board. (Use handouts on "Beliefs that Lead to Worry" and "Self-talk", APPENDICES E & F, as examples.)

3. **Misattributions of responsibility.**

   Leaders explain that depressed people tend to evaluate themselves in negative ways, partly because they tend to pay more attention to negative things that happen to them than to positive things. Depressed people also tend to misattribute responsibility. When things go badly, it is their fault. When things go well, it is because of other people or "luck." They seldom take credit for the positive things they do. A way of correcting this negative bias that is typical of depressed people is to have them record positive activities of mastery or pleasure in which they've engaged during the week.

4. **Unrealistic expectations.**

   a. Leaders present following concepts: Most people who are depressed generally have goals that are unrealistic, e.g., they are too high for them to achieve realistically. If your expectations or goals are too high, you end up working very
Description of Content (continued)

hard, not quite making it, and being disappointed in yourself. Also, people who get depressed will blame themselves for not making it and feel guilty.

b. Unrealistic expectations or goals often consist of "should," "ought," or "must" statements (examples are No. 1 and No. 2 of the handout "Beliefs that Lead to Worry," APPENDIX E).

5. Focus on positive.

Leaders explain to participants that research seems to indicate that recalling a positive experience generally changes mood toward becoming more positive; additionally, changing the facial expression of a person to a smile generally improves the mood in a more positive direction.

B. Taking an active role in controlling reinforcement.

1. Leaders present Seligman's hypothesis that: Activity is reciprocally inhibitive of the passivity characteristics of depressed persons (Seligman, 1975).

2. Leaders discuss concept of secondary gain: Depression and sadness may gain some attention from other people and also lead others to try to take care of them. This may feel good at the beginning, but continued attention tends to reinforce a person for being depressed. The result is that you remain depressed.

3. Leaders discuss importance of structure in daily life and regular exercise routine (leaders give handout on same, APPENDIX G).

V. Social and interpersonal behaviors related to being depressed.

Purpose: to help participants identify typical ways of responding (interpersonally) to others when they get depressed. Focus is specifically on the role of dependency and an assessment of the dependency members have on sources of support.

Philosophy: when we're depressed, we often focus on ourselves and our own negative feelings. We tend to be less aware of how we relate to others and the kinds of impact we have interpersonally when we are depressed. Awareness of depressive interpersonal styles allows for choices to be made regarding utilization and development of non-depressive interpersonal styles. These, in turn, will decrease the feeling of being and staying depressed. Such styles of relating tend to secure reinforcement and support for non-depression.

Continued depression puts intimates in a double bind: continued support and help reinforces the depressed behavior, but ceasing to respond produces feelings of guilt and fear of the possibility of escalation of the depression.
Description of Content (continued)

Depression results in withdrawal of full interaction in a relationship, and eventually produces feelings of anger in the undepressed partner. It can be viewed as a form of manipulation: I am miserable, therefore, you should help me/make me feel better/comfort me.

A. Becoming aware of typical depressive interpersonal style. Leaders ask, "When depressed, which are you most likely to do?"

1. Isolate myself.
2. Depend on others more.
3. Want others to stay away from me.
4. Not depend on anyone because they'll reject me.

B. Dependency - one typical style. Leaders discuss.

1. Normal state of child when unable to satisfy own needs.
2. Normal for adults to a limited degree.
3. Dangerous when you allow others to do for you what you could do for yourself. You tend to lose or not develop needed independent skills. If support person moves or dies, you may not be able to take care of yourself.
4. Begin to think of yourself as powerless even if you do retain skills.
5. Goal is to minimize dependency in your relationships. You will have more control in your life. You will be more desirable to most people since you won't be a burden.

C. Identify and broaden sources of support. (Leaders encourage members to do so for themselves - leader assists by listing the following potential sources):

1. Family
2. Friends
3. Organizations - counseling center, community mental health center, telephone hotlines, fraternities, sororities, social clubs, professional or work organizations, sport groups, etc.
Special Instructions/Recommendations

This workshop allows for comprehensive coverage of both theory of depression and strategies for coping with depression. Estimated time allotments are given in the outline, but may be varied by allowing more discussion time, omitting sections or addressing only through handouts. The minimum recommended time for this workshop is two hours. However, by making a brief didactic presentation, or just giving out the handouts, it is possible to present it in an hour. Most depth is likely to occur in a half-day format. It is recommended that the experiential exercise about loss be included in all but a brief didactic presentation.
APPENDIX A

SYMPTOMS OF DEPRESSION*

Emotional changes: sadness, anxiety, guilt, anger, mood swings.

Physical changes: sleeping too much/too little, eating too much/too little, constipation, weight loss, menstrual irregularity, impotence/frigidity, feeling weak, easily tired, pain, diminished sexual drive.

Behavioral changes: crying, withdrawal from other people, agitation, hallucinations, slowing down in general behavior.

Thought/perception changes: negative view of self and the world, pessimism about the future, blaming self, criticizing self, difficulty in making decisions, helplessness, hopelessness, feeling worthless, delusions.

APPENDIX B

BIBLIOGRAPHY

"Dealing with Depression"


Telephone Counseling and Referral Service Tapes

Call: (512) 471-3313 for

Tape #431 - "What is Depression?"

Tape #433 - "Depression as a Lifestyle"
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APPENDIX D

AN EMOTIONAL BILL OF RIGHTS

by

Jack E. Schaff, Ph.D. (1978)

1. I have the right to feel better through my own efforts rather than expect the passage of time to do it for me.

2. I have the right to feel good about my achievements even if I haven't achieved all my goals.

3. I have the right to feel good when I am living my life in a way that is good for me and doesn't hurt others.

4. I have the right to delay expressing my feelings when to do so would not be in my best interest.

5. I have the right to be happy even if I'm not loved by everyone for everything I do.

6. I have the right not to feel miserable even if others do.

7. I have the right to feel good even though I haven't met some other person's expectations for me.

8. I have the right to express my angry feelings in a responsible manner.

9. I have the right to express my loving feelings even though other people may not choose to do so.

10. I have the right to experience any feelings if I want to.

11. I have the right to feel very sad when being sad makes sense.

12. I have the right to feel any feeling without having to make my life conform to it.

13. I have the right not to feel guilty just because I don't feel the same way others do.

14. I have the right to change the way I feel about things, even though I have always felt that way.
APPENDIX E

BELIEFS THAT LEAD TO WORRY

How it works: often, prolonged anxiety is the result of an unrealistic or irrational way of thinking about a particular situation. Dr. Albert Ellis has identified some of what he has found to be the most common irrational attitudes or beliefs which our culture supports and which cause much unnecessary emotional turmoil for many of us. Listed below are several examples of irrational beliefs and rational counter-arguments.

1. I must be loved or approved of by everyone for virtually everything I do. Or, if not by everyone, by persons I deem significant to me.

   vs.

   While it is desirable to be approved of and accepted by others, it is not an absolute necessity. My life doesn't really depend upon such acceptance, nor can I really control the minds and behaviors of others. Furthermore, a lack of total acceptance is certainly not catastrophic or horrible and doesn't at all mean that I am worthless or a louse.

2. In order to have a feeling of worth, I should and must be thoroughly competent, adequate, intelligent, and achieving in all possible respects.

   vs.

   Since I am a human being with biological, sociological, and psychological limitations, I cannot reasonably expect to be perfect in any endeavor. But I certainly can strive to perform well in those tasks I deem as significantly contributing to my self-development. In those areas in which I am deficient, I certainly can strive to improve. If I fail, though, too bad.

3. I don't have much control over my emotions or thoughts.

   vs.

   While most people are taught that external events are the direct cause of one's unhappiness, in virtually all cases human unhappiness is caused by one's thoughts, appraisals, evaluations, or perceptions of those events. That is, I create my own disturbances. Since I am human, I can expect to disturb myself often, but that doesn't mean I have to continually disturb myself forever.
APPENDIX E (continued)
Beliefs that Lead to Worry

4. Human unhappiness is externally caused and people have little or no ability to control their sorrows or disturbances.

vs.

Outside people and events can do nothing but harm you physically, at worst. All the emotional or mental "pain" they "cause" you is actually created by your taking criticism or rejection too seriously, by your falsely telling yourself that you cannot stand disapproval or cannot live without acceptance. Even physical injury that comes to you from without will often cause you relatively little anxiety if you philosophically accept the inconveniences of your injury and stop telling yourself, over and over again, "Oh, how awful! Oh, how terrible this is!" When faced with nonphysical assaults from outside, you can first question the motives of your attackers and the truth of their statements. If you feel that attacks are justified, then you can try to change yourself to meet the criticisms. You can also learn to accept your own limitations and the inevitable displeasure of people you cannot please.

5. If something is, or may be, dangerous or fearsome, one should be terribly concerned about it and should keep dwelling on the possibility of its occurrence.

vs.

Worrying about the possibility of something happening will not only not prevent it from happening in most cases, but will often contribute to bringing it about. Over-concern about getting into a car accident may actually make a person so nervous that he drives into another car or lamp post when, if he were calmer, he might have avoided getting into this sort of accident. If there is a possibility that something really is dangerous, there are only two intelligent approaches to take: (a) determine if this thing actually is dangerous to your well-being; and (b) if it is so, then either do something practical to eliminate the danger or, if absolutely nothing can be done, resign yourself to it. Worrying or constantly dwelling on the awful things that can happen will do absolutely no good.

NEGATIVE SELF-TALK

Sports (bowling)
"I really need to get this spare for our team to win. But, hell, I've been bowling such a lousy game, my timing is off, and I've been getting such terrible breaks. The guys will never forgive me if I choke here. If I'd only made that last spare I wouldn't need this one. I'll probably never make it.

Taking a Test (School, Licensing Exam, Job Qualification Test)
"It sure is important that I do well on this test to pass the course. Oh, God, what if I don't. I'll flunk out! What will I ever do then?"

"I have to pass this exam. If I don't, I'll be stuck in the same job for years. And, who knows, this thing seems so damn hard. Maybe I really don't know my stuff. God, am I stupid. This is really useless.

Uncomfortable Social Situations
"Boy, do I hate these deals. I never know what to say. Surely, I'm gonna say something stupid. Why do I have to mess with this kind of foolishness? I can't wait for it to be over. Oh, no, now I'm starting to get real tense - my palms are sweating, my heart is beating so fast I can't stand it. I'm sure everyone in the room notices. I've got to get outa here quick before something horrible happens!"

APPENDIX F
SELF-TALK*

POSITIVE SELF-TALK

Sports (bowling)
"Well, the pressure is really on now, since I need this spare for us to win the game. But there's no sense thinking about that now, so I'll just relax for a few seconds. Now, what kind of shot do I need to make? Oh, yes, I've made that one many times before. That means I should start my approach from over here...in the past on this shot I've had trouble keeping my head down and keeping my backswing straight...I'll be sure to do that right this time. OK, I'm ready to give it my best shot; after all, that's all I can do anyway.

Taking a Test (School, Licensing Exam, Job Qualification Test)
"So, I'm gonna be taking this important test, huh? I need to do well, but I'll worry about that later. Besides, real catastrophes rarely happen anyhow. Now, what do I need to do here? If I just relax, I'm sure the answers will begin to flow smoothly."

Uncomfortable Social Situations
"Boy, do I hate these situations. I'm beginning to get tense already. That's my clue to relax and focus on what I need to do. There certainly isn't any point in panicking since these things always seem to work out OK anyhow. Say, there's someone I'd like to get to know sitting alone over there. I think I'll walk over and introduce myself."
APPENDIX F (continued)
WORKSHEET ON SELF-TALK

1. Depression-inducing ideas or beliefs (in your own words):

2. Positively-oriented and rational alternative idea or belief:

3. Notes on how you would specifically think, behave, and feel differently if you replaced #1 with #2:

*(self-talk material from Coffman & Katz, 1979)*
APPENDIX G

STRUCTURE IN DAILY LIFE AND REGULAR EXERCISE

1. Self-Management:
   a. vigorous regular exercise
   b. nutrition:
      good eating habits
      vitamin and mineral supplements
   c. letting-go techniques:
      centering and focusing
      relaxation/meditation/prayer
      finishing unfinished business
   d. self-awareness:
      needs, desires, idiosyncracies
      congruence/assertiveness
   e. personal planning:
      time management
      positive life choices

2. Creation and use of support systems

3. Altering stressful organizational norms, policies, and procedures

CHARACTERISTICS OF EFFECTIVE LIFE STRESS MANAGERS

1. Self-knowledge - strengths/skills/liabilities
2. Varied interests - many sources of satisfaction
3. Variety of reactions to stress - repertoire of responses
4. Acknowledgement and acceptance of individual differences
5. Being active and productive
APPENDIX G

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