A Treatment Group
for Overcoming Depression
TI 069
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Overview
A Treatment Group for Overcoming Depression  TI 069

Brief Description: This group is designed to help participants change behaviors, cognitions, and maladaptive schemas. Participants learn to relax more and to engage in more pleasant events. These behavior changes will initiate the "deeper" levels of change that follow. Members will also be assisted in changing their unrealistic, depressogenic thoughts to more realistic thoughts, which will in turn decrease their level of depression. For true, longer-lasting change, and to decrease the likelihood of recurring depression, maladaptive schemas must be changed. The concept of schemas is introduced to the group, members are assisted in identifying their schemas, and they begin the work to change their schemas. It should be noticed, however, that schema change is a long process and will not be accomplished by the end of the group. Participants fill out the Beck Depression Inventory (BDI) and Beck Hopelessness Scale (BHS), keep a daily record of dysfunctional thoughts, and receive information about depression.

Goals: To provide participants with information about depression, to help participants change behaviors and cognitions, and to begin the process of changing their maladaptive schemas.

Target: Students who are experiencing depression. Note this is not appropriate for severe or chronic depression.

Length: Eight 1 1/2 hr. sessions.

Size: 8 to 10 participants
Change Model

Mechanisms for producing change:

- **Change behaviors** – In this group, we will help members learn to relax more and to engage in more pleasant events; these behavioral changes will initiate the “deeper” levels of change (described below).

- **Change cognitions** – In this group, we will help members change their unrealistic depressogenic thoughts (to more realistic thoughts), which will in turn decrease their level of depression.

- **Change schemas** – For true, long-lasting change, and to decrease the likelihood of recurring depression, maladaptive schemas must be changed; in this group, we will introduce the concept of schemas, help members identify their schemas, and begin the work to change schemas (schema change is a long process and will not be accomplished by the end of the group).

Advance Preparation

Leaders may wish to ask participants to fill out the Schema Questionnaire before group begins (this questionnaire is used in Session 5).

See www.schematherapy.com for information on purchasing these questionnaires developed by Dr. Jeffrey Young and on obtaining permission to reproduce them.

Leaders will need to obtain copies of BDI and BHS instruments.


Leaders will need to prepare the following handouts:

- Progressive Muscle Relaxation Exercise Instructions (for Session 4)
- List of Pleasant Activities (for Session 2). Leaders create a handout listing pleasant activities that the participants typically might enjoy.
- List of Schemas for Cognitive Distortions

Leaders will wish to acquaint themselves with the literature on the use of cognitive-behavioral therapy in depression. An Internet search for "Schema-Focused Cognitive Therapy" is recommended. Used in this manual is the work of J. B. Persons, Jeffrey E. Young, and David C. Bricker.

**Sources**

- “Cognitive Model” p. 22 (need ref.) also called “Cognitive Distortions” -- Is this “Types of Thinking Errors” see p. 26
Session One

Materials:

• blank index cards
• sentence completion handouts for each participant
• large sheets of paper
• copies for each participant of BDI Instrument (see Preparation)
• copies for each participant of BHS Instrument (see Preparation)
• handout, “Sentence Stems”
• handout, “Cognitive-Behavioral therapy of Depression”

Activities:

I. Introductions (10 minutes)
Have group members tell their names. Leaders remind members of group contract (emphasize confidentiality and attendance).

II. Icebreaker (10 minutes)

Purpose: Allows members to become more familiar with each other in a non-threatening manner. The icebreaker allows members to become comfortable participating in a group activity.

Group members sit in a circle (without the leaders) with one less chair than members. One member stays by standing in the middle of the circle; this person states one fact about him- or herself, such as, “I have brown hair.” All other members who share this characteristic stand up and all of the people standing scramble for a chair (people who were previously seated may not choose their own chair). The person left standing states something about him- or herself, and so on.

III. Hopes and Fears Exercise (15 minutes)

Purpose: Allows members to begin to share more personal information with the group and become more comfortable with that. Also allows leaders to allay fears and to explore idiosyncratic needs of group members.

Give each participant an index card. On one side, group members write their hopes and/or expectations of what they may achieve in the group;
on the other side, members write their fears about the group. Leaders collect the cards, shuffle them, and hand them back to the members, who read each other’s cards. Members will be encouraged to share their hopes, expectations, and fears.

IV. **Sentence completions about depression** (25 minutes)

*Purpose*: Leaders learn more about members’ symptoms. Members learn that others share their symptoms and that they are not alone. Members will also see how their symptoms fall into the three domains of depression; this activity will serve as an introduction to the Cognitive-Behavioral Model of Depression.

Give members the Sentence Stems handout with the following stems:

- Most of the time I feel....
- When I feel down I....
- The thing that bothers me most about my depression....

Ask members to share their answers with the group. One leader records responses on a blackboard or large sheet(s) of paper. Each response is categorized in terms of the three domains of depression (*motivation/energy, behaviors, emotions*). Leaders describe domains. In addition, leaders ask members to share what it’s like to hear about others’ depression.

V. **Beck Depression Inventory BDI (Optional activity)**

*Note*: If the leader decides to use the BDI in a group format, he or she should be aware that giving participants labels for their depression levels may not be appropriate in a group format.

*Purpose*: Help members learn more about their depression. Allow members to assess the level of their depression and track this level over the course of the treatment, if they want.
Leaders ask members to fill out the BDI in order to assess their own levels of depression. After completion, leaders explain how to score and interpret the BDI, according to the key that follows:

<table>
<thead>
<tr>
<th>BDI levels</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>borderline</td>
</tr>
<tr>
<td>15-20</td>
<td>mild</td>
</tr>
<tr>
<td>21-30</td>
<td>moderate</td>
</tr>
<tr>
<td>31-40</td>
<td>severe</td>
</tr>
<tr>
<td>41+</td>
<td>profound</td>
</tr>
</tbody>
</table>

VI. *Cognitive-Behavioral Model of Depression* (20 minutes)

*Purpose:* Educate members about current cognitive theory of depression. Establish common language to talk about depression. Allow members to think about how the model describes them. Instill hope in members.

Leaders present model of depression (*ways of understanding the world [schemas] – thoughts – behaviors, motivation/energy, feelings – depression*) and explain the spiral of depression (see handout, “Cognitive-Behavioral Model of Depression”).

Give members a handout of the model to take home.

Ask group members to share their reactions to this model; for example, does it seem to describe their experience of depression.

Leaders explain how treatment will impact different aspects of depression. Explain that we’re going to be “peeling back layers,” so initial activities may seem superficial but they’re necessary precursors to “deeper” work. Tell the members that we will describe activities they can do between group meetings and that the more they are able to work on their depression outside of group, the faster they will see improvements.

*Homework*

For homework, members are given the Beck Hopelessness Scale (BHS) and asked to fill it out.

In addition, members are encouraged to read the handout and think about whether (and how) it applies to them.
Session Two

Materials:

- Beck Depression Inventory (BDI)
- Beck Hopelessness Scale (BHS)
- Daily Record of Dysfunctional Thoughts
- Handout: Pleasant Activities (This is not provided; leaders will create a list of pleasant activities that the participants typically might enjoy.)
- Handout: “Relaxation Exercise” (leaders also use this to guide participants in this exercise)

Activities

I. Review last week (20 minutes)

A discussion will be opened and participants will be encouraged to share their feelings about the first session, what it was like to come back, and any changes they noticed during the week.

Members may choose to share their BDI scores from the previous week. In addition, scoring and interpretation of the BHS will be discussed briefly.

**BHS score levels:**

- 0-3  normal
- 4-8  mild
- 9-1  moderate
- 15+  severe

Members are told that the leaders will continue to provide them with copies of the BDI and BHS if they find that the questionnaires are helpful.

II. Discussion about Bad/ Good Times in Life (25 minutes)

*Purpose:* Show members how emotions are related to thoughts. Continue sharing of personal thoughts and feelings; build trust and cohesion.
Group members are asked to describe a time when they were feeling particularly good and one in which they were feeling particularly bad (to the extent that they feel comfortable). Leaders probe for participants’ thoughts and feelings and use examples to demonstrate the link between emotions and thoughts.

III. **Cognitive Work** (20 minutes)

*Purpose:* Allow members to see how emotions and thoughts are related and therefore, how changing thoughts can change emotions.

Leaders introduce the importance of looking at cognitions (see *Purpose*).

Leaders hand out the Daily Record of Dysfunctional Thoughts and explain how to use it (including an example). Participants are asked to fill out the first part of the sheet (excluding the revision of dysfunctional thoughts) when they are feeling particularly happy, sad, angry, or scared (but especially sad).

Leaders elicit an example from the group. Leaders encourage group participants to bring at least two examples to group next week, but explain that the more they can do, the better.

IV. **Letter Writing** (5 minutes)

*Purpose:* Allow members to “get to know” and understand their depression better and get used to thinking about it.

As homework, participants are asked to write a letter to the group about their depression; they can describe how depression has changed their life, what depression is like for them, what effect depression has on their life, etc.

V. **Pleasant Events** (10 minutes)

*Purpose:* Increase members’ awareness of the role of positive activities in depression and happiness. Encourage an increase in pleasant events in the lives of the members.

Leaders draw from the cognitive model of depression and explain the following: The absence of pleasant events from your life contributes to the downward spiral of depression. Not being involved in the pleasant activities leads to depression, and depression causes you to be less active. Conversely, there is an upward spiral associated with increasing pleasant
events. The more pleasant activities you participate in, the less depressed you feel and the more active you become.

Leaders pass out a list of pleasant activities that they have prepared and encourage group members to identify three events/activities they might like (or that they used to enjoy). The group discusses ways in which they can increase positive activities.

VI. Relaxation Techniques (15 minutes)

Purpose: Teach members to relax on their own and learn the value of such a tool.

Leaders introduce standard progressive muscle relaxation exercises using the handout “Relaxation Exercises.” If there is time, practice relaxation for remainder of session.
Session Three

Materials:

- Daily Record of Dysfunctional Thoughts (adapted from Beck)
- Handout: Cognitive Distortions [or, Types of Thinking Errors, adapted from Beck; see p. 26]
- Handout: Disputing Questions
- Letters to read that participants have brought in

Activities

I. Review of Last Week (10 minutes)

Participants are asked to share how they are doing, including the scores from their latest BDI and BHS. Ask participants whether they tried the relaxation techniques and how that felt.

II. Pleasant Events (10 minutes)

Members share reactions to talking about pleasant events last week. Members discuss what they did during the week and set goals for the future.

III. Cognitive Restructuring (40 minutes)

Purpose: Help members examine the accuracy of their thoughts and determine how thoughts influence their feelings.

Participants share their experiences with regard to the self-monitoring. Leaders probe: How was self-monitoring? What did you notice about depression? Any connection between thoughts and emotions? What does anyone notice about the thoughts connected to depression? (unrealistic/inaccurate, not helpful, exaggerated)

Use examples to introduce Beck’s cognitive triad — negative view of the self, others/world, future.

Leaders describe common cognitive distortions made by people who are depressed. Pass out “Cognitive Distortions/Types of Thinking Errors handout.
Participants are asked to share thoughts from the record form. Leaders elicit help from the group to challenge these thoughts. After a few examples, participants work in pairs to restructure their own thoughts. As homework, start challenging thoughts. Leaders give handout of disputing questions to help members do the restructuring.

IV. Letters Written as Homework Assignment (30 minutes)
   Read Letters and Process Group Reactions
   Purpose: Build trust and group cohesion; process painful emotions
Session Four

Materials:

- “Daily Record of Dysfunctional Thoughts” form
- Blank index cards

I. **Cognitive Restructuring** (25 minutes)
Participants share thoughts from self-monitoring form (Daily Record of Dysfunctional Thoughts) and group helps restructure them.

II. **Self-Assessment of Domains of Functioning** (35 minutes)
Leaders tell group members that we want to tailor their work because no two depressions are the same; some issues are more relevant than others for different people. There are common areas in which people experience particular difficulties (we’ve already started working on the first three). These common areas are:

- relaxation
- pleasant events
- troublesome thoughts
- problems with relatedness (assertion, personal style, isolation, and loneliness)
- approaching problems constructively – problem solving
- self-control problems – procrastination
- other problems (perfectionism, alcohol/drugs, school, sleep/appetite)

Leaders describe how working on each of the above domains will decrease depression (*refer to Cognitive-Behavioral Model of Depression*).

Participants are asked to self-assess what domains are most relevant for them. Group will be divided and leaders collaborate with participants to plan specific exercises that aim to improve their functioning in these areas.
III. **Self-Esteem Exercise** (30 minutes)

*Purpose:* Allow participants to explore how they feel about themselves and how that may relate to their depression. This allows members to “peel back” another layer.

Each participant is given a notecard and asked to write three things that they like about themselves on one side and three things they would like to change about themselves on the other side.

Participants are asked to share their thoughts with the group.

Afterwards, participants are asked to describe what this process of writing and sharing these thoughts was like. Leaders will listen for comments of surprise about difficulty in saying positive things and the ease in saying negative things. Also note the ease or discomfort participants feel in sharing their personal thoughts and experiences. (Refer to Beck’s cognitive triad.)

IV. **Letter Writing Homework**

*Purpose:* Understand origins of self-concept.

As homework, participants are asked to write letters (not to send, but to possibly share with group) to someone who has been an important influence in how they see themselves.
Session Five

Materials:

• “Daily Record of Dysfunctional Thoughts” form
• Schema Questionnaire (order from ww.schematherapy.com)

Activities:

I. Review from Last Week (10 minutes)
   Leaders ask members to talk about the work they did during the week on their domains of depression (e.g., procrastination).

II. Cognitive Restructuring (20 minutes)
   Review homework.

III. Letters (30 minutes)
    Several participants read letters aloud. Reactions are processed.

IV. Schemas (30 minutes)
   Purpose: Educate members about how they organize their experiences and the effect that has on their behaviors and feelings. The concept of schemas is introduced.

   Group leaders re-introduce Cognitive-Behavioral Model and explain the role of schemas in depression. Schemas can be thought of as filters through which we see the world and organize our experience. Schemas are more stable, deeper, and difficult to recognize and change than depressive thoughts.

   Leaders give an example that relates to several group members. Leaders can also describe some more common core schemas.

   Check in with members to see if they relate to the example schemas or if they have noticed any of their own schemas. Remind members of the questionnaire they filled out before group began.
One of the goals in this group is to help members identify their own schemas. We also want to help members discover the role schemas play in their lives and in particular, in their depression. In addition, members will begin to explore the origin of their schemas.

In order to identify schemas, members are encouraged to examine their Daily Records to look for themes that may stem from schemas.

In addition, leaders return SQs (taken from Young’s website) to members and show how to score them.

Next, leaders explain that schemas may develop due to childhood experiences, such as on-going relations with family members. Leaders encourage members to hypothesize about the origins of their particular schemas.

**Homework**

As homework, members are asked to write a letter to the key person in the development of their schemas.
Session Six

Materials:

Handout: “Daily Record of Dysfunctional Thoughts”

Activities:

I. Cognitive Restructuring (20 minutes)
   Members review homework and help each other challenge their dysfunctional thoughts.

II. Read Letters (30 minutes)
   Group members volunteer to read their letters. Leaders encourage members to share their reactions and feelings to the letters.

III. Modifying Schemas (40 minutes)
   Leaders continue to educate members about schemas. First, leaders describe the ways in which schemas work: schema maintenance, schema avoidance, and schema compensation.

   Examples are given. Members are encouraged to think of examples from their own lives and to share them if they feel comfortable.

   Next, leaders explain the techniques used to change schemas: emotive, interpersonal, cognitive, and behavioral.

   Leaders also explain that this group treatment will only begin the process and that one goal of the group is to start them on the road to eliminating unhealthy schemas, but that task will take some time to accomplish.

   Eliminating unhealthy schemas will help people be less vulnerable to becoming depressed in the future. Members are encouraged to start thinking about (and sharing) ideas about ways to work on weakening their schemas.
Session Seven

Materials:

- Daily “Record of Dysfunctional Thoughts” Handout
- Large sheets of paper and markers/crayons

Activities:

I. Cognitive Restructuring (15 minutes)
   Members break up into pairs to review homework and help each other challenge their dysfunctional thoughts.

II. Review of Schemas Modifications/Planning Schema Interventions (35 minutes)
   After more is known about members’ core schemas, leaders work with members to plan specific interventions for weakening schemas.

III. Family Portrait Exercise (40 minutes)
   Group members are presented with a stack of paper and drawing materials. They are instructed to think back on their childhoods and growing up years and to draw a characteristic, emotion-laden family scene. Leaders reassure group members that their artistic skills are not the focus of the exercise.
   Leaders ask group members to share their drawings with each other in as much detail as they feel comfortable. In particular, members are asked to explain how the scene they depicted may have influenced their view of the world (their schemas).
Session Eight

Activities:

I. Review of Material Covered

Leaders encourage members to recall and briefly describe the main material covered in the group.

II. Continuing and Maintaining Therapeutic Gains

Leaders describe ways in which members can continue their therapeutic work and/or maintain the gains they have made.

Continue to assess their depression level and examine the areas (cognitive, behavioral, emotional, interpersonal, etc.) in which they need more work.

Continue to make relaxation/pleasant events part of their lives.

In addition, leaders encourage members to be aware of stressful events that may trigger depression (specific to you and more general ones: social separations, health-related events, new responsibilities/adjustments, work/school-related events, financial and material events).

Finally, continue to examine and work on weakening schemas.

III. Wrap Up and Good-bye

Leaders encourage members to describe their experiences of being in the group, and discuss their feelings about the fact that the group is ending.
Handouts
Sentence Completion Handout

• Most of the time I feel…

• When I feel down I…

• The thing that bothers me most about my depression…
Cognitive-Behavioral Model of Depression

Cognitive Therapy centers on how thoughts relate to feelings and behaviors. For example, when you truly believe that you are defective and worthless, it is unthinkable that you will feel good or happy. Conversely, when you believe that you have a lot to offer, you will likely experience more positive feelings. Thoughts drive feelings, but also behaviors. If you truly believe that “it won’t make a difference,” you will make few efforts to solve problems or engage in activities that cause pleasure.

Cognitive Therapy techniques are aimed to help us examine how accurate and helpful are our appraisals of ourselves, of other people, and of the future. By examining our thoughts and testing their accuracy in the real world, we will work towards revising unrealistic and harmful beliefs that cause us to feel bad about ourselves, hopeless about the future, and pessimistic about other people.

This model has been extensively researched and proven to be very effective at helping people overcoming depression. It may seem a little simplistic and contrived to you at first, but remember to keep an open mind. It has proven to be helpful to many people.

Let’s get a little more technical to make sure that we all use the same language. The cognitive model of depression holds that every person has a basic set of beliefs about him- or herself, the (social) environment, and the future. These most basic beliefs, also known as schemas, are probably formed early in life.

Throughout life, schemas serve as filters through which we organize our experiences. Schemas are not always realistic or accurate. Inaccurate, or maladaptive, schemas may form. Such schemas, when triggered, may cause a person to inaccurately perceive certain situations. For example, young Tommy was constantly criticized by his parents about his school work. Tommy developed the maladaptive schema, “I need to be perfect.” Years later, as a college student, Tommy’s schema triggered whenever he earns less than a perfect score on a test or paper. Instead of feeling good for earning a “B,” Tommy feels guilty and bad about himself for not earning an “A.” Like most people, Tommy may not consciously know about his schema, but its influence comes through his thoughts, feelings, and behavior.
Schemas influence our feelings through their effects on our thoughts and behaviors. For example, Jill holding the schema, “I am unlovable,” may have the *automatic dysfunctional thought*, “If I ask him to go out with me, he’ll say no.” As a result, Jill decides to stay home instead.

Automatic dysfunctional thoughts tend to be situation-specific and we tend to become more aware of our automatic thoughts than we are our schemas. As you can imagine, depressive automatic thoughts lead to feelings of sadness, withdrawal, and lack of motivation. These experiences in turn fuel more negative thoughts, and the vicious cycle continues.

This “downward spiral” can be interrupted by intervening at any of these four key points:

- thoughts
- feelings
- behaviors
- motivations.
**Relaxation Exercises**  
(30-45 minutes)

(From TI 024 Improving Relaxation and Control of Anxiety, the Clearinghouse for Structured Groups (www.utexas.edu/student/cmhc/clearinghouse/)

Ask the clients to recline in such a way as to maximize relaxation. Stress the need to arrange back, neck, and head in a comfortable, aligned position. Be sure to ask that contact lenses be removed, if necessary. Eyeglasses being removed is desirable, but not as necessary. Dim the lights and lead the group through a series of exercises. Ask the group to first tense and then relax several muscle groups of the body. Stress repeatedly that the goal is to teach our bodies the difference between feelings of tension and of relaxation.

Tense and relax each muscle group two or three times. Ask the clients to think the words “calm” and “serene” as they inhale and exhale. The specific techniques for relaxing the group, which if possible should be learned from an experienced trainer through observation, discussion, and supervised practice, are described in detail below:

“Now recline in your chair or on your pillow in a comfortable position, making sure that your head, neck, and back are in a comfortable, aligned position. Let's start by taking a few deep breaths. As you inhale, think the word 'calm', as you exhale, think the word 'serene.' Now, we're going to introduce tension into certain parts of the body, and then we're going to let the tension go, paying close attention to the difference between the tension and relaxation. Our goal is to teach our bodies to relax by learning the difference between these feelings.

“Let's start with the right hand. Make your right hand into a fist. Pay close attention to the feeling of tightness and tension in your fist...hold it (pause...2 to 5 seconds) and relax. Notice the difference between the feelings of tension and relaxation (pause... 5 to 8 seconds). Again, make your right hand into a fist...hold it... and relax. As you inhale, think the word *calm*; as you exhale, think *serene*. (pause) Stretch your fingers out wide, then let them fall into a natural, relaxed position. Pay attention to the difference between the feelings of tension and relaxation.
“We should be learning how much tension we have to introduce into our system in order for us to really feel the difference between tension and relaxation. Now, make your right hand into a fist, then bend your hand down to the wrist, putting tension into your forearm as well. Pay attention to the tight, uncomfortable feeling in your forearm...hold it... and relax. Picture the tension flowing down your arm, through the wrist, and out through your fingertips. Again, make your right hand into a fist, and bend at the wrist putting the tension into your forearm...hold it, and relax. As you inhale, think the word calm; as you exhale, think serene.

“Now, make your right hand into a fist...bend at the wrist, putting the tension into your forearm, and now straighten out your arm and put the tension all the way up to your shoulder. Hold it...and relax. Pay attention to the difference between tension and relaxation. Once more, make your right hand into a fist... bend at the wrist, putting tension into the forearm...then straighten out your arm and put tension all the way to the shoulder. Notice the part of your arm that feels the most tense: that's the part that will feel the most relaxed. Hold it... and relax. Stretch your fingers out wide, then let them fall into a natural, relaxed position. Picture the tension draining down your arm... through the elbow, forearm, and wrist, and out through your fingertips. As you inhale, think calm; as you exhale, think serene.

“Now let's do the left side.

(Use the same directions used for the LEFT hand and arm that were used for the RIGHT side.).

“Let's relax the shoulders. First, put some tension in by hunching up your shoulders as though you're trying to place them on either side of your ears. Hold it...and relax. Let your shoulders sink down, down, as low as they want to go. Notice the difference between the feelings of tension and of relaxation. Again, hunch up your shoulders until you can feel some tension... hold it...and relax, letting your shoulders sink down, relaxing you still further. The breathing is important.
“Notice the way your hands, arms, and shoulders feel. If there is a feeling of heaviness, concentrate on that feeling, and allow it to spread gently throughout your body.

“Now relax still further. You'll be surprised at how relaxed you can become.”

(Stay aware of the progress of the group, so that you will know when to make suggestions such as these. Also, see the section near the end of this manual concerning, “Directiveness versus Permissiveness,” under Further Considerations.)

“All right, let's work on the muscles in the face and head. By now you should have a good idea of how much tension you must introduce into your system in order for you to experience relaxation. Be careful not to use too much tension in the muscle groups in the face and head.

“Let's start with the forehead. Wrinkle your brow and knit your eyebrows, so that you can feel tension in your forehead. Put your awareness into your forehead; really get an idea of what the feeling of tension is all about...hold it...and relax. Notice the difference between the feelings of tension and relaxation. Again, knit your eyebrows and wrinkle your brow, putting tension into your forehead...hold it...and relax. The breathing is important.

“Now let's do the eyes. Close your eyes, then very slowly and very gently close them just a little bit tighter, until you can feel some tension...hold it...and relax. Again, close your eyes and notice some tension...hold it...and relax. Just allow your eyelids to open or to remain closed, however they feel the most comfortable. If your eyelids feel heavy, just allow that feeling of heaviness to deepen your sense of relaxation.

“Let's do the muscles in the cheeks. Put your face into a wide grin, until you can feel tension in your cheeks...hold it...and relax. Notice the feeling of comfort as the feeling of relaxation takes over from the feeling of tension. Again, put on a wide grin, introducing some tension into the cheeks...hold it...and relax. The breathing is important.”
“Let's try the tongue. Press your tongue against the roof of your mouth until you can feel some tension...hold it...and relax. Again, press your tongue against the roof of your mouth...hold it...and relax. As you inhale, think calm, as you exhale, think serene.

“Now let's do the jaw. This is an important area, since many of us tend to store a lot of tension here. Put your teeth together into a good, firm bite. Then, very gradually bite down harder, and harder, until you can feel some tension...hold it...and slowly relax. Pay attention to the change as the relaxation takes over from the tension. Again, put your teeth into a firm bite, and gradually bite down harder. Now bite down just a little bit harder...hold it...and slowly relax. The breathing is important.

“Let's relax the muscles in the neck. Very slowly and gently roll your head around in a circle, just using the weight of your head to slowly and gently loosen and relax the muscles in your neck. Now, bring your head forward, and, very gently press your head forward until you feel some tension...hold it...and relax.

“Now bring your head very slowly and gently back until it presses against the pillow, or the back of the chair, and then gently and gradually press back until you feel some tension...and relax. Again, roll your head slowly and gently around in circles, and now...allow your head to come to rest in a comfortable position.

“Let's relax the stomach muscles. Tighten your stomach...hold it...and relax. Notice what your stomach feels like as it rises and falls with each breath. Again, tighten your stomach until you can feel some tension...hold it...and relax. Picture your stomach as if it were a bellows, gradually pumping the tension out of your body with each breath.

“Now the buttocks. Tighten your buttocks until you can feel tension...hold...and relax. Again, tighten your buttocks...hold...and relax.

“Now the legs. Let's start with the right leg. Straighten out your leg. Pull the toes back toward your head, putting tension into your calf. Now straighten the leg, and put tension right up to your thigh...hold...and relax. Picture the tension draining down your leg...through the knee, calf, and ankle, and out through the bottom of your foot. Again, pull the toes back
toward your head, putting tension into the calf, and straighten the leg, and put the tension right up to your thigh...hold...and relax. (Use the same procedure for the left leg that you use for the right.)

“If there is any particular part of your body where there is still some tension, concentrate on that part. Now add a little bit more tension...hold it, and relax. Feel what your stomach feels like as it gently rises and falls with each breath. Picture your stomach as if it were a bellows, gently pumping any residual tension out of your system.”

At this point in the initial session, a few hypnotic suggestions may be employed to ensure that all participants experience a deep sense of relaxation.

“Picture yourself at the top of a great flight of stairs. The stairs are filled with crushed foam rubber and goose down. They are soft. Now picture yourself descending the stairs; and with each step your sense of relaxation deepens. (Pause) I'm going to count down from 5, and as I do, you will relax even more...more than before...you will give yourself permission to relax...fully...and...deeply. Five...four...relaxing more and more...three...two...deeper and deeper...one...and...relax.”

Gently bring the group back to a “normal” state. This can be done by simply asking that the clients stretch their muscles a bit, and begin to open their eyes and become fully aware of their surroundings.

As you count back up to 5, ask for feedback from each group member. Clients who normally have great difficulty relaxing will typically express an exhilaration at having been able to totally relax. The success of a client in utilizing Anxiety Management techniques is contingent upon first teaching his or her body the sense of deep muscle relaxation.
# Daily Record of Dysfunctional Thoughts

Reprint the sideways version to put in here

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation Describe the event, situation, leading to emotion</th>
<th>Emotion 1. Specify sad/anxious, etc. 2. Rate degree of emotion (0-100)</th>
<th>Automatic thoughts 1. Write automatic thought(s) 2. Rate belief in automatic thoughts (0-100)</th>
<th>Rational Responses 1. Write a rational response to automatic thought(s) 2. Rate belief in rational response (0-100)</th>
<th>Outcome 1. Re-rate belief in automatic thought (0-100) 2. Specify and rate subsequent emotion (0-100)</th>
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Disputing Questions

Do I know for certain that ___________________________ will happen?

Am I 100% sure of these awful consequences?

What evidence do I have that ___________________________?

Does __________________ have to equal or lead to ________________?

Do I have a crystal ball?

What is the worst that could happen? How bad is that?

Could there be any other explanations?

What is the likelihood that ____________________________?

Is ___________________________ really so important or consequential?

Does _________________’s opinion reflect that of everyone else?

Is ______________________ really so important that my entire future resides with its outcome?
Types of Thinking Errors

Self-criticism. Constantly berating oneself on performance and appearance. Self-critical individuals usually believe that “Unless I criticize myself, I’ll become mediocre.”

Rumination. Repetitive, intrusive, and unproductive thinking, which is generally negative. Ruminative individuals usually believe their rumination is helpful in solving problems. Closer inspection reveals that rumination blocks productive problem solving.

Cognitive Avoidance. Overattention to certain problems and deficits at the expense of more important problems.

Emotional Reasoning. A person infers something about himself/herself based on an emotional experience. “I feel hopeless, therefore I am hopeless.”

Overgeneralization. Using a single piece of evidence, or isolated experience, to draw unwarranted conclusions. For example, a young man who gets turned down for a date may overgeneralize by saying to himself, “She doesn’t like me,” “I’ll never get a date,” “I’ll never be in a satisfying relationship.”

Illogical Thinking. Making an unwarranted connection between ideas. A dieter may think, “Now that I’ve lost 5 pounds, I have to lose 10 more pounds.”

Dichotomous Thinking. The all-or-none thinker sees the world as black/white. “Unless I do this perfectly, it’s not worth anything.”

Should Statements. “Should” statements distort reality. “He should not have treated me that way.” This statement struggles to change reality. The person’s real choice is to accept the reality, i.e., he did treat me that way, or not to accept reality. It is important not to confuse acceptance of reality, e.g., his treatment with endorsement, e.g., “It was good that he treated me that way.” Should statements elicit strong negative feelings such as anger which blocks, rather than facilitates, problem solving.

Predicting the Future. It is impossible to predict future events. The student who thinks “I will never understand this material” after first looking at it is engaging in predicting the future, which can serve as a self-fulfilling prophecy.
List of Schemas

From www.cognitive-behavioral-therapy-ny.com

**Emotional Deprivation:**
The belief and expectation that your primary needs will never be met. The sense that no one will nurture, care for, guide, protect or empathize with you.

**Abandonment:**
The belief and expectation that others will leave, that others are unreliable, that relationships are fragile, that loss is inevitable, and that you will ultimately wind up alone.

**Mistrust/Abuse:**
The belief that others are abusive, manipulative, selfish, or looking to hurt or use you. Others are not to be trusted.

**Defectiveness:**
The belief that you are flawed, damaged or unlovable, and you will thereby be rejected.

**Social Isolation:**
The pervasive sense of aloneness, coupled with a feeling of alienation.

**Vulnerability:**
The sense that the world is a dangerous place, that disaster can happen at any time, and that you will be overwhelmed by the challenges that lie ahead.

**Dependence/Incompetence:**
The belief that you are unable to effectively make your own decisions, that your judgment is questionable, and that you need to rely on others to help get you through day-to-day responsibilities.

**Enmeshment/Undeveloped Self:**
The sense that you do not have an identity or “individuated self” that is separate from one or more significant others.

**Failure:**
The expectation that you will fail, or belief that you cannot perform well enough.
Subjugation:
The belief that you must submit to the control of others, or else punishment or rejection will be forthcoming.

Self-Sacrifice:
The belief that you should voluntarily give up of your own needs for the sake of others, usually to a point which is excessive.

Approval-Seeking/Recognition-Seeking:
The sense that approval, attention and recognition are far more important than genuine self-expression and being true to oneself.

Emotional Inhibition:
The belief that you must control your self-expression or others will reject or criticize you.

Negativity/Pessimism:
The pervasive belief that the negative aspects of life outweigh the positive, along with negative expectations for the future.

Unrelenting Standards:
The belief that you need to be the best, always striving for perfection or to avoid mistakes.

Punitiveness:
The belief that people should be harshly punished for their mistakes or shortcomings.

Entitlement/Grandiosity:
The sense that you are special or more important than others, and that you do not have to follow the rules like other people even though it may have a negative effect on others. Also can manifest in an exaggerated focus on superiority for the purpose of having power or control.

Insufficient Self-Control/Self-Discipline:
The sense that you cannot accomplish your goals, especially if the process contains boring, repetitive, or frustrating aspects. Also, that you cannot resist acting upon impulses that lead to detrimental results.