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Welcome!

Welcome to Getting Unstuck, a fast-paced, 3-session seminar intended to help increase your understanding and knowledge about depression. The goal is to provide you with some skills to recognize and manage symptoms you may be experiencing. We hope you find it helpful.

The seminar will provide you with life-long tools you can use while facing depressive symptoms. By the end of this workshop, you will have received a lot of information that at times may feel overwhelming. Remember that like any skill (e.g., learning to ride a bike), the skills you will learn in Getting Unstuck take time and practice to master. At times, you may encounter obstacles and/or find it difficult to integrate these skills into your daily life. That’s okay, it’s how change works, and as with all change, it’s important to practice as much as you can, even after encountering setbacks.

These skills are a form of “mental health hygiene.” At the outset, it may seem tedious and you may question why you need to practice these skills so often. Think of it like dental hygiene—you brush your teeth multiple times a day to prevent the buildup of plaque and ultimately to prevent cavities. Similar to brushing your teeth, daily practice can minimize and prevent the symptoms of depression long-term. The more you practice and use these skills as part of your daily routine, the less tedious they may seem because they simply become a regular part of daily life.

Should you wish to focus more in depth on any of your depression-related concerns, you may debrief with a therapist following completion of Getting Unstuck to discuss options.

If at any time you feel that you need additional support, please let your Getting Unstuck leader know or contact Counseling Services at (805) 756-2511. You may also find additional resources online at counseling.calpoly.edu
Frequently Asked Questions (FAQ)

What is Getting Unstuck?
A fast-paced, three-session seminar specifically designed to help people who struggle with a variety of depression-related concerns. The goal is to provide education on depression and to teach coping skills for managing symptoms.

Why does the workshop use a 3-session model?
Three sessions allows you sufficient time to learn the concepts with time to practice between sessions. Keeping it to three 50-minute sessions allows you to find time in your busy schedule to learn these skills.

What if I need more than 3 weeks to learn the model?
You are not alone. The skills are difficult and take time to build. If you need more resources, we encourage you to follow-up with your referring clinician.

What if I don’t feel comfortable in groups?
Many people feel a little anxious about participating in a group. This workshop is structured and curriculum-driven, like a class. **You are not required to speak if you do not feel comfortable doing so.** The facilitators respect each participant’s right to share only what they are comfortable sharing and never require you to share sensitive or potentially embarrassing information.

What if I have an urgent need to see a counselor during the seminar?
Simply let the facilitator or Counseling Services’ front desk staff know and they will facilitate you getting the help you need.

Why do I have to do homework?
The focus of this workshop is on building skills to cope with depression; in order to achieve that goal, regular practice is essential. You will not be required to provide your responses out loud at any time. However, it’s important to bring your responses with you each week as you may be asked to look back or elaborate on a prior assignment during the workshop.

What if I didn’t do my homework?
We encourage you to come to group regardless. If you forget your workbook, we can provide you a new one. We can also assist you in working on examples when the homework is reviewed.
IN SESSION WORKSHEETS
SESSION 1: DEPRESSION 101

Common Depressive Symptoms

<table>
<thead>
<tr>
<th>Self-criticism</th>
<th>Reduced focus/Concentration</th>
<th>Low mood or persistent sadness</th>
<th>Fatigue or low energy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawing from friends, family, pets</td>
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<td>Changes to sex drive</td>
<td>Poor hygiene</td>
<td>Anger or irritability</td>
<td>&quot;Self-medicating&quot; with alcohol or other drugs</td>
</tr>
<tr>
<td>Changes to eating or weight</td>
<td>Worry about something awful happening</td>
<td>Guilt</td>
<td>Appetite disruption</td>
</tr>
<tr>
<td>Unexplained aches and pains</td>
<td>Numbness or feelings of emptiness</td>
<td>Increased or reduced sleep</td>
<td>Gastrointestinal problems</td>
</tr>
<tr>
<td>Physical restlessness or slowing</td>
<td>&quot;Heaviness&quot; in the body</td>
<td>Hopelessness</td>
<td>Fear of rejection</td>
</tr>
<tr>
<td>Loss of Pleasure for things you used to enjoy</td>
<td>Inability to make decisions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Common Schemas

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

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

- **Defectiveness/Shame**: The belief that you are flawed, unlovable, or damaged and would be rejected by significant others if exposed. May involve hypersensitivity to criticism, insecurity around others, or a sense of shame regarding perceived flaws.

- **Dependence/Incompetence**: The belief that your judgement is questionable and you are incompetent. This leads to feeling like you are unable to handle day-to-day responsibilities (i.e., taking care of yourself or making good choices) without considerable help from others.

- **Emotional Deprivation**: Expectation that your primary emotional needs, including nurturing, protection, and empathy, will never be met.

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

- **Enmeshment/Undeveloped Self**: The belief that you do not have an individual identity separate from one or more significant others, resulting in unhelpful levels of emotional involvement and closeness. May also include feelings of smothering.

- **Entitlement/Grandiosity**: The belief that you are special or more important than other people and entitled to special rights and privileges, even though it may have a negative effect on others. May include an exaggerated focus on superiority in order to achieve power or control.
- **Failure**: The belief that you have failed, will inevitably fail, or are fundamentally inadequate in areas of achievement (i.e., school, career, sports, etc.).

- **Insufficient Self Control/Self-Discipline**: Difficulty or refusal to exercise self-control and frustration tolerance in order to achieve personal goals, or to restrain the excessive expression of emotions and impulses.

- **Mistrust/Abuse**: The belief that others will hurt, abuse, humiliate, cheat, or manipulate you. Usually involves the belief that the harm is intentional or due to extreme negligence.

- **Negativity/Pessimism**: A pervasive belief that the negative aspects of life outweigh positive or optimistic aspects. The expectation that things will eventually go seriously wrong or that things that seem to be going well will ultimately fall apart.

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

- **Self-Sacrifice**: The belief that you should focus on meeting the needs of others at the expense of your own needs, to the point that it is excessive and harmful.

- **Social Isolation**: The belief that you are isolated from the rest of the world, different from other people, and/or alienated from a community.

- **Subjugation**: Excessive surrendering of control to others because you feel coerced, usually to avoid anger, retaliation, or abandonment.

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

- **Vulnerability**: Belief that the world is a dangerous place and that imminent catastrophe will strike at any time and that you will be unable to prevent it.
### Common Depressive Symptoms

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Thoughts</th>
<th>Emotions</th>
<th>Physical Sensations</th>
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</table>
Cross Sectional Formulation

**Situation** *(When? Where? What? With whom?)*
I have a group assignment due for my class. I asked a fellow classmate to be my partner, but she declined.

**Schemas:** failure, abandonment, defectiveness, social isolation

**Physical** *(When depressed, what physical sensations did you experience? What did you notice in your body?)*
Upset stomach, tired, lost my appetite, got really hot

**Emotional** *(What emotions came up for you when you felt depressed?)*
Sad, ashamed, embarrassed, rejected, lonely, irritable

**Cognitive** *(What went through your mind when you felt depressed? What did that say or mean about you or the situation?)*
I knew I shouldn’t have asked her; she’s way smarter than me and she knows it. If we had worked together, I only would have brought down the grade. I’m so stupid. She must hate me.

**Behavioral** *(What was your first instinct and/or response? What did you do and/or avoid doing?)*
I want to avoid asking anyone else in case they say no. I left class early and haven’t found a partner to work with. I’ll avoid talking to her in the future.
Cross Sectional Formulation

**Situation** *(When? Where? What? With whom?)*

**Schemas:**

**Physical** *(When depressed, what physical sensations did you experience? What did you notice in your body?)*

**Emotional** *(What emotions came up for you when you felt depressed?)*

**Cognitive** *(What went through your mind when you felt depressed? What did that say or mean about you or the situation?)*

**Behavioral** *(What was your first instinct and/or response? What did you do and/or avoid doing?)*
Sleep Hygiene

1. Get regular. Go to bed and get up at more or less the same time every day, even on weekends and days off!
2. Get up and try again. Try to go to sleep only when tired. If you haven’t been able to get to sleep after about 30 minutes, get up and do something calming (not stimulating) until you feel sleepy, then return to bed and try again.
3. Avoid caffeine and nicotine. Avoid consuming any caffeine (coffee, tea, soda, chocolate) or nicotine (cigarettes) for at least 4-6 hours before going to bed. These act as stimulants and interfere with falling asleep.
4. Avoid alcohol. Avoid alcohol for at least 4-6 hours before bed because it interrupts the quality of sleep.
5. Bed is for sleeping. Try not to use your bed for anything other than sleeping and sex, so that your body comes to associate bed with sleep.
6. Electronics curfew. Don’t use back-lit electronics 60 minutes prior to bed, as the artificial light inhibits hormones and neurons that promote sleep.
7. No naps. Avoid taking naps during the day. If you can’t make it through the day without a nap, make sure it is for less than an hour and before 3pm.
8. Sleep rituals. Develop rituals to remind your body that it is time to sleep, like relaxing stretches or breathing exercises for 15 minutes before bed.
9. No clock-watching. Checking the clock during the night can wake you up and reinforces negative thoughts such as, “Oh no, look how late it is, I’ll never get to sleep.”
10. The right space. Make your bed and bedroom quiet and comfortable for sleeping. An eye mask and earplugs may help block out light and noise.
11. Keep daytime routine the same. Even if you have a bad night’s sleep, it is important that you try to keep your daytime activities the same as you had planned. That is, don’t avoid activities because you feel tired. This can reinforce the insomnia.

Exercise Tips

1. Find an enjoyable activity. Exercise doesn’t have to be boring. Choose a pleasurable activity, like playing badminton or doing yoga. Aim for fun, not more work.
2. Start small. Commit to 10 minutes of exercise a day or add exercise to your daily routine (like walking to school or doing push-ups in your room).
3. Get outside. The sun provides a mood “pick me up” of its own, producing serotonin in the brain. Take a walk outside or go swimming.
4. Schedule it in. It’s easy to skip exercise when we don’t plan. Put it in your phone as part of your daily to-do’s and celebrate when you check it off.
5. Mix it up. To avoid feeling bored with exercise, try a number of different activities.
6. Team up. Depression can be isolating. Ask others to do team activities or find an exercise buddy for accountability and to increase social interaction.
7. Minimize equipment. Equipment can be expensive. Identify activities that don’t require you to have equipment or facilities, like walking, running, or dancing.
8. Follow your energy. If your energy fluctuates throughout the day, try to plan to exercise when your energy is at its peak. Alternatively, exercise when feeling sluggish for an energy boost.
9. Set goals. Achieving goals improves mood and self-esteem. Set specific achievable exercise goals and reward yourself when you accomplish them.
Session 1 Homework Assignments

Homework 1: Complete at least one cross sectional formulation for review next week (multiple blank copies provided starting on page 15)

Homework 2: Implement one sleep hygiene and one exercise tip over the next week.
Cross Sectional Formulation

Situation (When? Where? What? With whom?)

Schemas:

Physical (When depressed, what physical sensations did you experience? What did you notice in your body?)

Emotional (What emotions came up for you when you felt depressed?)

Cognitive (What went through your mind when you felt depressed? What did that say or mean about you or the situation?)

Behavioral (What was your first instinct and/or response? What did you do and/or avoid doing?)
Cross Sectional Formulation

**Situation** *(When? Where? What? With whom?)*

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Cross Sectional Formulation

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**Behavioral** *(What was your first instinct and/or response? What did you do and/or avoid doing?)*
SESSION 2: UNHELPFUL THOUGHTS AND BEHAVIORS
How To Do a “Good” Depression

- Stay still, don’t do anything.
- Stay in bed if you can; if not, sit in the same chair or lay on the couch.
- Watch excessive amounts of TV or go online for hours, particularly viewing social media.
- Sleep during the day and don’t sleep at night.
- Focus on the past, your fears, faults and resentments.
- Imagine the future will be the same or worse than the past or present.
- Isolate; avoid other people, including friends and family.

- If you can’t avoid other people, try to talk to the same person or few people.
- If you do talk to people, talk about the same topic, usually how depressed or unhappy you are.
- Eat poorly; overeat or stop eating. Eat predominantly junk food, sugar, and carbs.
- Don’t pursue hobbies, passions, or interests.
- Drink alcohol, smoke cigarettes, and/or use other drugs.
- Don’t ask for help.

Adapted from Bill O’Hanlon’s “Do One Thing Different”
Looking at Thoughts

Cognitive (What went through your mind when you felt depressed? What did that say or mean about you or the situation?)

Schemas:

- Abandonment
- Approval-Seeking/Recognition-Seeking
- Defectiveness/Shame
- Dependence/Incompetence
- Emotional Deprivation
- Emotional Inhibition
- Enmeshment/Undeveloped Self
- Entitlement/Grandiosity
- Failure
- Insufficient Self Control/Self-Discipline
- Mistrust/Abuse
- Negativity/Pessimism
- Punitiveness
- Self-Sacrifice
- Social Isolation
- Subjugation
- Unrelenting Standards
- Vulnerability
Unhelpful Thinking Styles

**All or nothing thinking**
Sometimes called ‘black and white thinking’
*If I’m not perfect I have failed*
*Either I do it right or not at all*

**Over-generalizing**
Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw
*“nothing good ever happens”*

**Mental filter**
Only paying attention to certain types of evidence.
*Noticing our failures but not seeing our successes*

**Disqualifying the positive**
Discounting the good things that have happened or that you have done for some reason or another
*That doesn’t count*

**Jumping to conclusions**
There are two key types of jumping to conclusions:
- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)

**Magnification (catastrophizing) & minimization**
Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important

**Emotional reasoning**
Assuming that because we feel a certain way what we think must be true.
*I feel embarrassed so I must be an idiot*

**Labeling**
Assigning labels to ourselves or other people
*I’m a loser
I’m completely useless
They’re such an idiot*

**Personalization**
Blaming yourself or taking responsibility for something that wasn’t completely your fault. Conversely, blaming other people for something that was your fault
*“this is my fault”*
# Unhelpful Behaviors

<table>
<thead>
<tr>
<th>Get up at different times every morning</th>
<th>Go to bed at different times every night</th>
<th>Miss class</th>
<th>Don’t do a homework assignment</th>
<th>Wait until the last minute to get something done</th>
<th>Stop washing your hair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop brushing your teeth</td>
<td>Skip a test</td>
<td>Stop going to team or club meeting</td>
<td>Ignore or decline invites to hang out</td>
<td>Skip a meal</td>
<td>Over eat</td>
</tr>
<tr>
<td>Eat lots of junk food</td>
<td>Binge drink</td>
<td>Smoke cigarettes</td>
<td>Stop talking to/actively avoid your friends</td>
<td>Stop talking to/actively avoid your family</td>
<td>Don’t seek help when you are struggling</td>
</tr>
<tr>
<td>Stay inside all the time</td>
<td>Play video games for hours</td>
<td>Constantly monitor social media</td>
<td>Stay in your bed</td>
<td>Stay in your room; don’t leave</td>
<td>Stop talking to your roommate</td>
</tr>
<tr>
<td>Stop completing tasks</td>
<td>Stop going to work</td>
<td>Stop exercising</td>
<td>Watch a lot of TV</td>
<td>Only eat one meal a day</td>
<td>Argue with other people</td>
</tr>
<tr>
<td>Stop doing your hobbies</td>
<td>Only focus on the negative</td>
<td>Complain a lot</td>
<td>Use recreational drugs</td>
<td>Sleep all day</td>
<td>Don’t move</td>
</tr>
<tr>
<td>Only listen to music that makes you sad, angry or upset</td>
<td>Stop smiling and laughing</td>
<td>Stop going to church, meditating or praying</td>
<td>Let your room get really disorganized</td>
<td>Self-harm</td>
<td>Smoke marijuana</td>
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Session 2 Homework Assignments

Homework 1: Complete “Maintaining Depressed Mood” worksheet (page 24)

Homework 2: Complete at least one Simple Cross Sectional Formulation worksheet for review next week (multiple blank copies provided starting on page 26)
Maintaining Depressed Mood

Your task is to be a curious investigator or scientist in the study of you for at least two days this week. What are your thought and behavior patterns that perpetuate feeling depressed? What perpetuates feeling okay or good? What is not working and what is working?

**Things I think and do that maintain my depressed mood:**

**Examples of thoughts:** Magnification, disqualifying the positive, emotional reasoning

**Examples of behaviors:** Skip meals, stop exercising, stay up late, stop showering, miss class, avoid friends

<table>
<thead>
<tr>
<th>Day</th>
<th>Thoughts</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 (Sat or Sun)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Things I think and do that help me feel okay, good, and/or accomplished:**

**Examples of thoughts:** Compliment yourself, give yourself credit for doing something, talk back to your negative thoughts, remind yourself to be gentle to yourself, think about a good memory

**Examples of behaviors:** Read a book for fun, go to a club meeting, brush my teeth at night, go to the library to study, clean/organize my room, eat breakfast, take vitamins, call a friend, go to a coffee shop, do a chore

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Cross Sectional Formulation

**Situation** *(When? Where? What? With whom?)*

**Schemas:**

**Physical** *(When depressed, what physical sensations did you experience? What did you notice in your body?)*

**Emotional** *(What emotions came up for you when you felt depressed?)*

**Cognitive** *(What went through your mind when you felt depressed? What did that say or mean about you or the situation?)*

**Behavioral** *(What was your first instinct and/or response? What did you do and/or avoid doing?)*
Looking at Thoughts

Cognitive *(What went through your mind when you felt depressed? What did that say or mean about you or the situation?)*

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Schemas:

- Abandonment
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- Failure

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- Subjugation
- Unrelenting Standards
- Vulnerability
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Cognitive (What went through your mind when you felt depressed? What did that say or mean about you or the situation?)

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SESSION THREE: MODIFYING THOUGHTS AND BEHAVIORS
Self-Affirmations

This cheat sheet should help you create self-affirmations that are effective and personalized. Affirmations can focus on several categories, including character traits, physical attributes, and skills and/or accomplishments.

1. Start your affirmations with “I am” (e.g., “I am a good friend”)
2. Keep them short (we don’t need a novel)
3. Keep them positive (avoid saying “not”)
4. Use feeling words when you can (e.g., “I am proud of myself”)
5. Keep them focused on you (after all, they are self-affirmations)

Examples: “I am proud that I am hard-working” or “I am thankful for my strong legs”

My Self-Affirmations:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Feeling stuck? Ask yourself questions like these:

- When was a time that you felt proud of yourself and why?
- Have you ever forgiven someone who has hurt you?
- Have you ever received a compliment that you agree with?
- What would your best friend or a loved one say about you?

Feeling Guilty? Consider this:

- We are socialized to ignore or minimize our positive characteristics.
- Unfortunately, we then just dwell on our “negatives.”
- Practicing self-affirmations helps bring balance and improve mood.
# Alternative Response Worksheet

**Situation:** (When? Where? What? With whom? What did you feel depressed about?)

I have a group assignment due for my class. I asked a fellow classmate to be my partner, but she declined.

<table>
<thead>
<tr>
<th>Alternative Thoughts and Images: (Are these thoughts helpful? Are the depressed thoughts 100% true/accurate, 100% of the time? What are other ways of looking at this? What is the bigger picture?)</th>
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<tbody>
<tr>
<td>She might already have a partner.</td>
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<td>I've done well in this class so far, so I might not be stupid.</td>
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<td>Not everyone is going to like me and that is okay.</td>
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<tr>
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</tr>
<tr>
<td>Relaxed</td>
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<tr>
<td>Neutral</td>
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**Outcome:** (What was the original outcome? Using these new alternatives, what would you like the outcome to be in the future?)

Original outcome: I left class early and e-mailed my professor to assign me a partner. Next time: I would like to say, “thanks anyway” and will ask a person with whom I have worked well in the past.
# Alternative Response Worksheet

**Situation** *(When? Where? What? With whom? What did you feel depressed about?)*

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**Outcome**: *(What was the original outcome? Using these new alternatives, what would you like the outcome to be in the future?)*
Challenging the Unhelpful Thinking Styles

All or nothing thinking
Things aren’t either totally black or white, all or nothing. There are gray areas. Where is this on the spectrum?

Over-generalizing
Am I making global evaluations for a specific experience? Is it 100% true, 100% of the time? Am I describing what I actually see and have evidence for?

Mental filter
Am I using my negative schema as a filter? What if I approached the situation from a different perspective?

Disqualifying the positive
Am I only noticing the bad stuff? Am I filtering out the positive? Am I using my negative schema as a filter?

Jumping to conclusions
Am I assuming that I know the future? Am I assuming that I know what other people are thinking? Have I tested my assumptions?

Magnification (catastrophising) & minimization
Thinking of the worst possible things that could happen is not helpful right now. What’s most likely to happen? What’s the bigger picture?

Emotional reasoning
Just because it feels bad, doesn’t necessarily mean it is bad. My feelings are a reaction to my thoughts and my thoughts aren’t necessarily 100% true or accurate.

should must
Am I putting more pressure on myself? Are these unrealistic expectations? What would be more realistic?

Labelling
Would I say this to my best friend?

Personalization
“This is my fault”
Is this something that I am 100% responsible for?

Adapted from http://psychology.tools
If you're having trouble, ask yourself these questions:

**Alternative THOUGHTS:**
1. What are other ways of looking at this situation?
2. Am I looking at the whole picture?
3. What might be a more helpful way of thinking about this situation?
4. What unhelpful thinking styles might I be using here?
5. What is the evidence that my thoughts are true? Is there an alternative way of thinking about this situation that is more accurate?
6. What is the probability that my thoughts will happen? What are some other things that could happen that are equally, if not more, probable?
7. Have I had any experiences in the past that suggests that this thought might not be COMPLETELY true ALL of the time?
8. Can I really predict the future? Is it helpful to try? What is more helpful?
9. Am I exaggerating how bad the result might be? What is more realistic?
10. Can I read people’s minds? What else might they be thinking?
11. If a friend or loved one were in this situation and had this thought, what would I tell them?

**Alternative BEHAVIORS:**
1. What could I do in the moment that would be more helpful?
2. What’s the best thing to do (for me, for others, or for the situation)?
3. If my feared situation happens, how will I cope? What coping skills can I use to handle my feared situation? What have I done in the past that was successful?
4. Do I need to work on acceptance, letting go of control, being okay with less than perfect, or having faith in the future and myself?
5. Breathe: Focus your attention on your breathing. Imagine you have a balloon in your belly, inflating on the in-breath, deflating on the out-breath.

**Alternative FEELINGS:**
1. What might it feel like if I acted/thought differently?
2. When I’m not feeling this way, do I think about this situation differently?
3. Are there any strengths or positives in me or the situation that I might be ignoring?
4. What else might this feeling be related to? Is it really about feeling ____?
5. Tell yourself: “This feeling will pass. It’s a normal body reaction.”
Feelings Wheel

The Feelings Wheel is a diagram that illustrates a range of emotions, from negative to positive. It categorizes feelings into different segments based on their intensity and connotations. The wheel includes a spectrum of feelings such as Sadness, Scared, Peaceful, Joyful, Mad, and various intermediate states like Frustrated, Guilty, Hostile, and Happy. This visual tool can be used to help individuals recognize and label their emotions more accurately.
Other Helpful Thought Tips

1. **Stopping.** Interrupt a thought as it begins. Use a strong image or a word to interrupt the thought. Strongly state it, either internally or aloud.

2. **Distracting.** Redirect your mind to something else internally or externally, preferably something pleasant and engaging.

3. **Mindful Observing.** Watch, label, or log your thoughts. Use the language “I am thinking ...” or “My mind is having the thought that...” to distance yourself from the thought.

4. **Understanding.** Begin to understand where thoughts come from by asking a number of questions, including: What is the purpose of this thought? Does it tie to a specific schema?

5. **Mindfully Letting Go.** Use imagery or words to visualize thoughts passing by. Good examples are clouds in the sky or leaves on a stream.

6. **Gratitude.** Try to focus on something that you are grateful for from the past, present, or future.
Helpful Behavioral Tips

The following lists of ideas are meant to get you thinking about possibilities for helpful behaviors. The activities do not have to be huge commitments; focus on small baby steps. Choose activities that are do-able for you when you are feeling down. The more success you have in doing the little things, the more likely you will be motivated to try more things.

### Ideas for Socializing
- Watch a movie with a friend
- Go to an intermural or CP game
- Go to the library, UU, or dorm lounge to study
- Go to a gym class, dance class, martial arts class, etc.
- Go eat free samples at Farmer’s Market
- Plan to eat a meal with a roommate/friend

### Ideas for Pleasant Activities
- Play with a pet
- Go shopping or window shopping
- Fix/tinker with something
- Listen to music
- Color/Paint/draw/sculpt
- Write poem, music, play, story
- Read for fun
- Watch the sunset/rise at the beach

### Ideas for Mastery Activities
- Wash a dish or two (even if they aren’t yours)
- Do laundry
- Return a phone call
- Write that email to your professor
- Read a chapter or a page of your homework assignment
- Take out the trash
- Pay a bill

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Counseling Services  (805) 756-2511 (24/7)  counseling.calpoly.edu

Depression Group Workbook
Other Helpful Behavioral Tips for Managing Depression

1. **Get sunlight:**
   Aim for 5 to 15 minutes of sunlight a day. Sunlight increases the brain’s release of serotonin, which is associated with boosting mood.

2. **Get a massage:**
   Massage boosts serotonin and decreases stress hormones. Try giving yourself a massage by lying on or leaning against a tennis ball or rolling it against your muscles.

3. **Practice Yoga:**
   Yoga works to improve mood and has benefits similar to that of exercise and relaxation techniques. Yoga poses that incorporate back bends and opening the chest help to increase positive emotions.

4. **Stand up straight:**
   Your body tells your brain how to feel. Stand up straight and open your chest to feel more confident.

5. **Smile (even if you’re faking):**
   When you smile, you are more likely to perceive positive emotions in other people, which can positively impact your mood. Smiling will lead your brain to believe that you are happy.

6. **Laugh (even if you’re faking):**
   Your brain does not distinguish between real and fake laughter. If your brain gets signals from your body that you should feel happy, then it is more likely to feel happy.

7. **Do Progressive Muscle Relaxation:**
   Flex a tight muscle for a few seconds and release. Pay particular attention to your facial muscles as those have the largest effect on emotion.

8. **Create/listen to music:**
   Music can help regulate your emotions. It can be soothing and help you feel calm and/or it can be energizing and pump you up.

9. **Dance:**
   Dancing combines music and physical activity so it is a double whammy.

10. **Journal:**
    Labeling your emotions and writing your story can be cathartic and help you organize your thoughts.

Adapted from Alex Korb’s “The Upward Spiral”
My Personalized Plan

1. My schemas [located on pages 7-8]:

2. My depressive symptoms (e.g., lack of motivation, reduced sex drive) [located on page 9]:

3. My unhelpful thinking styles (e.g., catastrophizing) [located page 22 & 36]:

4. My unhelpful behaviors (e.g., isolating) [located on pages 23 & 25]:

5. One sleep and one exercise tool I plan to use [located on page 13]:

6. Two thought exercises I plan to use (e.g., alternative responses, self-affirmations) [located on pages 30, 31, 35]:

7. Two behavioral tips I plan to use (e.g., pleasant event, mastery activity) [located on pages 36-37]:
APPENDIX
**Understanding Depressive and other Related Disorders**

While some depressive symptoms (i.e., sadness) are a normal experience for everyone, depressive and other related disorders are characterized by significant distress or impairment in social, academic/occupational, or other important areas of functioning (e.g., your general ability to function in life).

Some of the most common disorders include:

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<th>Disorder</th>
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<td><strong>Major Depressive Disorder:</strong></td>
<td>Involves experiencing depressive episodes, which must last for two weeks, and include a minimum of 5 symptoms.</td>
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<td><strong>Persistent Depressive Disorder:</strong></td>
<td>A less extreme depressive presentation that includes a depressed mood and at least 2 other symptoms that last for at least two years. May have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years.</td>
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<td><strong>Premenstrual Dysphoric Disorder:</strong></td>
<td>Several depressive symptoms present consistently during the week prior to menses.</td>
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<td><strong>Bipolar II Disorder:</strong></td>
<td>Includes experiences of both depressive episodes as well as &quot;mixed&quot; or hypomanic episodes (i.e. elevated mood with other expansive symptoms).</td>
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<td><strong>Cyclothymic Disorder:</strong></td>
<td>Persistent periods of alternating between &quot;highs&quot; and &quot;lows&quot; that are subthreshold for hypomanic and depressive episodes.</td>
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<td><strong>Disruptive Mood Dysregulation Disorder:</strong></td>
<td>Recurrent temper outbursts and persistently irritable or angry mood for at least one year (present between ages 6-18).</td>
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<td>Hypercritical Standards/Inhibition</td>
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