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COGNITIVE THERAPY OF DEPRESSION: A CONCEPTUAL AND EMPIRICAL ANALYSIS OF COMPONENT AND PROCESS ISSUES

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COGNITIVE THERAPY OF DEPRESSION: A CONCEPTUAL AND EMPIRICAL ANALYSIS OF COMPONENT AND PROCESS ISSUES

by

Robert D. Zettle

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The purpose of the present study was threefold. One purpose was to conduct a component analysis of Beck's cognitive therapy by presenting its three treatment components--distancing, rational restructuring, and behavioral homework--in various sequential combinations within a 2 (cognitive factor = rational restructuring vs. distancing plus rational restructuring) X 2 (behavioral factor = presence vs. absence of behavioral homework) factorial design. A second purpose was to undertake a process analysis of cognitive therapy to identify the mechanisms through which it affects depression. This was accomplished by obtaining process measures of distancing, rational restructuring, and behavioral hypothesis-testing throughout the course of treatment, and through an analysis of outcome measures assessing specific aspects of depression. The third purpose was to address a larger conceptual issue regarding cognitive therapy by directly comparing the efficacy of a treatment derived from a radical behavioral view of cognitive phenomena, comprehensive distancing, with treatment conditions formed by the 2 X 2 component design. Comprehensive distancing also was crossed with the behavioral factor to yield a total of six different treatment cells.

Eighteen women who demonstrated at least a mild level of clinical depression at pretreatment were assigned randomly to the six treatment cells (n = 3 in each). All subjects received 12 weekly sessions of individual therapy. Specific and global measures of depression were obtained at pretreatment, posttreatment, and 2-month follow-up.

The component analysis found that the three treatment components comprising cognitive therapy generally combined in a simple additive rather than interactive manner. Contrary to cognitive theory, distancing did not appear to facilitate the impact of rational restructuring. The results of the process analysis also were discrepant from predictions derived from cognitive theory. Both distancing and behavioral homework within cognitive therapy appeared to affect depression through processes differing from those posited by cognitive theory. Analyses of clinical and statistical significance consistently found comprehensive distancing to be the most effective treatment, suggesting that radical behaviorism provides a viable alternative conceptual framework within which to view cognitive phenomena and interventions. Implications of the results for the practice of and further research in cognitive therapy were discussed.

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CHAPTER I

INTRODUCTION

There is little doubt that affective disorders in general, and depression, in particular, represent significant forms of psychopathology. It has been estimated that 75% of all psychiatric hospitalizations are for depression (Secunda, Friedman, & Schuyler, 1973), making it second only to schizophrenia as this nation's primary mental health problem (McLean, 1976; Secunda et al., 1973; Wilcoxon, Schrader, & Nelson, 1976). Anywhere from 10% (Coleman, 1972; Wold & Tabachnick, 1974) to 20% (Craighead, 1979) of adults have been estimated to suffer from significant depressive symptoms at some point in their lives, with the prevalence rate for depression being approximately twice as high for females as for males (Amenson & Lewinsohn, 1981; American Psychiatric Association, 1980; Schwab, Brown, Holzer, & Sokolof, 1968; Weissman & Klerman, 1977).

The annual cost for the treatment and prevention of depressive disorders has been estimated to be between .3 and .9 billion dollars, with an additional 1 to 3.1 billion dollars lost each year through reductions in productive activity (Secunda et al., 1973). The "costs" of depression can be evaluated not only in monetary terms but also in the loss of life. Individuals with a depressive disorder are found

to be at greater risk for suicide than psychiatric patients in all other diagnostic categories combined (Slater & Depue, 1981; Tsuang, 1978). It has been estimated that 12-14% of depressives commit suicide (Wold & Tabachnick, 1974), with the suicide rate for depressive disorders 3 1/2-4 1/2 times higher than that for all other psychiatric groups, and 22-36 times higher than that in the general population (Kraft & Babigian, 1976; Padfield, 1976; Pokorny, 1964; Temoche, Pugh, & MacMahon, 1964).

Given the current status of depression as a major mental health problem, it is not surprising that a number of different interventions have been developed for its treatment. One of the most effective interventions currently available for the treatment of depression appears to be Beck's cognitive therapy (Beck, Rush, Shaw, & Emery, 1979). While the relative efficacy of cognitive therapy is fairly well documented, it is unclear which specific treatment components contribute to its effectiveness or the therapeutic mechanisms through which it impacts depression. One major purpose of the present study was to conduct a component and process analysis of cognitive therapy of depression.

Another issue of relevance to cognitive therapy concerns its conceptual basis. Cognitive therapy and related approaches typically have been regarded as originating from social learning theory (Bandura, 1977b). An alternative conceptual framework within which to view cognitive therapy

is provided by radical behaviorism (Zettle & Hayes, 1982). A second major purpose of the present study was to evaluate the utility of a radical behavioral interpretation of cognitive therapy by directly comparing an intervention derived from this framework against cognitive therapy.

Overview of Cognitive Therapy

Cognitive therapy is a psychotherapeutic approach developed by Aaron T. Beck, who views depression as primarily a cognitive rather than affective disorder, occurring as a "consequence of pervasive, negative misconstructions of objective experiences" (Hollon & Beck, 1979, p. 154). Accordingly, cognitive therapy, through its various treatment components, seeks to identify and alter negative beliefs which supposedly underlie depressive disorders. In particular, Beck (1967) has argued that depressed clients exhibit what he has labeled "the negative cognitive triad," consisting of a regard for themselves as defeated, deprived, or diseased, for their worlds as full of obstacles preventing the achievement of satisfactions, and for their futures as pessimistic, without any hope of improvement.

The basic therapeutic strategy of cognitive therapy has been described by Beck (Hollon & Beck, 1979) as one of "collaborative empiricism" in which therapist and client work together as a therapeutic team in identifying and evaluating various client beliefs within "the negative cognitive triad."

Review of the Literature

In the review of the outcome literature which follows, discussion will focus on those investigations which have examined interventions closely paralleling Beck's cognitive therapy. In particular, several studies (Gioe, 1975; LaPointe & Rimm, 1980; Morris, 1975/1978; Schmickley, 1976; Shipley & Fazio, 1973; Taylor & Marshall, 1977; Weinberg, 1978; Zeiss, Lewinsohn, & Munoz, 1979) often cited by other authors (Beck Rush, Shaw, & Emery, 1979; Hollon & Beck, 1979; Rehm & Kornblith, 1979) in discussions of Beck's cognitive therapy are viewed more appropriately as rational-emotive procedures, or at best only approximations of cognitive therapy, and therefore will not be considered here.

Unsystematic Case Studies

Rush and his associates have presented two series of unsystematic case studies involving cognitive therapy. In one series, three depressive outpatients were reported to have been treated successfully (Rush, Khatami, & Beck, 1975), while in the second series, cognitive therapy presented within a couples framework was used successfully to treat three depressed women (Rush, Shaw, & Khatami, 1980).

Somewhat less promising results have been reported by Fennell and Teasdale (1982). Five chronic, drug-refractory, depressive outpatients only displayed modest improvement following 20 sessions of cognitive therapy. Because of the

small number of subjects involved and failure to evaluate experimentally the impact of cognitive therapy, no definitive interpretation can be made of the conflicting results reported by Rush and his associates and by Fennell and Teasdale. The most plausible explanation is that Fennell and Teasdale observed more limited improvement because of the chronic nature of their sample.

Comparative Outcome Studies

The bulk of empirical support for cognitive therapy has come from experimental investigations comparing the relative efficacy of cognitive therapy with other interventions.

Cognitive therapy vs. psychodynamic psychotherapy. Steuer and her colleagues (Steuer, Mintz, Hammen, Hill, Jarvik, McCarley, Motoike, & Rosen, 1984) recently compared cognitive therapy with psychodynamic psychotherapy in alleviating depression in geriatric outpatients. Both treatments were administered in a small-group format over a 9-month course. Subjects in both treatments showed statistically and clinically significant reductions in both independent clinical ratings and self-reports of depression. While no clinically significant differences were noted between the two groups, statistically lower levels of depression were reported by subjects receiving cognitive therapy.

Cognitive therapy vs. self-control therapy. Cognitive therapy also has been compared to an intervention designed

to improve the self-control skills of depressed individuals (Fleming & Thornton, 1980). The self-control treatment was derived from Rehm's (1977) model of depression which regards this disorder as originating from a set of related problems in self-control. Depressed community volunteers received workshops in either cognitive therapy, self-control therapy, or nondirective, client-centered therapy twice a week for 4 weeks. Subjects assigned to the self-control group were taught to control their depression through self-monitoring, self-evaluative, and self-reinforcement procedures. No differences were noted among the three treatment conditions. At posttreatment, all subjects showed significant improvement in self-report measures of irrational beliefs and pleasant activities, as well as in self-report and behavioral measures of depression. In general, the treatment gains were maintained over a 6-week follow-up period.

Cognitive therapy vs. behavioral interventions. Several studies have compared the relative efficacy of cognitive therapy with behavioral treatments of depression. Shaw (1977) randomly assigned depressed students to either cognitive therapy, a behavior modification group, a nondirective control group, or a waiting-list control condition. Subjects assigned to the behavior modification intervention received a comprehensive treatment package based on the work of Lewinsohn (Lewinsohn, 1974; Lewinsohn, Shaffer, & Libet, 1969; Lewinsohn, Weinstein, & Alper, 1970), designed to teach communication and social reinforcement skills. Subjects in the

nondirective control group were assisted in clarifying feelings through techniques such as reflection. All treatments were conducted in a group format for 4 weeks, with a 1-month follow-up period. A self-report of depression as well as two clinical ratings served as dependent measures.

Two weeks into treatment, the cognitive therapy group differed significantly from the two control groups on the self-report measures and on one of the clinical ratings. Immediately following treatment, the cognitive therapy group also was clearly most effective, as it reported less depression than the other three conditions and also differed from the two control groups on one of the clinical ratings. Equal reductions in self-reported depression were obtained for the behavior modification and nondirective control groups, with both superior to the waiting-list control group. No differences among these three conditions were noted on either of the clinical ratings. While the highest percentage of "nondepressed" subjects at posttreatment was in the cognitive therapy group, the cognitive and behavior modification groups did not differ from each other at 1-month follow-up.

Other outcome studies have differed from Shaw (1977) in suggesting that behavioral treatments derived from Lewinsohn's model of depression may be equal or superior to cognitive therapy in its effectiveness. Wilson, Goldin, and Charbonneau-Powis (1983) randomly assigned depressed outpatients to either a variant of cognitive therapy, a behavioral treatment, or

to a waiting-list. The cognitive treatment differed from cognitive therapy as it typically is implemented by excluding any behavioral components. This was done to provide an uncontaminated comparison between the cognitive treatment components comprising cognitive therapy and the behavioral techniques of the other treatment condition. The behavioral intervention attempted to increase the subjects' frequency, quality, and range of mood-related activities through the assignment of pleasant activities. Both treatments were conducted on an individual basis for 8 weeks, with a 5-month follow-up period. Self-reports of depression and mood as well as an independent clinical rating of depression served as outcome measures. Three additional questionnaires, providing measures of irrational beliefs, pleasant events, and affect-relevant cognitions, also were administered to evaluate any treatment-specific effects.

Both treatments showed significantly greater improvement on the outcome measures than the control group at posttreatment, with no differences noted between the cognitive and behavioral treatments at either posttreatment or follow-up. No treatment-specific effects were found as both interventions were equally effective in reducing irrational beliefs and related cognitions and in increasing pleasant events and positive cognitions.

Besyner (1979) in his doctoral dissertation compared cognitive therapy to a comprehensive behavioral treatment

and nonspecific and waiting-list control groups. Unlike the findings of Shaw (1977), the behavioral intervention was found to be more effective than cognitive therapy in reducing the severity of depression in a group of community volunteers.

Comas-Diaz (1981) compared the relative efficacy of cognitive therapy, a comprehensive behavioral treatment, and a waiting-list control group in reducing depression in low-income Puerto Rican women. The cognitive therapy group included assertiveness training in addition to the examination, evaluation, and modification of depressive dognitions. The behavioral treatment was derived from the work of Lewinsohn and included training in social skills and the use of pleasant activity schedules. Five treatment sessions were conducted over a month, with a 5-week follow-up period. At posttreatment, the two treatment groups differed from the control group, but not with each other. At follow-up, however, the behavioral intervention group showed significantly fewer depressive symptoms, as assessed by a clinician rating, than the cognitive therapy group.

Cognitive therapy vs. pharmacotherapy. Perhaps the most impressive evidence for the relative efficacy of cognitive therapy in alleviating depression has come from investigations comparing cognitive therapy with pharmacotherapy. Among interventions currently available for the treatment of depression, the efficacy of pharmacotherapy is perhaps most clearly documented (Beck, 1973; Morris & Beck, 1974). The

60-65% improvement rate reported for antidepressant medications may be viewed as a type of "therapeutic benchmark" against which other interventions may be evaluated.

In addition to cognitive therapy, several recent studies also have found interventions which seek to alter the interpersonal-social context of depression to compare favorably with pharmacotherapy (amitriptyline) in the treatment of depression (Bellack, Hersen, & Himmelhoch, 1981, 1983; McLean & Hakstian, 1979; Weissman, Prusoff, DiMascio, Neu, Goklaney, & Klerman, 1979). However, cognitive therapy was the first type of psychotherapy shown to be superior to pharmacotherapy in a well-designed outcome study, has been compared to more than one type of antidepressant medication (both amitriptyline and imipramine), and generally has been compared more thoroughly with pharmacotherapy than any other type of psychological intervention.

In a seminal comparative outcome experiment (Rush, Beck, Kovacs, & Hollon, 1977), depressed outpatients were assigned randomly to either cognitive therapy or pharmacotherapy. Cognitive therapy subjects received a maximum of 20 individual sessions over 12 weeks, while pharmacotherapy subjects received imipramine for a maximum of 12 weeks. Both treatment groups showed statistically significant decreases in depressive symptoms. However, several differences between the two treatments attained statistical as well as clinical levels of significance. Cognitive therapy evidenced

significantly greater improvement than pharmacotherapy on both self-report and clinical ratings of depression. In addition, a higher percentage of subjects within the cognitive therapy group showed marked improvement or complete remission, while a higher percentage of drop-outs and reentries into treatment during follow-up occurred within the pharmacotherapy group.

Subsequent research has shown the differential treatment effects of cognitive therapy to be maintained over a 1-year follow-up period (Kovacs, Beck, Rush, & Hollon, 1981); suggested that both acute and chronic depressives improve with cognitive therapy, while pharmacological treatment is primarily successful with chronically depressed clients (Rush, Hollon, Beck, & Kovacs, 1978); and that cognitive therapy may be especially more effective than pharmacotherapy in reducing hopelessness and improving self-concept (Rush, Beck, Kovacs, Weissenburger, & Hollon, 1982).

Further research has addressed whether the addition of antidepressant medication enhances the effectiveness of cognitive therapy. While two studies have found no effect for the addition of antidepressants to cognitive therapy (Blackburn & Bishop, 1981; Rush & Watkins, 1981), another suggests that the combination of pharmacotherapy and cognitive therapy may be more effective for at least some depressives than cognitive therapy alone (Blackburn, Bishop, Glen, Whalley, & Christie, 1981).

In an attempt to partially replicate the results of Rush et al. (1977), Blackburn and associates assigned depressed patients seen either in general practice or through a hospital outpatient clinic to cognitive therapy, pharmacotherapy, or a combination of the two. Subjects receiving pharmacotherapy were administered either amitriptyline or clomipramine for a maximum of 20 weeks, while those receiving cognitive therapy were seen twice a week for the first 3 weeks of treatment and weekly thereafter. Treatment effects were evaluated by a self-report measure of depression, mood ratings of irritability, anxiety, and depression, and a clinical-rating of depression.

Differential treatment outcomes were obtained for the two depressive groups. For subjects referred from the hospital outpatient clinics, the combination of drug and cognitive therapy was found to be superior to either treatment alone on all outcome measures. Although few differences were noted between either treatments when administered alone, the overall pattern of results suggested greater improvement for the cognitive therapy group.

Among subjects referred from a general practice clinic, those receiving pharmacotherapy alone did significantly worse than the cognitive therapy and combination treatment groups, with little difference found between the latter. In contrast to the hospital outpatient subjects, the combination of pharmacotherapy and cognitive therapy did not

evidence an additive effect with the general practice subjects. The authors offer several possible explanations for the different responses to treatment found in the two depressive groups. The likelihood that a higher percentage of subjects in the hospital outpatient group were chronically depressed and resistant to previous treatments seems the most plausible account for their greater response to the combination of drug and cognitive therapy.

Summary of Comparative Outcome Studies

Although the empirical support for the superiority of cognitive therapy over pharmacotherapy has been questioned (Becker & Schuckit, 1978), the various criticisms raised do not appear to be sufficient enough (Rush et al., 1978) to detract from its status as one of the most effective interventions currently available for the treatment of depression. More generally, both Whitehead (1979) and Rehm and Kornblith (1979) in their reviews of therapeutic interventions for depression, have concluded that treatments involving cognitive components are more effective than those involving behavioral components alone.

While further outcome research is needed to substantiate more clearly cognitive therapy's efficacy, other equally important empirical and conceptual issues regarding cognitive therapy remain to be addressed. In particular, few efforts have attempted a component analysis of cognitive

therapy in order to identify its critical therapeutic components or a process analysis to determine whether their effectiveness is realized through the mechanisms posited by Beck's cognitive model of depression. As mentioned earlier, a major purpose of the current study was to conduct a component and process analysis of cognitive therapy.

Treatment Components of Cognitive Therapy

Like many psychological interventions, cognitive therapy may be regarded as a "treatment package" comprising several identifiable components. While Beck (1970) prefers to refer to his specific approach to the treatment of depression as cognitive therapy, he has emphasized its incorporation of both cognitive and behavioral treatment components. A reading of Beck's treatment manual for cognitive therapy (Beck et al., 1979) and related writings (Hollon & Beck, 1979) suggests at least three separate treatment components: distancing, rational restructuring, and behavioral homework, which were evaluated in the present study.

Distancing

Distancing may be regarded as a cognitive component which has been described by Beck as a "first, critical step" in cognitive therapy (Hollon & Beck, 1979, p. 189). The goal of distancing is to enable clients to recognize that depressogenic beliefs are at best only hypotheses, rather than facts. Within cognitive therapy, distancing is always

in the service of other cognitive components such as rational restructuring. Distancing as a treatment component may be viewed as an array of procedures involving such specific strategies as similes (reacting to one's own beliefs as if they were someone else's), reattribution techniques, and "alternative conceptualizations" (Beck et al., 1979).

No research to date has evaluated the degree to which distancing is a "first, critical step" in the success of cognitive therapy. There are conceptual and empirical reasons, however, to suggest that distancing procedures do exert some therapeutic effect in their own right. Scheff (1981), in a conceptual article, underscored the important role of distancing in more traditional modes of psychotherapy and offered several guidelines for its use as a therapeutic strategy.

Further testimony to the therapeutic value of distancing has been provided by Blackburn and Bonham (1980). Self-reported mood changes as well as several physiological indices of five depressed patients were monitored within three different thought conditions. Subjects were first instructed to think a pleasant thought followed by instructions to think unpleasant thoughts under "distancing" and "involvement" conditions. Under the distancing condition, subjects were "encouraged to stand away from [their] negative thought and examine its content objectively" (Blackburn & Bonham, 1980, p. 354). By contrast, under the involvement condition, subjects were encouraged to deal with unpleasant thoughts "by

involving [themselves] in the thought and associated feelings by creating a vivid mental picture and thereby perhaps working through them" (Blackburn & Bonham, 1980, p. 356). Self-reported mood was found to differ significantly within the three thought conditions for all five subjects, with the most dysphoric mood ratings noted within the involvement condition, and the least within the pleasant thought condition. Among the physiological indices, the only significant effect occurred on corrugator EMG, which previous research has shown to be a valid measure of depression (Schwartz, 1975; Schwartz, Fair, Mandel, Salt, Mieske, & Klerman, 1978; Schwartz, Fair, Salt, Mandel, & Klerman, 1976). Three subjects showed the lowest EMG activity for the pleasant thought condition, with the distancing condition evoking lower activity than the involvement condition.

Rational Restructuring

As noted, distancing procedures within Beck's approach are in the service of other specific cognitive techniques such as identifying automatic depressive thoughts and evaluating thought content, which collectively have been referred to as rational restructuring. Once clients are able to approach their beliefs as hypotheses-to-be-evaluated rather than facts, an attempt is made to review logically both past and present evidence for and against the validity of such beliefs.

This process bears considerable similarity to training in the application of the scientific method, as evidenced by Mahoney's (1974, 1977) advocacy of a "personal science" approach to cognitive therapy. Like scientists, clients are guided by the therapist to reformulate their beliefs as testable hypotheses whose accuracy then can be evaluated through a rational weighing of the relevant evidence as well as through behavioral homework assignments.

The results of a recent study suggest that rational restructuring, like distancing, has a fairly immediate effect in reducing state depression. Within a single-subject design (Teasdale & Fennell, 1982), periods in which clients were encouraged to evaluate their thinking by reviewing the full range of evidence relevant to an issue (rational restructuring condition) were alternated with other periods in which the therapist sought to obtain more relevant information about the nature of an identified target thought through questioning and reflective statements (thought exploration condition). Both conditions occurred within the context of a normal cognitive therapy session, with their impact evaluated through changes in believability ratings of depressive thoughts, ratings of dysphoric mood, and reductions in speech rate. For all five subjects, greater changes in believability and mood ratings were associated with the rational restructuring condition. Inconsistent results were obtained on the measure of speech rate, with greater change following the rational restructuring condition noted for 3 of the 5 subjects.

Behavioral Homework

Beck has outlined several behavioral techniques, such as graded task assignments and activity scheduling, which are incorporated within cognitive therapy. Of primary importance for the current analysis are homework assignments in which clients essentially are given an opportunity to "test out" specific hypotheses they have formulated from their depressogenic beliefs. Within the therapeutic climate of "collaborative empiricism" an attempt is made to assist clients "in the design and execution of tests of the various beliefs" (Hollon & Beck, 1979, p. 180). For example, the belief of a depressed executive that "I can't get anything done" may be reformulated into the hypothesis of, "Fewer than 50% of new projects I receive are delegated to others within a week of when I receive them." This specific hypothesis subsequently can be confirmed or disconfirmed by the client gathering the relevant data through self-monitoring procedures. Given the likelihood that the client's hypothesis is shown to be inaccurate, more accurate beliefs can be formulated in their place. Hollon and Beck (1979) in commenting on this process have observed:

> The explicit disconfirmation of stated beliefs by means of direct, self-monitored experiences following from the client's own activities is followed by a discussion of the contingencies involved and the conclusions that can be drawn. Such a procedure involving both enactive and cognitive-symbolic components, is seen as the optimal paradigm for generating cognitive changes and for maximizing the generality of the behavioral procedures. Instead of "getting the client

> moving," such a combination increases the probability of the client's being able to challenge successfully anticipated nongratification or fantasized incompetence in future situations. Similarly, rather than simply mobilizing the client in the face of negative expectations, the client is trained to evaluate systematically such predictions, putting the beliefs to an unbiased test, eventually learning that it is the negative expectations that are inaccurate. (pp. 184-185)

Several studies derived from Lewinsohn's model of depression have documented reductions in dysphoric mood resulting from increasing clients' levels of pleasant activities (Harmon, Nelson, & Hayes, 1980; Turner, Ward, & Turner, 1979). However, no research to date specifically has evaluated the impact of behavioral homework assignments within the context of cognitive therapy in facilitating change in depressogenic beliefs.

Summary

The few investigations which have evaluated the effects of distancing, rational restructuring, and behavioral homework assignments suggest that all three exert at least some therapeutic impact in reducing state depression and dysphoric mood. No research to date, however, has assessed the impact of each component over longer durations, nor how they may interact within the context of cognitive therapy. Additionally, the degree to which distancing is necessary for successful cognitive therapy and the impact of behavioral homework assignments as "hypothesis-testing" have not been evaluated empirically. As mentioned previously, one major purpose of

the present study was to address these unanswered issues by presenting each of the three treatment components in various sequential combinations.

Treatment Mechanisms of Cognitive Therapy

Another major purpose of the present study was to evaluate the therapeutic mechanisms through which each of the treatment components might impact depression. Specifically, an attempt was made to assess the specific therapeutic processes which are thought to underlie each of the treatment components comprising cognitive therapy. By obtaining process measures of distancing, rational restructuring, and behavioral hypothesis-testing throughout the course of a treatment program, it was possible to correlate any changes in each associated with the introduction of each treatment component.

Beck's cognitive model views depression as originating from a hierarchical organization of cognitive functioning. Cognitions occurring at an immediate level of awareness, or automatic thoughts, are thought to be reflective of and derived from a limited group of underlying depressogenic beliefs at a higher level of cognitive functioning which may rarely occur in an individual's train of thought. Accordingly, modifications in such depressogenic beliefs are held to result in more fundamental and enduring therapeutic change than that realized when only the level of automatic thinking is altered.

Fennell (1983) has recently questioned this formulation, suggesting that cognitive therapy may achieve its effects by providing depressed clients with a set of generalized coping skills rather than through a restructuring of their belief systems. Unfortunately, no research has evaluated directly the validity of either view. The few studies previously cited which have evaluated the impact of different treatment components within cognitive therapy (Blackburn & Bonham, 1980; Teasdale & Fennell, 1982), as well as the report of Rush et al. (1982) documenting changes in hopelessness and self-concept, at best, provide only weak, suggestive evidence of the therapeutic mechanisms which may underlie the success of cognitive therapy.

Conceptual Analysis of Cognitive Therapy

Several conceptual frameworks are available within which cognitive therapy might be viewed. Among these are methodological behaviorism, Watsonian metaphysical behaviorism, radical behaviorism, mediational S-R theory, and social learning theory (Wilson, 1978). Of these varying conceptual views, social learning theory, with its emphasis on reciprocal determinism (Bandura, 1977b, 1978b) and the causal properties of cognitions, appears to enjoy the highest status among cognitive therapists. Generally neglected altogether is the potential contribution that a radical behavioral analysis of cognitive therapy might provide. A third major purpose of

the present study was to provide a fairly stringent test of the utility of a radical behavioral interpretation of cognitive therapy by comparing a treatment derived from this framework against different combinations of the three treatment components comprising cognitive therapy.

Overview of Radical Behaviorism

Much of what follows is derived from a recent attempt by the investigator to extend a radical behavioral analysis to cognitive phenomena and interventions. The interested reader should consult Zettle and Hayes (1982) for a more detailed presentation on this point. The writings of Skinner (1969, 1974) should be consulted for a more thorough overview of radical behaviorism.

According to radical behaviorism, behavior is regarded as observable organismic activity. Private events, such as thoughts, also are viewed as behavior, even though, unlike public activities, they can be observed only by an audience of one. Their limited observability, however, does not accord private events any special causal status. On this point, radical behaviorism clearly differs from social learning theory (Bandura, 1977b, 1978b) which holds that thoughts can exert a causal influence over other behavior. Any behavior, regardless of whether it is public or private in nature, is not regarded as a "cause" of another behavior within the same organism. Thus, within a radical behavioral

analysis, thoughts, cognitions, or beliefs can not exert causal influence over other activities. All "causes" must themselves be explained by appealing to environmental events. For example, maintaining that dysphoric mood and behavioral deficits are caused by depressive thoughts is an incomplete account until the environmental determinants of the thoughts themselves are identified.

Contextual Supports for Depression

In this view, it is not depressive thoughts per se that are problematic, but the contingencies that relate them to other behavior, such as the social-verbal context in which they are held. As already mentioned, private events according to radical behaviorism can not serve literally as causes for other behavior. Given proper social-verbal support from the environment, however, depressive thoughts may cue dysfunctional behavior as part of an overall causal sequence. Depressive beliefs, for example, may relate to a social-verbal system which effectively causes any negative impact such thinking might have.

There appear to be several routes through which individuals conceivably might receive support from fellow members of a verbal-social community for bringing their behavior under the control of private events which characterize depression. The verbal community, for example, may effectively help "justify" an individual's depression (e.g., "Anyone who had to undergo what you did has every right to be depressed").

The verbal-social community also may allow depressed individuals to use their own private events as excuses for passivity, escape, and avoidance, thereby enabling depressive thoughts and feelings to function as "causes" (e.g., "Anyone who feels as badly as you do can't be expected to hold a job"). Finally, the verbal-social community indirectly may help maintain depressive episodes by encouraging ineffective strategies for eliminating unwanted thoughts and feelings (e.g., "Try not to think of how bad you feel"). Deliberate attempts simply to eliminate depressive thoughts and feelings are unlikely to be successful, and they may divert attention away from other strategies, such as maintaining a normal range of activities, which are likely to be more effective in alleviating depression.

Of the various treatment components comprising cognitive therapy, the perspective which distancing takes towards depressing thoughts appears most closely to resemble that held by a radical behavioral view of cognitive phenomena. Both views emphasize the importance of depressed individuals being able to "step back" from their own thoughts, or stated somewhat differently, being able to observe their own verbal behavior from the perspective of a listener.

However, the two views differ noticeably in the purpose to be served by distancing. From the perspective of cognitive therapy, clients are encouraged to "step back" from their own depressive thoughts in order to alter their form or

content more effectively. From the perspective of radical behaviorism, it also may be therapeutic for clients to "step back" from their own depressive thoughts, but as a way of altering the function they may serve in maintaining dysfunctional behavior rather than in order to change their form or content. Stated somewhat differently, distancing within cognitive therapy is ultimately in the service of replacing control by negative and depressive thoughts with that exerted by more positive and more rational ways of thinking. The emphasis thus is placed on altering the content or form of private events without necessarily affecting any controlling function which they may serve. In fact, cognitive therapy and related interventions appear to be based largely on the assumption that replacing negative thoughts with positive ones will result directly in therapeutic change because of the causal impact of such private events.

The process of distancing from a radical behavioral perspective possibly weakens the control which certain private events exert over other behavior, thereby increasing control by direct contingencies. The emphasis is placed on establishing a special social-verbal environment within the context of therapy in which private events might be "disconnected" from other behavior without necessarily altering the content or form of private events. If the controlling function of depressive thoughts can be undermined effectively, it may be irrelevant to change their form. For example, for

many depressed clients a thought such as, "I'm too depressed to go to work" might function to control an avoidance of work. If this control can be reduced, it may be possible for clients to return to work while still having the thought that they can't.

Overview of Comprehensive Distancing

A treatment which emerged from this radical behavioral extension and elaboration on the concept of distancing was compared subsequently with different combinations of the treatment components comprising cognitive therapy and will be referred to as comprehensive distancing (Hayes, 1981a). This intervention, which is described in further detail in the following chapter, encompassed both didactic and experientially based approaches in emphasizing several basic themes in the treatment of depressed individuals. One such theme is that private events, such as depressive thoughts and feelings, are mere behaviors which can not serve literally as causes, excuses, or reasons for other behaviors such as passivity, escape, or avoidance, in the absence of social-verbal support for such roles. A related theme is that more effective behavior can be initiated without first having to eliminate certain private events which otherwise might control ineffective behavior. A third theme is that while deliberate attempts to control motor behavior often appear effective, similar effects to control private events are counterproductive and primarily serve to elicit the very thoughts and feelings which are trying to be eliminated.

Statement of Purpose

In review, the purpose of the present investigation was threefold. One purpose was to conduct a component analysis of cognitive therapy to identify which separate treatment components, or combination of components, within cognitive therapy contribute most to its efficacy. This was accomplished by introducing the three treatment components comprising cognitive therapy, distancing, rational restructuring, and behavioral homework, in a sequential fashion within various combinations.

A second purpose of the present study was to conduct a process analysis of cognitive therapy by obtaining repeated process measures of the three components comprising cognitive therapy throughout the course of treatment.

The third and final purpose of the present project was to evaluate empirically the validity of a radical behavioral interpretation of cognitive therapy and cognitive phenomena. This was accomplished by comparing directly the relative efficacy of a treatment approach derived from this interpretation, comprehensive distancing, with that associated with various combinations of treatment components comprising cognitive therapy.

Experimental Predictions

Although the present study was not tightly hypothesis-guided, several outcomes were expected to be more likely than others. As a way of further summarizing the purposes of the

present study, its various objectives and expected results related to each will be enumerated briefly below.

1. Component Analysis of Cognitive Therapy

The degree to which the three different treatment components comprising cognitive therapy contribute to its efficacy was evaluated within a 2 (cognitive factor) X 2 (behavioral factor) factorial design. The two levels of the cognitive factor consisted of either distancing plus rational restructuring or rational restructuring alone. Because distancing as a treatment component consists of a rather limited array of therapeutic procedures which would have had to be implemented over a fairly extensive time period in order to constitute a separate level of the cognitive factor, it was decided to combine distancing with the rational restructuring component. The two levels of the behavioral factor consisted of either the presence versus absence of behavioral hypothesis-testing.

Significant main effects for both factors and their interaction were anticipated. Based on Beck's view of distancing as the "first, critical step" of cognitive therapy, it was expected that subjects who received distancing would show greater improvement than those who did not. In light of previous research which has suggested that increases in activity level may help reduce depression, it also was anticipated that greater improvement would be associated

with the inclusion of behavioral homework assignments. Finally, it was predicted that the treatment components would combine in an interactive manner such that the greatest improvement among the four cells of the factorial design would be found for subjects who received the full package of components (distancing plus rational restructuring with behavioral homework).

2. Process Analysis of Cognitive Therapy

It generally was expected that treatment component-specific changes in the process measures would be detected as a function of treatment duration. For instance, since distancing as a therapeutic mechanism especially was emphasized by the comprehensive distancing intervention, it was expected that subjects receiving this treatment would show the greatest change in a process measure of distancing throughout the course of treatment. Within the component design, it similarly was expected that the two cells which received the distancing component of cognitive therapy would show greater changes in distancing than the other two cells which received rational restructuring without distancing. Conversely, it was expected that these two latter cells would evidence the greatest increase in a process measure of rational restructuring throughout the course of treatment. Finally, it was expected that the greatest changes in a process measure of behavioral hypothesis-testing would be detected among subjects assigned behavioral homework.

3. Conceptual Analysis of Cognitive Therapy

A comparison of the comprehensive distancing intervention, derived from a radical behavioral reconceptualization of cognitive therapy, with the cells of the component analysis was conducted within a 3 X 2 factorial design by adding two comprehensive distancing conditions to the 2 X 2 component design. (For ease of discussion, the 2 X 2 design used to conduct the component analysis of cognitive therapy hereafter also will be referred to as the "component design." The 3 X 2 design used to assess the larger conceptual issue involving comprehensive distancing will be referred to as the "conceptual design.") The comprehensive distancing intervention was crossed with the presence versus absence of behavioral homework to yield a more elegant design and also to evaluate the impact of behavioral homework within the context of comprehensive distancing.

It generally was expected that the comprehensive distancing cells would be of intermediate effectiveness. Specifically, it was expected that comprehensive distancing would be more effective than rational restructuring, which was expected to comprise the weakest cells of the component design. Conversely, it was expected that the most effective combination of cognitive therapy components, i.e., the distancing plus rational restructuring cells, would be superior to comprehensive distancing in reducing depression.

CHAPTER II

METHOD

Subjects

Volunteer subjects were recruited through publicity services, such as university publications and area newspapers, as well as community referral sources, such as local mental health centers and physicians. Appendices A, B, and C were derived from similar forms designed by Jarrett (1980) and illustrate how this research project was represented to area publicity services, physicians, and other referral sources.

Only women were accepted as participants for several reasons. For one, much of the previous outcome research in the treatment of depression has employed primarily, if not exclusively, female depressives. This probably results from depression being more prevalent in women than in men and because of the greater tendency for depressed women to seek treatment. Because of the small number of project participants, men also were excluded to avoid any possible gender effects.

A total of 56 women presented themselves as potential subjects. In order to be selected as a participant in the project, potential subjects had to be free from antidepressant and/or tranquilizing medications for a minimum of 2 weeks

and to have had a medical examination within the previous year. To verify this, each subject was required to return a "Physician's Statement" (Appendix C), endorsed by her physician indicating a medical examination within the past year and freedom from antidepressant and/or tranquilizing medication for a minimum of 2 previous weeks.

Selection Criteria

Project participants were screened through a sequential, multicriteria selection procedure to ensure that they were experiencing a clinical level of depression prior to beginning treatment. Prior to formal screening, all subjects were asked to sign a consent form (Appendix D) outlining the purposes and procedures of this process.

Beck Depression Inventory. Potential subjects first were asked to complete the Beck Depression Inventory (Beck, 1967; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The Beck Depression Inventory (BDI), presented in Appendix E, consists of 21 items which evaluate various depressive symptoms. Each item is scored on a range from 0 to 3, yielding a possible score range from 0 to 63. Acceptable subjects were required to report moderate to severe levels of depression, defined as a score of 20 or above on the BDI. This same criterion also is followed by Beck and his colleagues (Rush et al., 1977; Rush & Watkins, 1981) in identifying depressive subjects. Twenty individuals failed to meet

criterion on the BDI and were offered referrals to their local community mental health center, local private mental health facilities, or area psychologists in private practice.

Minnesota Multiphasic Personality Inventory. All potential subjects meeting criterion on the BDI next were asked to complete the Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1942). The MMPI is a widely used and researched measure of general psychopathology, with depression, in particular, assessed by its D scale (Lewinsohn & Lee, 1981; Rehm, 1976). Because of its familiarity and length, the MMPI items are not included in an appendage.

Selection criteria involving the MMPI scales followed those outlined by Lewinsohn and his associates (Lewinsohn, Biglan, & Zeiss, 1976; Lewinsohn, Sullivan, & Grosscup, 1980). Subjects were required to obtain a raw score of 29 or greater (or T-score of 70 or greater) on the Depression scale of the MMPI (Appendix F). An additional requirement was that the Depression scale be greater than the T-scores on the Psychasthenia and Hysteria scales. A total of four individuals failed to meet these criteria and were offered referrals for treatment elsewhere.

Hamilton Rating Scale for Depression. All potential subjects meeting selection criteria on the BDI and MMPI-D next were interviewed by another advanced graduate student in clinical psychology. The screening interview lasted 50-60 minutes and followed an outline suggested by Lewinsohn

et al. (1976). An outline of the questions asked can be found in Appendix G. After completing the screening interview, the interviewer completed the Hamilton Rating Scale for Depression (HRS-D) (Hamilton, 1960). All interviews were audiotaped in order to assess subsequently interrater reliability with a second independent assistant.

The HRS-D (Appendix H) is a widely used clinical rating scale for summarizing interview data (Lewinsohn & Lee, 1981; Rehm, 1976), which has been shown to have adequate reliability and validity (Bailey & Coppen, 1976; Biggs, Wylie, & Ziegler, 1978; Fahy, 1974; Hamilton, 1960; Hedlund & Vieweg, 1979; Prusoff, Klerman, & Paykel, 1972). Two versions of the HRS-D, one consisting of 17 items and the other including four additional items, have been employed in clinical research. The 21-item version of the HRS-D was utilized in order to generate a wider range of scores against which to evaluate treatment effects. Each of the 21 items on the HRS-D reflects a different symptom of depression and is rated on either a 0 to 2 or 0 to 4-point scale, yielding a potential score range from 0 to 61. Potential subjects were required to score 14 or above on the HRS-D. This particular cut-off score indicates a mild level of depression (Mowbray, 1972) and has been adopted by Beck and his associates in subject selections (Rush et al., 1977; Rush & Watkins, 1981). Seven individuals failed to meet the selection criterion on the HRS-D and were offered referrals for treatment elsewhere.

Characteristics of Subject Sample

A total of 25 women met all selection criteria and were invited to participate in the study, with 6 declining to do so. Of the remaining 19 individuals, all but 1 subject completed the full course of treatment and assessment. Of the 18 subjects who completed treatment, 2 were seen through the UNC-G Psychology Clinic. The remaining subjects were recruited from the Philadelphia area while this investigator completed an internship at the Center for Cognitive Therapy.

Comparison with Rush et al. (1977) sample. Because of the selection criteria employed, the 18 subjects who completed treatment may be viewed as constituting a sample of clinically depressed female outpatients. As a further validation of their pretreatment level of depression, BDI scores from the present sample were compared with pretreatment scores from those subjects who received cognitive therapy within the Rush et al. (1977) study. A *t* test detected no significant difference between the pretreatment BDI scores of the two samples, $t(34) = .247$, p = ns.

Age. Subjects ranged in age from 22 to 64, with a mean of 40.39 years. The age range of subjects was comparable to that of the Rush et al. (1977) sample (18 to 65), with the mean age being somewhat higher (40.39 vs. 33.90 years).

Educational level. All subjects had at least a high school education, with a mean educational level of 14.89. This level also was comparable to that of the Rush et al. (1977) sample of 14.63 years.

Psychiatric history. A total of 15 subjects reported previous treatment of depression. Two subjects reported previous hospitalization, and 8 subjects previous treatment with pharmacotherapy. In comparisons with the Rush et al. (1977) sample, no significant differences were noted in the proportion of subjects with histories of previous hospitalization, $\chi^2(1) = .1397$, p = ns; nor histories of previous pharmacotherapy, $\chi^2(1) = .0184$, p = ns.

Summary. In summary, the present sample consisted of 18 clinically depressed females who were comparable to subjects receiving cognitive therapy in the Rush et al. (1977) study in their pretreatment level of depression, age, educational level, and history of previous psychiatric treatment. A further outline of the subjects' characteristics is presented in Table I-1. (Table I-1 and all subsequent tables are contained in Appendix I.)

Procedure

Since subjects were treated individually rather than in small groups, participants were screened sequentially, and upon meeting the selection criteria, were assigned randomly to one of six treatment conditions (n = 3 in each condition) and to one of three baseline phases within each treatment condition. Before being admitted formally into treatment, a treatment contract was reviewed with each subject prior to obtaining her informed consent (see Appendix J for Consent

Form II). As outlined in the treatment contract (adapted from Jarrett, 1980), each subject was asked to deposit $60 which was refunded gradually and contingently in increasing amounts each time a subject attended treatment and assessment sessions and/or completed her homework.

Prior to the introduction of active treatment, subjects were asked to collect 3, 4, or 5 weeks of baseline data, with the baseline phase length determined randomly. Subjects were asked to complete a BDI prior to retiring each night during the baseline phase as well as throughout the 12 weeks of treatment. Accordingly, it was possible to evaluate the impact of treatment introduction via a multiple-baseline across-subjects design within each treatment condition and to monitor closely the progress of each individual subject throughout the entire course of treatment.

At pretreatment subjects also were evaluated with an assessment battery, described in the "Outcome Measures" section which follows. This same battery was repeated 1 week following the conclusion of treatment and again at 2-month follow-up. Also at both posttreatment and follow-up, all subjects again completed the BDI and MMPI-D.

Additionally, at both assessment occasions, subjects again were interviewed by the same independent assistant employed at pretreatment, using an outline modified slightly from that followed in the screening interview (see Appendix K). The assistant was blind to each subject's treatment assignment

and completed the HRS-D following both posttreatment and follow-up interviews. All interviews again were audiotaped and subsequently rated on the HRS-D by another advanced graduate student, blind to each subject's treatment assignment and assessment occasion, to obtain a measure of interrater agreement. Across the entire sample of pretreatment, posttreatment, and follow-up interviews, the interrater agreement between the two assistants on the HRS-D was both statistically significant and adequate for research purposes (r = .89, $p < .001$).

At the follow-up period, consent was obtained to contact each subject's physician to verify that no antidepressant nor tranquilizing medications had been prescribed during the previous month (see Appendix L). Also at follow-up, subjects were asked to evaluate the project by completing a brief questionnaire (Appendix M) adapted from Jarrett (1980). Finally, subjects were debriefed (Appendix N) and those desiring further treatment elsewhere, were offered referrals to their local community mental health center, local private mental health facilities, or area psychologists in private practice.

Outcome Measures

In addition to the BDI, MMPI-D, and HRS-D, the following measures also were obtained at pretreatment, posttreatment, and follow-up.

Automatic Thoughts Questionnaire

The Automatic Thoughts Questionnaire (ATQ-30, see Appendix O) is a 30-item questionnaire which assesses the frequency of occurrence and degree of believability in negative thoughts associated with depression. Separate measures of the frequency of depressive thoughts, ATQ-F, and the degree to which they are believed, ATQ-B, were thus obtained. Each depressive thought is rated on a 1-5 scale on both frequency and believability dimensions, yielding a range of possible ATQ-F and ATQ-B scores of 30-150. Previous research on the psychometric properties of the ATQ-30 (Dobson & Breiter, 1983; Hollon & Kendall, 1980) has shown it to possess high internal reliability and concurrent validity.

Dysfunctional Attitude Scale

The Dysfunctional Attitude Scale (DAS, see Appendix P) was designed "to identify the common assumptions underlying the typical dysfunctional attitudes in depression" (Weissman, 1979, p. 143). In contrast to the ATQ-30 which surveys depressive thoughts at the level of immediate awareness, the DAS purportedly assesses depressogenic beliefs existing at a higher level of cognitive organization.

The scale itself consists of a list of 40 attitudes identified by experienced clinicians as most characteristic of depression. Respondents indicate their agreement with each attitude according to a 1-7 scale, yielding a range of

possible scores of 40 to 280. Investigations of its psychometric properties suggest the DAS has adequate internal and test-retest reliability as well as concurrent validity for use in research (Weissman, 1979).

Pleasant Events Schedule

The Pleasant Events Schedule (PES) consists of 320 events rated as pleasurable by a sample of subjects (MacPhillamy & Lewinsohn, 1972). Directions and sample items from the Pleasant Events Schedule can be found in Appendix Q. Subjects first are asked to rate the frequency with which events occurred within the past month according to a 3-point scale (1 = has not happened, 2 = has happened a few times, or 3 = has happened often). Subjects then are asked to rate the same events a second time according to how pleasant and enjoyable each event was, or potentially would have been if engaged in, according to a 3-point scale (1 = not pleasant, 2 = somewhat pleasant, or 3 = very pleasant). Three scores are derivable from the two sets of ratings: (1) Activity Level (PESAL)--defined as the sum of the frequency ratings, (2) Reinforcement Potential (PESRP)--defined as the sum of the pleasantness ratings, and (3) Obtained Reinforcement (PESOR)--defined as the sum of the product of the frequency and pleasantness ratings for each event. Considerable research by Lewinsohn and his associates has shown the PES to display acceptable levels of reliability and validity (Lewinsohn & Amenson, 1978; MacPhillamy & Lewinsohn, 1974, 1975).

Speech Duration

Several aspects of speech previously have been examined as indicants of depression, including speech pause-time, defined as the duration between speech articulations, and total speech time. Depressive individuals, for instance, have been found to have unusually long pause durations (Swanson, 1977), resulting in a retarded rate of speech compared to control groups (Hinchliffe, Lancashire, & Roberts, 1971; Szabadi, Bradshaw, & Besson, 1976). Total speech time in particular, of depressives has been found to correlate highly with self-report measures of depression (Teasdale, Fogarty, & Williams, 1980) and to show decreases with clinical improvement (Szabadi et al., 1976).

Following a procedure outlined by Szabadi et al. (1976) and Teasdale et al. (1980), subjects were asked to count from 1 to 10 in "their own time," with their sample of speech audiotaped. An assistant, blind to the subjects' treatment conditions and assessment occasion, timed each sample to the nearest tenth of a second with a stopwatch. This investigator similarly also timed each speech sample. Interrater agreement was found to be highly significant and adequate for research purposes ($r = .99$, $p < .001$).

Process Measures

Prior to beginning each treatment session, subjects were asked to complete an extended version of the ATQ-30. The Thoughts Questionnaire, presented in Appendix R, was

designed to solicit subject responses from which weekly measures of distancing, rational restructuring, and behavioral hypothesis-testing could be derived.

Distancing

Effective distancing involves the ability to "stand back" from one's own thoughts and view them with healthy skepticism. Successful distancing thus was expected to be reflected by reduced believability ratings on the ATQ-30. By comparison, relatively little change necessarily should occur in the frequency ratings on the ATQ-30. Accordingly, distancing as a therapeutic process was thought to be reflected most clearly by reductions in believability ratings on the ATQ-30 occurring independently of similar changes in frequency ratings. Distancing as a process measure thus was expressed as a correlational coefficient between the frequency and believability ratings for each of the 30 negative thoughts comprising the ATQ-30.

Rational Restructuring

Prior to each treatment session, subjects were presented with a sample of five depressive thoughts from the ATQ-30. The particular thoughts presented each week were selected randomly except for the restriction that no items be selected with zero frequency-no believability nor appear on consecutive weeks. Subjects were asked to restate in their own words "each of the thoughts in a more positive way which might lead you to feel less depressed."

To provide a process measure of rational restructuring, following the conclusion of treatment, subject responses were rated on a 9-point scale (see Appendix S) by a panel of judges blind to subjects' treatment conditions and the treatment sessions from which the responses were obtained. A random fourth of all subject responses were rated by pairs of judges to assess interrater agreement. Unfortunately, despite repeated refinement of the scale, interrater reliability was found to be quite low (r = .53), necessitating that any subsequent interpretations of differences in the process measure of rational restructuring be made very tenuously.

Behavioral Hypothesis-Testing

For each of the five items derived from the ATQ-30 used to obtain a process measure of rational restructuring, subjects also were asked before each treatment session to "briefly describe any experiences you may have had in the past week which have either increased or decreased your belief in each of the thoughts." Following the conclusion of treatment, subject responses were rated on a 9-point scale of behavioral hypothesis-testing (see Appendix T) by a panel of judges blind to subjects' treatment conditions and the treatment sessions from which the responses were obtained. A procedure identical to that outlined for the process measure of rational restructuring was used to evaluate interrater agreement. Interrater reliability was found to be higher

than that noted for the measure of rational restructuring and to be adequate for research purposes (r = .78).

Assessment of Nonspecific Treatment Effects

Because this investigator served as the therapist in all treatment conditions, it seemed advisable to assess the presence of any potential bias or other nonspecific effects which may have been associated differentially with the various conditions. For this purpose, a Postsession Questionnaire (see Appendix U), adapted from Lazarus (1971), was administered to all subjects at the end of each treatment session. Subjects were asked to complete the four-item questionnaire anonymously to encourage greater openness in responding and to decrease any demand characteristics to please the therapist.

Treatment Conditions

Each subject received 12 weekly sessions of individual treatment, with a random third of them audiotaped for subsequent review as a manipulation check. Each treatment session lasted approximately 1 hour and, as described, was preceded by having subjects complete the Thoughts Questionnaire. The general format of each treatment session included reviewing assigned homework, refunding a portion of the data deposit when the homework had been completed, listening to subjects' concerns, presentation and discussion of new treatment material, and assignment of new homework. Following the

conclusion of each session, subjects completed a copy of the Postsession Questionnaire indicating their impressions of the session.

As mentioned, this investigator served as the therapist for all six treatment conditions (n = 3 in each condition). The six treatment conditions are described in detail below and comprised the cells within a 3 (cognitive factor = rational restructuring, distancing plus rational restructuring, or comprehensive distancing) X 2 (behavioral factor = presence versus absence of behavioral homework) factorial design. This design is illustrated in Table I-2.

The design of this project, as outlined further in Table I-3, combined both between and within-series strategies (Hayes, 1981b). Individual subjects within each treatment condition began treatment after either 3, 4, or 5 weeks of daily baseline assessment with the BDI, thus permitting a multiple baseline arrangement across subjects within each treatment condition. In addition, a strong multiple baseline strategy (Hayes, 1981b), wherein individual subjects within appropriate treatment conditions were exposed to varying phase lengths of the specific treatment components involved, was employed. A more detailed outline of both the between and within-series conditions examined in this project are detailed below.

Rational Restructuring Without Behavioral Homework

This treatment condition was designed to examine the rational restructuring component within the cognitive treatment of depression in isolation. Procedurally, for 12 weeks this treatment component largely followed guidelines outlined by Beck et al. (1979) in guiding subjects to reformulate their depressive thoughts into testable hypotheses. A treatment manual for this condition is presented in Appendix V. However, rational restructuring procedures were not preceded by any distancing procedures nor followed by specific homework assignments designed to "reality test" any depressive thoughts.

Self-monitoring homework was used to identify specific depressive thoughts for further discussion. In addition, subjects were asked to self-monitor associated mood and believability levels as well as possible rational restructuring of depressive thoughts and subsequent mood and believability levels. The format of the self-monitoring booklet closely followed the "Daily Record of Dysfunctional Thoughts" employed by Beck and his associates (Beck et al., 1979) and, along with an example entry, is presented in Appendix W.

Rational Restructuring With Behavioral Homework

This treatment condition was designed to evaluate the degree to which the component of hypothesis-testing further adds to the therapeutic power of rational restructuring.

Also, by its exclusion of normal distancing procedures, this condition indirectly evaluated their contribution. The rational restructuring component employed closely followed those procedures already outlined, although in a condensed format. A treatment manual for this condition is presented in Appendix X. The phase length of the rational restructuring component was related inversely to the subject's baseline phase length, such that the subject experiencing 3 weeks of pretreatment baseline received 5 weeks of rational restructuring, the subject with 4 weeks of baseline received 4 weeks of rational restructuring, and the subject with 5 weeks of baseline received 3 weeks of rational restructuring (see Table I-3). The remaining 12 weeks of active treatment was filled by either 7, 8, or 9 weeks of behavioral homework.

During the rational restructuring phase, subjects were assigned homework similar to that described previously for this treatment component in order to identify specific depressive thoughts for further examination. When the behavioral homework phase was introduced, subjects thereby already had several weeks of instruction and practice in reformulating specific beliefs into testable hypotheses. During the behavioral homework phase, the Pleasant Events Schedule completed during baseline was used to identify low frequency, highly pleasurable activities. Once identified, subjects were asked to verbalize particular thoughts and/or feelings which, in their view, interfered with their engagement in

such activities (e.g., "I wouldn't have a good time anyway," "It wouldn't turn out right," etc.). Subjects then were guided in setting up tests of such thoughts and feelings surrounding inactivity, and for homework were instructed to carry them out. Also as part of homework, subjects were asked to monitor their rational restructuring and behavioral homework activities as well as associated mood ratings. The format of a self-monitoring booklet for this purpose, which in effect combined those used for the rational restructuring and behavioral homework components in isolation, along with an example entry, is presented in Appendix Y.

Distancing Plus Rational Restructuring Without Behavioral Homework

The purpose of this treatment condition essentially was twofold: (1) to evaluate the contribution which distancing makes to rational restructuring by comparing this condition with the rational restructuring without behavioral homework cell, and (2) to assess indirectly the impact of behavioral homework by comparing this condition to one which presents all three components. The distancing procedures differed from the comprehensive distancing condition in more closely following specific strategies such as similes, reattribution techniques, and "alternative conceptualizations" outlined by Beck et al. (1979). A treatment manual for this condition is presented in Appendix Z. Homework during the distancing component, however, closely resembled that assigned within

the more comprehensive condition and employed the same self-monitoring booklet (see Appendix AA). Self-monitoring exercises again were employed in identifying specific depressive thoughts for further discussion in therapy.

The phase length of the distancing component was related inversely to the subjects' baseline phase length, such that the subject experiencing 3 weeks of pretreatment baseline received 5 weeks of distancing procedures, and so on (see Table I-3). The remaining 12 weeks of active treatment were filled with either 7, 8, or 9 weeks of rational restructuring. This phase of treatment was structured along guidelines previously outlined in emphasizing the restatement of depressive thoughts into objective, testable hypotheses. For homework during this phase, subjects first were asked to identify and distance themselves from naturally occurring depressive thoughts prior to reformulating them into testable hypotheses. The format of a self-monitoring booklet for this purpose and an example entry are presented in Appendix BB.

Distancing Plus Rational Restructuring With Behavioral Homework

This treatment condition most closely adhered to the guidelines for Beck's cognitive therapy of depression (Beck et al., 1979) and essentially served as a therapeutic benchmark against which the outcomes of the other treatment conditions and components could be evaluated. A treatment manual for this condition, adapted from that of Beck and his

associates (1979), is presented in Appendix CC. This treatment condition differed most noticeably from Beck's cognitive therapy in introducing its three treatment components in a strict, sequential fashion.

Distancing procedures, along with associated homework assignments, were presented first. The phase length of the distancing component again was related inversely to the subjects' baseline phase length in the manner previously described (see Table I-3). Subjects next received either 3, 4, or 5 weeks of rational restructuring. The phase length of the rational restructuring component was the same as that of the baseline period, such that the subject experiencing 3 weeks of pretreatment baseline received 3 weeks of rational restructuring, and so on. Homework during this point of treatment involved self-monitoring along the guidelines detailed within the distancing plus rational restructuring without behavioral homework cell.

Finally, to complete the 12 weeks of active treatment all subjects received 4 weeks of behavioral homework. During this phase, homework focused on activities from the PES according to the strategy outlined previously in the rational restructuring with behavioral homework cell. In addition to monitoring their rational restructuring and behavioral homework activities, for homework subjects also were asked to first distance themselves from thoughts and feelings surrounding inactivity. The format of a self-monitoring

booklet for this purpose as well as an example entry is presented in Appendix DD.

Comprehensive Distancing Without Behavioral Homework

This treatment condition was derived from a radical behavioral view of private events and was designed to assess the impact of distancing procedures which go beyond those typically followed in cognitive therapy of depression (Beck et al., 1979). It consisted of a single treatment component largely based on several guidelines outlined by Hayes (1981a). A treatment manual for this treatment condition is presented in Appendix EE.

Briefly, the treatment condition emphasized four sequential goals. First, an attempt was made to undermine the attachment to and identification with particular thoughts and feelings. Self-monitoring exercises were used to identify specific instances of depressive thoughts. In meeting this first goal, comprehensive distancing procedures were similar to those typically presented in cognitive therapy of depression in their attempt to enable clients to "step back" from their own private events. The three remaining goals of the comprehensive distancing condition, however, differed noticeably from those of more common cognitive distancing procedures.

A second goal of the comprehensive distancing without behavioral homework cell was to undermine automatic control by private events by questioning the view that self-rules and

other private events are under immediate voluntary control. In particular, an attempt was made to undermine the view of subjects that they can control directly their depressive thoughts, especially when those thoughts function as rules about other thoughts or feelings (e.g., "I'm hopeless to feel so depressed"). This particular strategy went beyond usual distancing procedures and actually may be viewed as conflicting with their overall purpose. Unlike the distancing procedures outlined by Beck which are initiated in the service of subsequent rational restructuring and behavioral hypothesis-testing, comprehensive distancing procedures fundamentally are incompatible with the reformulation of depressive thoughts or beliefs, since to do so would be tantamount to following a rule about the need to control such private events. For example, an attempt to follow the rule of "Don't have depressive thoughts" likely initiates the same beliefs the rule seeks to avoid. In short, the second goal of this treatment condition was to enable subjects to tact ("just notice") their own depressive thoughts and feelings as they occur without attempting to mand (control) them.

The third goal of this treatment condition was to enable subjects to recognize how some control by depressive thoughts can weaken and obscure actual contingencies controlling behavior, and thereby result in behavioral passivity. Subjects, in particular, were encouraged to recognize that private events, such as depressive thoughts, are themselves not the

causes of other behavior ("I can't do anything because I'm too depressed"), but are themselves mere behavior.

The fourth and final goal of this treatment condition was to enable subjects to make and adhere to commitments. An emphasis was placed on formulating and publicly stating, as in a resolution, specific, behavioral, and time-limited goals. In addition, the tendency to allow thoughts and feelings to serve as excuses (causes) for failures to follow commitments was stressed continually. The last goal of the comprehensive distancing without behavioral homework cell is compatible with the assignment of behavioral homework and conceivably should even enhance the therapeutic power of this treatment component.

While the next treatment condition to be discussed combined comprehensive distancing procedures with behavioral homework assignments, subjects receiving comprehensive distancing without behavioral homework were not given any therapist-assigned behavioral homework. Subjects, however, were guided in formulating their own behavioral commitments. As homework, subjects were instructed to just notice (tact) depressive thoughts which occurred and subsequently to distance themselves from them. Subjects were given self-monitoring booklets in which to record naturally occurring depressive thoughts, associated predistancing believability and mood ratings, any distancing procedures engaged in, and associated postdistancing believability and mood ratings.

The format of the self-monitoring booklet employed along with an example entry is presented in Appendix AA.

Comprehensive Distancing With Behavioral Homework

This treatment condition was designed to assess any additional therapeutic power which a systematic behavioral treatment component contributes to comprehensive distancing procedures. It sequentially presented two treatment components, comprehensive distancing, which has already been discussed, and behavioral homework assignments. A treatment manual for this condition is presented in Appendix FF. Within the comprehensive distancing component, the same basic procedures and homework previously outlined were presented, although in a somewhat condensed fashion. Subjects received either 3, 4, or 5 weeks of comprehensive distancing procedures, followed by 9, 8, or 7 weeks of behavioral homework (see Table I-3). The phase length of the comprehensive distancing component was related inversely to the subjects' baseline phase length, such that the subject experiencing 3 weeks of pretreatment baseline received 5 weeks of comprehensive distancing procedures, and so on.

As suggested earlier, the comprehensive distancing procedures in this condition were designed in part to facilitate the behavioral homework component which they preceded. As described, behavioral homework assignments attempted to engage subjects in low frequency, highly pleasurable activities

identified from the PES completed at pretreatment. While the component of behavioral homework assignments was identical procedurally with that implemented within the component analysis of cognitive therapy, it may be viewed as having served different functions depending on which cognitive components it followed. Relative to the component analysis of cognitive therapy, homework assignments essentially served as "tests" of depressive beliefs.

Rather than serving an hypothesis-testing function, behavioral homework assignments which followed comprehensive distancing were designed to provide subjects with experience in engaging in activities in the presence of private events which otherwise might undermine such commitments. Subjects were guided in formulating specific behavioral goals and were asked to self-monitor instances of goal attainment and a rating of their subsequent mood. The format of this self-monitoring booklet as well as an example entry is presented in Appendix GG. Any failure by subjects to maintain their commitments was met with further discussion of the inadequacy of depressive thoughts or feelings as valid excuse for inactivity. In short, subjects were encouraged to engage in previously enjoyable activities even though they might complain that they felt too depressed to do so.

Check of Treatment Conditions

All sessions within each treatment condition were guided by the treatment manual for that condition. As a manipulation

check, a random third of all treatment sessions were audio-taped and reviewed later by a panel of four independent judges who were familiar with the various treatment manuals, but blind to each subject's treatment condition. Each judge was given a session tape for each of the 18 subjects and asked to specify which treatment condition was being implemented. The panel was able to correctly classify 60 of the 72 tapes (83%), a proportion which greatly exceeds that expected by chance; $z = -5.54$, $p < .0001$.

CHAPTER III

RESULTS

Drop-Outs

As mentioned previously, all but 1 of 19 subjects completed the full course of treatment and assessment. This subject dropped out after three sessions of comprehensive distancing, stating that she felt further treatment was unnecessary. Substantial improvement was documented by the subject's BDI scores which decreased from 31 at pretreatment to 8 at the time she opted to drop out. No attempt was made to follow up this subject and none of her data are included in the analyses which follow.

Nonspecific Treatment Effects

Responses on the Postsession Questionnaire (see Appendix U) administered at the end of each treatment session, may be viewed as a gross measure of any possible nonspecific treatment effects. Ratings on each of the four items of the questionnaire were subjected to a 3 (cognitive factor) X 2 (behavioral factor) analysis of variance at each of the 12 measurement occasions. No significant main effects or interactions were found on any of the items at any of the measurement occasions.

Overview of Results

Several different types of data will be described and analyzed in the remaining sections of this chapter. Because of the chapter's length, the reader may wish to attend selectively to only certain sections. To facilitate this, a brief description of the major sections and summary of the data analyses and results of each are presented below.

The first major section, entitled "Visual-Graphic Analyses" (pp. 61-65), presents graphic displays of the course of improvement for each subject throughout treatment. The reader who is interested primarily in the issue of differential treatment outcome may wish to skip this section, since data which it describes are analyzed in greater detail in succeeding sections. Subjects as an aggregate showed improvement from pretreatment through follow-up, with the clearest therapeutic trends evident among subjects in the comprehensive distancing condition. The results of visual analyses of the single-subject data used to detect therapeutic trends associated with the introduction and implementation of the various individual treatment components also are presented.

Results of statistical analyses of therapeutic trends associated with the separate treatment components are detailed in the next major section, entitled "Component Analyses" (pp. 65-70). A time-series analysis was used to detect the presence of any therapeutic trends associated

with the various treatment components. Equivocal trends were noted for the introduction of behavioral homework. The three cognitive treatment components, distancing, rational restructuring, and comprehensive distancing, were found to be equally effective in initiating therapeutic trends. Especially surprising was the finding that the impact of the rational restructuring component was not enhanced when preceded by distancing. This suggests that distancing does not represent the "first critical step" within cognitive therapy and that the distancing and rational restructuring components within cognitive therapy combine in an additive, rather than interactive manner.

The next major section, entitled "Analyses of Outcome Measures" (pp. 70-87), describes differential treatment effects noted on each outcome measure. A listing of the individual outcome measures and brief summary of differences obtained for the component and conceptual designs on each are presented in Table I-4. As can be seen in Table I-4, differences were noted between the rational restructuring and distancing plus rational restructuring conditions on only 2 of the 10 outcome measures. This suggests that distancing procedures contribute to the efficacy of cognitive therapy, but that they are hardly critical to its success as has been claimed by Beck. Comparisons with the comprehensive distancing condition were consistent in showing it to be the most effective treatment. On no measures were the rational

restructuring or distancing plus rational restructuring conditions found to be superior to comprehensive distancing. These results may be viewed as providing initial empirical support for the viability of a radical behavioral view of cognitive phenomena and interventions.

The inclusion of behavioral homework assignments within cognitive therapy appeared to have a general, although somewhat delayed, therapeutic effect. Differences on the DAS indicating higher scores for subjects who had received behavioral homework, however, suggest that this treatment component influenced depression through a mechanism different from that posited by cognitive theroy.

The next major section, entitled "Analyses of Clinical Significance" (pp. 87-91), details differences among the various treatment conditions in the proportion of subjects showing clinical improvement at both posttreatment and follow-up. Significantly greater clinical improvement consistently was observed for the comprehensive distancing condition.

The next major section, "Status of Subjects at Follow-Up" (pp. 91-94), presents an analysis of subject responses on the Postproject Questionnaire. Subjects who had initiated or requested further treatment at follow-up are described, along with their ratings of self-improvement and general reactions to the treatment project.

The next major section, "Comparison with Rush et al. (1977) Results" (pp. 95-97), compares results from the present investigation with those from a previous outcome study of cognitive therapy. These comparisons suggest that cognitive therapy was adequately represented in the present study and provide further support for the superiority of comprehensive distancing over cognitive therapy.

The last major section of this chapter, entitled "Process Analyses" (pp. 97-103), describes differences associated with the various treatment conditions on process measures of distancing, rational restructuring, and behavioral hypothesis-testing. In general, relatively few differences were obtained, particularly in support of rational restructuring and behavioral hypothesis-testing as mechanisms of change within cognitive therapy. The overall results from the process and component analyses, as well as differential treatment effects, strongly suggest that cognitive therapy does not operate through mechanisms specified by cognitive theory.

Visual-Graphic Analyses

A mean score using the daily measures on the BDI was calculated for each subject at each week of baseline and treatment. Figure 1 presents a graphic display of these scores in a multiple-baseline fashion for subjects in the rational restructuring condition. (Figure 1 and all subsequent figures are presented in Appendix HH.) Figures 2

and 3 are of similar displays for subjects in the distancing plus rational restructuring and comprehensive distancing conditions, respectively. For ease of discussion, columns or rows within the two factorial designs will be referred to as "conditions." Separate groups within a given condition (e.g., the rational restructuring without behavioral homework group within the rational restructuring condition) will be referred to as "cells."

Rational Restructuring Condition

A visual analysis of Figure 1 showed decelerating trends in BDI scores throughout treatment for all three subjects within the rational restructuring without behavioral homework cell. These trends were most pronounced for Subjects 2 and 4, with all three subjects showing lower levels of self-reported depression at the conclusion of treatment and follow-up than during baseline.

A mixed pattern of results was obtained for subjects receiving rational restructuring with behavioral homework. Subject 9 showed an accelerating trend in scores during both the rational restructuring and behavioral homework components of treatment, with higher BDI scores at the end of treatment and follow-up than during baseline. Subject 10 showed a variable pattern of scores during both treatment components, with her level of self-reported depression at the end of treatment comparable to that observed during

baseline. At follow-up, however, Subject 10 indicated a lower level of depression. Subject 14 showed an accelerating trend in BDI scores during baseline, followed by an overall decelerating trend during the treatment phase with a further reduction in depression reported at follow-up. Opposing trends were evident during the two different treatment components. An overall trend towards increased levels of self-reported depression was noted during the rational restructuring component, following an initial downward shift in the baseline level of depression which occurred with the introduction of this component. A somewhat variable, but generally decelerating trend, was observed when behavioral homework was added to the treatment package.

Distancing Plus Rational Restructuring Condition

A visual analysis of Figure 2 revealed a mixed pattern of trends for the three subjects within the distancing plus rational restructuring without behavioral homework cell. Subject 13 showed an iatrogenic trend towards increasing levels of self-reported depression throughout treatment and higher BDI scores at the end of treatment and follow-up than during baseline. Subjects 15 and 16 showed overall decelerating trends during the treatment phase, with this trend more pronounced with Subject 15. Both subjects indicated lower levels of depression at the end of treatment and follow-up than during baseline.

A more consistent pattern of therapeutic trends was evident from a visual analysis of BDI scores from the three subjects within the distancing plus rational restructuring with behavioral homework cell. All subjects reported reduced levels of depression at follow-up, with lower BDI scores at the end of treatment noted for Subjects 5 and 8. Subjects 5 and 8 also showed an overall trend toward lower levels of depression throughout treatment, with a decelerating trend more pronounced for Subject 5. Subject 7, by contrast, showed a variable pattern of BDI scores throughout the 12 weeks of treatment.

The individual treatment components within this cell showed inconsistent patterns across the three subjects. While Subject 5 showed a dramatic decrease in her level of self-reported depression during the period in which distancing alone was implemented, no clear-cut trends were evident for Subjects 7 and 8. The rational restructuring component was associated with decreased levels of depression for Subjects 7 and 8, but with increased BDI scores for Subject 5. Finally, a variable pattern of BDI scores appeared for Subject 7 during the last 4 weeks of treatment in which behavioral homework was assigned, while Subjects 5 and 8 showed an overall therapeutic trend associated with behavioral homework, following an initial increase in level of depression upon its introduction.

Comprehensive Distancing Condition

A visual analysis of Figure 3 indicated somewhat variable, but general decelerating trends in BDI scores throughout treatment for the three subjects within the comprehensive distancing without behavioral homework cell. All subjects reported decreased levels of depression at the end of treatment, with further reductions in depression evident at follow-up. General trends toward lower levels of depression also were displayed during the comprehensive distancing component for the three subjects receiving this component prior to behavioral homework. Decelerating trends during the comprehensive distancing component were most evident for Subjects 18 and 11, with a more variable pattern noted for Subject 17. The addition of the behavioral homework component appeared to have its greatest impact with Subject 17, with a maintenance of therapeutic gains associated with the comprehensive distancing component, noted for Subjects 18 and 11 during the treatment period in which behavioral homework was included. All three subjects reported decreased levels of depression at the conclusion of treatment, with a maintenance (Subjects 18 and 17) or further reduction (Subject 11) of these levels noted at follow-up.

Component Analyses

Two levels of analyses were conducted to identify more clearly the therapeutic trends associated with the various treatment components suggested by the visual-graphic analyses.

A microanalysis of component effects was conducted using a time-series evaluation, as well as a more gross level analysis of component effects evaluating outcome measures at posttreatment and follow-up.

Time-Series Analyses

The presence of any trends in the various treatment components was evaluated by the C statistic (Tryon, 1982). The C statistic is a method of time-series analysis which evaluates variance among successive data points within a treatment phase relative to their variability about the mean of that phase. It was selected for its ease of calculation and ability to detect cumulative trends resulting from the addition of successive treatment components, as well as trends within separate treatment components.

For example, by using the C statistic, the presence or absence of any trend in baseline for each subject first was evaluated. In the absence of a trend in the baseline phase, data points from the first treatment component were appended to those from baseline, with the C statistic then used to evaluate the entire aggregate of data points. A significant result indicated that the aggregate of data points departed from those of the baseline phase and signified a trend associated with the introduction of the first treatment component.

In instances where a trend was detected in the baseline phase, the split-middle technique was used to project a

celeration line over the time period in which the first treatment component was implemented (Kazdin, 1976). Based on any existing trend in baseline, the celeration line essentially predicted where the subject "was going" during the succeeding weeks in which the first treatment component was in effect. BDI scores associated with the first treatment component then were subtracted from those predicted by the celeration line of baseline (Hayes, 1981b), with the C statistic conducted on the difference scores. A significant C statistic indicated the presence of a trend for the first treatment component away from that existing in baseline. (The interested reader should consult Kazdin, 1976; Hayes, 1981b; and Tryon, 1982 for a more detailed discussion on the use of the C statistic with difference scores derived from celeration lines.)

In a similar fashion to that just described, it was possible with the C statistic also to detect the presence of any trends which resulted when separate treatment components were added to any already in effect. One practical limitation of the C statistic is that at least eight data points per treatment component are required. For this reason, the means of consecutive daily BDI scores were calculated to yield a sufficient number of data points for subsequent analyses.

Trends in cognitive components. Table I-5 summarizes trends detected in each of the separate cognitive treatment

components, when each was added to the baseline phase, and when the rational restructuring component was added to distancing and to baseline plus distancing. Using the Fisher exact probability test (Siegel, 1956), no significant differences were noted in the proportion of therapeutic trends associated with the separate cognitive treatment components. A trend towards improvement was observed during the rational restructuring component for 8 of 12 subjects. The same proportion of therapeutic trends was found for the six subjects receiving the comprehensive distancing component. A trend towards improvement in self-reported depression was noted for half of the six subjects receiving the distancing component.

No significant differences were noted among the three cognitive components in evaluating the impact of each when added to the baseline phase. Significant trends towards improvement, when data points from baseline were added to those from the cognitive components, were noted for four of six subjects who received rational restructuring as their first treatment component. Similar trends were obtained for five of the six subjects whose first treatment component was distancing, and for all six subjects in the comprehensive distancing condition. Although no significant differences in trends associated with each of the components when evaluated in isolation versus when added to baseline were obtained, it seems worth noting that both the distancing

and comprehensive distancing components showed a relatively greater impact when added to baseline.

Since the rational restructuring component for the six subjects in the distancing plus rational restructuring condition was introduced following an initial exposure to the distancing component, it was possible to determine the degree to which the rational restructuring component significantly accelerated any trends towards improvement already established by the distancing component. As can be seen in Table I-5, this was the case for only one of the six subjects. This finding suggests that the rational restructuring component, at best, only maintained any therapeutic trend already associated with the distancing component rather than facilitating a trend shift towards more accelerated improvement. This interpretation also is underscored by the failure of the rational restructuring component to be associated with any shifts in trends away from those already established by adding the distancing component to the baseline phase.

Trends in behavioral component. Table I-6 summarizes trends associated with behavioral homework when analyzed in isolation and when added to the cognitive components. Equivocal trends were noted in evaluating behavioral homework in isolation, with four of the nine subjects showing accelerated improvement during the weeks of treatment in which they were assigned homework. As also seen in Table I-6, the introduction of behavioral homework was associated with few shifts

in trend when added to the cognitive components. The addition of behavioral homework also did not differentially affect any trends already associated with the different cognitive components. The introduction of behavioral homework thus, at best, appeared to be associated with a continuation of any trends already established by earlier treatment components and to not result in consistent shifts towards more accelerated improvement.

In the various additional subsections which follow, results relevant to the component analysis of cognitive therapy will be presented prior to those relating to the second, and larger conceptual question, outlined earlier, which this study also sought to address. As discussed earlier, the component question was approached as a 2 X 2 design, with the conceptual question involving comprehensive distancing addressed within a 3 X 2 design.

Analyses of Outcome Measures

Pretreatment, posttreatment, and follow-up means on each of the outcome measures are presented in Table I-7. The raw data for each individual subject are presented in Table I-8.

A *p* value of .10 or less was regarded as significant in statistical analyses. This fairly liberal level of statistical significance was selected for two reasons. For one, because of the small number of subjects (three) within each cell of the factorial designs, effects with *p* values as

great as .10 still accounted for a substantial proportion of the variance. Secondly, since cognitive therapy is a treatment of demonstrated effectiveness, a decision to accept a greater risk of committing a Type I error was assumed.

All outcome measures initially were evaluated with the Bartlett test of sphericity to determine whether the homogeneity of error variance assumption required by the analysis of variance was met. This assumption was found to be violated for the following measures: HRS-D, ATQ-B, PESOR, and speech duration. These measures subsequently were evaluated for any pretreatment differences with nonparametric tests, with the results of these analyses reported below. Outcome measures meeting the homogeneity of error variance assumption were evaluated for any pretreatment differences using analyses of variance.

Pretreatment

HRS-D. A Mann-Whitney test found no pretreatment difference between the rational restructuring and distancing plus rational restructuring conditions ($U = 16$, $p = .409$). However, a difference was detected for the behavioral factor ($U = 7$, $p = .047$), with subjects who subsequently received behavioral homework showing higher interviewer-rated levels of depression at pretreatment. This difference was not obtained when subjects within the comprehensive distancing condition were added to the analysis ($U = 23$, $p > .10$). A Kruskal-Wallis one way analysis of variance also found no

differences among the rational restructuring, distancing plus rational restructuring, and comprehensive distancing conditions [$H(2) = .63$, $p > .70$].

ATQ-B. Mann-Whitney tests indicated no pretreatment difference between the rational restructuring and distancing plus rational restructuring conditions in their believability of depressive thoughts ($U = 10$, $p = .12$), nor any difference between subjects in these conditions who subsequently received or did not receive behavioral homework ($U = 13$, $p = .242$). The addition of the comprehensive distancing condition also failed to yield any differences among the cognitive conditions [$H(2) = 3.45$, $p > .10$], nor any difference associated with the presence versus absence of behavioral homework ($U = 30.5$, $p > .10$).

PESOR. Mann-Whitney tests detected no differences in reinforcement obtained through pleasant events associated with the cognitive conditions ($U = 18$, $p = .531$), nor presence versus absence of behavioral homework ($U = 13$, $p = .242$) among cells of the component design. A Kruskal-Wallis analysis also found no pretreatment differences among the rational restructuring, distancing plus rational restructuring, and comprehensive distancing conditions [$H(2) = 0$, $p > .10$]. No pretreatment difference was found associated with the behavioral component when subjects within the comprehensive distancing condition were added to the analysis ($U = 40$, $p > .10$).

Speech duration. No pretreatment difference was found between the cognitive conditions of the component design (U = 12, p = .97). A significant difference using a Mann-Whitney test (U = 8, p = .066) was found associated with the behavioral condition, with subjects who subsequently received behavioral homework during treatment displaying shorter speech durations at pretreatment. This pattern, however, was not maintained when subjects within the comprehensive distancing condition were added to the analysis (U = 33, $p > .10$). A Kruskal-Wallis analysis also indicated no pretreatment differences among the cognitive conditions of the conceptual design [$H(2) = 1.13$, $p > .10$].

BDI. A 2 X 2 analysis of variance on pretreatment BDI scores among cells relevant to the component analysis of cognitive therapy indicated significant main effects: cognitive factor, $F(1, 8) = 5.72$, $p < .05$; behavioral factor, $F(1, 8) = 8.05$, $p < .05$. Subjects in the distancing plus rational restructuring condition reported higher levels of depression at pretreatment than those in the rational restructuring condition. Also, subjects subsequently receiving behavioral homework assignments displayed higher BDI scores than those without behavioral homework.

A 3 X 2 analysis of variance, including the comprehensive distancing condition, also indicated significant main effects with no interaction. A Scheffé test found the BDI scores for the distancing plus rational restructuring

condition to be significantly higher ($p < .025$) than those for the rational restructuring and comprehensive distancing conditions.

ATQ-F. A 2 X 2 analysis of variance indicated a significant main effect for the cognitive factor, $F(1, 8) = 4.55$, $p = .065$, with subjects in the distancing plus rational restructuring condition reporting higher frequencies of depressive thoughts at pretreatment. No significant main effect for the behavioral factor nor interaction was obtained.

A 3 X 2 analysis of variance revealed significant main effects on both cognitive, $F(2, 12) = 6.09$, $p = .015$, and behavioral factors, $F(1, 12) = 5.51$, $p = .037$. A Scheffé test indicated that pretreatment scores for the distancing plus rational restructuring subjects were higher than those from the rational restructuring ($p < .05$) and comprehensive distancing conditions ($p < .01$). Also, subjects who subsequently were assigned behavioral homework as part of their treatment displayed higher scores at pretreatment.

DAS. A 2 X 2 analysis of variance obtained significant main effects on both cognitive, $F(1, 7) = 4.83$, $p = .064$, and behavioral factors, $F(1, 7) = 14.30$, $p = .007$. Stronger endorsements of dysfunctional attitudes were noted for subjects within the rational restructuring condition and for subjects who later were assigned behavioral homework.

A 3 X 2 analysis of variance also indicated significant main effects on both cognitive, $F(2, 10) = 4.13$, $p = .049$, and behavioral factors, $F(1, 10) = 21.46$, $p = .001$. A

Scheffé test found higher pretreatment scores for subjects within the rational restructuring condition than those in the comprehensive distancing condition ($p < .025$). There were no pretreatment differences between the distancing plus rational restructuring and comprehensive distancing conditions.

MMPI-D. No significant pretreatment differences were detected by either 2 X 2 or 3 X 2 analyses of variance.

PESAL. No significant pretreatment differences in level of pleasant activities were detected by either 2 X 2 or 3 X 2 analyses of variance.

PESRP. No significant pretreatment differences in reinforcement potential associated with pleasant events were detected by either 2 X 2 or 3 X 2 analyses of variance.

Posttreatment and Follow-Up

Three different types of statistical analyses were conducted on the outcome measures obtained at posttreatment and follow-up. Nonparametric tests were performed at both assessment occasions on those measures discussed earlier (HRS-D, ATQ-B, PESOR, and speech duration) for which the homogeneity assumption of the analysis of variance was violated. Repeated measures analyses of covariance were conducted on those measures (BDI, ATQ-F, and DAS) associated with significant pretreatment differences. Finally, those outcome measures showing no pretreatment differences and

meeting the homogeneity assumption (MMPI-D, PESAL, and PESRP) were evaluated further with repeated measures analyses of variance.

HRS-D. The significant main effect for the behavioral factor detected at pretreatment within the component design was maintained at posttreatment (U = 8.5, p = .078). At 2-month follow-up, however, no difference in levels of interviewer-rated depression was obtained between subjects receiving versus not receiving behavioral homework during treatment (U = 15, p = .350). No significant main effect for the cognitive factor nor interaction within the component design was obtained at either assessment occasion.

No posttreatment or follow-up effects for behavioral homework were obtained when scores from the comprehensive distancing condition were included in the analysis. A Kruskal-Wallis analysis, however, on follow-up scores found a significant difference among the three cognitive conditions [$H(2) = 5.32$, $p < .10$]. The relative differences among the cognitive conditions are illustrated by Figure 4. As can be seen in Figure 4, all three conditions showed improvemaent from pre- to posttreatment, with continued improvement during the follow-up period. Paired comparisons using Mann-Whitney tests indicated that interviewer-rated levels of depression at follow-up were lower for subjects in the comprehensive distancing condition than in the rational restructuring (U = 4, p = .013) and distancing plus rational restructuring conditions (U = 7.5, p = .057).

At posttreatment, the lowest scores also were shown by the comprehensive distancing condition. While a Kruskal-Wallis test among posttreatment scores was not significant [$H(2) = 1.44$, $p > .10$], paired comparisons with Mann-Whitney tests indicated lower scores in the comprehensive distancing than in the distancing plus rational restructuring condition ($U = 9$, $p = .09$).

ATQ-B. No significant main effects were obtained at posttreatment for either the cognitive factor, $U = 16$, $p = .409$, or behavioral factor, $U = 15$, $p = .350$, within the component design. No significant main effects nor their interaction were detected at follow-up.

Significant differences in believability in depressive thoughts, however, were noted among the cognitive conditions of the conceptual design. Relative differences among mean scores for each of the conditions are illustrated in Figure 5. A_S can be seen in Figure 5, all three conditions showed improvement, as evidenced by decreased levels of believability in depressive thoughts, from pre- to posttreatment, with a maintenance or further enhancement of therapeutic gains occurring during the follow-up period.

At posttreatment, a Kruskal-Wallis test indicated a significant difference among the cognitive conditions [$H(2) = 4.78$, $p = .10$]. Separate Mann-Whitney tests found lower believability ratings for the comprehensive distancing condition compared to the distancing plus rational restructuring

(U = 5.5, p = .027) and rational restructuring conditions (U = 7, p = .047). No main effect for the cognitive factor was detected at follow-up [$H(2) = 2.94$, $p > .10$]. However, separate Mann-Whitney tests still revealed a difference between the comprehensive distancing and rational restructuring conditions (U = 7.5, p = .057).

A visual analysis of Figure 5 suggested different patterns of improvement from pre- to posttreatment and from posttreatment to follow-up among the different cognitive conditions. Specifically, a linear improvement trend from pretreatment to follow-up appeared for the distancing plus rational restructuring condition, with the other two conditions showing apparently comparable trends from pre- to posttreatment, followed by maintenance of improvement from posttreatment to follow-up.

In order to evaluate these apparent trends more systematically, change scores associated with the different conditions also were subjected to nonparametric analyses. Kruskal-Wallis analyses and associated separate Mann-Whitney tests on pretreatment to posttreatment and on pretreatment to follow-up change scores failed to uncover any significant differences. A significant difference, however, was noted on posttreatment to follow-up change scores among the cognitive conditions [$H(2) = 5.64$, $p > .10$] when scores from all subjects were considered. Separate Mann-Whitney tests indicated greater posttreatment to follow-up change scores for the

distancing plus rational restructuring condition compared to the rational restructuring (U = 9, p = .090) and comprehensive distancing conditions (U = 3, p = .008).

An analysis of individual ATQ-B scores suggested that the difference obtained between the distancing plus rational restructuring and comprehensive distancing conditions may have resulted from a floor effect. Two of the subjects in the comprehensive distancing condition obtained the lowest score possible on the ATQ-B (30) at both posttreatment and follow-up, making their change scores 0. A nonsignificant Kruskal-Wallis analysis was obtained when these change scores were excluded [$H(2) = 3.93$, $p > .10$]. However, a significant difference still was obtained between the distancing plus rational restructuring and comprehensive distancing conditions (U = 3, p = .033), although this effect still may be viewed, in part, as resulting from a floor effect, given the low mean ATQ-B score (42) obtained from the comprehensive distancing subjects at posttreatment.

PESOR. No significant differences were obtained between the cognitive conditions of the component analysis at either posttreatment (U = 12, p = .197) or follow-up (U = 12, p = .197). However, a visual analysis of all three cognitive conditions, presented in Figure 6, suggested a different pattern of improvement from pretreatment to follow-up between the rational restructuring and distancing plus rational restructuring conditions. Specifically, both conditions indicated higher levels

of enjoyability obtained through pleasant activities at posttreatment than at pretreatment, with a continuation of improvement throughout the follow-up period noted for the distancing plus rational restructuring condition. The rational restructuring condition, by contrast, showed a loss of treatment gains during follow-up. Mann-Whitney tests detected no differences in change scores from pre- to posttreatment (U = 14, p = .294) or from pretreatment to follow-up (U = 12, p = .197) between the rational restructuring and distancing plus rational restructuring conditions. An analysis of posttreatment to follow-up change scores, however, revealed a highly significant difference (U = 3, p = .008).

Nonparametric tests of the behavioral factor within the component design were nonsignificant at posttreatment (U = 11, p = .155), but significant at follow-up (U = 8, p = .066), with higher levels of obtained reinforcement noted for subjects who received behavioral homework. Mean scores at each measurement occasion for the two behavioral conditions are presented in Figure 7. As can be seen, both conditions showed improvement from pre- to posttreatment, with only those subjects receiving behavioral homework displaying increased levels of obtained reinforcement during the follow-up period.

The addition of subjects from the comprehensive distancing condition eliminated any effect for the behavioral factor at follow-up (U = 28, $p > .10$). However, the significant effect on the cognitive factor for posttreatment to follow-up

change scores obtained for the component design, was maintained when the comprehensive distancing condition was added to the analysis [$H(2) = 6.46$, $p < .05$]. As seen in Figure 6, an increase in PESOR scores occurred from pre- to posttreatment within the comprehensive distancing condition, with a maintenance of therapeutic gains noted from posttreatment to follow-up. Separate Mann-Whitney tests detected greater posttreatment to follow-up change scores for the comprehensive distancing than rational restructuring condition ($U = 8.5$, $p = .078$), with no difference found between the comprehensive distancing and distancing plus rational restructuring conditions ($U = 10$, $p = .12$).

Speech duration. No significant differences were obtained between the cognitive conditions of the component design at either posttreatment ($U = 14.5$, $p = .322$) or follow-up ($U = 16$, $p = .409$). The main effect for the behavioral factor of the component design noted at pretreatment was not maintained at posttreatment ($U = 10.5$, $p = .138$). At follow-up, however, shorter speech durations were again found for subjects receiving behavioral homework ($U = 6.5$, $p = .04$). Mean scores at each measurement occasion for the two behavioral conditions are presented in Figure 8. As seen in Figure 8, both behavioral conditions showed reduced levels of speech duration from pre- to posttreatment. A therapeutic trend continued from posttreatment to follow-up for subjects receiving behavioral homework, while those not receiving behavioral homework showed some deterioration of improvement.

The addition of subjects from the comprehensive distancing condition eliminated any effect for the behavioral factor at follow-up ($U = 32.5$, $p > .10$). Additionally, no significant differences among the cognitive conditions of the conceptual design were found at either posttreatment [$H(2) = .33$, $p > .10$] or follow-up [$H(2) = .33$, $p > .10$].

BDI. Two separate repeated-measures analyses of covariance, using pretreatment scores as a covariate, were conducted. A 2 (assessment occasion) X 2 (cognitive factor) X 2 (behavioral factor) analysis of covariance was used to address the component question regarding cognitive therapy, and a 2 X 3 X 2 analysis of covariance to evaluate the larger conceptual issue comparing the efficacy of comprehensive distancing with the rational restructuring and distancing plus rational restructuring conditions.

The 2 X 2 X 2 analysis of covariance found main effects for assessment occasion, $F(1, 8) = 3.90$, $p = .084$; the cognitive, $F(1, 7) = 7.19$, $p = .031$; and behavioral factors, $F(1, 7) = 8.21$, $p = .024$; and their interaction, $F(1, 7) = 6.22$, $p = .041$. Subjects showed significant improvement from posttreatment (adjusted mean = 19.42) to follow-up (adjusted mean = 12.34), with the other adjusted means for the component design presented in Table I-9. As can be seen from Table I-9, lower levels of self-reported depression were obtained for the distancing plus rational restructuring condition and for subjects receiving behavioral homework.

An analysis of the cell means indicated that the cognitive X behavioral factor interaction resulted from significantly greater improvement among subjects in the distancing plus rational restructuring condition who also received behavioral homework. A graphic display of these cell means is presented in Figure 9.

The results of the 2 X 3 X 2 analysis of covariance also revealed main effects for assessment occasion, $\underline{F}(1, 12) = 4.43$, $\underline{p} = .057$; the cognitive, $\underline{F}(2, 11) = 3.82$, $\underline{p} = .052$; and behavioral factors, $\underline{F}(1, 11) = 5.29$, $\underline{p} = .042$; and their interaction, $\underline{F}(2, 11) = 3.41$, $\underline{p} = .071$. Subjects again showed significant improvement from posttreatment (adjusted mean = 14.56) to follow-up (adjusted mean = 9.45), with the other adjusted means for the conceptual design presented in Table 10. As can be seen, lower levels of depression again were reported by subjects receiving behavioral homework, with the lowest level of depression among the cognitive conditions associated with comprehensive distancing. A Scheffé test among the adjusted means for the three cognitive conditions, indicated that the difference between the comprehensive distancing and rational restructuring conditions approached but did not meet the required level of statistical significance ($.25 > \underline{p} > .10$).

An inspection of the cell means indicated lower levels of self-reported depression associated with behavioral homework for subjects in the distancing plus rational

restructuring and comprehensive distancing conditions, with this pattern being especially pronounced in the former condition. Rational restructuring subjects who also received behavioral homework, by contrast, evidenced higher levels of depression than that reported by subjects within this condition without behavioral homework. A graph of this cognitive X behavioral factor interaction is presented in Figure 10. A Scheffé test found that the low depression scores for subjects within the distancing plus rational restructuring with homework cell approached, but fell short of, being statistically different from those of the distancing plus rational restructuring with homework and rational restructuring with homework cells ($.25 > p > .10$). These results permit only a guarded interpretation, but at least suggest the relative superiority of the treatment package in which all three components of cognitive therapy were implemented. Relative to the conceptual question regarding the efficacy of comprehensive distancing, the low self-reported depression scores of subjects within this condition who received behavioral homework also were found to approach, but fall short of the level required to be judged statistically different, from those of subjects in the distancing plus rational restructuring without homework and rational restructuring with homework cells ($.25 > p > .10$).

ATQ-F. Two separate repeated-measures analyses of covariance, using pretreatment scores as a covariate, were

conducted. The 2 X 2 X 2 analysis found only a main effect for assessment occasion, $F(1, 8) = 4.46$, $p = .068$, with all subjects showing a reduced frequency of depressive thoughts from posttreatment (adjusted mean = 80.58) to follow-up (adjusted mean = 68.00). The 2 X 3 X 2 analysis, likewise, only detected a main effect for assessment occasion, $F(1, 12) = 5.07$, $p = .044$.

DAS. Two separate repeated-measures analyses of covariance, using pretreatment scores as a covariate, were conducted. The 2 X 2 X 2 analysis revealed no main effects, but did indicate an assessment occasion X behavioral factor interaction, $F(1, 7) = 5.55$, $p = .051$. The individual means contributing to this interaction are presented in Table I-11 and are displayed graphically in Figure 11. As illustrated in Figure 11, dysfunctional attitudes were endorsed at a lower level at both assessment occasions by subjects who did not receive behavioral homework, with the relative difference between the two behavioral conditions greater at posttreatment.

The 2 X 3 X 2 analysis also indicated a significant assessment occasion X behavioral factor interaction, $F(1, 10) = 6.22$, $p = .032$, with no other main effects or interactions. The individual means contributing to this interaction are presented in Figure 12. As seen in Figure 12, the two behavioral conditions were equivalent at posttreatment. During follow-up, however, subjects who did not receive homework

showed a reduction in their endorsement of dysfunctional attitudes, while those who received homework showed an increase. A comparison of Figures 11 and 12 indicates that the addition of data from the comprehensive distancing condition substantially transformed the nature of the interaction displayed in Figure 11. This resulted from the DAS scores of the comprehensive distancing without homework cell being higher (adjusted mean = 139.30) than those of the cell with homework (adjusted mean = 97.60) at posttreatment. During follow-up, the mean for the subjects without behavioral homework decreased (adjusted mean = 114.00) while that for subjects with homework increased (adjusted mean = 107.33), indicating an assessment occasion X behavioral factor interaction within the comprehensive distancing condition.

MMPI-D. Two separate repeated-measures analyses of variance were conducted. The 3 (assessment occasion) X 2 (cognitive factor) X 2 (behavioral factor) analysis revealed a main effect for assessment occasion, $F(2, 16) = 9.72$, $p = .002$, with no other main effects or interactions. Post-hoc tests indicated lower levels of depression at posttreatment than at pretreatment, $F(1, 11) = 8.02$, $p < .025$, and at follow-up compared to posttreatment, $F(1, 11) = 6.98$, $p < .025$.

The 3 X 3 X 2 analysis also found only a main effect for assessment occasion, $F(2, 24) = 12.64$, $p < .001$. Post-hoc tests revealed lower levels of depression at posttreatment

than at pretreatment, $F(1, 17) = 20.35$, $p < .001$, with no difference noted between posttreatment and follow-up, $F(1, 17) = .72$, p = ns.

PESAL. The reader may recall that this measure assesses level of pleasant activities. No significant main effects nor interactions were obtained with either the 3 X 2 X 2 or 3 X 3 X 2 analyses of variance.

PESRP. Two separate repeated measures analyses of variance were conducted. The 3 X 2 X 2 analysis indicated a main effect for assessment occasion, $F(2, 16) = 8.85$, $p = .003$; with no other main effects or interactions. Post-hoc tests revealed greater reinforcement potential associated with pleasant activities at posttreatment than at pretreatment, $F(1, 11) = 14.29$, $p < .01$, with no difference noted between posttreatment and follow-up, $F(1, 11) = 2.50$, $p > .10$.

Similar results were obtained with the 3 X 3 X 2 analysis of variance. Again, a main effect for assessment occasion was found, $F(2, 24) = 4.92$, $p = .016$, with scores at post-treatment significantly higher than those at pretreatment, $F(1, 17) = 8.00$, $p < .025$.

Analyses of Clinical Significance

Specific cut-off scores on three of the outcome measures, BDI, HRS-D, and MMPI-D, are commonly recognized as reflecting clinically significant improvement. Using these cut-off scores, it was possible to classify the clinical status of

each subject at posttreatment and follow-up to determine further any relationship between improvement and treatment conditions at both assessment occasions.

BDI

Previous research has suggested that BDI scores of 9 or less are indicative of nonclinical levels of depression (Beck et al., 1961; Schwab, Bialow, Clemmons, Martin, & Holzer, 1967). Among depressive clients, BDI levels of 9 or less may be regarded as reflecting marked improvement in self-reported depression. Posttreatment and follow-up classifications of subjects based on this cut-off score are presented in Tables I-12 and I-13, respectively. As can be seen in Table I-12, equal proportions of subjects (four of nine) showed marked improvement at the two levels of the behavioral factor. Paired comparisons among the cognitive conditions using Fisher's exact probability test, indicated no difference between the rational restructuring and distancing plus rational restructuring conditions in their distribution of subjects showing marked improvement at posttreatment ($p = .418$). However, using Tocher's (1950) modification of Fisher's exact probability test, the degree of clinical improvement associated with the comprehensive distancing condition was found to differ from that obtained by both the rational restructuring ($p = .04$) and distancing plus rational restructuring conditions ($p = .05$).

A comparison of Tables I-12 and I-13 indicates an increase in the proportion of subjects evidencing clinical improvement in self-reported depression from posttreatment to follow-up within all levels of the behavioral and cognitive factors. The degree of improvement was most pronounced among subjects who received behavioral homework, with eight of nine subjects showing marked improvement at follow-up. Despite these gains, no difference was found between the two levels of the behavioral factor at follow-up using Tocher's modification of Fisher's exact probability test ($p > .05$). At follow-up, all six subjects treated with comprehensive distancing showed clinical improvement. However, three more rational restructuring subjects and two more distancing plus rational restructuring subjects showed marked improvement at follow-up, making any comparisons among the cognitive conditions nonsignificant.

HRS-D

A score of 10 or below on the HRS-D generally is regarded as being consistent with normal mood (Mowbray, 1972). Based on this cut-off score, the clinical status of subjects at posttreatment and at follow-up is summarized in Tables I-14 and I-15, respectively. No significant differences among the levels of the cognitive factor or between the levels of the behavioral factor were obtained at either posttreatment or follow-up. A comparison of Tables I-14 and I-15 also shows overall improvement in interviewer-rated levels of

depression from posttreatment to follow-up. Among subjects not receiving behavioral homework, twice as many showed marked improvement at follow-up as at posttreatment. The greatest improvement among the cognitive conditions was realized by the comprehensive distancing condition, with all six subjects again displaying marked improvement at follow-up.

MMPI-D

A T-score of 51-60 on the depression subscale of the MMPI commonly is regarded as reflecting subclinical levels of depression, with a T-score of 50 or lower suggesting the absence of depression. Accordingly, T-scores of 51-60 on the MMPI-D were regarded as reflective of partial clinical improvement, with T-scores of 50 or below indicating marked improvement. Because Fisher's exact probability test requires that frequencies be cast within a 2 X 2 contingency table and the small number of subjects falling into each of these improvement categories, a cut-off score of 60T or lower was used to determine the clinical status of subjects at post-treatment (Table I-16) and at follow-up (Table I-17).

Relatively greater clinical improvement was evidenced at posttreatment by subjects who did not receive behavioral homework, although this difference was not found to be statistically significant using Tocher's modification of Fisher's exact probability test ($p > .05$). Only one subject within the rational restructuring and distancing plus rational

restructuring conditions showed clinical improvement at posttreatment, compared with half (three of six) of the subjects receiving comprehensive distancing. These differences were found to be significant using Tocher's modification ($p < .05$).

As Table I-17 illustrates, no differences among any of the treatment conditions were obtained at follow-up. One of the subjects who did not receive behavioral homework failed to maintain her level of improvement from posttreatment to follow-up, while two additional subjects among those receiving behavioral homework improved from posttreatment to follow-up. Among the cognitive conditions, one of the comprehensive distancing subjects showed a deterioration in improvement from posttreatment to follow-up, with an additional subject in the rational restructuring and distancing plus rational restructuring conditions improved from posttreatment to follow-up.

Status of Subjects at Follow-Up

A further means of evaluating the status of subjects at follow-up was provided by an analysis of responses on the Postproject Questionnaire (see Appendix M), which was administered as part of the follow-up assessment battery.

Subjects in Treatment

Three subjects reported initiating further treatment during the follow-up period. One of these subjects (Subject 11)

had received comprehensive distancing with behavioral homework, with the other two (Subjects 9 and 14) receiving rational restructuring with behavioral homework. Subject 11 reported taking Adapin, beginning 1 week prior to her follow-up evaluation, to reduce anxiety about starting a new job. Although some anxiety relief could be expected during the initial week of its administration, Adapin would not be expected to lower dysphoric mood directly, since 2 to 3 weeks usage is normally required for its antidepressive effects to be realized. Subject 9 reported taking Ativan, an antianxiety agent, beginning 2 weeks prior to follow-up. This medication also would not be expected to affect depressive symptomatology directly over this period of time. Subject 14 reported an increase in marital discord during the follow-up period which prompted her to initiate marriage counseling. After three sessions, however, she reported that her husband dropped out of treatment, while she continued individual counseling. At follow-up she had been in treatment for 1 month. It is unclear what effect this may have had on her level of depression at follow-up. Reports from the subjects' physicians indicated that no prescriptions for tranquilizers nor antidepressants were made to any of the subjects during the treatment period, nor to any of the remaining subjects during the follow-up period.

Subjects Requesting Further Treatment

Four subjects requested referrals for further treatment at follow-up. Two of the subjects (Subjects 10 and 18) acknowledged remission of their depression (BDI scores of 9 and 4, respectively), but requested the names of local psychologists to contact in the event of a relapse. Subject 10 had received rational restructuring with behavioral homework, while Subject 18 had received comprehensive distancing with behavioral homework.

The two remaining subjects indicated a desire to continue active therapy because of dissatisfaction with their progress in treatment. Subject 12, who had received rational restructuring without behavioral homework, reported a follow-up BDI score of 16, suggestive of a mild level of clinical depression. She requested and was given referrals to several area facilities conducting group psychotherapy. Subject 13 had received distancing plus rational restructuring with behavioral homework. At follow-up, she still evidenced a clinical level of depression (BDI = 33) and was encouraged to continue therapy with a local psychologist in private practice.

Self-Rated Improvement

Subjects were asked to rate how much improvement they experienced throughout treatment on a 9-point scale. These ratings were subjected to a 3 X 2 analysis of variance, with no main effects obtained on the cognitive, $F(2, 12) = .01$,

p = .98; or behavioral factors, $F(1, 12) = 1.51$, p = .24; nor their interaction, $F(2, 12) = .46$, p = .64.

Recommending Project to a Friend

Subjects also were asked to indicate if they would recommend the treatment project to a "friend who was feeling depressed." A summary of responses is presented in Table I-18. As indicated in Table I-18, five of six subjects in each of the cognitive conditions said they would do so. All subjects who received behavioral homework indicated they would recommend the project to a friend versus six of nine who did not receive behavioral homework. This difference, however, was not found to be statistically significant using Fisher's exact probability test (p = .10).

Necessity of Continuing Treatment

Finally, subjects were asked to indicate if they felt it would be necessary to continue their treatment. A summary of responses also is presented in Table I-18. No difference between the rational restructuring and distancing plus rational restructuring conditions was obtained using Fisher's exact probability test (p = .24). The comparison between the rational restructuring and comprehensive distancing conditions was found to be significant using Tocher's modification of Fisher's exact probability test (p = .05), with fewer subjects in the comprehensive distancing condition indicating a need to continue treatment. No difference between the levels of the behavioral factor was noted.

Comparison with Rush et al. (1977) Results

Data analyses reported thus far have documented improvement from pretreatment through follow-up among subjects as an aggregate, with differential improvement associated with varying treatment conditions noted on several of the outcome measures. In the absence of a control group, however, against which to evaluate overall improvement, some question might be raised about whether therapeutic gains can be attributed to specific treatment effects. To address this issue, results from the present study were compared to those reported by Rush et al. (1977) in their initial comparative outcome study of cognitive therapy. This comparison also provided an indirect means of validating whether "cognitive therapy" as implemented in the present study approached the cognitive treatment evaluated by Rush and his associates.

Since cognitive therapy subjects in the Rush et al. study received up to 20 treatment sessions over a 12-week period, their BDI scores obtained at the end of Session 12, as well as those from the end of the 12-week phase, were selected for comparison with those at posttreatment from the present study. Because the Rush et al. study employed a longer follow-up phase (3 months), no comparison between the two studies was made on BDI scores obtained at follow-up.

After 12 treatment sessions, no difference in BDI scores was noted between the Rush et al. subjects and those from

the present study, $t(34) = .78$, p = ns. Using Mann-Whitney tests, paired comparisons also were made between the Rush et al. subjects and each of the cognitive conditions. No differences between the Rush et al. sample and the rational restructuring ($U = 32.5$, $p > .05$), and distancing plus rational restructuring ($U = 42.5$, $p > .05$), conditions were noted. However, a significant difference in levels of self-reported depression between the Rush et al. subjects and those within the comprehensive distancing condition was obtained ($U = 27.5$, $p < .05$), with greater improvement evidenced by the latter.

Using BDI scores taken from the end of Rush et al.'s 12-week treatment program, no significant difference, again, was found between their results and those from the present study, $t(34) = 1.71$, p = ns. Paired comparisons between the Rush et al. sample and each of the cognitive conditions revealed a different pattern of results from that obtained when analyzing BDI scores after 12 treatment sessions. A significant difference between the Rush et al. results and those from the rational restructuring condition, $U = 25.5$, $p < .05$, showed higher levels of self-reported depression among the rational restructuring subjects. No significant difference again was found between the Rush et al. and the distancing plus rational restructuring data, $U = 34$, $p > .05$, suggesting that this cognitive condition, which was designed to resemble cognitive therapy most closely, also equalled it in

its therapeutic efficacy. The difference between the Rush et al. subjects and those within the comprehensive distancing condition noted at the end of 12 treatment sessions was not maintained when additional sessions were provided to the Rush et al. subjects, $U = 39$, $p > .05$.

Process Analyses

Three different measures designed to assess the processes of distancing, rational restructuring, and behavioral hypothesis-testing were analyzed to determine the therapeutic mechanisms through which the various treatment conditions may have realized their effects.

Distancing

As a therapeutic process, distancing was measured as a correlation between the frequency and believability ratings from the ATQ-30. Distancing coefficients were calculated at pretreatment and at each of the 12 treatment sessions for each level of the cognitive and behavioral factors. Each distancing coefficient thus represented the correlation between frequency and believability ratings for all subjects within a specific cognitive or behavioral condition at a particular measurement occasion (e.g., the correlation between frequency and believability ratings for the six rational restructuring subjects at Session 1).

A tabulation of the distancing coefficients for each of the three cognitive conditions at pretreatment and at

each treatment session is presented in Table I-19. Distancing as a therapeutic process was thought to be evidenced by changes in believability ratings on the ATQ-30 occurring independently of reductions in frequency of the automatic thoughts. It therefore was expected that the distancing coefficients would be increasingly lower as a function of treatment duration in the two cognitive conditions which contained distancing components, the distancing plus rational restructuring and comprehensive distancing conditions, than in the rational restructuring condition. Because distancing as a therapeutic process was the main focus of the comprehensive distancing treatment, it also was expected that the coefficients for this condition would be lower than those associated with the distancing plus rational restructuring condition. In order to evaluate these hypotheses, Fisher's z-transformation was used in conducting paired comparisons among the three cognitive conditions on their distancing coefficients at each measurement occasion. The results of these comparisons also are presented in Table I-19.

As seen in Table I-19, different trends across the course of treatment were obtained among the three cognitive conditions. At pretreatment, the distancing coefficient for the rational restructuring condition was significantly lower than those for the other two cognitive conditions. Distancing coefficients for the rational restructuring condition increased in a linear trend from pretreatment to Session 7

and thereafter remained at a moderately high level. The difference in distancing coefficients between the rational restructuring and distancing plus rational restructuring conditions noted at pretreatment was maintained throughout the course of treatment. This resulted from a somewhat variable but increasing trend in distancing coefficients for the distancing plus rational restructuring subjects which stabilized at a high level from Session 7 to the conclusion of treatment.

Distancing coefficients for the comprehensive distancing condition showed little change from the pretreatment level and were maintained at relatively low levels throughout treatment. At pretreatment, no difference between the distancing plus rational restructuring and comprehensive distancing conditions was noted. However, beginning in Session 3, distancing coefficients for the comprehensive distancing condition were found to be consistently lower than those for the distancing plus rational restructuring condition. These results thus appear to support the prediction that lower distancing coefficients would be associated with the comprehensive distancing condition.

It also was predicted that the distancing coefficients for the comprehensive distancing condition would be lower than those for the rational restructuring condition. At least partial support was obtained for this prediction. As noted, at pretreatment a significantly higher coefficient

was found for the comprehensive distancing condition. However, this initial difference was not maintained, and at Sessions 9 and 10 significantly higher distancing coefficients were obtained for the rational restructuring condition.

A tabulation of the distancing coefficients for each of the behavioral conditions at pretreatment and at each treatment session is presented in Table I-20. There were no a priori reasons to expect distancing to be differentially associated with the presence versus absence of behavioral homework. As can be seen in Table I-20, this general expectation was supported by the pattern of distancing coefficients obtained. Both behavioral conditions evidenced somewhat variable but increasing linear trends in distancing coefficients across the course of treatment. While a higher distancing coefficient at pretreatment was associated for subjects not receiving behavioral homework, this difference was not maintained throughout treatment. Only three differences were noted between the two behavioral conditions during the treatment sessions, with the direction of these differences showing an inconsistent pattern.

Rational Restructuring

Rational restructuring as a therapeutic process was measured by ratings of subject responses on the Thoughts Questionnaire (see Appendix R). At pretreatment and before each treatment session, subjects were presented with five

depressive thoughts from the ATQ-30 and were asked to "restate, in your own words, each of the thoughts in a more positive way which might lead you to feel less depressed." As described earlier, subject responses subsequently were rated on a 9-point scale, with higher ratings denoting higher levels of rational restructuring. Because of missing responses, mean rational restructuring scores were calculated for each subject and evaluated by a 3 X 2 analysis of variance at each measurement occasion.

It was expected that rational restructuring scores would be increasingly higher as a function of time in treatment in the two cognitive conditions which contained rational restructuring as a treatment component, the rational restructuring and distancing plus rational restructuring groups, than in the comprehensive distancing condition. Because rational restructuring as a therapeutic process was emphasized to the greatest degree in the rational restructuring condition, it also was expected that rational restructuring scores for this condition would be higher than those associated with the distancing plus rational restructuring condition. No prediction was made about the relationship between rational restructuring scores and the two behavioral conditions.

None of these predictions was supported. Only one of the analyses of variance detected any main effects or interaction. At Session 12, a main effect for the cognitive

factor was obtained, $F(2, 12) = 5.95$, $p = .016$, with a Scheffé test indicating a higher rational restructuring score for the comprehensive distancing than for the rational restructuring and distancing plus rational restructuring conditions ($p < .01$). This pattern is directly opposite that predicted and may be viewed as representing a chance fluctuation, especially, as noted earlier, given the poor interrater reliability found for the rational restructuring measure.

Behavioral Hypothesis-Testing

As outlined earlier, the therapeutic process of behavioral hypothesis-testing was measured and analyzed in a manner very similar to that followed for the rational restructuring process. In addition to being asked to restate depressive thoughts taken from the ATQ-30, subjects at pretreatment and prior to each treatment session also were asked to "briefly describe any experiences you may have had in the past week which have either increased or decreased your belief in each of the thoughts." Subject responses again were rated on a 9-point scale with higher ratings denoting higher levels of behavioral hypothesis-testing. Mean scores were calculated for each subject and evaluated with a 3 X 2 analysis of variance at each measurement occasion.

No predictions were made concerning the relationship between changes in levels of behavioral-hypothesis testing and the three cognitive conditions as a function of treatment duration. Since the presence versus absence of behavioral

homework as a treatment component was manipulated directly in order to impact hypothesis-testing, higher scores were expected for subjects who received behavioral homework. However, because behavioral homework was not introduced within any treatment condition until at least the fourth week of treatment, no differences prior to this point were expeceed.

These predictions were not supported. No main effect for the behavioral factor was obtained at any measurement occasion. An interaction was found at Session 1, $\underline{F}(2, 12) = 3.08$, $\underline{p} = .083$, and at Session 11, $\underline{F}(2, 12) = 3.23$, $\underline{p} = .079$, with a main effect for the cognitive factor detected at Session 4, $\underline{F}(2, 12) = 3.27$, $\underline{p} = .073$. The patterns of scores involved in the two interactions were inconsistent, suggesting that they be viewed as the result of random variation. A Scheffé test among the cognitive conditions at Session 4 indicated a higher score for the comprehensive distancing than distancing plus rational restructuring conditions ($\underline{p} < .05$). This difference was not predicted and, therefore, also may be interpreted as more due to chance than actual differences among the treatment conditions.

CHAPTER IV

DISCUSSION

The overall results indicate that subjects as an aggregate improved over the course of treatment, with these gains generally maintained or enhanced over the follow-up period. Treatment efficacy was documented further by comparisons with the results of Rush et al. (1977). As a group, subjects displayed self-reported levels of depression at both pretreatment and posttreatment comparable to subjects in the Rush et al. study who had received cognitive therapy. Although the impact of nonspecific treatment effects can not be ruled out entirely, the equivalence at posttreatment between the present sample and that of Rush and his associates suggests that treatment gains primarily occurred as a function of active treatment ingredients rather than through the influence of nonspecific effects. In addition, it appears highly unlikely that nonspecific effects would result in such substantial improvement, especially in light of previous research which has documented greater improvement for active treatment conditions than for nonspecific control groups (Besyner, 1979; Shaw, 1977).

Several differences in both outcome and process variables were noted among the various treatment conditions. Any differential treatment effects must be interpreted in a guarded

manner because of the relatively small number of subjects (n = 6) within each major treatment condition. The available evidence, however, suggests that such effects apparently resulted from the varied interventions which were applied. A check on the independent variable indicated that all treatment conditions were administered in a manner consistent with their respective treatment manuals. Since this investigator served as the therapist in all treatment conditions, bias effects represented a potential confounding influence. Although the influence of therapist-bias and other nonspecific effects can not be dismissed completely, the results of the Postsession Questionnaire suggest that such variables did not account for the differential treatment effects obtained. Further, several outcomes differed noticeably from those predicted prior to treatment, suggesting that therapist-bias effects did not significantly influence the results. A further analysis of the results is provided by addressing each of the study's purposes and related predictions in turn.

Component Analysis of Cognitive Therapy

One major purpose of the present investigation was to identify which specific treatment components, or combination of components, comprising cognitive therapy contribute most to its efficacy in alleviating depression. Generally, only mixed support was obtained for related predictions made at pretreatment.

Effect of Distancing

According to Beck's designation of distancing procedures as the "first, critical step" of cognitive therapy, it was expected that subjects who received distancing would show consistently greater improvement than those who did not. Specifically, it was predicted that subjects within the distancing plus rational restructuring condition would show greater improvement than those within the rational restructuring condition. Analyses of clinical significance failed to detect any differences between the two conditions.

Analyses of statistical significance, however, indicated weak support for the predicted effect. Differences were noted between the rational restructuring and distancing plus rational restructuring conditions on 2 of the 10 outcome measures. This suggests that the inclusion of distancing procedures within cognitive therapy may contribute to its overall efficacy, but that such procedures are hardly "critical" to its therapeutic success as has been claimed by Beck.

The two outcome measures on which the distancing plus rational restructuring condition evidenced greater improvement were the BDI and PESOR. Lower levels of self-reported depression on the BDI were noted at posttreatment and follow-up for the distancing plus rational restructuring condition, suggesting that the inclusion of distancing procedures added to the treatment effect associated with the rational restructuring component. The impact of distancing

procedures in reducing self-reported depression also is underscored by comparisons between the Rush et al. (1977) sample and the rational restructuring and distancing plus rational restructuring conditions. While no differences in BDI scores were evident at the end of 12 treatment sessions, the sample of Rush and his associates at posttreatment reported significantly lower levels of depression than subjects in the rational restructuring condition. The failure to detect any differences between the Rush et al. sample and the distancing plus rational restructuring condition suggests that this treatment condition constituted a bona fide representation of cognitive therapy. It also suggests that the failure to obtain further differences between the rational restructuring and distancing plus rational restructuring conditions can not be attributed to weak therapeutic effects associated with the latter condition.

No pretreatment or follow-up differences on the PESOR were obtained between the two conditions. However, as was shown in Figure 6, subjects in the distancing plus rational restructuring condition reported a significant increase in the pleasure which they obtained from activities during the posttreatment to follow-up period, while subjects in the rational restructuring condition showed a sharp decrease in this variable.

Surprisingly, no corresponding differences in the PESAL and PESRP were noted between the two conditions. This

suggests that the divergent trends in the PESOR did not result from differential increases in overall activity level (PESAL) or the reported potential pleasure from activities which were not engaged in (PESRP) among subjects in the distancing plus rational restructuring condition. Rather, the results suggest that inclusion of the distancing component was instrumental in facilitating continued reductions in anhedonia during the follow-up period.

One possible interpretation of the divergent trends noted in the PESOR is that the inclusion of distancing procedures enabled subjects to make more effective contact with the naturally reinforcing consequences surrounding pleasant activities. This, however, did not result in a differential increase in overall activity level as assessed by the PESAL. It may be more therapeutic to enable depressed clients to maximize the enjoyment they obtain from activities than merely to increase their overall activity level. The behavior of subjects who received rational restructuring alone was comparable in level, but apparently was not controlled by the same set of contingencies affecting the behavior of subjects in the distancing plus rational restructuring condition. Stated somewhat differently, subjects in the rational restructuring condition merely appeared to be "going through the motions" of engaging in "pleasant" activities without gaining much pleasure in the process.

The impact of including distancing procedures within cognitive therapy suggests that being "caught up" in one's own private events may create an insensitivity to the natural contingencies surrounding pleasant events. All behavior according to radical behaviorism is thought to be ultimately contingency shaped. An important subset of contingency-shaped behavior is rule-governed behavior. Behavior under the control of depressing thoughts may be conceptualized as rule-governed, as opposed to merely contingency-shaped, in nature (Zettle & Hayes, 1982). The results of several recent human operant investigations have suggested that rule-governed responding under the control of verbal stimuli, or rules, often is insensitive to the natural contingencies surrounding such behavior (Catania, Matthews, & Shimoff, 1982; Hayes, Brownstein, Zettle, Rosenfarb, & Korn, 1984; Matthews, Shimoff, Catania, & Sagvolden, 1977; Shimoff, Catania, & Matthews, 1981). By enabling depressed individuals to "step back" from their own thoughts and feelings, distancing procedures may help minimize any rule-governed control exerted by private events and thereby increase the sensitivity of their behavior to its natural consequences. For example, depressed individuals may respond to a negative thought such as "Nothing feels good anymore" as if it accurately describes or tacts the way the world is arranged. But individuals first may have to recognize that such a thought is not literally true before their behavior effectively can contact reinforcing contingencies.

The pattern of PESOR scores for subjects in the comprehensive distancing condition suggests that distancing procedures which go beyond those normally applied within cognitive therapy have similar effects. Specifically, posttreatment to follow up change scores on the PESOR for the comprehensive distancing condition also differed significantly from those for the rational restructuring condition. They, however, did not differ from those for the distancing plus rational restructuring condition. This suggests that distancing procedures more generally may effect a change in the variables controlling depressives' behavior, from rule-governed control by private events such as negative thoughts to contingency-based control by the naturally reinforcing consequences surrounding behavior such as pleasant events. To the extent that distancing procedures are critical to the efficacy of cognitive therapy, they may be so by enabling depressives' behavior to contact more effectively reinforcing contingencies rather than by facilitating cognitive change through other cognitive treatment components such as rational restructuring.

Effect of Behavioral Homework

It was anticipated that subjects who received behavioral homework assignments would display greater improvement than those who did not. This was expected on the basis of previous research derived from Lewinsohn's model of depression, which has suggested that increases in activity level per se may

result in at least modest decreases in depression, and the logical consideration that an experiential basis should provide the strongest challenge to dysfunctional beliefs which, according to cognitive theory, are of primary etiological importance in depression.

The overall pattern of results provided general, although somewhat limited, support for the beneficial effect of behavioral homework assignments within cognitive therapy. Tests of clinical significance failed to find any differences associated with the presence versus absence of behavioral homework. In tests of statistical significance, lower self-reported levels of depression, as assessed by the BDI, were found at both posttreatment and follow-up for subjects who had received behavioral homework.

A supportive pattern of results also was noted in interviewer-rated levels of depression. At pretreatment, subjects who later received homework assignments evidenced significantly higher scores on the HRS-D. While this difference also was maintained at posttreatment, nonparametric tests at follow-up indicated no difference on the HRS-D associated with the presence versus absence of behavioral homework assignments. Required nonparametric analyses of the HRS-D provided a less powerful test of the impact of homework than that obtained from an analysis of covariance on BDI scores. The overall pattern of HRS-D scores, however, are consistent with those from the BDI in suggesting a

therapeutic effect for the inclusion of homework assignments within cognitive therapy.

A fairly weak pattern of results which, nevertheless, suggested greater improvement among subjects receiving behavioral homework also was obtained on the measure of speech duration. At pretreatment, subjects who subsequently received homework during treatment displayed shorter speech durations. This pretreatment difference was not maintained at posttreatment. However, as was shown in Figure 8, subjects who had received homework assignments showed further reductions in their speech durations during the posttreatment to follow-up period, while those who had not received homework assignments showed some deterioration of improvement from posttreatment to follow-up.

Results supportive of the beneficial impact of homework also were noted on the PESOR. While no differences were obtained at posttreatment, at follow-up subjects who had received behavioral homework reported a higher level of activity-related pleasure. As was the case in evaluating the effects of the distancing component on the PESOR, no corresponding patterns were noted on the PESAL nor PESRP. The failure to find an effect for homework assignments on activity level per se, as assessed by the PESAL, especially was unexpected. The assignment of behavioral hypothesis-testing thus did not appear to induce an increase in non-assigned activities nor to effect an increased capacity of

subjects to anticipate enjoyment from a wider array of pleasant activities. Rather, the impact of homework assignments was limited strictly to facilitating greater pleasure from activities which were actually performed.

Like distancing procedures, one interpretation of the effects of behavioral homework within cognitive therapy is that such assignments enable the behavior of depressives to make more effective contact with the natural contingencies surrounding pleasant events. The fact that no difference in activity level per se, as assessed by the PESAL, was associated with the inclusion of homework assignments suggests that the difference in level of obtained reinforcement resulted from the differential manner in which subjects who received homework assignments approached pleasant activities. Specifically, homework assignments were approached as experiential tests of dysfunctional thoughts. Viewed somewhat differently, self-monitoring the impact of behavioral homework assignments encouraged subjects to merely describe or tact the natural consequences surrounding pleasant events. The contingencies surrounding pleasant activities thereby may have come to control their verbal behavior. Such verbal behavior then may have enabled subjects to contact those contingencies more effectively. The differential results on the PESOR associated with the presence versus absence of distancing and behavioral homework assignments suggests that verbal behavior associated with pleasant events may be more critical than merely engaging in such activities.

Another parallel with the results noted for the distancing component was that the effect of including homework assignments was evident only during the posttreatment to follow-up period, suggesting an "incubation effect" for both distancing and behavioral homework components. Since behavioral homework was implemented only during the last few treatment sessions, it may be that an insufficient period of time during active treatment was provided in which the effects of hypothesis-testing could be revealed. More specifically, repeated engagement in pleasant activities and tacting of the reinforcing consequences may be required for such behavior to make contact with the surrounding natural contingencies.

The proposed interpretation of the therapeutic mechanisms through which behavioral homework assignments exerted its impact on the PESOR is supported further by the results on the DAS. As discussed previously, behavioral homework assignments within cognitive therapy generally are thought to contribute to the overall efficacy of treatment by providing direct, experientially-based tests of depressogenic beliefs. It therefore was expected that lower DAS scores would be associated with the inclusion of behavioral hypothesis-testing within cognitive therapy. The results on the DAS were directly opposite to those predicted. At both posttreatment and follow-up, subjects who had not received behavioral homework as part of treatment reported less endorsement of dysfunctional

attitudes thought to underlie depression than subjects who had received homework.

In addition to being viewed as an outcome measure, the DAS also may be regarded as a gross process measure of depressogenic beliefs. The overall pattern of results suggests that the inclusion of behavioral homework assignments within cognitive therapy had a general therapeutic effect. Its impact, though, apparently was not mediated through an alteration of beliefs which supposedly underlie depression. This suggests a direct contradiction of the cognitive theory of depression, or alternatively, that the DAS fails to properly evaluate depressogenic beliefs. The latter interpretation, however, conflicts with the results of previous research which suggests that the DAS possesses adequate construct validity (Weissman, 1978, 1979; Weissman & Beck, 1978).

Instead of impacting depression by providing experiences which challenge the validity of depressogenic beliefs, behavioral homework assignments within cognitive therapy appear to exert a therapeutic effect by increasing the sensitivity of depressives' behavior to the natural contingencies which surround it. Such experiences appear to result in therapeutic change while leaving the array of dysfunctional attitudes, which according to cognitive therapy underlie depression, essentially intact. Rather than having a primary etiological function, dysfunctional beliefs, as assessed by

the DAS, at best, may help to maintain depression. Further, the present results strongly suggest that it is not necessary to alter such beliefs directly for therapeutic change to occur. It may be sufficient merely to reduce any controlling function which they exert over behavior through bringing the behavior of depressives into contact with the natural contingencies surrounding their actions. The present results suggest this can be accomplished most readily through comprehensive distancing, and to a lesser degree, through distancing procedures and behavioral homework assignments within cognitive therapy. Accordingly, behavioral homework assignments within cognitive therapy more appropriately may be viewed as serving a "contingency-sensitizing" rather than "hypothesis-testing" function.

The overall pattern of results assessing the impact of the behavioral factor of hypothesis-testing generally was consistent in documenting delayed treatment effects. On three outcome measures (HRS-D, PESOR, and speech duration) therapeutic effects were evident only during the posttreatment to follow-up period. As suggested earlier, such an "incubation effect" may have occurred as a result of the relatively brief time period during the treatment phase in which the impact of behavioral homework assignments could be evaluated. An alternative explanation is that subjects may have required some time to integrate the influence of behavioral hypothesis-testing with those associated with

previous treatment components. The most plausible account appears to be that repeated engagement in pleasant activities and descriptions of the surrounding contingencies were required for subjects to contact these contingencies. Such contact then appeared to result in increased pleasure associated with pleasant events and also to initiate therapeutic change more generally, as indicated by the findings on the BDI, HRS-D, and speech duration.

Interactive Effects

A final prediction which was made regarding the component analysis of cognitive therapy was that its treatment components would combine in an interactive manner. Specifically, it was predicted that subjects who received the entire treatment package of cognitive therapy components, the distancing plus rational restructuring with behavioral homework cell, would show the greatest improvement.

With few exceptions, the separate treatment components comprising cognitive therapy appeared to combine in a simple additive, rather than interactive manner. The manner in which the three individual treatment components combined was evaluated through time-series analyses with the C statistic as well as through statistical tests of the various outcome measures. Analyses of the three individual treatment components and the impact of adding specific components to those already in effect within the C statistic, indicated that the

distancing and rational restructuring components were equally effective when analyzed in isolation, and when added to baseline. Further, as was shown in Table I-5, adding the rational restructuring component to distancing did not result reliably in a trend towards greater improvement. This indicates that the addition of rational restructuring had the effect of merely continuing any trends already associated with the introduction and implementation of the distancing component. It also suggests that distancing procedures within cognitive therapy, if expanded, might constitute a legitimate treatment in their own right. As mentioned previously, the fairly limited array of distancing procedures derived from cognitive therapy was not presented alone as a full treatment condition. The equivalent effects noted when the distancing and rational restructuring components were analyzed in isolation and the differences previously discussed between the rational restructuring and distancing plus rational restructuring conditions, however, suggest that a treatment solely consisting of an expanded array of distancing procedures at least would be as effective as the rational restructuring without behavioral homework cell. For example, existing distancing procedures such as reattribution exercises and "alternative conceptualizations" might be continued over the course of an entire treatment phase. To the extent that the interpretation which has been proposed for the therapeutic impact of distancing is correct, there

is good reason to anticipate that a treatment consisting solely of distancing procedures would be even more effective than rational restructuring by itself.

A pattern similar to that obtained in adding the rational restructuring component to distancing was noted when the component of behavioral homework assignments was introduced into treatment. As was indicated in Table I-6, adding behavioral homework assignments to previous treatment components also did not result in trend shifts towards greater improvement. This indicates that the addition of homework assignments merely continued any pre-existing therapeutic trends rather than interacting with those treatment components which had already been introduced.

The only indication of an interaction among the three treatment components based on statistical analyses of the various outcome measures was noted on the BDI. A significant 2 X 2 interaction indicated that the inclusion of behavioral homework assignments significantly added to the effectiveness of the distancing plus rational restructuring components. This interaction must be interpreted very cautiously since each cell of the 2 X 2 design only contained three subjects. As was illustrated in Figure 9, the lowest levels of self-reported depression at posttreatment and follow-up were evidenced by subjects within the distancing plus rational restructuring with behavioral homework cell.

Analyses of the impact of behavioral hypothesis-testing indicated that its therapeutic effects generally were revealed only during the posttreatment to follow-up period. The findings on the BDI are consistent with this pattern in indicating an interactive effect for the inclusion of homework assignments when data from follow-up are included in the analysis. In retrospect, it would have been instructive to have had subjects continue monitoring of their daily BDI scores throughout the posttreatment to follow-up period. These scores would have provided additional data points for a time-series analysis with the C statistics, which then also might have revealed an interactive effect for the inclusion of behavioral homework assignments.

The interactive effect obtained by adding behavioral homework assignments to distancing procedures is not surprising given the effectiveness of each component and is consistent with the interpretation offered for the therapeutic effects of each when viewed in isolation. The combination of having clients "step back" from their own depressive thoughts in order to reduce the control which private events exert over dysfunctional behavior, while tacting the consequences of pleasant events, appears to be an especially powerful way to increase the sensitivity of their behavior to contingencies capable of supporting more adaptive functioning. This interpretation receives additional support from comparisons among individual cells of the component design

on posttreatment to follow-up change scores on the PESOR. As discussed previously, the PESOR, at least in part, may be viewed as an index of the degree to which the behavior of engaging in pleasant events effectively makes contact with the naturally reinforcing contingencies surrounding such activities. The greatest therapeutic change in PESOR scores from posttreatment to follow-up (mean change score = .22) was noted for subjects in the distancing plus rational restructuring with behavioral homework cell. Subjects in the rational restructuring without behavioral homework cell showed the greatest deterioration over this period of time (mean change score = -.17). Paired comparisons found the degree of therapeutic change from posttreatment to follow-up to be significantly less for the rational restructuring without behavioral homework cell than for the distancing and rational restructuring without behavioral homework ($U = 1$, $p = .10$)and distancing plus rational restructuring with behavioral homework cells ($U = 0$, $p = .05$).

Summary of Component Analysis

The results just reviewed, in general, suggest mixed support for the three predictions made at pretreatment regarding the component analysis of cognitive therapy. The cognitive components of distancing and rational restructuring appeared to combine in a simple additive rather than interactive manner, with subjects who had received both components

evidencing greater improvement on only 2 of the 10 outcome measures. The analysis of cognitive components suggests that the therapeutic impact of distancing procedures was equivalent to that of the rational restructuring condition and that the inclusion of distancing as a "first, critical step" within cognitive therapy may not be necessary for effective treatment. The inclusion of behavioral homework assignments as a treatment component generally displayed delayed therapeutic effects, with some evidence of an interactive effect when presented within the context of the full cognitive therapy package. In other combinations, the treatment components of cognitive therapy appeared to interrelate in an additive fashion. A suggested interpretation of the results is that distancing procedures and behavioral homework assignments within cognitive therapy contribute to its efficacy by effectively bringing the behavior of depressed clients into contact with contingencies which support more adaptive functioning.

Process Analysis of Cognitive Therapy

A second major purpose of the current study was to evaluate the processes of therapeutic change within cognitive therapy. In addition to assessing process measures associated with each of the treatment components comprising cognitive therapy, the process of therapeutic change within the comprehensive distancing condition also was evaluated. It generally

was anticipated that treatment component-specific changes in the three process measures evaluated would be found. At best, support was obtained for only one of three predictions made at pretreatment.

Distancing

Distancing as a treatment component was included in the distancing plus rational restructuring and comprehensive distancing conditions. Because distancing as a therapeutic mechanism was emphasized to a greater degree in the comprehensive distancing condition, it was expected that greater changes in a process measure of distancing would be observed in this condition than in the distancing plus rational restructuring condition. Similarly, it was anticipated that greater changes in distancing would be associated with the distancing plus rational restructuring condition than within the rational restructuring condition. In general, only mixed and weak support was obtained for these predictions.

The process of distancing was measured as a correlation between the frequency and believability ratings from the ATQ-30, with lower coefficients reflective of greater distancing. It was predicted that the lowest distancing coefficients across the treatment phase would be noted within the comprehensive distancing condition, with the highest distancing coefficients occurring within the rational restructuring condition. While distancing coefficients for the

comprehensive distancing condition across treatment consistently were found to be lower than those within the distancing plus rational restructuring condition, they consistently were not lower than those associated with the rational restructuring condition. Moreover, as was illustrated in Table I-19, the differences noted between the comprehensive distancing and distancing plus rational restructuring conditions resulted from a stable level of distancing coefficients across treatment within the comprehensive distancing condition and an increasing linear trend across treatment within the distancing plus rational restructuring condition. Thus, although the predicted difference between the comprehensive distancing and distancing plus rational restructuring conditions was obtained, this occurred as the result of unexpected processes. Contrary to what had been anticipated, the comprehensive distancing condition did not display a sharp decreasing linear trend of distancing coefficients across treatment, and the distancing plus rational restructuring condition evidenced an increasing, rather than moderately decreasing trend.

Also, in contrast to what had been predicted, the distancing coefficients across treatment within the distancing plus rational restructuring condition consistently were found to be higher than those displayed by the rational restructuring condition. Additionally, the distancing coefficients for the rational restructuring condition were

not found to be higher reliably across treatment than those for the comprehensive distancing condition as had been predicted.

At least two interpretations can be offered to account for the general failure to obtain the predicted effects on the process measure of distancing. The measure employed simply may have been insensitive to the process it was designed to evaluate. Alternatively, distancing as a treatment component may exert its therapeutic impact through another process.

Logically, assessing distancing as a correlation between frequency and believability ratings of individual items on the ATQ-30 appeared to provide a valid process measure. However, the limited range of the 5-point scale used to obtain ratings of frequency and believability on the ATQ-30 may have created ceiling and floor effects which artificially inflated the correlations obtained, thereby making the measure relatively insensitive to therapeutic change. Additionally, the process measure of distancing was insensitive to the direction of any change in frequency and believability ratings. That is, lowered distancing coefficients could have resulted from reductions in believability ratings occurring independently of reductions in frequency ratings as hypothesized, or alternatively, from frequency ratings decreasing at a greater rate across treatment than believability ratings.

A further way of evaluating distancing as a therapeutic process is provided by a more molar comparison of trends in ATQ-F and ATQ-B scores across the course of treatment. The ATQ-F consisted of the sum of individual frequency ratings and the ATQ-B of the sum of individual believability ratings on the ATQ-30. All three cognitive treatment conditions showed reductions in ATQ-F and ATQ-B scores from pretreatment to follow-up, with no differences noted among the three conditions in ATQ-F scores. However, ATQ-B scores of the comprehensive distancing subjects were found to be significantly lower than both rational restructuring and distancing plus rational restructuring conditions at posttreatment, and to be lower than the rational restructuring condition at follow-up. The failure to detect a similar pattern of results on ATQ-F scores documents that changes in believability, in fact, did occur independently of reductions in frequency. Furthermore, the pattern of results on the ATQ-B are consistent with pretreatment predictions about distancing as a therapeutic process. In particular, the comprehensive distancing condition evidenced significantly lower ATQ-B scores, but ATQ-F scores comparable to those for the rational restructuring and distancing plus rational restructuring conditions. Stated somewhat differently, encouraging subjects to "step back" from their depressive thoughts resulted in reduced believability without necessarily, and differentially, impacting the frequency of such thoughts. Subjects continued to have such

thoughts, but simply no longer believed them to be literally true. Comprehensive distancing thus appeared to decrease the control which depressive thoughts exerted over behavior, as reflected by significantly lower ATQ-B scores, without eliminating the actual occurrence of such thoughts.

The failure to obtain any difference between the comprehensive distancing and distancing plus rational restructuring conditions in ATQ-B scores at follow-up suggests that distancing procedures in general resulted in decreased believability in negative thoughts without corresponding reductions in frequency. The difference noted between the two treatment conditions in ATQ-B scores at posttreatment also is consistent with the pretreatment prediction that distancing as a therapeutic process would be associated most closely with the comprehensive distancing condition.

As discussed previously, one way of conceptualizing the mechanism through which distancing procedures in general initiate therapeutic change is to view distancing procedures as facilitating a change in the variables which control the behavior of depressed individuals. Specifically, control by dysfunctional thoughts may be replaced with control by contact with contingencies which support more adaptive behavior. To the extent that lower ATQ-B scores may be viewed as a process measure, such changes appear to reflect reduced rule-governed control by depressive private events.

Rational Restructuring

Rational restructuring as a treatment component was included in the rational restructuring and distancing plus rational restructuring conditions. Because rational restructuring as a therapeutic mechanism was emphasized to a greater degree in the rational restructuring condition, it was expected that greater changes in a process measure of rational restructuring would be observed in this condition than in the distancing plus rational restructuring condition. Similarly, it was anticipated that greater changes in rational restructuring would be associated with both the rational restructuring and distancing plus rational restructuring conditions than with the comprehensive distancing condition.

The process of rational restructuring was measured by a rating of subject responses on the Thoughts Questionnaire. As noted, despite repeated attempts at refinement, the rating scale used to measure rational restructuring lacked adequate interrater reliability. Only one difference among the three treatment conditions was noted on the process measures of rational restructuring, and this was directly opposite to that predicted. Because of its poor reliability, the measure of rational restructuring employed can not be regarded as a valid index of the process it was designed to evaluate. It still may be the case that the rational restructuring component exerts its treatment effects through a corresponding therapeutic process. However, in the absence of a reliable

and valid process measure of rational restructuring, this issue largely remains unanswerable.

A further analysis of ATQ-F and ATQ-B scores provides an alternative way of at least partially addressing the process issue of rational restructuring. Since rational restructuring as a treatment component largely focused on replacing depressive thoughts with others which are more rational and adaptive in nature, rational restructuring as a therapeutic process might be reflected by reduced ATQ frequency scores. As discussed, however, no significant differences in ATQ-F scores were noted among the three cognitive treatment conditions. Because rational restructuring, unlike distancing procedures, seeks to reduce the believability of dysfunctional thoughts by logically reviewing the evidence for and against such cognitions as a way of subsequently reformulating them into more adaptive ways of thinking, the process of rational restructuring conceivably also should be reflected by high correlations between ATQ-F and ATQ-B scores. ATQ-B scores at posttreatment and follow-up were significantly lower for the comprehensive distancing than rational restructuring condition. No corresponding differences, however, were noted in ATQ-F scores. These results may be viewed as providing partial support for the formulation that the process of rational restructuring would be reflected by a high degree of correspondence between frequency and believability scores.

Another way of evaluating further the process of rational restructuring is provided by examining directly the correlations among ATQ-F, ATQ-B, and BDI scores across the treatment phase among the three cognitive treatment conditions. These correlations are presented in Table I-21. Paired comparisons using Fisher's z-transformation found the correlation between ATQ-F and ATQ-B scores to be significantly higher ($p < .01$) for the distancing plus rational restructuring condition than those for the rational restructuring and comprehensive distancing conditions. These findings, as well as the failure to detect a difference between the rational restructuring and comprehensive distancing conditions, fail to provide support for the therapeutic process of rational restructuring.

Paired comparisons of the correlations between ATQ-F and BDI, as well as ATQ-B and BDI scores, indicated significantly higher ($p < .01$) correlations in the rational restructuring and distancing plus rational restructuring conditions than in the comprehensive distancing condition. The difference in ATQ-F and BDI correlations noted between the rational restructuring and comprehensive distancing conditions, in particular, may be viewed as reflecting the differential process of rational restructuring in the two conditions. The low correlation between ATQ-B and BDI scores for subjects in the comprehensive distancing condition was unexpected and may not reflect accurately the interrelationship between

depression and believability in dysfunctional thoughts for these subjects. In particular, the limited range of ATQ-B and BDI scores among subjects in the comprehensive distancing condition effectively may have suppressed the correlation for this condition. Moreover, the finding that the lowest ATQ-B and BDI scores were obtained by the comprehensive distancing condition argues for a close relationship between the two measures in this condition.

Behavioral Hypothesis-Testing

Behavioral homework assignments as a treatment component were included within half of the treatment cells. However, behavioral homework was designed to serve an hypothesis-testing function only in those treatment cells relevant to the component analysis of cognitive therapy, namely the rational restructuring with behavioral homework and the distancing plus rational restructuring with behavioral homework cells. Subjects in the comprehensive distancing with behavioral homework cell also were assigned activities, but such assignments were designed to provide subjects with experience in keeping behavioral commitments in the face of depressing thoughts and feelings which otherwise might undermine their ability to keep such commitments. Overall, it was predicted that those subjects who received behavioral homework assignments as part of treatment would show greater changes in a process measure of behavioral hypothesis-testing during the

last several weeks of treatment in which this component was introduced and implemented.

The process of behavioral hypothesis-testing also was measured by a rating of subject responses on the Thoughts Questionnaire. While the rating scale possessed adequate interrater reliability, it failed to detect any differences associated with the presence versus absence of behavioral homework. Again, it is not entirely clear why the predicted effects were not obtained. The rating scale appeared to have high face validity, but, nevertheless, may have failed to evaluate adequately the process it was designed to assess. Alternatively, rather than functioning as experiential tests of dysfunctional beliefs, behavioral homework assignments may have exerted a therapeutic effect through another process. The finding that DAS scores were higher among subjects who had received homework assignments lends support to this interpretation. As discussed previously, the difference in PESOR scores associated with the presence of behavioral homework assignments within the component analysis suggests that behavioral homework within cognitive therapy may not serve an hypothesis-testing function. In retrospect, it is not surprising then that the differences predicted at pretreatment in the rating scale of behavioral hypothesis-testing were not obtained.

Summary of Process Analysis

Fairly weak support was noted for only one of three predictions made at pretreatment. While one of the expected differences on the process measure of distancing was obtained, none of the anticipated effects on the process measures of rational restructuring and behavioral hypothesis-testing was realized.

Additional analyses of correlations among ATQ-F, ATQ-B, and BDI scores, however, provided some support for the expectation that the rational restructuring component would initiate a corresponding therapeutic process. The failure to find any differences in the process measure of behavioral hypothesis-testing associated with the inclusion of homework assignments suggests that this treatment component effected change through a therapeutic process different from that posited by cognitive theory. This interpretation is underscored by the findings on the DAS and PESOR.

In general, the process analyses suggest that the treatment components comprising cognitive therapy operate through mechanisms other than those proposed by cognitive theory. Some support consistent with cognitive theory was provided for the process of rational restructuring. However, the component analysis suggests that the treatment component of rational restructuring within cognitive therapy, at best, is comparable to the components of distancing and behavioral homework assignments. This finding is in opposition to

typical views of cognitive therapy which generally regard rational restructuring as one of the defining characteristics contributing to its efficacy.

As elaborated previously, the most discrepant findings from those expected from cognitive theory were obtained from the component and process analyses involving behavioral homework assignments. The process analysis of distancing provided some support for cognitive theory. However, the results of the component analysis involving distancing procedures suggest, contrary to cognitive theory, that this component is not necessarily instrumental in facilitating rational restructuring.

The overall results of the process analysis, viewed in conjunction with those from the component analysis, suggest that cognitive therapy initiates therapeutic change by transferring rule-governed control of depressives' behavior exerted by private events to control by direct contingencies which support more adaptive functioning. Other interpretations of the mechanisms underlying the efficacy of cognitive therapy, which also differ from those posited by cognitive theory, might be offered. For instance, cognitive therapy may achieve its effects through teaching clients a set of generalized coping skills rather than through altering depressogenic beliefs, as has been suggested by Fennell (1983). Since this therapeutic process was not assessed directly in the present study, Fennell's interpretation has yet to be

evaluated effectively. However, the interpretation of cognitive therapy's efficacy which this investigator has proposed is not necessarily incompatible with that offered by Fennell. Specifically, distancing procedures generally were presented as a series of exercises which subjects were encouraged to learn and to continue on their own as part of homework. Additionally, behavioral homework assignments which encouraged subjects to tact the reinforcing consequences of pleasant activities might be viewed as teaching subjects a valuable coping skill. Further, making contact with contingencies which support more adaptive functioning might be regarded as fostering effective coping.

Another mechanism which might be used to account for treatment effects in cognitive therapy is suggested by Bandura's self-efficacy theory (Bandura, 1977a, 1978a, 1980; Bandura, Adams, Hardy, & Howells, 1980), which has enjoyed increasing popularity in recent years as an explanation for psychotherapeutic change. However, conceptual concerns which this investigator has elaborated elsewhere regarding self-efficacy theory (Zettle, 1980) would appear to limit its utility as an explanation for therapeutic change in cognitive therapy. Rather than directly mediating therapeutic change as has been argued by Bandura, changes in self-efficacy merely may be reflective of such change.

Conceptual Analysis of Cognitive Therapy

The third major purpose of the present study was to evaluate a reconceptualization of cognitive therapy derived from radical behaviorism. This was undertaken by directly comparing the efficacy of the comprehensive distancing condition with the rational restructuring and distancing plus rational restructuring conditions. It was predicted that the distancing plus rational restructuring condition would be superior to the comprehensive distancing condition, but that the latter would be more effective than the rational restructuring condition in alleviating depression. This general prediction was not supported as the comprehensive distancing condition consistently was found to be the most effective treatment.

The relative superiority of comprehensive distancing was evident on both clinical and statistical analyses of treatment outcome. At posttreatment on the BDI and MMPI-D, a significantly higher proportion of subjects within the comprehensive distancing condition displayed clinical improvement than in the rational restructuring and distancing plus rational restructuring conditions. Statistical analyses detected differences on 4 of 10 outcome measures in favor of comprehensive distancing. No differences on the outcome measures were obtained indicating greater treatment effects for the rational restructuring or distancing plus rational restructuring conditions.

Differences in PESOR and ATQ-B scores associated with the comprehensive distancing condition have been discussed previously. In addition, the lowest self-reported and interviewer-rated levels of depression at both posttreatment and follow-up were evidenced by the comprehensive distancing condition. The relative superiority of comprehensive distancing also was documented by comparisons of each of the three treatment conditions in the present study with the results of Rush and his associates. As noted previously, at the end of 12 treatment sessions, no differences were found between the BDI scores of the Rush et al. (1977) subjects who had received cognitive therapy and those of the rational restructuring and distancing plus rational restructuring conditions. However, subjects receiving comprehensive distancing reported significantly lower levels of depression than the Rush et al. sample. These results, as well as those obtained in comparisons with posttreatment scores from the Rush et al. study, suggest that the distancing plus rational restructuring condition, which was designed to approximate most closely cognitive therapy, equalled it in treatment efficacy. Accordingly, differences noted between the comprehensive distancing and distancing plus rational restructuring conditions did not appear to result from the latter treatment being an ineffective representation of cognitive therapy.

Summary of Conceptual Analysis

Contrary to what had been predicted, comprehensive distancing generally was found to be more effective than both rational restructuring and distancing plus rational restructuring in alleviating depression. The ordering of treatment conditions based on overall efficacy was as follows: comprehensive distancing, distancing plus rational restructuring, rational restructuring. Since the express purpose of assessing the relative efficacy of comprehensive distancing thereby was to evaluate the utility of the conceptual framework from which it was derived, the overall results may be viewed as lending support to a radical behavioral interpretation of cognitive phenomena and therapy. One of the defining tenets of radical behaviorism is its adherence to functionalism. The superiority of the comprehensive distancing condition, consequently, may be viewed as validating a radical behavioral view of cognitive issues.

Efforts to approach psychotherapeutic interventions from alternative conceptual frameworks often are derided and dismissed as mere attempts to "reinvent the wheel." Although any conclusion must be made guardedly because of the small number of subjects involved, the present results tentatively suggest that comprehensive distancing may represent the invention of a "better wheel." At the very least, the relative success of the comprehensive distancing condition, along with the results of the component and process analyses,

suggests a need for cognitive theorists to reformulate their thinking about cognitive therapy. In particular, rather than initiating therapeutic change through restructuring depressogenic beliefs, the effective treatment components of cognitive therapy appear to impact depression by altering the sensitivity of depressives' behavior to contingencies capable of supporting more adaptive functioning.

Cognitive therapy often is described as being concerned with the identification and correction of cognitive distortions, such as selective abstraction, arbitrary inference, overgeneralization, magnification, and all-or-none thinking which are thought to maintain depressive thinking (Hollon & Beck, 1979, pp. 156-157). Included among the various cognitive distortions thought to characterize the thinking of depressives is a separate class which has been referred to as "emotional reasoning" (Burns, 1980). Emotional reasoning refers to the tendency of depressed clients to accept their own private events, especially feelings, as literally true. Stated somewhat differently, emotions may be reacted to as evidence for the truth, rather than being seen as mere behavior. For example, a depressed client might maintain that it is pointless for her to complete a task because she has the thought "I can't do anything right." Instead of being regarded as just a thought which may or may not be true, such thoughts may be reacted to as if they accurately tact the way the world is arranged, and in such a way, come

to control behavioral passivity, escape, and avoidance. Therefore, direct attempts to eliminate such thinking may appear to be an appropriate cognitive therapeutic strategy. To a large degree, comprehensive distancing may be seen as being concerned directly with emotional reasoning. However, rather than trying to eliminate negative thoughts and feelings which might otherwise function as "reasons" for ineffective actions, an attempt is made to alter the control which such private events exert over other behavior. The relative efficacy of comprehensive distancing and the impact associated with the inclusion of distancing procedures within cognitive therapy suggests that it may be more productive for cognitive therapy specifically to focus on emotional reasoning rather than attempting to target a wider array of cognitive distortions as is usually done.

It particularly would be informative to compare the efficacy of a variant of cognitive therapy which specifically targets emotional reasoning with that of comprehensive distancing. To the extent that the interpretation offered for the effects of the treatment components of distancing and behavioral homework within cognitive therapy and the relative superiority of comprehensive distancing is accurate, a variant of cognitive therapy which seeks to eliminate emotional reasoning should be less effective than comprehensive distancing. Emotional reasoning may be important to address therapeutically, but attempts to reformulate such thinking

into more realistic views may be less effective than enabling clients to distance themselves from such thinking, without directly attempting to alter the content or form of such thoughts.

Recommendations for Further Research

The present study combined both group and single-subject design strategies. Of the two, the group or between-series strategy appeared to be more powerful. This is not to say that the single-subject strategy was without its strengths. The relatively small number of subjects employed permitted a fairly fine-grained analysis of the impact of individual treatment components through the use of a multiple-baseline across-subjects strategy. Also, by introducing each treatment component sequentially for varying lengths of time, their effects could be evaluated more thoroughly. The single-subject strategy, however, was limited somewhat by overall design constraints which prescribed set phase lengths for each treatment component at pretreatment. Normally, single-subject strategies are applied in a much more interactive manner. One suggestion for further research is that a more flexible single-subject strategy could be employed. For example, individual treatment components might be introduced and remain in effect until stability or iatrogenic effects were obtained, prior to implementing another component. This more interactive strategy especially might be useful in

evaluating more effectively the impact of distancing procedures in cognitive therapy. Distancing procedures alone could be administered until therapeutic trends stabilize, at which time the impact of introducing rational restructuring could be evaluated more adequately. The use of the C statistic in the present design permitted a somewhat similar analysis mathematically, but was perhaps less convincing than might be obtained through a visual-graphic analysis with a more flexible and interactive single-subject design. Also, single-subject strategies other than a multiple-baseline approach might be employed (Hayes, 1981b). For instance, rational restructuring procedures might be introduced prior to distancing procedures or alternated with each other.

The most convincing results from the present study were obtained by between-subject comparisons among treatment conditions. The relatively small number of subjects ($n = 6$) within each cognitive treatment condition, however, may be viewed as reducing the power of these analyses. At the very least, additional subjects could be treated and added to the analysis. Because of potential bias effects, it especially would be instructive if the study were replicated by another investigator. This investigator had considerable experience with comprehensive distancing as a treatment approach and has completed an internship in cognitive therapy. It is uncertain, therefore, whether similar effects could be obtained by less experienced therapists.

Assuming that the results are capable of being replicated, several additional suggestions for further outcome and process research may be offered. Several studies might be undertaken to define the boundary conditions and parameters of comprehensive distancing's efficacy. For example, whether comprehensive distancing is equally effective with both male and female depressives and when presented in a group rather than individual format, as well as the degree to which the inclusion of pharmacotherapy adds to the efficacy of comprehensive distancing in treating more severe levels of clinical depression, might be addressed. Also, since comprehensive distancing itself may be viewed as a treatment package, it is unclear which of its components or procedures were critical to its success. A component analysis of comprehensive distancing might help clarify this issue.

The overall results of this study also suggest additional questions related more directly to cognitive therapy which might be addressed empirically. As noted, it might be instructive to expand the existing array of distancing procedures within cognitive therapy into a separate treatment to be evaluated. In view of the relative success of the comprehensive distancing condition, a variant of cognitive therapy which focuses exclusively on instances of emotional reasoning in the thinking of depressed clients might be compared with both comprehensive distancing and cognitive therapy as it usually is practiced.

As suggested previously, more adequate measures of therapeutic process within cognitive therapy are sorely needed. Related research might seek to refine further existing measures such as the ATQ-30 and DAS; evaluate other existing measures, such as self-efficacy, which have not been applied yet in an analysis of cognitive therapy; or attempt to develop new measures for this purpose. To the degree that improved PESOR scores may be viewed as at least a crude reflection of the extent to which behavior makes effective contact with its natural contingencies, an attempt to develop more fine-grained indices of this process particularly might be fruitful.

A truism of much research is that many studies raise as many questions as they answer. This investigation appears to be no exception. The few questions which the results of this study may help answer and the greater number of additional questions which it raises, however, do not appear to be unimportant ones. Indeed, it is only through the answering and asking of such questions that clinical science and practice can be advanced further.

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APPENDIX A

DESCRIPTIVE FLYER

APPENDIX A

Descriptive Flyer

If you have been feeling depressed and are female, you may be interested in a research project being conducted in the Psychology Department at the University of North Carolina at Greensboro. Our primary concern is in further evaluating several specific techniques of a broader treatment approach which has already been shown to be effective in reducing depression with similar populations. If you are interested in and eligible for participation in this project, several evaluation sessions and 12 individual therapy sessions will be available to you.

In order to participate in the project you must:

1. be feeling depressed and be female

2. have been free from antidepressant or tranquilizing drugs for a minimum of two weeks

3. have received a medical examination no longer than one year ago

4. call Rob Zettle at the UNC-G Psychology Clinic (379-5662) between 2 and 5 p.m. Monday through Friday to schedule a "screening interview." At the screening interview your eligibility for participation in the project will be further evaluated, you will be asked to complete several questionnaires, and additional details of this project will be presented.

Please note: If you are eligible for participation in this project, there will be no charge for any session. However, you will be required to make a $60.00 "data deposit" which is gradually refunded if you keep your appointments and complete the homework assigned to you by your therapist. If you become dissatisfied with your progress, you may make arrangements to withdraw from the project, and your data deposit will be refunded in full.

Thank you for your interest.

APPENDIX B

LETTER TO PHYSICIANS

THE UNIVERSITY OF NORTH CAROLINA
AT GREENSBORO

Department of Psychology
Psychology Clinic

Dear _____:

We are conducting a research project to further investigate the effectiveness of cognitive therapy in treating depressed, female clients. Previous research has shown this type of therapy to be superior to antidepressant medication in treating unipolar, nonpsychotic depressives. Our research seeks to identify which specific treatment components contribute most to the therapy's success and the processes through which the therapy attains its results. Since in your medical practice you are in contact with women who report that they are depressed, we are requesting that you refer to us any client whom you think is an appropriate candidate for participation in our research project.

We will only be working with female clients who: are not suicidal, have been free from tranquilizing or antidepressant medications for a minimum of two weeks, and have received a medical examination a maximum of one year prior to this investigation.

We are enclosing a flyer describing the project which you may give to any patient whom you refer. In addition, we are enclosing several "Physician's Statements" which acknowledge that the patient you are referring has met the medical requirements specified.

If you have any questions concerning the specific procedures that we will use, you may contact Rob Zettle at the UNC-G Psychology Clinic (379-5662) between 2-5 p.m. Monday through Friday.

Thank you very much for your assistance.

Sincerely,

Robert D. Zettle, M.A.
Doctoral Student in
Clinical Psychology

and

Steven C. Hayes, Ph.D.
Professor of Psychology

APPENDIX C

PHYSICIAN'S STATEMENT

APPENDIX C

Physician's Statement

PLEASE RETURN TO:

Robert D. Zettle
Department of Psychology
University of North Carolina
at Greensboro, North Carolina
27412

Telephone. Psychology Clinic
379-5662
Monday-Friday
2-5 p.m.

Date: _____

This statement acknowledges that to my knowledge, based on a medical examination, _____ is an appropriate candidate for participation in a research project which investigates specific treatment components contributing to the successful treatment of depression by cognitive therapy. To the best of my knowledge, she has been free from antidepressant or tranquilizing medication for at least two weeks prior to the date listed above and currently is not receiving, under my supervision, any medication from which depressive side effects may occur. In addition, my patient has received a medical examination no longer than one year ago.

Date of last prescription for antidepressant or tranquilizing medication:

_____

Date of last medical examination:

_____

_____
Physician's Signature

_____
Office Telephone Number

APPENDIX D

CONSENT FORM I

APPENDIX D

Consent Form I

I understand that I am answering questions (by completing questionnaires and being interviewed) to be used in selecting subjects who report that they are depressed for a psychological investigation involving the treatment of depression. I further understand that the interview will be recorded on audiotape for later review. I have been informed that any information I provide, whether in the interview or in my responses on the questionnaires will remain confidential. I also understand that any information I provide will only be available to individuals directly concerned with the implementation and evaluation of this research project. In addition, I have been informed that I am participating in research and alternative treatment for my problems is available through my local mental health clinic or through psychologists involved in private practice. I have also been informed that I may withdraw from the screening sessions at any time.

I understand that if I am not eligible for participation in this program, I will be referred to the UNC-G Psychology Clinic or to my community mental health center for evaluation and treatment. However, if I am eligible I understand that experiemntal procedures will be explained to me more fully before I continue to participate.

Signed: _____

Witness: _____

Date: _____

APPENDIX E

BECK DEPRESSION INVENTORY (BDI)

APPENDIX E

Beck Depression Inventory (BDI)

Name: _____ Date: _____

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you feel today; that is right now! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
   1 I feel sad.
   2 I am sad all the time and I can't snap out of it.
   3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
   1 I don't enjoy things the way I used to.
   2 I don't get real satisfaction out of anything anymore.
   3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
   1 I feel guilty a good part of the time.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
   1 I am disappointed in myself.
   2 I am disgusted with myself.
   3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
   1 I am critical of myself for my weaknesses or mistakes.
   2 I blame myself all the time for my faults.
   3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
   1 I have thoughts of killing myself, but I would not carry them out.
   2 I would like to kill myself.
   3 I would kill myself if I had the chance.

10. 0 I don't cry anymore than usual.
    1 I cry more now than I used to.
    2 I cry all the time now.
    3 I used to be able to cry, but now I can't cry even though I want to.

11. 0 I am no more irritated now than I ever am.
    1 I get annoyed or irritated more easily than I used to.
    2 I feel irritated all the time now.
    3 I don't get irritated at all by the things that used to irritate me.

12. 0 I have not lost interest in other people.
    1 I am less interested in other people than I used to be.
    2 I have lost most of my interest in other people.
    3 I have lost all of my interest in other people.

13. 0 I make decisions about as well as I ever could.
    1 I put off making decisions more than I used to.
    2 I have greater difficulty in making decisions than before.
    3 I can't make decisions at all anymore.

14. 0 I don't feel I look any worse than I used to.
    1 I am worried that I am looking old or unattractive.
    2 I feel that there are permanent changes in my appearance that make me look unattractive.
    3 I believe that I look ugly.

15. 0 I can work about as well as before.
    1 It takes an extra effort to get started at doing something.
    2 I have to push myself very hard to do anything.
    3 I can't do any work at all.

16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less.
_____ Yes _____ No

20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 I am very worried about physical problems and it's hard to think or much else.
3 I am so worried about my physical problems, that I cannot think about anything else.

21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

APPENDIX F

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY--DEPRESSION SCALE (MMPI-D)

APPENDIX F

Minnesota Multiphasic Personality Inventory-- Depression Scale (MMPI-D)

The following items are scored True:

5. I am easily awakened by noise.

32. I find it hard to keep my mind on a task or job.

41. I have periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going."

43. My sleep is fitful and disturbed.

52. I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first.

67. I wish I could be as happy as others seem to be.

86. I am certainly lacking in self-confidence.

104. I don't seem to care what happens to me.

130. I have never vomited or coughed up blood.

138. Criticism or scolding hurts me terribly.

142. I certainly feel useless at times.

158. I cry easily.

159. I cannot understand what I read as well as I used to.

182. I am afraid of losing my mind.

189. I feel weak all over much of the time.

193. I do not have spells of hay fever or asthma.

236. I brood a great deal.

259. I have difficulty in starting to do things.

288. I am troubled by attacks of nausea and vomiting.

290. I work under a great deal of tension.

The following items are scored False:

2. I have a good appetite.

8. My daily life is full of things that keep me interested.

9. I am about as able to work as I ever was.

18. I am very seldom troubled by constipation.

30. At times I feel like swearing.

36. I seldom worry about my health.

39. At times I feel like smashing things.

46. My judgment is better than it ever was.

51. I am in just as good physical health as most of my friends.

57. I am a good mixer.

58. Everything is turning out just like the prophets of the Bible said it would.

64. I sometimes keep on at a thing until others lose their patience with me.

80. I sometimes tease animals.

88. I usually feel that life is worthwhile.

89. It takes a lot of argument to convince most people of the truth.

95. I go to church almost every week.

98. I believe in the second coming of Christ.

107. I am happy most of the time.

122. I seem to be about as capable and smart as most others around me.

131. I do not worry about catching diseases.

145. At times I feel like picking a fist fight with someone.

152. Most nights I go to sleep without thoughts or ideas bothering me.

153. During the past few years I have been well most of the time.

154. I have never had a fit or convulsion.

155. I am neither gaining nor losing weight.

160. I have never felt better in my life than I do now.

178. My memory seems to be all right.

191. Sometimes, when embarrassed, I break out in a sweat which annoys me greatly.

207. I enjoy many different kinds of play and recreation.

208. I like to flirt.

233. I have at times stood in the way of people who were trying to do something, not because it amounted to much but because of the principle of the thing.

241. I dream frequently about things that are best kept to myself.

242. I believe that I am no more nervous than most people.

248. Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world."

263. I sweat very easily even on cool days.

270. When I leave home I do not worry about whether the door is locked and the windows closed.

271. I do not blame a person for taking advantage of someone who lays himself open to it.

272. At times I am all full of energy.

285. Once in a while I laugh at a dirty joke.

296. I have periods in which I feel unusually cheerful without any special reason.

APPENDIX G

SCREENING INTERVIEW OUTLINE

APPENDIX G

Screening Interview Outline

1. Interviewer begins by probing about feelings concerning interview situation. Has she ever been in a similar situation before? Conditions responsible for client seeking treatment.

2. Client asked to describe her immediate family. Degree of closeness; concern about members of family?

3. Client asked to describe her interests; hobbies, occupation; specific goals; life goals; expected success; satisfaction with goals' plans for the coming year.

4. Occupation--academic. How is it going? Do you feel good or bad about it? Worried? Pressured? By whom?

5. Concentration and/or motivation. Problems?

6. Worries--specific, general.

7. Problems taking action; making decisions and acting on them.

8. What do you do during a normal day?

9. Emotionality: Are you the kind of person who tends to be--tense vs. relaxed; calm vs. excitable; moody; jittery?

10. Ideas of suicide. What is the worst you have felt over the past year or two; when you felt that bad, did you feel that life was not worth living, etc.?

11. Perceived sociability. Dates and/or relations with opposite sex; sexual relations; number of close and casual friends; feelings of social adequacy/ inadequacy; participation in social organizations.

12. Religious background and present feelings.

13. Present physical condition. On any medication? "Retarded"; weight loss; visceral symptoms; insomnia; early morning awakening.

14. Perception of major responsibilities. Burdened by? Failure in?

15. Major happenings during past year. Best; worst. (Elicits information about environment, interest in life, self-pity.)

16. Self-description. Your good points; your weak points.

17. Self-description by significant others. How would they describe you?

18. Major aspects of self that you wish were different.

19. Anything you might want to add.

From Lewinsohn, Biglan, & Zeiss, 1976.

APPENDIX H

HAMILTON RATING SCALE FOR DEPRESSION (HRS-D)

APPENDIX H

Hamilton Rating Scale for Depression (HRS-D)

1. DEPRESSED MOOD (Sadness, hopeless, helpless, worthless)
   0 = Absent.
   1 = These feeling states indicated only on questioning.
   2 = These feeling states spontaneously reported verbally.
   3 = Communicates feeling states non-verbally--i.e., through facial expression, posture, voice, and tendency to weep.
   4 = Patient reports VIRTUALLY ONLY these feeling states in her spontaneous verbal and non-verbal communication.

2. FEELINGS OF GUILT
   0 = Absent.
   1 = Self-reproach, feels she has let people down.
   2 = Ideas of guilt or rumination over past errors or sinful deeds.
   3 = Present illness is a punishment. Delusions of guilt.
   4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

3. SUICIDE
   0 = Absent.
   1 = Feels life is not worth living.
   2 = Wishes she were dead or any thoughts of possible death to self.
   3 = Suicide ideas or gesture.
   4 = Attempts at suicide (any serious attempt rates 4).

4. INSOMNIA EARLY
   0 = No difficulty falling asleep.
   1 = Complains of occasional difficulty falling asleep--i.e., more than ½ hour.
   2 = Complains of nightly difficulty falling asleep.

5. INSOMNIA MIDDLE
   0 = No difficulty.
   1 = Patient complains of being restless and disturbed during the night.
   2 = Waking during the night--any getting out of bed rates 2 (except for purposes of voiding).

6. INSOMNIA LATE
   0 = No difficulty.
   1 = Waking in early hours of the morning but goes back to sleep.
   2 = Unable to fall asleep again if she gets out of bed.

7. WORK AND ACTIVITIES
   0 = No difficulty.
   1 = Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies.
   2 = Loss of interest in activity; hobbies or work--either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels she has to push self to work or activities).
   3 = Decrease in actual time spent in activities or decrease in productivity. In hospital, rate 3 if patient does not spend at least three hours a day in activities (hospital job or hobbies) exclusive of ward chores.
   4 = Stopped working because of present illness. In hospital, rate 4 if patient engages in no activities except ward chores, or if patient fails to perform ward chores unassisted.

8. RETARDATION (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)
   0 = Normal speech and thought.
   1 = Slight retardation at interview.
   2 = Obvious retardation at interview.
   3 = Interview difficult.
   4 = Complete stupor.

9. AGITATION
   0 = None.
   1 = Fidgetiness.
   2 = Playing with hands, hair, etc.
   3 = Moving about, can't sit still.
   4 = Hand wringing, nail biting, hair-pulling, biting of lips.

10. ANXIETY PSYCHIC
   0 = No difficulty.
   1 = Subjective tension and irritability.
   2 = Worrying about minor matters.
   3 = Apprehensive attitude apparent in face or speech.
   4 = Fears expressed without questioning.

11. ANXIETY SOMATIC
   0 = Absent.
   1 = Mild.
   2 = Moderate.
   3 = Severe.
   4 = Incapacitating.

   Physiological concomitants of anxiety such as: Gastro-intestinal--dry mouth, wind, indigestion, diarrhea, cramps, belching; Cardio-vascular--palpitations, headaches; Respiratory--hyperventilation, sighing; Urinary frequency; Sweating

12. SOMATIC SYMPTOMS GASTROINTESTINAL
    0 = None.
    1 = Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
    2 = Difficulty eating without staff urging. Requests or requires laxatives or medication for G.I. symptoms.

13. SOMATIC SYMPTOMS GENERAL
    0 = None.
    1 = Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability.
    2 = Any clear-cut symptom rates 2.

14. GENITAL SYMPTOMS
    0 = Absent. Symptoms such as: Loss of libido
    1 = Mild. Menstrual disturbances
    2 = Severe.

15. HYPONCHONDRIASIS
    0 = Not present.
    1 = Self-absorption (bodily).
    2 = Preoccupation with health.
    3 = Frequent complaints, requests for help, etc.
    4 = Hypochondriacal delusions.

16. LOSS OF WEIGHT Rate either A or B
    A. When Rating by History:
    0 = No weight loss.
    1 = Probably weight loss associated with present illness.
    2 = Definite (according to patient) weight loss.
    3 = Not assessed.
    B. On Weekly Ratings by Ward Psychiatrist, When Actual Weight Changes are Measured:
    0 = Less than 1 lb. weight loss in week.
    1 = Greater than 1 lb. weight loss in week.
    2 = Greater than 2 lb. weight loss in week.
    3 = Not assessed.

17. INSIGHT
    0 = Acknowledges being depressed and ill.
    1 = Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
    2 = Denies being ill at all.

18. DIURNAL VARIATION
    A. Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none.
    0 = No variation.
    1 = Worse in A.M.
    2 = Worse in P.M.

B. When present, mark the severity of the variation. Mark "None" if NO variation.

0 = None.
1 = Mild.
2 = Severe.

19. DEPERSONALIZATION AND DEREALIZATION

0 = Absent. Such as: Feelings of unreality
1 = Mild. Nihilistic ideas
2 = Moderate.
3 = Severe.
4 = Incapacitating.

20. PARANOID SYMPTOMS

0 = None.
1 = Suspicious.
2 = Ideas of reference.
3 = Delusions of reference and persecution.

21. OBSESSIONAL AND COMPULSIVE SYMPTOMS

0 = Absent.
1 = Mild.
s = Severe.

From Hamilton, 1960, in Hedlund & Vieweg, 1979.

APPENDIX I

TABLES

Table I-1

Summary of Subject Characteristics

Subject Number	Age	Race	Educational Level	Marital Status	Employment Status	Previous Treatment
1	38	W	16	Separated	Secretary	Psychotherapy, Marriage counseling
2	34	W	12	Single	Factory Worker	Psychotherapy, Pharmacotherapy
3	40	W	16	Single	Decorator	Counseling
4	57	W	16	Separated	Unemployed	Marriage counseling
5	22	B	12	Single	Student	None
6	37	W	16	Single	School Teacher	Psychoanalysis, Pharmacotherapy
7	48	W	18	Single	Executive	Psychotherapy
8	39	W	12	Divorced	Executive	Hospitalization, Pharmacotherapy, Psychotherapy
9	38	W	14	Widowed	Unemployed	Psychotherapy, Pharmacotherapy
10	28	W	16	Single	Sales Representative	Psychotherapy

Table I-1 (continued)

Subject Number	Age	Race	Educational Level	Marital Status	Employment Status	Previous Treatment
11	39	W	12	Separated	Unemployed	None
12	55	W	18	Divorced	Counselor	Counseling
13	42	W	18	Single	Unemployed	Psychotherapy, Pharmacotherapy
14	31	W	16	Married	Housewife	None
15	40	W	12	Divorced	Artisan	Psychotherapy
16	64	W	12	Single	Realtor	Hospitalization, Pharmacotherapy
17	38	W	14	Separated	Unemployed	Psychotherapy, Pharmacotherapy
18	37	W	18	Single	School Teacher	Gestalt therapy, Pharmacotherapy

Table I-2

Factorial Arrangement of Treatment Components

Cognitive Components	Behavioral Component (Homework Assignments)	
	Absent	Present
Rational Restructuring		
Distancing Plus Rational Restructuring		
Comprehensive Distancing		

Table I-3

Outline of Between and Within-Series Treatment Conditions

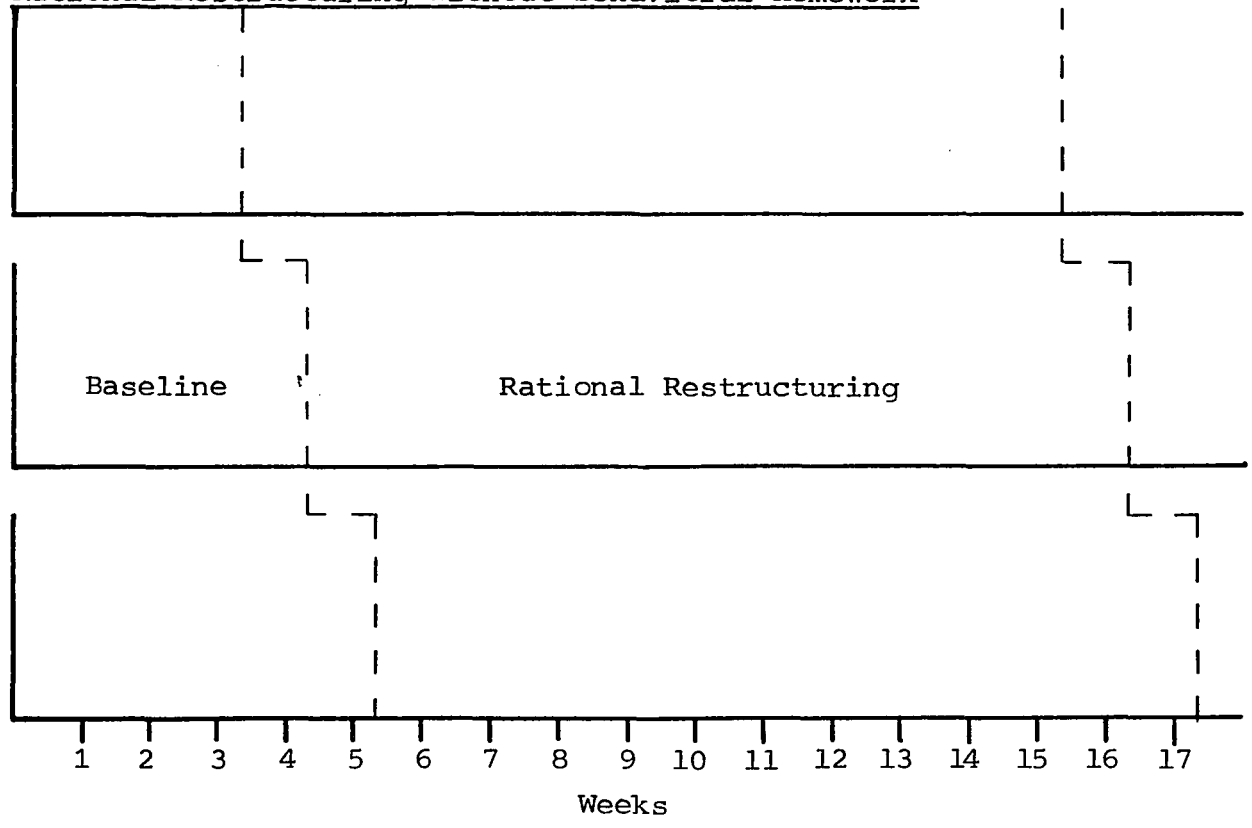
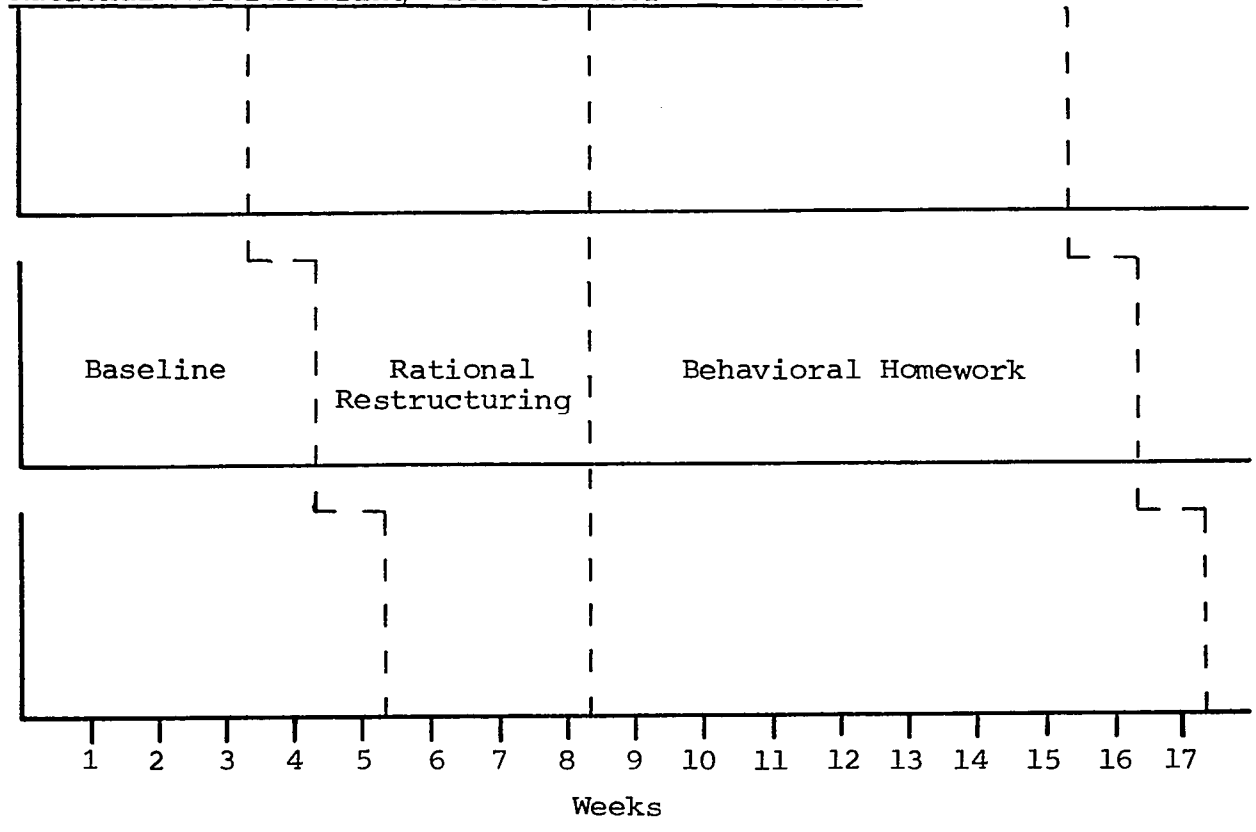


Table I-3 (continued)

Rational Restructuring With Behavioral Homework

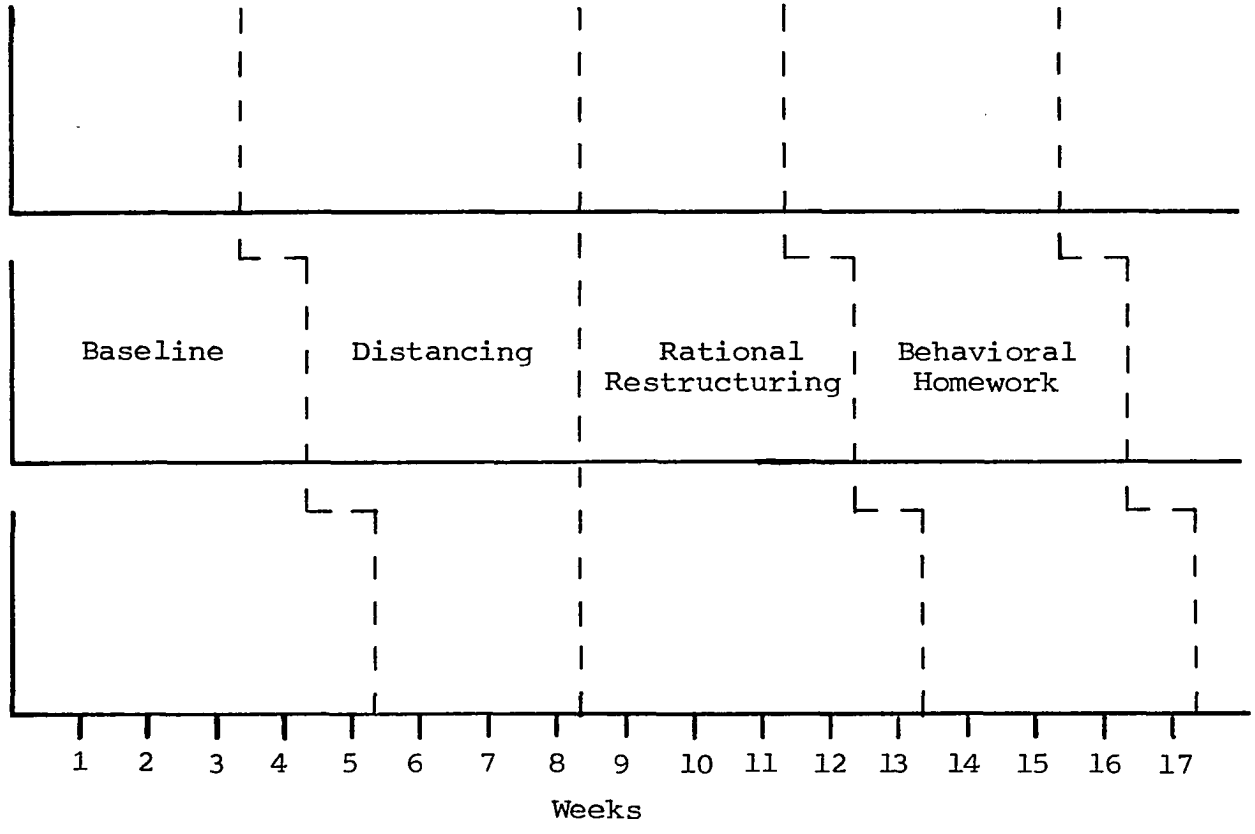


Distancing Plus Rational Restructuring Without Behavioral Homework

Same design as Rational Restructuring With Behavioral Homework

Table I-3 (continued)

Distancing Plus Rational Restructuring With Behavioral Homework



Comprehensive Distancing Without Behavioral Homework

Same design as Rational Restructuring Without Behavioral Homework

Table I-3 (continued)

Comprehensive Distancing With Behavioral Homework

Same design as Rational Restructuring With Behavioral Homework

Table I-4

Summary of Results on Outcome Measures

Component Design	Conceptual Design
	BDI
Distancing plus rational restructuring < rational restructuring, behavioral homework < no homework, cognitive X behavioral factor interaction, follow-up < posttreatment.	Lowest scores noted for comprehensive distancing, behavioral homework < no homework, cognitive X behavioral factor interaction, follow-up < posttreatment.
	HRS-D
Posttreatment: Behavioral homework < no homework. Follow-Up: No differences.	Posttreatment: Comprehensive distancing < distancing plus rational restructuring. Follow-Up: Comprehensive distancing < rational restructuring and distancing plus rational restructuring.
	MMPI-D
Posttreatment < pretreatment, follow-up < posttreatment.	Posttreatment < pretreatment.
	ATQ-F
Follow-up < posttreatment.	Follow-up < posttreatment.
	ATQ-B
No differences.	Posttreatment: Comprehensive distancing < rational restructuring and distancing plus rational restructuring Follow-Up: Comprehensive distancing < rational restructuring.

Table I-4 (continued)

Component Design	Conceptual Design
	DAS
Assessment occasion X behavioral factor interaction: higher scores for behavioral homework more pronounced at posttreatment.	Assessment occasion X behavioral factor interaction: higher scores for behavioral homework at follow-up.
	PESAL
No differences.	No differences.
	PESRP
Posttreatment > pretreatment.	Posttreatment > pretreatment.
	PESOR
Distancing plus rational restructuring > rational restructuring on posttreatment to follow-up change scores, behavioral homework > no homework at follow-up.	Comprehensive distancing > rational restructuring on posttreatment to follow-up change scores.
	Speech Duration
Posttreatment: No differences. Follow-Up: Behavioral homework < no homework.	No differences.

Table I-5

Summary of Trends in Cognitive Treatment Components

	Rational Restructuring	Distancing	Comprehensive Distancing
Alone:			
Improvement	8	3	4
No improvement	4	3	2
Added to Baseline:			
Improvement	4	5	6
No improvement	2	1	0
Added to Distancing:			
Improvement	1		
No improvement	5		
Added to Baseline Plus Distancing:			
Improvement	0		
No improvement	6		

Table I-6

Summary of Trends in Behavioral Component

Status	Alone	Added to: Rational Restructuring	Added to: Distancing Plus Rational Restructuring	Added to: Comprehensive Distancing
Improvement	4	1 (1)	1 (1)	2 (2)
No improvement	5	5 (2)	2 (2)	1 (1)

Note: Numbers in parentheses are obtained when baseline phase is included.

Table I-7

Means at Pretreatment, Posttreatment, and Follow-Up

	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
		BDI	
Pre	27.17	34.33	27.33
Post	18.50	20.33	4.83
F-U	12.33	12.33	3.67
		HRS-D	
Pre	17.50	17.83	19.33
Post	10.83	11.83	7.00
F-U	8.67	7.33	2.50
		MMPI-D	
Pre	37.50	36.83	35.83
Post	30.83	32.33	25.50
F-U	29.33	26.67	28.50
		ATQ-F	
Pre	95.00	115.00	80.33
Post	70.17	91.00	39.17
F-U	67.50	68.50	35.67
		ATQ-B	
Pre	94.33	108.50	81.00
Post	75.33	88.83	42.00
F-U	70.17	67.33	39.67
		DAS	
Pre	177.00	128.33	123.80
Post	132.60	105.67	102.00
F-U	122.40	98.83	110.00
		PESAL	
Pre	.67	.63	.71
Post	.75	.67	.76
F-U	.72	.72	.80

Table I-7 (continued)

	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
		PESOR	
Pre	.94	.84	.86
Post	1.18	.98	1.00
F-U	1.05	1.11	.99
		PESRP	
Pre	1.16	.97	1.07
Post	1.36	1.13	1.10
F-U	1.29	1.15	1.05
		Speech Duration	
Pre	7.95	6.70	7.57
Post	5.65	6.07	6.38
F-U	5.98	5.97	6.62

Table I-8

Raw Data at Pretreatment, Posttreatment, and Follow-Up

Rational Restructuring

	Without Behavioral Homework				With Behavioral Homework		
	Pre	Post	F-U		Pre	Post	F-U
BDI							
S2	23	18	7	S9	34	47	39
S4	21	1	0	S10	32	18	9
S12	26	17	16	S14	27	10	3
HRS-D							
S2	20	11	5	S9	20	26	19
S4	14	5	4	S10	21	7	12
S12	14	7	8	S14	16	9	4
MMPI-D							
S2	40	29	27	S9	38	41	39
S4	36	24	23	S10	36	29	27
S12	38	33	36	S14	37	29	24
ATQ-F							
S2	88	40	39	S9	134	150	150
S4	81	33	33	S10	94	82	66
S12	76	57	78	S14	97	59	39
ATQ-B							
S2	90	44	41	S9	126	149	142
S4	81	33	33	S10	83	80	69
S12	88	84	96	S14	98	62	40
DAS							
S2				S9	253	222	167
S4	110	55	48	S10	198	145	137
S12	137	100	148	S14	187	141	112
PESAL							
S2	.49	.63	.53	S9	.73	.68	.68
S4	.69	.70	.71	S10	.60	.93	.81
S12	.73	.74	.76	S14	.75	.83	.78
PESOR							
S2	.65	.97	.73	S9	1.06	1.13	1.13
S4	1.04	1.26	1.22	S10	.89	1.49	1.28
S12	1.01	.90	.66	S14	.98	1.32	1.28

Table I-8 (continued)

	Without Behavioral Homework				With Behavioral Homework		
	Pre	Post	F-U		Pre	Post	F-U
PESRP							
S2	.96	1.18	1.01	S9	1.26	1.61	1.61
S4	1.25	1.60	1.56	S10	1.26	1.38	1.27
S12	1.11	1.07	.90	S14	1.08	1.31	1.37
Speech Duration							
S2	7.2	4.3	6.4	S9	12.8	4.1	5.4
S4	8.6	4.8	5.4	S10	2.7	6.3	4.7
S12	8.6	9.2	9.9	S14	7.8	5.2	4.1

Distancing Plus Rational Restructuring

	Without Behavioral Homework				With Behavioral Homework		
BDI							
S13	37	32	33	S5	37	4	2
S15	20	1	2	S7	37	10	9
S16	32	29	25	S8	43	46	3
HRS-D							
S13	15	20	15	S5	22	4	1
S15	15	5	2	S7	15	10	7
S16	20	15	7	S8	20	17	12
MMPI-D							
S13	33	36	36	S5	36	31	17
S15	39	19	17	S7	35	34	33
S16	35	37	30	S8	43	37	27
ATQ-F							
S13	119	137	135	S5	118	42	39
S15	96	36	33	S7	100	70	46
S16	135	146	110	S8	122	115	48
ATQ-B							
S13	123	141	136	S5	102	39	33
S15	79	36	31	S7	107	73	47
S16	135	146	113	S8	105	98	44

Table I-8 (continued)

	Without Behavioral Homework				With Behavioral Homework		
	Pre	Post	F-U		Pre	Post	F-U
DAS							
S13	99	69	70	S5	200	118	118
S15	102	54	55	S7	112	134	130
S16	98	115	129	S8	159	144	91
PESAL							
S13	.33	.26	.33	S5	.43	.59	.61
S15	.86	1.08	.98	S7	.84	.76	.93
S16	.51	.54	.62	S8	.84	.79	.84
PESOR							
S13	.35	.29	.35	S5	.43	.96	.97
S15	1.20	1.82	1.66	S7	1.31	1.20	1.51
S16	.63	.60	.79	S8	1.13	1.02	1.35
PESRP							
S13	.63	.76	.69	S5	.91	1.37	1.32
S15	1.16	1.48	1.40	S7	1.29	1.34	1.42
S16	.95	.94	.98	S8	.90	.90	1.06
Speech Duration							
S13	7 8	7.5	10.2	S5	6.3	7.8	6.3
S15	9.7	8.8	10.0	S7	1.5	1.7	1.4
S16	7.8	5.8	3.9	S8	7.1	4.8	4.0

Comprehensive Distancing

	Without Behavioral Homework				With Behavioral Homework		
BDI							
S1	26	14	5	S11	25	1	3
S3	22	1	0	S17	27	3	4
S6	33	8	6	S18	31	2	4
HRS-D							
S1	22	11	4	S11	17	14	7
S3	15	1	0	S17	26	1	1
S6	19	12	3	S18	17	3	0

Table I-8 (continued)

	Without Behavioral Homework				With Behavioral Homework		
	Pre	Post	F-U		Pre	Post	F-U
MMPI-D							
S1	37	34	22	S11	39	33	38
S3	41	21	25	S17	30	18	19
S6	32	21	37	S18	36	26	30
ATQ-F							
S1	81	56	38	S11	75	48	34
S3	46	30	30	S17	101	30	32
S6	63	35	38	S18	116	36	42
ATQ-B							
S1	107	68	64	S11	68	51	34
S3	47	30	30	S17	104	30	30
S6	59	37	39	S18	101	36	41
DAS							
S1				S11	164	148	159
S3	44	72	68	S17	139	58	61
S6	114	122	160	S18	158	110	102
PESAL							
S1	.76	.88	.90	S11	.62	.71	.64
S3	.67	.69	.70	S17	.84	.67	.83
S6	.76	.86	.86	S18	.59	.75	.83
PESOR							
S1	1.04	1.45	1.29	S11	.71	.91	.68
S3	.79	.96	.95	S17	.92	.58	.93
S6	1.15	1.10	1.10	S18	.57	.99	1.00
PESRP							
S1	1.22	1.50	1.32	S11	1.03	1.08	.89
S3	.94	.94	.97	S17	.97	.72	1.04
S6	1.37	1.16	1.16	S18	.87	1.23	.92
Speech Duration							
S1	8.4	4.8	4.3	S11	6.5	5.3	6.4
S3	8.7	8.1	9.4	S17	9.0	8.1	6.6
S6	2.6	3.2	2.8	S18	10.2	8 8	10.2

Table I-9

Adjusted BDI Means for Cells of the Component Design

	Rational Restructuring	Distancing Plus Rational Restructuring	Main Effect
Without Behavioral Homework	18.70	21.63	20.17
With Behavioral Homework	20.70	2.48	11.59
Main Effect	19.70	12.06	

Table I-10

Adjusted BDI Means for Cells of the Conceptual Design

	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing	Main Effect
Without Behavioral Homework	15.65	20.28	8.09	14.67
With Behavioral Homework	19.72	3.65	4.63	9.33
Main Effect	17.68	11.96	6.36	

Table I-11

Adjusted DAS Means at Posttreatment and Follow-Up for Cells of the Assessment Occasion X Behavior Factor Interaction

	Component Design	
	Posttreatment	Follow-Up
No Behavioral Homework	94.35	91.34
Behavioral Homework	136.57	125.84
	Conceptual Design	
	Posttreatment	Follow-Up
No Behavioral Homework	112.35	98.89
Behavioral Homework	113.90	119.67

Table I-12

Clinical Status of Subjects on BDI at Posttreatment

Cognitive Components:

Status	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Markedly improved (BDI ≤ 9)	1	2	5
Not improved (BDI ≥ 10)	5	4	1

Behavioral Component:

Status	No Homework	Homework
Markedly improved (BDI ≤ 9)	4	4
Not improved (BDI ≥ 10)	5	5

Table I-13

Clinical Status of Subjects on BDI at Follow-Up

Cognitive Components:

Status	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Markedly improved (BDI ≤9)	4	4	6
Not improved (BDI ≥10)	2	2	0

Behavioral Component:

Status	No Homework	Homework
Markedly improved (BDI ≤9)	6	8
Not improved (BDI ≥10)	3	1

Table I-14

Clinical Status of Subjects on HRS-D at Posttreatment

Cognitive Components:

Status	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Markedly improved (HRS-D ≤10)	4	3	3
Not improved (HRS-D ≥11)	2	3	3

Behavioral Component:

Status	No Homework	Homework
Markedly improved (HRS-D ≤10)	4	6
Not improved (HRS-D ≥11)	5	3

Table I-15

Clinical Status of Subjects on HRS-D at Follow-Up

Cognitive Components:

Status	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Markedly improved (HRS-D ≤10)	4	4	6
Not improved (Hrs-D ≥11)	2	2	0

Behavioral Component:

Status	No Homework	Homework
Markedly improved (HRS-D ≤10)	8	6
Not improved (HRS-D ≥11)	1	3

Table I-16

Clinical Status of Subjects on MMPI-D at Posttreatment

Cognitive Components:

Status	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Markedly or partially improved (MMPI-D ≤ 60T)	1	1	3
Not improved (MMPI-D ≥ 61T)	5	5	3

Behavioral Component:

Status	No Homework	Homework
Markedly or partially improved (MMPI-D ≤ 60T)	4	1
Not improved (MMPI-D ≥ 61T)	5	8

Table I-17

Clinical Status of Subjects on MMPI-D at Follow-Up

Cognitive Components:

Status	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Markedly or partially improved (MMPI-D ≤60T)	2	2	2
Not improved (MMPI-D ≥61T)	4	4	4

Behavioral Component:

Status	No Homework	Homework
Markedly or partially improved (MMPI-D ≤60T)	3	3
Not improved (MMPI-D ≥61T)	6	6

Table I-18

Summary of Postproject Questionnaire Responses

Would you recommend this project to a friend who was feeling depressed?

	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Yes	5	5	5
No or Maybe	1	1	1

	No Homework	Homework
Yes	6	9
No or Maybe	3	0

At this time, do you feel it will be necessary for you to continue your treatment for depression?

	Rational Restructuring	Distancing Plus Rational Restructuring	Comprehensive Distancing
Yes	4	2	1
No or Maybe	2	4	5

	No Homework	Homework
Yes	3	4
No or Maybe	6	5

Table I-19

Distancing Coefficients for Cognitive Conditions

Measurement Occasion	(1) Rational Restructuring	(2) Distancing Plus Rational Restructuring	(3) Comprehensive Distancing	Paired Comparisons
Pretreatment	.32	.86	.81	2>1**, 3>1**
Session 1	.67	.80	.72	2>1**
Session 2	.70	.84	.73	2>1**, 2>3**
Session 3	.78	.87	.78	2>1**, 2>3**
Session 4	.83	.92	.78	2>1**, 2>3**
Session 5	.85	.94	.79	2>1**, 2>3**
Session 6	.89	.90	.85	2>3*
Session 7	.90	.94	.87	2>1*, 2>3**
Session 8	.88	.92	.87	2>1*, 2>3*
Session 9	.92	.95	.76	2>1*, 2>3**, 1>3**
Session 10	.93	.97	.86	2>1**, 2>3**, 1>3**
Session 11	.88	.95	.86	2>1**, 2>3**
Session 12	.92	.96	.89	2>1**, 2>3**

*$p < .05$
**$p < .01$

Table I-20

Distancing Coefficients for Behavioral Conditions

Measurement Occasion	(1) No Homework	(2) Homework	Differences
Pretreatment	.81	.64	1>2**
Session 1	.82	.80	
Session 2	.85	.82	
Session 3	.89	.86	
Session 4	.90	.89	
Session 5	.91	.92	
Session 6	.93	.90	1>2*
Session 7	.94	.93	
Session 8	.92	.91	
Session 9	.92	.94	
Session 10	.94	.96	2>1*
Session 11	.95	.90	1>2**
Session 12	.95	.95	

*$p < .05$
**$p < .01$

Table I-21

Correlations Among ATQ-F, ATQ-B, and BDI Scores for Cognitive Conditions

	Rational Restructuring	
	ATQ-B	BDI
ATQ-F	.89	.85
ATQ-B		.83
	Distancing Plus Rational Restructuring	
	ATQ-B	BDI
ATQ-F	.98	.84
ATQ-B		.84
	Comprehensive Distancing	
	ATQ-B	BDI
ATQ-F	.90	.48
ATQ-B		.52

APPENDIX J

CONSENT FORM II

APPENDIX J

Consent Form II

I, _____, hereby agree to participate in psychological research to be conducted under the direction of Dr. Steven C. Hayes, Associate Professor of Psychology, involving the treatment of depression. As explained to me, for the next several weeks before beginning treatment I will be required to fill out assessment forms each day before retiring and mail them in each week in the stamped envelopes provided. I further understand that once treatment begins, I will be required to attend individual therapy sessions as well as complete a brief questionnaire before and after each session for 12 weeks and complete homework assigned to me by my therapist. In addition, I understand that my permission may be requested to periodically contact my physician during treatment. I also understand that I will be required to attend an assessment session at the conclusion of treatment and again after a 2-month follow-up period. I have been assured that all data I supply will be kept confidential.

I understand that my therapist, Rob Zettle, is a doctoral level graduate student in psychology who has several years of clinical training and experience and is a licensed Psychological Associate. He will be supervised by Dr. Steven C. Hayes, Associate Professor of Psychology and a licensed Practicing Psychologist. I am aware that some treatment sessions will be audiotaped for further review, but that such recordings will only be available to individuals directly concerned with the evaluation and implementation of this project.

Although I am not paying for the treatment I receive, I have agreed to make a $60.00 "data deposit." I have agreed to have my money refunded, gradually and fully, if I come to all the treatment and assessment sessions and complete all the homework. I have also agreed to forfeit the percentage of money that matches the commitments I fail to keep. Specifically, I understand that my data deposit will be returned according to the following plan:

A. If I come to all scheduled appointments and complete all my homework, my data deposit will be returned as follows:

Treatment Session 1:	$1.00
Treatment Session 2:	$1.50
Treatment Session 3:	$2.00
Treatment Session 4:	$2.50
Treatment Session 5:	$3.00
Treatment Session 6:	$3.50
Treatment Session 7:	$4.00
Treatment Session 8:	$4.50
Treatment Session 9:	$5.00
Treatment Session 10:	$5.50
Treatment Session 11:	$6.00
Treatment Session 12:	$6.50
Posttreatment Assessment Session:	$7.00
2-Month Follow-Up Assessment Session:	$8.00
Total =	$60.00

B. If I only come to the session and do not complete my homework, my data deposit will be returned as follows:

Treatment Session 1:	$0.50
Treatment Session 2:	$0.75
Treatment Session 3:	$1.00
Treatment Session 4:	$1.25
Treatment Session 5:	$1.50
Treatment Session 6:	$1.75
Treatment Session 7:	$2.00
Treatment Session 8:	$2.25
Treatment Session 9:	$2.50
Treatment Session 10:	$2.75
Treatment Session 11:	$3.00
Treatment Session 12:	$3.25
Posttreatment Assessment Session:	$3.50
2-Month Follow-Up Assessment Session:	$4.00
Total =	$30.00

I understand that if I miss a session, I may call my therapist in advance to reschedule the appointment. The rescheduled appointment should be within three days of my previous appointment. If I attend the rescheduled appointment and have all my homework, I will not forfeit any percentage of my data deposit.

I understand that if I become dissatisfied with this program, withdrawal can be arranged and my data deposit can be returned in full. However, I must contact Rob Zettle before I miss a treatment session and/or before I do not complete my homework in order for my $60.00 to be returned.

I understand that the purpose of this intervention is further to evaluate several specific techniques of a treatment approach which has shown promise in treating depression in the past. However, I also realize that there can be no guarantee that I will be helped because I participate in this research. Hopefully, my participation will contribute to the development of effective treatment for others, as well as for myself. In addition, if at the end of this investigation, I am not satisfied with my progress, I will receive a referral for continued evaluation and treatment. Also, I understand that I may contact my therapist for further treatment during the follow-up period if the need arises.

Signed: _____

Witness: _____

Date: _____

APPENDIX K

POSTTREATMENT INTERVIEW OUTLINE

APPENDIX K

Posttreatment Interview Outline

Introduction: "This interview is very similar to the one we participated in several weeks ago. The questions I'll ask you are similar to the questions that you've answered before. However, this time I'd like for you to answer the questions in terms of your feelings during the <u>past week</u>."

1. How do you feel about coming here today?

2-9. Same as Screening Interview.

10. What is the worst you have felt in the past 12 weeks (8 weeks for follow-up interview); when you felt bad, did you feel that life was not worth living, etc? Ideas of suicide now?

11. Same as Screening Interview.

12. What are your present feelings about religion?

13-14. Same as Screening Interview.

15. Were there any major happenings during the past month? (Elicit information about environment, interest in life, self-pity).

16-19. Same as Screening Interview.

APPENDIX L

CONSENT FOR RELEASE OF INFORMATION

APPENDIX L

Consent for Release of Information

PLEASE RETURN TO:

Robert D. Zettle
Department of Psychology
University of North Carolina
at Greensboro
Greensboro, North Carolina
27412

Telephone: Psychology Clinic
379-5662
Monday-Friday
2-5 p.m.

I, _____, hereby authorize the release of information concerning my medical care to Rob Zettle, Department of Psychology, University of North Carolina at Greensboro. Specifically, I authorize _____ to provide the following information:

During the past month has _____ received any prescriptions by you for depressant or tranquilizing medication?

Yes

No

_____
Physician's Signature

_____
Date

APPENDIX M

POSTPROJECT QUESTIONNAIRE

APPENDIX M

Postproject Questionnaire

Name: _____ Date: _____

1. Circle the number which best indicates how much you think you have improved during the course of this project.

1	2	3	4	5	6	7	8	9
no improvement at all								complete improvement

2. Would you recommend this project to a friend who was feeling depressed?

_____ Yes _____ Maybe _____ No

3. What did you hope to accomplish by participating in this project?

4. What could we have done to have made it easier for you to meet these goals?

5. What do you think was the strongest component of this project?

6. At this time, do you feel it will be necessary for you to continue your treatment for depression?

_____ Yes _____ No

7. Any additional comments, suggestions, concerns are welcome:

APPENDIX N

DEBRIEFING STATEMENT

APPENDIX N

Debriefing Statement

Past research has suggested that one of the most effective approaches in the treatment of depression is one which encourages clients to identify, closely examine, and critically evaluate their own depressive thoughts. For instance, individuals who report feeling depressed also often avoid engaging in activities they previously found enjoyable because of thoughts that they will no longer enjoy them or simply don't have enough energy to be very active. Once such thoughts are actually "tested" out though, clients often actually find, to their surprise, that the activities they have been avoiding are still quite enjoyable.

The present research project was an attempt to more closely examine this general therapeutic approach, which has been called cognitive treatment of depression, to determine what specific techniques which it uses lead it to be so effective and how they work. In particular, three sets of techniques which are used in the cognitive treatment of depression were evaluated in isolation and in various combinations in order to determine their relative effectiveness. You may have only been introduced to one, two, or all three of these treatment procedures depending upon the group to which you were assigned.

One of the treatment techniques which was evaluated has been called "distancing." In distancing, subjects were encouraged to "stand back" from their own depressive thoughts and view them as someone else might; that is, as mere beliefs which may or may not be true, rather than as actual facts. Through distancing it is hoped that depressive thoughts will be found to be less upsetting.

A second set of treatment procedures which this research project examined dealt with being able to actually restate depressive thoughts in more positive and less upsetting ways. One way this was accomplished was by guiding subjects in restating their depressive thoughts in ways in which they could be shown to be true or false. For instance, the thought "I can't do anything right" might be restated as "Let's see if I can manage to do this week's grocery shopping."

The third set of treatment techniques involved actually "testing" to find out how true various depressive thoughts might be through homework assignments. For instance, in using the earlier example, the homework assignment might have been to actually go grocery shopping to find out if it could be done.

The interviews which were conducted before, right after, and again two months after the treatment sessions was one way in which these different treatment techniques were evaluated. Also, the various questionnaires that you filled out as well as the counting task were for this purpose.

It should be pointed out that the particular treatment which you received is one of but several different therapies for depression. In fact, it is likely that if you were treated for depression in another setting, the treatment that you received would be quite different. If you are treated for depression in another setting and request it, a summary of your treatment in this project will be sent to your therapist.

Although you were initially told that your "data deposit" would be refunded only under certain conditions, the data deposit, in fact, was refunded, in full, to all subjects. The data deposit was used only to maintain and motivate subjects' participation in the project.

You have already been offered a referral for further evaluation and treatment. If in the future your problems reoccur, please feel free to call the UNC-G Psychology Clinic (379-5662) for appropriate consultation. In closing a sincere thank-you for your participation in this project.

APPENDIX O

AUTOMATIC THOUGHTS QUESTIONNAIRE (ATQ-30)

APPENDIX O

Automatic Thoughts Questionnaire (ATQ-30)

Instructions

Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you over the last week. Please read each item carefully and circle the appropriate answers on the answer sheet in the following fashion (1 = "not at all", 2 = "sometimes", 3 = "moderately often", 4 = "often", and 5 = "all the time"). Then, please indicate how strongly, if at all, you tend to believe that thought, when it occurs. On the right hand side of the page, circle the appropriate answers in the following fashion (1 = "not at all," 2 = "somewhat", 3 = "moderately", 4 = "very much", and 5 = "totally").

Frequency		Degree of Belief
1 2 3 4 5	1) I feel like I'm up against the world.	1 2 3 4 5
1 2 3 4 5	2) I'm no good.	1 2 3 4 5
1 2 3 4 5	3) Why can't I ever succeed?	1 2 3 4 5
1 2 3 4 5	4) No one understands me.	1 2 3 4 5
1 2 3 4 5	5) I've let people down.	1 2 3 4 5
1 2 3 4 5	6) I don't think I can go go.	1 2 3 4 5
1 2 3 4 5	7) I wish I were a better person.	1 2 3 4 5
1 2 3 4 5	8) I'm so weak.	1 2 3 4 5
1 2 3 4 5	9) My life's not going the way I want it to.	1 2 3 4 5
1 2 3 4 5	10) I'm so disappointed in myself.	1 2 3 4 5
1 2 3 4 5	11) Nothing feels good anymore.	1 2 3 4 5
1 2 3 4 5	12) I can't stand this anymore.	1 2 3 4 5
1 2 3 4 5	13) I can't get started.	1 2 3 4 5
1 2 3 4 5	14) What's wrong with me?	1 2 3 4 5

Frequency		Degree of Belief
1 2 3 4 5	15) I wish I were somewhere else.	1 2 3 4 5
1 2 3 4 5	16) I can't get things together.	1 2 3 4 5
1 2 3 4 5	17) I hate myself.	1 2 3 4 5
1 2 3 4 5	18) I'm worthless.	1 2 3 4 5
1 2 3 4 5	19) Wish I could just disappear.	1 2 3 4 5
1 2 3 4 5	20) What's the matter with me.	1 2 3 4 5
1 2 3 4 5	21) I'm a loser.	1 2 3 4 5
1 2 3 4 5	22) My life is a mess.	1 2 3 4 5
1 2 3 4 5	23) I'm a failure.	1 2 3 4 5
1 2 3 4 5	24) I'll never make it.	1 2 3 4 5
1 2 3 4 5	25) I feel so helpless.	1 2 3 4 5
1 2 3 4 5	26) Something has to change.	1 2 3 4 5
1 2 3 4 5	27) There must be something wrong with me.	1 2 3 4 5
1 2 3 4 5	28) My future is bleak.	1 2 3 4 5
1 2 3 4 5	29) It's just not worth it.	1 2 3 4 5
1 2 3 4 5	30) I can't finish anything.	1 2 3 4 5

APPENDIX P

DYSFUNCTIONAL ATTITUDE SCALE (DAS)

APPENDIX P

Dysfunctional Attitude Scale (DAS)

Name _____ Date _____

Instructions: This inventory lists different attitudes of beliefs which people sometimes hold. Read EACH statement carefully and decide how much you agree or disagree with the statement. For each of the attitudes, show your answer by placing a checkmark (✓) under the column that BEST DESCRIBES HOW YOU THINK. Be sure to choose only one answer for each attitude. Because people are different, there is no right or wrong answer to these statements. To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like MOST OF THE TIME.

ATTITUDES REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
1. It is difficult to be happy unless one is good looking, intelligent, rich and creative.							
2. Happiness is more a matter of my attitude towards myself than the way other people feel about me.							
3. People will probably think less of me if I make a mistake.							
4. If I do not do well all the time, people will not respect me.							
5. Taking even a small risk is foolish because the loss is likely to be a disaster.							

ATTITUDES REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
6. It is possible to gain another person's respect without being especially talented at anything.							
7. I cannot be happy unless most people I know admire me.							
8. If a person asks for help, it is a sign of weakness.							
9. If I do not do as well as other people, it means I am an inferior human being.							
10. If I fail at my work, then I am a failure as a person.							
11. If you cannot do something well, there is little point in doing it all.							
12. Making mistakes is fine because I can learn from them.							
13. If someone disagrees with me, it probably indicates he does not like me.							
14. If I fail partly, it is as bad as being a complete failure.							

ATTITUDES REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
15. If other people know what you are really like, they will think less of you.							
16. I am nothing if a person I love doesn't love me.							
17. One can get pleasure from an activity regardless of the end result.							
18. People should have a reasonable likelihood of success before undertaking anything.							
19. My value as a person depends greatly on what others think of me.							
20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.							
21. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.							
22. People who have good ideas are more worthy than those who do not.							

ATTITUDES

REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
23. I should be upset if I make a mistake.							
24. My own opinions of myself are more important than other's opinions of me.							
25. To be a good, moral, worthwhile person, I must help everyone who needs it.							
26. If I ask a question, it makes me look inferior.							
27. It is awful to be disapproved of by people important to you.							
28. If you don't have other people to lean on, you are bound to be sad.							
29. I can reach important and goals without slave-driving myself.							
30. It is possible for a person to be scolded and not get upset.							
31. I cannot trust other people because they might be cruel to me.							

ATTITUDES REMEMBER, ANSWER EACH STATEMENT ACCORDING TO THE WAY YOU THINK MOST OF THE TIME.	TOTALLY AGREE	AGREE VERY MUCH	AGREE SLIGHTLY	NEUTRAL	DISAGREE SLIGHTLY	DISAGREE VERY MUCH	TOTALLY DISAGREE
32. If others dislike you, you cannot be happy.							
33. It is best to give up your own interests in order to please other people.							
34. My happiness depends more on other people than it does on me.							
35. I do not need the approval of other people in order to be happy.							
36. If a person avoids problems, the problems tend to go away.							
37. I can be happy even if I miss out on many of the good things in life.							
38. What other people think about me is very important.							
39. Being isolated from others is bound to lead to unhappiness.							
40. I can find happiness without being loved by another person.							

APPENDIX Q

DIRECTIONS AND SAMPLE ITEMS FROM THE PLEASANT EVENTS SCHEDULE (PES)

APPENDIX Q

Directions and Sample Items from the Pleasant Events Schedule (PES)

This schedule is designed to find out about the things you have enjoyed during the past month. The schedule contains a list of events or activities which people sometimes enjoy. You will be asked to go over the list twice, the first time rating each event on how many times it has happened in the past month and the second time rating each event on how pleasant it has been for you. There are no right or wrong answers.

Please rate every event. Work quickly; there are many items and you will not be asked to make fine distinctions on your ratings. The schedule should take about an hour to complete. Please make your ratings on the answer sheet provided. You should find four of them, each with a large black letter in the left corner and a number on top. Use the answer sheets labeled "A" to answer Question A; use the sheets labeled "B" to answer Question B. You will need two sheets per question, so start each question on the sheet with the "1" on top. The answer sheets should already be in the right order with sheet "A-1" first. When you mark the answer sheet, be very careful to completely fill the little box corresponding to your rating. Use only a soft pencil, and erase completely any answers you have changed.

Directions--Question A

On the following pages you will find a list of activities, events, and experiences. HOW OFTEN HAVE THESE EVENTS HAPPENED IN YOUR LIFE IN THE PAST MONTH? Please answer this question by rating each item on the following scale:

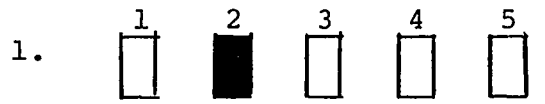
1 - This has not happened in the past 30 days.

2 - This has happened a few times (1 to 6) in the past 30 days.

3 - This has happened often (7 or more) in the past 30 days.

Place your rating for each item on the answer sheets labeled "A-1" and "A-2." Here is an example:

Item number 1 is "Being in the country." Suppose you have been in the country three times during the past 30 days. Then you would mark a "2" on the answer sheet in the row of boxes for item number 1. On answer sheet "A-1" your mark would look like this:



Notice that there are extra spaces on the answer sheet. The boxes labeled "4" and "5" will not be used.

Important: Some items will list more than one event; for these items mark how often you have done any of the listed events. For example, item number 12 is: "Doing art work (painting, sculpture, drawing, movie-making, etc.)." You should rate item number 12 on how often you have done any form of art work in the past month.

Since this list contains events that might happen to a wide variety of people, you may find that many of the events have not happened to you in the past 30 days. It is not expected that anyone will have done all of these things in one month.

Now turn the page and begin.

Directions--Question B

Now please go over the list once again. This time the question is: HOW PLEASANT, ENJOYABLE, OR REWARDING WAS EACH EVENT DURING THE PAST MONTH? Please answer this question by rating each event on the following scale:

1 - This was not pleasant. (Use this rating for events which were either neutral or unpleasant.)

2 - This was somewhat pleasant. (Use this rating for events which were mildly or moderately pleasant.)

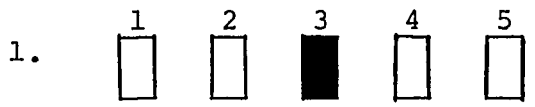
3 - This was very pleasant. (Use this rating for events which were strongly or extremely pleasant.)

Important: If an event has happened to you more than once in the past month, try to rate roughly how pleasant

it was on the average. If an event has not happened to you during the past month, then rate it according to how much fun you think it would have been. When an item lists more than one event, rate it on the events you have actually done (if you haven't done any of the events in such an item, give it the average rating of the events in that item which you would like to have done).

Place your rating for each event on the answer sheets. Here is an example:

Event number 1 is "Being in the country." Suppose that each time you were in the country in the past 30 days you enjoyed it a great deal. Then you would rate this event "3", since it was "very pleasant." On answer sheet "B-1" your mark would look like this:



Notice that again the spaces labeled "4" and "5" are both extra. You will use only spaces 1, 2, and 3 to answer this question.

The list of items may have some events which you would not enjoy. The list was made for a wide variety of people, and it is not expected that one person would enjoy all of them.

Now go back to the list of events, start with item 1, and go through the entire list rating each event on roughly how pleasant it was (or would have been) during the past 30 days. Please be sure that you rate each item and that your marks completely fill the boxes on the answer sheet.

Sample Items from Pleasant Events Schedule

1. Being in the country
2. Wearing expensive or formal clothes
3. Making contributions to religious, charitable, or other groups
4. Talking about sports
5. Meeting someone new of the same sex
6. Taking tests when well prepared
7. Going to a rock concert
8. Playing baseball or softball
9. Planning trips or vacations
10. Buying things for myself
11. Being at the beach
12. Doing art work (painting, sculpture, drawing, movie-making, etc.)
13. Rock climbing or mountaineering
14. Reading the Scriptures or other sacred works
15. Playing golf
16. Taking part in military activities
17. Re-arranging or redecorating my room or house
18. Going naked
19. Going to a sports event
20. Reading a "How to Do It" book or article
21. Going to the races (horse, car, boat, etc.)
22. Reading stories, novels, poems, or plays
23. Going to a bar, tavern, club, etc.

24. Going to lectures or hearing speakers

25. Driving skillfully

26. Breathing clean air

27. Thinking up or arranging songs or music

28. Getting drunk

29. Saying something clearly

30. Boating (canoeing, kyaking, motorboating, sailing, etc.)

31. Pleasing my parents

32. Restoring antiques, refinishing furniture, etc.

33. Watching TV

34. Talking to myself

35. Camping

36. Working in politics

37. Working on machines (cars, bikes, motorcycles, tractors, etc.)

38. Thinking about something good in the future

39. Playing cards

40. Completing a difficult task

APPENDIX R

THOUGHTS QUESTIONNAIRE

APPENDIX R

Thoughts Questionnaire

Name: _____ Date: _____

Instructions: Listed below are five thoughts which individuals who feel depressed often report having. On the lines marked "a." first restate, in your own words, each of the thoughts in a more positive way which might lead you to feel less depressed. Next, on the lines marked "b." please briefly describe any experiences you may have had in the past week which have either increased or decreased your belief in each of the thoughts.

1. I'm no good.

a. _____

_____

b. _____

_____

2. I wish I were a better person.

a. _____

_____

b. _____

_____

3. Nothing feels good anymore.

a. _____

_____

b. _____

_____

4. I can't get things together.

a. _____

_____

b. _____

_____

5. My life is a mess.

a. _____

_____

b. _____

_____

APPENDIX S

RATING SCALE FOR RATIONAL RESTRUCTURING

APPENDIX S

Rating Scale for Rational Restructuring

I. Instructions to Raters:

Each of the cards to be rated consists of two statements: (1) an initial target thought typcially reported by depressed individuals, and (2) a response to the depressive target thought. All responses were obtained from depressed subjects who were instructed to "restate, in your own words, each of the thoughts in a more positive way which might lead you to feel less depressed." The rating task itself consists of three separate phrases. Please initially sort each card into one of the following three categories: (a) agreement with the depressive target thought, (b) responses which are unrelated to either agreement or disagreement with the depressive target thought, and (c) disagreement with the negative target thought. Rating guidelines and examples of responses falling into each category are provided below. Please note that the "Unrelated" category should not be regarded as a compromise between "Agreement" and "Disagreement" categories. Responses which appear to be equally classifiable as "Agreement" versus "Unrelated" or Disagreement" versus "Unrelated" should be categorized as "Unrelated."

A. Agreement with depressive target thought. Include responses of the following types:

(a) Cases where the overall response indicates agreement with depressive target thought.

Examples:

"I'm a failure."--"I usually screw up important things."
"Wish I could just disappear."--"There's no future for me here."

(b) Responses which include phrases indicating more agreement than disagreement with depressive target thought. Responses including phrases which suggest clinically-relevant "movement" away from agreement with the depressive target thought should be regarded as "Disagreement." Responses including phrases such as "many," "often," "usually," "almost always," or "most of the time" should be regarded as "Agreement." However, responses including phrases such as "some," "sometimes," "occasionally," "a few," or "seldom" should be regarded as "Disagreement."

Examples:

"My life's not going the way I want it to."--
"My life usually doesn't go the way I'd like it to." (agreement)
"My life's not going the way I want it to."--
"Sometimes my life doesn't go the way I'd like it to." (disagreement)
"I can't do anything right."--"I can't do most things right." (agreement)
"I can't do anything right."--"There are a few things that I can't do right." (disagreement)

(c) Responses which cite specific events or examples which support depressive target thought.

Examples:

"What's wrong with me?"--"Why do I procrastinate so much?"
"I feel like I'm up against the world."--"I still haven't found a job."

(d) Responses which indicate mere agreement with depressive target thought which is personalized.

Examples:

"I'll never make it."--"I'll never succeed."
"I hate myself."--"I dislike myself."

(e) Responses consisting of multiple clauses or phrases whose initial phrase or clause indicates agreement with the depressive target thought, provided this is not then followed by a partial negation of such agreement by the citation of specific events or examples which undermine support of the depressive target thought. Responses which indicate initial agreement followed by a partial negation of such agreement by citing specific events or examples which undermine support of the depressive target thought should be categorized as "Disagreement" as outlined in C.(c). However, responses which indicate initial agreement followed by only a vague reference to strategies or experiences which might challenge the depressive target thought should be categorized as "Agreement." Responses which only conditionally indicate strategies or experiences which might challenge the depressive target thought without a clause or phrase which indicates agreement with the depressive target thought should be categorized as "unrelated" as outlined in B.(c).

Examples:

"It's just not worth it."--"It's not, unless things change." (agreement)
"It's just not worth it."--"It might be worth it if I could get my act together." (unrelated)
"It's just not worth it."--"I've often felt this way but less so since developing my hobbies." (disagreement)
"My future is bleak."--"It will be as long as I continue in this rut." (agreement)
"My future is bleak."--"Something must be done." (unrelated)
"My future is bleak."--"Right now my future may look bleak, but I believe I can turn it around by continuing my education." (disagreement)

B. Responses unrelated to either agreement or disagreement with depressive target thought.
Include responses of the following types:

(a) Responses indicating a vague restatement of depressive target thought which is not personalized.

Examples:

"No one understands me."--"Understanding is such a relative concept."
"I'm a failure."--"Failure is such a hard thing to judge."

(b) Responses which make a tangential comment about the depressive target thought.

Examples:

"My future is bleak."--"No one knows what the future holds."
"I wish I were somewhere else."--"I don't know where though."

(c) Responses which conditionally indicate strategies or experiences which might challenge depressive target thought, with no indication that they have actually occurred.

Examples:

"I wish I were a better person."--"If I weren't so self-critical, I might feel better about myself."
"I wish I were somewhere else."--"I might feel better if I took a trip."

(d) Responses which pose a vague rhetorical question without reference to specific events or examples which either support or disconfirm depressive target thought.

Examples:

"What's wrong with me?"--"What isn't wrong with me?"
"No one understands me."--"So what?"

C. Disagreement where the overall response indicates disagreement with the depressive target thought.

(a) Cases where the overall response indicates disagreement with the depressive target types:

Examples:

"I don't think I can go on."--"I know I can."
"Nothing feels good anymore."--"I enjoy many things."

(b) Responses which include phrases indicating more disagreement than agreement with depressive target thought, even if this is then followed by a partial negation of such disagreement.

Examples:

"I can't get started."--"I usually get going on most things, although I still haven't finished my tax returns."
"I'm so disappointed in myself."--"I feel good about some of my accomplishments, and would feel even better if I found a job I liked."

(c) Responses whose initial phrases indicate agreement with depressive target thought, provided this is then followed by a partial negation of such agreement by the citation of specific events or examples which undermine support of the depressive target thought.

Examples:

"I'm a failure."--"Although I've failed at many things in life, I've also succeeded in some areas."
"I can't finish anything."--"I usually take too much time in finishing things, but was able to complete a report on time."

(d) Responses which merely cite specific events or examples which undermine support of depressive target thought.

Examples:

"I'm worthless."--"I'm a good mother to my children."
"I've let people down."--"I did a favor for a friend."

(e) Responses which negate totality of depressive target thought.

Examples:

"I can't do anything right."--"Everything I do isn't wrong."
"I'm a loser."--"I don't lose at everything."

II. Further Instructions to Raters:

After responses have been initially sorted into "Agreement," "Unrelated," and "Disagreement" categories, those cards placed in the "Unrelated" category may be placed aside. Response placed in the "Agreement" cateogry should then be further sorted into the following four categories:

1 = Intensification of depressive target thought beyond mere agreement and/or paraphrasing of thought.

Examples:

"My future is bleak."--"Maybe I should kill myself."
"I hate myself."--"I'm totally disgusted with everything I do.

2 = Mere agreement with depressive target thought and/or paraphrasing of thought. Include responses containing phrases such as "everything," "always," or "nothing" which indicate agreement with totality of depressive target thought.

Examples:

"I can't do anything right."--"Everything I do is wrong."
"I'll never make it."--"This is true."

3 = Responses indicating some movement away from mere agreement with the totality of the depressive target thought. Include responses containing phrases such as "many," "often," "usually," "almost always" or "most of the time."

Examples:

"I can't stand this anymore."--"I often feel this way."
"Wish I could just disappear."--"Most of the time I wish I were elsewhere."

4 = Responses which cite specific events or examples which support depressive target thought.

Examples:

"My life is a mess."--"I've fallen behind in my car payments."
"I'm worthless."--"I didn't get a raise at work I was expecting."

III. Final Instructions to Raters:

Finally, responses initially placed into the "Disagreement" category should be further sorted into one of the following four categories:

6 = Responses including phrases suggesting clinically-relevant "movement" away from agreement with totality of depressive target thought. Include response containing phrases such as "some," "sometimes," "occasionally," "a few," or "seldom."

Examples:

"My future looks bleak."--"Sometimes my future looks bleak."
"I hate myself."--"I seldom hate myself."

7 = Responses indicating mere disagreement with totality of depressive target thought without even a vague reference to events or examples which undermine support of depressive target thought.

Examples:

"My future looks bleak."--"I feel OK about my future."
"I hate myself."--"I don't hate myself."

8 = Responses indicating disagreement with totality of depressive target thought but which also cite at least some objective basis for such disagreement. Also include responses containing phrases indicating some agreement with the negative target thought provided this is then negated by the citation of specific events

or examples which undermine support of the depressive target thought.

Examples:

"I'm a failure."--"I've failed in some things, but have been successful in my job."
"My future looks bleak."--"By trying to overcome my depression, my future will be better."

9 = Restatement of depressive target though in a rational, coping manner by citation of specific examples which contradict the target thought.

Examples:

"What's wrong with me?"--"I have some qualities I dislike, but by changing my thinking, I can change them also."
"Nothing feels good anymore."--"I very much enjoy my work and time spent with friends."

APPENDIX T

RATING SCALE FOR BEHAVIORAL HYPOTHESIS-TESTING

APPENDIX T

Rating Scale for Behavioral Hypothesis-Testing

Instructions to Raters:

Each of the cards to be rated consists of two statements: (1) an initial target thought typically reported by depressed individuals, and (2) a response to the depressive target thought. All responses were obtained from depressed subjects who were instructed to "describe any experiences you may have had in the past week which have either increased or decreased your belief" in each of the target thoughts. Please rate each response as falling into one of the following nine categories.

1 = Categorical agreement with depressive target thought with little or no reference to specific experiences relating to target thought.

Examples:

"What's the matter with me?--"Nothing I do works."
"My life is a mess."--"This week was a complete disaster."

2 = Reference to a poorly defined experience, such as private events, which supports depressive target thought.

Examples:

"I hate myself."--"I'm lacking in self-confidence."
"It's just not worth it."--"I felt frustrated with my own shortcomings all week."

3 = Reference to vaguely defined objective experience which supports depressive target thought.

Examples:

"My future is bleak."--"I'm falling further behind in my schoolwork."
"Something has to change."--"My children continue to misbehave."

4 = Clear reference to an objectively defined experience which supports depressive target thought.

Examples:

"It's just not worth it."--"I worked hard all week and still didn't finish two reports."
"My life is a mess."--"I found it will cost me $200 to have my car fixed."

5 = Only tangential reference to depressive target thought with little or no evidence and/or experiences cited which would either support or challenge believability in target thought.

Examples:

"Nothing feels good anymore."--"It's been this way for some time."
"What's wrong with me?"--"I don't know what it could be."

6 = Reference to a poorly defined experience, such as private events, which contradicts depressive target thought.

Examples:

"I hate myself."--"I feel a little bit better about myself."
"I can't get started."--"I don't dread starting things as much."

7 = Reference to vaguely defined objective experience which contradicts depressive target thought.

Examples:

"My future looks bleak."--"Studying harder helps improve my grades."
"I hate myself."--"People seem to like me."

8 = Reference to vaguely defined experience as well as associated private events which contradicts depressive target thought.

Examples:

"I can't do anything right."--"I felt good about dieting better."
"Something has to change."--"Tried to be more positive towards children and felt better about myself."

9 = Clear reference to objectively defined experience which contradicts depressive target thought.

Examples:

"Nothing feels good anymore."--"Friends invited me to a party and even though I didn't want to go, I enjoyed it once there."
"I can't get started."--"I finally paid several bills I'd been avoiding."

APPENDIX U

POSTSESSION QUESTIONNAIRE

APPENDIX U

Postsession Questionnaire

The following is a series of questions about the therapy session which you have just completed. These questions have been designed to make the description of your experience in the session simple and quick.

Each question has a series of numbered statements under it. You should read each of these statements and select the one which comes closest to describing your answer to that question. Then circle the number in front of your answer. Please feel free to write additional comments on the back of the page when you want to say things not easily put into the categories provided.

In the appropriate space below please indicate today's date. However, please do not put your name on this sheet. By answering the questions anonymously we hope that you will feel more free to express your feelings in a candid and open manner. When you've completed the questionnaire, please put it in the box. Someone else who doesn't know who you are will take it out and record your answers. In that way we hope you can give honest feedback without fear of disappointing your therapist, or similar concerns.

Date _____

1. How do you feel about the session which you have just completed? (Circle the one answer which best applies.) This session was:

    1. Perfect
    2. Excellent
    3. Very good
    4. Pretty good
    5. Fair
    6. Pretty poor
    7. Very poor

2. How much progress do you feel you made in dealing with your problems? (Circle the answer which best applies.)

   1. A great deal of progress
   2. Considerable progress
   3. Moderate progress
   4. Some progress
   5. Didn't get anywhere this session
   6. In some ways my problems seem to have gotten worse this session

3. How well did your therapist seem to understand what you were feeling and thinking this session? (Circle the answer which best applies.) My therapist:

   1. Understood exactly how I thought and felt
   2. Understood very well how I thought and felt
   3. Understood pretty well, but there were some things he didn't seem to grasp
   4. Didn't understand too well how I thought and felt
   5. Misunderstood how I thought and felt

4. How helpful do you feel your therapist was to you this session? (Circle the answer which best applies.)

   1. Completely helpful
   2. Very helpful
   3. Pretty helpful
   4. Somewhat helpful
   5. Slightly helpful
   6. Not at all helpful

APPENDIX V

TREATMENT MANUAL FOR RATIONAL RESTRUCTURING WITHOUT BEHAVIORAL HOMEWORK

APPENDIX V

Treatment Manual for Rational Restructuring Without Behavioral Homework

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship between thoughts and and feelings
Initial discussion of rational restructuring

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

   a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection

between "the way you look at things and how you feel." If subject doesn't verbalize relationship, provide examples; happy thoughts-happy feelings vs. depressed thoughts-depressed feelings. Get subject to acknowledge at least a correlational relationship between thoughts and feelings. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts and feelings can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings, then who controls your feelings?" Get subjects to acknowledge that she ultimately controls her own feelings through control of thinking. Also, that depressive feelings therefore must ultimately result from way of thinking.

b. Discuss characteristics of depressive thoughts. Say, "We've already talked about how your feelings are related to how you think and how you can control your feelings by the way you think. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Try to solicit examples from subject's life; if not cite examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

c. Focus of treatment on rational restructuring. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. One of the ways of avoiding this difficulty is to try and pay close attention to the kinds of depressive thoughts you have and then ask yourself if maybe you aren't exaggerating or overgeneralizing. So one of the first things we'll be talking about here is the kinds of thoughts you have that lead you to feel depressed. To help us better know what they might be, you'll be asked for homework to notice the

kinds of thoughts you have, the situations in which they occur, and to jot them down. We can then sit down and go over them and once we've identified the type of depressive thoughts you have, we can talk about ways in which you can change your usual ways of thinking to help you feel less depressed. For example, having individuals such as yourself look at their usual ways of thinking in a more realistic and objective way may be helpful." Answer any questions. Point out that if subject feels somewhat unclear about rationale of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

6. Review homework assignment (Allow 10 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix W).

   b. Column on "Restructuring Responses" can be completed as treatment progresses.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just

busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Underscore purpose of homework by having subject acknowledge that first step in altering habits is to notice when they occur. Point out that subject can use increase in dysphoric mood as cue to review thoughts. With practice, subject will become better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette. At first this may not occur until cigarette is actually lit; with practice subject will be able to even catch self reaching for or thinking about having smoke. Unlike quitting smoking, however, subject is only one who can "catch" her having depressive thoughts. Conclude analogy by emphasizing that effective way to break one habit is to replace it with another (i.e., depressive thoughts with realistic, objective thoughts).

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk:" use of "shoulds, oughts, must;" catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it;" and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's

able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence to you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice restructuring exercises and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 2 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right."

Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc. by objectively describing (tacting) situations or events (A) which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 3 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

   b. Importance of objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I over-generalizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 5.

   f. Administer Postsession Questionnaire.

Sessions 5-12.

Goals: Review homework
Review earlier sessions if necessary
Continue discussion of rational restructuring

1. Have subject complete ATQ-30 and Thouqhts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 10 minutes). Pay particular attention to degree to which subject effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Continue discussion of rational restructuring (Allow up to 35 minutes). Follow guidelines outlined in Session 4. Focus on most frequently occurring depressive thoughts and those which subject has most difficulty in restructuring. Ask subject for examples or refer to homework. Neither encourage nor discourage any subject-initiated attempts at behavioral hypothesis-testing.

6. Session termination (Allow up to 10 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination.

Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

b. Remind subject of posttreatment and follow-up assessment sessions.

c. Provide BDI forms after Sessions 5-11.

d. Refund data deposits.

e. Administer Postsession Questionnaires.

f. Schedule posttreatment assessment session after Session 12.

APPENDIX W

SELF-MONITORING BOOKLET FOR RATIONAL RESTRUCTURING CONDITION

APPENDIX W

Self-Monitoring Booklet for Rational Restructuring Condition

DATE	SITUATION	THOUGHT	OUTCOME	RESTRUCTURING RESPONSE	OUTCOME
	Briefly describe situation leading up to depres-	Write down depressive thought.	1. Rate believability in thought; 0-100. 2. Rate mood associated with thought; 0-100.	Briefly describe any restructuring responses made.	1. Rerate believability in thought; 0-100. 2. Rerate mood associated with thought; 0-100.
6-10-83	Arrived home and discovered forgot to buy stamps.	"I can't do anything right.	1. 70, 2. 90	"What actually happened?--I forgot to buy stamps. That doesn't mean I can't do anything right. I remembered to buy the other things I wanted."	1. 10, 2. 25

Note: The higher the believability rating, the greater belief in the designated thought (0 = no belief at all; 100 = complete belief).

The higher the mood rating, the greater degree of dysphoria (0 = no dysphoric mood; 100 = the most intense dysphoria possible).

APPENDIX X

TREATMENT MANUAL FOR RATIONAL RESTRUCTURING WITH BEHAVIORAL HOMEWORK

APPENDIX X

Treatment Manual for Rational Restructuring with Behavioral Homework

(Note: Three variations of this treatment condition exist: Variation A, with 5 weeks rational restructuring and 7 weeks of behavioral hypothesis-testing; Variation B, with 4 and 8 weeks of rational restructuring and behavioral hypothesis-testing, and Variation C, with 3 and 9 weeks of rational restructuring and behavioral hypothesis-testing.)

Variation A: 5 weeks rational restructuring 7 weeks behavioral hypothesis-testing

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of rational restructuring

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

a. Discuss relationship among thoughts, feelings, and activities. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel and act." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings-behavioral activity vs. depressed thoughts-depressed feelings-behavioral passivity. Get subject to acknowledge at least a correlational relationship between thoughts and feelings and behavior. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts, on the one hand, and feelings and behavior, on the other, can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings and courses of action; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings and courses of action, ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings and ways of acting, then who controls your feelings and behavior?" Get subject to acknowledge that she ultimately controls her own feelings and actions through control of thinking. Also, that depressive thoughts and behaviors therefore must ultimately result from way of thinking.

b. Discuss importance of pleasant activities. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen, like we've just discussed, is because of the way we tend to think when we're depressed. We get carried away with our own thoughts and end up feeling like we don't want to do much of anything. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out

and have you try out different activities which will hopefully help you feel better. Before we get to that, though, we'll spend the first several sessions going over some different exercises designed to help you change your usual depressive ways of thinking. This should help you feel better and free you up so you'll better be able to enjoy the activities you'll try out a little later."

c. Discuss characteristics of depressive thoughts. Say, "We've already talked about how your feelings and behavior are related to how you think and how you can control your feelings and actions by the way you think. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Try to solicit examples from subject's life; if not cite examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

d. Focus of initial treatment on rational restructuring. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. One of the ways of avoiding this difficulty is to try and pay close attention to the kinds of depressive thoughts you have and then ask yourself if maybe you aren't exaggerating or overgeneralizing. So one of the first things we'll be talking about in these first few sessions is the kind of thoughts you have that lead you to feel depressed. To help us better know what they might be, you'll be asked for homework to notice the kinds of thoughts you have, the situations in which they occur, and to jot them down. We can then sit down and go over them and once we've identified the type of depressive thoughts you have, we can talk about ways in which you can change your usual ways of thinking to help you feel less depressed. For example, having individuals such as yourself look at their usual ways of thinking in a more realistic and objective way may be helpful." Answer any questions. Point out that if subject feels somewhat unclear about rationale of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a

friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, during these first several sessions, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

6. Review homework assignment (Allow 10 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix W).

   b. Column on "Restructuring Responses" can be completed as treatment progresses.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions. Depressive thoughts cause depressive feelings and behaviors.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Underscore purpose of homework by having subject acknowledge that first step in altering habits is to notice when they occur. Point out that subject can use increase in dysphoric mood as cue to review thoughts. With practice, subject will become better at noticing thoughts. Make analogy with quitting smoking--first step is to

catch self having a cigarette. At first this may not occur until cigarette is actually lit; with practice subject will be able to even catch self reaching for or thinking about having smoke. Unlike quitting smoking, however, subject is only one who can "catch" her having depressive thoughts. Conclude analogy by emphasizing that effective way to break one habit is to replace it with another (i.e., depressive thoughts with realistic, objective thoughts).

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk:" use of "shoulds, oughts, must;" catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it;" and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . What evidence do you have for each thought? . . . What evidence to you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if

subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework--same as Session 1; subject may begin to practice restructuring exercises and complete appropriate columns in booklet.

   e. Schedule Session 3.

   f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 2 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

   Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

   In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't

be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc. by objectively describing (tacting) situations or events (A) which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 3 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

b. Importance of objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

e. Schedule Session 5.

f. Administer Postsession Questionnaire.

Session 5.

Goals: Review Session 4
Review homework
Review earlier sessions if necessary
Continue discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review Session 4 (Allow 5 minutes).

   a. Importance of stating thoughts objectively for purpose of evaluation: "What do I mean?"

   b. Inability to evaluate value judgments objectively.

5. Review homework (Allow up to 10 minutes). Pay particular attention to degree to which subject effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

6. Continue discussion of rational restructuring (Allow up to 30 minutes). Follow guidelines outlined in Session 4. Focus on most frequently occurring depressive thoughts and those which subject has most difficulty in restructuring. Ask subject for examples or refer to homework. Neither encourage nor discourage any subject-initiated attempts at behavioral hypothesis-testing.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

e. Schedule Session 6.

f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5

Present rationale for behavioral hypothesis-testing
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to degree to which subject effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 5 (Allow 5 minutes). Go over any major points regarding rational restructuring discussed in Session 5. Briefly review earlier sessions if necessary.

6. Present rationale for behavioral hypothesis-testing (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and having you try out different ways to help you change your usual ways of thinking about things that lead you to feel depressed. Through the homework you've been doing, you've already had some practice in restructuring your upsetting thoughts. I'd like you to continue to practice evaluating your thoughts like you have been, but for the remaining times we'll be getting together we'll be switching to something a little different. As I remember during our first session together, we talked some about also helping individuals like yourself to feel less

depressed by encouraging you to maintain a high activity level, particularly in doing things you normally enjoy. Actually having you try out some activities you normally enjoy but haven't been doing should help kill two birds with one stone. For one, simply becoming more active will hopefully help you feel better. Also, we've been talking about correcting tendencies to overgeneralize and exaggerate in your thinking, by evaluating your thoughts. One of the best ways to evaluate or really test out your thoughts is to engage in some activities that will help you to do that. For instance, probably the best way to test out the thought that you won't enjoy something you once did is to have you try it and actually see for yourself if you still enjoy it. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which will hopefully help you feel better and allow you to further evaluate some of your upsetting thoughts."

b. Ask subject about any questions concerning treatment rationale. Stress experimental nature of behavioral homework assignments.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. , Assign homework (Allow 15 minutes).

a. Get subject fo further specify thoughts and feelings which interfere with engagement in selected activity. Ask subject to state thoughts and/or feelings which have interfered with, prevented, or gotten in the way of engaging in selected activity. Ask, "When was the last time you tried X? What happened? Have you thought of doing X recently? If so, why haven't

you done X?" Pay particular attention to thoughts such as, "I felt too tired," "I wouldn't enjoy it anyway," and "I wouldn't do it right." Once thoughts are identified ask how they can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Assist subject if necessary.

b. Establish "tests" of thoughts and feelings with homework assignment. Ask subject how homework assignment may help evaluate interfering thoughts and feelings. Provide examples if necessary such as, "You say you've thought of playing tennis but think what's the use, you wouldn't enjoy it anyway. Well, aren't there different levels of enjoyment? You may well not enjoy tennis as much as you used to but on the other hand, you may be surprised to find out how much you still enjoy it. Really, the only way to find this out is to actually play tennis and find out for yourself how much you actually still enjoy it. It's sort of like a little experiment you can conduct to find out how much you still enjoy tennis." Point out how each interfering thought or feeling subject mentions may be addressed by homework or at least restructured to be less of a hindrance. Also, ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to do X for homework and discuss any reservations subject has.

c. Go over self-monitoring booklet (see Appendix Y). Have subject record any thoughts and feelings and associated mood and believability ratings which compete with the assignment, restructuring responses, and behavior engaged in and subsequent mood and believability ratings.

9. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 7.

e. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment, how the assignment "tested" them, and subject's ability to restructure them. If subject says "no" determine any further interfering thoughts and feelings. Discuss how any interfering thoughts and feelings can be restructured or evaluated through behavioral assignment. Stress experimental nature of behavioral assignments--that what's important is to attempt the assignment, regardless of its results. Any results are informative. If necessary, review earlier rational restructuring exercises. Whether subject has done the homework or not, ask subject if she is willing to continue to do X each week until conclusion of treatment.

5. Assign new homework (Allow up to 35 minutes).

    a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 6, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. Once thoughts are identified ask how they can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Also, ask subject how homework assignment may help evaluate interfering thoughts and feelings. If necessary, formulate other tests of thoughts and feelings. Ask if there are any other reasons why homework can't be completed not involving private

events. Finally, ask if subject is willing to continue to do X as well as Y for homework and discuss any reservations subject has.

b. Role reversal. Underscore subject's ability to restructure and test interfering thoughts with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" can be restructured and evaluated.

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any thoughts which interfere with completing the assignment and to restructure and evaluate them by carrying out the assignment. Also, instruct subject to notice any other depressive thoughts which assignment may help address.

6. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 8.

e. Administer Postsession Questionnaire.

Sessions 8-12.

Goals: Review homework
Review rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 7. Have subject agree to continue each assigned activity. Review earlier rational restructuring sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 7. Include continuation of previous assignments as part of homework. Continue to update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 8-11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

Variation B: 4 weeks rational restructuring, 8 weeks behavioral hypothesis-testing

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of rational restructuring

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

   a. Discuss relationship among thoughts, feelings, and activities. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel and act." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings-behavioral activity vs. depressed thoughts-depressed feelings-behavioral passivity. Get subject to acknowledge at least a correlational relationship between thoughts and feelings and behavior. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts, on the one hand, and feelings and behavior, on the other, can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings and courses of action; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between

thoughts and feelings and courses of action, ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings and ways of acting, then who controls your feelings and behavior?" Get subject to acknowledge that she ultimately controls her own feelings and actions through control of thinking. Also, that depressive thoughts and behaviors therefore must ultimately result from way of thinking.

b. Discuss importance of pleasant activities. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen, like we've just discussed, is because of the way we tend to think when we're depressed. We get carried away with our own thoughts and end up feeling like we don't want to do much of anything. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you feel better. Before we get to that though, we'll spend the first several sessions going over some different exercises designed to help you change your usual depressive ways of thinking. This should help you feel better and free you up so you'll better be able to enjoy the activities you'll try out a little later."

c. Discuss characteristics of depressive thoughts. Say, "We've already talked about how your feelings and behavior are related to how you think and how you can control your feelings and actions by the way you think. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Try to solicit examples from subject's life; if not cite examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

d. Focus of initial treatment on rational restructuring. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we

jump to conclusions and then feel and act as if our conclusions are correct. One of the ways of avoiding this difficulty is to try and pay close attention to the kinds of depressive thoughts you have and then ask yourself if maybe you aren't exaggerating or overgeneralizing. So one of the first things we'll be talking about in these first few sessions is the kind of thoughts you have that lead you to feel depressed. To help us better know what they might be, you'll be asked for homework to notice the kinds of thoughts you have, the situations in which they occur, and to jot them down. We can then sit down and go over them and once we've identified the type of depressive thoughts you have, we can talk about ways in which you can change your usual ways of thinking to help you feel less depressed. For example, having individuals such as yourself look at their usual ways of thinking in a more realistic and objective way be helpful." Answer any questions. Point out that if subject feels somewhat unclear about rationale of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, during these first several sessions, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

6. Review homework assignment (Allow 10 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix W).

   b. Column on "Restructuring Responses" can be completed as treatment progresses.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 2.

e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions. Depressive thoughts cause depressive feelings and behaviors.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For

instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Underscore purpose of homework by having subject acknowledge that first step in altering habits is to notice when they occur. Point out that subject can use increase in dysphoric mood as cue to review thoughts. With practice, subject will become better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette. At first this may not occur until cigarette is actually lit; with practice subject will be able to even catch self reaching for or thinking about having smoke. Unlike quitting smoking, however, subject is only one who can "catch" her having depressive thoughts. Conclude analogy by emphasizing that effective way to break one habit is to replace it with another (i.e., depressive thoughts with realistic, objective thoughts).

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk:" use of "shoulds, oughts, must;" catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it;" and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that

"you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence to you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice restructuring exercises and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Further discussion of rational restructuring.

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 2 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc. by objectively describing (tacting) situations or events (A) which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 3 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

   b. Importance of objectively reformulating depressive thought for purpose of evaluation. For example, "I can't do anything right" can't be evaluated until objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective

thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 5.

   f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Present rationale for behavioral hypothesis-testing
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to degree to which subject effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 4 (Allow 5 minutes).

   a. Importance of stating thoughts objectively for purpose of evaluation: "What do I mean?"

   b. Inability to evaluate value judgments objectively.

6. Present rationale for behavioral hypothesis-testing (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and having you try out different ways to help you change your usual ways of thinking about things that lead you to feel depressed. Through the homework you've been doing, you've already had some practice in restructuring your upsetting thoughts. I'd like you to continue to practice evaluating your thoughts like you have been, but for the remaining times we'll be getting together we'll be switching to something a little different. As I remember during our first session together, we talked some about also helping individuals like yourself to feel less depressed by encouraging you to maintain a high activity level, particularly in doing things you normally enjoy. Actually having you try out some activities you normally enjoy but haven't been doing should help kill two birds with one stone. For one, simply becoming more active will hopefully help you feel better. Also, we've been talking about correcting tendencies to overgeneralize and exaggerate in your thinking, by evaluating your thoughts. One of the best ways to evaluate or really test out your thoughts is to engage in some activities that will help you to do that. For instance, probably the best way to test out the thought that you won't enjoy something you once did is to have you try it and actually see for yourself if you still enjoy it. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which will hopefully help you feel better and allow you to further evaluate some of your upsetting thoughts."

   b. Ask subject about any questions concerning treatment rationale. Stress experimental nature of behavioral homework assignments.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking,

"When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

   a. Get subject to further specify thoughts and feelings which interfere with engagement in selected activity. Ask subject to state thoughts and/or feelings which have interfered with, prevented, or gotten in the way of engaging in selected activity. Ask, "When was the last time you tried X? What happened? Have you thought of doing X recently? If so, why haven't you done X?" Pay particular attention to thoughts such as, "I felt too tired," "I wouldn't enjoy it anyway," and "I wouldn't do it right." Once thoughts are identified ask how they can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Assist subject if necessary.

   b. Establish "tests" of thoughts and feelings with homework assignment. Ask subject how homework assignment may help evaluate interfering thoughts and feelings. Provide examples if necessary such as, "You say you've thought of playing tennis but think what's the use, you wouldn't enjoy it anyway. Well, aren't there different levels of enjoyment? You may well not enjoy tennis as much as you used to but on the other hand, you may be surprised to find out how much you still enjoy it. Really, the only way to find this out is to actually play tennis and find out for yourself how much you actually still enjoy it. It's sort of like a little experiment you can conduct to find out how much you still enjoy tennis." Point out how each interfering thought or feeling subject mentions may be addressed by homework or at least restructured to be less of a hindrance. Also, ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to do X for homework and discuss any reservations subject has.

   c. Go over self-monitoring booklet (see Appendix Y). Have subject record any thoughts and feelings and associated mood and believability ratings which compete with the assignment, restructuring responses, and behavior engaged in and subsequent mood and believability ratings.

9. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 6.

   e. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment, how the assignment "tested" them, and subject's ability to restructure them. If subject says "no" determine any further interfering thoughts and feelings. Discuss how any interfering thoughts and feelings can be restructured or evaluated through behavioral assignment. Stress experimental nature of behavioral assignments--that what's important is to attempt the assignment, regardless of its results. Any results are informative. If necessary, review earlier rational restructuring exercises. Whether subject has done the homework or not, ask subject if she is willing to continue to do X each week until conclusion of treatment.

5. Assign new homework (Allow up to 35 minutes).

   a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 5, have subject select another activity off the list

for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. Once thoughts are identified ask how they can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Also, ask subject how homework assignment may help evaluate interfering thoughts and feelings. If necessary, formulate other tests of thoughts and feelings. Ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to continue to do X as well as Y for homework and discuss any reservations subject has.

b. Role reversal. Underscore subject's ability to restructure and test interfering thoughts with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" can be restructured and evaluated.

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any thoughts which interfere with completing the assignment and to restructure and evaluate them by carrying out the assignment. Also, instruct subject to notice any other depressive thoughts which assignment may help address.

6. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 7.

e. Administer Postsession Questionnaire.

Sessions 7-12.

Goals: Review homework
Review rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 6. Have subject agree to continue each assigned activity. Review earlier rational restructuring sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 6. Include continuation of previous assignments as part of homework. Continue to update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms After Sessions 7-11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

Variation C: 3 weeks rational restructing, 9 weeks behavioral hypothesis-testing

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of rational restructuring

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

   a. Discuss relationship among thoughts, feelings, and activities. Ask subject if she's ever noticed any connection between "the way you look at things and

how you feel and act." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings-behavioral activity vs. depressed thoughts-depressed feelings-behavioral passivity. Get subject to acknowledge at least a correlational relationship between thoughts and feelings and behavior. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts, on the one hand, and feelings and behavior, on the other, can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings and courses of action; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings and courses of action, ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings and ways of acting, then who controls your feelings and behavior?" Get subject to acknowledge that she ultimately controls her own feelings and actions through control of thinking. Also, that depressive thoughts and behaviors therefore must ultimately result from way of thinking.

b. Discuss importance of pleasant activities. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen, like we've just discussed, is because of the way we tend to think when we're depressed. We get carried away with our own thoughts and end up feeling like we don't want to do much of anything. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you feel better. Before we get to that though, we'll spend the first several sessions going over some different exercises designed to help you change your usual depressive ways of thinking. This should help you feel better and free you up so you'll better be able to enjoy the activities you'll try out a little later."

c. Discuss characteristics of depressive thoughts. Say, "We've already talked about how your feelings and behavior are related to how you think and how you can control your feelings and actions by the way you think. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Try to solicit examples from subject's life; if not cite examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

d. Focus of initial treatment on rational restructuring. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. One of the ways of avoiding this difficulty is to try and pay close attention to the kinds of depressive thoughts you have and then ask yourself if maybe you aren't exaggerating or overgeneralizing. So one of the first things we'll be talking about in these first few sessions is the kind of thoughts you have that lead you to feel depressed. To help us better know what they might be, you'll be asked for homework to notice the kinds of thoughts you have, the situations in which they occur, and to jot them down. We can then sit down and go over them and once we've identified the type of depressive thoughts you have, we can talk about ways in which you can change your usual ways of thinking to help you feel less depressed. For example, having individuals such as yourself look at their usual ways of thinking in a more realistic and objective way be helpful." Answer any questions. Point out that if subject feels somewhat unclear about rationale of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, during these first several sessions, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

6. Review homework assignment (Allow 10 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix W).

   b. Column on "Restructuring Responses" can be completed as treatment progresses.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions. Depressive thoughts cause depressive feelings and behaviors.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit such as smoking. Underscore purpose of homework by having subject acknowledge that first step in altering habits is to notice when they occur. Point out that subject can use increase in dysphoric mood as cue to review thoughts. With practice, subject will become better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette. At first this may not occur until cigarette is actually lit; with practice subject will be able to even catch self reaching for or thinking about having smoke. Unlike quitting smoking, however, subject is only one who can "catch" her having depressive thoughts. Conclude analogy by emphasizing that effective way to break one habit is to replace it with another (i.e., depressive thoughts with realistic, objective thoughts).

   c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of

"shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

   a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence do you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

   b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice restructuring exercises and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes).
Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 2 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' and 'What does the thought actually mean?' For example, suppose you've been out shopping for groceries and some odds and ends.

You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do anything right? Or is that an over-exaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'" Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things."

In time remaining, go over other examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated ("How could you say this thought differently so you could determine whether there's any evidence for or against it?"). Point out that thought such as, "I can't do anything right," can't be evaluated until it's reformulated in an objective manner. If subject has difficulty grasping idea provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual

average when I go bowling." Conclude by pointing out that subject can avoid overgeneralizing, etc. by objectively describing (tacting) situations or events (A) which result in depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? What do I mean? Am I overgeneralizing, etc.? What evidence do I have against each depressive thought?"

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Present rationale for behavioral hypothesis-testing
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to degree to which subject effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 3 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts: "What actually happened?"

b. Importance of objectively reformulating depressive thoughts for purpose of evaluation: "What do I mean?" For example, thinking "I can't do anything right" can't be evaluated until objective extensions of it are considered.

6. Present rationale for behavioral hypothesis-testing (Allow 10 minutes).

a. Say, "So far during our time together we've been talking about and having you try out different ways to help you change your usual ways of thinking about things that lead you to feel depressed. Through the homework you've been doing, you've already had some practice in restructuring your upsetting thoughts. I'd like you to continue to practice evaluating your thoughts like you have been, but for the remaining times we'll be getting together we'll be switching to something a little different. As I remember during our first session together, we talked some about also helping individuals like yourself to feel less depressed by encouraging you to maintain a high activity level, particularly in doing things you normally enjoy. Actually having you try out some activities you normally enjoy but haven't been doing should help kill two birds with one stone. For one, simply becoming more active will hopefully help you feel better. Also, we've been talking about correcting tendencies to overgeneralize and exaggerate in your thinking, by evaluating your thoughts. One of the best ways to evaluate or really test out your thoughts is to engage in some activities that will help you to do that. For instance, probably the best way to test out the thought that you won't enjoy something you once did is to have you try it and actually see for yourself if you still enjoy it. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which will hopefully help you feel better and allow you to further evaluate some of your upsetting thoughts."

b. Ask subject about any questions concerning treatment rationale. Stress experimental nature of behavioral homework assignments.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but

engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

   a. Get subject to further specify thoughts and feelings which interfere with engagement in selected activity. Ask subject to state thoughts and/or feelings which have interfered with, prevented, or gotten in the way of engaging in selected activity. Ask, "When was the last time you tried X? What happened? Have you thought of doing X recently? If so, why haven't you done X?" Pay particular attention to thoughts such as, "I felt too tired," "I wouldn't enjoy it anyway," and "I wouldn't do it right." Once thoughts are identified ask how they can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Assist subject if necessary.

   b. Establish "tests" of thoughts and feelings with homework assignment. Ask subject how homework assignment may help evaluate interfering thoughts and feelings. Provide examples if necessary such as, "You say you've thought of playing tennis but think what's the use, you wouldn't enjoy it anyway. Well, aren't there different levels of enjoyment? You may well not enjoy tennis as much as you used to but on the other hand, you may be surprised to find out how much you still enjoy it. Really, the only way to find this out is to actually play tennis and find out for yourself how much you actually still enjoy it. It's sort of like a little experiment you can conduct to find out how much you still enjoy tennis." Point out how each interfering thought or feeling subject mentions may be addressed by homework or at least restructured to be less of a hindrance. Also, ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to do X for homework and discuss any reservations subject has.

c. Go over self-monitoring booklet (see Appendix Y). Have subject record any thoughts and feelings and associated mood and believability ratings which compete with the assignment, restructuring responses, and behavior engaged in and subsequent mood and believability ratings.

9. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 5.

e. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment, how the assignment "tested" them, and subject's ability to restructure them. If subject says "no" determine any further interfering thoughts and feelings. Discuss how any interfering thoughts and feelings can be restructured or evaluated through behavioral assignment. Stress experimental nature of behavioral assignments--that what's important is to attempt the assignment, regardless of its results. Any results are informative. If necessary, review earlier rational restructuring exercises. Whether subject has done the homework or not, ask subject if she is willing to continue to do X each week until conclusion of treatment.

5. Assign new homework (Allow up to 35 minutes).

   a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 4, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. Once thoughts are identified ask how they can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Also, ask subject how homework assignment may help evaluate interfering thoughts and feelings. If necessary, formulate other tests of thoughts and feelings. Ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to continue to do X as well as Y for homework and discuss any reservations subject has.

   b. Role reversal. Underscore subject's ability to restructure and test interfering thoughts with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" can be restructured and evaluated.

   c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any thoughts which interfere with completing the assignment and to restructure and evaluate them by carrying out the assignment. Also, instruct subject to notice any other depressive thoughts which assignment may help address.

6. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 6.

e. Administer Postsession Questionnaire.

Sessions 6-12.

Goals: Review homework
Review rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 5. Have subject agree to continue each assigned activity. Review earlier rational restructuring sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 5. Include continuation of previous assignments as part of homework. Continue to update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 6-11.

   d. Refund data deposits.

   e. Administer Postsession Questionna

   f. Schedule posttreatment assessment session after Session 12.

APPENDIX Y

SELF-MONITORING BOOKLET FOR RATIONAL RESTRUCTURING WITH BEHAVIORAL HOMEWORK

APPENDIX Y

Self-Monitoring Booklet for Rational Restructuring with Behavioral Homework

DATE	SITUATION	THOUGHT	OUTCOME	RESTRUCTURING RESPONSE	ASSIGNED ACTIVITY	OUTCOME
	Briefly describe situation leading up to depressive thought.	Write down depressive thought.	1. Rate believability in thought; 0-100. 2. Rate mood associated with thought; 0-100.	State thought in way it can be evaluated.	Briefly describe activity engaged in.	1. Rerate believability in thought; 0-100. 2. Rerate mood; 0-100.
6-10-82	Choosing movie to attend.	"I'm too tired to go to the movies. I'll probably pick a lousy movie anyway.	1. 75, 2. 80	"The only way I'll know if I'm too tired is to actually go. Even so I can still enjoy it. I can ask a friend or consult reviews to select a movie I'll probably like."	Go to the movies.	1. 10, 2. 15

Note: The higher the believability rating, the greater belief in the designated thought (0 = no belief at all; 100 = complete belief).

The higher the mood rating, the greater degree of dysphoria (0 = no dysphoric mood; 100 = the most intense dysphoria possible).

APPENDIX Z

TREATMENT MANUAL FOR DISTANCING PLUS RATIONAL RESTRUCTURING WITHOUT BEHAVIORAL HOMEWORK

APPENDIX Z

Treatment Manual for Distancing Plus Rational Restructuring Without Behavioral Homework

(Note: Three variations of this treatment condition exist: Variation A, with 5 weeks distancing and 7 weeks of rational restructuring; Variation B, with 4 and 8 weeks of distancing and rational restructuring; and Variation C, with 3 and 9 weeks of distancing and rational restructuring.)

Variation A: 5 weeks distancing, 7 weeks rational restructuring

Session 1.

Goals: Establish rapport
Review of treatment plan
Review symptoms of depression
Discussion of relationship between thoughts and feelings
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship, provide examples; happy thoughts-happy feelings vs. depressed thoughts-depressed feelings. Get subject to acknowledge at least a correlational relationship between thoughts and feelings. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts and feelings can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings, then who controls your feelings?" Get subjects to acknowledge that she ultimately controls her own feelings through control of thinking. Also, that depressive feelings therefore must ultimately result from way of thinking.

b. Discuss tendency of subject to get "caught up" in her own thoughts. Say, "We've already talked about how your feelings are related to how you think and how you can control your feelings by the way you think. Controlling your thinking the way you'd like to though can be pretty difficult. One reason this seems to be especially difficult is that a lot of our thinking occurs automatically, like a habit, without us really being that aware of it. Like any habit, though, particular ways of thinking that lead us to feel depressed can be changed. Another reason controlling our thinking seems to be so difficult is that we have a tendency to get "caught up" in our own thoughts and feelings to the point where we feel and act as if our thoughts are literally true rather than just beliefs. For instance, suppose you step

out of your house and see a dark, long object and think to yourself "It's a snake." Well, you might be afraid and step back inside. Suppose though what you saw was just a dark stick. Thinking that it was a snake is different than if what you saw were actually a snake. Yet you may get so caught up in thinking that it's really a snake that you don't stop to ask yourself if it really might be just a stick instead." Answer any questions from subject.

c. Focus of initial treatment on distancing. Say, "Because the types of thoughts you may have lead directly to particular feelings (depressive thoughts-depressive feelings), one of the things we'll be doing during the time we spend here is to help you change your usual ways of thinking to help yourself feel less depressed. Before we get to that though, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them. This should not only help you feel better but will also make it easier for you to be able to objectively look at and change your usual ways of thinking. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

d. Ask subject about any questions concerning treatment rationale.

6. Initial discussion of distancing (Allow 10 minutes). Say, "I'd like to describe some events to you and I'd like you to react to them as if the worst thing that could happen, would happen. In other words, I'd like you to think about each of the events I'll mention as if you were a pessimist. Suppose you receive word that your boss wants to see you in his (her) office. Why do you suppose (s)he wants to see you?" Get subject to acknowledge thought of getting fired, being criticized, or other negative outcomes and associated feelings. Present other scenarios such as receiving a statement from the bank, not having a friend return a call, receiv- a phone call at an unexpected time. For each scenario, have subject articulate negative belief and associated mood. Then say, "Now, I'd like you to react to the same events again, but this time I'd like you to do it as if the best thing that could happen, would happen. In other words, I'd like you to think about each of the events as if you were an optimist." Present each

scenario again, having the subject state positive beliefs associated with each. Ask about associated mood. Conclude exercise by pointing out its purpose was to illustrate how particular events can be interpreted in two opposite ways. Also, that subject's thoughts in each case were beliefs, rather than facts. The "facts" as presented both times were identical, the only thing that differed was subject's way of looking at them."

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Discuss reattribution techniques

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Importance of altering feelings by controlling thinking.

   b. Rationale and purpose of distancing procedures. Importance of regarding thoughts as beliefs instead of facts.

6. Discuss reattribution techniques (Allow 35 minutes).

   a. Identify instances of self-blame. Make note of any references subject makes regarding self-blame. If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances in which she blamed herself for some negative event. Get subject to describe in detail actual events as well as associated thoughts and feelings. Especially note blame subject assumes for lack of ability, effort, "not knowing better," etc. As much as possible, separate "facts" of event from subject's interpretations.

   b. Review possible alternative explanations. For each event, ask subject for several alternative explanations. For each event say, "You say you're to blame or the reason why X happened. What are some other possible explanations or reasons." If subject has difficulty, assist in proposing several plausible alternative explanations. After listing alternative explanations for each event, ask subject to assign percentage values to indicate degree to which she believes each was involved in causing each event. If subject assigns 100% responsibility to herself, ask if she is also willing to assign 100% credit to herself in the case of positive events. Point out that alternative explanations are possible for both negative and positive events.

   c. Role reversal. For each instance of self-blame, ask if she would blame someone else, such as a friend, who had behaved similarly. If not, how would she explain what happened in the case of someone else. Also, ask what subject could say to defend a friend who had been accused of being responsible for some negative event. Point out that subject accepts blame for events she's willing to overlook in the case of someone else. Conclude by asking if it's not possible for someone else looking at subject's behavior to find her free of blame.

   d. Conclusion. Point out that in response to thoughts of self-blame, subject can consider alternative explanations as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework--same as Session 1; subject may begin to practice distancing, especially regarding self-blame, and complete appropriate columns in booklet.

   3. Schedule Session 3.

   f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss alternative conceptualizations of problem areas

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

   a. Tendency to self-blame.

   b. Possible alternative explanations available for instances of self-blame.

6. Discuss alternative conceptualizations of problem areas (Allow 35 minutes).

   a. Identify instances of "insoluble" problems. Make note of any references subject makes to insoluble problems. Pay particular attention to indications of

hopelssness and helplessness ("It's no use," "Nothing can be done," "I've tried everything," etc.). If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances of what she regards as insoluble problems. Get subject to describe in detail problem areas as well as associated thoughts and feelings. Especially note tendencies of subject to fixate exclusively on one potential means of solution. As much as possible, separate actual nature of problems from subject's interpretations of them as insoluble.

b. List alternative solutions. For each problem area, ask subject to generate possible solutions. If subject has difficulty, assist in proposing several possible solutions. Encourage subject to "brainstorm" and suspend evaluation of any possible solutions. After listing possible solutions for each problem area, ask subject to assign percentage values to indicate degree to which each may be an effective solution. Ask reasons for each assigned value. Neither encourage nor discourage any subject-initiated attempts at actual problem solution.

d. Role reversal. For each problem area, ask subject what advice she would give to a friend who described having the same problems. Ask what she would say to a friend who complained that her problems were insoluble. Point out that regarding problems as insoluble restricts ability to realize possible solutions.

d. Conclusion. Point out that in response to thoughts of hopelessness or helplessness, subject can consider alternative solutions as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptuatlizations.

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue distancing exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 5 minutes).

   a. Tendency to regard problems as insoluble.

   b. Possible alternative solutions available for instances of "insoluble" problems.

6. Continue distancing exercises (Allow up to 35 minutes). Ask subject for examples of situations leading to depressive thoughts or sample from homework. In each case, ask subject how she could distance herself from the thoughts. If necessary, prompt subject in use of exercises already reviewed: similes ("look at the situation as if you were an optimist"), role reversal ("if a friend were in your situation what would you tell her to help her feel better"), reattribution techniques ("what other explanations are there for negative events") and alternative conceptualizations ("what are possible solutions to problem areas"). If necessary, go over previous distancing exercises. Remind subject that thoughts aren't facts but interpretations of facts. Continue to neither encourage nor discourage any subject-initiated attempts at actual problem solution.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptuatlizations

e. Schedule Session 5.

f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review earlier distancing sessions if necessary
Continue distancing exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Continue distancing exercises (Allow up to 35 minutes). Follow guidelines outlined in Session 4. Focus on most prominent depressive situations and most frequently occurring depressive thoughts as well as those from which subject has most difficulty in distancing herself. Ask subject for examples or refer to homework. Continue to neither encourage nor discourage any subject-initiated attempts at actual problem solution.

6. Session termination (Allow up to 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 6.

f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Present rationale for rational restructuring
Initial discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessins if necessary.

5. Review Session 5 (Allow 5 minutes). Go over any major points regarding distancing discussed in Session 5.

6. Present rationale for rational restructuring (Allow 15 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the remaining times we'll be getting together we'll be going over ways to change your usual ways of thinking to help you feel less depressed. As I remember during

our first session together, we talked some about how your feelings are affected by your thinking and how your feelings can be changed by controlling your thinking. Actually your ability to distance yourself from your own thinking should make it that much easier for you to objectively look at and change your usual ways of thinking. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Use examples from homework or past discussion regarding examples from subject's life. If necessary, refer to examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

b. Ask subject about any questions concerning treatment rationale.

7. Initial discussion of rational restructuring (Allow 20 minutes).

a. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. That is, we feel and act as if our thoughts are facts instead of beliefs or suppositions which may or may not be actually true. One of the ways of avoiding this difficulty is to use the distancing exercises we've been talking about to step back from your own thoughts and try to look at them as beliefs rather than facts. Another thing you can do after stepping back from your thoughts is to ask yourself if maybe you aren't exaggerating or overgeneralizing. If you know you're likely to do that, you can try and pay close attention to the kinds of depressive thoughts you have and be on the lookout for times when your thinking is exaggerated or overgeneralized. This will help you to look at your usual ways of thinking in a more realistic and objective way." Answer any questions. Point out that if subject feels somewhat unclear about rationale for rational restructuring component of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as

you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

b. Go over self-monitoring booklet (see Appendix BB). Add restructuring to distancing responses. Have subject continue self-monitoring naturally occurring depressive thoughts along with associated believability and mood ratings as well as distancing responses. Column on "Restructuring Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 7.

e. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review Session 6
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 6 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself." Conclude by pointing out that distancing underscores difference between actual event ("My husband forgot my birthday") and belief about that event ("Therefore, he doesn't love me anymore").

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Point out that subject has taken first necessary step in habit change by doing homework and noticing when depressive thoughts occur. Point out that subject should use increase in dysphoric mood as cue to review thoughts and that with continued practice, subject will become even better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette.

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of "shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

   a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence to you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

   b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 6; subject may begin to practice restructuring exercises and complete appropriate columns in booklet. Point out that distancing exercises ("That thought is just a belief and not a fact") should be combined with restructuring questions ("What evidence do I have for such a belief?," etc.).

e. Schedule Session 8.

f. Administer Postsession Questionnaire.

Session 8.

Goals: Review homework
Review Session 7
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 7 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about

the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right."

Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc. by first recognizing that thoughts are beliefs about events (A) rather than actual facts and then objectively describing (tacting) situations or events which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?" Also, continue to emphasize use of distancing--"My thoughts aren't literally true but are beliefs which must be evaluated."

   e. Schedule Session 9.

   f. Administer Postsession Questionnaire.

Session 9.

Goals: Review homework
Review Session 8
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 8 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

   b. Importance of distancing and objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until it's recognized as a belief instead of a fact and objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals) Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 10.

   f. Administer Postsession Questionnaire.

Sessions 10-12.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Continue discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 10 minutes). Pay particular attention to degree to which subject distances herself from and effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier distancing and rational restructuring sessions if necessary.

5. Continue discussion of rational restructuring (Allow up to 35 minutes). Follow guidelines outlined in Session 9. Focus on most frequently occurring depressive thoughts and those which subject has most difficulty in restructuring. Ask subject for examples or refer to homework. Neither encourage nor discourage any subject-initiated attempts at behavioral hypothesis-testing.

6. Session termination (Allow up to 10 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 10 and 11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

Variation B: 4 weeks distancing, 8 weeks rational restructuring

Session 1

Goals: Establish rapport
Review of treatment plan
Review symptoms of depression
Discussion of relationship between thoughts and feelings
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

   a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship,

provide examples; happy thoughts-happy feelings vs. depressed thoughts-depressed feelings. Get subject to acknowledge at least a correlational relationship between thoughts and feelings. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts and feelings can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings, then who controls your feelings?" Get subject to acknowledge that she ultimately controls her own feelings through control of thinking. Also, that depressive feelings therefore must ultimately result from way of thinking.

b. Discuss tendency of subject to get "caught up" in her own thoughts. Say, "We've already talked about how your feelings are related to how you think and how you can control your feelings by the way you think. Controlling your thinking the way you'd like to though can be pretty difficult. One reason this seems to be especially difficult is that a lot of our thinking occurs automatically, like a habit, without us really being that aware of it. Like any habit, though, particular ways of thinking that lead us to feel depressed can be changed. Another reason controlling our thinking seems to be so difficult is that we have a tendency to get "caught up" in our own thoughts and feelings to the point where we feel and act as if our thoughts are literally true rather than just beliefs. For instance, suppose you step out of your house and see a dark, long object and think to yourself "It's a snake." Well, you might be afraid and step back inside. Suppose though what you saw was just a dark stick. <u>Thinking</u> that it was a snake is different than if what you saw were <u>actually</u> a snake. Yet you may get so caught up in thinking that it's really a snake that you don't stop to ask yourself if it really might be just a stick instead." Answer any questions from subject.

c. Focus of initial treatment on distancing. Say, "Because the types of thoughts you may have lead directly to particular feelings (depressive thoughts-depressive feelings), one of the things we'll be doing during the time we spend here is to help you change your usual ways of thinking to help yourself feel less depressed. Before we get to that, though, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them. This should not only help you feel better but will also make it easier for you to be able to objectively look at and change your usual ways of thinking. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

d. Ask subject about any questions concerning treatment rationale.

6. Initial discussion of distancing (Allow 10 minutes). Say, "I'd like to describe some events to you and I'd like you to react to them as if the worst thing that could happen, would happen. In other words, I'd like you to think about each of the events I'll mention as if you were a pessimist. Suppose you receive word that your boss wants to see you in his (her) office. Why do you suppose (s)he wants to see you?" Get subject to acknowledge thought of getting fired, being criticized, or other negative outcomes and associated feelings. Present other scenarios such as receiving a statement from the bank, not having a friend return a call, receiving a phone call at an unexpected time. For each scenario, have subject articulate negative belief and associated mood. Then say, "Now, I'd like you to react to the same events again, but this time I'd like you to do it as if the best thing that could happen, would happen. In other words, I'd like you to think about each of the events as if you were an optimist." Present each scenario again, having the subject state positive beliefs associated with each. Ask about associated mood. Conclude exercise by pointing out its purpose was to illustrate how particular events can be interpreted in two opposite ways. Also, that subject's thoughts in each cases were beliefs, rather than facts. The "facts" as presented both times were identical, the only thing that differed was subject's way of looking at them."

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Discuss reattribution techniques

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Importance of altering feelings by controlling thinking.

   b. Rationale and purpose of distancing procedures. Importance of regarding thoughts as beliefs instead of facts.

6. Discuss reattribution techniques (Allow 35 minutes).

   a. Identify instances of self-blame. Make note of any references subject makes regarding self-blame. If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances in which she blamed herself for some negative event. Get subject to describe in detail actual events as well as associated thoughts and feelings. Especially note blame subject assumes for lack of ability, effort, "not knowing better," etc. As much as possible, separate "facts" of event from subject's interpretations.

   b. Review possible alternative explanations. For each event, ask subject for several alternative explanations. For each event say, "You say you're to blame or the reason why X happened. What are some other possible explanations or reasons?" If subject has difficulty, assist in proposing several plausible alternative explanations. After listing alternative explanations for each event, ask subject to assign percentage values to indicate degree to which she believes each was involved in causing each event. If subject assigns 100% responsibility to herself, ask if she is also willing to assign 100% credit to herself in the case of positive events. Point out that alternative explanations are possible for both negative and positive events.

   c. Role reversal. For each instance of self-blame, ask if she would blame someone else, such as a friend, who had behaved similarly. If not, how would she explain what happened in the case of someone else. Also, ask what subject could say to defend a friend who had been accused of being responsible for some negative event. Point out that subject accepts blame for events she's willing to overlook in the case of someone else. Conclude by asking if it's not possible for someone else looking at subject's behavior to find her free of blame.

   d. Conclusion. Point out that in response to thoughts of self-blame, subject can consider alternative explanations as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing, especially regarding self-blame, and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss alternative conceptualizations of problem areas

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

   a. Tendency to self-blame.

   b. Possible alternative explanations available for instances of self-blame.

6. Discuss alternative conceptualizations of problem areas (Allow 35 minutes).

   a. Identify instances of "insoluble" problems. Make note of any references subject makes to insoluble problems. Pay particular attention to indications of hopelessness and helplessness ("It's no use," "Nothing can be done," "I've tried everything," etc.). If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances of what she regards as insoluble

problems. Get subject to describe in detail problem areas as well as associated thoughts and feelings. Especially note tendencies of subject to fixate exclusively on one potential means of solution. As much as possible, separate actual nature of problems from subject's interpretations of them as insoluble.

b. List alternative solutions. For each problem area, ask subject to generate possible solutions. If subject has difficulty, assist in proposing several possible solutions. Encourage subject to "brainstorm" and suspend evaluation of any possible solutions. After listing possible solutions for each problem area, ask subject to assign percentage values to indicate degree to which each may be an effective solution. Ask reasons for each assigned value. Neither encourage nor discourage any subject-initiated attempts at actual problem solution.

c. Role reversal. For each problem area, ask subject what advice she would give to a friend who described having the same problems. Ask what she would say to a friend who complained that her problems were insoluble. Point out that regarding problems as insoluble restricts ability to realize possible solutions.

d. Conclusion. Point out that in response to thoughts of hopelessness or helplessness, subject can consider alternative solutions as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue distancing exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 5 minutes).

   a. Tendency to regard problems as insoluble.

   b. Possible alternative solutions available for instances of "insoluble" problems.

6. Continue distancing exercises (Allow up to 35 minutes). Ask subject for examples of situations leading to depressive thoughts or sample from homework. In each case, ask subject how she could distance herself from the thoughts. If necessary, prompt subject in use of exercises already reviewed: similes ("look at the situation as if you were an optimist"), role reversal ("if a friend were in your situation what would you tell her to help her feel better"), reattribution techniques ("what other explanations are there for negative events") and alternative conceptualizations ("what are possible solutions to problem areas"). If necessary, go over previous distancing exercises. Remind subject that thoughts aren't facts but interpretations of facts. Continue to neither encourage nor discourage any subject-initiated attempts at actual problem solution.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 5.

f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Present rationale for rational restructuring
Initial discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 4 (Allow 5 minutes). Go over any major points regarding distancing discussed in Session 4.

6. Present rationale for rational restructuring (Allow 15 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the remaining times we'll be getting together we'll be going over ways to change your usual ways of thinking to help you feel less depressed. As I remember during our first session together, we talked some

about how your feelings are affected by your thinking and how your feelings can be changed by controlling your thinking. Actually your ability to distance yourself from your own thinking should make it that much easier for you to objectively look at and change your usual ways of thinking. It's pretty clear, for instance, that when we feel depressed we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Use examples from homework or past discussion regarding examples from subject's life. If necessary, refer to examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

b. Ask subject about any questions concerning treatment rationale.

7. Initial discussion of rational restructuring (Allow 20 minutes).

a. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. That is, we feel and act as if our thoughts are facts instead of beliefs or suppositions which may or may not be actually true. One of the ways of avoiding this difficulty is to use the distancing exercises we've been talking about to step back from your own thoughts and try to look at them as beliefs rather than facts. Another thing you can do after stepping back from your thoughts is to ask yourself if maybe you aren't exaggerating or overgeneralizing. If you know you're likely to do that, you can try and pay close attention to the kinds of depressive thoughts you have and be on the lookout for times when your thinking is exaggerated or overgeneralized. This will help you to look at your usual ways of thinking in a more realistic and objective way." Answer any questions. Point out that if subject feels somewhat unclear about rationale for rational restructuring component of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed,

pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

b. Go over self-monitoring booklet (see Appendix BB). Add restructuring to distancing responses. Have subject continue self-monitoring naturally occurring depressive thoughts along with associated believability and mood ratings as well as distancing responses. Column on "Restructuring Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 6.

e. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 5 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Back and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event iself."

      Conclude by pointing out that distancing underscores difference between actual event ("My husband forgot my birthday") and belief about that event ("Therefore, he doesn't love me anymore").

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Point out that subject has taken first necessary step in habit change by doing homework and noticing when depressive thoughts occur. Point out that subject should use increase in dysphoric mood

as cue to review thoughts and that with continued practice, subject will become even better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette.

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of "shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me " or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence to you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework--same as Session 5; subject may begin to practice restructuring exercises and complete appropriate columns in booklet. Point out that distancing exercises ("That thought is just a belief and not a fact") should be combined with restructuring questions ("What evidence do I have for such a belief?," etc.).

   e. Schedule Session 7.

   f. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review Session 6
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 6 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

   Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

   In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't

be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc. by first recognizing that thoughts are beliefs about events (A) rather than actual facts and then objectively describing (tacting) situations or events which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?" Also, continue to emphasize use of distancing--"My thoughts aren't literally true but are beliefs which must be evaluated."

   e. Schedule Session 8.

   f. Administer Postsession Questionnaire.

Session 8.

Goals: Review homework
Review Session 7
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 7 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

b. Importance of distancing and objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until it's recognized as a belief instead of a fact and objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

e. Schedule Session 9.

f. Administer Postsession Questionnaire.

Sessions 9-12.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Continue discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 10 minutes). Pay particular attention to degree to which subject distances herself from and effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier distancing and rational restructuring sessions if necessary.

5. Continue discussion of rational restructuring (Allow up to 35 minutes). Follow guidelines outlined in Session 8. Focus on most frequently occurring depressive thoughts and those which subject has most difficulty in restructuring. Ask subject for examples or refer to homework. Neither encourage nor discourage any subject-initiated attempts at behavioral hypothesis-testing.

6. Session termination (Allow up to 10 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 9-11.

d. Refund data deposits.

e. Administer Postsession Questionnaires.

f. Schedule posttreatment assessment session after Session 12.

Variation C: 3 weeks distancing, 9 weeks rational restructuring

Session 1.

Goals: Establish rapport
Review of treatment plan
Review symptoms of depression
Discussion of relationship between thoughts and feelings
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship, provide examples; happy thoughts-happy feelings vs. depressed thoughts-depressed feelings. Get subject to acknowledge at least a correlational relationship between thoughts and feelings. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind). and resulting feelings and courses of action. Get subject to admit that relationship between thoughts and feelings can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings, then who controls your feelings?" Get subject to acknowledge that she ultimately controls her own feelings through control of thinking. Also, that depressive feelings therefore must ultimately result from way of thinking.

b. Discuss tendency of subject to get "caught up" in her own touughts. Say, "We've already talked about how your feelings are related to how you think and how you can control your feelings by the way you think. Controlling your thinking the way you'd like to though can be pretty difficult. One reason this seems to be especially difficult is that a lot of our thinking occurs automatically, like a habit, without us really being that aware of it. Like any habit, though, particular ways of thinking that lead us to feel depressed can be changed. Another reason controlling our thinking seems to be so difficult is that we have a tendency to get "caught up" in our own thoughts and feelings to the point where we feel and act as if our thoughts are literally true rather than just beliefs. For instance, suppose you step out of your house and see a dark, long

object and think to yourself "It's a snake." Well, you might be afraid and step back inside. Suppose though what you saw was just a dark stick. Thinking that it was a snake is different than if what you saw were actually a snake. Yet you may get so caught up in thinking that it's really a snake that you don't stop to ask yourself if it really might be just a stick instead." Answer any questions from subject.

c. Focus of initial treatment on distancing. Say, "Because the types of thoughts you may have lead directly to particular feelings (depressive thoughts-depressive feelings), one of the things we'll be doing during the time we spend here is to help you change your usual ways of thinking to help yourself feel less depressed. Before we get to that though, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them. This should not only help you feel better but will also make it easier for you to be able to objectively look at and change your usual ways of thinking. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

d. Ask subject about any questions concerning treatment rationale.

6. Initial discussion of distancing (Allow 10 minutes). Say, "I'd like to describe some events to you and I'd like you to react to them as if the worst thing that could happen, would happen. In other words, I'd like you to think about each of the events I'll mention as if you were a pessimist. Suppose you receive word that your boss wants to see you in his (her) office. Why do you suppose (s)he wants to see you?" Get subject to acknowledge thought of getting fired, being criticized, or other negative outcomes and associated feelings. Present other scenarios such as receiving a statement from the bank, not having a friend return a call, receiving a phone call at an unexpected time. For each scenario, have subject articulate negative belief and associated mood. Then say, "Now, I'd like you to react to the same events again, but this time I'd like you to do it as if the best thing that could happen, would happen. In other words, I'd like you to think about each of the events as if you were an optimist." Present each scenario

again, having the subject state positive beliefs associated with each. Ask about associated mood. Conclude exercise by pointing out its purpose was to illustrate how particular events can be interpreted in two opposite ways. Also, that subject's thoughts in each case were beliefs, rather than facts. The "facts" as presented both times were identical, the only thing that differed was subject's way of looking at them."

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Discuss reattribution techniques

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Importance of altering feelings by controlling thinking.

   b. Rationale and purpose of distancing procedures. Importance of regarding thoughts as beliefs instead of facts.

6. Discuss reattribution techniques (Allow 35 minutes).

   a. Identify instances of self-blame. Make note of any references subject makes regarding self-blame. If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances in which she blamed herself for some negative event. Get subject to describe in detail actual events as well as associated thoughts and feelings. Especially note blame subject assumes for lack of ability, effort, "not knowing better," etc. As much as possible, separate "facts" of event from subject's interpretations.

   b. Review possible alternative explanations. For each event, ask subject for several alternative explanations. For each event say, "You say you're to blame or the reason why X happened. What are some other possible explanations or reasons?" If subject has difficulty, assist in proposing several plausible alternative explanations. After listing alternative explanations for each event, ask subject to assign percentage values to indicate degree to which she believes each was involved in causing each event. If subject assigns 100% responsibility to herself, ask if she is also willing to assign 100% credit to herself in the case of positive events. Point out that alternative explanations are possible for both negative and positive events.

   c. Role reversal. For each instance of self-blame, ask if she would blame someone else, such as a friend, who had behaved similarly. If not, how would she explain what happened in the case of someone else. Also, ask what subject could say to defend a friend who had been accused of being responsible for some negative event. Point out that subject accepts blame for events she's willing to overlook in the case of someone else. Conclude by asking if it's not possible for someone else looking at subject's behavior to find her free of blame.

d. Conclusion. Point out that in response to thoughts of self-blame, subject can consider alternative explanations as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing, especially regarding self-blame, and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss alternative conceptualizations of problem areas

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

a. Tendency to self-blame.

b. Possible alternative explanations available for instances of self-blame.

6. Discuss alternative conceptualizations of problem areas (Allow 35 minutes).

   a. Identify instances of "insoluble" problems. Make note of any references subject makes to insoluble problems. Pay particular attention to indications of hopelessness and helplessness ("It's no use," "Nothing can be done," "I've tried everything," etc.). If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances of what she regards as insoluble problems. Get subject to describe in detail problem areas as well as associated thoughts and feelings. Especially note tendencies of subject to fixate exclusively on one potential means of solution. As much as possible, separate actual nature of problems from subject's interpretations of them as insoluble.

   b. List alternative solutions. For each problem area, ask subject to generate possible solutions. If subject has difficulty, assist in proposing several possible solutions. Encourage subject to "brainstorm" and suspend evaluation of any possible solutions. After listing possible solutions for each problem area, ask subject to assign percentage values to indicate degree to which each may be an effective solution. Ask reasons for each assigned value. Neither encourage nor discourage any subject-initiated attempts at actual problem solution.

   c. Role reversal. For each problem area, ask subject what advice she would give to a friend who described having the same problems. Ask what she would say to a friend who complained that her problems were insoluble. Point out that regarding problems as insoluble restricts ability to realize possible solutions.

   d. Conclusion. Point out that in response to thoughts of hopelessness or helplessness, subject can consider alternative solutions as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes)

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Present rationale for rational restructuring
Initial discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 3 (Allow 5 minutes).

   a. Tendency to regard problems as insoluble.

   b. Possible alternative solutions available for instances of "insoluble" problems.

6. Present rationale for rational restructuring (Allow 15 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the

remaining times we'll be getting together we'll be going over ways to change your usual ways of thinking to help you feel less depressed. As I remember during our first session together, we talked some about how your feelings are affected by your thinking and how your feelings can be changed by controlling your thinking. Actually your ability to distance yourself from your own thinking should make it that much easier for you to objectively look at and change your usual ways of thinking. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Use examples from homework or past discussion regarding examples from subject's life. If necessary, refer to examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

b. Ask subject about any questions concerning treatment rationale.

7. Initial discussion of rational restructuring (Allow 20 minutes).

a. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. That is, we feel and act as if our thoughts are facts instead of beliefs or suppositions which may or may not be actually true. One of the ways of avoiding this difficulty is to use the distancing exercises we've been talking about to step back from your own thoughts and try to look at them as beliefs rather than facts. Another thing you can do after stepping back from your thoughts is to ask yourself if maybe you aren't exaggerating or overgeneralizing. If you know you're likely to do that, you can try and pay close attention to the kinds of depressive thoughts you have and be on the lookout for times when your thinking is exaggerated or overgeneralized. This will help you to look at your usual ways of thinking in a more realistic and objective way." Answer any questions. Point out that if subject feels somewhat unclear about rationale for rational restructuring component of treatment that it will be elaborated on in next esssion. Compare rational restructuring to other person having access to subject's thoughts and

correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

b. Go over self-monitoring booklet (see Appendix BB). Add restructuring to distancing responses. Have subject continue self-monitoring naturally occurring depressive thoughts along with associated believability and mood ratings as well as distancing responses. Column on "Restructuring Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 5.

e. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 4 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

      Conclude by pointing out that distancing underscores difference between actual event ("My husband forgot my birthday") and belief about that event ("Therefore, he doesn't love me anymore").

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and

therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Point out that subject has taken first necessary step in habit change by doing homework and noticing when depressive thoughts occur. Point out that subject should use increase in dysphoric mood as cue to review thoughts and that with continued practice, subject will become even better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette.

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of "shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence do you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 4; subject may begin to practice restructuring exercises and complete appropriate columns in booklet. Point out that distancing exercises ("That thought is just a belief and not a fact") should be combined with restructuring questions ("What evidence do I have for such a belief?," etc.).

e. Schedule Session 6.

f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 5 (Allow 5 minutes).

a. ABC's of modifying feelings.

b. Rational restructuring as habit change.

c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the events that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc. by first recognizing that thoughts are beliefs about events (A) rather than actual facts and then objectively describing (tacting) situations or events which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?" Also, continue to emphasize use of distancing--"My thoughts aren't literally true but are beliefs which must be evaluated."

   e. Schedule Session 7.

   f. Administer Postsession Questionnaire.

Session 7.

Goals: Rev ew homework
Review Session 6
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 6 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

   b. Importance of distancing and objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until it's recognized as a belief instead of a fact and objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 8.

   f. Administer Postsession Questionnaire.

Sessions 8-12.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Continue discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 10 minutes). Pay particular attention to degree to which subject distances herself from and effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier distancing and rational restructuring sessions if necessary.

5. Continue discussion of rational restructuring (Allow up to 35 minutes). Follow guidelines outlined in Session 7. Focus on most frequently occurring depressive thoughts and those which subject has most difficulty in restructuring. Ask subject for examples or refer to homework. Neither encourage nor discourage any subject-initiated attempts at behavioral-hypothesis testing.

6. Session termination (Allow up to 10 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 8-11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

APPENDIX AA

SELF-MONITORING BOOKLET FOR DISTANCING CONDITIONS

APPENDIX AA

Self-Monitoring Booklet for Distancing Conditions

DATE	SITUATION Briefly describe situation leading up to depressive thought.	THOUGHT Write down depressive thought.	OUTCOME 1. Rate believability; 0-100. 2. Rate mood associated with thought; 0-100.	DISTANCING RESPONSE Briefly describe any distancing responses made.	OUTCOME 1. Rerate believability; 0-100. 2. Rerate mood associated with thought; 0-100.
6-10-83	Arrived home and discovered forgot to buy stamps.	"I can't remember anything anymore."	1. 70, 2. 90	"I have the thought that can't remember anything anymore. It's just a thought, not really true. How big is the thought? What shape is it?"	1. 10, 2. 25

Note: The higher the believability rating, the greater belief in the designated thought (0 = no belief at all; 100 = complete belief).

The higher the mood rating, the greater degree of dysphoria (0 = no dysphoric mood; 100 = the most intense dysphoria possible).

APPENDIX BB

SELF-MONITORING BOOKLET FOR DISTANCING PLUS RATIONAL RESTRUCTURING CONDITION

APPENDIX BB

Self-Monitoring Booklet for Distancing Plus Rational Restructuring Condition

DATE	SITUATION Briefly describe situation leading up to depressive thought.	THOUGHT Write down depressive thought.	OUTCOME 1. Rate believability in thought; 0-100. 2. Rate mood associated with thought; 0-100.	DISTANCING RESPONSE Briefly describe any distancing responses made.	RESTRUCTURING RESPONSE Briefly describe any restructuring responses made.	OUTCOME 1. Rerate believability in thought; 0-100. 2. Rerate mood associated with though ; 0-100.
6-10-83	Arrived home and discovered forgot to buy stamps.	"I can't do anything right."	1. 70, 2. 90	"It's just a belief; it's not a fact or necessarily true that I can't do anything right."	"What actually happened? --I forgot to buy stamps. That doesn't mean I can't do anything right. I remembered to buy the other things I wanted."	1. 10, 2. 25

Note: The higher the believability rating, the greater belief in the designated thought (0 = no belief at all; 100 = complete belief).

The higher the mood rating, the greater degree of dysphoria (0 = no dysphoric mood; 100 = the most intense dysphoria possible).

APPENDIX CC

TREATMENT MANUAL FOR DISTANCING PLUS RATIONAL RESTRUCTURING WITH BEHAVIORAL HOMEWORK

APPENDIX CC

Treatment Manual for Distancing Plus Rational Restructuring with Behavioral Homework

(Note: Three variations of this treatment condition exist: Variation A, with 5 weeks distancing, 3 weeks of rational restructuring, and 4 weeks of behavioral hypothesis-testing; Variation B, with 4 weeks of all three components; and Variation C, with 3 weeks distancing, 5 weeks of rational restructuring, and 4 weeks of behavioral hypothesis-testing.)

Variation A: 5 weeks distancing, 3 weeks rational restructuring, 4 weeks behavioral hypothesis-testing

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time

talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

a. Discuss relationship among thoughts, feelings, and activities. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel and act." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings-behavioral activity vs. depressed thoughts-depressed feelings-behavioral passivity. Get subject to acknowledge at least a correlational relationship between thoughts and feelings and behavior. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts, on the one hand, and feelings and behavior, on the other, can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings and courses of action; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings and courses of action, ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings and ways of acting, then who controls your feelings and behavior?" Get subject to acknowledge that she ultimately controls her own feelings and actions through control of thinking. Also, that depressive thoughts and behaviors therefore must ultimately result from way of thinking.

b. Discuss importance of pleasant activities. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen, like we've just discussed, is because of the way we tend to think when we're depressed. For one, we tend to get easily "caught up" in our own thoughts and feelings and end up feeling like we

don't want to do much of anything. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you feel better. Before we get to that, though, we'll spend some time going over some different exercises designed to help you change your usual depressive ways of thinking. This should help you feel better and free you up so you'll better be able to enjoy the activities you'll try out a little later."

c. Discuss tendency of subject to get "caught up" in her own thoughts. Say, "Controlling your thinking the way you'd like to though can be pretty difficult. One reason this seems to be especially difficult is that a lot of our thinking occurs automatically, like a habit, without us really being that aware of it. Like any habit, though, particular ways of thinking that lead us to feel depressed can be changed. Another reason controlling our thinking seems to be so difficult is that we have a tendency to get "caught up" in our own thoughts and feelings to the point where we feel and act as if our thoughts are literally true rather than just beliefs. For instance, suppose you step out of your house and see a dark, long object and think to yourself "It's a snake." Well, you might be afraid and step back inside. Suppose though what you saw was just a dark stick. Thinking that it was a snake is different than if what you saw were actually a snake. Yet you may get so caught up in thinking that it's really a snake that you don't stop to ask yourself if it really might be just a stick instead." Answer any questions from subject.

d. Focus of initial treatment on distancing. Say, "Because being able to look somewhat differently at your usual ways of thinking seems to be so important, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from depressive thoughts without getting caught up in them. This should not only help you feel better but will also make it easier for you to be able to objectively look at and change your usual ways of thinking. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

e. Ask subject about any questions concerning treatment rationale.

6. Initial discussion of distancing (Allow 10 minutes). Say, "I'd like to describe some events to you and I'd like you to react to them as if the worst thing that could happen, would happen. In other words, I'd like you to think about each of the events I'll mention as if you were a pessimist. Suppose you receive word that you boss wants to see you in his (her) office. Why do you suppose (s)he wants to see you?" Get subject to acknowledge thought of getting fired, being criticized, or other negative outcomes and associated feelings and courses of action. Present other scenarios such as receiving a statement from the bank, not having a friend return a call, receiving a phone call at an unexpected time. For each scenario have subject articulate negative belief and associated mood and courses of action. Then say, "Now, I'd like you to react to the same events again, but this time I'd like you to do it as if the best thing that could happen, would happen. In other words, I'd like you to think about each of the events as if you were an optimist." Present each scenario again, having the subject state positive beliefs associated with each. Ask about associated mood and behavior patterns. Conclude exercise by pointing out its purpose was to illustrate how particular events can be interpreted in two opposite ways. Also, that subject's thoughts in each case were beliefs, rather than facts. The "facts" as presented both times were identical, the only thing that differed was subject's way of looking at them.

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms

   c. Refund data deposit.

d. Schedule Session 2.

e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Discuss reattribution techniques

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions. Depressive thoughts cause depressive feelings and behaviors.

   b. Rationale and purpose of distancing procedures. Importance of regarding thoughts as beliefs instead of facts.

6. Discuss reattribution techniques (Allow 35 minutes).

   a. Identify instances of self-blame. Make note of any references subject makes regarding self-blame. If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances in which she blamed herself for some negative event. Get subject to describe in detail actual events as well as associated thoughts, feelings, and courses of action. Especially note blame subject assumes for lack of ability, effort, "not knowing better," etc. As much as possible, separate "facts" of event from subject's interpretations.

   b. Review possible alternative explanations. For each event, ask subject for several alternative explanations. For each event say, "You say you're to blame or the reason why X happened. What are some other possible explanations or reasons?" If subject has

difficulty, assist in proposing several plausible alternative explanations. After listing alternative explanations for each event, ask subject to assign percentage values to indicate degree to which she believes each was involved in causing each event. If subject assigns 100% responsibility to herself, ask if she is also willing to assign 100% credit to herself in the case of positive events. Point out that alternative explanations are possible for both negative and positive events.

c. Role reversal. For each instance of self-blame, ask if she would blame someone else, such as a friend, who had behaved similarly. If not, how would she explain what happened in the case of someone else. Also, ask what subject could say to defend a friend who had been accused of being responsible for some negative event. Point out that subject accepts blame for events she's willing to overlook in the case of someone else. Conclude by asking if it's not possible for someone else looking at subject's behavior to find her free of blame.

d. Conclusion. Point out that in response to thoughts of self-blame, subject can consider alternative explanations as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing, especially regarding self-blame, and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss alternative conceptualizations of problem areas

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

   a. Tendency to self-blame.

   b. Possible alternative explanations available for instances of self-blame.

6. Discuss alternative conceptualizations of problem areas (Allow 35 minutes).

   a. Identify instances of "insoluble" problems. Make note of any references subject makes to insoluble problems. Pay particular attention to indications of hopelessness and helplessness ("It's no use," "Nothing can be done," "I've tried everything," etc.). If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances of what she regards as insoluble problems. Get subject to describe in detail problem areas as well as associated thoughts, feelings, and courses of action. Especially note tendencies of subject to fixate exclusively on one potential means of solution. As much as possible, separate actual nature of problems from subject's interpretations of them as insoluble.

   b. List alternative solutions. For each problem area, ask subject to generate possible solutions. If subject has difficulty, assist in proposing several possible solutions. Encourage subject to "brainstorm" and suspend evaluation of any possible solutions.

After listing possible solutions for each problem area, ask subject to assign percentage values to indicate degree to which each may be an effective solution. Ask reasons for each assigned value. Neither encourage nor discourage any subject-initiated attempts at actual problem solution.

c. Role reversal. For each problem area, ask subject what advice she would give to a friend who described having the same problems. Ask what she would say to a friend who complained that her problems were insoluble. Point out that regarding problems as insoluble restricts ability to realize possible solutions.

d. Conclusion. Point out that in response to thoughts of hopelessness or helplessness, subject can consider alternative solutions as means of distancing. Get subject to agree to do this for homework.

7 Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue distancing exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 5 minutes).

   a. Tendency to regard problems as insoluble.

   b. Possible alternative solutions available for instances of "insoluble" problems.

6. Continue distancing exercises (Allow up to 35 minutes). Ask subject for examples of situations leading to depressive thoughts or sample from homework. In each case, ask subject how she could distance herself from the thoughts. If necessary, prompt subject in use of exercises already reviewed: similes ("look at the situation as if you were an optimist"), role reversal ("if a friend were in your situation what would you tell her to help her feel better"), reattribution techniques ("what other explanations are there for negative events") and alternative conceptualizations ("what are possible solutions to problem areas"). If necessary, go over previous distancing exercises. Remind subject that thoughts aren't facts but interpretations of facts. Continue to neither encourage nor discourage any subject-initiated attempts at actual problem solution.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

   e. Schedule Session 5.

   f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review earlier distancing sessions if necessary
Continue distancing exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Continue distancing exercises (Allow up to 35 minutes). Follow guidelines outlined in Session 4. Focus on most prominent depressive situations and most frequently occurring depressive thoughts as well as those from which subject has most difficulty in distancing herself. Ask subject for examples or refer to homework. Continue to neither encourage nor discourage any subject-initiated attempts at actual problem solution.

6. Session termination (Allow up to 10 minutes).

    a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

    b. Provide BDI forms.

    c. Refund data deposit.

    d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

    e. Schedule Session 6.

    f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Present rationale for rational restructuring
Initial discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 5 (Allow 5 minutes). Go over any major points regarding distancing discussed in Session 5.

6. Present rationale for rational restructuring (Allow 15 minutes).

    a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the next several sessions we'll be getting together we'll be going over ways to change your usual ways of thinking to help you feel less depressed. As I remember during our first session together, we talked some about how your feelings are affected by your thinking and how your feelings can be changed by controlling your thinking. Actually your ability to distance yourself from your own thinking should make it that much easier for you to objectively look at and change your usual ways of thinking. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Use examples from homework or past discussion regarding examples from subject's life. If necessary, refer to examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

b. Ask subject about any questions concerning treatment rationale.

7. Initial discussion of rational restructuring (Allow 20 minutes).

a. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. That is, we feel and act as if our thoughts are facts instead of beliefs or suppositions which may or may not be actually true. One of the ways of avoiding this difficulty is to use the distancing exercises we've been talking about to step back from your own thoughts and try to look at them as beliefs rather than facts. Another thing you can do after stepping back from your thoughts is to ask yourself if maybe you aren't exaggerating or overgeneralizing. If you know you're likely to do that, you can try and pay close attention to the kinds of depressive thoughts you have and be on the lookout for times when your thinking is exaggerated or overgeneralized. This will help you to look at your usual ways of thinking in a more realistic and objective way." Answer any questions. Point out that if subject feels somewhat unclear about rationale for rational restructuring component of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

Go over self-monitoring booklet (see Appendix BB). Add restructuring to distancing responses. Have subject continue self-monitoring naturally occurring depressive thoughts along with associated believability and mood ratings as well as distancing responses. Column on "Restructuring Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 7.

   e. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review Session 6
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 6 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for

example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

Conclude by pointing out that distancing underscores difference between actual event ("My husband forgot my birthday") and belief about that event ("Therefore, he doesn't love me anymore").

b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Point out that subject has taken first necessary step in habit change by doing homework and noticing when depressive thoughts occur. Point out that subject should use increase in dysphoric mood as cue to review thoughts and that with continued practice, subject will become even better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette.

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of "shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

   a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence do you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

   b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework--same as Session 6; subject may begin to practice restructuring exercises and complete appropriate columns in booklet. Point out that distancing exercises ("That thought is just a belief and not a fact") should be combined with restructuring questions ("What evidence do I have for such a belief?," etc.).

e. Schedule Session 8.

f. Administer Postsession Questionnaire.

Session 8.

Goals: Review homework
Review Session 7
Further discussion of rational restructuring
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 7 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 15 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself,

'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do anything right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

7. Continue rational restructuring exercises (Allow 20 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary. Conclude by pointing out that subject can avoid overgeneralizing, etc., by first recognizing that thoughts are beliefs about events (A) rather than actual facts and then objectively describing (tacting) situations or events which result in her depressive thoughts (B).

8. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?" Also, continue to emphasize use of distancing--"My thoughts aren't literally true but are beliefs which must be evaluated."

   e. Schedule Session 9.

   f. Administer Postsession Questionnaire.

Session 9.

Goals: Review homework
Review Session 8
Present rationale for behavioral hypothesis-testing
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 8 (Allow 5 minutes). Go over any major points regarding rational restructuring discussed in Session 8. Briefly review earlier sessions if necessary.

6. Present rationale for behavioral hypothesis-testing (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and having you try out different ways to help you change your usual ways of thinking about things that lead you to feel depressed. Through the homework you've been doing, you've already had some practice in stepping back from your own thinking and restructuring your upsetting thoughts. I'd like you to continue to practice distancing yourself from and evaluating your thoughts like you have been, but for the remaining times we'll be getting together we'll be switching to something a little different. You may remember that during our first session together, we talked some about also helping individuals like yourself to feel less depressed by encouraging you to maintain a high activity level, particularly in doing things you normally enjoy. Actually having you try out some activities you normally enjoy but haven't been doing should help kill two birds with one stone. For one, simply becoming more active will hopefully help you feel better. Also, we've been talking about correcting tendencies to overgeneralize and exaggerate in your thinking, by stepping back and evaluating your thoughts. One of the best ways to evaluate or really test out your thoughts is to engage in some activities that will help you to do that. For instance, probably the best way to test out the thought that you won't enjoy something you once did is to have you try it and actually see for yourself if you still enjoy it. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which will hopefully help you feel better and allow you to further evaluate some of your upsetting thoughts."

   b. Ask subject about any questions concerning treatment rationale. Stress experimental nature of behavioral homework assignments.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

   a. Get subject to further specify thoughts and feelings which interfere with engagement in selected activity. Ask subject to state thoughts and/or feelings which have interfered with, prevented, or gotten in the way of engaging in selected activity. Ask, "When was the last time you tried X? What happened? Have you thought of doing X recently? If so, why haven't you done X?" Pay particular attention to thoughts such as, "I felt too tired," "I wouldn't enjoy it anyway," and "I wouldn't do it right." Once thoughts are identified, ask how subject can distance herself from them. If necessary, point out that thoughts are just beliefs rather than actually being true. Next ask subject how the thoughts can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Assist subject if necessary.

   b. Establish "tests" of thoughts and feelings with homework assignment. Ask subject how homework assignment may help evaluate interfering thoughts and feelings. Provide examples if necessary such as, "You say you've thought of playing tennis but think what's the use, you wouldn't enjoy it anyway. Remember though that that thought's just a belief; it doesn't necessarily mean if you were to actually play tennis that you wouldn't enjoy it. At any rate, aren't there different levels of enjoyment? You may well not enjoy tennis as much as you used to but on the other hand, you may be surprised to find out how much you still enjoy it. Really, the only way to find this out is to actually play tennis and find out for yourself how much you actually still enjoy it.

It's sort of like a little experiment you can conduct to find out how much you still enjoy tennis." Point out how each interfering thought or feeling subject mentions may be addressed by homework or at least by distancing and restructuring exercises to be less of a hindrance. Also, ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to do X for homework and discuss any reservations subject has.

c. Go over self-monitoring booklet (see Appendix DD). Have subject record any thoughts and feelings and associated mood and believability ratings which compete with the assignment; distancing and restructuring responses; and behavior engaged in and subsequent believability and mood ratings.

9. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 10.

e. Administer Postsession Questionnaire.

Session 10.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention

to any thoughts or feelings which interfered with the assignment, how the assignment "tested" them, and subject's ability to distance herself from and restructure them. If subject says "no" determine any further interfering thoughts and feelings. Discuss how subject can distance herself from any interfering thoughts and feelings, restructure them, and evaluate them through the behavioral assignment. Stress experimental nature of behavioral assignments--that what's important is to attempt the assignment, regardless of its results. Any results are informative. If necessary, review earlier distancing and rational restructuring exercises. Whether subject has done the homework or not, ask subject if she is willing to continue to do X next week also.

5. Assign new homework (Allow up to 35 minutes).

   a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 9, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. Once thoughts are identified ask how subject can distance herself from them. If necessary, point out that thoughts are just beliefs to be evaluated rather than actually being true. Next ask how the thoughts can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Also, ask subject how homework assignment may help evaluate interfering thoughts and feelings. If necessary, formulate other tests of thoughts and feelings. Ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to continue to do X as well as Y for homework and discuss any reservations subject has.

   b. Role reversal. Underscore subject's ability to restructure and test interfering thoughts with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would

you say to me?" Continue with excuses until it's clear subject recognizes that she can step back from any "reasons" and restructure and evaluate them.

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any thoughts which interfere with completing the assignment, to distance herself from them, and restructure and evaluate them by carrying out the assignment. Also, instruct subject to notice any other depressive thoughts which assignment may help address.

6. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 11.

e. Administer Postsession Questionnaire.

Sessions 11 & 12.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 10. Have subject agree to continue each assigned activity. Review earlier distancing and rational restructuring sessions if necessary

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 10. Include continuation of previous assignments as part of homework. If necessary, update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Session 11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

Variation B: 4 weeks distancing, rational restructuring, and behavioral hypothesis-testing

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

a. Discuss relationship among thoughts, feelings, and activities. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel and act." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings-behavioral activity vs. depressed thoughts-depressed feelings-behavioral passivity. Get subject to acknowledge at least a correlational relationship between thoughts and feelings and behavior. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of actions. Get subject to admit that relationship between thoughts, on the one hand, and feelings and behavior, on the other, can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings and courses of action; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings and courses of action, ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings and ways of acting, then who controls your feelings and behavior?" Get subject to acknowledge that she ultimately controls her own feelings and actions through control of thinking. Also, that depressive thoughts and behaviors therefore must ultimately result from way of thinking.

b. Discuss importance of pleasant activities. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen, like we've just discussed, is because of the way we tend to think when we're depressed. For one, we tend to get easily "caught up" in our own thoughts and feelings and end up feeling like we don't want to do much of anything. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you feel better. Before we get to that, though, we'll spend some time going over some different exercises designed to help you change your usual depressive ways of thinking. This should help you feel better and free you up so you'll better be able to enjoy the activities you'll try out a little later."

c. Discuss tendency of subject to get "caught up" in her own thoughts. Say, "Controlling your thinking the way you'd like to though can be pretty difficult. One reason this seems to be especially difficult is that a lot of our thinking occurs automatically, like a habit, without us really being that aware of it. Like any habit, though, particular ways of thinking that lead us to feel depressed can be changed. Another reason controlling our thinking seems to be so difficult is that we have a tendency to get "caught up" in our own thoughts and feelings to the point where we feel and act as if our thoughts are literally true rather than just beliefs. For instance, suppose you step out of your house and see a dark, long object and think to yourself "It's a snake." Well, you might be afraid and step back inside. Suppose, though, what you saw was just a dark stick. Thinking that it was a snake is different than if what you saw were actually a snake. Yet you may get so caught up in thinking that it's really a snake that you don't stop to ask yourself if it really might be just a stick instead." Answer any questions from subject.

d. Focus of initial treatment on distancing. Say, "Because being able to look somewhat differently at your usual ways of thinking seems to be so important, we'll spend the first several sessions going over

some different exercises and techniques designed to help you step back from depressive thoughts without getting caught up in them. This should not only help you feel better but will also make it easier for you to be able to objectively look at and change your usual ways of thinking. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

e. Ask subject about any questions concerning treatment rationale.

6. Initial discussion of distancing (Allow 10 minutes). Say, "I'd like to describe some events to you and I'd like you to react to them as if the worst thing that could happen, would happen. In other words, I'd like you to think about each of the events I'll mention as if you were a pessimist. Suppose you receive word that your boss wants to see you in his (her) office. Why do you suppose (s)he wants to see you?" Get subject to acknowledge thought of getting fired, being criticized, or other negative outcomes and associated feelings and courses of action. Present other scenarios such as receiving a statement from the bank, not having a friend return a call, receiving a phone call at an unexpected time. For each scenario have subject articulate negative belief and associated mood and courses of action. Then say, "Now, I'd like you to react to the same events again, but this time I'd like you to do it as if the best thing that could happen, would happen. In other words, I'd like you to think about each of the events as if you were an optimist." Present each scenario again, having the subject state positive beliefs associated with each. Ask about associated mood and behavior patterns. Conclude exercise by pointing out its purpose was to illustrate how particular events can be interpreted in two opposite ways. Also, that subject's thoughts in each case were beliefs, rather than facts. The "facts" as presented both times were identical, the only thing that differed was subject's way of looking at them."

7. Review homework assignment (Allow 5 minutes).

a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 2.

e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Discuss reattribution techniques

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

a. Relationship among thoughts, feelings, and actions. Depressive thoughts cause depressive feelings and behaviors.

b. Rationale and purpose of distancing procedures. Importance of regarding thoughts as beliefs instead of facts.

6. Discuss reattribution techniques (Allow 35 minutes).

a. Identify instances of self-blame. Make note of any references subject makes regarding self-blame. If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances

in which she blamed herself for some negative event. Get subject to describe in detail actual events as well as associated thoughts, feelings, and courses of action. Especially note blame subject assumes for lack of ability, effort, "not knowing better," etc. As much as possible, separate "facts" of event from subject's interpretations.

b. Review possible alternative explanations. For each event, ask subject for several alternative explanations. For each event say, "You say you're to blame or the reason why X happened. What are some other possible explanations or reasons?" If subject has difficulty, assist in proposing several plausible alternative explanations. After listing alternative explanations for each event, ask subject to assign percentage values to indicate degree to which she believes each was involved in causing each event. If subject assigns 100% responsibility to herself, ask if she is also willing to assign 100% credit to herself in the case of positive events. Point out that alternative explanations are possible for both negative and positive events.

c. Role reversal. For each instance of self-blame, ask if she would blame someone else, such as a friend, who had behaved similarly. If not, how would she explain what happened in the case of someone else. Also, ask what subject could say to defend a friend who had been accused of being responsible for some negative event. Point out that subject accepts blame for events she's willing to overlook in the case of someone else. Conclude by asking if it's not possible for someone else looking at subject's behavior to find her free of blame.

d. Conclusion. Point out that in response to thoughts of self-blame, subject can consider alternative explanations as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing, especially regarding self-blame, and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss alternative conceptualizations of problem areas

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

   a. Tendency to self-blame.

   b. Possible alternative explanations available for instances of self-blame.

6. Discuss alternative conceptualizations of problem areas (Allow 35 minutes).

   a. Identify instances of "insoluble" problems. Make note of any references subject makes to insoluble problems. Pay particular attention to indications of hopelessness and helplessness ("It's no use," "Nothing can be done," "I've tried everything," etc.). If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances of what she regards as insoluble problems. Get subject to describe in detail problem areas as well as associated thoughts, feelings, and courses

of action. Especially note tendencies of subject to fixate exclusively on one potential means of solution. As much as possible, separate actual nature of problems from subject's interpretations of them as insoluble.

b. List alternative solutions. For each problem area, ask subject to generate possible solutions. If subject has difficulty, assist in proposing several possible solutions. Encourage subject to "brainstorm" and suspend evaluation of any possible solutions. After listing possible solutions for each problem area, ask subject to assign percentage values to indicate degree to which each may be an effective solution. Ask reasons for each assigned value. Neither encourage nor discourage any subject-initiated attempts at actual problem solution.

c. Role reversal. For each problem area, ask subject what advice she would give to a friend who described having the same problems. Ask what she would say to a friend who complained that her problems were insoluble. Point out that regarding problems as insoluble restricts ability to realize possible solutions.

d. Conclusion. Point out that in response to thoughts of hopelessness or helplessness, subject can consider alternative solutions as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Continue distancing exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 5 minutes).

   a. Tendency to regard problems as insoluble.

   b. Possible alternative solutioss available for instances of "insoluble" problems.

6. Continue distancing exercises (Allow up to 35 minutes). Ask subject for examples of situations leading to depressive thoughts or sample from homework. In each case, ask subject how she could distance herself from the thoughts. If necessary, prompt subject in use of exercises already reviewed: similes ("look at the situation as if you were an optimist"), role reversal ("if a friend were in your situation what would you tell her to help her feel better"), reattribution techniques ("what other explanations are there for negative events") and alternative conceptualizations ("what are possible solutions to problem areas"). If necessary, go over previous distancing exercises. Remind subject that thoughts aren't facts but interpretations of facts. Continue to neither encourage nor discourage any subject-initiated attempts at actual problem solution.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 5.

f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Present rationale for rational restructuring
Initial discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 4 (Allow 5 minutes). Go over any major points regarding distancing discussed in Session 4.

6. Present rationale for rationale restructuring (Allow 15 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the next several sessions we'll be getting together we'll be going over ways to change your usual ways of thinking to help you feel less depressed. As I remember during our first session together, we talked some

about how your feelings are affected by your thinking and how your feelings can be changed by controlling your thinking. Actually your ability to distance yourself from your own thinking should make it that much easier for you to objectively look at and change your usual ways of thinking. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Use examples from homework or past discussion regarding examples from subject's life. If necessary, refer to examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

b. Ask subject about any questions concerning treatment rationale.

7. Initial discussion of rational restructuring (Allow 20 minutes).

a. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. That is, we feel and act as if our thoughts are facts instead of beliefs or suppositions which may or may not be actually true. One of the ways of avoiding this difficulty is to use the distancing exercises we've been talking about to step back from your own thoughts and try to look at them as beliefs rather than facts. Another thing you can do after stepping back from your thoughts is to ask yourself if maybe you aren't exaggerating or overgeneralizing. If you know you're likely to do that, you can try and pay close attention to the kinds of depressive thoughts you have and be on the lookout for times when your thinking is exaggerated or overgeneralized. This will help you to look at your usual ways of thinking in a more realistic and objective way." Answer any questions. Point out that if subject feels somewhat unclear about rationale for rational restructuring component of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed,

pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

b. Go over self-monitoring booklet (see Appendix BB). Add restructuring to distancing responses. Have subject continue self-monitoring naturally occurring depressive thoughts along with associated believabiltiy and mood ratings as well as distancing responses. Column on "Restructuring Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 6.

e. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 5 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

      Conclude by pointing out that distancing underscores difference between actual event ("My husband forgot my birthday") and belief about that event ("Therefore, he doesn't love me anymore").

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this can be "broken" just like any other habit, such as smoking. Point out that subject has taken first necessary step in habit change by doing homework and noticing when depressive thoughts occur. Point out

that subject should use increase in dysphoric mood as cue to review thoughts and that with continued practice, subject will become even better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette.

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of "shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject if she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence to you have against each thought? . . . Are you overexaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework--same as Session 5; subject may begin to practice restructuring exercises and complete appropriate columns in booklet. Point out that distancing exercises ("That thought is just a belief and not a fact") should be combined with restructuring questions ("What evidence do I have for such a belief?," etc.).

   e. Schedule Session 7.

   f. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review Session 6
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 6 (Allow 5 minutes).

   a. ABC's of modifying feelings.

   b. Rational restructuring as habit change.

   c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

   Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

   In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't

be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc., by first recognizing that thoughts are beliefs about events (A) rather than actual facts and then objectively describing (tacting) situations or events which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?" Also, continue to emphasize use of distancing--"My thoughts aren't literally true but are beliefs which must be evaluated."

   e. Schedule Session 8.

   f. Administer Postsession Questionnaire.

Session 8.

Goals: Review homework
Review Session 7
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 7 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

b. Importance of distancing and objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until it's recognized as a belief instead of a fact and objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

e. Schedule Session 9.

f. Administer Postsession Questionnaire.

Session 9.

Goals: Review homework
Review Session 8
Present rationale for behavioral hypothesis-testing
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 8 (Allow 5 minutes). Go over any major points regarding rational restructuring discussed in Session 8. Briefly review earlier sessions if necessary.

6. Present rationale for behavioral hypothesis-testing (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and having you try out different ways to help you change your usual ways of thinking about things that lead you to feel depressed. Through the homework you've been doing, you've already had some practice in stepping back from your own thinking and restructuring your upsetting thoughts. I'd like you to continue to practice distancing yourself from an evaluating your thoughts like you have been, but for the remaining times we'll be getting together we'll be switching to something a little different. You may remember that during our first session together, we talked some about also helping individuals like yourself to feel less depressed by encouraging you to maintain a high activity level, particularly in doing things you normally enjoy. Actually having you try out some activities you normally enjoy but haven't been doing should help kill two birds with one stone. For one, simply becoming more active

will hopefully help you feel better. Also, we've been talking about correcting tendencies to over-generalize and exaggerate in your thinking, by stepping back and evaluating your thoughts. One of the best ways to evaluate or really test out your thoughts is to engage in some activities that will help you to do that. For instance, probably the best way to test out the thought that you won't enjoy something you once did is to have you try it and actually see for yourself if you still enjoy it. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which will hopefully help you feel better and allow you to further evaluate some of your upsetting thoughts."

b. Ask subject about any questions concerning treatment rationale. Stress experimental nature of behavioral homework assignments.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

a. Get subject to further specify thoughts and feelings which interfere with engagement in selected activity. Ask subject to state thoughts and/or feelings which have interfered with, prevented, or gotten in the way of engaging in selected activity. Ask, "When was the last time you tried X? What happened? Have you thought of doing X recently? If so, why haven't you done X?" Pay particular attention to thoughts such as, "I felt too tired," "I wouldn't enjoy it anyway," and "I wouldn't do it right." Once thoughts are identified, ask how subject can distance herself from them. If necessary, point out that thoughts are

just beliefs rather than actually being true. Next ask subject how the thoughts can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Assist subject if necessary.

b. Establish "tests" of thoughts and feelings with homework assignment. Ask subject how homework assignment may help evaluate interfering thoughts and feelings. Provide examples if necessary such as, "You say you've thought of playing tennis but think what's the use, you wouldn't enjoy it anyway. Remember though that that thought's just a belief; it doesn't necessarily mean if you were to actually play tennis that you wouldn't enjoy it. At any rate, aren't there different levels of enjoyment? You may well not enjoy tennis as much as you used to but on the other hand, you may be surprised to find out how much you still enjoy it. Really, the only way to find this out is to actually play tennis and find out for yourself how much you actually still enjoy it. It's sort of like a little experiment you can conduct to find out how much you still enjoy tennis." Point out how each interfering thought or feeling subject mentions may be addressed by homework or at least by distancing and restructuring exercises to be less of a hindrance. Also, ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to do X for homework and discuss any reservations subject has.

c. Go over self-monitoring booklet (see Appendix DD). Have subject record any thoughts and feelings and associated mood and believability ratings which compete with the assignment; distancing and restructuring responses; and behavior engaged in and subsequent believability and mood ratings.

9. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 10.

e. Administer Postsession Questionnaire.

Session 10.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment, how the assignment "tested" them, and subject's ability to distance herself from and restructure them. If subject says "no" determine any further interfering thoughts and feelings. Discuss how subject can distance herself from any interfering thoughts and feelings, restructure them, and evaluate them through the behavioral assignment. Stress experimental nature of behavioral assignments--that what's important is to attempt the assignment, regardless of its results. Any results are informative. If necessary, review earlier distancing and rational restructuring exercises. Whether subject has done the homework or not, ask subject if she is willing to continue to do X next week also.

5. Assign new homework (Allow up to 35 minutes).

   a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 9, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. Once thoughts are identified ask how subject can distance herself from them. If necessary, point out that thoughts are just beliefs to be evaluated rather than actually being true. Next ask how the thoughts can be restructured. In particular, ask subject, "What do you mean

and how could you say the thought so you could evaluate it objectively?" Also, ask subject how homework assignment may help evaluate interfering thoughts and feelings. If necessary, formulate other tests of thoughts and feelings. Ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to continue to do X as well as Y for homework and discuss any reservations subject has.

b. Role reversal. Underscore subject's ability to restructure and test interfering thoughts with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that she can step back from any "reasons" and restructure and evaluate them.

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any thoughts which interfere with completing the assignment, to distance herself from them, and restructure and evaluate them by carrying out the assignment. Also, instruct subject to notice any other depressive thoughts which assignment may help address.

6. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 11.

e. Administer Postsession Questionnaire.

Sessions 11 & 12.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 10. Have subject agree to continue each assigned activity. Review earlier distancing and rational restructuring sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 10. Include continuation of previous assignments as part of homework. If necessary, update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Session 11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

Variation C: 3 weeks distancing, 5 weeks rational restructuring, 4 weeks behavioral hypothesis-testing

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 25 minutes).

   a. Discuss relationship among thoughts, feelings, and activities. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel and act." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings-behavioral activity vs. depressed thoughts-depressed feelings-behavioral passivity. Get subject to acknowledge at least a correlational relationship between thoughts and feelings and behavior. Underscore this by citing "bump in the night" example, alternative interpretations (burglar vs. the wind), and resulting feelings and courses of action. Get subject to admit that relationship between thoughts,

on the one hand, and feelings and behavior, on the other, can be viewed as causal. If subject doubts this, provide examples of someone criticizing vs. praising subject and associated feelings and courses of action; point out similarities between "someone talking to you and you talking to yourself." After subject acknowledges causal relationship between thoughts and feelings and courses of action, ask, "Who controls your thinking?" After subject acknowledges self-control of thinking ask, "Well, if you control your thinking and the various kinds of thoughts you have lead to different feelings and ways of acting, then who controls your feelings and behavior?" Get subject to acknowledge that she ultimately controls her own feelings and actions through control of thinking. Also, that depressive thoughts and behaviors therefore must ultimately result from way of thinking.

b. Discuss importance of pleasant activities. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen, like we've just discussed, is because of the way we tend to think when we're depressed. For one, we tend to get easily "caught up" in our own thoughts and feelings and end up feeling like we don't want to do much of anything. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you feel better. Before we get to that, though, we'll spend some time going over some different exercises designed to help you change your usual depressive ways of thinking. This should help you feel better and free you up so you'll better be able to enjoy the activities you'll try out a little later."

c. Discuss tendency of subject to get "caught up" in her own thoughts. Say, "Controlling your thinking the way you'd like to though can be pretty difficult. One reason this seems to be especially difficult is that a lot of our thinking occurs automatically, like a habit, without us really being that aware of it. Like any habit, though, particular ways of thinking that lead us to feel depressed can be changed. Another reason controlling our thinking seems to be

so difficult is that we have a tendency to get "caught up" in our own thoughts and feelings to the point where we feel and act as if our thoughts are literally true rather than just beliefs. For instance, suppose you step out of your house and see a dark, long object and think to yourself "It's a snake." Well, you might be afraid and step back inside. Suppose though what you saw was just a dark stick. Thinking that it was a snake is different than if what you saw were actually a snake. Yet you may get so caught up in thinking that it's really a snake that you don't stop to ask yourself if it really might be just a stick instead." Answer any questions from subject.

d. Focus of initial treatment on distancing. Say, "Because being able to look somewhat differently at your usual ways of thinking seems to be so important, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from depressive thoughts without getting caught up in them. This should not only help you feel better but will also make it easier for you to be able to objectively look at and change your usual ways of thinking. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

e. Ask subject about any questions concerning treatment rationale.

6. Initial discussion of distancing (Allow 10 minutes). Say, "I'd like to describe some events to you and I'd like you to react to them as if the worst thing that could happen, would happen. In other words, I'd like you to think about each of the events I'll mention as if you were a pessimist. Suppose you receive word that your boss wants to see you in his (her) office. Why do you suppose (s)he wants to see you?" Get subject to acknowledge thought of getting fired, being criticized, or other negative outcomes and associated feelings and courses of action. Present other scenarios such as receiving a statement from the bank, not having a friend return a call, receiving a phone call at an unexpected time. For each scenario have subject articulate negative belief and associated mood and courses of action. Then say, "Now, I'd like you to react to the same events again, but this time I'd like you to do it as if the best thing that could happen, would happen. In other words, I'd like you to think about each of the events

as if you were an optimist." Present each scenario again, having the subject state positive beliefs associated with each. Ask about associated mood and behavior patterns. Conclude exercise by pointing out its purpose was to illustrate how particular events can be interpreted in two opposite ways. Also, that subject's thoughts in each case were beliefs, rather than facts. The "facts" as presented both times were identical, the only thing that differed was subject's way of looking at them.

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Discuss reattribution techniques

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3).

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions. Depressive thoughts cause depressive feelings and behaviors.

   b. Rationale and purpose of distancing procedures. Importance of regarding thoughts as beliefs instead of facts.

6. Discuss reattribution techniques (Allow 35 minutes).

   a. Identify instances of self-blame. Make note of any references subject makes regarding self-blame. If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances in which she blamed herself for some negative event. Get subject to describe in detail actual events as well as associated thoughts, feelings, and courses of action. Especially note blame subject assumes for lack of ability, effort, "not knowing better," etc. As much as possible, separate "facts" of event from subject's interpretations.

   b. Review possible alternative explanations. For each event, ask subject for several alternative explanations. For each event say, "You say you're to blame or the reason why X happened. What are some other possible explanations or reasons?" If subject has difficulty, assist in proposing several plausible alternative explanations. After listing alternative explanations for each event, ask subject to assign percentage values to indicate degree to which she believes each was involved in causing each event. If subject assigns 100% responsibility to herself, ask if she is also willing to assign 100% credit to herself in the case of positive events. Point out that alternative explanations are possible for both negative and positive events.

   c. Role reversal. For each instance of self-blame, ask if she would blame someone else, such as a friend, who had behaved similarly. If not, how would she explain what happened in the case of someone else. Also, ask what subject could say to defend a friend who had been accused of being responsible for some negative event. Point out that subject accepts blame for events she's willing to overlook in the case of someone else. Conclude by asking if it's not possible for someone else looking at subject's behavior to find her free of blame.

d. Conclusion. Point out that in response to thoughts of self-blame, subject can consider alternative explanations as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing, especially regarding self-blame, and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss alternative conceptualizations of problem areas

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

a. Tendency to self-blame.

b. Possible alternative explanations available for instances of self-blame.

6. Discuss alternative conceptualizations of problem areas (Allow 35 minutes).

   a. Identify instances of "insoluble" problems. Make note of any references subject makes to insoluble problems. Pay particular attention to indications of hopelessness and helplessness ("It's no use," "Nothing can be done," "I've tried everything," etc.). If no instances are mentioned, review homework for examples or ask subject to describe 3 or 4 instances of what she regards as insoluble problems. Get subject to describe in detail problem areas as well as associated thoughts, feelings, and courses of action. Especially note tendencies of subject to fixate exclusively on one potential means of solution. As much as possible, separate actual nature of problems from subject's interpretations of them as insoluble.

   b. List alternative solutions. For each problem area, ask subject to generate possible solutions. If subject has difficulty, assist in proposing several possible solutions. Encourage subject to "brainstorm" and suspend evaluation of any possible solutions. After listing possible solutions for each problem area, ask subject to assign percentage values to indicate degree to which each may be an effective solution. Ask reasons for each assigned value. Neither encourage nor discourage any subject-initiated attempts at actual problem solution.

   c. Role reversal. For each problem area, ask subject what advice she would give to a friend who described having the same problems. Ask what she would say to a friend who complained that her problems were insoluble. Point out that regarding problems as insoluble restricts ability to realize possible solutions.

   d. Conclusion. Point out that in response to thoughts of hopelessness or helplessness, subject can consider alternative solutions as means of distancing. Get subject to agree to do this for homework.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions

   b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--regarding thoughts as beliefs instead of facts, reattribution techniques, alternative conceptualizations.

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Present rationale for rational restructuring
Initial discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact. Review earlier sessions if necessary.

5. Review Session 3 (Allow 5 minutes).

   a. Tendency to regard problems as insoluble.

   b. Possible alternative solutions available for instances of "insoluble" problems.

6. Present rationale for rational restructuring (Allow 15 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the next

several sessions we'll be getting together we'll be going over ways to change your usual ways of thinking to help you feel less depressed. As I remember during our first session together, we talked some about how your feelings are affected by your thinking and how your feelings can be changed by controlling your thinking. Actually your ability to distance yourself from your own thinking should make it that much easier for you to objectively look at and change your usual ways of thinking. It's pretty clear, for instance, that when we feel depressed, we tend to think about or look at things in particular sorts of ways that lead us to feel that way." In turn, cite examples of exaggerating, overgeneralizing, and ignoring the positive. Use examples from homework or past discussion regarding examples from subject's life. If necessary, refer to examples of each cited by Beck and Greenberg (1974) in "Coping with Depression."

b. Ask subject about any questions concerning treatment rationale.

7. Initial discussion of rational restructuring (Allow 20 minutes).

a. Say, "One of the difficulties we seem to get ourselves into when we exaggerate things, overgeneralize, and focus only on what's negative is that we jump to conclusions and then feel and act as if our conclusions are correct. That is, we feel and act as if our thoughts are facts instead of beliefs or suppositions which may or may not be actually true. One of the ways of avoiding this difficulty is to use the distancing exercises we've been talking about to step back from your own thoughts and try to look at them as beliefs rather than facts. Another thing you can do after stepping back from your thoughts is to ask yourself if maybe you aren't exaggerating or overgeneralizing. If you know you're likely to do that, you can try and pay close attention to the kinds of depressive thoughts you have and be on the lookout for times when your thinking is exaggerated or overgeneralized. This will help you to look at your usual ways of thinking in a more realistic and objective way." Answer any questions. Point out that if subject feels somewhat unclear about rationale for rational restructuring component of treatment that it will be elaborated on in next session. Compare rational restructuring to other person having access to subject's thoughts and correcting exaggerations

and overgeneralizations as they occur. Say, "Imagine if a friend of yours were able to follow you around and knew what you were thinking and each time you had a thought which left you feeling depressed, pointed out that things probably aren't as bad as you think they are by talking you out of your depressive thoughts. Now, it's not possible for any friend of yours to actually be able to do that for you, but you can do it for yourself. That is, we'll spend quite a bit of time in working on how you can correct some of your usual ways of thinking to help yourself feel better."

b. Go over self-monitoring booklet (see Appendix BB). Add restructuring to distancing responses. Have subject continue self-monitoring naturally occurring depressive thoughts along with associated believability and mood ratings as well as distancing responses. Column on "Restructuring Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 5.

e. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Further discussion of treatment rationale
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 4 (Allow 5 minutes).

   a. Relationship between thoughts and feelings. Depressive thoughts cause depressive feelings.

   b. Characteristics of depressive thoughts: exaggeration, overgeneralization, ignoring the positive.

   c. Rationale and purpose of rational restructuring procedures.

6. Further discussion of treatment rationale (Allow 15 minutes).

   a. Go over ABC's of modifying feelings. Use subject's homework for example of situation in which depressive thoughts and feelings occur or ask subject for example. Point out that situation subject finds upsetting can be broken down into three parts: A. The situation itself, B. Her thoughts about A., and C. Her feelings resulting from B. Underscore point by citing Beck and Greenberg's (1974) "birthday example." Say, "Suppose, for example, your husband (boyfriend, etc.) forgets your birthday and you feel hurt, disappointed, and sad. What's really making you sad though is not the fact that he forgot your birthday but the meaning you attach to it. For instance, you might think 'He must not love me anymore to forget my birthday' or 'I no longer appeal to him or to anyone else for that matter.' You may further think that without his love and approval you can never be happy. Yet, it may be that he was just busy or doesn't know how much it means to you. So, you end up being depressed because of your unwarranted conclusions but not because of the event itself."

      Conclude by pointing out that distancing underscores difference between actual event ("My husband forgot my birthday") and belief about that event ("Therefore, he doesn't love me anymore").

   b. Present habit-change analogy. Point out that depressive thoughts may occur automatically without subject necessarily being aware of them. Point out this is because pattern of thinking is habitual and therefore occurs without subject's awareness. Add that this

can be "broken" just like any other habit, such as smoking. Point out that subject has taken first necessary step in habit change by doing homework and noticing when depressive thoughts occur. Point out that subject should use increase in dysphoric mood as cue to review thoughts and that with continued practice, subject will become even better at noticing thoughts. Make analogy with quitting smoking--first step is to catch self having a cigarette.

c. Review characteristics of depressive thoughts. Use examples from subject's homework, if available, that depressive thoughts can be recognized by "certain indicators of nonconstructive self-talk": use of "shoulds, oughts, must"; catastrophizing words such as "it'll be awful, it's terrible, or I can't stand it"; and overgeneralizations like "I'll never be able to do this," "nobody will ever like me," or "I can't do anything right." Ask subject is she has noticed having such thoughts.

7. Further discussion of rational restructuring (Allow 15 minutes).

a. Present rational restructuring exercise. Ask subject to identify and describe recent situation in which she felt especially depressed; use situations from homework if available. Get as much detail as possible. Ask subject to close her eyes and imagine that "you're actually in the situation. You're not merely watching it like a movie, but are actually there." Repeat subject's description of the situation. Ask subject to focus on situation and how depressed she feels. Ask subject to indicate by fingernod if she's able to imagine sufficiently. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Next ask subject to just notice the kinds of thoughts "running through your mind." Say, "As you're noticing your thoughts, I'm going to ask you some questions about them. You don't need to answer them out loud, just answer them to yourself about your thoughts. . . . What evidence do you have for each thought? . . . What evidence do you have against each thought? . . . Are you over-exaggerating? If so, what would be a more realistic thought? . . . Are you ignoring anything positive?" Have subject rerate intensity of depression on 0-100 scale.

b. Discuss exercise with subject. Point out purpose in asking questions was to guide subject in "restructuring" her depressive thoughts. Determine if subject felt less depressed as result of questions. Point out that subject can ask same questions of herself.

8. Session termination (Allow 10 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 4; subject may begin to practice restructuring exercises and complete appropriate columns in booklet. Point out that distancing exercises ("That thought is just a belief and not a fact") should be combined with restructuring questions ("What evidence do I have for such a belief?," etc.).

e. Schedule Session 6.

f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Further discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 5 (Allow 5 minutes).

a. ABC's of modifying feelings.

b. Rational restructuring as habit change.

c. Rational restructuring exercises. Questions to be asked: What's my evidence for and against each belief? Am I exaggerating? Am I overgeneralizing? Am I ignoring anything positive?

6. Further discussion of rational restructuring (Allow 35 minutes). Point out that one way of helping to answer rational restructuring questions is to state descriptively (tact) what situations lead up to depressive thoughts. Say, "We've now talked quite a bit about the kinds of questions you can ask of yourself about your depressive thoughts to restructure them and help yourself feel better. A way of making the questions even easier to answer is to just ask yourself, 'What actually happened to lead me to have this thought?' For example, suppose you've been out shopping for groceries and some odds and ends. You come home only to discover that you forgot to stop at the Post Office to buy some stamps you needed and you think to yourself, 'I can't do anything right.' Let's just take a look at that thought or B within the A-B-C sequence we talked about and the event that lead to it or A. What actually happened? All that actually happened is that you forgot to buy stamps. Does that mean you can't do <u>anything</u> right? Or is that an overexaggeration and overgeneralization? What evidence do you have that you actually can't do anything right? If it were true, how could you have remembered to buy anything you wanted? There's evidence that you did forget to buy the stamps; you don't have the stamps so it must be true, that's a fact. But what evidence do you have that you can't do anything right? The only immediate evidence that you have is that you forgot to buy the stamps. That's a fact, but, to think because of that, that you can't do anything right is an overexaggeration and overgeneralization. You have good evidence for thinking 'I forgot to buy the stamps' but you don't for thinking 'I can't do anything right.'"

Point out importance of subject asking, "What actually happened?" Also, that best way to consider what evidence there is for a depressive thought is to think of what would logically and objectively follow. Say, "If I couldn't do anything right, what would that mean? Well, I couldn't dress myself, drive a car, have a conversation with anyone, etc. But I can do all those things." Focus on past and/or current activities rather than future ones in order to avoid encouraging behavioral hypothesis-testing.

In time remaining, go over examples of depressive thoughts subject provides or use homework for examples. In each case, ask subject, "What actually happened (make sure subject provides objective description) and what evidence do you have against each thought?" Make sure subject realizes objective extensions of thought, absence of support for each, and that depressive thoughts can't be evaluated unless they are objectively stated. Conclude by pointing out that subject can avoid overgeneralizing, etc., by first recognizing that thoughts are beliefs about events (A) rather than actual facts and then objectively describing (tacting) situations or events which result in her depressive thoughts (B).

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?" Also, continue to emphasize use of distancing--"My thoughts aren't literally true but are beliefs which must be evaluated."

   e. Schedule Session 7.

   f. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review Session 6
Continue rational restructuring exercises

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 5 minutes). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 6 (Allow 5 minutes).

   a. Importance of objectively describing situations resulting in depressive thoughts.

   b. Importance of distancing and objectively reformulating depressive thought for purpose of evaluation. For example, thinking "I can't do anything right" can't be evaluated until it's recognized as a belief instead of a fact and objective extensions of it are considered.

6. Continue rational restructuring exercises (Allow up to 35 minutes). Ask subject for examples of depressive thoughts or sample from homework. In each case, ask subject what actually happened and how the thoughts could be stated objectively so they can be evaluated. ("How could you say this thought differently so you could determine whether there's any evidence for or against it?") If subject has difficulty grasping idea, provide analogies. Say, "In order to be able to objectively evaluate your depressive thoughts, it's probably necessary to ask, 'What do I mean?' For instance, suppose I were to say it was cold yesterday. You couldn't evaluate that statement unless I told you what I meant by it being cold. If I said I meant it was below freezing, you could objectively evaluate my statement by looking in the newspaper to see if it actually got that cold. Similarly, suppose I went bowling and told you I did lousy. Well, 'doing lousy' can't be evaluated; it's a value judgment on my part and not a fact. In order to say what I meant I'd have to tell you my score and how it compares with my usual average when I go bowling."

   Point out to subject that most depressive thoughts are value judgments, especially those containing words such as "should," "ought," and "must." Value judgments can never be evaluated objectively; because they can't, such thoughts are especially difficult to change. Also point out differential emotional impact of objective thoughts (tacts) vs. value judgments (impure tacts, intraverbals). Use examples of subject's depressive thoughts or analogies if necessary.

7. Session termination (Allow 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 8.

   f. Administer Postsession Questionnaire.

Session 8.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Continue discussion of rational restructuring

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow up to 10 minutes). Pay particular attention to degree to which subject distances herself from and effectively restructures naturally occurring depressive thoughts and associated emotional impact. Review earlier distancing and rational restructuring sessions if necessary.

5. Continue discussion of rational restructuring (Allow up to 35 minutes). Follow guidelines outlined in Session 7. Focus on most frequently occurring depressive thoughts and those which subject has most difficulty in restructuring. Ask subject for examples or refer to homework. Neither encourage nor discourage any subject-initiated attempts at behavioral hypothesis-testing.

6. Session termination (Allow up to 10 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress practice of restructuring exercises--"What actually happened? Am I overgeneralizing, etc.? What evidence do I have against a depressive thought?"

   e. Schedule Session 9.

   f. Administer Postsession Questionnaire.

Session 9.

Goals: Review homework
Review Session 8
Present rationale for behavioral hypothesis-testing
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns. "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 15 minutes for 2, 3, & 4). Pay particular attention to any attempts by subject to restructure naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 8 (Allow 5 minutes). Go over any major points regarding rational restructuring discussed in Session 8. Briefly review earlier sessions if necessary.

6. Present rationale for behavioral hypothesis-testing (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and having you try out different ways to help you change your usual ways of thinking

about things that lead you to feel depressed. Through the homework you've been doing, you've already had some practice in stepping back from your own thinking and restructuring your upsetting thoughts. I'd like you to continue to practice distancing yourself from evaluating your thoughts like you have been, but for the remaining times we'll be getting together we'll be switching to something a little different. You may remember that during our first session together, we talked some about also helping individuals like yourself to feel less depressed by encouraging you to maintain a high activity level, particularly in doing things you normally enjoy. Actually having you try out some activities you normally enjoy but haven't been doing should help kill two birds with one stone. For one, simply becoming more active will hopefully help you feel better. Also, we've been talking about correcting tendencies to overgeneralize and exaggerate in your thinking, by stepping back and evaluating your thoughts. One of the best ways to evaluate or really test out your thoughts is to engage in some activities that will help you to do that. For instance, probably the best way to test out the thought that you won't enjoy something you once did is to have you try it and actually see for yourself if you still enjoy it. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which will hopefully help you feel better and allow you to further evaluate some of your upsetting thoughts."

b. Ask subject about any questions concerning treatment rationale. Stress experimental nature of behavioral homework assignments.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

   a. Get subject to further specify thoughts and feelings which interfere with engagement in selected activity. Ask subject to state thoughts and/or feelings which have interfered with, prevented, or gotten in the way of engaging in selected activity. Ask, "When was the last time you tried X? What happened? Have you thought of doing X recently? If so, why haven't you done X?" Pay particular attention to thoughts such as, "I felt too tired," "I wouldn't enjoy it anyway," and "I wouldn't do it right." Once thoughts are identified, ask how subject can distance herself from them. If necessary, point out that thoughts are just beliefs rather than actually being true. Next ask subject how the thoughts can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Assist subject if necessary.

   b. Establish "tests" of thoughts and feelings with homework assignment. Ask subject how homework assignment may help evaluate interfering thoughts and feelings. Provide examples if necessary such as, "You say you've thought of playing tennis but think what's the use, you wouldn't enjoy it anyway. Remember though that that thought's just a belief; it doesn't necessarily mean if you were to actually play tennis that you wouldn't enjoy it. At any rate, aren't there different levels of enjoyment? You may well not enjoy tennis as much as you used to but on the other hand, you may be surprised to find out how much you still enjoy it. Really, the only way to find this out is to actually play tennis and find out for yourself how much you actually still enjoy it. It's sort of like a little experiment you can conduct to find out how much you still enjoy tennis." Point out how each interfering thought or feeling subject mentions may be addressed by homework or at least by distancing and restructuring exercises to be less of a hindrance. Also, ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to do X for homework and discuss any reservations subject has.

   c. Go over self-monitoring booklet (see Appendix DD). Have subject record any thoughts and feelings and associated mood and believability ratings which compete with the assignment; distancing and restructuring responses; and behavior engaged in and subsequent believability and mood ratings.

9. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms

   c. Refund data deposit.

   d. Schedule Session 10.

   e. Administer Postsession Questionnaire.

Session 10.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment, how the assignment "tested" them, and subject's ability to distance herself from and restructure them. If subject says "no" determine any further interfering thoughts and feelings. Discuss how subject can distance herself from any intervering thoughts and feelings, restructure them, and evaluate them through the behavioral assignment. Stress experimental nature of behavioral assignments--that what's important is to attempt the assignment, regardless of its results. Any results are informative. If necessary, review earlier distancing and rational restructuring exercises. Whether subject has done the homework or not, ask subject if she is willing to continue to do X next week also.

5. Assign new homework (Allow up to 35 minutes).

   a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 9, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. Once thoughts are identified ask how subject can distance herself from them. If necessary, point out that thoughts are just beliefs to be evaluated rather than actually being true. Next ask how the thoughts can be restructured. In particular, ask subject, "What do you mean and how could you say the thought so you could evaluate it objectively?" Also, ask subject how homework assignment may help evaluate interfering thoughts and feelings. If necessary, formulate other tests of thoughts and feelings. Ask if there are any other reasons why homework can't be completed not involving private events. Finally, ask if subject is willing to continue to do X as well as Y for homework and discuss any reservations subject has.

   b. Role reversal. Underscore subject's ability to restructure and test interfering thoughts with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that she can step back from any "reasons" and restructure and evaluate them.

   c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any thoughts which interfere with completing the assignment, to distance herself from them, and restructure and evaluate them by carrying out the assignment. Also, instruct subject to notice any other depressive thoughts which assignment may help address.

6. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 11.

e. Administer Postsession Questionnaire.

Sessions 11 & 12.

Goals: Review homework
Review earlier distancing and rational restructuring sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 10. Have subject agree to continue each assigned activity. Review earlier distancing and rational restructuring sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 10. Include continuation of previous assignments as part of homework. If necessary, update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Session 11.

   d. Refund data deposits.

e. Administer Postsession Questionnaires.

f. Schedule posttreatment assessment session after Session 12.

APPENDIX DD

SELF-MONITORING BOOKLET FOR DISTANCING PLUS RATIONAL RESTRUCTURING WITH BEHAVIORAL HOMEWORK

APPENDIX DD

Self-Monitoring Booklet for Distancing Plus Rational Restructuring with Behavioral Homework

DATE	SITUATION Briefly describe situation leading up to depressive thought.	THOUGHT Write down depressive thought.	OUTCOME 1. Rate believability in thought; 0-100. 2. Rate mood associated with thought; 0-100.	DISTANCING RESPONSE Briefly describe any distancing responses made.	RESTRUCTURING RESPONSE State thought in way it can be evaluated.	ASSIGNED ACTIVITY Briefly describe activity engaged in.	OUTCOME 1. Rerate believability in thought; 0-100. 2. Rerate mood; 0-100.
6-10-83	Choosing movie to attend.	"I'm too tired to go to the movies. I'll probably pick a lousy movie anyway."	1. 75, 2. 80	"I just believe I'm too tired; it's not actually true that I'm too tired."	"The only way I'll know if I'm too tired is to actually go. Even so I can still enjoy it. I can ask a friend or consult reviews to select a movie I'll probably like."	Go to the movies.	1. 10, 2. 15

Note: The higher the believability rating, the greater belief in the designated thought (0 = no belief at all; 100 = complete belief).

The higher the mood rating, the greater degree of dysphoria (0 = no dysphoric mood; 100 = the most intense dysphoria possible).

APPENDIX EE

TREATMENT MANUAL FOR COMPREHENSIVE DISTANCING WITHOUT BEHAVIORAL HOMEWORK

APPENDIX EE

Treatment Manual for Comprehensive Distancing Without Behavioral Homework

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship between thoughts and feelings
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 15 minutes).

   a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings vs. depressed thoughts-depressed feelings; "bump in the night"--burglar vs. the wind.

   b. Discuss tendency of subject to get "caught up" in her own thoughts which increases emotional upset; attempts to actively suppress particular thoughts. Cite Beck et al. (1979, p. 42) example of client and appointment time.

   c. Focus of treatment on "distancing"--ability to step back from own thoughts without getting "caught up in them." Exercises and techniques designed for this; supplemental role of homework. Say, "During the time we spend here, we'll be going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them, with the expectation that this may help you feel less depressed. Like any skill, distancing is something which you can learn and become better at with practice. Homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

   d. Ask subject about any questions concerning treatment rationale.

6. Discuss ways of "getting caught up" in own thoughts (Allow 15 minutes).

   a. Personal identification with particular thoughts and feelings.

      (1) Make analogy between personal investment in and identification with material objects and thoughts--"both are things, not you." "Just as your car is not you, but something you own, so any thoughts or feelings you have are not you either, but merely reactions that you have." Value of material objects (good vs. bad) is irrelevant to own self-evaluation.

      (2) Ask subject for example of identification with depressive thoughts. For instance, "The

thought 'I'm no good' doesn't really mean that it's true and that you're really no good; it's only a thought that you have about yourself. The you doing the thinking is different from the you you're thinking about. When we get caught up in our own thoughts, though, we seem not to realize this and believe our thoughts about ourselves to be actually true." Ask subject how she would evaluate a statement by someone else that another person is "no good."

b. Discuss.

7. Review homework assignment (Allow 5 mintues).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Undermine attachment to and identification with particular thoughts

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3). "Have you had any of these thoughts since you've been here today? Are you thinking any of them right now?"

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship between thoughts and feelings.

   b. Rationale and purpose of distancing procedures.

6. Present further analogies to undermine attachment to and identification with depressive thoughts; adapted from Hayes (1981a) (Allow 30 minutes; present a. and if time permits, b. also).

   a. Say, "Your thoughts and feelings are like pieces in a game of chess. Each piece is only important in how it relates to other chesspieces. The object of pieces is to team up with other pieces and gang up against still other pieces. Only pieces can influence other pieces. In your normal way of looking at things, you sometimes think you are this piece or that piece, or this set of pieces or that set of pieces. Especially, when you get "caught up" in your own depressive thoughts, you feel your thoughts are you." Use example of subject's own thoughts, such as, "When you think 'I'm no good' you begin to believe that it's really true, when it's not you, but just a thought. You are none of these things, you are not the pieces. (Try to determine if subject believes this; if not ask her who she is.) Instead you are the board that holds the pieces. The board is very large and there are literally millions of pieces on it. When you evaluate your life seriously in terms of pieces you, in doing the evaluating, must become a piece too, because the board can't influence the pieces, it just holds them. Your thoughts and feelings, like the chesspieces are the content of your life. You are the board which provides context for your thoughts and feeling pieces. The pieces don't determine the quality of the board. All boards are OK just by virtue of being boards. When you become a piece, your life won't work. (Use example of subject struggling with depressive thoughts, trying to suppress them, etc.) For instance, your depressive thoughts are pieces and

so are your reactions to them, such as 'I shouldn't think that' or 'These thoughts are awful!' The board can only do two things. It can hold the pieces; by that I mean you can just notice your own thoughts and feelings without the need to struggle with them. And the board can move the pieces along; you can live your life without having to first kick certain pieces off the board. The pieces can't make the board do anything, unless the board forgets it's the board."

b. Say, "You are a house, filled with furniture. The furniture is not, and can never be the house. It's the content of the house, or what's inside it. The house merely holds or contains the furniture and is the context in which furniture can be furniture. Whether the furniture is thought to be good or bad, says nothing about the value of the house. You are the house, but are not the furniture. Your thoughts and feelings are the furniture. Just as the furniture is not the house, your thoughts and feelings are not you. They are experiences you have, like pieces of furniture."

c. Review point of analogies.

(1) Your thoughts and feelings are not literally true or facts.

(2) They are not good nor bad. Any judgment of thoughts or feelings as good or bad is itself merely another thought.

7. Present "just noticing" practice (Allow 5 minutes).

a. Have subject sit eyeball-to-eyeball and watch therapist while just noticing her own reactions. Therapist should sit close to subject and stare back.

b. After 1-2 minutes, ask subject to verbalize her reactions. If necessary translate statements into the form of "I have the thought that . . ." or "I have the feeling that . . ." Point out that subject did exercise depsite having feelings of embarrassment, etc.

8. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Further exercises to undermine attachment to and identification with particular thoughts

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

   a. Status of thoughts and feelings as things one does.

   b. Evaluation of private events as further examples of private events.

6. Present distancing exercises; adapted from Hayes (1981a) (Allow 35 minutes; present as many examples as time permits).

   a. Ask subject to close her eyes and recall in detail circumstances under which she has felt most depressed (could be in present). If necessary, question subject to get as detailed account as possible. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intesntiy). Ask subject to "name one specific bodily sensation that is associated with

the depressed feeling that is associated with X (the circumstances described). OK, just notice that sensation. Don't try to change it. Don't defend yourself against it. Just see exactly where it is and what it feels like. How big is it? What shape is it? What color is it? How much does it weigh?" Have subject rerate the intensity of depression on 0-100 scale. Repeat procedure with other bodily sensations. If run out of bodily sensations, use feelings, then thoughts, then tendencies to behave in particular ways. Repeat process until the intensity of the original feeling is 0 or near 0.

b. Discuss exercise with subject, questions, and reactions.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress practice of distancing exercises--just notice depressive thoughts and feelings, followed by series of questions (How big is it?, What shape is it?, etc.).

e. Schedule Session 4.

f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Tacting of problems
Discuss control of thoughts and feelings

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

5. Review Session 3 (Allow 5 minutes).

   a. Just notice bodily sensations, thoughts, feelings, and tendencies to behave in particular ways associated with "depressive circumstances."

   b. Description of bodily sensations, etc. in visual terms--How big is it? What shape is it, etc.

6. Tacting of subject concerns (Allow 10 minutes).

   a. Ask subject to relate concerns in tact-form (e.g., "I have the thought that . . .", "I notice a feeling in my chest that is associated with the thought that I can't do anything right"). Introduce this by saying, "To give you some more practice in just noticing and describing what bothers you, I'd like you to take a few minutes and more or less just list what these things are. In doing this, though, I want you to describe whatever thoughts, feelings, or bodily sensations trouble you as things. That is, if you want to mention a thought, say "I have the thought that, whatever it is.' I know this may seem awkward to you and we won't do this all the time, but let's give it a try and see how it feels to you." USE BDI to prompt subject if necessary.

   b. Review exercise with subject. Purpose is to "just notice" and describe thoughts and feelings without getting "caught up" in them.

7. Discuss control of thoughts and feelings (Allow 25 minutes).

   a. Ask subject if she has previously attempted to control her thoughts and feelings and results of such attempts. "Thus far we've been talking a lot about you just noticing certain thoughts you have. In the past, have you ever found yourself really struggling against certain thoughts or feelings by maybe telling yourself not to think certain things? If so, how did this work for you; did it seem to help?" If subject reports not having this experience say, "Now, I'm going to ask you to do something. Whatever you do, don't think of a pink elephant. What happened?" Use this to illustrate reactivity of rules about thoughts and feelings--they create the very events they seek to avoid.

   b. Contrast voluntary control of motor behavior versus private events. Ask subject if she ever tells

herself what to do, etc., and how such a strategy works for her. Point out that self-rules may be very effective in guiding motor behavior but are counterproductive in controlling private events. Also, how resisting primary negative thoughts and feelings creates secondary ones through use of examples:

(1) "Gun to the head" example. "If you get anxious, I'll kill you." Result: Secondary anxiety about getting anxious.

(2) Escalating anger example. "He shouldn't have done that to me." Result: Anger about being angry. Also, other examples of "should" and "ought" directives.

(3) Use examples from subject's own life, such as "I wish I weren't so depressed." Result: Being depressed about being depressed. Cite 3 or 4 examples, using self-monitoring information, if necessary. Be alert to any frequent "should" or "ought" statements.

c. Summary

(1) Encourage subject to raise objections.

(2) Emphasize how attempts to control thoughts nad feelings have failed.

(3) Emphasize automaticity of the attempt to control. Draw comparison to that of engaging in a habit. Difficulty involved in breaking habit.

(4) Alert subject to attempts to control controlling. Counter objections of subjects such as "I don't try to control my thoughts" by pointing out that a concentrated effort to "not control" is itself an attempt at control. Restate subject objections in form of "You have the thought that . . .".

8. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

e. Schedule Session 5.

F. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Discussion of tendency to rationalize, formulate impure tacts
Obtain commitment from subject to not act on impulse to control

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 4 (Allow 5 minutes).

   a. Reactivity of attempts to control thoughts and feelings.

   b. Generation of secondary negative feelings.

6. Discuss control of private events (Allow 30 minutes).

   a. Explain how stimulus-response connections are formed. Strong emotional experiences initially occurring at the same time of other events may later be evoked by similar events. Same may occur with thoughts. Try to identify examples from subject's own life--particular songs, movies, smells, aromas, etc. which elicit specific private events. Point out that for some thoughts or feelings a clear connection between stimulus and response may be seen. For most private events, though, "why" they occur is unknown and is

buried in subject's past history. Refer back to chesspiece analogy--"We may know what pieces are on the board, but not exactly how they got there in the first place."

b. Discuss personal investment in accounting for why private events occur. Most explanations of "why" are just stories subject has personal investment in telling. Not only may subject "think up" particular explanations for depression but may "miss seeing" other responses which are occurring. Discuss and evaluate personal investment subject might have in being depressed and stated reasons for depression (i.e., "Anyone who had to go through what I did would be depressed." "Anyone married to a good-for-nothing husband like mine would feel the same way.") Also discuss how this might mask other experiences--feeling angry, etc.--that if allowed to occur might readily dissipate. If subject gives justification for depression, say, "You have the thought that anyone who had to go through what you did would be depressed. That's one thought or reaction you could have to 'what you went through', what other ones could you have?" Point out that prefacing reason by "I have the thought that . . ." underscores that it's an attempted justification and not a valid cause for actually feeling depressed. Get subject to agree that causes for her feeling depressed are probably unknown; justification for being depressed maintain any initial depressive feelings and generate secondary depression, and that any "reasons" offered are not the same as causes. Refer back to chesspiece analogy; resembles having to offer plausible stories for origin of pieces. Underscore danger in believing such stories.

7. Get subject commitment not to act on impulses to control (Allow 5 minutes).

a. Ask, "Are you willing to experience having depressive thoughts and feelings without acting on the impulse to control them?" If subject says "yes" go to b. If subject says "no," ask, "Do you want to improve your life? Are you willing to do what needs to be done to improve your life?" If answer is "yes" repeat initial question.

b. Ask, "Are you willing to do something different even if it means you'll have thoughts and feelings you don't like?" If subject says "no," repeat same follow-up questions as above. Make sure subject answers "yes" to both a. and b.

8. Session termination (Allow 5 minutes).

    a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

    b. Provide BDI forms.

    c. Refund data deposit.

    d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

    e. Schedule Session 6.

    f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Further discussion regarding "reasons" for depression as causes.

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review Session 5 (Allow 5 minutes).

    a. True causes of depression unknown, stated "reasons" are not causes but justifications. Impact of regarding "reasons" as causes.

    b. Renew commitments:

        (1) "Are you still willing to experience having depressive thoughts and feelings without acting on the impulse to control them?"

(2) "Are you still willing to do something different even it if means you'll have thoughts and feelings you don't like?" Point out that "not liking" thoughts and feelings is just another thought or feeling (i.e., "I have the thought that I don't like having the feeling of being depressed.")

6. Further discuss gap between "reasons" and causes (Allow 5 minutes).

   a. Refer back to chesspiece analogy. Point out tendency to regard pieces (thoughts, feelings) as causes; that this leads to justifications. "Thoughts and feelings are reactions not causes, although you can trick yourself into thinking they're really causes. When you do that thought you're just justifying your depression." Point to examples in subject's life--"I'm depressed because I can't do anything right." Point out that this is only a thought ("You have the thought that you're depressed because you can't do anything right") which tries to explain one thought ("You have the thought that you can't do anything right") with another ("You have the thought that you're depressed"). "One thought can never justify another thought, feeling, or course of action. All result from unknown causes. Our reasons are such a small part of the truth that functionally they are a lie."

   b. Donut example; from Hayes (1981a). Ask subject to choose between a plain donut and a glazed donut. Once subject makes choice ask "why?" Keep asking "why" of any reason given, until subject gives up. If subject doesn't appear to see purpose of exercise point out that: (1) she is able to offer thoughts (reasons) for her choice, but (2) doesn't know why the choice was made. Point out that choice was made simply because it was made.

   c. Emotional example. Ask subject last time she felt angry. Keep asking "why" until subject acknowledges that she doesn't know why, she just felt angry. Especially point out how other feelings or thoughts are not causes of anger (i.e., "I felt angry because I didn't like what happened.").

   d. Review. Determine whether subject sees point of exercises; that wasn't attempt to pick on her or embarrass her. Ask if there are any questions. Encourage her to ask same questions of herself.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 7.

   f. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review Session 6
Discussion of impact of regarding "reasons" for depression as causes

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 6 (Allow 5 minutes).

   a. Reasons given for thoughts, feelings, and actions are themselves only thoughts rather than causes.

   b. Danger of using reasons to justify thoughts, feelings, and actions.

6. Further discussion of impact of regarding "reasons" as causes (Allow 35 minutes).

   a. Refer back to chesspiece analogy. If pieces (thoughts, feelings) are regarded as causes, incompatible pieces cannot coexist. Words like "but," "however," "if"

imply that the existence of what precedes depends upon what follows. Cite examples from subject's own life--e.g., "I could do more if I didn't feel so depressed." Suggest that "feeling depressed" is reason for not doing more. Point out that both are thoughts which can coexist ("You have the thought that you could do more and you feel depressed"). Use other examples--"I'd like to feel better about myself but I can't do anything right.: In each case, point out that thoughts aren't mutually exclusive and can be linked by and. ("You have the thought that you'd like to feel better and you have the thought that you can't do anything right.") Point out that subject is trying to remove some pieces because other ones are also on the board. "You didn't put the pieces there to start with and you can't take them off either. You can try, but when you do, you're no longer the board, you're trying to be a piece."

b. Discuss confusing descriptions of events with descriptions of reactions to events. Say, "Sometimes we not only react to our own thoughts as if they're the cause of other thoughts, feelings, or actions when at best they're just reasons we cite, but we also confuse our reactions to different events with the events themselves. They're not the same though. When this happens, we often "blow things up" so our reactions are a lot worse than the events that triggered them in the first place. This only leads us to justify our being upset and keeps us stuck there." Cite examples from subject's life--"I feel depressed. It's awful to feel so lousy. I shouldn't have to feel so bad." As a result, secondary depression is generated and justified--"You'd feel depressed too if you felt as bad as I do." Look for disconfirmed expectations by noting "shoulds" and "oughts" in subject's speech.

c. Discuss blaming reactions on others. Say, "We've talked about times when we mistakenly use our own thoughts or feelings as reasons or justifications for being depressed. Other times we seem to point to someone else as the reason for being depressed; we blame it on them instead of on our own thoughts or feelings. For instance, we may notice that we feel depressed, we don't like that, so we tell ourselves it's bad. In searching for a reason why we feel that way we often have the thought that someone else produced the reaction and label that as wrong. As a result we then become upset with the person whom we think wrongly caused us to feel

so bad." Pay close attention to any interpersonal relationships which subject uses to explain her depression (e.g., "If my husband loved me more . . .", "If the kids only appreciated more everything I've done for them . . ."). Rephrase such explanations as and statements. For instance, "You feel depressed and you have the thought that if your husband loved you more you wouldn't feel so depressed." Ask, "Are you willing to allow yourself to feel better and have the thought that you'd like your husband to love you more." Look for playing of the "martyr role" where subject rigidly maintains that her depression is rightfully justified, such as "If you were treated as badly as I've been, you'd be depressed too." Point out that "being depressed" is subject's way of trying to win the game ("I'm depressed because I've been treated wrongly. If I'm no longer depressed it means that I haven't been treated wrongly. But I have, so I have to stay depressed."). Ask subject, "What would you rather do, let go of this game and feel better, or hang on to it and be depressed?"

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 8.

   f. Administer Postsession Questionnaire.

Session 8.

Goals: Review homework
Review Session 7
Discussion of making and keeping commitments

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 7 (Allow 5 minutes).

   a. One thought or feeling doesn't negate another. One thought or feeling never directly causes a second nor prevents the coexistence of seemingly incompatible thoughts or feelings.

   b. Reacting to reactions to events as if they were actually true.

   c. Tendency to blame depression on others, game-playing.

6. Discuss keeping personal commitments (Allow 35 minutes).

   a. Point out that a personal commitment is like making a promise to yourself. Refer back to chesspiece analogy. A personal commitment cannot be kept as long as the pieces get to decide if it's going to be maintained. Remember that pieces (thoughts or feelings) present attractive excuses. Cite examples from subject's life (e.g., "If I weren't so depressed . . .", "If I felt better . . .", etc.). Ask, "Are you willing to do what needs to be done and have whatever reactions you are having? If subject says "no" keep asking "why?" until subject admits that there is no legitimate reason other than her unwillingness to make the commitment. Don't accept any qualified "yes" containing words like "try," "if," "maybe," or "possibly."

   b. Ask subject if there are any commitments she's made to herself which were not kept because pieces were allowed to be excuses. Cite other examples from subject's life. Emphasize that thoughts or feelings, no matter how unpleasant, are not causes of failing to meet commitments. They are only "reasons" or "justifications."

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

e. Schedule Session 9.

f. Administer Postsession Questionnaire.

Session 9.

Goals: Review homework
Review Session 8
Further discussion of making commitments

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 8 (Allow 5 minutes).

   a. Thoughts or feelings aren't causes for failure to meet commitments.

   b. Renew commitment: "Are you willing to do what needs to be done and have whatever reactions you are having?"

6. Further discuss making commitments (Allow 35 minutes).

   a. Get subject to make more specific commitment by asking, "Are you willing to do what needs to be done to improve your life and have depressive thoughts and feelings?" If subject says "no" keep asking "why?" until subject admits there is no legitimiate reason. When subject says "yes," ask, "What is it that you can do to help yourself improve your life?"

b. Get subject to formulate own commitment. Don't tell subject what she can do. If subject pushes for directive, point out that to do so would be to set up a situation whereby therapist could be blamed for offering wrong advice. Also, that the commitment to be made is to herself and not the therapist. Continue to refine commitment if subject shows reluctance. "Are you willing to choose what it is that you can do to help improve your life?" If subject says she doesn't know what to say, "you have the thought that you don't know what to do. Are you willing to choose what it is that you can do to improve your life and have the thought that you don't know what to do." Meet any objections in similar way, until subject mentions some activity to be done, regardless of how minor it may seem. When activity is mentioned get subject to specify if behaviorally ("What exactly are you going to do?") and when it is to be done ("When are you going to do it? How many times?", etc.). Finally, "Are you willing to do this?"

c. Role Reversal. Once subject has specified a commitment say, "Let's just take a few minutes and try something a little different. You said you're willing to do X. Suppose I'm you and when I come back next week I tell you I didn't do X because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with several excuses until it's clear subject recognizes that any "reasons" are invalid.

7. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

e. Schedule Session 10.

f. Administer Postsession Questionnaire.

Session 10.

Goals: Review homework
Review Session 9
Review earlier sessions if necessary
Get subject to make new commitment

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review Session 9 (Allow 5 minutes or more).
Say, "When you left here last week you said you were going to do X; did you do it?" If subject says "yes" congratulate and ask how it went. If subject says "no" keep asking "why?" until subject acknowledges that there is no valid excuse. If necessary, review earlier sessions, reciting chesspiece analogy, donut example, tacting exercises, etc.

6. Get subject to make another commitment (Allow up to 35 minutes). Ask, "Are you willing to do something else that needs to be done to improve your life and have depressive thoughts and feelings?" Follow guidelines outlined in Session 9 until subject has formulated a specific, time-limited, behavioral commitment. Ask subject if she can foresee any legitimate reasons why the commitment couldn't be kept; designed so subject realizes no "reasons" will be acceptable.

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

e. Schedule Session 11.

f. Administer Postsession Questionnaire.

Session 11 & Session 12.

Goals: Review homework
Review previous session's commitment
Get subject to make new commitment
Review earlier sessions if necessary

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review previous session's commitment (Allow 5 minutes).
Follow guidelines outlined in Session 10. Review earlier sessions if necessary.

6. Get subject to make another commitment (Allow up to 35 minutes). Follow guidelines outlines in Sessions 9 & 10.

7. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there is anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Session 11 only.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

APPENDIX FF

TREATMENT MANUAL FOR COMPREHENSIVE DISTANCING WITH BEHAVIORAL HOMEWORK

APPENDIX FF

Treatment Manual for Comprehensive Distancing with Behavioral Homework

(Note: Three variations of this treatment condition exist: Variation A, with 5 weeks comprehensive distancing and 7 weeks of behavioral homework; Variation B, with 4 and 8 weeks of comprehensive distancing and behavioral homework; and Variation C, with 3 and 9 weeks of comprehensive distancing and behavioral homework.)

Variation A: 5 weeks comprehensive distancing, 7 weeks behavioral homework

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been

feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 15 minutes).

a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship, provide examples: happy thoughts-happy feelings vs. depressed thoughts-depressed feelings; "bump in the night"--burglar vs. the wind.

b. Discuss tendency of subject to get "caught up" in her own thoughts. Effects of this: (1) increased emotional upset, (2) behavioral passivity, (3) attempts to suppress particular thoughts. Cite example of behavior and feelings associated with thought, "I can't do anything right." Say, "Suppose you had the thought "I can't do anything right." How might that affect the way you feel and what you do?"

c. Focus of initial treatment on "distancing"--ability to step back from one's own thoughts without getting "caught up in them"--and increasing activity level. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen is that we get ourselves so "caught up" in our own thoughts and feelings. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you improve your life. Before we get to that though, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them. This may not only help you feel better but

will free you up so you'll have more time and energy to devote to enjoyable activities. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

d. Ask subject about any questions concerning treatment rationale.

6. Discuss ways of "getting caught up" in own thoughts (Allow 15 minutes).

   a. Personal identification with particular thoughts and feelings.

      (1) Make analogy between personal investment in and identification with material objects and thoughts--"both are things, not you." "Just as your car is not you, but something you own, so any thoughts or feelings you have are not you either, but merely reactions that you have." Value of material objects (good vs. bad) is irrelevant to own self-evaluation.

      (2) Ask subject for example of identification with depressive thoughts. For instance, "The thought 'I'm no good' doesn't really mean that it's true and that you're really no good; it's only a thought that you have about yourself. The you doing the thinking is different from the you you're thinking about. When we get caught up in our own thoughts, though, we seem not to realize this and believe our thoughts about ourselves to be actually true." Ask subject how she would evaluate a statement by someone else that another person is "no good."

   b. Discuss.

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Undermine attachment to and identification with particular thoughts

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3). "Have you had any of these thoughts since you've been here today? Are you thinking any of them right now?"

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions.

   b. Rationale and purpose of distancing procedures.

6. Present "chesspiece" analogy to undermine attachment to and identification with depressive thoughts; adapted from Hayes (1981a) (Allow 20 minutes).

   a. Say, "Your thoughts and feelings are like pieces in a game of chess. Each piece is only important in how it relates to other chesspieces. The object of pieces is to team up with other pieces and gang up against still other pieces. Only pieces can influence other pieces. In your normal way of

looking at things, you sometimes think you are this piece or that piece, or this set of pieces or that set of pieces. Especially, when you get "caught up" in your own depressive thoughts, you feel your thoughts are you." Use example of subject's own thoughts, such as, "When you think 'I'm no good' you begin to believe that it's really true, when it's not you, but just a thought. You are none of these things, you are not the pieces. (Try to determine if subject believes this; if not ask her who she is.) Instead you are the board that holds the pieces. The board is very large and there are literally millions of pieces on it. When you evaluate your life seriously in terms of pieces you in doing the evaluating, must become a piece too, because the board can't influence the pieces, it just holds them. Your thoughts and feelings, like the chesspieces are the content of your life. You are the board which provides context for your thoughts and feeling pieces. The pieces don't determine the quality of the board. All boards are OK just by virtue of being boards. When you become a piece, your life won't work. (Use example of subject struggling with depressive thoughts, trying to suppress them, etc.) For instance, your depressive thoughts are pieces and so are your reactions to them, such as 'I shouldn't think that' or 'These thoughts are awful!' The board can only do two things. It can hold the pieces; by that I mean you can just notice your own thoughts and feelings without the need to struggle with them. And the board can move the pieces along; you can live your life without having to first kick certain pieces off the board. The pieces can't make the board do anything, unless the board forgets it's the board."

b. Review point of analogy.

(1) Your thoughts and feelings are not literally true or facts.

(2) They are not good nor bad. Any judgment of thoughts or feelings as good or bad is itself merely another thought.

7. Present distancing exercises; adapted from Hayes (1981a) (Allow 15 minutes; present as many examples as time permits).

a. Ask subject to close her eyes and recall in detail circumstances under which she has felt most depressed

(could be in present). If necessary, question subject to get as detailed account as possible. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Ask subject to "name one specific bodily sensation that is associated with the depressed feeling that is associated with X (the circumstances described). OK, just notice that sensation. Don't try to change it. Don't defend yourself against it. Just see exactly where it is and what it feels like. How big is it? What shape is it? What color is it? How much does it weigh?" Have subjects rerate intensity of depression on 0-100 scale. Repeat procedure with other bodily sensations. If run out of bodily sensations, use feelings, then thoughts, then tendencies to behave in particular ways. Repeat process until the intensity of the original feeling is 0 or near 0.

b. Discuss exercise with subject, questions, and reactions.

8. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Undermine rule-control of thoughts and feelings

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

   a. Status of thoughts and feelings as things one does.

   b. Evaluation of private events as further examples of private events.

   c. Just notice bodily sensations, thoughts, feelings, and tendencies to behave in particular ways associated with "depressive circumstances."

   d. Description of bodily sensations, etc. in visual terms--How big is it? What shape is it?, etc.

6. Discuss control of thoughts and feelings (Allow 30 minutes).

   a. Contrast voluntary control of motor behavior versus private events. Ask subject if she ever tells herself what to do, etc., and how such a strategy works for her. Point out that self-rules may be very effective in guiding motor behavior but are counterproductive in controlling private events. Cite example: "Don't move your right arm" vs. "Don't think of a pink elephant." Point how resisting primary negative thoughts and feelings creates secondary ones through use of examples:

      (1) "Gun to the head" example. "If you get anxious, I'll kill you." Result: Secondary anxiety about getting anxious.

      (2) Use examples from subject's own life, such as "I wish I weren't so depressed." Result: Being depressed about being depressed. Cite 3 or 4 examples, using self-monitoring information, if necessary. Be alert to any frequent "should" or "ought" statements.

   b. Discuss personal investment in accounting for particular thoughts and feelings. Don't know "why" most private

events occur. Causes are unknown and buried in subject's past history. Refer back to chesspiece analogy--"We may know what pieces are on the board but not exactly how they got there in the first place. Most explanations of "why" are just stories subject has personal investment in telling. Not only may subject "think up" particular explanations for depression but may "miss seeing" other responses which are occurring. Discuss and evaluate personal investment subject might have in being depressed and stated reasons for depression (i.e., "Anyone who had to go through what I did would be depressed." "Anyone married to a good-for-nothing husband like mine would feel the same way.") Also discuss how this might make other experiences--feeling angry, etc.--that if allowed to occur might readily dissipate. If subject gives justification for depression, say, "You have the thought that anyone who had to go through what you did would be depressed. That's one thought or reaction you could have to 'what you went through,' what other ones could you have? Point out that by prefacing reason by "I have the thought that . . ." underscores that it's an attempted justification and not a valid cause for actually feeling depressed. Get subject to agree that causes for her feeling depressed are probably unknown; justifications for being depressed maintain any initial depressive feelings and generate secondary depression, and that any "reasons" offered are not the same as causes. Refer back to chesspiece analogy; remembers having to offer plausible stories for origin of pieces. Underscore danger in believing such stories.

7. Get subject commitment not to act on impulses to control (Allow 5 minutes).

   a. Ask, "Are you willing to experience having depressive thoughts and feelings without acting on the impulse to control them?" If subject says "yes" go to b. If subject says "no," ask, "Do you want to improve your life? Are you willing to do what needs to be done to improve your life?" If answer is "yes" repeat initial question.

   b. Ask, "Are you willing to do something different even if it means you'll have thoughts and feelings you don't like?" If subject says "no," repeat same follow-up questions as above. Make sure subject answers "yes" to both a. and b.

8. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Discuss impact of regarding "reasons" as causes

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 5 minutes).

   a. Reactivity of attempts to control thoughts and feelings.

   b. Generation of secondary negative feelings.

   c. True causes of depression unknown, stated "reasons" are not causes but justifications.

   d. Renew commitments:

      (1) "Are you still willing to experience having depressive thoughts and feelings without acting on impulse to control them?"

(2) "Are you still willing to do something different even if it means you'll have thoughts and feelings you don't like?" Point out that "not liking" thoughts and feelings is just another thought or feeling (i.e., "I have the thought that I don't like having the feeling of being depressed.").

6. Further discuss gap between "reasons" and causes (Allow 35 minutes).

a. Refer back to chesspiece analogy. Point out tendency to regard pieces (thoughts, feelings) as causes; that this leads to justification of depression and inactivity. "Thoughts and feelings are reactions not causes, although you can trick yourself into thinking they're really causes. When you do that though, you're just justifying your depression and inactivity." Point to examples in subject's life-- "I could do more if I didn't feel so depressed." Point out that this is only a thought ("You have the thought that you could do more if you didn't feel so depressed") which tries to explain inactivity with another thought or feeling ("I have the feeling that I'm depressed"). Also, that the <u>if</u> justifies inactivity, by suggesting that activity is only possible if the feeling of depression is absent. Point out that coexistence is possible ("You have the thought that you could do more <u>and</u> you feel depressed." One thought can never justify or negate another thought, feeling, or course of action. All result from unknown causes. Our reasons are such a small part of the truth that functionally they are a lie."

b. Donut example; from Hayes (198la). Ask subject to choose between a plain donut and a glazed donut. Once subject makes choice ask "why?" Keep asking "why" of any reason given, until subject gives up. If subject doesn't appear to see purpose of exercise point out that: (1) she is able to offer thoughts (reasons) for her choice, but (2) doesn't know why the choice was made. Point out that choice was made simply because it was made.

c. Discuss blaming reactions on others. Say, "We've talked about times when we mistakenly use our own thoughts or feelings as reasons or justifications for being depressed and not doing things. Other times we seem to point to someone else as the reason for being depressed and inactive; we blame it on them

instead of on our own thoughts of feelings. For instance, we may notice that we feel depressed and not like doing much, we don't like that, so we tell ourselves it's bad. In searching for a reason why we feel that way we often have the thought that someone else produced the reaction and label that as wrong. As a result we then become upset with the person who we think wrongly caused us to feel so bad." Pay close attention to any interpersonal relationships which subject uses to explain her depression e.g., "If my husband loved me more I wouldn't feel so depressed and would feel more like doing things"). Rephrase such explanations as and statements. For instance, "You feel depressed and like not doing much and you have the thought that if your husband loved you more, you wouldn't feel so depressed and would feel more like doing things." Ask, "Are you willing to allow yourself to feel better and become more active and have the thought that you'd like your husband to love you more?" Look for playing of the "martyr role" where subject rigidly maintains that her depression is rightfully justified, such as, "If you were treated as badly as I've been, you'd be depressed and wouldn't feel like doing much too." Point out that "being depressed and not doing much" is subject's way of trying to win the game ("I'm depressed and can't do anything because I've been treated wrongly. If I'm no longer depressed and am active it means that I haven't been treated wrongly. But I have, so I have to stay depressed and inactive.") Ask subject, "What would you rather do, let go of this game and feel better, or hang on to it and be depressed?"

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 5.

   f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Discussion of making and keeping commitments

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject conerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review Session 4 (Allow 5 minutes).

   a. Reasons given for thoughts, feelings, and actions are themselves only thoughts rather than causes.

   b. One thought or feeling doesn't negate other thoughts, feelings, or courses of action. One thought or feeling never directly causes a second nor prevents the coexitence of seemingly incompatible thoughts, feelings, or courses of action.

   c. Tendency to blame depression on others, game-playing.

6. Discuss keeping personal commitments (Allow 35 minutes).

   a. Point out that a personal commitment is like making a promise to yourself. Refer back to chesspiece analogy. A personal commitment cannot be kept as long as the pieces get to decide if it's going to be maintained. Remember that pieces (thoughts or feelings) present attractive excuses. Cite examples from subject's life (e.g., "If I weren't so depressed . . .", "If I felt better . . .", etc. Ask, "Are you willing to do what needs to be done and have whatever reactions you are having?" If subject says "no" keep asking "why?" until subject admits that there is no legitimate reason other than her unwillingness to make the commitment. Don't accept any qualified "yes" containing words like "try,' "if," "maybe," or "possibly." Ask, "Are you in particular willing to start again doing things that you haven't been doing and have depressive thoughts and feelings."

b. Ask subject if there are any commitments she's made to herself which were not kept because pieces were allowed to be excuses. Cite other examples from subject's life. Emphasize that thoughts or feelings, no matter how unpleasant, are not causes of failing to meet commitments. They are only "reasons" or "justifications."

7. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 6.

   f. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review Session 5
Present rationale for behavioral homework
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review Session 5 (Allow 5 minutes).

a. Thoughts or feelings aren't causes for failure to meet commitments.

b. Renew commitment: "Are you willing to do what needs to be done and have whatever reactions you are having?"

6. Present rationale for behavioral homework (Allow 10 minutes).

a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the remaining times we'll be getting together we'll be switching to something a little different. One approach which has shown a great deal of promise in helping individuals like yourself to feel less depressed is to encourage you to maintain a high activity level, particularly in doing things you normally enjoy. Actually what we've focused on so far in allowing you to avoid getting caught up in your own thoughts and feelings should free you up so you'll have more time and energy to devote to enjoyable activities. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which may help you feel better."

b. Ask subject about any questions concerning treatment rationale.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequenty-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

   a. Get subject to specify commitment. For each "reason" subject gives for not doing X ask, "Are you willing to do X and have the thought that (you're depressed, you don't feel like doing it, etc.)?" Go through entire list of reasons until subject says "yes" to each question. Don't accept any qualified answers prefaced with "maybe," "I'll try," etc. If subject says "no" ask "why?" until subject admits there is no legitimate reason other than her unwillingness to make the commitment. If subject mentions reasons X can't be done not involving private events (e.g., not being able to play tennis because of lack of racket) ask, "Are you willing to get a tennis racket?" If subject continues to say "no," remind her of more general commitment by asking, "Are you willing to do what needs to be done and have whatever reactions you are having?" After unqualified "yes" is obtained, get subject to clearly specify what is to be done ("When are you going to do it?", "How many times?", etc.), and assign for homework: "OK, for homework you've agreed to do X."

   b. Ask subject if there are any "reasons" why X can't be done so subject realizes no "reasons" will be acceptable. Underscore this with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do X for homework. Suppose I'm you and when I come back next week I tell you I didn't do X because I couldn't (felt too tired, depressed, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" are invalid.

   c. Go over self-monitoring booklet (see Appendix GG). Have subject record any thoughts or feelings and associated mood and believability ratings which compete with the assignment, distancing responses along with subsequent mood rating.

9. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

d. Schedule Session 7.

e. Administer Postsession Questionnaire.

Session 7.

Goals: Review homework
Review distancing sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment and subject's ability to distance herself from them. If subject says "no" keep asking "why?" until subject acknowledges that there is no valid excuse. If subject cites depressive thoughts or feelings point out that "you'll continue to have depressive thoughts or feelings from time to time; we all do. They're not excuses though for not doing what you need to do to improve your life. One way you can not allow them to be excuses for you is to distance yourself from them when they occur." If necessary, review earlier sessions by reciting chesspiece analogy, donut example, etc. Whether subject has done the homework or not ask subject if she is willing to continue to do X each week until the conclusion of treatment: "Are you willing to continue to do X and have whatever reactions you are having?"

5. Assign new homework (Allow up to 35 minutes).

   a. Determine homework. Using the list of low frequency-highly enjoyable activities complied for Session 6, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. For each "reason" subject

gives for not doing Y ask, "Are you willing to do Y and have the thought that (you're depressed, you don't feel like doing it, etc.)?" Go through entire list of reasons until subject says "yes" to each question. Don't accept any qualified answers prefaced with "maybe," "I'll try," etc. If subject says "no" ask "why?" until subject admits there is no legitimate reason other than her unwillingness to make the commitment. If subject mentions reasons Y can't be done involving environmental events (e.g., "I enjoy swimming but I don't have any place to swim") ask what can be done about that. After subject mentions an effective solution ask, "Are you willing to do that?" If subject continues to say "no," remind her of more general commitment by asking, "Are you willing to do what needs to be done and have whatever reactions you are having?" After unqualified "yes" is obtained, get subject to clearly specify what is to be done ("When are you going to do it?", "How many times?", etc.), and assign for homework: "OK, for homework you've agreed to do Y." Also, remind subject that she has also agreed to continue to do X as homework.

b. Ask subject if there are any "reasons" why Y can't be done, so subject realizes no "reasons" will be acceptable. Underscore this with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" are invalid. Next mention "reasons" involving courses of action or environmental events (e.g., "I was going to play tennis but I had to run an errand for a friend, the courts were all taken, I couldn't borrow a racket, it was too hot, etc.") and ask subject how she would respond to them. If necessary, point out that such "reasons" are also unacceptable and can be resolved with other courses of action (e.g., play at a time when the courts aren't crowded).

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any "reasons" (thoughts, feelings) which would come up and excuse failing to carry out the assignment and to distance herself from them (e.g., "I have the thought that it's too hot to play tennis. Am I willing to play tennis and have the thought that it's too hot?").

6. Session termination (Allow 5 minutes).

   a. Ask the subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit

   d. Schedule Session 8.

   e. Administer Postsession Questionnaire.

Sessions 8-12.

Goals: Review homework
Review distancing sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 7. Get subject to commit herself to continue each assigned activity. Review earlier distancing sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlined in Session 7. Include continuation of previous assignments as part of homework. Continue to update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

c. Provide BDI forms after Sessions 8-11.

d. Refund data deposits.

e. Administer Postsession Questionnaires.

f. Schedule posttreatment assessment session after Session 12.

Variation B: 4 weeks comprehensive distancing, 8 weeks behavioral homework

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, and activities
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 15 minutes).

a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship, provide examples: Happy thoughts-happy feelings vs. depressed thoughts-depressed feelings: "bump in the night"--burglar vs. the wind.

b. Discuss tendency of subject to get "caught up" in her own thoughts. Effects of this: (1) increased emotional upset, (2) behavioral passivity, (3) attempts to suppress particular thoughts. Cite example of behavior and feelings associated with the thought "I can't do anything right."

c. Focus of initial treatment on "distancing"--ability to step back from one's own thoughts without getting "caught up in them"--and increasing activity level. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen is that we get ourselves so "caught up" in our own thoughts and feelings. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you improve your life. Before we get to that though, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them. This may not only help you feel better but will free you so you'll have more time and energy to devote to enjoyable activities. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignemtns which you'll be asked to complete are designed to give you more practice on your own in doing this."

d. Ask subject about any questions concerning treatment rationale.

6. Discuss ways of "getting caught up" in own thoughts (Allow 15 minutes).

   a. Personal identification with particular thoughts and feelings.

      (1) Make analogy between personal investment in and identification with material objects and thoughts--"both are things, not you." "Just as your car is not you, but something you own, so any thoughts or feelings you have are not you either, but merely reactions that you have." Value of material objects (good vs. bad) is irrelevant to own self-evaluation.

      (2) Ask subject for example of identification with depressive thoughts. For instance, "The thought 'I'm no good' doesn't really mean that it's true and that you're really no good; it's only a thought that you have about yourself. The you doing the thinking is different from the you you're thinking about. When we get caught up in our own thoughts, though, we seem not to realize this and believe out thoughts about ourselves to be actually true." Ask subject how she would evaluate a statement by someone else that another person is "no good."

   b. Discuss.

7. Review homework assignment (Allow 5 minutes).

   a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

   b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms

   c. Refund data deposit.

   d. Schedule Session 2.

   e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Undermine attachment to and identification with particular thoughts

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. College and briefly review BID forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3). "Have you had any of these thoughts since you've been here today? Are you thinking any of them right now?"

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions.

   b. Rationale and purpose of distancing procedures.

6. Present "chesspiece" analogy to undermine attachment to and identification with depressive thoughts; adapted from Hayes (1981a) (Allow 20 minutes).

   a. Say, "Your thoughts and feelings are like pieces in a game of chess. Each piece is only important in how it relates to other chesspieces. The object of pieces is to team up with other pieces and gang up against still other pieces. Only pieces can influence other pieces. In your normal way of looking at things, you sometimes think you are this piece or that piece, or this set of pieces or that set of pieces. Especially, when you get "caught up" in your own depressive thoughts, you feel your thoughts are you." Use example of subject's own thoughts, such as "When you think 'I'm no good' you begin to believe that it's really true, when it's not you, but just a thought. You are none of these things, you are not the pieces. (Try to determine if subject believes this; if not ask her who she is.) Instead you are the board that holds the pieces. The board is very large and there are literally millions of pieces on it. When you evaluate your life seriously in terms of pieces you, in doing the evaluating, must become a piece too, because the

board can't influence the pieces, it just holds them. Your thoughts and feelings, like the chesspieces are the content of your life. You are the board which provides context for your thoughts and feeling pieces. The pieces don't determine the quality of the board. All boards are OK just by virtue of being boards. When you become a piece, your life won't work. (Use example of subject struggling with depressive thoughts, trying to suppress them, etc.) For instance, your depressive thoughts are pieces and so are your reactions to them, such as 'I shouldn't think that' or 'These thoughts are awful!' The board can only do two things. It can hold the pieces; by that I mean you can just notice your own thoughts and feelings without the need to struggle with them. And the board can move the pieces along; you can live your life without having to first kick certain pieces off the board. The pieces can't make the board do anything, unless the board forgets it's the board."

b. Review your point of analogy.

(1) Your thoughts and feelings are not literally true or facts.

(2) They are not good nor bad. Any judgment of thoughts or feelings as good or bad is itself merely another thought.

7. Present distancing exercises; adapted from Hayes (1981a) (Allow 15 minutes; present as many examples as time permits).

a. Ask subject to close her eyes and recall in detail circumstances under which she has felt most depressed (could be in present). If necessary, question subject to get as detailed account as possible. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Ask subject to "name one specific bodily sensation that is associated with the depressed feeling that is associated with X (the circumstances described). OK, just notice that sensation. Don't try to change it. Don't defend yourself against it. Just see exactly where it is and what it feels like. How big is it? What shape is it? What color is it? How much does it weigh?" Have subject rerate intensity of depression on 0-100 scale. Repeat

procedure with other bodily sensations. If run out of bodily sensations, use feelings, then thoughts, then tendencies to behave in particular ways. Repeat process until the intensity of the original feeling is 0 or near 0.

b. Discuss exercise with subject, questions, and reactions.

8. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework--same as Session 1; subject may begin to practice distancing and complete appropriate columns in booklet.

e. Schedule Session 3.

f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Undermine rule-control of thoughts and feelings
Discuss impact of regarding "reasons" as causes

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 5 minutes for 2 & 3).
Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes).
"Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 5 minutes).

a. Status of thoughts and feelings as things one does.

b. Evaluation of private events as further examples of private events.

c. Just notice bodily sensations, thoughts, feelings, and tendencies to behave in particular ways associated with "depressive circumstances."

d. Description of bodily sensations, etc. in visual terms--How big is it? What shape is it?, etc.

6. Discuss control of thoughts and feelings (Allow 20 minutes).

a. Contrast voluntary control of motor behavior versus private events. Ask subject if she ever tells herself what to do, etc., and how such a strategy works for her. Point out that self-rules may be very effective in guiding motor behavior but are counterproductive in controlling private events. Cite example: "Don't move your right arm" vs. "Don't think of a pink elephant." Point how resisting primary negative thoughts and feelings creates secondary ones through use of examples:

(1) "Gun to the head" example. "If you get anxious, I'll kill you." Result: Secondary anxiety about getting anxious.

(2) Use examples from subject's own life, such as "I wish I weren't so depressed." Result: Being depressed about being depressed. Cite 3 or 4 examples, using self-monitoring information, if necessary. Be alert to any frequent "should" or "ought" statements.

b. Discuss personal investment in accounting for particular thoughts and feelings. Don't know "why" most private events occur. Causes are unknown and buried in subject's past history. Refer back to chesspiece analogy--"We may know what pieces are on the board but not exactly how they got there in the first place. Most explanations of "why" are just stories subject has personal investment in telling. Not only may subject "think up" particular explanations for depression but may "miss seeing" other responses which are occurring. Discuss and evaluate personal investment subject might have in being depressed and stated reasons for depression (i.e., "Anyone who had to go through what I did would be depressed." "Anyone married to a good-for-nothing husband like mine would feel the same way.") Also discuss how this might mask other experiences--feeling angry, etc.--that if allowed to occur might readily dissipate.

If subject gives justification for depression, say, "you have the thought that anyone who had to go through what you did would be depressed. That's one thought or reaction you could have to 'what you went through,' what other ones could you have?" Point out that by prefacing reason by "I have the thought that . . ." underscores that it's an attempted justification and not a valid cause for actually feeling depressed. Get subject to agree that causes for her feeling depressed are probably unknown; justifications for being depressed maintain any initial depressive feelings and generate secondary depression, and that any "reasons" offered are not the same as causes. Refer back to chesspiece analogy; resembers having to offer plausible stories for origin of pieces. Underscore danger in believing such stories.

7. Get subject commitment not to act on impulses to control (Allow 5 minutes).

   a. Ask, "Are you willing to experience having depressive thoughts and feelings without acting on the impulse to control them?" If subject says "yes" go to b. If subject says "no," ask, "Do you want to improve your life? Are you willing to do what needs to be done to improve your life? If answer is "yes" repeat initial question.

   b. Ask, "Are you willing to do something different even if it means you'll have thoughts and feelings you don't like?" If subject says "no," repeat same follow-up questions as above. Make sure subject answers "yes" to both a. and b.

8. Discuss gap between "reasons" and causes (Allow 15 minutes). Say, "One of the reasons we seem to get so rapped up and personally involved in trying to control particular thoughts and feelings is that we tend to view them as causes for other thoughts, feelings, and courses of action. Refer back to chesspiece analogy. Point out tendency to regard pieces (thoughts, feelings) as causes; that this leads to justification of depression and inactivity. "Thoughts and feelings are reactions not causes, although you can trick yourself into thinking they're really causes. When you do that though, you're just justifying your depression and inactivity." Point to examples in subject's life--"I could do more if I didn't feel so depressed." Point out that this is only a thought ("You have the thought that you could do more if you didn't feel so depressed") which tries to explain

inactivity with another thought or feeling ("I have the feeling that I'm depressed"). Also, that the if justifies inactivity, by suggesting that activity is only possible if the feeling of depression is absent. Point out that coexistence is possible ("You have the thought that you could do more and you feel depressed." One thought can never justify or negate another thought, feeling, or course of action. All result from unknown causes. Our reasons are such a small part of the truth that functionally they are a lie."

9. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Discuss blaming reactions on others
Discuss keeping personal commitments

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 10 minutes).

   a. Reactivity of attempts to control thoughts and feelings.

b. Generation of secondary negative feelings.

c. True causes of depression unknown, stated "reasons" are not causes but justifications. Cite "Donut example." Ask subject to choose between a plain donut and a glazed donut. Once subject makes choice ask "why?". Keep asking "why" of any reason given, until subject gives up. If subject doesn't appear to see purpose of exercise point out that" (1) she is able to offer thoughts (reasons) for her choice, but (2) doesn't know why the choice was made. Point out that choice was made simply because it was made.

d. Impact of regarding "reasons" as causes--justification of depression and inactivity.

e. Renew commitments:

(1) "Are you still willing to experience having depressive thoughts and feelings without acting on the impulse to control them?"

(2) "Are you still willing to do something different even if it means you'll have thoughts and feelings you don't like?" Point out that "not liking" thoughts and feelings is just another thought or feeling (i.e., "I have the thought that I don't like having the feeling of being depressed.").

6. Discuss blaming reactions on others (Allow 15 minutes). Say, "We've talked about times when we mistakenly use our own thoughts or feelings as reasons or justifications for being depressed and not doing things. Other times we seem to point to someone else as the reason for being depressed and inactive; we blame it on them instead of on our own thoughts or feelings. For instance, we may notice that we feel depressed and not like doing much, we don't like that, so we tell ourselves it's bad. In searching for a reason why we feel that way we often have the thought that someone else produced the reaction and label that as wrong. As a result we then become upset with the person who we think wrongly caused us to feel so bad." Pay close attention to any interpersonal relationships which subject uses to explain her depression (e.g., "If my husband loved me more I wouldn't feel so depressed and would feel more like doing things"). Rephrase such explanations as and statements. For instance, "You feel depressed and like not doing much and you have the thought that if your husband loved you more, you wouldn't feel so depressed and would feel more like doing things." Ask, "Are you willing to allow

yourself to feel better and become more active and have the thought that you'd like your husband to love you more, you wouldn't feel so depressed and would feel more like doing things." Ask, "Are you willing to allow yourself to feel better and become more active and have the thought that you'd like your husband to love you more?" Look for playing of the "martyr role" where subject rigidly maintains that her depression is rightfully justified, such as, "If you were treated as badly as I've been, you'd be depressed and wouldn't feel like doing much too." Point out that "being depressed and not doing much" is subject's way of trying to win the game ("I'm depressed and can't do anything because I've been treated wrongly. If I'm no longer depressed and am active it means that I haven't been treated wrongly. But I have, so I have to stay depressed and inactive.") Ask subject, "What would you rather do, let go of his game and feel better, or hang on to it and be depressed?"

7. Discuss keeping personal commitments (Allow 20 minutes).

   a. Point out that a personal commitment is like making a promise to yourself. Refer back to chesspiece analogy. A personal commitment cannot be kept as long as the pieces get to decide if it's going to be maintained. Remember that pieces (thoughts or feelings) present attractive excuses. Cite examples from subject's life (e.g., "If I weren't so depressed . . .", "If I felt better . . .", etc.). Ask, "Are you willing to do what needs to be done and have whatever reactions you are having?" If subject says "no" keep asking "why?" until subject admits that there is no legitimate reason other than her unwillingness to make the commitment. Don't accept any qualified "yes" containing words like "try," "if," "maybe," or "possibly."

   b. Ask subject if there are any commitments she's made to herself which were not kept because pieces were allowed to be excuses. Cite other examples from subject's life. Emphasize that thoughts or feelings, no matter how unpleasant, are not causes of failing to meet commitments. They are only "reasons" or "justifications."

8. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

c. Refund data deposit.

d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

e. Schedule Session 5.

f. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review Session 4
Present rationale for behavioral homework
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 4 (Allow 5 minutes).

   a. Tendency to blame depression on others, game-playing.

   b. Thoughts or feelings aren't causes for failure to meet commitments.

   c. Renew commitment: "Are you willing to do what needs to be done and have whatever reactions you are having?"

6. Present rationale for behavioral homework (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice

in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping back from your depressive thoughts and feelings, but for the remaining times we'll be getting together we'll be switching to something a little different. One approach which has shown a great deal of promise in helping individuals like yourself to feel less depressed is to encourage you to maintain a high activity level, particularly in doing things you normally enjoy. Actually what we've focused on so far in allowing you to avoid getting caught up in your own thoughts and feelings should free you up so you'll have more time and energy to devote to enjoyable activities. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which may help you feel better."

b. Ask subject about any questions concerning treatment rationale.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 15 minutes).

a. Get subject to specify commitment. For each "reason" subject gives for not doing X ask, "Are you willing to do X and have the thought that (you're depressed, you don't feel like doing it, etc.)?" Go through entire list of reasons until subject says "yes" to each question. Don't accept any qualified answers prefaced with "maybe," "I'll try," etc. If subject says "no" ask "why?" until subject admits there is no legitimate reason other than her unwillingness to

make the commitment. If subject mentions reasons X can't be done not involving private events (e.g., not being able to play tennis because of lack of racket) ask, "Are you willing to get a tennis racket?" If subject continues to say "no," remind her of more general commitment by asking, "Are you willing to do what needs to be done and have whatever reactions you are having?" After unqualified "yes" is obtained, get subject to clearly specify what is to be done ("When are you going to do it?", "How many times?", etc.), and assign for homework: "OK, for homework you've agreed to do X."

b. Ask subject if there are any "reasons" why X can't be done so subject realizes no "reasons" will be acceptable. Underscore this with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do X for homework. Suppose I'm you and when I come back next week I tell you I didn't do X because I couldn't (felt too tired, depressed, didn't feel like it, etc.). Now, if you were me what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" are invalid.

c. Go over self-monitoring booklet (see Appendix CC). Have subject record any thoughts or feelings and associated mood and believability ratings which compete with the assignment, distancing responses along with subsequent believability and mood ratings, and behavior engaged in and subsequent mood rating.

9. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 6.

e. Administer Postsession Questionnaire.

Session 6.

Goals: Review homework
Review distancing sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment and subject's ability to distance herself from them. If subject says "no" keep asking "why?" until subject acknowledges that there is no valid excuse. If subject cites depressive thoughts or feelings point out that "you'll continue to have depressive thoughts or feelings from time to time; we all do. They're not excuses though for not doing what you need to do to improve your life. One way you can not allow them to be excuses for you is to distance yourself from them when they occur." If necessary, review earlier sessions by reciting chesspiece analogy, donut example, etc. Whether subject has done the homework or not ask subject if she is willing to continue to do X each week until the conclusion of treatment: "Are you willing to continue to do X and have whatever reactions you are having?"

5. Assign new homework (Allow up to 35 minutes).

    a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 5, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. For each "reason" subject gives for not doing Y ask, "Are you willing to do Y and have the thought that (you're depressed, you don't feel like doing it, etc.)?" Go through entire list of reasons until subject says "yes" to each question. Don't accept any qualified answers prefaced with "maybe," "I'll try," etc. If subject says "no" ask "why?" until subject admits there is no legitimate reason other than her unwillingness to make the commitment. If subject mentions reasons Y can't be done involving environmental events (e.g., "I enjoy swimming but I don't have any place to swim")

ask what can be done about that. After subject mentions an effective solution ask, "Are you willing to do that?" If subject continues to say "no," remind her of more general commitment by asking, "Are you willing to do what needs to be done and have whatever reactions you are having?" After unqualified "yes" is obtained, get subject to clearly specify what is to be done ("When are you going to do it?", "How many times?", etc.), and assign for homework: "OK, for homework you've agreed to do Y." Also, remind subject that she has also agreed to continue to do X as homework.

b. Ask subject if there are any "reasons" why Y can't be done, so subject realizes no "reasons" will be acceptable. Underscore this with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" are invalid. Next mention "reasons" involving courses of action or environmental events (e.g., "I was going to play tennis but I had to run an errand for a friend, the courts were all taken, I couldn't borrow a racket, it was too hot, etc.") and ask subject how she would respond to them. If necessary, point out that such "reasons" are also unacceptable and can be resolved with other courses of action (e.g., play at a time when the courts aren't crowded).

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any "reasons" (thoughts, feelings) which would come up and excuse failing to carry out the assignment and to distance herself from them (e.g., "I have the thought that it's too hot to play tennis. Am I willing to play tennis and have the thought that it's too hot?").

6. Session termination (Allow 5 minutes).

a. Ask the subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 7.

e. Administer Postsession Questionnaire.

Sessions 7-12.

Goals: Review homework
Review distancing sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 6. Get subject to commit herself to continue each assigned activity. Review earlier distancing sessions if necessary.

5. Assign new homework (Allow up to 35 minutes). Follow guidelines outlines in Session 6. Include continuation of previous assignments as part of homework. Continue to update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresess and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 7-11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaire.

   f. Schedule posttreatment assessment session after Session 12.

Variation C: 3 weeks comprehensive distancing, 9 weeks of behavioral homework

Session 1.

Goals: Establish rapport
Review of treatment plan and rationale
Review symptoms of depression
Discussion of relationship among thoughts, feelings, activities
Initial discussion of distancing

1. Prior to beginning treatment session subject completes ATQ-30 and Thoughts Questionnaire.

2. Collect completed BDI forms. Determine if subject is completing one daily before retiring and that subject knows how to complete them. Subject receives $1.00 of data deposit if all forms completed.

3. Review of treatment plan (Allow 10 minutes for 2 & 3).

   a. Initial pretreatment assessment is complete. Treatment will consist of 12 weekly sessions. Mention completion of ATQ-30, Thoughts Questionnaire, and Postsession Questionnaire, and rationale of homework, emphasizing collaboration between subject and therapist.

   b. Remind subject of posttreatment and follow-up assessment, as well as arrangement regarding data deposit.

4. Review of subject concerns (Allow 10 minutes).

   a. Ask subject to briefly relate her concerns. Say, "I know that you've come here because you've been feeling depressed and that you've spent some time talking to (interviewer's name) about your problem. Could you take a few minutes and tell about what you feel are the most important things I should know about you?"

   b. Briefly review completed BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

5. Review of treatment rationale (Allow 15 minutes).

   a. Discuss relationship between thoughts and feelings. Ask subject if she's ever noticed any connection between "the way you look at things and how you feel." If subject doesn't verbalize relationship,

provide examples: happy thoughts-happy feelings vs. depressed thoughts-depressed feelings; "bump in the night"--burglar vs. the wind.

b. Discuss tendency of subject to get "caught up" in her own thoughts. Effects of this: (1) increased emotional upset, (2) behavioral passivity, (3) attempts to suppress particular thoughts. Cite example of behavior and feelings associated with the thought "I can't do anything right."

c. Focus of initial treatment on "distancing"--ability to step back from one's own thoughts without getting "caught up in them"--and increasing activity level. Ask subject if she's ever noticed decreased activity level associated with depression. Say, "What usually happens when we get depressed is that we stop doing things that we normally enjoy. One reason this seems to happen is that we get ourselves so "caught up" in our own thoughts and feelings. One of the best ways to help people such as yourself feel less depressed is to work with you in increasing your activity level. So one of the things we'll be doing during the time we spend here is to pick out and have you try out different activities which will hopefully help you improve your life. Before we get to that though, we'll spend the first several sessions going over some different exercises and techniques designed to help you step back from your depressive thoughts without getting caught up in them. This may not only help you feel better but will free you up so you'll have more time and energy to devote to enjoyable activities. Like any skill, distancing is something which you can learn and become better at with practice. For the first several sessions, the homework assignments which you'll be asked to complete are designed to give you more practice on your own in doing this."

d. Ask subject about any questions concerning treatment rationale.

6. Discuss ways of "getting caught up" in own thoughts (Allow 15 minutes).

a. Personal identification with particular thoughts and feelings.

(1) Make analogy between personal investment in and identification with material objects and

thoughts--"both are things, not you." "Just as your car is not you, but something you own, so any thoughts or feelings you have are not you either, but merely reactions that you have." Value of material objects (good vs. bad) is irrelevant to own self-evaluation.

(2) Ask subject for example of identification with depressive thoughts. For instance, "The thought 'I'm no good' doesn't really mean that it's true and that you're really no good; it's only a thought that you have about yourself. The you doing the thinking is different from the you you're thinking about. When we get caught up in our own thoughts, though, we seem not to realize this and believe our thoughts about ourselves to be actually true." Ask subject how she would evaluate a statement by someone else that another person is "no good."

b. Discuss.

7. Review homework assignment (Allow 5 minutes).

a. Self-monitoring naturally occurring depressive thoughts and associated believability and mood ratings (see Appendix AA).

b. Column on "Distancing Responses" can be completed as treatment progresses.

8. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 2.

e. Administer Postsession Questionnaire.

Session 2.

Goals: Review homework
Review Session 1
Undermine attachment to and identification with particular thoughts
Undermine rule-control of thoughts and feelings

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Collect and briefly review BDI forms, paying particular attention to item on BDI dealing with suicidal intent.

3. Review homework (Allow 10 minutes for 2 & 3). "Have you had any of these thoughts since you've been here today? Are you thinking any of them right now?"

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 1 (Allow 5 minutes).

   a. Relationship among thoughts, feelings, and actions.

   b. Rationale and purpose of distancing procedures.

6. Present "chesspiece" analogy to undermine attachment to and identification with depressive thoughts; adapted from Hayes (1981a) (Allow 15 minutes).

   a. Say, "Your thoughts and feelings are like pieces in a game of chess. Each piece is only important in how it relates to other chesspieces. The object of pieces is to team up with other pieces and gang up against still other pieces. Only pieces can influence other pieces. In your normal way of looking at things, you sometimes think you are this piece or that piece, or this set of pieces or that set of pieces. Especially, when you get "caught up" in your own depressive thoughts, you feel your thoughts are you." Use example of subject's own thoughts, such as "When you think 'I'm no good' you begin to believe that it's really true, when it's not you, but just a thought. You are none of these things, you are not the pieces. (Try to determine if subject believes this; if not ask her who she is.) Instead you are the board that holds the pieces. The board is very large and there are literally millions of pieces on it. When you evaluate your life seriously in terms of pieces you, in doing the evaluating, must become a piece too, because the board can't influence the pieces, it just holds them. Your thoughts and feelings, like the chesspieces are the content of your life. You are the board which provides context for your thoughts and feeling pieces. The pieces don't determine the quality of the board. All boards are OK just by virtue of being boards. When you become

a piece, your life won't work. (Use example of subject struggling with depressive thoughts, trying to suppress them, etc.) For instance, your depressive thoughts are pieces and so are your reactions to them, such 'I shouldn't think that' or 'These thoughts are awful!' The board can only do two things. It can hold the pieces; by that I mean you can just notice your own thoughts and feelings without the need to struggle with them. And the board can move the pieces along; you can live your life without having to first kick certain pieces off the board. The pieces can't make the board do anything, unless the board forgets it's the board."

b. Review point of analogy.

(1) Your thoughts and feelings are not literally true or facts.

(2) They are not good nor bad. Any judgment of thoughts or feelings as good or bad is itself merely another thought.

7. Present distancing exercises; adapted from Hayes (1981a) (Allow 5 minutes; present as many examples as time permits).

a. Ask subject to close her eyes and recall in detail circumstances under which she had felt most depressed (could be in present). If necessary, question subject to get as detailed account as possible. Ask subject to rate intensity of feeling on 0-100 scale (0 = no intensity, 100 = very high intensity). Ask subject to "name one specific bodily sensation that is associated with the depressed feeling that is associated with X (the circumstances described). OK, just notice that sensation. Don't try to change it. Don't defend yourself against it. Just see exactly where it is and what it feels like. How big is it? What shape is it? What color is it? How much does it weigh?" Have subject rerate intensity of depression on 0-100 scale. Repeat procedure with other bodily sensations. If run out of bodily sensations, use feelings, then thoughts, then tendencies to behave in particular ways. Repeat process until the intensity of the original feeling is 0 or near 0.

8. Discuss control of thoughts and feelings (Allow 15 minutes).

a. Contrast voluntary control of motor behavior versus private events. Ask subject if she ever tells herself what to do, etc., and how such a strategy works for her. Point out that self-rules may be very effective in guiding motor behavior but are counterproductive in controlling private events. Cite example: "Don't move your right arm" vs. "Don't think of a pink elephant". Point how resisting primary negative thoughts and feelings creates secondary ones through use of examples:

   (1) "Gun to the head" example. "If you get anxious, I'll kill you." Result: Secondary anxiety about getting anxious.

   (2) Use examples from subject's own life, such as "I wich I weren't so depressed." Result: Being depressed about being depressed. Cite 3 or 4 examples, using self-monitoring information, if necessary. Be alert to any frequent "should" or "ought" statements.

b. Discuss personal investment in accounting for particular thoughts and feelings. Don't know "why" most private events occur. Causes are unknown and buried in subject's past history. Refer back to chesspiece analogy--"We may know what pieces are on the board but not exactly how they got there in the first place. Most explanations of "why" are just stories subject has personal investment in telling. Not only may subject "think up" particular explanations for depression but may "miss seeing" other responses which are occurring. Discuss and evaluate personal investment subject might have in being depressed and stated reasons for depression (i.e., "Anyone married to a good-for-nothing husband like mine would feel the same way.") Also discuss how this might mask other experiences--feeling angry, etc.--that if allowed to occur might readily dissipate. If subject gives justification for depression, say, "You have the thought that anyone who had to go through what you did would be depressed. That's one thought or reaction you could have to 'what you went through', what other ones could you have? Point out that by prefacing reason by "I have the thought that . . ." underscores that it's an attempted justification and not a valid cause for actually feeling depressed. Get subject to agree that causes for her feeling depressed are probably unknown; justifications for being depressed maintain any initial depressive

feelings and generate secondary depression, and that any "reasons" offered are not the same as causes. Refer back to chesspiece analogy; resembles having to offer plausible stories for origin of pieces. Underscore danger in believing such stories.

9. Get subject commitment not to act on impulses to control (Allow 5 minutes).

   a. Ask, "Are you willing to experience having depressive thoughts and feelings without acting on the impulse to control them?" If subject says "yes" go to b. If subject says "no," ask, "Do you want to improve your life? Are you willing to do what needs to be done to improve your life?" If answer is "yes" repeat initial question.

   b. Ask, "Are you willing to do something different even if it means you'll have thoughts and feelings you don't like?" If subject says "no," repeat same follow-up questions as above. Make sure subject answers "yes" to both a. and b.

10. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework--same as Session 1; subject may begin to practice distancing and complete appropriate columns in booklet.

   e. Schedule Session 3.

   f. Administer Postsession Questionnaire.

Session 3.

Goals: Review homework
Review Session 2
Discuss impact of regarding "reasons" as causes
Discuss keeping personal commitments

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 5 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 2 (Allow 10 minutes).

   a. Status of thoughts and feelings as things one does.

   b. Just notice bodily sensations, thoughts, feelings, and tendencies to behave in particular ways associated with "depressive circumstances."

   c. Description of bodily sensations, etc. in visual terms--How big is it?, What shape is it?, etc.

   d. Reactivity of attempts to control thoughts and feelings.

   e. True causes of depression unknown, stated "reasons" are not causes but justifications.

   f. Impact of regarding "reasons" as causes--justification of depression and inactivity.

   g. Renew commitments:

      (1) "Are you still willing to experience having depressive thoughts and feelings without acting on the impulse to control them?"

      (2) "Are you still willing to do something different even if it means you'll have thoughts and feelings you don't like?" Point out that "not liking" thoughts and feelings is just another thought or feeling (i.e., "I have the thought that I don't like having the feeling of being depressed.").

6. Discuss gap between "reasons" and causes (Allow 10 minutes). Say, "One of the reasons we seem to get so rapped up and personally involved in trying to control particular thoughts and feelings is that we tend to view them as causes for other thoughts, feelings, and course of action. Refer back to chesspiece analogy. Point out tendency to regard pieces (thoughts, feelings) as causes; that this leads to justification of depression and inactivity. "Thoughts and feelings are reactions not causes, although you can trick yourself into thinking they're really causes. When you do that though, you're just justifying

your depression and inactivity." Point to examples in subject's life--"I could do more if I didn't feel so depressed." Point out that this is only a thought ("You have the thought that you could do more if you didn't feel so depressed") which tries to explain inactivity with another thought or feeling ("I have the feeling that I'm depressed"). Also, that the if justifies inactivity, by suggesting that activity is only possible if the feeling of depression is absent. Point out that co-existence is possible ("You have the thought that you could do more and and you feel depressed." One thought can never justify or negate another thought, feeling, or course of action. All result from unknown causes. Our reasons are such a small part of the truth that functionally they are a lie."

7. Discuss blaming reactions on others (Allow 10 minutes). Say, "We've talked about times when we mistakenly use our own thoughts or feelings as reasons or justifications for being depressed and not doing things. Other times we seem to point to someone else as the reason for being depressed and inactive; we blame it on them instead of on our own thoughts or feelings. For instance, we may notice that we feel depressed and not like doing much, we don't like that, so we tell ourselves it's bad. In searching for a reason why we feel that way we often have the thought that someone else produced the reaction and label that as wrong. As a result we then become upset with the person who we think wrongly caused us to feel so bad." Pay close attention to any interpersonal relationships which subject uses to explain her depression (e.g., "If my husband loved me more I wouldn't feel so depressed and would feel more like doing things"). Rephrase such explanations as and statements. For instance, "You feel depressed and like not doing much and you have the thought that if your husband loved you more, you wouldn't feel so depressed and would feel more like doing things." Ask, "Are you willing to allow yourself to feel better and become more active and have the thought that you'd like your husband to love you more?" Look for playing of the "martyr role" where subject rigidly maintains that her depression is rightfully justified, such as, "If you were treated as badly as I've been, you'd be depressed and wouldn't feel like doing much too." Point out that "being depressed and not doing much" is subject's way of trying to win the game ("I'm depressed and can't do anything because I've been treated wrongly. If I'm no longer depressed and am active it means that I haven't been treated wrongly. But I have, so I have to stay depressed and inactive.") Ask subject, "What would you rather do, let go of this game and feel better, or hang on to it and be depressed?"

8. Discuss keeping personal commitments (Allow 15 minutes).

   a. Point out that a personal commitment is like making a promise to yourself. Refer back to chesspiece analogy. A personal commitment cannot be kept as long as the pieces get to decide if it's going to be maintained. Remember that pieces (thoughts or feelings) present attractive excuses. Cite examples from subject's life (e.g., "If I weren't so depressed . . .", "If I felt better . . .", etc.). Ask, "Are you willing to do what needs to be done and have whatever reactions you are having?" If subject says "no" keep asking "why?" until subject admits that there is no legitimate reason other than her unwillingness to make the commitment. Don't accept any qualified "yes" containing words like "try," "if," "maybe," or "possibly."

   b. Ask subject if there are any commitments she's made to herself which were not kept because pieces were allowed to be excuses. Cite other examples from subject's life. Emphasize that thoughts or feelings, no matter how unpleasant, are not causes of failing to meet commitments. They are only "reasons" or "justifications."

9. Session termination (Allow 5 minutes).

   a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

   b. Provide BDI forms.

   c. Refund data deposit.

   d. Assign homework. Stress continued practice of just noticing depressive thoughts and feelings and distancing exercises.

   e. Schedule Session 4.

   f. Administer Postsession Questionnaire.

Session 4.

Goals: Review homework
Review Session 3
Present rationale for behavioral homework
Identify infrequent but highly pleasurable events
Assign homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review homework (Allow 10 minutes for 2 & 3). Pay particular attention to any attempts by subject to distance herself from naturally occurring depressive thoughts and associated emotional impact.

4. Review past week and subject concerns (Allow 5 minutes). "Has anything happened since last session which you think I should know about?"

5. Review Session 3 (Allow 10 minutes).

   a. Reasons given for thoughts, feelings, and actions are themselves only thoughts rather than causes. Cite "Donut example." Ask subject to choose between a plain donut and a glazed donut. Once subject makes choice ask "why?". Keep asking "why" of any reason given, until subject gives up. If subject doesn't appear to see purpose of exercise point out that: (1) she is able to offer thoughts (reasons) for her choice, but (2) doesn't know why the choice was made. Point out that choice was made simply because it was made.

   b. One thought or feeling doesn't negate other thoughts, feelings, or courses of action. One thought or feeling never directly causes a second nor prevents the coexistence of seemingly incompatible thoughts, feelings, or courses of action.

   c. Tendency to blame depression on others, game playing.

   d. Thoughts or feelings aren't causes for failure to meet commitments.

   e. Renew commitment: "Are you willing to do what needs to be done and have whatever reactions you are having?"

6. Present rationale for behavioral homework (Allow 10 minutes).

   a. Say, "So far during our time together we've been talking about and going over ways to help you step back from your thoughts and feelings without getting caught up in them. Through the homework you've been doing you've already had some practice in distancing yourself from upsetting thoughts and feelings. I'd like you to continue practice stepping

back from your depressive thoughts and feelings, but for the remaining times we'll be getting together we'll be switching to something a little different. One approach which has shown a great deal of promise in helping individuals like yourself to feel less depressed is to encourage you to maintain a high activity level, particularly in doing things you normally enjoy. Actually what we've focused on so far in allowing you to avoid getting caught up in your own thoughts and feelings should free you up so you'll have more time and energy to devote to enjoyable activities. What we'll be doing in the remaining treatment sessions is to spend some time in identifying and having you try out different activities which may help you feel better."

b. Ask subject about any questions concerning treatment rationale.

7. Identify infrequent but highly pleasurable events (Allow 10 minutes). Using the completed Pleasant Events Schedule, compile list of low frequency-highly enjoyable activities. Go over list with subject to check accuracy. Ask if there are any other activities subject enjoys but engages in infrequently. Get subject to select activity off list for homework by saying, "For homework, I'd like you to actually try out one of the activities on the list. Which one would you like to try?" Obtain more information about the selected activity by asking, "When did you last do X?" Ask the subject to describe how much she enjoyed it. Ask, "Why haven't you done it since?" Pay particular attention to "reasons" subject gives involving thoughts and feelings (e.g., "I'm too depressed . . .", "I don't feel like it . . .", "I can't do it as well as I used to . . .", etc.).

8. Assign homework (Allow 10 minutes).

a. Get subject to specify commitment. For each "reason" subject gives for not doing X ask, "Are you willing to do X and have the thought that (you're depressed, you don't feel like doing it, etc.)?" Go through entire list of reasons until subject say "yes" to each question. Don't accept any qualified answers prefaced with "maybe," "I'll try," etc. If subject says "no" ask "why?" until subject admits there is no legitimate reason other than her unwillingness to make the commitment. If subject mentions reasons X can't be done not involving private events (e.g., not being to play tennis because of lack of racket)

ask, "Are you willing to get a tennis racket? If subject continues to say "no," remind her of more general commitment by asking, "Are you willing to do what needs to be done and have whatever reactions you are having?" After unqualified "yes" is obtained, get subject to clearly specify what is to be done ("When are you going to do it?", "How many times?", etc.), and assign for homework: "OK, for homework you've agreed to do X."

b. Ask subject if there are any "reasons" why X can't be done so subject realizes no "reasons" will be acceptable. Underscore this with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do X for homework. Suppose I'm you and when I come back next week I tell you I didn't do X because I couldn't (felt too tired, depressed, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" are invalid.

c. Go over self-monitoring booklet (see Appendix GG). Have subject record any thoughts or feelings and associated mood and believability ratings which compete with the assignment, distancing responses along with subsequent believability and mood ratings, and behavior engaged in and subsequent mood rating.

9. Session termination (Allow 5 minutes).

a. Ask subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 5.

e. Administer Postsession Questionnaire.

Session 5.

Goals: Review homework
Review distancing sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Say, "When you left here last week you agreed that for homework you would do X; did you do it?" If subject says "yes" congratulate and ask how it went. Pay particular attention to any thoughts or feelings which interfered with the assignment and subject's ability to distance herself from them. If subject says "no" keep asking "why?" until subject acknowledges that there is no valid excuse. If subject says "no" keep asking "why?" until subject acknowledges that there is no valid excuse. If subject cites depressive thoughts of feelings point out that "you'll continue to have depressive thoughts of feelings from time to time; we all do. They're not excuses though for not doing what you need to do to improve your life. One way you can not allow them to be excuses for you is to distance yourself from them when they occur." If necessary, review earlier sessions by reciting chesspiece analogy, donut example, etc. Whether subject has done the homework or not ask subject if she is willing to continue to do X each week until the conclusion of treatment: "Are you willing to continue to do X and have whatever reactions you are having?"

5. Assign new homework (Allow up to 35 minutes).

    a. Determine homework. Using the list of low frequency-highly enjoyable activities compiled for Session 4, have subject select another activity off the list for homework. Obtain more information about the selected activity by asking, "When did you last do Y?" Ask the subject to describe how much she enjoyed it and why she hasn't done it since. Continue to pay particular attention to "reasons" subject gives involving private events. For each "reason" subject gives for not doing Y ask, "Are you willing to do Y and have the thought that (you're depressed, you don't feel like doing it, etc)?" Go through entire list of reasons until subject says "yes" to each question. Don't accept any qualified answers prefaced with "maybe," "I'll try," etc. If subject says "no" ask "why?" until subject admits there is no legitimate reason other than her unwillingness to make the commitment. If subject mentions reasons Y can't be done involving environmental events (e.g., "I enjoy swimming but

I don't have any place to swim") ask what can be done about that. After subject mentions an effective solution ask, "Are you willing to do that?" If subject continues to say "no," remind her of more general commitment by asking, "Are you willing to do what needs to be done and have whatever reactions you are having?" After unqualified "yes" is obtained, get subject to clearly specify what is to be done ("When are you going to do it?", "How many times?", etc.), and assign for homework: "OK, for homework you've agreed to do Y." Also, remind subject that she has also agreed to continue to do X as homework.

b. Ask subject if there are any "reasons" why Y can't be done, so subject realizes no "reasons" will be acceptable. Underscore this with role reversal. Say, "Let's just take a few minutes and try something a little different. You said you're willing to do Y for homework. Suppose I'm you and when I come back next week I tell you I didn't do Y because I couldn't (felt too depressed, tired, didn't feel like it, etc.). Now, if you were me, what would you say to me?" Continue with excuses until it's clear subject recognizes that any "reasons" are invalid. Next mention "reasons" involving courses of action or environmental events (e.g., "I was going to play tennis but I had to run an errand for a friend, the courts were all taken, I couldn't borrow a racket, it was too hot, etc.") and ask subject how she would respond to them. If necessary, point out that such "reasons" are also unacceptable and can be resolved with other courses of action (e.g., play at a time when the courts aren't crowded).

c. Go over self-monitoring booklet. Instruct subject to pay particular attention to any "reasons" (thoughts, feelings) which would come up and excuse failing to carry out the assignment and to distance herself from them (e.g., "I have the thought that it's too hot to play tennis. Am I willing to play tennis and have the thought that it's too hot?").

6. Session termination (Allow 5 minutes).

a. Ask the subject to briefly summarize what she understands the main points of session to be. Clarify where needed and answer any questions.

b. Provide BDI forms.

c. Refund data deposit.

d. Schedule Session 6.

e. Administer Postsession Questionnaire.

Sessions 6-12.

Goals: Review homework
Review distancing sessions if necessary
Assign new homework

1. Have subject complete ATQ-30 and Thoughts Questionnaire.

2. Review BDI forms.

3. Review past week and subject concerns (Allow 10 minutes for 2 & 3). "Has anything happened since last session which you think I should know about?"

4. Review homework (Allow 10 minutes or more). Follow guidelines outlined in Session 5. Get subject to commit herself to continue each assigned activity. Review earlier distancing sessions if necessary.

5. Assign her homework (Allow up to 35 minutes). Follow guidelines outlined in Session 5. Include continuation of previous assignments as part of homework. Continue to update and revise activity list used to select homework assignments.

6. Session termination (Allow 5 minutes).

   a. Remind subject that treatment ends after Session 12. Discuss subject's thoughts, reactions to termination. Ask what difficulties subject foresees and how she will deal with them. Ask subject if there's anything she thinks might be helpful to review. Encourage subject to continue homework; provide self-monitoring booklets for this purpose.

   b. Remind subject of posttreatment and follow-up assessment sessions.

   c. Provide BDI forms after Sessions 6-11.

   d. Refund data deposits.

   e. Administer Postsession Questionnaires.

   f. Schedule posttreatment assessment session after Session 12.

APPENDIX GG

SELF-MONITORING BOOKLET FOR COMPREHENSIVE DISTANCING WITH BEHAVIORAL HOMEWORK

APPENDIX GG

Self-Monitoring Booklet for Comprehensive Distancing with Behavioral Homework

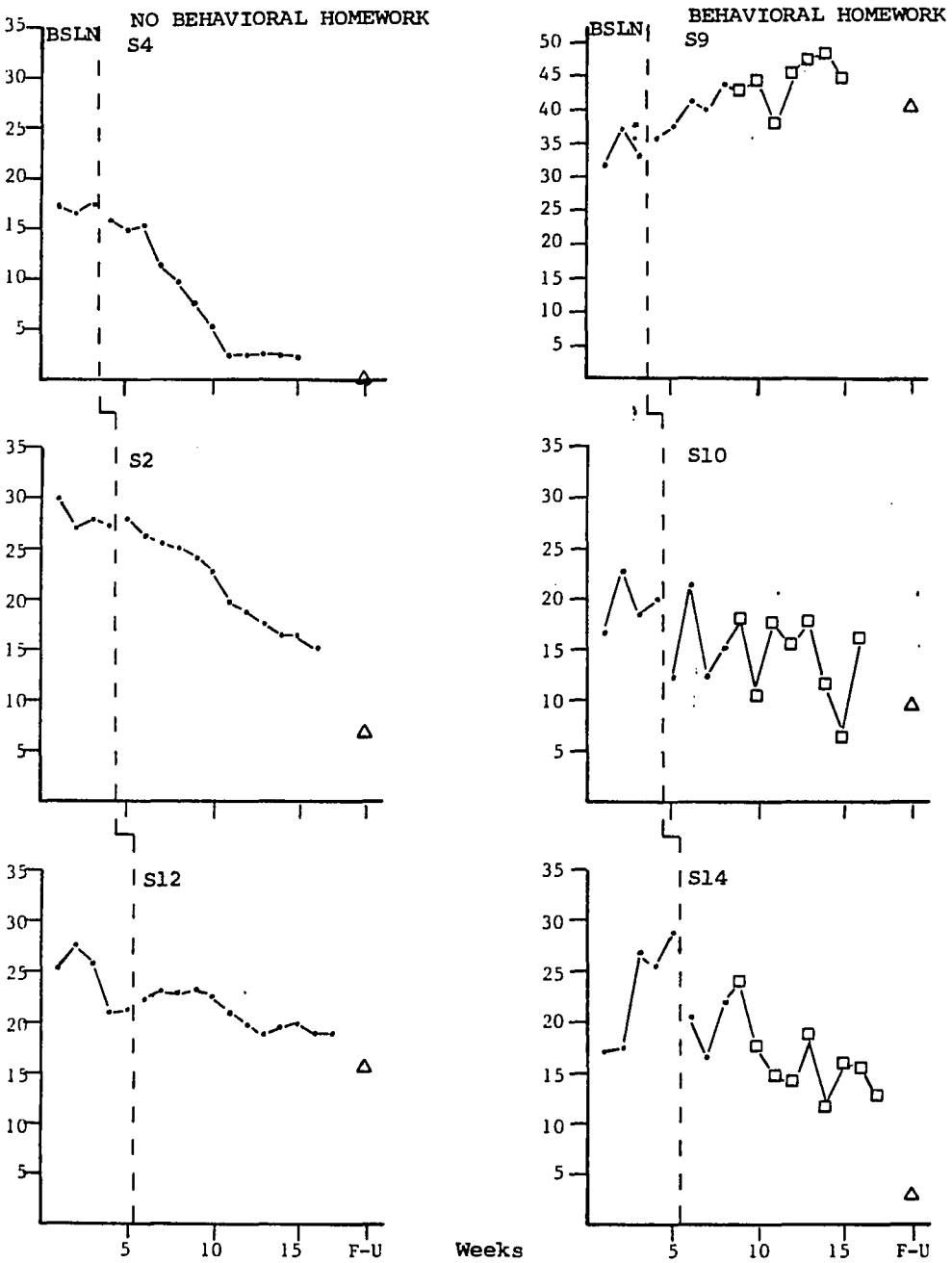
DATE	SITUATION Briefly describe situation leading to depressive thought.	THOUGHT Write down depressive thought.	OUTCOME 1. Rate believability in thought; 0-100. 2. Rate mood associated with thought; 0-100.	DISTANCING RESPONSE Briefly describe any distancing responses made.	OUTCOME 1. Rerate believability in thought; 0-100. 2. Rerate mood associated thought; 0-100.	ASSIGNED ACTIVITY Briefly describe activity engaged in.	OUTCOME Rate mood following activity; 0-100.
6-10-83	Choosing movie to attend.	"I'm too tired to go to the movies. I'll probably pick a lousy movie anyway."	1. 75, 2. 80	"I have the thought that I'm too tired to go to the movies. I can go to the movies and still have the thought that I'm too tired to go."	1. 15, 2. 30	Go to the movies.	10

Note: The higher the believability rating, the greater belief in the designated thought (0 = no belief at all; 100 = complete belief).

The higher the mood rating, the greater degree of dysphoria (0 = no dysphoric mood; 100 = the most intense dysphoria possible).

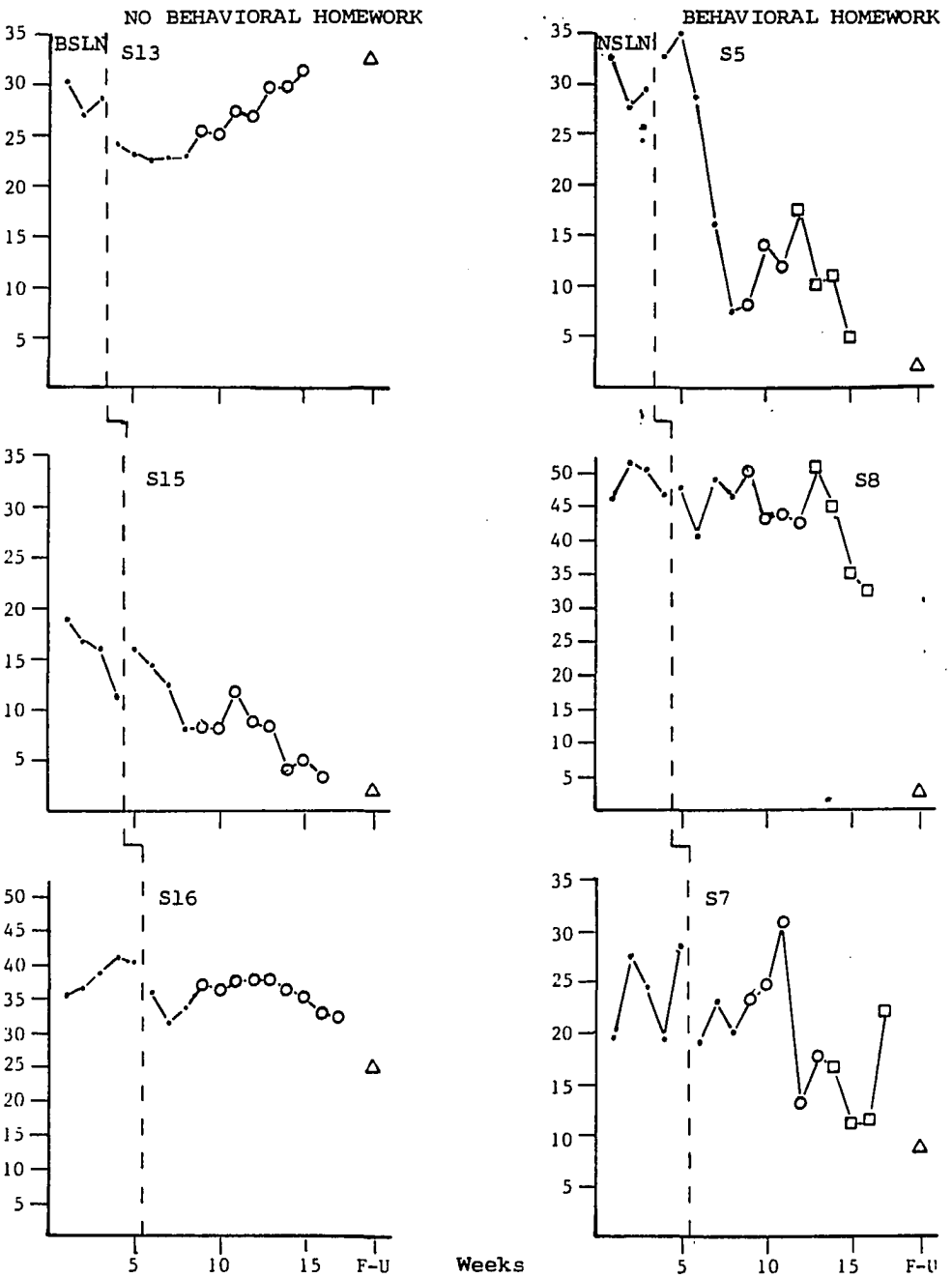
APPENDIX HH

FIGURES



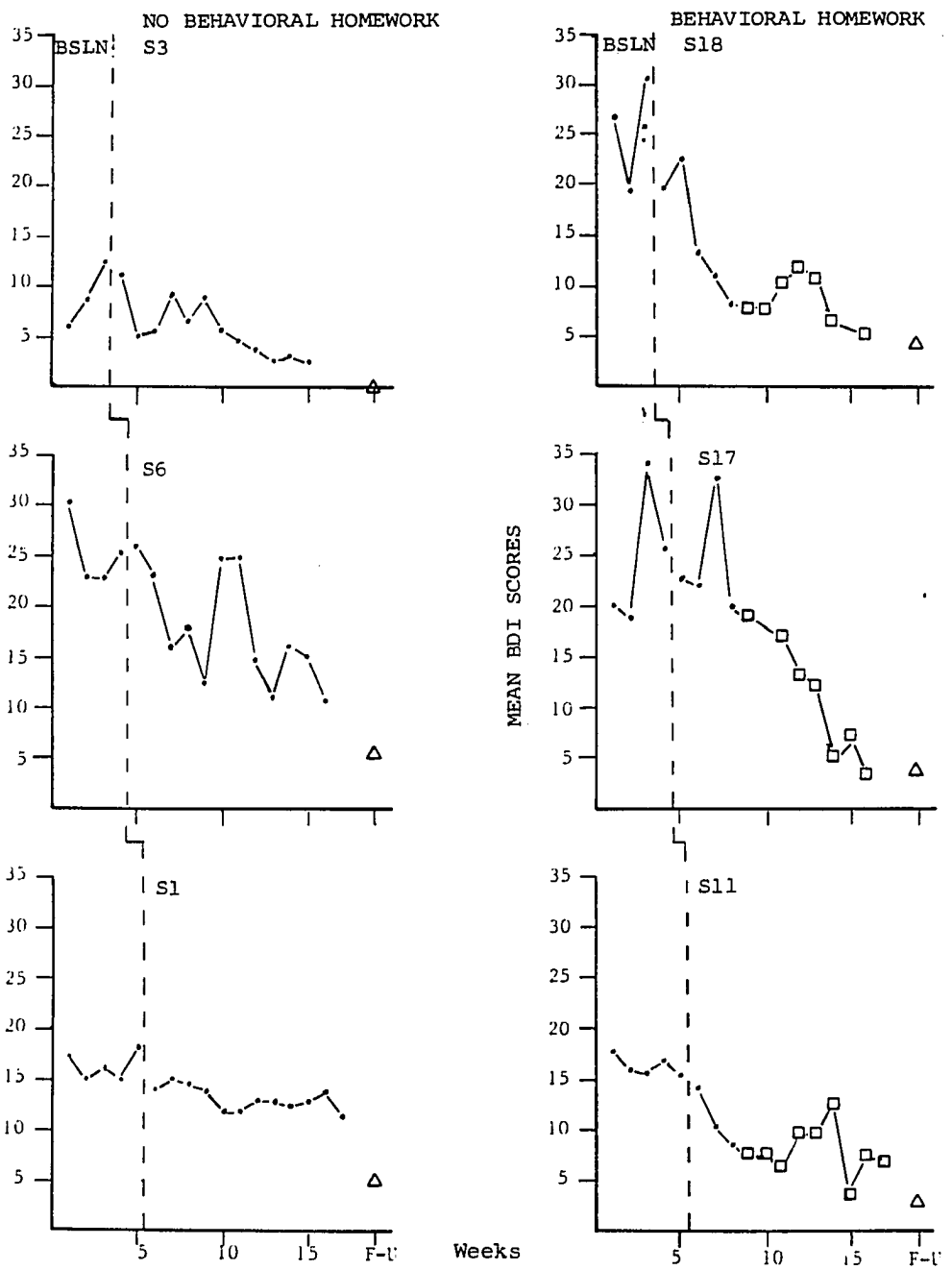
Note. Ordinates are in unequal units.
□ = Session in which behavioral homework was added to treatment.
△ = Follow-up BDI score.

Figure 1. Weekly mean BDI scores for subjects in rational restructuring condition.



Note. Ordinates are in unequal units.
o = Sessions in which rational restructuring was added to treatment.
□ = Sessions in which behavioral homework was added to treatment.
△ = Follow-up BDI score.

Figure 2. Weekly mean BDI scores for subjects in distancing plus rational restructuring condition.



Note. □ = Sessions in which behavioral homework was added to treatment.
△ = Follow-up BDI score.

Figure 3. Weekly mean BDI scores for subjects in comprehensive distancing condition.

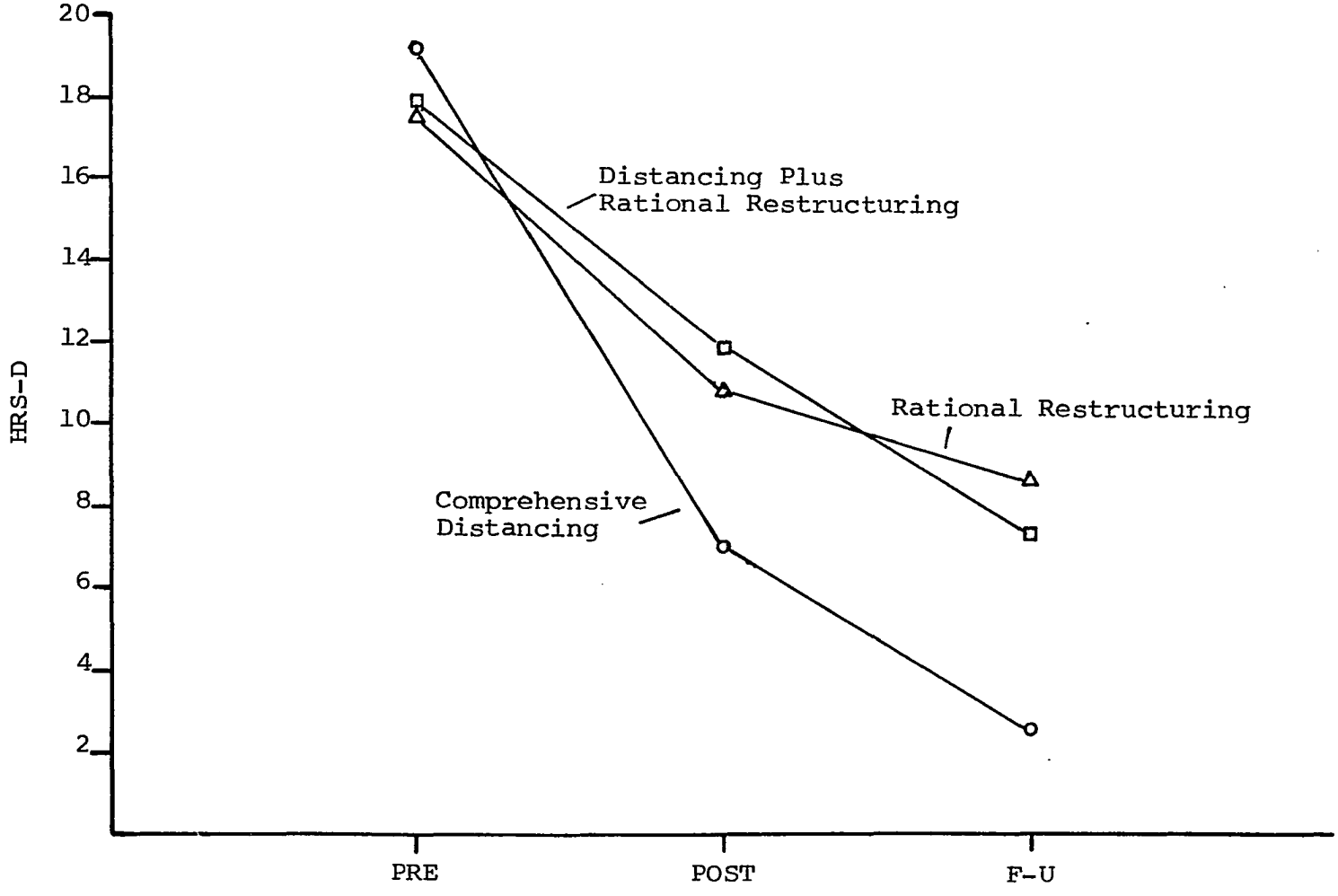


Figure 4. Mean HRS-D scores at pretreatment, posttreatment, and follow-up for cognitive conditions.

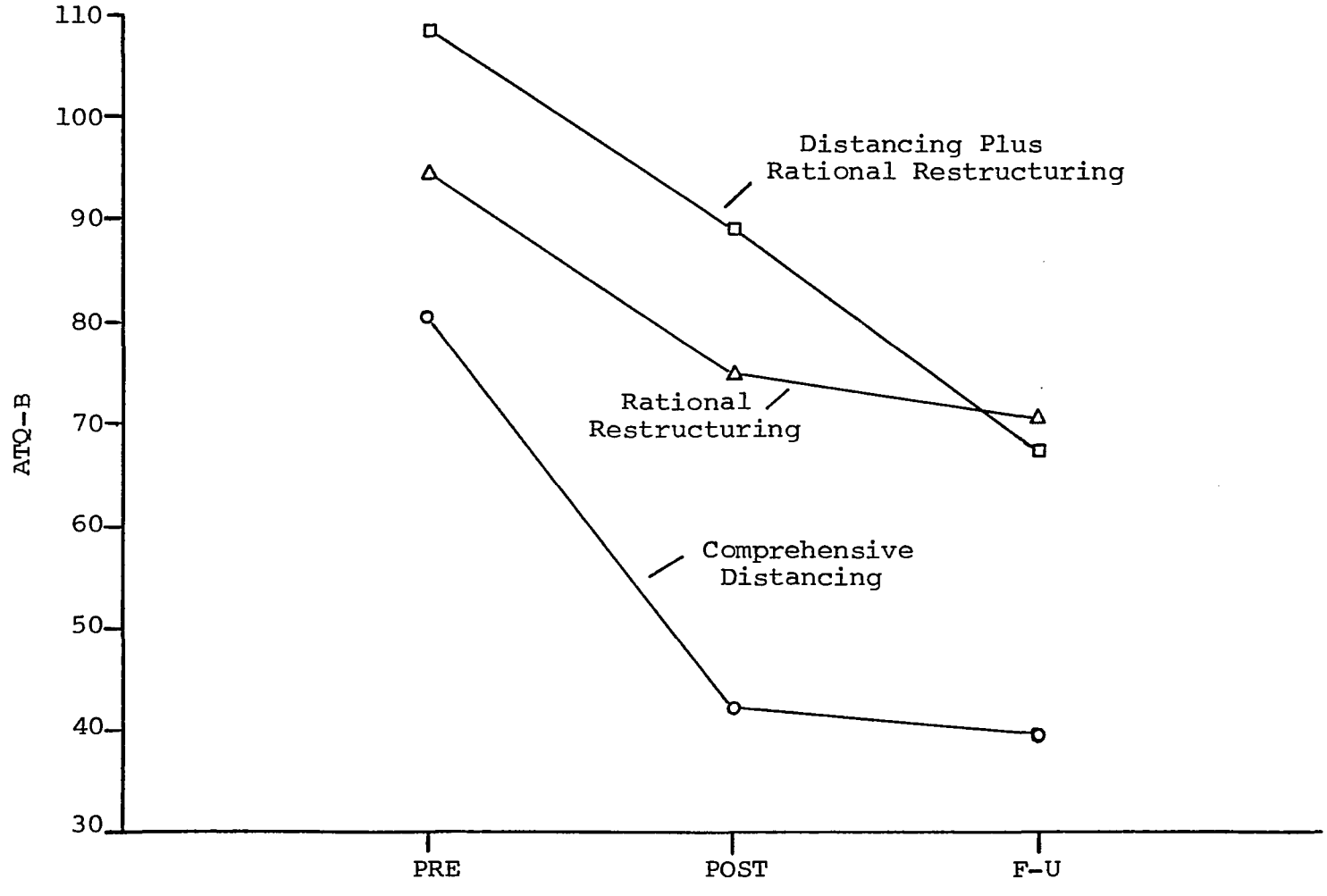


Figure 5. Mean ATQ-B scores at pretreatment, posttreatment, and follow-up for cognitive conditions.

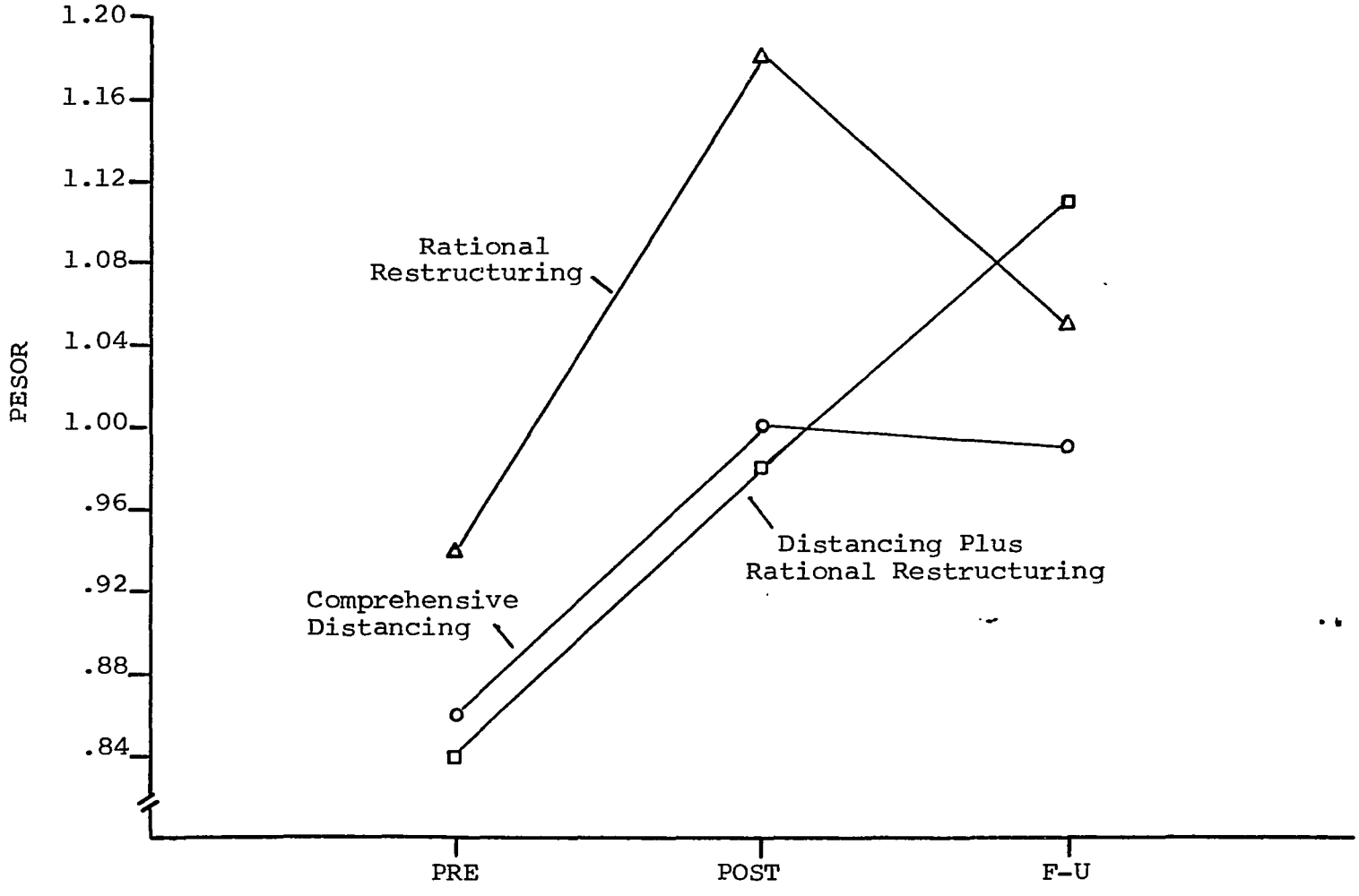


Figure 6. Mean PESOR scores at pretreatment, posttreatment, and follow-up for cognitive conditions.

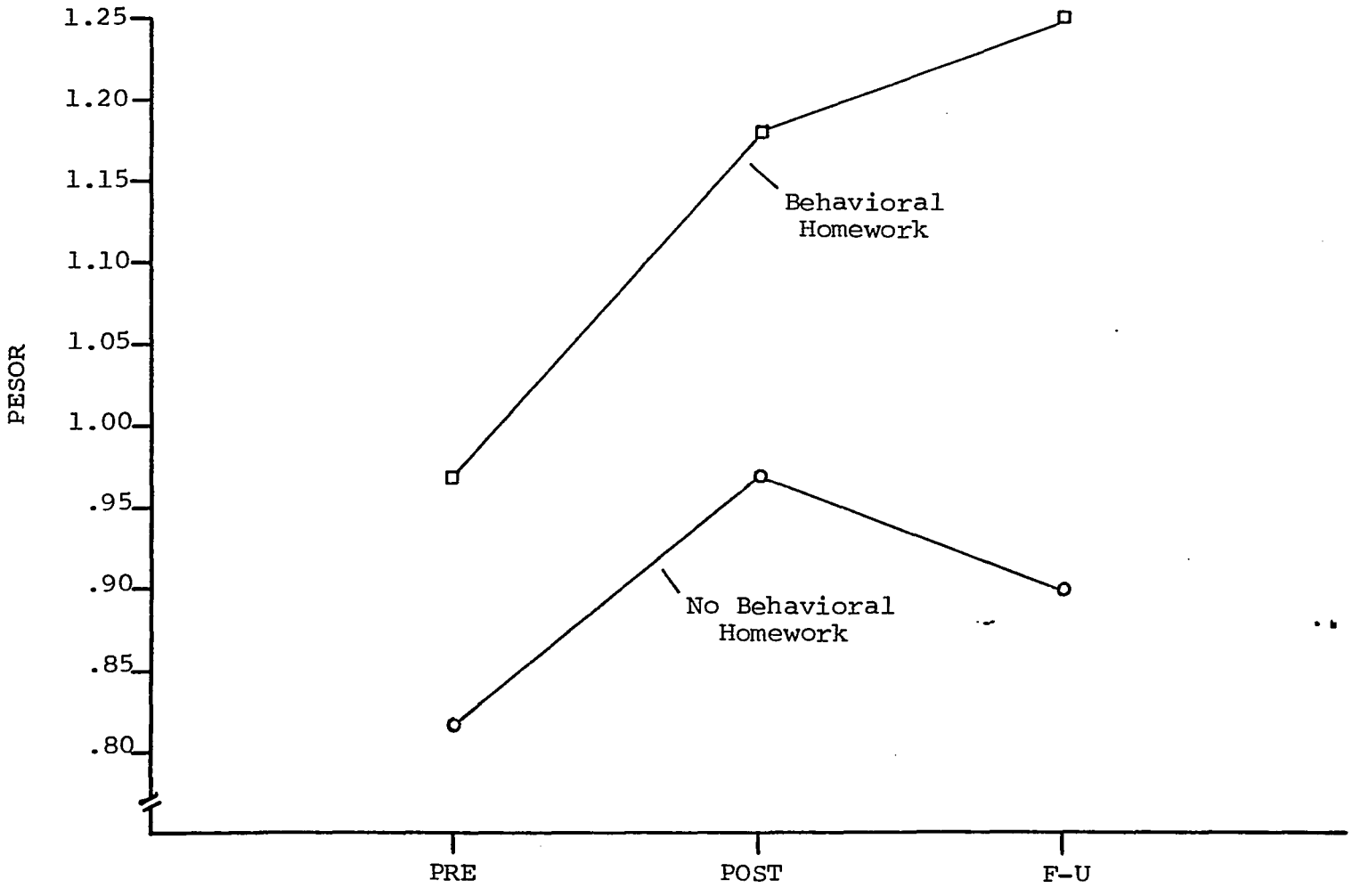


Figure 7. Mean PESOR scores at pretreatment, posttreatment, and follow-up for behavioral conditions.

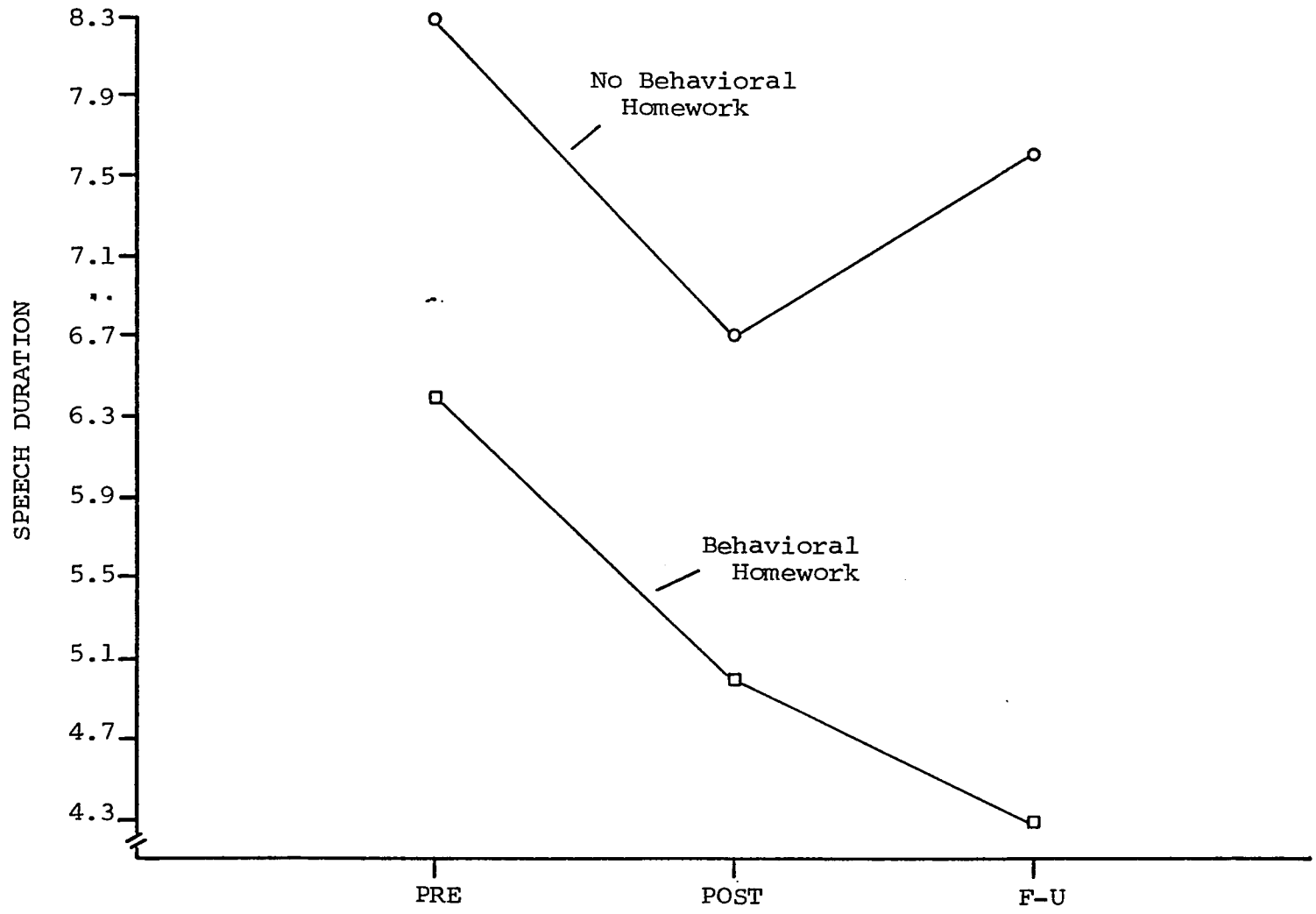


Figure 8. Mean speech duration scores at pretreatment, posttreatment, and follow-up for behavioral conditions of the component design.

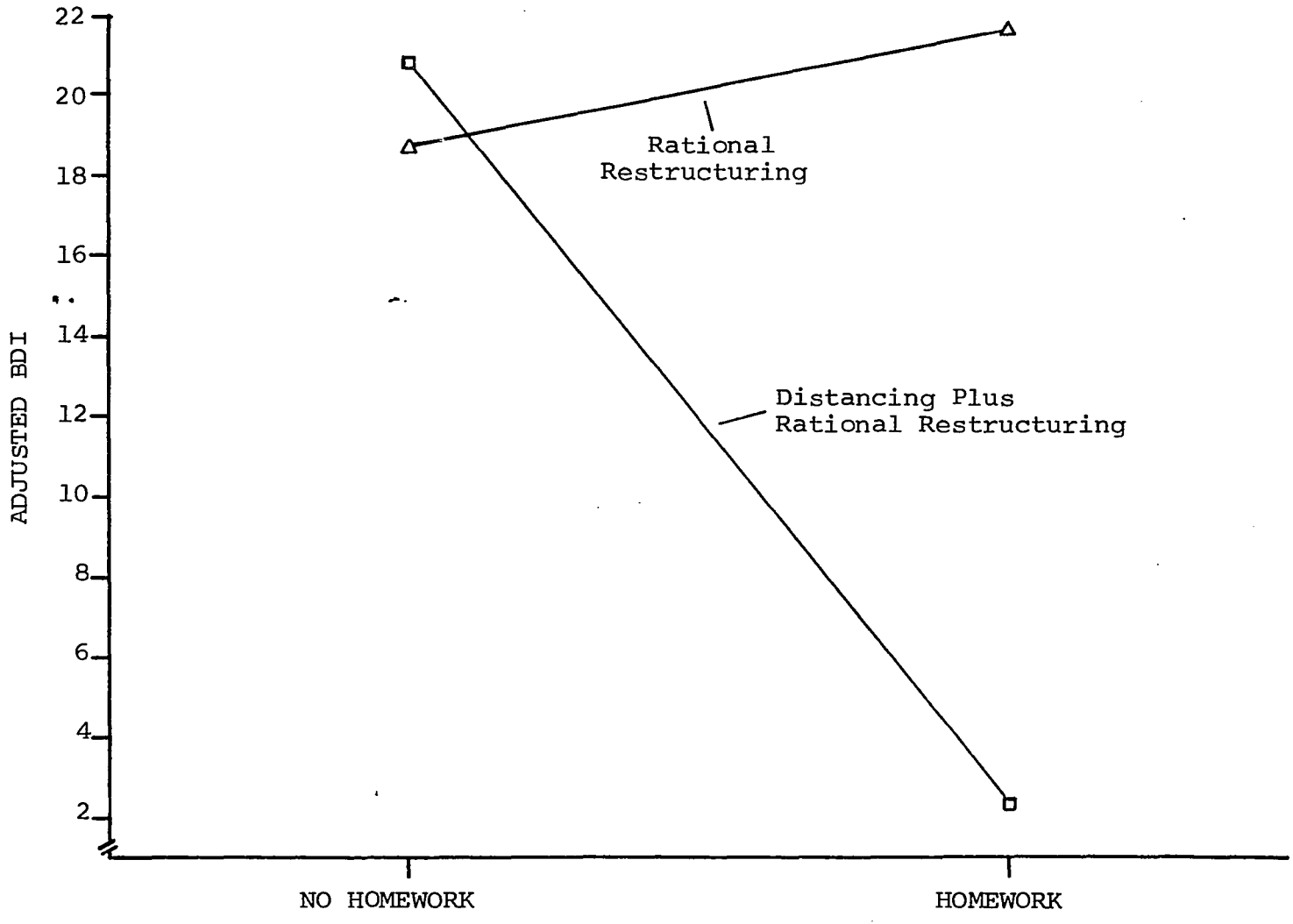


Figure 9. Adjusted mean BDI scores for cells of the component design.

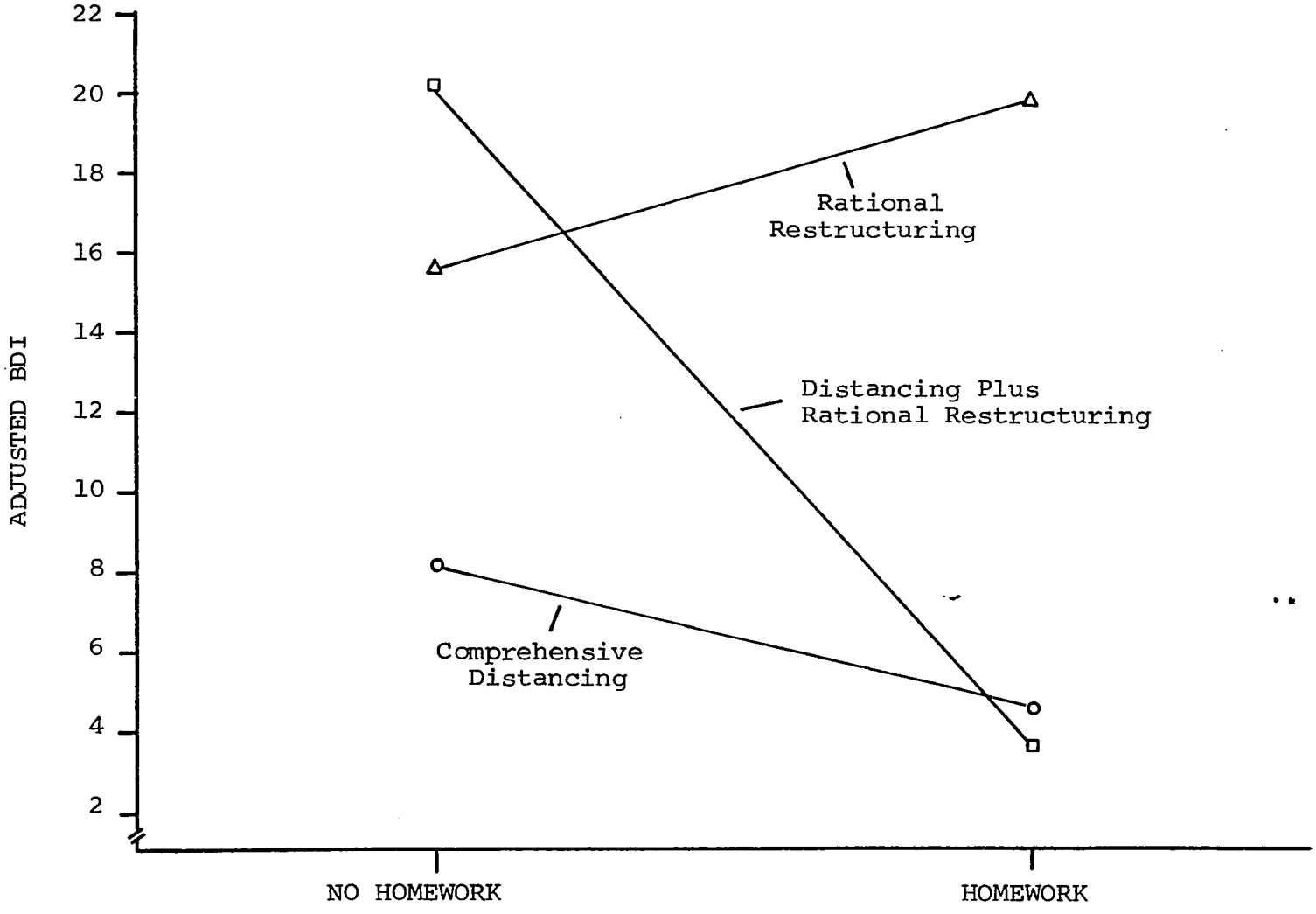


Figure 10. Adjusted mean BDI scores for cells of the conceptual design.

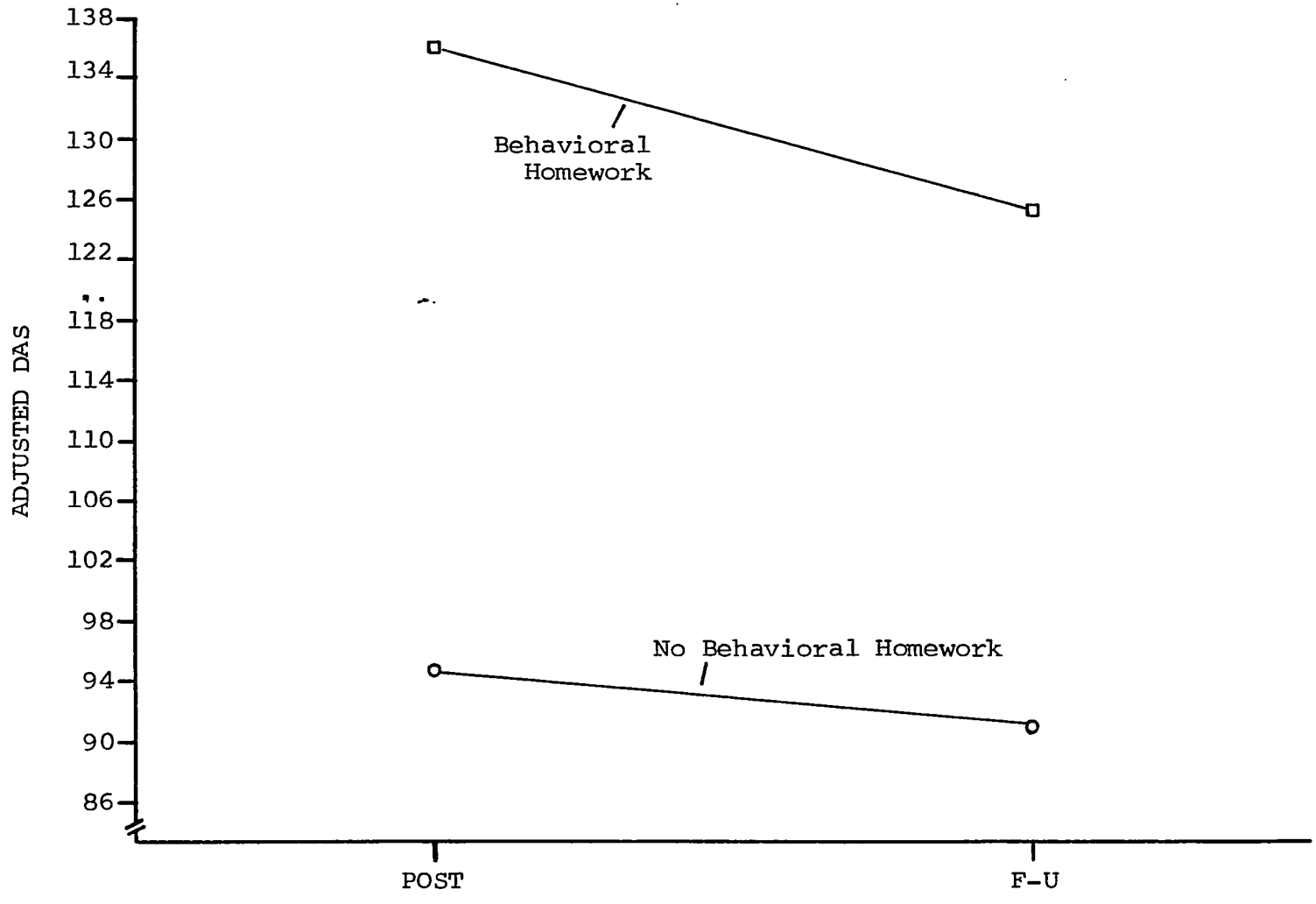


Figure 11. Adjusted mean DAS scores at posttreatment and follow-up for behavioral conditions of the component design.

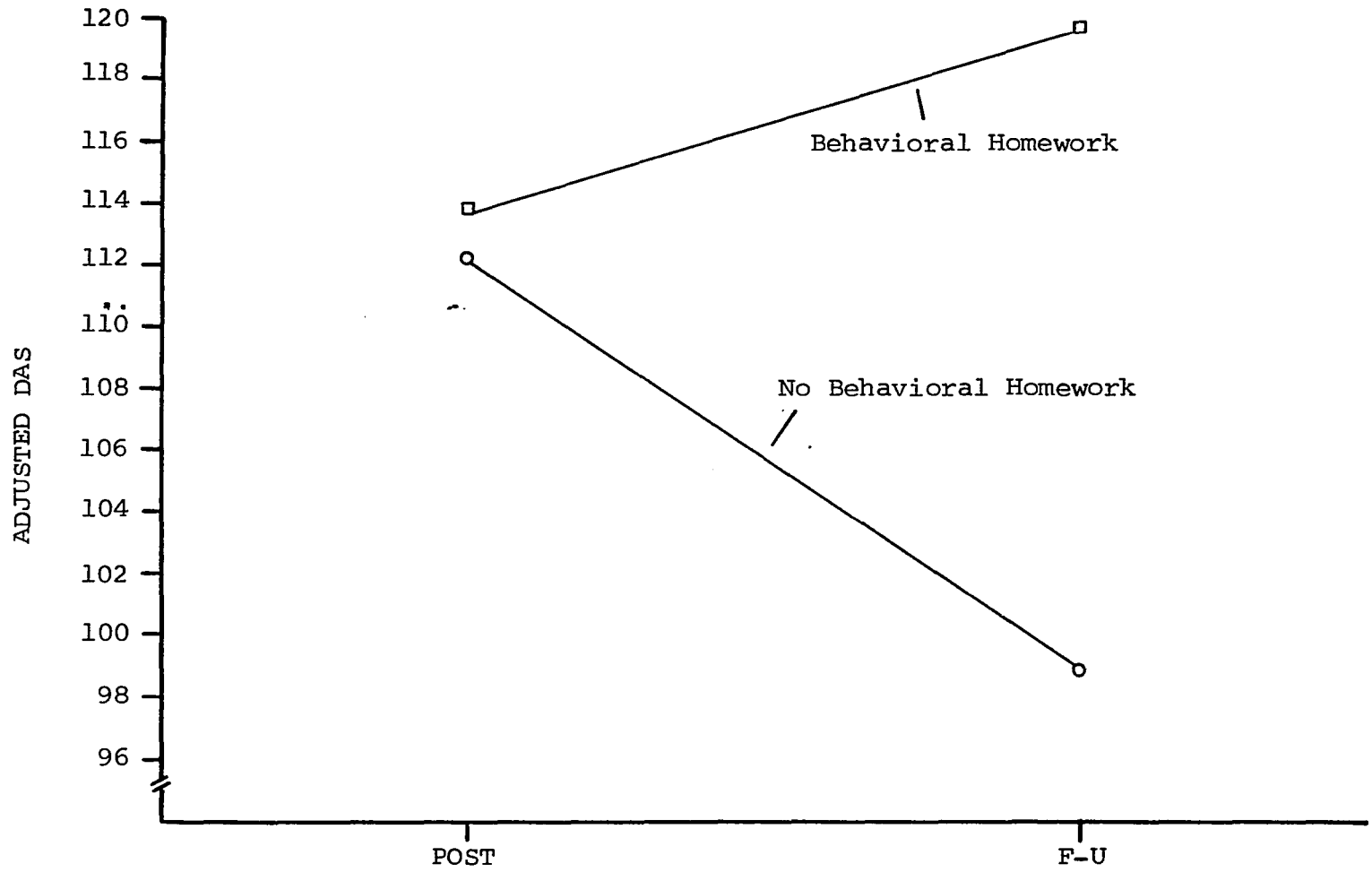


Figure 12. Adjusted mean DAS scores at posttreatment and follow-up for behavioral conditions of the conceptual design.