



Student Workbook

Getting Unstuck

Wellness Workshop Series

CSUN – University Counseling Services

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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 navigating 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.

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 of this seminar 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 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 about yourself.

What if I have an urgent need to see a counselor during the seminar?

Simply let the facilitator or UCS 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 on 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.

SESSION 1: DEPRESSION 101

Worksheets & Homework

Common Depressive Symptoms

Self-criticism	Reduced focus/ concentration	Low mood or persistent sadness	Fatigue or low energy
Withdrawing from friends, family, pets	Suicidal thoughts or preoccupation with death	Crying spells	Suicide attempts
Changes to sex drive	Poor hygiene	Anger or irritability	“Self-medicating” with alcohol or other drugs
Changes to eating or weight	Worry about something awful happening	Guilt	Appetite disruption
Unexplained aches and pains	Numbness or feelings of emptiness	Increased or reduced sleep	Gastrointestinal problems
Physical restlessness or slowing	“Heaviness” in the body	Hopelessness	Fear of rejection
Loss of pleasure for things you used to enjoy		Inability to make decisions	

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

BEHAVIORS	THOUGHTS	EMOTIONS	PHYSICAL SENSATIONS
Increased or reduced sleep	Reduced focus/ concentration	Low mood or persistent sadness	Fatigue or low energy
Withdrawing from friends, family, pets	Suicidal thoughts or preoccupation with death	Loss of pleasure for things you used to enjoy	Unexplained aches and pains
“Self-medicating” with alcohol or other drugs	Self-criticism	Anger or irritability	“Heaviness” in the body
Changes to eating or weight	Worry about something awful happening	Guilt	Appetite disruption
Suicide attempts	Fear of rejection	Numbness or feelings of emptiness	Gastrointestinal problems
Physical restlessness or slowing	Inability to make decisions	Hopelessness	Changes to sex drive
Poor hygiene	Crying spells		

Cross Sectional Formulation (EXAMPLE)

Situation: When? Where? With whom?

I have a group assignment due for my class. I asked a fellow classmate to be my partner, but she said no.

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

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 (BLANK)

Situation: When? Where? With whom?

Schemas:

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

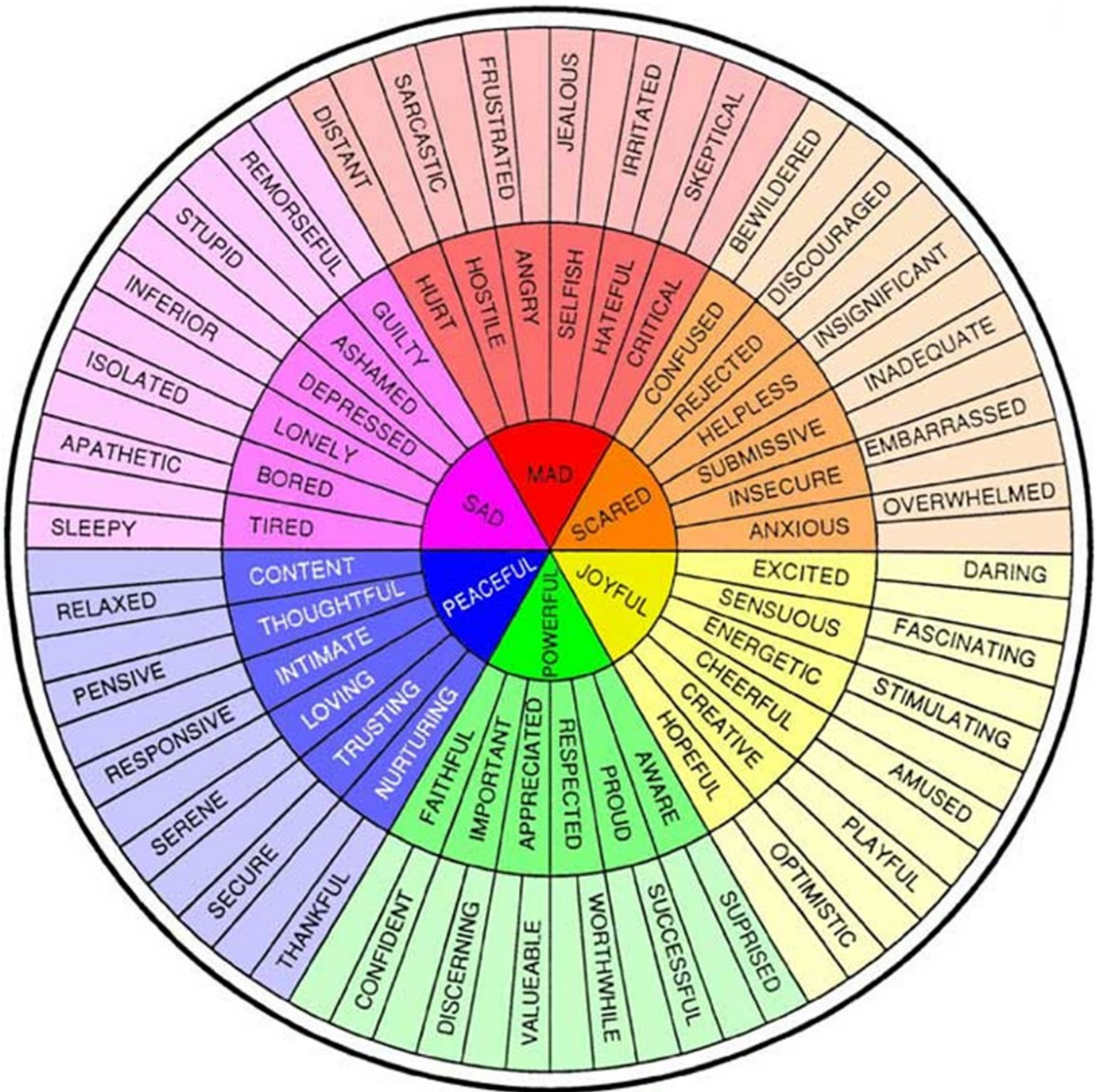
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Behavioral: What was your first instinct and/or response? What did you do and/or avoid doing?

Feelings Wheel



Sleep Hygiene



Get Regular

Go to bed and get up at more or less the same time every day, even on weekends and days off!



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.



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.



Avoid Alcohol

Avoid alcohol for at least 4-6 hours before bed because it interrupts the quality of sleep.



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.



Electronic Curfew

Don't use back-lit electronics 60 minutes prior to bed, as the artificial light inhibits hormones and neurons that promote sleep.



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.



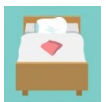
Sleep Rituals

Develop rituals to remind your body that it is time to sleep, like relaxing stretches or breathing exercises for 15 minutes before bed.



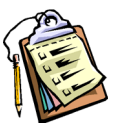
No Clock-watching

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."



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.



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.

Adapted from [Centre for Clinical Interventions](#)

Exercise Tips



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.



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).



Get outside

The sun provides mood “pick me up” of its own, producing serotonin in a brain. Take a walk outside or go swimming.



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.



Mix it up

To avoid feeling bored with exercise, try a number of different activities.



Team up

Depression can be isolating. Ask others to do team activities or find an exercise buddy for accountability and to increase social interaction.



Minimize equipment

Equipment can be expensive. Identify activities that don't require you to have equipment or facilities, like walking, running, or dancing.



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.



Set goals

Achieving goals improves mood and self-esteem. Set specific achievable exercise goals and reward yourself when you accomplish them.

Adapted from [Centre for Clinical Interventions](#)

Session 1:

Homework Assignments

Assignment 1:

Complete at least one Cross Sectional Formulation worksheet for review next week (multiple blank copies are provided starting on the next page).

Assignment 2:

Implement one (1) sleep hygiene tip and one (1) exercise tip over the next week.

Cross Sectional Formulation (BLANK)

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Schemas:

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SESSION 2: UNHELPFUL THOUGHTS & BEHAVIORS

Worksheets & Homework

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.
- 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.

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

Mental filter

Only paying attention to certain types of evidence.

- *Noticing our failures but not seeing our successes*

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*

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*

Over-generalizing

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw.

- *Nothing good ever happens*

Disqualifying the positive

Discounting the good things that have happened or that you have done for some reason or another.

- *That doesn’t count*

Magnification (catastrophizing) & minimization

Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important.

Should, must

Using critical words like “should”, “must”, or “ought” can make us feel guilty, or like we have already failed. If we apply “shoulds” to other people the result is often frustration.

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

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

Session 2:

Homework Assignments

Assignment 1:

Complete “Maintaining Depressed Mood” worksheet on page 23.

Assignment 2:

Complete at least one Simple Cross Sectional Formulation worksheet for review next week (multiple blank copies provided starting on page 24).

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

DAY	THOUGHTS	BEHAVIORS
1		
2 (Sat or Sun)		

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

DAY	THOUGHTS	BEHAVIORS
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Cross Sectional Formulation (BLANK)

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Looking at Thoughts

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- Emotional Deprivation
- Self-Sacrifice
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- Social Isolation
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- Unrelenting Standards
- Failure
- Vulnerability

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SESSION 3: MODIFYING THOUGHTS & BEHAVIORS

Worksheets & Homework

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.

- Start your affirmations with “I am” (e.g., “I am a good friend”)
- Keep them short (we don’t need a novel)
- Keep them positive (avoid saying “not”)
- Use feeling words when you can (e.g., “I am proud of myself”)
- 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 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 (EXAMPLE)

Situation: When? Where? 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 said no.

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?

- *She might already have a partner.*
- *I've done well in this class so far, so I might not be stupid.*
- *Not everyone is going to like me and that is okay.*

Alternative Behaviors:

What could you do that would be more helpful for you, others, and/or the situation? What are coping strategies that might be helpful?

Coping Strategies I Can Use:

- ☐ *Deep breathing*
- ☐ *Distract myself*
- ☐ *Seek support from a friend/family member*
- ☐ *Do a pleasurable activity*
- ☐ *Use alternative response worksheet*
- ☐ *Other*

- ☐ *Other*

Alternative Feelings:

What are feelings that are more helpful? What if you acted and thought differently about the situation? How might these changes help you feel differently?

- *Optimistic*
- *Confident*
- *Relaxed*
- *Neutral*

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.*

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Images:

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Original Outcome:

Next Time:

Challenging the 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*

Mental filter

Only paying attention to certain types of evidence

- *Noticing our failures but not seeing our successes*

Jumping to conclusions

There are two key types of jumping to conclusions:

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Disqualifying the positive

Discounting the good things that have happened or that you have done for some reason or another

- *That doesn’t count*

Magnification (catastrophizing) & minimization

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

Should, must

Using critical words like “should”, “must”, or “ought” can make us feel guilty, or like we have already failed; if we apply “shoulds” to other people the result is often frustration

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*

If You're Having Trouble, Ask Yourself These Questions

Alternative THOUGHTS:

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

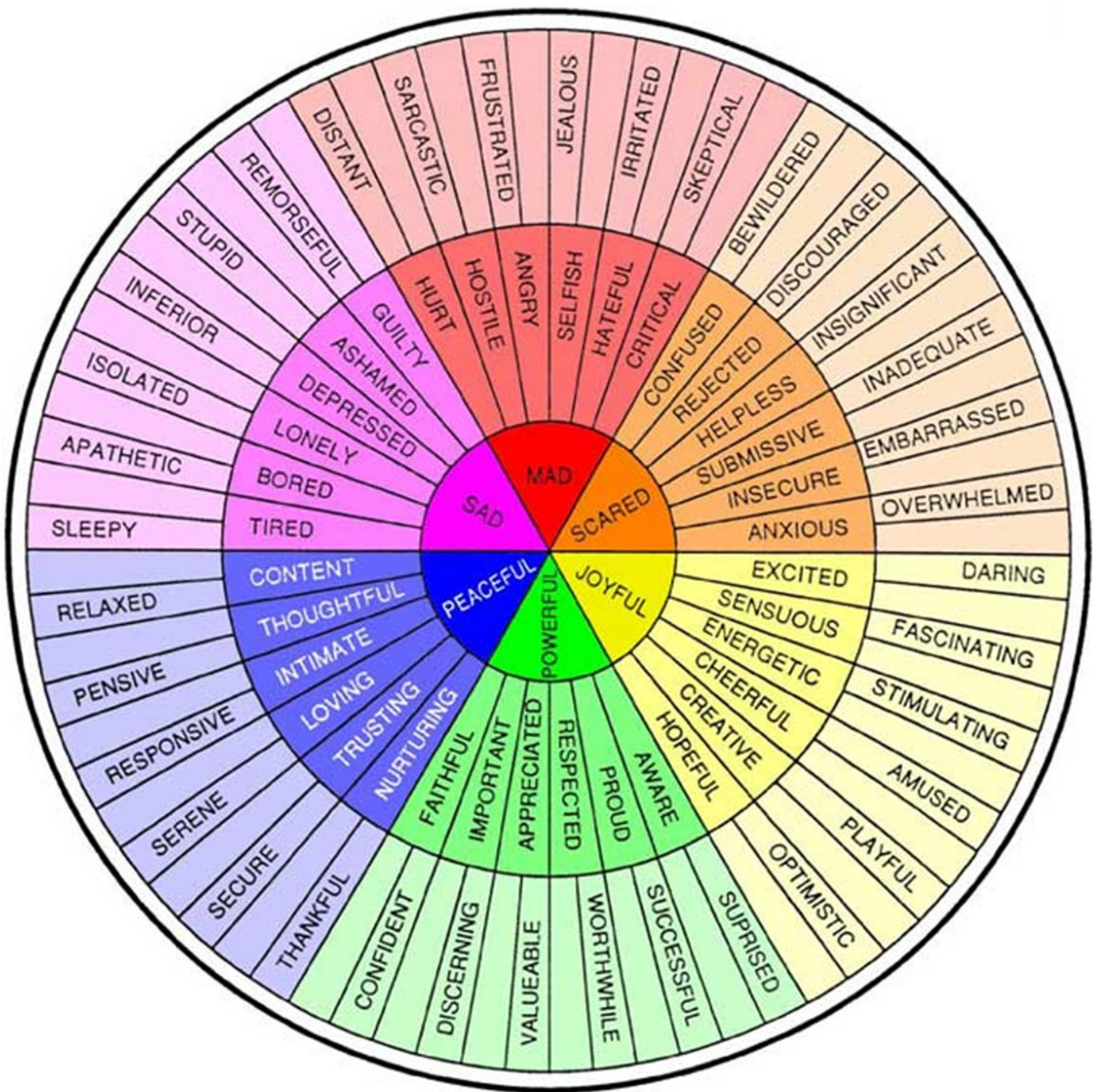
Alternative BEHAVIORS:

- What could I do in the moment that would be more helpful?
- What's the best thing to do (for me, for others, or for the situation)?
- 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?
- 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?
- 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:

- What might it feel like if I acted/thought differently?
- When I'm not feeling this way, do I think about this situation differently?
- Are there any strengths or positives in me or the situation that I might be ignoring?
- What else might this feeling be related to? Is it *really* about feeling _____?
- Tell yourself: "This feeling will pass. It's a normal body reaction."

Feeling Wheel



Other Helpful Thought Techniques



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.



Distracting

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



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.



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?



Mindfully Letting Go

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



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 Matadors sporting event
- ☐ Go to the library, common area or Oasis 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 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

☐ _____

☐ _____

Other Helpful Behavioral Tips for Managing Moods



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.



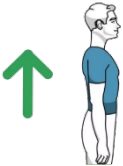
Get a massage

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.



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.



Stand up straight

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



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.



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.



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.



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.



Dance

Dancing combines music and physical activity so it is a double whammy.



Journal

Labeling your emotions and writing your story can be cathartic and help you organize your thoughts.

Putting it All Together: My Personalized Plan

- My schemas [located on pages 5 & 6]:
- My depressive (e.g., lack of motivation, reduced sex drive) [located on page 7]:
- My unhelpful thinking styles (e.g., catastrophizing) [located on pages 20 & 34]:
- My unhelpful behaviors (e.g., isolating) [located on pages 21 & 23]:
- One sleep and one exercise tool I plan to use [located on pages 11 & 12]:
- Two thought exercises I plan to use (e.g., alternative responses, self-affirmations) [located on pages 31, 32, 35, & 37]:
- Two behavioral tips I plan to use (e.g., pleasant event, mastery activity) [located on pages 38 & 39]:

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:

Major Depressive Disorder:

Involves experiencing depressive episodes, which must last for two weeks, and a minimum of five (5) symptoms.

Persistent Depressive Disorder:

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.

Premenstrual Dysphoric Disorder:

Several depressive symptoms present consistently during the week prior to menses.

Bipolar II Disorder:

Includes experiences of both depressive episodes as well as “mixed” or hypomanic episodes (i.e., elevated mood with other expansive symptoms).

Cyclothymic Disorder:

Persistent periods of alternating between “highs” and “lows” that are subthreshold for hypomanic and depressive episodes.

Disruptive Mood Dysregulation Disorder:

Recurrent temper outbursts and persistently irritable or angry mood for at least one year (present between ages 6 – 18).

Common Schemas Examples

SCHEMA	EXAMPLE OF SURRENDER	EXAMPLE OF AVOIDANCE	EXAMPLE OF OVER-COMPENSATION
Abandonment/Instability	Selects partners who cannot make a commitment and remains in the relationships	Avoids intimate relationships; drinks a lot when alone	Clings to partner to point of pushing partner away; attacks partner for minor separations
Mistrust/Abuse	Selects abusive partners	Avoids becoming vulnerable and trusting anyone; keeps secrets	Uses and abuses other ("get others before they get you")
Emotional Deprivation	Selects emotionally depriving partners and does not ask them to meet needs	Avoids intimate relationships all together	Acts emotionally demanding with partners and close friends
Defectiveness/Shame	Selects critical and rejecting friends; puts self down	Avoids expressing true thoughts and feelings and letting others get close	Criticizes and rejects others while seeming to be perfect
Social Isolation/Alienation	Focuses exclusively on differences from others rather than similarities	Avoids social situations and groups	Becomes a chameleon to fit into groups
Dependence/Incompetence	Asks significant others (parents, spouse) to make all their financial decisions	Avoids taking on new challenges, such as learning to drive	Becomes so self-reliant that they do not ask anyone for anything
Vulnerability to Harm or Illness	Obsessively reads about catastrophes and anticipates them in everyday situations	Avoids going places that do not seem totally "safe"	Acts recklessly, without regard to danger
Enmeshment/Undeveloped Self	Lives through partner	Avoids intimacy; stays independent	Tries to become the opposite of significant other in all ways
Failure	Does tasks in a half-hearted or haphazard manner	Avoids work challenges completely; procrastinates on tasks	Becomes an "overachiever" by ceaselessly driving themselves

SCHEMA	EXAMPLE OF SURRENDER	EXAMPLE OF AVOIDANCE	EXAMPLE OF OVER-COMPENSATION
Entitlement/ Grandiosity	Bullies others into getting own way, brags about own accomplishments	Avoids situations in which they are average	Attends excessively to the needs of others
Insufficient Self-Control/Self-Discipline	Gives up easily on routine tasks	Avoids employment or accepting responsibility	Becomes overly self-controlled or self-disciplined
Subjugation	Let's other individuals control situations and make choices	Avoids situations that might involve conflict with another individual	Rebels against authority
Self-Sacrifice	Gives a lot to others and asks for nothing in return	Avoids situations involving giving or taking	Gives as little to others as possible
Approval/ Recognition Seeking	Acts to impress others	Avoids interacting with those whose approval is coveted	Goes out of the way to provoke the disapproval of others; stays in the background
Negativity/ Pessimism	Focuses on the negative; ignores the positive; worries constantly	Drinks to blot out pessimistic feelings and unhappiness	Is overly optimistic denies unpleasant realities
Emotional Deprivation	Maintains a calm, emotionally flat demeanor	Avoids situations in which people discuss or express feelings	Awkwardly tries to be the "life of the party," even though it feels forced and unnatural
Unrelenting Standards	Spends inordinate amounts of times trying to be perfect	Avoids or procrastinates in situations where performance will be judged	Does not care about standards at all – does tasks in a hasty, careless manner
Punitiveness	Treats self and other in harsh, punitive manner	Avoids others for fear of punishment	Behaves in overly forgiving way

Online Resources

Articles, Videos, & Helpful Websites

How to exercise when it's the last thing you want to do – Rebekah Barnett & Daryl Chen
www.ideas.ted.com/how-to-exercise-when-its-the-last-thing-you-want-to-do/

This Is What 'Self-Care' Really Means, Because It's Not All Salt Baths and Chocolate Cake – Brianna Wiest
www.thoughtcatalog.com/brianna-wiest/2017/11/this-is-what-self-care-really-means-because-its-not-all-salt-baths-and-chocolate-cake/

Why Am I Always Like This? Where do fear, anxiety, and worry come from? And why do we so often stand in our own way? – Steven C. Hayes
www.thriveglobal.com/stories/why-am-i-always-like-this/

The Happiness Trap: Evolution of the Human Mind – Russ Harris
www.youtube.com/watch?v=kV6HkipQcfA

35 TED Talks on Depression
<https://www.ted.com/talks?topics%5B%5D=depression>

Cal Poly SLO Counseling Services - Guided Meditations
<https://www.youtube.com/playlist?list=PLI44jVzqiSNuYrPNPWHc6BTqrwBXtlhrS>

Meditation Oasis
www.meditationoasis.com

Mindful
www.mindful.org

Thrive on Campus – Thrive Global
<https://thriveglobal.com/categories/thrive-on-campus/>

UCLA Mindful Awareness Research Center- Guided Medications
<http://marc.ucla.edu/body.cfm?id=22>

Apps for Your Smartphone, Tablet, and/or Computer

Breathe2relax (*iOS & Android*)

Happify (*iOS, Android, & www.happify.com*)

Mindshift CBT (*iOS & Android*)

Mood Mission (*iOS & Android*)

Mood Path (*iOS & Android*)

Mood Tools (*iOS & Android*)

Stop, Breathe, Think (*iOS & Android*)

Virtual Hope Box (*iOS & Android*)

Youper (*iOS & Android*)

Books for Further Reading

Get Out of Your Mind and Into Your Life by Hayes & Smith (2005)

Self-Esteem by McKay and Fanning (2005)

Super Hero Therapy by Janina Scarlett (2018)

The Happiness Trap by Russ Harris (2008)

The Mindful Way Workbook by Teasdale, Williams, Segal, & Kabat-Zinn (2014)

The Mindfulness Workbook: A Teach Yourself Guide by Langley (2013)

The Relaxation & Stress Reduction Workbook by Davis, Robbins, Eshelman & McKay (2008)

The Upward Spiral by Alex Korb (2015)