

A NEW HARBINGER SELF-HELP WORKBOOK

A STRENGTHS & SKILLS-BASED APPROACH

The Depression Solutions Workbook

A powerful, three-part program for
overcoming depression that includes:

- Cognitive behavioral therapy • Motivational interviewing
- Solution-focused therapy

JACQUELINE CORCORAN, PH.D.

The Depression Solutions Workbook includes tested methods for overcoming depression and is a tremendous resource for clinicians and clients alike.

—Thorana S. Nelson, Ph.D., professor of family therapy at Utah State University

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New Harbinger Publications, Inc.

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Introduction

Depression is the most common mental illness, afflicting 17 percent of the U.S. population at some point in their lifetimes (Kessler et al. 2003). This figure represents tens of millions of people, so you're not alone. If you've picked up this book, you probably suspect that you're depressed. What are the symptoms?

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association (2000), which is the standard resource for mental health diagnosis in the United States, three different disorders represent depressive symptoms: major depressive disorder, dysthymic disorder, and adjustment disorder with depressed mood. *Major depressive disorder* is a period of two weeks or longer during which a person experiences a depressed mood or loss of interest in nearly all life activities. *Dysthymic disorder* represents a general personality style featuring symptoms that are similar to, but less intense than, those of major depression. In a given year, 1 percent of the adult population will suffer from dysthymic disorder (Kessler et al. 2003). *Adjustment disorder with depressed mood* represents depressive symptoms that develop from a person's response to an identifiable stressor, such as a divorce, a job loss, or a move. To qualify for this diagnosis, the symptoms must begin within three months of the stressor; they usually don't persist any longer than six months; and the person's job, academic, or social functioning must be temporarily impaired in significant ways. You'll find checklists for symptoms of depression in chapter 1.

What are the consequences of being depressed? You may already experience some of them, and they include:

- Isolation
- Employment problems
- Marital problems
- Parenting problems
- Suicidal thoughts or acts
- Health problems

More specifically, depression can be detrimental to physical health, contributing to lack of movement, more illnesses and doctor visits, and even early death. If you already have a medical illness (and people with illnesses and disability are at increased risk for depression), untreated depression can block recovery as well as your motivation and ability to follow through with prescribed treatment.

Finally, although depression often gets better after one episode, it's also common for it to follow a chronic, relapsing, or recurrent course. That is, after one episode of depression, many people go on to have more episodes, even though they may recover in between.

As you can see, depression is a serious problem, and it's important to tackle it, rather than wait to see if it will fade on its own. *The Depression Solutions Workbook: A Strengths and Skills-Based Approach* will help you do just that.

A Strengths and Skills Based Approach

Following is a very brief description of each of the three theoretical approaches underlying *The Depression Solutions Workbook*: solution-focused therapy, motivational interviewing, and cognitive behavioral therapy. Then I'll show how the workbook is organized.

Solution-Focused Therapy

Solution-focused therapy, developed by Steve de Shazer, Insoo Kim Berg, Michelle Weiner-Davis and colleagues (1986), focuses on a person's strengths, abilities, and other resources, helping the person discover and build upon these resources.

Twenty years ago, when solution-focused therapy was first developed, this was a revolutionary concept: to work on what the person was doing well, not what was wrong with him. Solution-focused therapy is based on the idea that change can occur rapidly, and that even a small change can lead to a "spiral effect." The person takes a step in the right direction, prompting others around him to respond differently, which in turn makes him feel more empowered, encouraging further steps toward change. For example, suppose an older woman with depression motivates herself to get dressed and go for a walk so that the fresh air and exercise might give her more energy. Because she's up and around, she might run into a neighbor who responds in a friendly fashion. Then, feeling slightly better from the walk and social interaction, the woman may feel motivated to make a phone call to a recreation center to find out about local senior activities.

Both behaving differently and thinking differently are part of the processes of change (de Shazer, 1994). In solution-focused therapy, people are considered the experts on themselves and are encouraged to find the solutions that are right for them. Discovering their own strengths mobilizes them to apply these strengths to problem situations.

The solution-focused techniques presented in this workbook will help you identify:

- What is working well in your life
- What you do differently during depression-free times
- The strengths you've developed as a result of your mood problems
- How you've managed to cope with hardships

Although you may currently feel hopeless about the future, solution-focused techniques will help you visualize a nondepressed future, which you can then start working toward.

Motivational Interviewing

Motivational interviewing, created by William R. Miller and Stephen Rollnick (2002), is a short-term approach that focuses on building motivation for change. It's rooted in the idea that ambivalence toward change—wanting to change but also being stuck in the problem—is a natural process. Like solution-focused therapy, motivational interviewing helps you develop hope and vision about the possibility of change. Techniques will focus on helping you see why it might be a good idea to go ahead and make changes, even while still working on identifying some of the reasons why depression

might actually be meeting some of your needs. Motivational interviewing techniques in this workbook will help you:

- Bolster your motivation to overcome your depression.
- Examine any unhealthy coping methods, such as substance use, or excessive eating or television watching, that you've adopted to manage your depression.

Cognitive Behavioral Therapy

In *cognitive behavioral therapy*, the nature of change is apparent in its name. That is, you can change in the following ways (Young et al. 2007):

- Cognitively, by identifying and changing distorted thinking
- Behaviorally, by learning skills to improve your coping capacities

The cognitive behavioral techniques presented in this book include problem solving, daily scheduling of pleasant activities, and communication skills training. Chapter 8 attacks belief systems that create and sustain depression.

However, cognitive behavioral therapy is an approach that's best implemented when people are in the "action" stage of change, according to the Transtheoretical Stages of Change Model (Prochaska, Norcross, and DiClemente 1994). Before people can take action, they first need to feel motivated to change. This book will help you build your motivation as well as your appreciation and knowledge of your own strengths, so you can then start to use cognitive behavioral techniques to take constructive actions that will help you recover from depression.

About the Author

I've been a practicing psychotherapist since 1994, and I earned my master's degree in social work in 1989. I received a Ph.D. in 1996 from the University of Texas and, since then, have served as a faculty member in two different universities, the University of Texas at Arlington and Virginia Commonwealth University, where I currently teach.

As a result of my work, I wrote *Building Strengths and Skills: A Collaborative Approach to Working with Clients* (Oxford University Press, 2004), a book on how to integrate with cognitive behavioral therapy the strengths-based approaches I discuss in this workbook. I've had a lot of success with this integration in my practice, especially when seeing clients who have depression. That's why I decided to write this workbook, to offer ways for people suffering from depression to help themselves using the techniques and exercises I developed.

How This Book Is Organized

The main focus of *The Depression Solutions Workbook* is on brief explanations of techniques, along with case examples. I invite you to write in your own responses to the exercises that follow each technique. I also provide abundant case examples so that you can see how other people have used the techniques. These examples will illustrate some common types of life situations that contribute to depression, such as childhood abuse, domestic violence, and loss of relationships.

This book will help you identify, reinforce, and strengthen your own personal strengths, resources, and motivations. You'll use cognitive behavioral skill-building to bolster areas where you have knowledge, or improve skill gaps that seem to interfere with your functioning. *The Depression Solutions Workbook* provides exercises that will help you become attuned to your unique strengths and resources, which will cause you to start feeling better about yourself, adopting a more positive worldview, and feeling more empowered to make use of cognitive behavioral strategies to “beat your depression.”

BUILDING STRENGTHS

1.

Finding Your Strengths: Coping

If you're depressed, you may have lost sight of your personal resources in terms of attitudes, beliefs, abilities, qualities, behaviors, and supports. This chapter will begin the process of helping you explore your strengths, starting with how you use them to cope with your depression. In this process, you will discover that you're more actively engaged in solving your problems and managing your depression than you believed. Research has identified an active problem-solving style as a positive coping mechanism to prevent depression (Holahan et al. 2005).

Symptoms of Depression

When depression hits, most people have difficulty thinking about anything except how bad they feel. Because of this tendency, let's start by looking at the symptoms themselves. Although completing the following checklists doesn't lead to a formal diagnosis of depression (only a mental health professional can make a diagnosis), doing so will give you a general sense of what your depressive symptoms are and their level of intensity. As mentioned in the introduction, there are three types of depression that can be diagnosed, as categorized by the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association (the official manual for diagnosis in the United States): major depressive disorder, adjustment disorder with depressed mood, and dysthymic disorder.

Major Depressive Disorder

Put a check mark next to any of these symptoms you've had every day or almost every day for at least two weeks:

Checklist

Symptoms of Major Depressive Disorder	✓
Do you experience a depressed mood most of the day?	
Do you have less interest or pleasure lately in the types of activities you used to enjoy?	
Without trying, have you suffered significant weight loss, or put on weight? Have you had an increase or a decrease in appetite?	
Do you have difficulty falling asleep, or do you wake up in the middle of the night unable to get back to sleep? Do you sleep much more than you used to?	
Do you feel tired or "slowed down"?	
Do you feel worthless or guilt ridden?	
Do you have problems thinking or concentrating?	
Do you think about death or suicide, or have you actually made an attempt?	

If you answered yes to at least five of these questions, you may have major depressive disorder.

Adjustment Disorder with Depressed Mood

Adjustment disorders are diagnosed when people become depressed in response to some identifiable, recent life stressor, such as a romantic breakup, a move, or a change in jobs. As previously mentioned, to qualify for this diagnosis the symptoms must begin within three months of the stressor, and they usually don't persist longer than six months. If you've suffered from a recent stressful life event and have less than five of the symptoms presented for major depressive disorder, then you may have an adjustment disorder with depressed mood.

Dysthymic Disorder

Dysthymic disorder is a chronic (lasting at least two years) low-level depression that is experienced more days than not. Put a check mark next to any of the following symptoms you've experienced over the last two-year period.

Checklist

Symptoms of Dysthymic Disorder	√
Do you have a poor appetite, or do you overeat?	
Do you have trouble sleeping, or do you sleep too much?	
Do you have low energy or tiredness?	
Do you suffer from low self-esteem?	
Do you have poor concentration or difficulty making decisions?	
Do you feel hopeless?	

If you checked more than two of these symptoms for a two-year period, you may be suffering from dysthymic disorder.

Although you can't diagnose yourself with a clinical disorder, using the checklists may give you some idea of the symptoms that encompass depression and your experience of them. As a result of completing the checklists, you may choose to visit a mental health professional, either a psychiatrist or a psychotherapist. If you have the majority of the symptoms listed for major depressive disorder and symptoms have been present for a significant period of time (such as three months), you're probably in a lot of psychological pain and could benefit from some immediate relief. Additionally, you would be concerned if you're contemplating suicide, particularly if the symptoms have gone on for some time. In this case, you might also benefit from some face-to-face professional guidance in managing your pain. However, no matter what kind of depressive disorder you may have, you can benefit from this book and use it whether or not you decide to work with a professional.

Case Example: Tammy

Tammy is a forty-four-year-old African American female who was diagnosed with multiple sclerosis (MS), a degenerative autoimmune disease, nearly fifteen years ago. The disease has progressed to the point where she walks with two canes, one in each hand. Tammy can't hold a job because of her disability, and receives about five hundred dollars from Supplemental Security

Income (SSI) each month. She also receives food stamps and Medicaid.

Tammy has shared a basement bedroom with a friend for the past eighteen months. The friend's grown son, who doesn't live with them, owns the house. The friend also has two other sons who live in the house. Tammy pays them a rent of two hundred dollars each month, and uses her food stamps to buy food for the entire household. The situation stresses her significantly, because the two young men make her feel unwanted. They're loud, and they harass her, making it difficult for her to sleep. She can't use the shower, because it's not big enough for her safety seat and she's fallen a few times while showering, so she takes sponge baths in her room instead.

The stress of the situation worries her, increasing her fear that she'll have another attack of MS and require hospitalization. She's been hospitalized once since moving in with this friend. Now, for the past several weeks, she's found herself crying every day, feeling hopeless, and wanting to hurt herself. She's never actually attempted self-harm, however. She stays in her bed, either sleeping or watching television most days, except for when she has her physical therapy appointments. She describes feeling "incredibly tired" and also says that she wants to stay out of the way of her roommates so they won't bother her.

When she uses the symptom checklists, Tammy finds that she seems to meet the criteria for major depressive disorder. For the last several weeks, nearly every day she has had a depressed mood, diminished interest or pleasure in activities, increased sleep, fatigue and energy loss, and thoughts of self-harm.

Dealing with Your Depression

Now that you've considered your symptoms of depression, you'll be asked about the ways you've dealt with them. What do you do when you feel really bad? In psychological terms, the way people deal with their problems is referred to as *coping*. Some people stay in bed all day; others prefer to be alone. Still others spend their time watching television. Some people overeat, or use drugs or alcohol to seek relief. These types of methods involve *negative, or unhealthy, coping mechanisms*.

Other people exercise, call people they're close to, write in a journal, or distract themselves with hobbies. These are considered *positive, or healthy, ways of coping*. Typically, people do more than one thing when they feel depressed, using both positive and negative ways to deal with depression. For example, Peter plays video games for hours at a time when he feels depressed. Although distraction can be a helpful way to cope, doing something to the exclusion of other important activities can be unhelpful. Peter also spends time with his wife, who helps him remember that he's loved, and he keeps up in communicating with his daughter, who lives in another state. The relationship with his daughter keeps him from only thinking about his emotional pain.

Doing the Exercises

Before getting started with the first exercise, let's cover some typical reactions people with depression have to doing exercises. Some people don't have the energy or don't want to make the effort. If this is your tendency, only take on one exercise at a time to avoid becoming overwhelmed. Some exercises have more than one question, so if you even manage to answer one part, validate yourself for making progress. Just working on the exercises a little each day and assessing the impact of that work on your mood will mean that you're taking action to beat your depression.

Another useful technique for people who have a hard time starting a task is to only commit five minutes to a task. After five minutes, give yourself permission to stop. You'll be surprised at how much you can do in five minutes, and you may even want to continue after that point.

Other people, when faced with an exercise, may draw a blank. Part of this tendency may be from the fear of failure that depressed people often feel; unless you have the "right" answer, you may feel that you're a terrible and unworthy person. But there are no "right" answers to these questions. Here are some tips for when you feel "stuck" or "draw a blank" with an exercise:

- Just make up an answer. Whatever you write will turn out to be just what you need to say.
- Answer the question, "Suppose you did know; then what would you write?"
- What would _____ [someone who knows you well] say about how you would answer?

Using these prompts can help you bypass the resistance you may have to doing the exercises.

Evaluating the Impact of the Exercises

To assess the impact of how a particular exercise affects your mood, you'll be asked to rate your mood before and after the exercise, using a ten-point scale, with 1 meaning "totally miserable" and 10 meaning "good." Different people experience depression differently. Some people feel it more in their thoughts, having thoughts of doom and hopelessness. Some experience depression more emotionally; they feel sad and cry. Others experience depression in a physical way. They may have queasiness, headaches, fatigue, chest tension, or a knot in the stomach. Others experience a combination of the symptoms. Considering all your symptoms together, rate your mood before you do the activity and then afterward to determine the effect of the exercise on your mood.

One reason for rating your moods is to make concrete and quantifiable what's sometimes experienced as amorphous and overwhelming. When you capture your level of depression with a number, it becomes much more manageable. Another reason to track your moods is that depression makes it difficult for you to see any small shifts in mood. This is partly due to the irrationality of depression. It colors how you experience everything: people seem unreliable, the past is painful, and the future is hopeless. You'll probably find this hard to believe at this point, but this isn't necessarily the reality of your situation. By making a numerical assessment of your feelings before and after doing the exercises, you'll take note of how completing the exercises has been helpful and in what ways. By writing down what you've learned, you can solidify the lesson.

Although I predict there'll be at least small, positive shifts in mood as a result of the exercises, you could also feel sadness at certain realizations. For example, Peter felt sad after doing a particular exercise that asked him to identify his role models, because he became aware that he had none. On the other hand, when asked to find a role model, he felt more hopeful that he could gain some guidance for his life.

Coping

This section will get you to think about how you've dealt with your depression. In other words, what do you do and say that helps you keep going? Some of your methods may be healthy ways of coping, and some may be unhealthy. Don't ignore the unhealthy coping questions (you'll find more of

these in chapter 6). Sometimes it's hard to know what's an unhealthy coping method and what's a positive one. Some activities are fine to do sometimes, such as watching TV, working, sleeping, reading trashy novels, or searching the Internet. Indeed, "distraction" can be a healthy coping method. Here are some guidelines for when a coping method may be unhealthy:

- You do these activities exclusively or obsessively.
- You do these activities to avoid your problems.
- You ignore your duties or relationships.
- Other people complain about the behavior.
- These activities cause impairment, for example, unhealthy weight gain when you overeat as a way of coping.

For now, you'll look at your positive, or at least harmless, ways of managing your depression. At this point you might react this way: "I'm not dealing with my depression; otherwise, why would I feel so bad?" You probably aren't noticing or giving yourself credit for even the small efforts you make toward helping yourself positively influence your mood. A magnified focus on these efforts will help you realize what's helpful and how you can amplify the steps you take to pull out of your depression.

Case Examples

To begin, I'll introduce a few examples, so you can see how others have coped with their depression. You may also find yourself identifying with some of these examples, and getting ideas for how to manage your symptoms, as well.

Debra: *Debra, who's fifty, says that her relationships with her family members keep her going. She knows they depend on her and feels committed to always being there for them, no matter how bad she feels at times. When considering her qualities that contribute to this commitment, she decides that this means she's a person who cares about other people. She doesn't want to hurt the people she loves, so she wants to be there for them.*

Samantha: *Samantha, who's forty-five, answers that her three dogs keep her going. They're her reason to get up in the morning. She has to take them out for walks twice a day, and they accompany her in the car when she drives to do errands. Samantha chose these dogs because they were kind of "funny looking" and she didn't think anybody else would adopt them from the animal shelter. She's proud that she was able to give them a "second chance," and realizes that without her intervention, they would've been euthanized. In a small way, this fact gives her life meaning: that she was able to save their lives and that her day is now structured around taking care of them in other ways. The dogs also give her affection and attention, and lick her tears away if she feels really bad on a particular day and cries. The fact that she takes such good care of her dogs means that she's a good person who cares about living beings.*

Ellen: *A seventy-eight-year-old woman with chronic obstructive pulmonary disease, Ellen is connected to an oxygen machine at all times, which hinders her mobility. Additionally, she recently fell and had to have hip surgery. Her eyesight has also deteriorated, and she has difficulty reading, an activity she used to enjoy. As a result, she feels trapped in her apartment*

and “cut off from the world.” Ellen enjoys watching the news and listening to radio talk shows to stay current with politics, which has been a lifetime passion. She states that the TV is a good distraction and she enjoys watching political news shows. She also forces herself to get outside every day for some fresh air. She describes herself as strong willed and stubborn at times, and believes that that’s what other people would say keeps her going.

Hanna: Hanna, a thirty-eight-year-old woman who emigrated from Ethiopia ten years ago, has recently left her husband, who physically abused her during their marriage. Hanna’s husband used to tell her that if she left him, she wouldn’t be able to make it on her own and could never make enough money to provide for the children without him. He predicted that she would eventually take her own life. Some of the time since the divorce, Hanna’s been scared that he was right, but about 30 percent of the time, she feels angry. Hanna reports that this anger has made her stronger, strengthening her resolve to survive and thrive.

In response to the question, “What would others say keeps you going?” Hanna writes, “What Americans would say is very different from what Ethiopians would say. Ethiopians would say that I’m stupid for leaving my husband, because he makes much money. Ethiopian women would tell me that a husband has the right to beat his wife, and that a good wife will accept such beatings and learn not to anger her husband. Ethiopian women would tell me that a woman doesn’t leave her husband because he sleeps with other women. But American women would tell me that I’m right to flee a husband who abuses me and that children are abused by witnessing domestic violence. Americans would tell me that being safe and free is better than staying with a bad husband.”

Hanna further writes in response to the coping questions, “When I feel sad, I try to have hope that things will get better, because I believe in the Bible and have faith that something good will happen, that something good will follow.” Hanna stated that her spiritual belief has kept her from giving up, and provides the courage and hope to make a new life for herself and her children.

Rate your mood. Now, to get started, before you begin the opening exercise, rate your mood on a scale from 1 to 10: _____ .

Exercise: Explore Your Hidden Resources

To get in touch with your hidden resources for dealing with your depression, think back to a time when you felt very sad but still had to meet a commitment, such as going to work, getting your children off to school, or doing something you’d promised to do. This exercise, as well as the one that follows, focuses on your positive coping methods; however, if negative coping methods come up, such as drinking, using drugs, overeating, or excessive TV watching, jot these down under question 1. You’ll note that there’s not a sample response for every aspect of coping. The reason is that, although many different resources are potentially available to you, like many people, you’re drawing on only a few. This exercise will help you get in touch with what coping methods you’re using, as well as other areas you could potentially tap into.

1. Write down what you said to yourself that enabled you to get out of your sadness temporarily in order to meet that commitment. *Example:* Every morning, Nicole felt overwhelmed by the amount of work it took to get herself out of bed to get her children ready on time for school.

But even though it was hard, she did it every day. When she stopped to think about what got her up and active in the mornings, she realized that she often gave herself the following “pep talk” when she felt she absolutely couldn’t do it: “It’ll be a lot of work now, but once they’re in school, I’ll have some time to myself. I can do this. I’ve done it many mornings, and I can do it now.”

2. In this situation, what were the actions you took? *Example:* Nicole started by saying, “Okay, kids, let’s have some cereal and milk. You can sit at the table and finish while I make your lunches. Once you do that, I’ll help you get dressed, and Mommy will get dressed too. So I’ll really need your help, and then we’ll be out of here in no time.” By breaking it down for them, it didn’t sound as overwhelming to her.

3. What kind of help did you seek in this situation?

4. What financial or other types of physical resources did you draw upon to get through?

5. What spiritual resources did you draw upon to help with this situation? *Example:* Nicole said she prayed to God for guidance to get through the morning. She said this made her feel that she wasn’t so alone and that someone was rooting for her.

6. What personal qualities did you draw upon in this situation? *Example:* Nicole called upon her sense of responsibility (she liked to be on time for events) and her caring for her children (she wanted to be a good mother) to get her through this situation.

7. What would others say you do? *Example:* At first, Nicole said, “No one knows what I go through. They see me dropping my kids off at school, and I’m sure they think I’m just like everyone else.” Upon further reflection, she realized that she looked as together as any of the other mothers and that there were other parents who were sometimes late, like her.

8. Summarize here what you've learned about your coping resources. *Example:* Nicole has identified a number of things that allow her to keep going: (a) she cares about her children and wants the best for them, (b) she uses her spirituality to cope with situations that overwhelm her, and (c) she uses her thoughts to help her get through a difficult situation, such as, "It'll take a lot of work now, but it'll soon be over and then I'll have time for myself."

9. What negative coping methods do you realize you rely upon? (We'll deal with these in chapter 6.) *Example:* Nicole stayed in bed too long, unwilling to face the day. As a result, she had even less time to get ready in the morning. She also found herself shouting at the children as they dawdled.

10. Now, you'll explore the resources that are potentially available to you.

1. Write down what you could've said to yourself to make the situation more manageable. *Example:* Nicole could tell herself, "Everyone has to go through this with children. This is the way children act. They dawdle because they find other activities more interesting than getting ready. It's not that my children are bad or are purposefully doing this to get on my nerves."

2. In this situation, what were the actions you could've taken? *Example:* Nicole could have gotten out of bed on time or set her alarm earlier. She also could have turned off the television so that the children focused on getting ready rather than watching programs.

3. What kind of help could you seek in this situation? *Examples:* (1) Nicole could say to her husband, "I need more help in the morning in getting the kids ready for school. Could you get their breakfast and make their lunches, and I'll get them dressed and brush their hair?" (2) Nicole could make arrangements with another parent who lives nearby to trade off mornings: "One day I'll take your kids to school, and the next day, you can take mine." (3) Nicole could solicit help from her children: "From now on, I'm going to need more help from you to get you to school on time. This is the schedule I've written down for us each

morning to follow, and I'm going to paste it up on the wall. You guys will get an extra TV show in the afternoon when you come home from school if you can follow the schedule in the morning and get along with each other." (4) Nicole could hire a neighborhood preteen to act as a "mother's helper" to assist with the morning schedule. (5) If she has a mother, mother-in-law, or other close relative who lives in the area, she could ask her to come over and help her in the morning.

4. What financial or other types of physical resources could you draw upon to get through? *Example:* If Nicole hired a "mother's helper," she could use household money to pay for this kind of help.

5. What spiritual resources could you draw upon to help with this situation? *Example:* Nicole said that when she felt that she was starting to "lose it" with her children, she could take a "time-out" and pray so that she could feel more equipped to deal with the situation.

6. What personal qualities could you draw upon in this situation? *Example:* Nicole could draw on her creativity to devise a way to make a game of getting ready for her children or to reward the child who got ready first with a piece of candy.

How Did This Exercise Help?

Rate on a scale from 1 to 10 (in which 10 means "fine") how you feel now: _____ . How does this number differ from your initial rating? How do you account for any changes?

You probably discovered that you have more resources than you initially believed you had. By working with a specific example like this, you can start to examine how you make yourself feel better. People often experience depression in a way that feels overwhelming. When you start to look

specific situations that get you down, you may start to realize that “depression” is made up of certain incidents that can be broken down and worked on. Through this exercise, you may also see that you’re actively engaged in a process to help yourself, despite how you feel. You’re perhaps more competent than how you saw yourself before. By learning that there are even more coping resources available, you may feel more hopeful about your ability to cope.

Exercise: Find Your Strengths, Even at a Low Point

Before you begin the next exercise, note that it may or may not apply to you. If you haven’t had this experience, feel free to skip it and move ahead. If you do find it applicable, rate your mood on a scale from 1 to 10 here: _____ .

Did you ever think that life wasn’t worth living and that you’d rather not be around? If you’ve had such an experience, consider the following questions:

1. What did you say to yourself at that time that kept you from harming yourself?
Example: Samantha has said to herself, “I can’t do anything to hurt myself, because my mother would be devastated. Plus, I have my dogs to take care of. What would happen to them?”

2. What actions did you take?
Example: Samantha called a supportive friend. When he wasn’t home, she called another friend she could talk to, and explored how she felt. Crying and talking about her feelings, she said, relieved some of the “blackness” in her head. Most important, when she talked about feeling suicidal, her friend told her that she mattered to him and that it would have a big impact on him if she died.

3. What spiritual resources did you draw upon?
Example: Samantha drew on her spiritual beliefs that suicide was a sin and that she would end up in hell if she did anything to herself.

4. What supports did you draw upon?
Example: Samantha drew heavily on the support of her friends. Note that she had more than one friend she could call when she felt this amount of pain.

5. What financial or other physical resources did you draw upon?
Example: Samantha had a car, so she could take a drive when she felt “the walls closing in on” her.

6. What personal qualities did you use in this situation? *Example:* Samantha drew on the love and caring she had for her mother and her pets.

7. What would others say you do? *Example:* Samantha had been told by one of her employers that she was “resourceful.” Samantha said she’d been surprised by this observation because she’d never really thought of herself this way, but she decided that it was also true of how she handled her depression. She would call her friends, and was good about reaching out for help. Because she didn’t want to be a burden and didn’t want her relationships to be only “one-way,” she reciprocated by being available for them when they wanted to talk.

8. Summarize here what you’ve learned about your coping resources. *Example:* Samantha said that her involvement with her dogs and other people kept her going. She felt blessed that she had friends she could reach out to when she felt really bad. Also, she had spiritual beliefs that prohibited suicide. Plus, owning a car meant that she had the freedom to leave her apartment and go places.

9. What other coping methods are potentially available to you?

1. Write down what you could’ve said to yourself to make the situation more manageable. *Example:* Samantha could say, “I’ve gone through these bad periods before, but yet I’ve always gotten through them. This will pass too, even though it doesn’t feel like it.”

2. In this situation, what were the actions you could’ve taken? *Example:* Samantha could take her dogs for a long walk. That way, she would give herself meaning by giving them some pleasure. It would also give her fresh air and exercise, which might help her feel better.

3. What kind of help could you seek in this situation? *Example:* Samantha could call a therapist and make an appointment to discuss her thoughts of self-harm.

4. What financial or other types of physical resources could you draw upon to get through? *Example:* Samantha had health insurance with her job and an employee-assistance program, so she had the resources to seek psychological help.

5. What spiritual resources could you draw upon to help with this situation? *Example:* Samantha said that writing a prayer might help. Since the thoughts in her head were so bad, writing something down might help to overcome these thoughts and replace them with another perspective.

6. What personal qualities could you draw upon in this situation? *Example:* Rather than see herself as “weak” and “powerless” when she was in these moods, Samantha considered that she might actually be a “survivor” for being able to make it through these difficult periods.

10. What negative coping methods do you realize you rely upon? (These will be dealt with in chapter 6.) *Example:* Samantha said that instead of eating a regular meal when she felt bad, she would eat sweet foods like ice cream and cake to comfort herself.

How Did This Exercise Help?

Rate your mood now on a scale from 1 to 10 (in which 10 means “fine”): _____ . How do this number differ from your initial rating? How do you account for any changes you made?

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