REBT DEPRESSION MANUAL

Managing Depression Using Rational Emotive Behavior Therapy (REBT)

To be Used Free for Research, Educational, and Training Purposes

Acknowledgements:

This REBT manual/protocol for depression is based on the framework of the rational-emotive & cognitive-behavioral therapy (REBT/CBT) manuals, elaborated at Mount Sinai School of Medicine, USA, by a team of psychologists (Dr. Daniel David, Dr. Maria Kangas, Dr. Julie Schnur), together and under the supervision of Dr. Guy Montgomery (principal investigator, American Cancer Society grant #RSGPBCPPB-108036) for oncological patients. It includes in its presentation the original REBT clinical protocol for depression elaborated by Dr. David at the Babes-Bolyai University - International Institute for the Advanced Study of Psychotherapy and Applied Mental Health (1999/2000), as part of his research grant investigating REBT vs. Cognitive therapy vs. Medication in the treatment of Major depressive disorder. The external consultant for the REBT depression manual/protocol was Dr. Raymond DiGiuseppe from St. Johns's University & Albert Ellis Institute, USA.

To cite this version of the REBT depression manual/protocol:

- David, D., Kangas, M., Schnur, J.B., & Montgomery, G.H. (2004). *REBT depression manual; Managing depression using rational emotive behavior therapy*. Babes-Bolyai University (BBU), Romania.

The original REBT depression manual/protocol can be mentioned as follows:

- David, D. (1999/2000). *REBT depression manual; Managing depression using rational emotive behavior therapy*. Babes-Bolyai University (BBU), Romania (in Romanian).

The preliminary and final Romanian versions of the REBT manual/protocol for depression were used in a randomized clinical trial in Romania:

- David, D., Szentagotai, A., Lupu, V., & Cosman, D. (2008). Rational emotive behavior therapy, cognitive therapy, and medication in the treatment of major depressive disorder: A randomized clinical trial, post-treatment outcomes, and six-month follow-up. *Journal of Clinical Psychology, 64*, 728-746.
- Sava, F., Yates, B., Lupu, V., Szentagotai, A., & David, D. (2009). Cost-effectiveness and cost-utility of cognitive therapy, rational emotive behavior therapy, and fluoxetine (Prozac) in treating depression: A randomized clinical trial. *Journal of Clinical Psychology, 65*, 36-52.
- Szentagotai, A., David, D., Lupu, V., & Cosman, D. (2008). Rational Emotive Therapy, Cognitive Therapy and medication in the treatment of major depressive disorder: Theory of change analysis. *Psychotherapy: Theory, Research and Practice, 4,* 523-538.

To cite the Romanian REBT manual/protocol for depression (used in Romania):

- David, D. (ed.) (2014). *Rational Treatment*. RTS Cluj: Cluj-Napoca (the first edition was published in 2006 by Tritonic Press: Bucharest).
- David, D. (ed.) (2007). *Clinical protocol of rational-emotive therapy for depression: The treatment of depression by rational emotive therapy*. Synapsis Publisher. Cluj-Napoca (in Romanian).

The major handbooks and general REBT manuals that are the background of this REBT depression manual/protocol are:

- Ellis, A., & Grieger, R.M. (1977). *Handbook of rational-emotive therapy*. New York: Springer Publishing Co.
- Walen, S.R., DiGiuseppe, R., & Dryden, W. (1992). *A practitioner's guide to rational-emotive therapy* (2nd ed.). New York, NY, US: Oxford University Press (now updated in the third edition – 2013).

Foreword:

This REBT depression manual/protocol is an **evidence-based one**, **tested** in a **randomized clinical trial** investigating the relative efficacy of rational-emotive behavior therapy **(REBT)**, cognitive therapy **(CT)**, and pharmacotherapy **(fluoxetine)** in the treatment of **170 outpatients with non-psychotic major depressive disorder (David et al., 2008)**. Patients were randomly assigned to one of the following: 14 weeks of REBT, 14 weeks of CT, or 14 weeks of pharmacotherapy. The **continuous outcome** measures used were the Hamilton Rating Scale for Depression **(HRSD)** and the Beck Depression Inventory **(BDI);** the **categorical measure** was **SCID**. In the REBT condition, at **14 weeks**, the **response rates** (HRSD<12) were **65%** and the **recovery rates** (HRSD<7) were **45%**. At **six-month** follow-up, the **response rates** (HRSD<12) were **75%** and the **recovery rates** (HRSD<7) were **52%**. No differences among treatment conditions at posttest were observed. A larger effect of REBT (significant) and CT (nonsignificant) over pharmacotherapy at 6 months follow-up was noted on the HRSD only.

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I. THERAPIST RESEARCH GUIDE:

1. Patients:

The present REBT manual/protocol should be used with depressed patients (e.g., who meet criteria for Major Depressive Disorder, according to the DSM-IV). In the clinical trial run based on this manual (David et al., 2008), we had some additional inclusion and exclusion criteria. Inclusion criteria included a score of at least 20 on the Beck Depression Inventory, and a score of 14 or higher on the 17-item Hamilton Rating Scale for Depression. Exclusion criteria included a number of psychiatric disorders (i.e., bipolar or psychotic subtypes of depression, panic disorder, current substance abuse, past or present schizophrenia or schizophreniform disorder, organic brain syndrome, and mental retardation). Patients who were in some concurrent form of psychotherapy, who were receiving psychotropic medication, or who needed to be hospitalized because of the imminent suicide potential or psychosis were also excluded (based on the clinical protocol of Jacobson et al., 1996).

2. REBT Intervention (20 sessions):

The treatment is based on the techniques and descriptions in the REBT manuals (Ellis & Grieger, 1977; Wallen, DiGiuseppe, & Dryden 1992). After explaining the basic rules of therapy (scheduling, confidentiality, etc.), rationale of REBT and the ADCDE model, the goals of REBT are discussed with the patients. The overall elegant REBT treatment is focused on the irrational beliefs mediating depressive symptoms: demandingness (DEM), self-downing (SD), awfulizing (AWF) and low frustration tolerance (LFT). Cognitive (i.e., disputation), behavioral and emotive techniques will be used to change the target irrational beliefs. Automatic thoughts and faulty inferences are not the focus of interventions. **Also, distinctive elegant REBT strategies will be focused on: (1) reducing secondary problems; (2) promoting unconditional self-acceptance; and (3) focusing on the identification and modification of DEM as the central irrational belief involved in depression**. In REBT, if DEM is not readily recognizable among the cognitions collected as homework as well as verbalizations during therapy sessions, its presence is inferred from its derivates (i.e., self-downing, awfulizing, and low frustration tolerance). The hypothesis regarding the presence of DEM is tested by asking patients about it directly [e.g., patient: "it is awful that I did not pass the exam." (awfulizing); therapist: "it sounds

like you had to pass that exam, right?" (DEM)]. However, the disputation of inferred DEM is made only if the patient accepts the clinical conceptualization including DEM.

The REBT intervention consists of a 14 weeks clinical trial [12 weeks of full treatment and 2 weeks of follow-up meetings (one meeting each week) focused on therapy termination], involving a maximum of 20 individual 50-minute therapy sessions:

Weeks 1-4 (initial phase: 2 sessions each week)

- Session 1 (introduction)
  - General clinical conceptualization (e.g., using an integrative stress-vulnerability bio-psycho-social-cultural model), based on the Clinical diagnosis/assessment (i.e., previously collected information) and Clinical interview
  - Building a therapeutical relationship (i.e., empathy, collaboration, congruence, unconditional acceptance of patient as person)
  - REBT education and Treatment expectations
  - Problems list

  Note: the order to the components targeted in the therapy process could vary among patients; also, the build of therapeutical relationship starts from the first meeting with the patient and the check of its status continues during the whole psychotherapy process.
- Sessions 2-8
  - Each problem from the list is approached based on the ABC(DEF) model of REBT

Weeks 5-8 (middle phase: 2 sessions each week)

- Sessions 9-16
  - Working toward strengthening the patients' rational beliefs and weakening the irrational beliefs
  - Encourage the patients to see the links between problems, particularly those which are characterized by common irrational beliefs

Weeks 9-12 (final phase: 1 session each week)

- Sessions 17-20

- Prepare patients for the task of becoming his/her own future therapist
- Discuss dependency problems and relapse prevention

Structure of the first session (this is similar to other cognitive-behavior therapy approaches, like cognitive therapy):

- Starting to build an emphatic and collaborative therapeutic relationship
- Setting the agenda (and providing a rationale for doing so)
- Doing a mood check, including objective scores
- Briefly reviewing the presenting problems and obtaining an update (since evaluation)
- Identifying problems and setting goals
- Educating the patient about the REBT model
- Eliciting the patients' expectations for therapy
- Educating the patient about her/his disorder and psychotherapy process
- Setting the homework
- Providing a summary and eliciting feedback

Structure of session two and beyond (this is similar to other cognitive-behavior therapy approaches, like cognitive therapy):

- Checking and maintaining the therapeutical relationship
- Brief update and check on mood (and medication, alcohol and/or drug use etc.)
- Bridge from previous session
- Setting the agenda
- Review of homework
- Discussion of issue on the agenda, setting new homework, and periodic summaries
- Final summary and feedback

Fundamental aspects to follow during REBT intervention:

- The cognitive conceptualization of the problem, based on the ABC model
- The use of a large repertoire of cognitive, behavioral, and emotive techniques to change the irrational beliefs into rational beliefs

- The steps of REBT interventions: (1) behavioral activation; (2) focus on changing specific irrational/rational beliefs; and (3) focus on changing general rational and irrational beliefs. After this process, there could be also a focus on problem solving, if necessary, to change the activating events. In some case (e.g., crisis situation), during the standard REBT, a complementary direct focus on coping skills might be necessary to directly target the consequences of irrational beliefs (e.g., strong feelings).
- The use of homework
- A special focus on DEM, promoting unconditional self-acceptance, and reducing secondary disturbances

3. REBT Manuals for Detailed Intervention Strategies:

- Ellis, A., & Grieger, R.M. (1977). *Handbook of rational-emotive therapy*. New York: Springer Publishing Co.
- Jacobson, N.S., Dobson, K.S., Truax, P.A., Addis, M.E., Kowener, A.K., Gollan, J.K., et al. (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology, 64*, 295–304.
- Walen, S.R., DiGiuseppe, R., & Dryden, W. (1992). *A practitioner's guide to rational-emotive therapy* (2nd ed.). New York, NY, US: Oxford University Press.

II. THERAPIST-PATIENT INTERACTION GUIDE

1. Aim of the REBT Depression Manual:

The aim of this manual is to teach you a variety of skills to help you manage any depressive symptoms or depression-related problems you might experience. More specifically, we are going to teach you how to use Rational Emotive Behavior Therapy (REBT).

Research has found that approximately 75% of patients who undergo REBT will experience an improvement in their depression symptoms. This manual will teach you how to help yourself feel less depressed and more energetic, and to cope as best as you can with any symptoms you may experience. Research has shown that the skills we'll teach you are helpful in managing emotional distress.

2. Definitions:

(a) Depression Basics

[This brief presentation is based on the free/public educational texts from http://www.depresion.com (© 1997-2008 GlaxoSmithKline: paragraphs 1, 3, and 4) and http://www.nimh.nih.gov/health/publications/depression-a-treatable-illness.shtml (paragraph 2)]

"Some people say that depression feels like a black curtain of despair coming down over their lives. Many of them feel like they have no energy and can't concentrate. Others feel irritable all the time for no apparent reason. The symptoms vary from person to person, but if you feel "down" for more than two weeks, and these feelings are interfering with your daily life, you may be clinically depressed." (GlaxoSmithKline).

"A depressive disorder is a problem that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression." (NIH).

"Most people who have gone through one episode of depression will, sooner or later, have another one. You may begin to feel some of the symptoms of depression several weeks before you develop a full-blown episode. Learning to recognize these early triggers or symptoms and working with your therapist will help to keep the depression from worsening." (GlaxoSmithKline).

"Most people with depression never seek help, even though most of them will respond to treatment. Treating depression is especially important because it affects you, your family, and your work. Some people with depression try to harm themselves in the mistaken belief that the way they feel will never change. Depression is a treatable disorder." (GlaxoSmithKline).

(b) What is Rational Emotive Behavior Therapy (REBT)?

Rational Emotive Behavior Therapy (REBT) is the first form of cognitive behavior therapy (CBT) and was created by Dr. Albert Ellis in 1955. According to the REBT model, people experience undesirable activating events, about which they have rational beliefs (RBs) and irrational beliefs (IBs). These beliefs then lead to emotional, behavioral, and cognitive consequences. Rational beliefs (i.e., helpful/effective beliefs) lead to functional consequences, while irrational beliefs (i.e., unhelpful/negative beliefs) lead to dysfunctional consequences. Clients who engage in REBT are encouraged to actively dispute their IBs and to assimilate more efficient, adaptive and rational beliefs, with a positive impact on their emotional, cognitive, and behavioral responses (Ellis, 1962; 1994; Walen et al., 1992). Thus, REBT is a psychological theory and a treatment consisting of a combination of three different types of techniques (cognitive, behavioral, and emotive) you can use to help yourself feel better physically and emotionally, and to engage in healthier behaviors.

(1) What are Cognitive Techniques?

- Cognitive techniques are specific strategies to change or modify unhelpful and/or negative thoughts concerning a particular event. (For example, learning to change one's thoughts to cope better with one's depression).

(2) What are Behavioral Techniques?

- Behavior techniques involve learning practical techniques that help you to cope in demanding or stressful situations, such as depression and/or loss. Examples of behavioral strategies include learning how to plan and manage your daily schedule, and learning how to distract yourself from negative thoughts.

(3) What are Emotive Techniques?

- Emotive techniques are designed to help you change your negative thoughts by emotional means. Humorous methods, poems, songs etc. generate feelings that help challenge and change negative thoughts.

3. Managing Depression with Cognitive Techniques: The Power of Our Thoughts:

- Although we may not always be aware of our thoughts, they nevertheless can have a strong effect on how we feel and behave in response to a particular situation or event.

(a) Re-learning our A-B-Cs:

- According to the cognitive theory, the effect that our thoughts can have on our physical, behavioral and emotional responses to a particular situation can be illustrated using the following diagram:

A = **A**ctivating event or situation that we experience

B= **B**eliefs or thoughts regarding the situation

C = **C**onsequence: How we feel or act based on these beliefs

- Let’s illustrate this model using an example:

Example 1:

Person 1: *A (Activating Situation) =* A friend does not return your phone call

B (Beliefs/Thoughts) = "I must have done something to upset them. I am such a horrible person."

C (Consequence/Effect) = Anxious, upset, depressed

Person 2: *A (Activating Situation) =* A friend does not return your phone call

B (Beliefs/Thoughts) = "They're probably just really busy, and haven't had time to get back to me yet."

C (Consequence/ Effect) = Content, neutral

- The above example shows how two people may experience the same situation (e.g., having a friend not return one's telephone call), but have very different reactions to the event based on how they *interpret and evaluate* the situation according to their thoughts and beliefs.

(b) How to think in a more positive and more rational way – The alphabet approach (A-B-C-D-E-F):

- In this section, we'll describe how to use the Depression A-B-C-D-E-F Self Help forms we have included at the end of this manual.
- It might be helpful if you look at the form we filled out together while you read through this section, in order to review our approach.
- **Recommendation:** Learning to observe and change one's thoughts takes practice. Like any new skill we learn (e.g., riding a bike, or learning to program our VCR), the more we practice, the better we get. Therefore, **we recommend that you complete at least one of these forms per day**. Blank copies of this form are located at the end of this booklet. One of our research staff will collect these forms from you during the course of your treatment.

- If you need extra forms at any point, just ask our research staff.
- Ok, now let's begin!

<u>Let's start at the very beginning - A's (Activating Events)</u>

- On the top of the form, on the left hand side, you will see a box labeled "A (Activating Events)."
- In this box, we would like you to write about an upsetting event that happened to you today. We have provided some examples of upsetting events below the box, but you should fill in examples that are personal to you.
- We would like to particularly encourage you to focus on monitoring the times when you feel particularly sad or when you are tired/fatigued.
- If there is a day where nothing particularly upsetting happens, we would like you to fill in this "A" box with either (a) an upsetting event that happened to you in the past, or (b) an upsetting event you've made up.

  EXAMPLE: "I feel depressed because of my unsuccessful life, and wonder how I am going to get through the rest of the day."

Before we move on to B's, let's first focus on C's.

<u>C's – Consequences following the events</u>

- On the top of the form, on the right hand side, you will see a box labeled "C (Consequences)".
- In this box, we would like you to write the consequences of the event.
- There can be three types of consequences. You may experience one, two, or all three of them:
  - ***<u>Unhealthy negative feelings</u>***. Below the box, we have included a few examples of unhealthy negative feelings (e.g., depressed mood, fear, rage). However, we encourage you to write in whatever words best describe your experience.

  - ***<u>Unhelpful behaviors</u>***. Below the box, we have included some examples of unhelpful behaviors (e.g., social isolation). These are things you do that are unproductive or harmful in some way.

- ***Negative Physical Consequences of Distress***. When people experience an upsetting event, they may experience some physical symptoms. For example, if you argue with a friend, you may find yourself flushed, hot, or shaking. We have listed some examples of physical consequences below the box, but again, please write any physical reactions you experience.
  - Note: Although many physical symptoms can be caused or worsened by stress, while you are in treatment, all physical symptoms should be taken seriously and discussed with your treatment team.

EXAMPLE: "I feel hopeless and sad, I have stopped trying to exercise, and I feel even more fatigued."

OK, now we'll get back to B.

The Keys to Change - B's (Negative or Unhelpful Beliefs)

- As we have shown earlier, even though it may seem like an upsetting event (A) leads you to feel upset (C), this is not 100% true.
- In reality, it is not the event itself that upsets you, it is your negative or unhelpful beliefs (B's) about the event that upset you.
- So how do you identify your negative or unhelpful beliefs?
- See if your beliefs fall into any of the following categories:
    - ***Demands*** – Check to see if your thoughts contain the words "must," "should," or "ought". For example, you might think, "I **must** absolutely be able to do all of my errands today and I can not accept not doing it!" or, you might think "Life **should** be fair and I can not accept otherwise."
    - ***Awfulizing/Catastrophizing*** – Check to see if your thoughts involve words like "awful," "horrible," "catastrophic", or "terrible." For example, you might think, "I had to take two naps today, and that's **AWFUL**! This is the worst thing ever! I'm usually active all day long."
    - ***Frustration Intolerance*** – Check to see if your thoughts include "I can't stand this!" or the word "unbearable." For example, you might think, "I **can't stand** being depressed like this!"
    - ***Self-Downing*** – Check to see if you're calling yourself names, being too critical of yourself, or beating up on yourself. Also, check to see if you're basing your self-worth on one or two minor things. For example, you might think, "I was too depressed to take care of my duties. **I'm an insensitive and a terrible person.**"
    - ***Other-Downing*** – Check to see if you're being too critical of or beating up on others, or basing your entire judgment of them on one or two minor things. For example, you might think, "He/she did not do his/her duties. **He/she is totally insensitive and useless.**"
    - ***Life-Downing*** – Check to see if you're judging *all* of your life as bad, just because it's not perfect. For example, you might think "**Life is worthless** because I feel so worn out."

- Remember, negative thoughts are those thoughts that make us feel and/or behave in a negative, hurtful, or unpleasant manner (e.g., feeling depressed, or angry and being short-tempered).
- Once you recognize the negative belief you have about the situation, please write it in the "B" box.

D's – Debating your Negative Beliefs

- After you recognize your negative or unhelpful thoughts, the next step is to **DEBATE** or challenge them empatically. There are lots of different ways you can do this.
- First, you can ask yourself, "Where is holding this belief getting me? Is it helpful, or is it getting me into trouble?"
    - For example, if your belief leads you to feel upset (e.g., to cry, to feel depressed), to do things that are unhelpful or harmful to you (e.g., stop socializing with friends, not following through on treatment recommendations), or to physically feel worse (e.g., to feel more tired), then you might decide that your belief is unhelpful.
- Second, you can ask yourself, "Where is the evidence to support my negative belief? Is it logical?"
    - For example, you may think, "I CAN'T STAND feeling so tired. But if I stop, and really consider this, I realize I can stand it. I'm still waking up every morning; I'm still taking care of my medical appointments, etc. So even though I may not like feeling so tired, I can stand it."
- Please write in box D what you said to yourself to debate and dispute your negative thoughts.

E's – Effective/Helpful Beliefs

- Once you have successfully debated against your negative beliefs, you are ready to replace them with new more effective or more helpful beliefs.
- Healthier beliefs may sound like one of the following:
    - ***Preferences*** – These are a healthier, more rational alternative to demands. Preferences are when you wish for something, or want it very badly, but do not demand that it must be so. For example, you might think, "**I really wish** I had the

energy I used to have, and I am doing my best to have it, but **I can accept** that sometimes the things are not the way I want them to be" instead of saying, "I MUST feel exactly the way I did before I got depressed, otherwise I can not accept it."

- ***Anti-Awfulizing*** – This is a healthier, more rational alternative to awfulizing. This is when you can recognize that a situation is very bad, without thinking it is 100% AWFUL. For example, you might think, "Being too tired to go to work 5 days a week **is really bad**, but not the worst thing ever; at least **I know this won't last forever**, and staying at home does give me more time to catch up with my friends," instead of thinking "Feeling this tired is AWFUL, the worst thing possible!"
- ***High Frustration Tolerance*** – This is a healthier, more rational alternative to frustration intolerance. This is when you realize that even though you may find a situation very difficult, you can stand it. For example, you might think, "**I hate feeling so depressed**, but **I'll just keep finding new ways to cope with it**, and I'll keep going!" instead of thinking "I can't stand feeling so depressed! It's unbearable!"
- ***Anti-Self-Downing*** – This is a healthier, more rational alternative to self-downing. This is when you are able to accept yourself and approve of yourself, even when you're not perfect. So for example, you might think, "Ok, **I'm not handling the depressed mood as well as I would like**. I'm usually such a strong person, and now I find myself often nervous. But I recognize that I'm still a good, **worthwhile person**, even if I'm not as strong as I thought." This thought is a more rational, positive alternative than calling yourself names like, "I'm a weak, terrible person."
- ***Anti-Other-Downing*** – This is a healthier, more rational alternative to other-downing. This is when you're able to accept others, regardless of mistakes they might have made, or things they might have done to upset you. For example, you might think, "I'm pretty upset at my partner for not listening to me. But I recognize he/she is still generally a person, **who does lots of great things for me**." This is an alternative to thinking "He/she is not a good listener, and that makes him/her a horrible person."
- ***Anti-Life-Downing*** – This is a healthier, more rational alternative to life-downing. This is when you're able to be accepting of how your life is, even when it is not exactly as you would like it to be. For example, you might think, "This isn't how I planned for

my life to be, but I recognize that **life is a mixed bag**, full of good as well as bad events," instead of thinking "Life is meaningless and useless now that I have depression."

- Please write in Box E your new, more helpful beliefs.

- ***Note:*** We are ***NOT*** asking you to replace your negative unhelpful thoughts with unrealistically positive thoughts. We do not expect you to write in fantasies, or positive thoughts that are not grounded in reality. In order for this technique (called cognitive restructuring) to work, you need to really believe the new, healthier thoughts you come up with.

F's – New More Functional Emotions and Behaviors

- Now you're ready to see the results of all your hard work!
- By changing your negative beliefs into more helpful ones, you should now:
    - Feel better emotionally!
        - For example, you may feel more positive (happier, calmer, more relaxed), or less strongly negative (e.g., disappointed/sad vs. depressed, annoyed vs. furious) emotions.
    - Behave in a more helpful way!
        - For example, you may exercise, or socialize with friends, or pursue a hobby.
    - Feel better physically!
        - For example, you might feel more energetic or have less muscle tension.

Summary

- Remember, although we cannot always change a particular situation or event ("A") (e.g., loosing a close relative), we CAN manage and take control of our own thoughts. As a result, we can feel better or less distressed about situations we may have to confront.
- We recommend that you complete at least one Depression A-BC-D-E-F Self-Help form per day during your treatment. Doing this will give you practice in catching your unhelpful thoughts, in recognizing how they are related to negative consequences, and most importantly in changing

those thoughts so you can have fewer depression symptoms, and a more positive treatment experience.

- We want to emphasize that learning this skill can be challenging, and it takes ***practice***. The more you practice, the easier it will become to change your thoughts and feelings, and the better you will feel.
- Blank copies of this form are located at the end of this booklet. Our research staff will collect your completed forms during the course of your REBT treatment. If you need more forms at any point, our research staff will provide you with extra copies.

4. Managing Depression with Behavioral Techniques:

(a) Behavioral Techniques (this component is common and a standard practice in many cognitive-behavioral therapies)

- Sometimes when we have to deal with a stressful or challenging life situation, or when we are having a particularly hectic day, we may not have enough time or energy to focus on using the cognitive techniques we have just reviewed (i.e., A-B-C-D-E-F model) in order to manage our negative thoughts.

- On those days, the simple and brief strategies outlined below are alternative techniques you can use to help you manage any feelings of distress, negative thinking, fatigue, or other symptoms.

(1) Activity Scheduling/Planning

- Some people may begin to feel overwhelmed by negative thoughts when undergoing their REBT treatment as they try to fit in all their usual day-to-day activities. The aim of this section is to help you plan your daily and weekly schedule during the course of your REBT treatment. Planning your daily and weekly schedules in advance will help you manage your daily activities, decrease your negative thoughts, control your level of fatigue, and overall, help you feel less depressed and more in control of your life.

- At the end of this manual, a sample copy of a weekly diary schedule for a woman undergoing depression treatment is provided. This sample copy is intended as a guide to help you complete your weekly schedules. Blank copies of the weekly diary are also located at the end of this booklet for you to use during the course of your REBT treatment.

- Here are the steps we recommend for planning a manageable schedule:

(1) First, we recommend that you write down your weekly depression treatment sessions. When you start your depression treatment you will find that the therapy team will try to keep your weekly appointments at a regular time each week (e.g., at 10am). You will also find that your visit to the therapist's office will take on average 50 minutes. Keep in mind when planning your day to allow extra time for traveling to and from the office.

(2) Second, we suggest that you plan to give yourself 3 daily meal breaks, for breakfast, lunch and dinner. You may also want to include several short (about 10-15 minutes) snack breaks during the day.

(3) Third, we recommend that you also slot in at least one 30-minute daily physical/recreational activity. Pick an activity that you enjoy doing, such as walking, gardening, or attending yoga classes. Previous studies have shown that it is helpful to continue to engage in at least low to moderate levels of physical/recreational activities (such as working out, walking, or even gardening) during the course of your depression treatment. This will ensure that your fitness level does not considerably decrease during the course of your treatment.

(4) Fourth, we suggest that you write down on a blank sheet of paper all the activities you would like to complete during the course of the day. Make sure to list your work activities (if you are employed or self-employed), or your regular home activities if you work from home, as well as your regular daily chores such as preparing dinner, laundry, ironing, picking up kids from school, etc.

- Once you have made your list of daily activities, number each activity in terms of how important it is to you. That is, if you have to go to work that day, number your work activities as #1, followed by the next essential task you would like to accomplish. Example 1= work, 2 = picking up child from school, 3 = preparing dinner, etc.

- Once you have numbered your daily activities, write down each activity into your weekly planner, making sure you allow yourself enough time to accomplish each task.

- You may find that you cannot fit in all the activities you would like to accomplish in one day. If so, we suggest that you put off the activities that are less important to you (that is, those activities that were further down on your list, like those you rated a 5 or a 6), and move them to another day during the week when your schedule is less hectic.

- You may feel tempted to bypass your daily rest (Step 3) or physical/recreational activity (Step 4) on a particular day so that you can fit in another activity. We suggest you refrain from doing this, given that making time for both exercise/recreational activities and relaxation is important to maintaining a balanced lifestyle. Remember, we all need to be realistic about what we can and cannot accomplish in one day. Sometimes it is impossible to try to complete the amount of tasks we would like to do in a single day. Therefore, set realistic goals for yourself. This way you can make sure that you do not set yourself up for disappointments.

(b) Distraction Techniques

- Distraction techniques help take your mind off of your negative thoughts. Some distraction techniques are as follows:

(1) Imagining a Pleasant Image/Scene

- A type of distraction technique you can use to take your mind off of your negative thoughts and feelings (including fatigue) is to imagine a pleasant scene. Some examples include:
    - Planning a "dream" holiday. Try to visualize where you would like to go, who you would like to go with, how you would like to get there, what you would like to do there, and how much time you would like to spend in your 'dream' place.
    - Remembering an enjoyable vacation you have had. Imagine the fond memories you have of this vacation. Try to recall the details of the place, where you stayed, the fun activities you pursued.
    - Visualizing a relaxing scene. Try to imagine a peaceful, serene place (e.g., lying on a beach somewhere, or meditating in a tranquil garden setting).

(2) Listening to relaxing or enjoyable music tapes, CDs, videos

- You may want to listen to some of your favorite music or watch one of your favorite movies to relax you, distract you, or lift your mood.

(3) Take a short walk

- Another strategy you could use to distract yourself from unpleasant thoughts and feelings you may have is to take a stroll. If you are at work, take a brief walk around your workplace, focusing on the sights and sounds around you (e.g., pictures, music, etc.). If you are at home, take a stroll around your neighborhood, or garden. Pay close attention to the characteristics of things in your neighborhood (such as the color, shape and size of neighboring buildings; what's on display in shop windows, etc).

(4) Visualizing a "STOP" Sign

- Try to imagine a traffic stop sign or even a 'red light' signal in your mind when you are feeing overwhelmed or upset by your negative thoughts and feelings, including fatigue. Follow the instructions of the stop signal by saying to yourself "stop thinking these negative unhelpful thoughts" or "stop dwelling on the negative".

5. Managing Depression with Emotive Techniques:

- Emotive techniques will help you challenge and change your negative thoughts.

(a) Humorous Methods (see http://web.utk.edu/~thompson/songs.html):

- Humorous methods encourage you to challenge and not taking your negative thoughts too seriously. The following is a rational humorous song: "When I am so Blue", written by Dr. Albert Ellis to the tune of "The Beautiful Blue Danube" by Johann Strauss, Jr.:
  When I am so blue, so blue, so blue,
  I sit and I stew, I stew, I stew!
  I deem it so awfully horrible
  That my life is rough and scarable!
  Whenever my blues are verified,
  I make myself doubly terrified,
  For I never choose to refuse
  To be blue about my blues!

(b) Shame-Attacking Exercises

- You should deliberately seek to act "shamefully" in public in order to learn to accept yourself and to tolerate the ensuing discomfort. In order to avoid harming yourself, only minor "infractions" of social rules are permitted (e.g., wearing bizarre clothes designed to attract public attention, calling out the time in a crowded department store). Please discuss this exercise with your therapist, before its implementation.

© Other emotive techniques

- You can also use rational emotive imagery, metaphors, poems and literature, various experiential exercises etc. to change you unhelpful/negative beliefs into helpful/rational beliefs. Please discuss with your therapist for these resources.

- We recommend that you record the main emotive techniques [e.g., humorous methods (e.g., songs and poems) and shame-attacking exercises)] you used. Blank papers for recording the emotive techniques are located at the end of this booklet. Our research staff will collect your completed forms during the course of your REBT treatment. If you need more forms at any point, our research staff will provide you with extra copies.

6. Beyond REBT Treatment:

- The REBT techniques that have been covered in this manual will help you to manage your depression symptoms. Moreover, these techniques can be applied to any situation in the future when you may feel overwhelmed and/or distressed.

- It is important to note that following the completion of your REBT treatment, you may occasionally experience days when you feel fatigued or distressed. During such periods, we suggest that you review the contents of this manual, and continue to use the REBT skills that you have learned.

- Over time and with practice, these REBT skills will become natural for you, like riding a bike or driving a car.

- We hope that you will find these techniques valuable, and we wish you every success in the future.

APPENDIX

1. Study Instructions

2. Spare Copies of the Depression A-B-C-D-E-F Self-Help Form

3. Example of the Scheduling Form

4. Spare Copies of the Scheduling Form

5. Spare Copies of the Emotive Techniques-Monitoring Form

Study Instructions

1. Please fill out one of the Depression A-B-C-D-E-F Self Help forms every day during your REBT treatment. One of our research/clinical staff will collect these forms from you at each treatment session.

THANK YOU!

DEPRESSION A-B-C-D-E-F SELF-HELP FORM *(adapted from the Albert Ellis Institute's general ABC form)*

A (Activating Events)

Briefly summarize the situation:

Examples:
-feeling depressed in the middle of the day
-experiencing symptoms of depression
-the process of treatment itself
-family or friends' reactions to you

C (Consequences)

Unhealthy Negative Emotions: ______________________________

Unhelpful Behaviors: ______________________________

Negative Physical Consequences of Distress: ______________________________

Unhealthy Negative Emotions include:
-depression/hopelessness
-anxiety/fear
-shame/embarrassment
-rage/anger
-guilt/remorse

Unhelpful Behaviors include:
-social avoidance
-not taking care of yourself (e.g., not exercising, not resting)
-being too critical of yourself

Negative Physical Consequences include:
-more fatigue
-muscle tension
-headaches
-changes in appetite

B's: Negative or Unhelpful Beliefs

To identify negative beliefs, look for:

1) **Demands** (musts/shoulds/oughts)
2) **Awfulizing/Catastrophizing** (It's awful, terrible, horrible!)
3) **Frustration Intolerance** (I can't stand it!)
4) **Self-Downing, Other-Downing, or Life-Downing** (I'm bad or worthless, He/she is bad or worthless, or Life is not worthwhile)

D's: Debate Your Negative/Unhelpful Beliefs

To change negative beliefs, ask yourself:

- Where is holding this belief getting me? Is it helpful or getting me into trouble?
- Where is the evidence to support my negative belief? Is it logical?
- Also, you may use metaphorical and experiential strategies to change the negative beliefs

E's: Effective/Helpful Beliefs

To think more rationally, strive for:

1) **Preferences** (strong wishes, wants or desires)
2) **Anti-Awfulizing** (It may be bad or unfortunate, but it is not awful, and I can still enjoy some things.)
3) **High Frustration Tolerance** (I don't like it, but I can stand it, and I can still enjoy many things.)
4) **Anti-Self-Downing, Anti-Other-Downing, or Anti-Life-Downing** (e.g., I can accept myself as a generally good and worthwhile human being, even if I'm not perfect.)

F's: Functional Emotions and Behaviors

New healthier emotions:

New more constructive/helpful behaviors:

New physical consequences:

Healthier emotions include:
- mild sadness
- concern
- annoyance, frustration
- contentment
- calmness

Healthier behaviors include:
- exercising
- meeting friends or seeking support

Healthier physical consequences include:
- feeling more energetic
- feeling physically relaxed

Example of Scheduling Form

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
6am	6.45: Wake up	6.45: Wake up	6.45: Wake up	6.45: Wake up	6.45: Wake up	Sleep-In	Sleep-In
7am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Sleep-In	Sleep-In
8am	Travel	Travel	Travel	Travel	Travel	Wake-up/ 8.30 Breakfast	Wake-up/ 8.30 breakfast
9am	9.30am REBT	Read paper	Read paper	Read paper	9.30am REBT	Read paper	Read paper
10am	[Work]	[Work]	[Work]	[Work]	[Work]	House chores	Gardening
11am	15min snack break	15min snack Break	15min snack break	15min snack break	15min snack break	House chores	Gardening
12noon	[Work]	[Work]	[Work]	[Work]	[Work]	Rest	Prepare lunch
1pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
2pm	[Work]	[Work]	[Work]	[Work]	[Work]	Read book	Afternoon drive
3pm	↓	↓	↓	↓	↓	Visit friends	
4pm							
5pm	Grocery shopping/ prepare dinner – quick meal	Prepare dinner	Prepare dinner	Drop off dry-cleaning. Pick up take-out food for dinner.	Pick up dry-cleaning	rest period	rest period
6pm	6.30: 15-min. rest period/	6.30: 15-min. rest period/	6.30: 15-min. rest period/	6.30: 15-min. rest period/	6.30: 15-min. rest period/	Dinner (eat out)	Dinner (take-out)
7pm	Dinner	Dinner	Dinner	Dinner	Go out for dinner with friends	Watch movie	Listen to music
8pm	Evening stroll	Yoga tape	Evening stroll	Call a friend			Watch TV
9pm	Read book	Watch TV	Listen to music	Watch TV			
10pm	10.30 Bedtime	10.30Bedtime	10.30Bedtime	10.30Bedtime	Take a warm bath	Bedtime	Bedtime
11pm					Bedtime		

Scheduling Form

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Emotive Techniques-Monitoring Form

Date:

Please briefly describe the humorous methods you used:

Please briefly describe the shame-attacking exercises you used:

Note: One of our research/clinical staff will collect these forms from you during the course of your REBT treatment.