

PURPOSE AND OVERVIEW OF PEOPLE CONTACTS MODULE

Recommended Readings for Instructors:

Wolpe 1958, Lazarus 1966, Klerman et al 1984,

The People's module is an integration of CBT and Interpersonal Therapy (IPT). It uses cognitive behavioral methods to identify four key issues identified by IPT: 1) grief; 2) role transitions; 3) role disputes, and 4) interpersonal deficits. The module addresses the reciprocal relationship between depression and interpersonal problems. Although CBT and IPT are rooted in different theoretical models, social learning theory and attachment theory respectively, there are many similarities in the ways that the models target depression. Both models provide psychoeducation to patients regarding the symptoms of depression and emphasize that depression can be alleviated when interpersonal problems are targeted. CBT and IPT identify the reciprocal relationship between interpersonal problems and depression; interpersonal problems cause depression and depression causes interpersonal problems. The goals of the People module include: 1) to present the rationale for increasing the quantity of positive social contacts, 2) to teach communication skills as a way to improve the quality of interpersonal relationships, and 3) to facilitate the resolution of interpersonal problems as a way to manage mood and prevent relapse.

People with depression often complain of relationship problems, including low tolerance for social contacts, increased sensitivity to criticism, conflict in interpersonal relationships, and increased irritability. IPT proposes that relationship problems in the four areas mentioned above trigger depression. Once depressed, people may avoid and/or significantly reduce social contacts. As their social support decreases, they may become increasingly depressed. The socially isolated individual may tend to engage in harmful, negative thinking, without feedback from the environment, which in turn contributes to depression. In order to break the cycle of depression, it is important to collaboratively explore specific interpersonal problems and teach social skills, including assertive communication to help resolve interpersonal problems.

People with depression may have a history of negative social experiences, which may make it difficult for them to increase and improve social contacts. The group format can offer group members an in-vivo experience to dispute unhelpful beliefs and negative expectations about contacts with people that contribute to persistent distrust and avoidance of social contacts. In addition, group members can learn assertiveness skills that may help them address interpersonal deficits and increase their self confidence when interacting with others. Therapists acknowledge that patients do not have control over the way that others relate to the patient. However, patients have choices about how they want to respond to others when alternatives are presented and assertive communication is an option.

The first session of the People module (People 1) has several purposes: 1) to discuss the connection between mood and contacts with people; 2) to identify the strengths and deficits of group members' current support systems; 3) to identify the interpersonal relationship problem area each group member would like to target (i.e. grief, role transition, role dispute, interpersonal deficits), and 4) to recognize the group as a potential source of support and a new social experience.

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The purpose of the 2nd session (People 2) is: 1) to review the relationship between mood and social contacts; 2) to further explore and clarify the interpersonal relationship problem areas that group members have selected; 3) to introduce specific communication skills, including active listening, as a way to improve interpersonal relationships, and 4) to reinforce the importance of engaging in positive activities with others as a positive strategy to manage mood.

People 3: The purpose of the session is: 1) to further explore the interpersonal problem areas that group members have selected; 2) to introduce additional communication skills, including assertiveness and making positive requests, as a means of improving relationships, and 3) to examine obstacles to assertiveness, including fear of harm as in the case of domestic violence or emotional abuse.

People 4: The purpose of the session is: 1) to review the connection between communication styles (passive, aggressive, and assertive) and mood; 2) to explore additional obstacles to improving relationships, including fear of confrontation or rigid relationship rules; 3) to introduce the concepts of balance and flexibility in the application of relationship guidelines, and 4) to reinforce the idea that one can make positive choices about one's behavior and one's relationships as a way to manage mood.

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PEOPLE 1-- CONTACTS WITH PEOPLE AND MOOD

GOALS FOR LEADERS

- Welcome new participants.
- Review group rules.
- Have participants and group leaders introduce themselves.
- Review the cognitive behavioral treatment model.
- Provide psychoeducation regarding the reciprocal nature of interpersonal problems and depression.
- Identify participants' current support system.
- Have each participant identify one or more interpersonal relationship problem areas that contribute to the individual's depression.
- Identify members of the group who will be graduating at the end of this module and begin the termination process.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group
- 3) CES-D copies

SESSION OUTLINE

- I. Welcome
- II. Agenda and Announcements
- III. Group Rules
- IV. Introductions
- V. What is Depression?
- VI. Review of the Model
- VII. New Material: Interpersonal Relationships and Depression
- VIII. Take Home Message
- IX. Personal Project
- X. Feedback and Preview

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I. WELCOME

II. AGENDA AND ANNOUNCEMENTS

Identify those group members who will be graduating at the end of the module.

III. GROUP RULES

IV. INTRODUCTIONS

V. REVIEW THE SYMPTOMS OF DEPRESSION

VI. REVIEW THE TREATMENT MODEL

These sections are covered in the introduction section of the Lecture Notes for Instructors.

VII. NEW MATERIAL

1. INTERPERSONAL RELATIONSHIPS AND DEPRESSION

In this section ask participants to talk about the relationship between interpersonal relationships and depression.

ACTIVITY: DIAGRAMMING THE RELATIONSHIP

[sample introduction to this section]

Over the next 4 weeks we will be talking about how our relationships with others affect our mood. Let's begin by talking about the connection between mood and contacts with others.

This section is covered on page 95 in the participants' books. Write the words "depression" and "contacts with others": on the board (see below).

Use the following questions or similar questions to begin a group discussion regarding how depression affects contacts. Write their answers on the board (see example below).

- What kind of people contacts do you have when you are depressed?
- How does your depression affect your contacts with people?

Key points to address include that when people are depressed they often:

- Have less contact with others, avoid others
- Have lower tolerance, feel more irritable
- Feel more uncomfortable around people
- Act quieter and be less talkative
- Be more sensitive to being ignored, criticized or rejected
- Trust others less

Summarize what participants have said and then begin a discussion about how a lack of contacts or negative contacts can affect mood. You can use the following questions to elicit answers from the group. Again, write their answers on the board (see example below).

- When you isolate yourself from others how does that affect your mood?
- How does having more conflict or tension with others affect your mood?

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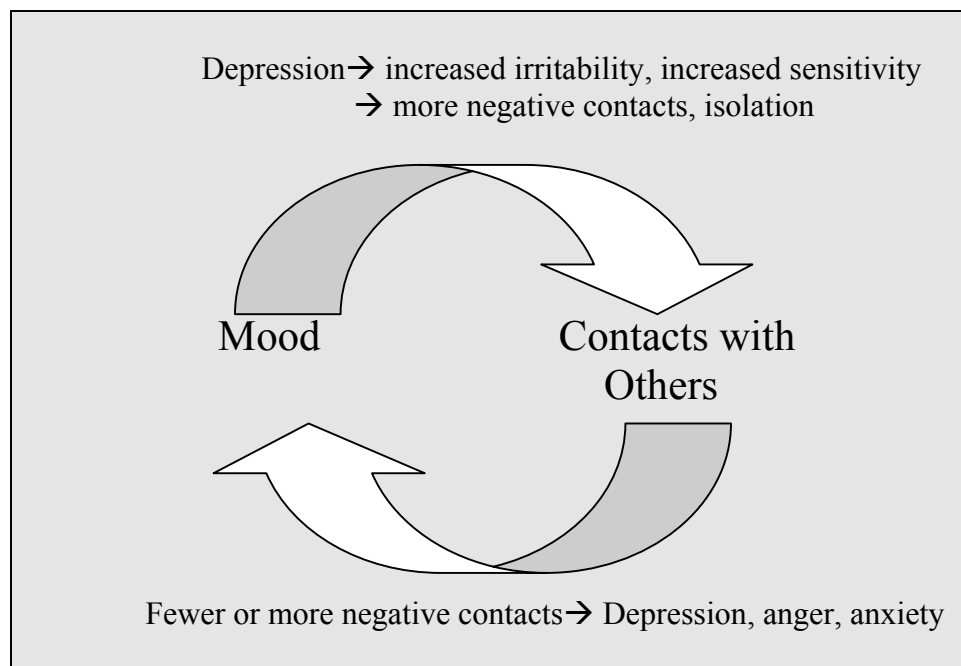
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Key points to address include that when people have fewer positive contacts or more negative contacts they may:

- Feel alone
- Feel sad
- Feel angry
- Feel like no one cares
- Be more depressed

[sample board]



Summarize what you have learned.

So we can see that the relationship between depression and contacts with others is reciprocal, that is, it goes both ways. When we are depressed, we often have fewer or more negative contacts because we don't feel like being around others, we may be more sensitive to others' comments, or we may be more irritable. When we have fewer contacts and/or negative contacts with others, this also adds to our depression. So when we are depressed we can be caught in a vicious circle. We will be talking about how we can break this pattern.

Ask the following question and elicit participants' responses.

A lot of people wonder whether depression cause people to be less sociable or being less sociable cause depression? What do you think?

Through group discussion elicit the following point:

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The answer is probably both. When we feel down, we are less likely to socialize. But not having contact with people can take away from us a good source of support, and we become more depressed. When we feel more depressed, we do even fewer things with people. This cycle continues until we are so depressed that we spend much of our time feeling alone.

ACTIVITY: DEPRESSION CHAIN

Earlier we described depression as a downward spiral. Life or relationship problems can cause us to enter the spiral. These problems cause changes in our feelings, thoughts, actions, and contacts with others. As we talk about how our contacts with others affect our mood, it will be important for us to continue to pay attention to our thoughts and our behaviors.

If you turn to page 96 in your books, there is an example that shows the relationships among life problems, feelings, thoughts, behaviors, and our contacts with people.

Go over the example. Then encourage participants to complete their own depression chain. Encourage them to identify a relationship problem that might affect their feelings, thoughts, actions, and contacts with others. You may choose to have participants share their depression chains in group or in pairs.

Exercise:

Life or Relationship Problem≡	Feelings≡	Thoughts≡	Actions≡	Contacts with People
Examples: #1 illness	sadness, depression	“I am alone.”	stay in bed	avoid social contacts or easily upset with others
#2 -loss of an important person in your life.				
Your example:				

ACTIVITY: BREAKING THE CYCLE

Begin a discussion about how group members might break the circle between depression and less/negative contacts with others. Brainstorm possible ways to break the cycle. As they identify different ways, write them on the board. Refer to page 96 in their books.

Possible questions you might use to elicit discussion are included below:

- How can we break the cycle?
- What did you learn in other modules that you could use to improve your mood?
- How does having a good talk or a good time with someone help your mood?

2. WHY ARE RELATIONSHIPS IMPORTANT?

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We have talked about the connection between depression and negative contacts with others. Now we want to talk about how having positive contacts with others can affect our mood. When we have positive people in our lives, we have a good source of support. This helps us to handle tough life problems and manage our mood. We also have people that we can do fun things with, which will also help us to improve our mood.

OPTION 1: VISUALIZE PEOPLE

Let's do an exercise to really see how our contacts with others can affect us.

Go through the steps written below. Pause between the steps to give the people time to visualize the person.

Caution: Before doing this exercise, it is important to familiarize yourself with group members' individual histories. Those who have significant trauma histories may have problems with step 2. They may flood or break down during group in a way that is countertherapeutic for that individual and for other group members. Some people who have recently lost a loved one may choose to focus on that person for steps 1 and 3. This can also alter the process of this exercise. You may decide that it is wise to structure group members by helping them to first identify people they will focus on for the different steps.

- Step 1: With your eyes open or closed, visualize a person that you had a good time with in the last week or month.
Notice your mood. What thought is going through your mind? . .
. How is your body reacting?
- Step 2: Visualize a person who bugged or annoyed you in the last week or month.
Notice your mood or how you feel. What are you thinking? . .
. How is your body reacting?
- Step 3: Again visualize the person with whom you shared a positive activity.
Does your mood change?

At the end of the exercise elicit a discussion around what it was like to do the exercise. Possible questions to elicit group discussion are below:

- As you thought about the person you liked what types of changes did you notice in your mood?
- As you thought about the person you liked what changes did you notice in your body?
- How did your mood change when you thought about the person who makes you uncomfortable?
- Did your body change when you thought about the person who makes you uncomfortable?

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Key points to make include that:

- People contacts can have either positive or negative effects on mood, thoughts, behaviors, and physiological reactions.
- We can make choices about who we spend time with and for how long.

OPTION 2: THE CHAINING ACTIVITY

[sample introduction to the activity]

I would like to do a group activity that we call the “Chaining Activity.” The purpose of this activity is to show how our contacts with others affect how we feel. First, let's take a neutral statement, a statement of fact.

You may need to educate group members as to what a statement of fact is. It can be the statement at the top of a depressive spiral. Some examples are: 1) it is raining; 2) I have diabetes; 3) I have no energy. Statements of fact related to contacts with others include: 1) My medical appointment was 15 minutes long, and 2) I do not have contact with my family.

Quickly draw the mood scale on the board. Explain the mood scale or have a veteran explain the mood scale to new members. Write the statement of fact on the line next to the 5. You can brainstorm statements of fact with group members, write them all down on the line representing a mood of 5, and have the group pick one statement of fact for the exercise.

Instruct group members that you now want them to think of contacts they might have with others, given the statement of fact, that would make them spiral down. They can also think about how avoiding contact with others might cause them to spiral down. Ask them to spiral down in stages. So first, you would like someone to suggest a contact or a way they might avoid a contact that would lead them to a mood of about a 4 and then a 3 and then a 2 and then a 1. Let participants know that on page 98 of their books there is a worksheet where they can write down the exercise.

So now what I'd like you to do is to think about a contact you might have with someone or maybe a contact that you might avoid that would bring you down to a mood of a 4. What would bring you down just one step?

Elicit answers from the group. If the answer seems too drastic, ask group members whether they would rate that as a 4 or perhaps lower. Then place the item where the group feels it belongs. If someone in the group gives you a thought, write it down, and then ask how they might act with others if they had a thought like that. Write down the way this would affect their contacts with others next to the thought.

Now what would be an example that would bring us down to a 3?

Repeat for moods of 2 and 1.

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Once participants have done this, ask them how they are feeling after doing this part of the exercise. Process what it is like for them to think about how their contacts can affect how they feel. Process how their mood may have changed by just doing the exercise.

Next, have the participants go back to the statement of fact and now think of contacts with others that would lead them to spiral up, one step at a time.

Now, let's return to the statement of fact (repeat statement). What's a contact you might have with someone that might make our mood become a 6?

Repeat the process for moods up to 9. It is important to tell group members that when we are spiraling up, we may never really get to a 9 but that we are trying to think of things that will make us progressively feel better. After they are done, again process their thoughts about how having positive, supportive, healthy contacts can make them feel better and how their mood may have changed by doing this part of the exercise.

(A sample chaining exercise is shown in the Activities 2 session. The example focuses on activities.)

SUMMARY: SO HOW DO OUR CONTACTS WITH OTHERS AFFECT HOW WE FEEL?

At the end of the exercise elicit from the group the links they see between contacts with people and mood. Try to cover the following points:

- I can choose who I will spend time with and how much time I will spend with them.
- Negative contacts or having fewer contacts can make my mood worse.
- I can spend time with people who are positive, helpful, and healthy.
- When people have positive contacts with others, they are more likely to have positive thoughts about themselves and about their lives.
- Positive contacts with people can improve my mood.

Other topics to consider include:

- 1) how these examples apply to their own lives.
- 2) how events tend to chain, meaning when you have a positive contact with someone, you may be more likely to have more contact with them. For example, you might go for a walk with someone and then suggest that later in the week you watch a movie together.
- 4) Discussing internal and external reality - When we have contacts with others we change our external reality. As you change your external reality, you also change your internal reality (your thoughts).

3. YOUR SOCIAL SUPPORT SYSTEM

We've talked a lot about the importance of contacts with others in managing mood problems. Now let's talk about the people who are in your social support system.

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By social support system we mean the people who are close to you and with whom you share moments of your life, both positive, negative. This includes your family, friends, neighbors, co-workers, health providers. In general, the stronger your support system, the better you will be able to face tough situations.

OPTION 1: IDENTIFYING SUPPORTIVE PEOPLE

Ask participants to turn to page 99 in their books. Ask them to identify those people who are supportive of them and help them manage daily life stress and relationship problems. They can write the names of the people down in their books.

OPTION 2: PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME

(Adapted from Brugha's Preparing for Parenthood manual, 1998)

PURPOSE: The purpose of this exercise is to assess members' current support networks. Ask group members to turn to page 100 in their books.

This page is divided into 4 squares. Each square represents a certain kind of support that a person might give you. As we go through them, think of the people in your life who might provide these different types of support. If you can't think of anyone who helps you in this way, put down a question mark. This exercise will help us understand where we have support and where we maybe need more support.

Go through the squares on page 100. Help the participants to fill them out. The same person can be in more than one square.

PRACTICAL SUPPORT Whom will you ask to: -drive you to the hospital -call to lend you something you need.	ADVICE OR INFORMATION Whom will you ask for advice: -when you don't feel well -when you don't understand how to do something.
COMPANIONSHIP Who will: -walk around the park with you? -spend the afternoon with you? -share your joys with you?	EMOTIONAL SUPPORT Whom will you look to for: -encouragement? -understanding? -sharing your feelings? -helping you feel less depressed?

After completing the sheet, ask participants to look at their sheets. Begin a discussion about their sheets. You can use the following questions.

- What do they notice?
 - How many people did they think of?
 - Were they mainly friends/family/professionals?
- Where is there plenty of support?
- Where are the gaps? In which areas?
- Who gets a lot of mentions? (identify risks of relying too much on one person).

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Identify areas that members feel are fine and areas they would like to change and develop. Mention that you will be talking about how to make changes in their support network.

OPTION 3: MY SOCIAL SUPPORT NETWORK (CIRCLE DIAGRAM)

PURPOSE: The purpose of this exercise is to assess members' current support system.

Have group members turn to page 101 in their books. It may be useful to do the diagram on the board. Go through the instructions and make sure that they understand the different categories.

Have group members complete their diagram. In the past, group members have also included God, their ministers their health care providers, group members, and their pets in their diagrams.

Important points to make include:

- Different people have different support needs. Some people only need 1 or 2 people in the "people who are closest to me" category. (Quantity vs. quality issue)
- It's important to have people in all the different categories. For example, even though someone may not be a "close friend," we can still have fun going out with them.
- Often just seeing acquaintances, like the clerk at the grocery store, can improve our mood.
- People do not always remain in the category. For example, someone who was in the "friend" category can become a "close friend" and someone who was once "closest to me" may one day be a "friend."

4. MEETING PEOPLE AND MAKING YOUR SUPPORT SYSTEM LARGER AND STRONGER

NOTE: Group members who have repeatedly experienced betrayal may distrust others and state that they avoid or minimize contact with others. They may also perceive others intentions as malevolent, especially in the case of those with paranoid traits. It is essential to first acknowledge their experience and validate fears about increasing contacts with people. Next, the group leader can provide the rationale for identifying and improving one's support system. For example, the group leader may choose to examine the person's thoughts to see if he/she is overgeneralizing negative past experiences or ignoring positive experiences. The group leader may also highlight how the situation one finds oneself in now differs from the situation in which the betrayal took place.

PURPOSE: To discuss ways that people can make their social support system stronger.

Depression has been associated with low social support (site) Therefore, encouraging the formation of new relationships and increasing social contacts is essential to reducing patient's depression.

One way to make your social support network stronger is to meet new people but doing this is not always easily, especially when you're depressed. Let's talk some good ways to meet new people.

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Have participants turn to page 102 in their book and go over the page.

- a. The easiest way to meet people is to do something that you like doing and doing it in the company of other people.
- b. Even if you don't find anyone in particular whom you would like to get to know better, you will still have been doing something pleasant and you will be less likely to feel that you wasted your time.
- c. Since the main focus is the activity you are doing, and not just meeting others, there will be less pressure on you than in a setting where the whole purpose is to meet people.

ACTIVITY

As a group brainstorm to identify activities and places where you can meet people. Identify places that are in the area and activities that are free.

- Church
- Hiking groups
- Fishing peer
- Volunteer activities (like the SPCA [Society for Protection of Cruelty Against Animals], working the phones for radio station pledge weeks)

5. THE GROUP AS SUPPORT

Begin a discussion regarding how the group can act as a source of support.

We have been talking about increasing our social support. Did you notice that by coming here and talking today we have increased our social support? People have provided others with advice and emotional support. Coming to the group is one good way to begin getting more social support.

- How has it been helpful to be in the group and interact with others today?
- What fears or concerns do you have about the group?

6. IDENTIFICATION OF INTERPERSONAL PROBLEM AREAS

PURPOSE: To identify interpersonal problem areas that may contribute to or cause depression. These problem areas were identified by those who developed Interpersonal Psychotherapy (IPT; Klerman, 1984).

[sample introduction to this section]

Over the next 3 weeks, we will continue talking about how our contacts with others can affect our mood. There is a kind of therapy called Interpersonal Psychotherapy that focuses specifically on how problems in relationships are linked to depression. There are four main interpersonal problem areas that can affect mood. Let's go over those areas and see which areas apply to your lives.

Have the participants turn to page 103 in their books and go over the 4 categories.

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- a. **GRIEF OR LOSS:** Have you experienced a significant loss of someone important to you?

Grief and mourning following the death of a loved one is not unusual. However, when grief involves feelings of low self-esteem, worthlessness, guilt, or shame, and lasts a long time, the grieving individual is at risk for developing clinical depression.

Treatment for grief involves helping the person to think about the loss and explore the sequence of events prior to, during, and after the person's death. Treatment also focuses on exploring positive and negative feelings associated with the loss and eventually establishing new interests and new relationships.

- b. **ROLE CHANGE OR TRANSITION:** Have you had to make major life changes due to a medical illness or unemployment, or immigrating to the United States?

Treatment for role transition validates the loss of an old role and facilitates restoring the group member's self esteem by exploring opportunities in the new role despite the difficulties. Treatment also focuses on helping the group member develop social contacts that would support the him/her in the development of new skills helpful to his/her new role.

- c. **ROLE DISAGREEMENTS OR DISPUTES:** Have you had disagreements with others about how to act or feel in the relationship?

Treatment for role disputes identifies conflicts in relationships and determines the stage of dispute (i.e., a relationship needing renegotiation, a relationship that may be at an impasse, or a relationship headed towards dissolution). Treatment also helps the patients examine their expectations, values, and wishes regarding the conflict and consider their options in dealing with the problem.

- d. **NEED TO WORK ON PEOPLE SKILLS:** Are there skills that you would like to learn or ways that you would like to change in order to improve your relationships? For example, decrease your irritability, or set limits so that others do not take advantage of you.

Treatment for interpersonal deficits first seeks to reduce social isolation, improve communication skills, and explore repetitive maladaptive patterns in relationships.

After going through the categories and making sure they are clear, have participants select 1 category that they would like to focus on while in the group. Have them complete the grid on the bottom of page 104 of their books (See below)

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INTERPERSONAL RELATIONSHIP PROBLEM	YES check if it applies to you	Degree it has affected you (0-10) 0=not at all 5=moderately 10=severely
1. Grief or loss		
2. Role change or transition		
3. Role disagreements or disputes		
4. Improve my people skills		

Which of these problems areas apply to you? What would you like to focus on while in the group?

In order to tailor the group to the individual, have each group member select one problem area that contributes to his/her depression. You (the group leader) will focus on the specific problem area with the individual throughout the People Module and will integrate the interpersonal focus problem in other modules as well. For the remainder of the People Module, you may choose to focus only on those interpersonal relationship problems that apply to the group members participating in the group.

Write down each participant's interpersonal focus area on the checklist provided at the end of this session.

Note: Most participants will choose to focus on the area that is causing the most problems. Others may choose to focus on another area where they feel they need group support to make changes in that area.

VIII. TAKE HOME MESSAGE:

Relationships with people can make our mood better or worse.

The goal of therapy is to feel better, both while being alone AND while with others.

IX. PERSONAL PROJECT

Homework rationale: We ask participants to count the number of helpful and harmful contacts each day to: 1) make the connection between mood and contacts with others clearer to them, and 2) to begin identifying the quantity and quality of participants' relationships.

WEEKLY PROJECT

- 1) Continue tracking mood using the quick mood scale (see next page).
- 2) Count the number of positive contacts you have each day (see next page).
- 3) Count the number of negative contacts you have each day (see next page).

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OPTIONAL PROJECT (do the following activity if you want)

- 1) Do something to make your support system stronger.

X. PREVIEW AND FEEDBACK

Let the participants know that next week you will continue talking about the interpersonal problem areas. You will be talking about how to reduce depression and improve mood by focusing on improving or resolving interpersonal relationship problems.

Congratulate group members for attending the group and acknowledge that coming to group is a big step in improving their mood.

Before ending the group, encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

- What was helpful about today's session?
- What was not helpful?
- What suggestions do you have to improve your therapy?

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GROUP LEADER SELF EVALUATION FORM: PEOPLE 1

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 10=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction with Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied).

Participant Process: Rate on average the degree to which participants seemed to participate, understand and complete the exercise (0=on average very poor no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise).

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	Taught/ Done? (0-10)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Welcome	_____	_____	_____
Hand out CES-D	_____	_____	_____
Group rules	_____	_____	_____
Introductions	_____	_____	_____
Review of symptoms of depression	_____	_____	_____
Review of CBT treatment model	_____	_____	_____
New Material			
1. Interpersonal relationships and depression			
2. Why are relationships important	_____	_____	_____
Option 1: visualization	_____	_____	_____
Option 2: chaining activity	_____	_____	_____
3. Your social support system: activity:	_____	_____	_____
4. Meeting people and making your support system larger and stronger	_____	_____	_____
5. The group as support	_____	_____	_____
6. Identification of Interpersonal problem areas	_____	_____	_____
Take Home Message	_____	_____	_____
Personal Project Assigned	_____	_____	_____
Preview and Feedback	_____	_____	_____
Notes:	_____		

