

STEADY ADOLESCENT WORKBOOK



ADOLESCENT WORKBOOK

DAILY MOOD and ACTIVITY DIARY



MOOD & ACTIVITY DIARY - Weeks 1 to 3

WEEK 1	Positive	7	12	7	12	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Negative	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 2	Positive	7	12	7	12	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Negative	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 3	Positive	7	12	7	12	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Negative	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List target fun activities here

	1	2	3	4	5	6	7	
(write example above)	Very Sad		Average		Very Happy	(write example above)		

MOOD & ACTIVITY DIARY, Continued - Weeks 4 to 6

WEEK 4	Positive	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4
	2	2	2	2	2	2	2	2	2	2	2	2	
Negative	1	0	1	0	1	0	1	0	1	0	1	0	

WEEK 5	Positive	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4
	2	2	2	2	2	2	2	2	2	2	2	2	
Negative	1	0	1	0	1	0	1	0	1	0	1	0	

WEEK 6	Positive	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4
	2	2	2	2	2	2	2	2	2	2	2	2	
Negative	1	0	1	0	1	0	1	0	1	0	1	0	

List target fun activities here

_____ 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 _____
 (write example above) **Very Sad** **Average** **Very Happy** (write example above)

MOOD & ACTIVITY DIARY, Continued - Weeks 7 to 9

WEEK 7	Positive	7	12	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4	3	4
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Negative	1	0	1	0	1	0	1	0	1	0	1	0	1	0	

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 8	Positive	7	12	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4	3	4
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Negative	1	0	1	0	1	0	1	0	1	0	1	0	1	0	

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WEEK 9	Positive	7	12	7	12	7	12	7	12	7	12	7	12	7	12
		6	10	6	10	6	10	6	10	6	10	6	10	6	10
		5	8	5	8	5	8	5	8	5	8	5	8	5	8
	Average	4	6	4	6	4	6	4	6	4	6	4	6	4	6
		3	4	3	4	3	4	3	4	3	4	3	4	3	4
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Negative	1	0	1	0	1	0	1	0	1	0	1	0	1	0	

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List target fun activities here

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 -----
(write example above) **Very Sad**
Average
Very Happy
(write example above)

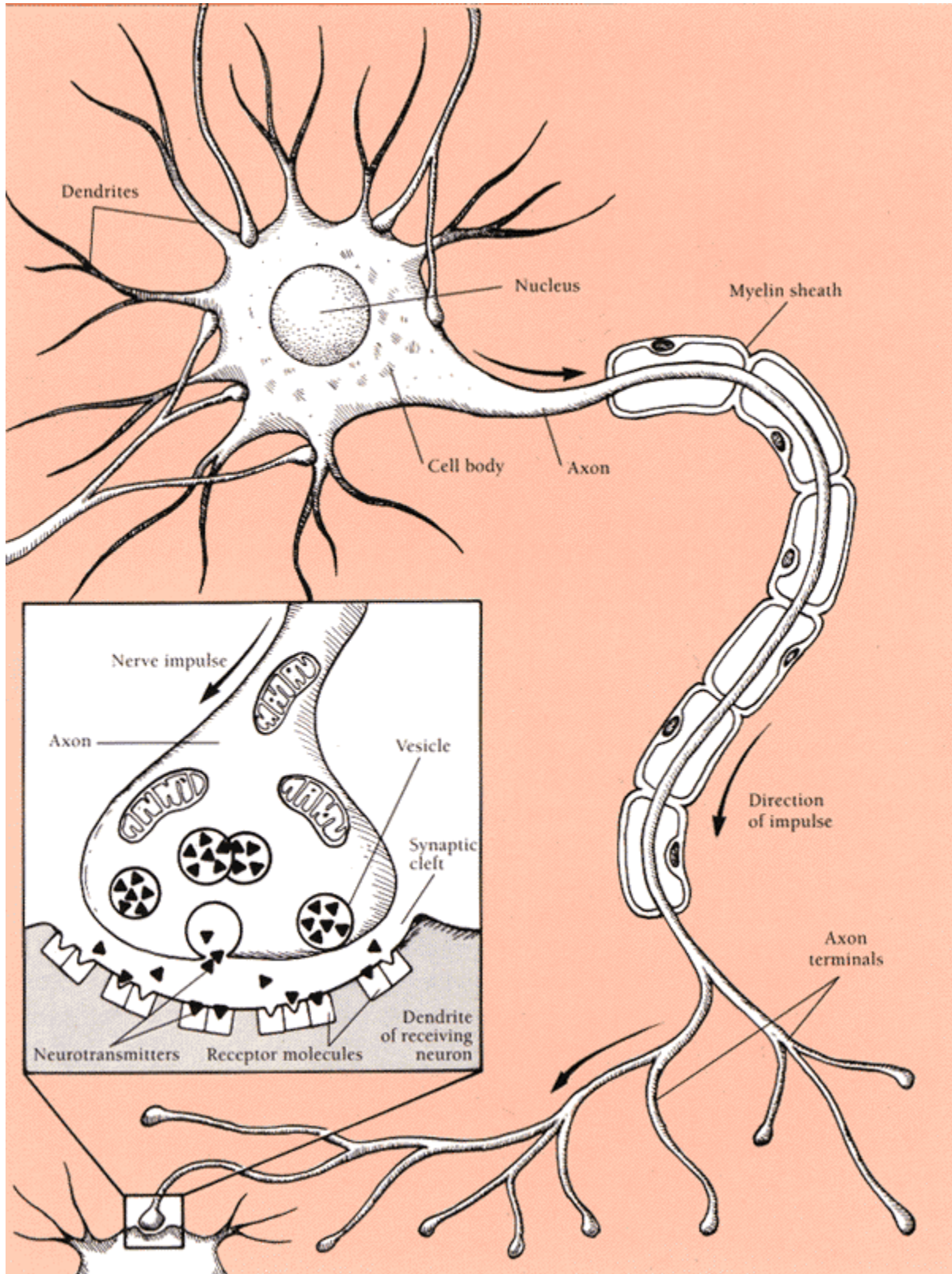
ADOLESCENT WORKBOOK

CHOICE SESSION C1

CBT Choice and Introduction Module



synapse picture



Beliefs about Medication

Sometimes we have beliefs about medications that can make using medications successfully more difficult for us. Put a checkmark by any of the following statements that you believe, even a little, in regards to medications or drugs prescribed by doctors for the treatment of anxiety and depression.

___ These kinds of drugs are not the answer to problems in one's life.

___ These kinds of drugs are a crutch.

___ I would be the one to get severe side effects.

___ I should be able to get by without using these kinds of drugs.

___ I could get addicted.

___ My family would not want me to use these kinds of drugs.

___ I must be a real failure if I need to take this type of medication.

___ I won't be able to work if I take these kinds of drugs.

___ These kinds of drugs are overused.

___ It is harmful to take too many different kinds of drugs.

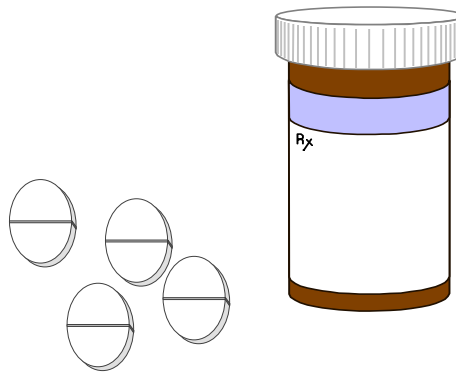
___ Only really messed up people need to take these kinds of drugs.

___ These kinds of drugs should not be taken long-term.

___ Drugs doctors prescribe for anxiety and depression are dangerous.

IMPORTANT INFORMATION ABOUT USING ANTIDEPRESSANT MEDICATIONS

1. It will take 2 to 3 weeks for you to begin to experience beneficial effects from the medication.
2. You will need to take the medicine every day.
3. Stop the medicine only when you decide with your doctor that it is time to stop.
4. Call your doctor if you are concerned about an unpleasant sensation that you think might be related to your medication.



SOME COMMON SIDE EFFECTS, AND WHAT YOU CAN DO UNTIL THEY DISAPPEAR

SIDE EFFECT	SOLUTION
Dry Mouth	Drink plenty of water. Chew sugarless gum, use sugarless gum drops.
Constipation	Eat more fiber-rich foods. Take a stool softener.
Drowsiness	Get fresh air and take frequent walks. Try taking your medicine earlier in the evening, or if you are taking your medicine in the day, ask your doctor if you can take them at night. Be careful not to drive or operate heavy machinery while drowsy.
Wakefulness	Take medications early in the day. Learn more about insomnia. Take a hot bath and have a light snack before bed.
Blurred Vision	Remind yourself that this will be a temporary difficulty.
Dizziness	Get up slower. Drink plenty of fluids. If worried, see your doctor.
Feeling Speeded up	This will improve within 3-5 days. If not, let us know.
Headache	This will improve within 3-7 days. If not, let us know.

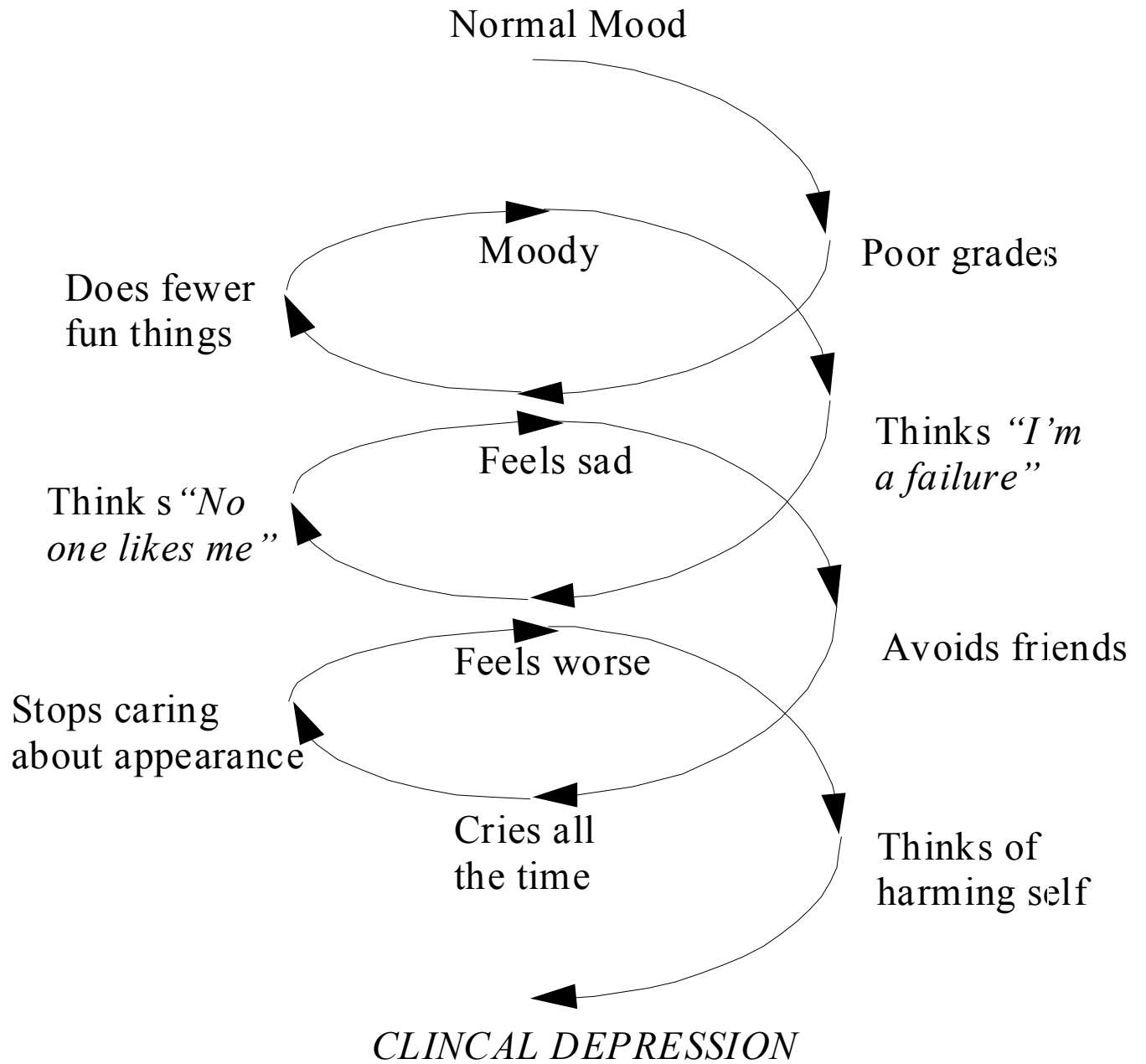
Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

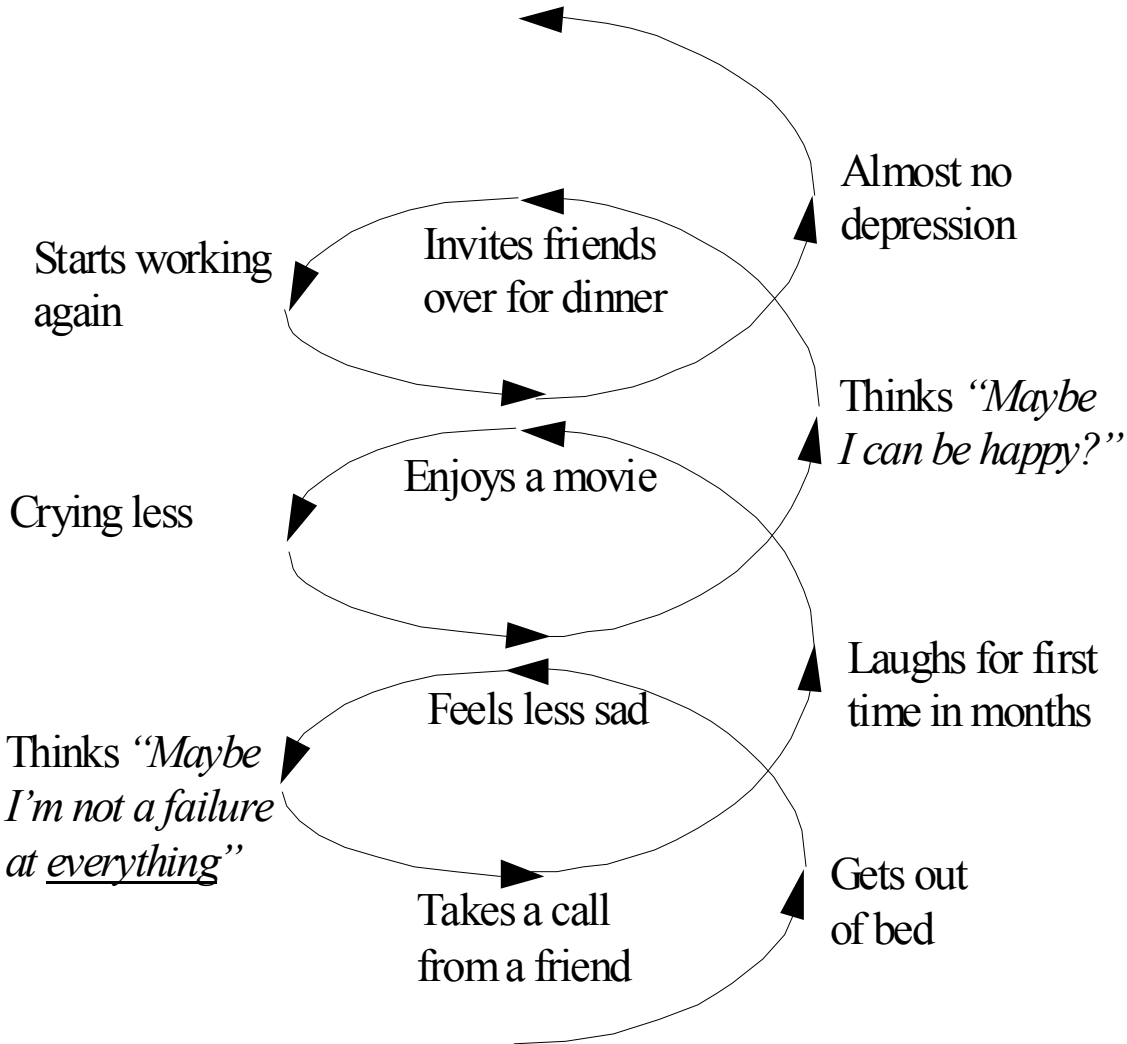
Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--



Downward Spiral

Normal Mood



CLINICAL DEPRESSION

Positive Spiral

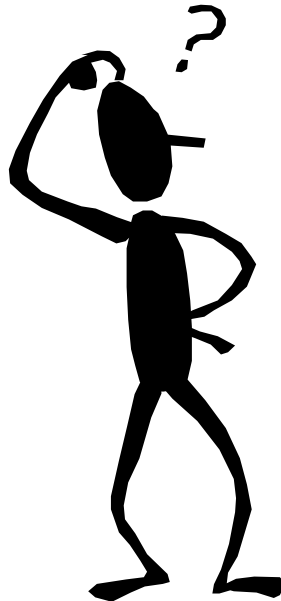
Making A Choice - What Technique To Learn

You have the choice of starting with one of two skills approaches to change the downward spiral to an upward one. Both work about equally well.

- (1) We can work on changing *ACTIONS* or *BEHAVIORS* by increasing pleasant activities—doing more fun things. This involves making a plan, and choosing fun things to do that are realistic – that you can do often, and can afford. Pages A1.6, A1.7, A3.3 and A3.4 in your workbook are good examples of this approach.
- (2) We could also work on changing *THOUGHTS* by learning skills to uncover and stop negative or unrealistic thinking, and to increase realistic and positive thinking. Pages T1.3, T1.5, T2.4 and T2.6 in your workbook are good examples of this approach.

Doing either one of these two approaches will help to change your mood or *FEELINGS*.

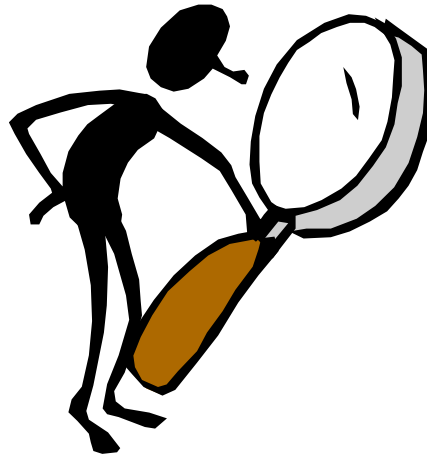
Don't worry about making the "perfect" choice. You can't lose - If the first skill you learn doesn't work for you (that is, you don't feel better), we will automatically move on to the other skill.



ADOLESCENT WORKBOOK

FUN ACTIVITIES SESSION A1

Tracking Mood and Activities



Medication Plan

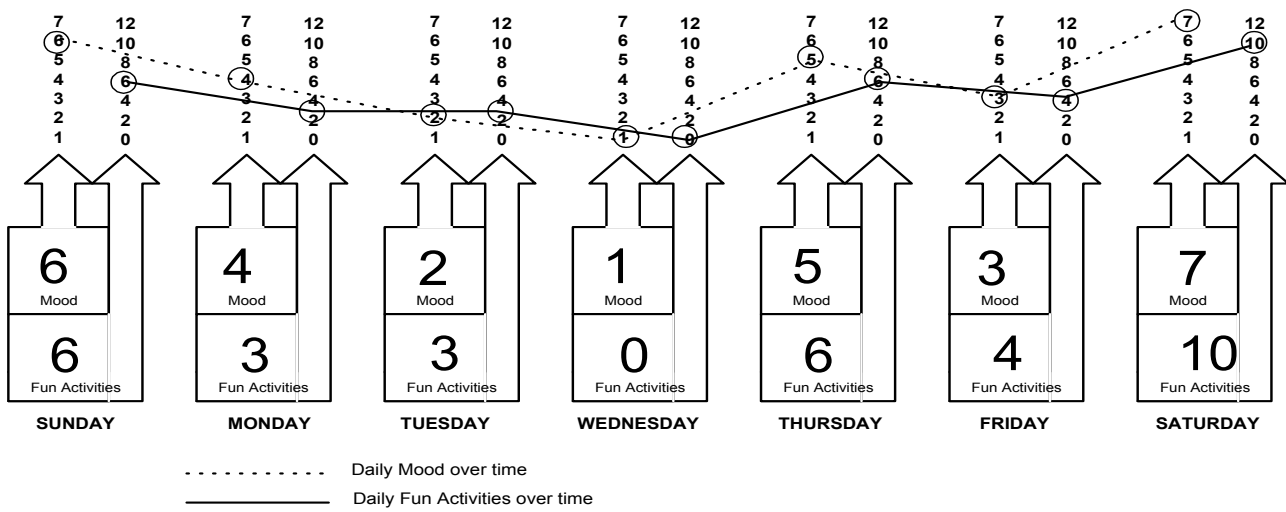
Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--

Are Susan's mood and pleasant activities related over time?



CONTROLLING YOUR ACTIONS: INCREASING FUN ACTIVITIES

Place a check next to the activities below that are pleasant **social** activities. Place a check next to the activities that are **success** activities. Leave the line blank if the activity doesn't fit either category.

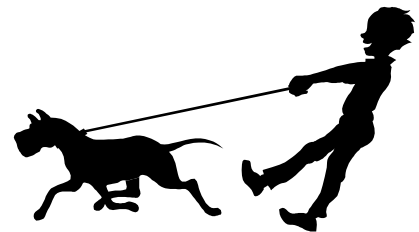
<u>Social</u>	<u>Success</u>	<u>Activity</u>
		Meeting someone new.
		Planning and organizing something.
		Working.
		Having friends visit.
		Doing a good job on an assignment or test.
		Listening to my favorite music on headphones.
		Doing a job well.
		Being with someone I love.
		Having people show an interest in what I've said.
		Being alone.
		Playing sports with friends.
		Learning to do something new.
		Going to a movie.

Q: Which category of activities would make you feel happiest if you could do more of it: pleasant social activities or success activities?

SELECTING FUN ACTIVITIES

The activities you select from list of fun activities should:

- a. Be activities that *you* have complete control over.
- b. Be something that you can do frequently - at least once a week.
- c. Be inexpensive.
- d. Be positive activities.
- e. Be legal (can't smoke cigarettes, for example!)
- f. Be activities that you know you can do without upsetting your parents, teachers, or friends.
- g. Be activities that won't take more free time than you have.



Being in the country
 Wearing expensive or formal clothes
 Making contributions to religious or charitable groups
 Talking about sports
 Meeting someone new
 Taking tests when well prepared
 Going to a concert
 Playing baseball or softball
 Planning trips or vacations
 Buying things for myself
 Being at the beach
 Doing art work (painting, drawing, movie-making, etc.)
 Rock climbing or mountaineering
 Reading a spiritual book
 Playing golf
 Rearranging or redecorating my room or the house
 Going to a sports event
 Reading a "How to Do It" book or article
 Going to the races (horse, car, boat, etc.)
 Reading stories, novels, poems, or plays
 Going to a fun party
 Going to lectures or hearing speakers
 Driving skillfully
 Breathing clean air
 Thinking up or arranging songs or music
 Drinking your favorite drink
 Saying something clearly
 Boating (canoeing, kyaking, motorboating, sailing, etc.)
 Pleasing my parents
 Restoring antiques, refinishing furniture
 Watching television
 Talking to myself
 Camping
 Working in politics
 Working on machines (cars, bikes, motorcycles, etc.)
 Thinking about something good in the future
 Playing cards
 Completing a difficult task
 Laughing
 Solving a problem, puzzle, crossword
 Being at weddings, baptisms, confirmations, etc.
 Criticizing someone
 Shaving
 Having lunch with friends or co-workers
 Playing tennis
 Taking a shower
 Driving long distances

Woodworking, carpentry
 Writing stories, novels, plays, or poetry
 Being with animals
 Riding in an airplane
 Exploring (hiking away from known routes, etc.)
 Having a frank and open discussion
 Singing in a group
 Thinking about myself or my problems
 Working on my job
 Going to a party
 Going to church functions (socials, classes, bazaars, etc.)
 Speaking a foreign language
 Going to service, civic, or social club meetings
 Going to nonschool-related meetings
 Being in a sporty or expensive car
 Playing a musical instrument
 Making snacks
 Snow skiing
 Being helped
 Wearing informal clothes
 Combing or brushing my hair
 Acting
 Taking a nap
 Being with friends
 Canning, freezing, making preserves, etc.
 Driving
 Solving a personal problem
 Being in a city
 Taking a bath
 Singing to myself
 Making food or crafts to sell or give away
 Playing pool or billiards
 Being with relatives
 Playing chess or checkers
 Doing craft work (pottery, jewelry, beads, weaving, etc.)
 Lifting weights
 Putting on makeup, fixing my hair, etc.
 Designing or drafting
 Visiting people who are sick, shut in, or in trouble
 Cheering, rooting
 Bowling
 Being popular at a gathering
 Watching wild animals
 Having an original idea
 Gardening, landscaping, or doing yard work
 Getting something for nothing
 Reading essays or other academic literature
 Wearing new clothes
 Dancing

Sitting in the sun
 Riding a motorcycle
 Just sitting and thinking
 Seeing good things happen to my family or friends
 Going to a fair, carnival, circus, zoo, or amusement park
 Talking about philosophy or religion
 Planning or organizing something
 Listening to the sounds of nature
 Dating, etc.
 Having a lively talk
 Racing in a car, motorcycle, boat, etc.
 Listening to the radio
 Having friends come to visit
 Competing in a sports event
 Introducing people who I think would like each other
 Giving gifts
 Going to school, organization, or government meetings
 Getting massages or backrubs
 Getting letters, cards, or notes
 Watching the sky, clouds, or a storm
 Going on outings (to the park, a picnic, a barbecue, etc.)
 Playing basketball
 Buying something for my family
 Taking pictures
 Giving a speech or a presentation
 Reading maps
 Gathering natural objects (rocks, driftwood, etc.)
 Working on my finances
 Wearing clean clothes
 Helping someone
 Being in the mountains
 Getting a job, working
 Hearing or telling jokes
 Winning a bet
 Buying a small thing for myself or someone else
 Talking about my family
 Meeting someone new who attracts me
 Going to a revival or crusade
 Talking about my health
 Seeing beautiful scenery
 Eating a good meal
 Improving my health (getting new glasses, changing my diet, etc.)
 Going downtown or to a shopping mall
 Wrestling or boxing
 Hunting
 Playing in a musical group
 Hiking
 Going to a museum or exhibit
 Writing papers, essays, reports, etc.
 Doing a job well

Having spare time
Fishing
Lending something
Being noticed as attractive
Pleasing employers, teachers, etc.
Counseling someone
Going to a health club, sauna, hot tub, etc.
Learning to do something new
Going to a drive-in (McDonalds, etc.)
Complimenting or praising someone
Thinking about people I like
Being with my parents
Horseback riding
Protesting social, political, or environmental conditions
Talking on the telephone
Having daydreams
Kicking leaves, sand, pebbles, etc.
Playing lawn sports (croquet, horseshoes, etc.)
Going to a meeting with friends
Seeing famous people
Going to the movies
Kissing
Being alone
Budgeting my time
Cooking meals
Being praised by people I admire
Outwitting a "superior"
Feeling the presence of the Lord in my life
Doing a project in my own way
Doing "odd jobs" around the house
Crying
Being told I am needed
Being at a family reunion or get-together
Giving a party or get-together
Washing my hair
Coaching someone
Going to a restaurant
Seeing or smelling a flower or plant
Being invited out
Receiving honors (civic, school, etc.)
Using perfume or makeup
Having someone agree with me
Talking about old times
Getting up early in the morning
Having peace and quiet
Doing experiments or other scientific work
Visiting friends
Writing in a diary
Playing football
Being counseled
Saying prayers
Giving massages or backrubs
Meditating or doing yoga
Watching professional wrestling or boxing
Doing favors for people

Talking with people on the job or in class
Stretching
Being relaxed
Being asked for my help or advice
Thinking about other people's problems
Playing board games (Monopoly, Scrabble, etc.)
Sleeping soundly at night
Doing heavy outdoor work (cutting or chopping wood, etc.)
Reading the newspaper
Snowmobiling or dune-buggy riding
Being in a therapy or support group
Dreaming at night
Playing ping-pong
Brushing my teeth
Swimming
Running, jogging
Gymnastic, fitness, or field exercises
Walking barefoot
Playing frisbee or catch
Doing housework or laundry; cleaning things
Being with my roommate
Listening to music
Arguing
Knitting, crocheting, embroidery, or needlework
Amusing people
Talking about sex
Going to a barber or beautician
Having house guests
Being with someone I love
Reading magazines
Sleeping late
Starting a new project
Being stubborn
Going to the library
Playing soccer, rugby, hockey, lacrosse, etc.
Preparing a new or special food
Birdwatching
Shopping
Watching people
Building or watching a fire
Winning an argument
Selling or trading something
Finishing a project or task
Confessing or apologizing
Repairing things
Working with others as a team
Bicycling
Telling people what to do
Being with happy people
Playing party games
Writing letters, cards, or notes
Talking about politics or public affairs
Asking for help or advice
Going to banquets, luncheons, potlucks

Talking about my hobby or special interest
Watching attractive women or men
Smiling at people
Playing in the sand, a stream, the grass, etc.
Talking about other people
Being with my girlfriend or boyfriend
Having people show interest in what I have said
Going on field trips, nature walks, etc.
Expressing my love to someone
Caring for houseplants
Having coffee, tea, a coke, etc., with friends
Taking a walk
Collecting things
Playing handball, paddleball, squash, etc.
Sewing
Remembering a departed friend or loved one, visiting the cemetery
Doing things with children
Beachcombing
Being complimented or told I have done well
Being told I am loved
Eating snacks
Staying up late
Feeling proud about family or friends
Being with my family
Going to auctions, garage sales, etc.
Thinking about an interesting question
Doing volunteer work; working on community service projects
Waterskiing, surfing, scuba diving
Receiving money
Watching the sky, clouds, or a storm
Defending or protecting someone; stopping fraud or abuse
Hearing a good sermon
Winning a competition
Making a new friend
Talking about my job or school
Reading cartoons, comic strips, or comic books
Borrowing something
Traveling with a group
Seeing old friends
Teaching someone
Using my strength
Traveling
Going to school-related parties or get-togethers
Attending a concert, opera, or ballet
Playing with pets
Going to a play
Looking at the moon or stars
Being coached

Life Experiment

When, Where,
How Often?

1. Record your mood and daily fun activities in your Mood and Activity Diary in the front of your workbook.
2. Personal Goal (Optional): _____

Success Activity

1. Fill out your Mood and Activity Diary for today.

Preview of the Next Session

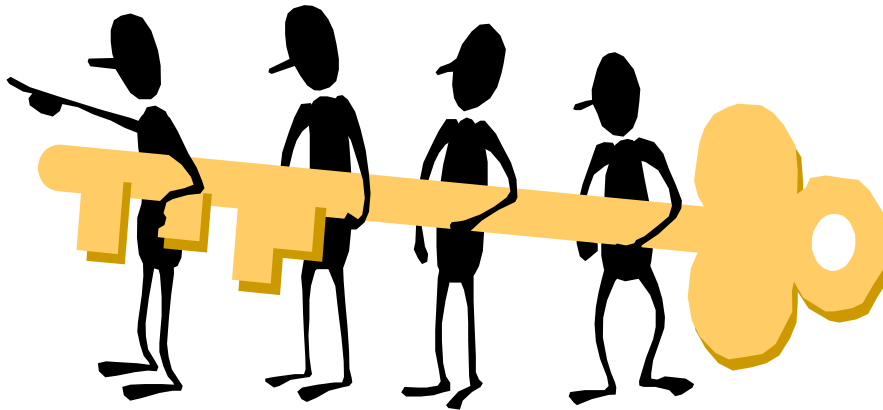
1. Our study of fun activities will continue over the next several weeks. During the next two sessions, we'll develop a plan for increasing pleasant activities in order to change our moods.



ADOLESCENT WORKBOOK

FUN ACTIVITIES SESSION A2

Learning How to Change



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--

YOUR MOOD GOAL

1. Look at your Daily Mood and Activity Diary in the front of your workbook.
 2. What is the lowest mood you have had in the past week?
 3. Add one to this, and write the number down here _____
 4. This is your suggested mood goal.
- ?** Is this a realistic, small step?
- ?** Is this an OK goal for you?
5. If your suggested mood goal is OK with you, write it in the box below.
 6. If your suggested mood goal is not OK with you, discuss it with your counselor and come up with a better goal. Write that better goal in the box below.

What is your best mood goal for you?

My goal for minimum level of *mood* is _____.

YOUR FUN ACTIVITIES GOAL

Look at your Daily Mood and Activity Diary on page 1.1 and answer the following questions:

- | | | | |
|----|--|-----|----|
| 1. | Are <u>your</u> mood and pleasant activities related? | Yes | No |
| 2. | Is your lower mood level related to doing fewer pleasant activities? | Yes | No |
| 3. | Is doing more pleasant activities related to your mood level going up? | Yes | No |

IN THE LAST WEEK:

4. Add the daily totals of activities on page 1.1. Total number of fun activities = _____
5. How many days was this data collected for? Total number of days = _____
6. What is your *average* daily number of fun activities?
 (Total number of activities divided by total number of days.) average = _____

YOUR GOAL SHOULD BE BETWEEN A LOW AND HIGH POINT

<p>"Low Point" - your goal should be no <i>lower</i> than this. This is your lowest number of fun activities last week <i>plus</i> one</p>		<p>"High Point" - your goal should be no <i>higher</i> than this. This is your average of fun activities (see 6 above) <i>minus</i> one</p>
<p>Low Point = _____</p>		<p>High Point = _____</p>
<p><i>Now look at your low and high points. What is a good fun activity goal for you, between these two numbers?</i></p>		



My goal for my minimum level of fun activities is _____.

REWARD MENU

A. PEOPLE

List two people with whom you would like to spend more time each week, but don't usually get a chance to.

- 1. _____
- 2. _____

B. PLACES

List two places where you would like to spend more time, but rarely get a chance to.

- 1. _____
- 2. _____

C. THINGS

List two things you don't own that you would really like to have. Make sure they are things you can afford (for example, a book, a tape or CD, clothes, etc.).

- 1. _____
- 2. _____

List your four favorite foods and non-alcoholic drinks. You may also want to include items that you haven't tried very often.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

D. ACTIVITIES

List two activities you would like to do more often.

- 1. _____
- 2. _____

E. REWARDS

Now select three rewards from your lists above that are the most powerful for you.

- 1. _____
- 2. _____
- 3. _____

SELECTING GOALS AND WRITING A CONTRACT

Fun Activities Goals

Fun activities goal (from bottom of page 2.3) _____.

Fun Activities Contract

My goal for the next week is to do at least _____ fun activities every day. Each day that my daily total is _____, I will reward myself with _____ (smaller reward)

If I reach my goal five days out of seven during the next week, I will reward myself with _____ (bigger reward)

Signed

Name

Date

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Goal Met this week							

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Goal Met next week							

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Goal Met third week							

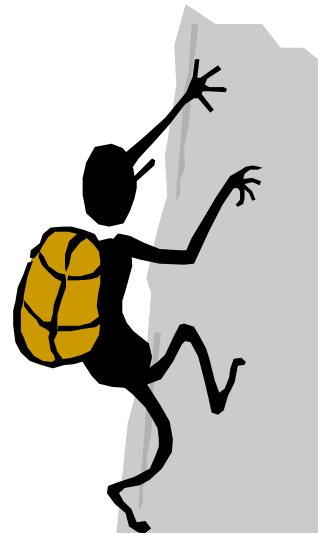
LIFE EXPERIMENT

When, Where,
How Often?

1. Continue tracking your daily mood and fun activities in your Mood and Activity Diary.
2. Try to maintain your fun activities at or above your goal. Follow the terms of your contract (either page A2.5 or A3.2) by keeping track of whether you achieve your goals on a daily and weekly basis; give yourself the reward you have selected if you're successful.
3. Personal Goal (Optional): _____

Success Activity

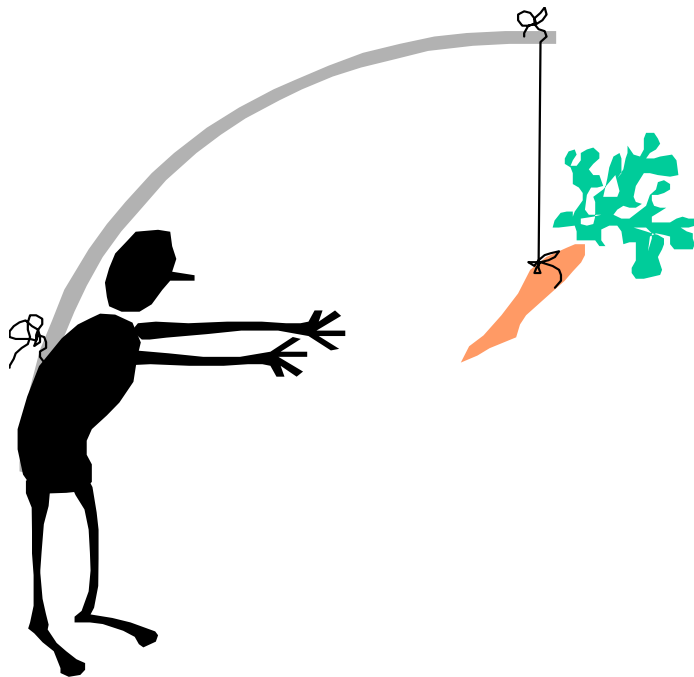
1. Check the pleasant activities that you did today and also rate your mood in your Mood and Activity Diary.



ADOLESCENT WORKBOOK

FUN ACTIVITIES SESSION A3

Setting Goals



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:

IMPROVED FUN ACTIVITIES GOAL and CONTRACT

<p><i>Improved Fun Activities Goals</i></p> <p>New Fun activities goal ____.</p>

Fun Activities Contract

My goal for the next week is to do at least ____ fun activities every day. Each day that my daily total is ____, I will reward myself with _____ (smaller reward)

If I reach my goal five days out of seven during the next week, I will reward myself with _____ (bigger reward)

Signed _____ Date _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Goal Met this week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Goal Met next week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Goal Met third week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT PATTERNS ARE THERE?

1. Look at your Mood and Activity Diary. Are some days of the week (for example, weekends) associated with patterns/changes in your mood and activity levels?

Yes

No

Explain _____

2. Think about the patterns in your pleasant activities in your Mood and Activity Diary. What are some of the things that seem to be related to doing pleasant activities? Was anything special happening on the days when you did lots of pleasant activities, or on days when you did very few?



3. What could you do to change some of these patterns and create more opportunities to do the pleasant activities you listed?

4. Place a star by the idea or strategy above that would make the most difference.

LIFE EXPERIMENT

When, Where,
How Often?

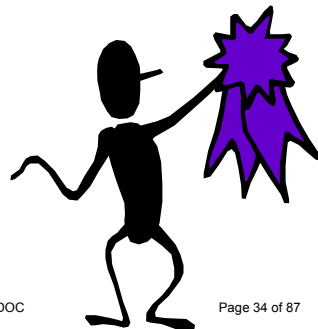
1. Try to maintain your fun activities at a specific level. Follow the terms of your contract (either page A2.5 or page A3.2) by keeping track of whether you achieve your goals on a daily and weekly basis; give yourself the reward you have selected if you're successful.
2. Continue tracking your pleasant activities and mood every day using your Mood and Activity Diary.
3. Personal Goal (Optional): _____

Success Activity

1. Write the total number of fun activities that you did today in your Mood and Activity Diary.
2. If you did enough fun activities to meet your daily goal, put a checkmark in the appropriate box on your contract (page A3.2)

Preview of the Next Session

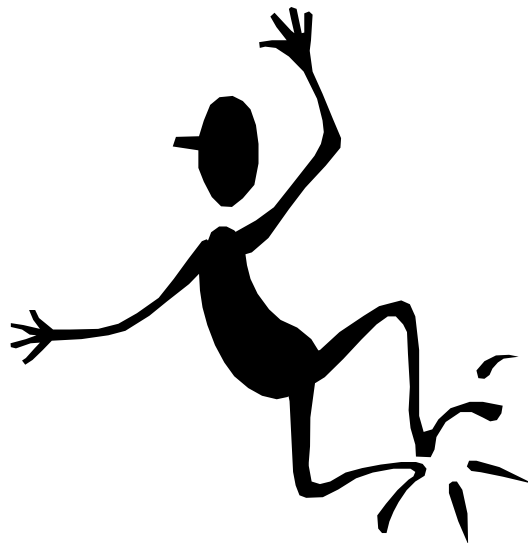
Next session, we will check to see if you were able to meet your contract goals.



ADOLESCENT WORKBOOK

FUN ACTIVITIES SESSION A4

Making A Plan Work



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--

MAKING THE FUN ACTIVITIES PLAN WORK

1. Which of the following might be helpful for you? Check all that apply.

- Schedule pleasant activities in advance.
- Don't let yourself back out or give excuses.
- Make a commitment to do more pleasant activities.
- Set aside blocks of time for things you have to do and for pleasant activities.
- Make a "to do" list.
- Anticipate problems and try to prevent them.
- If parents object, make "a deal" (e.g., "If I do my chores, can I go to the movies?")
- Balance what you *have* to do with what you *want* to do.
- Make reservations.
- Begin to keep a calendar or datebook.
- Find a partner who is also trying (or willing) to do more fun stuff
- Make a "quickies" list of fun activities that can be done in 10 minutes or less
- Other ideas: _____
- Other ideas: _____
- Other ideas: _____
- Other ideas: _____
- Other ideas: _____
- Other ideas: _____

2. Circle the one or two ideas above that will help you meet your pleasant activities goals. How can you use these in the next few days?

YOUR SOCIAL SUPPORT SYSTEM

Your social support system includes your family, friends, neighbors, acquaintances, co-workers etc.

STRENGTHENING YOUR SOCIAL SUPPORT SYSTEM

Two important principles to keep in mind are:

1. If your social support group is too small, make it **LARGER**. Your group is too small a) if you don't have any one that you can trust for help with personal matters, b) if you don't have anyone to go to if you need help, or c) if you have no friends or acquaintances to do things with.

2. If your social support group is a good size, appreciate it and keep it going.

HOW CAN I MAKE MY SOCIAL SUPPORT SYSTEM STRONGER?

(Check all that apply)

- Meeting new people
- Getting closer to people I know
- Having fewer conflicts/fights with people I care about
- Doing more activities with friends or acquaintances
- Doing more activities with family members

Look at the fun activities you've done in the past week. Note activities that you enjoy where you have contacts with people.

List activities where you enjoy what you do and meet other people.

List other activities that you enjoy doing and offer an opportunity to meet other people.

LIFE EXPERIMENT

When, Where,
How Often?

1. Record your mood and daily fun activities in your Mood and Activity Diary.
 2. Check your contract (page 3.3) every day to see if you met your fun activities goal.
 2. Personal Goal (Optional): _____
-

Success Activity

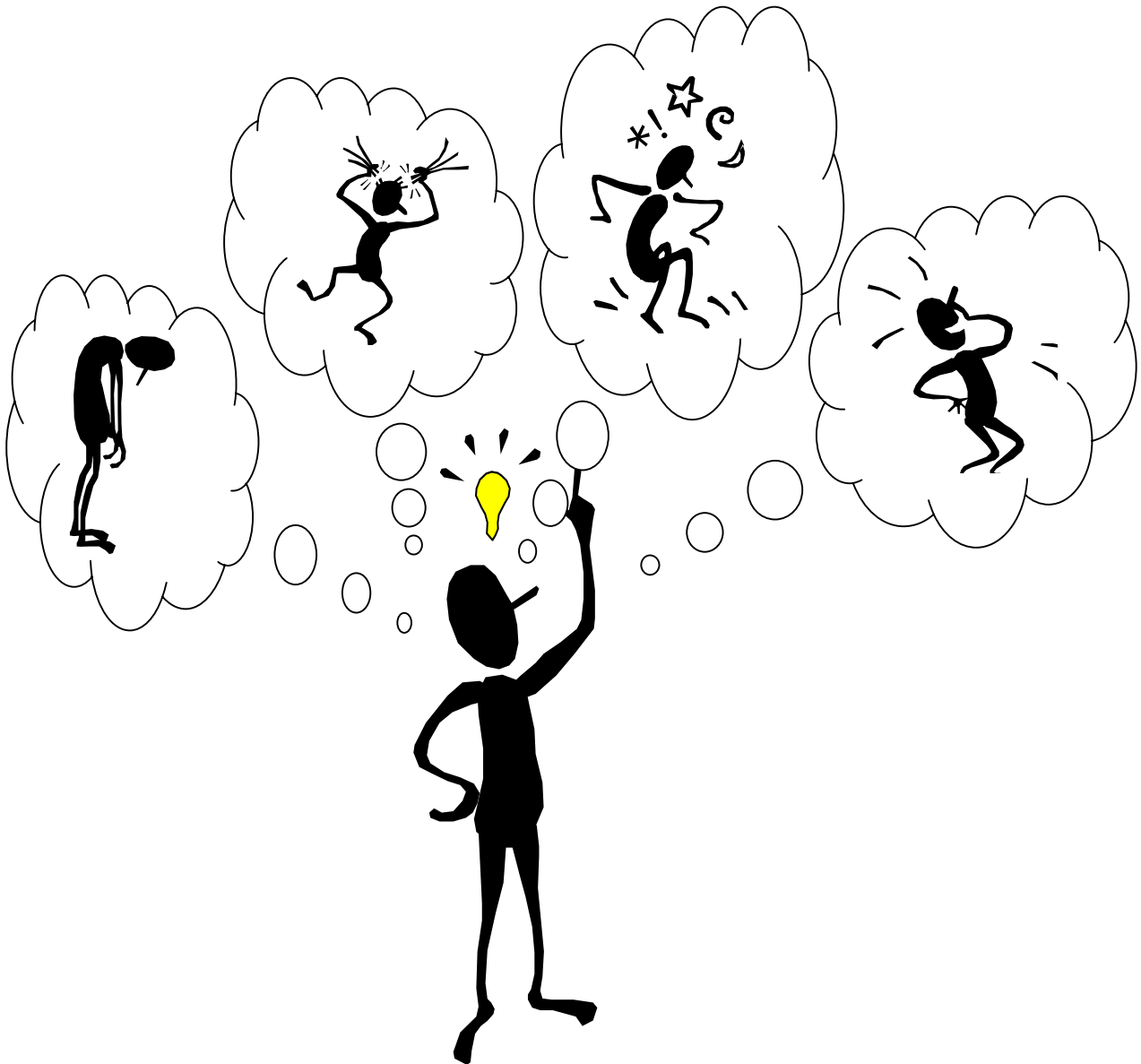
1. Fill out your Mood and Activity Diary for today.



ADOLESCENT WORKBOOK

CHANGING YOUR THINKING SESSION T1

Thoughts & Feelings



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--

EXAMPLES OF COMMON NEGATIVE THOUGHTS

Check All that Apply

- | | |
|---|---|
| <input type="checkbox"/> I'm confused. | <input type="checkbox"/> Life is unfair. |
| <input type="checkbox"/> I am wasting my life. | <input type="checkbox"/> I wish I were dead. |
| <input type="checkbox"/> I'm scared. | <input type="checkbox"/> I wonder if they are talking about me. |
| <input type="checkbox"/> Nobody loves me. | <input type="checkbox"/> Things are just going to get worse and worse. |
| <input type="checkbox"/> I'll end up living all alone. | <input type="checkbox"/> I have a bad temper. |
| <input type="checkbox"/> I don't have enough willpower. | <input type="checkbox"/> No matter how hard I try, people aren't satisfied. |
| <input type="checkbox"/> I'll never be successful. | <input type="checkbox"/> I'll never make <i>any</i> good friends. |
| <input type="checkbox"/> I don't have any patience. | <input type="checkbox"/> I'm crazy. |
| <input type="checkbox"/> There's no use trying, I never get it right. | <input type="checkbox"/> There is something wrong with me. |
| <input type="checkbox"/> That was a dumb thing for me to do (or say). | <input type="checkbox"/> I am selfish. |
| <input type="checkbox"/> Life sucks. | <input type="checkbox"/> My memory is lousy. |
| <input type="checkbox"/> I'm ugly. | <input type="checkbox"/> I am not as good as _____ (<i>another person</i>). |
| <input type="checkbox"/> I can't express my feelings. | <input type="checkbox"/> I get my feelings hurt easily. |
| <input type="checkbox"/> I'll never find what I really want. | |
| <input type="checkbox"/> I can't get close to people. | |
| <input type="checkbox"/> I am worthless. | |
| <input type="checkbox"/> It's all my fault. | |
| <input type="checkbox"/> Bad things always happen to me. | |
| <input type="checkbox"/> I can't think of anything that would be fun. | |
| <input type="checkbox"/> I'll never get over this depression. | |
| <input type="checkbox"/> People don't consider friendship important anymore. | |
| <input type="checkbox"/> Things are so messed up that doing anything about them is useless. | |
| <input type="checkbox"/> Anybody who thinks I'm nice doesn't know the real me. | |
| <input type="checkbox"/> I shouldn't even bother getting up in the morning. | |
| <input type="checkbox"/> I'm afraid to imagine what my life will be like in ten years. | |

EXAMPLES OF POSITIVE THOUGHTS

Check All that Apply

- | | |
|--|--|
| <input type="checkbox"/> Life is interesting. | <input type="checkbox"/> My family cares about me. |
| <input type="checkbox"/> I really feel great. | <input type="checkbox"/> I'm attractive. |
| <input type="checkbox"/> I'm having fun. | <input type="checkbox"/> People can count on me because I'm reliable. |
| <input type="checkbox"/> I have great hopes for the future. | <input type="checkbox"/> I'm a good friend. |
| <input type="checkbox"/> I think I can do a good job at this. | <input type="checkbox"/> I think my life will turn out O.K. |
| <input type="checkbox"/> I have good self-control. | <input type="checkbox"/> I'm a generous person. |
| <input type="checkbox"/> I like people. | <input type="checkbox"/> I make friends easily. |
| <input type="checkbox"/> People like me. | <input type="checkbox"/> I care about people and the world. |
| <input type="checkbox"/> I have a good sense of humor. | <input type="checkbox"/> I have a good memory. |
| <input type="checkbox"/> There are some things that I'm very good at. | <input type="checkbox"/> I'm pretty lucky. |
| <input type="checkbox"/> I deserve to have good things happen. | <input type="checkbox"/> I have some very good friends. |
| <input type="checkbox"/> I can learn new skills to gain control of my mood. | <input type="checkbox"/> I know how to make my friends laugh. |
| <input type="checkbox"/> Other people think that I'm fun to be with. | <input type="checkbox"/> People value my opinion. |
| <input type="checkbox"/> I'm a good listener. | <input type="checkbox"/> I'm as good as _____ (<i>another person</i>). |
| <input type="checkbox"/> I'm OK the way I am. | <input type="checkbox"/> Good things can happen, if you work at them. |
| <input type="checkbox"/> I'm doing all right. | <input type="checkbox"/> Even if it's a rainy day, I can keep myself busy. |
| <input type="checkbox"/> I know how to deal with problems. | |
| <input type="checkbox"/> I'm optimistic about overcoming depression. | |
| <input type="checkbox"/> I'm a nice person. | |
| <input type="checkbox"/> My friends care about me. | |
| <input type="checkbox"/> I have enough time to accomplish the things I want to do in life. | |
| <input type="checkbox"/> I can learn to have control over my thoughts and actions. | |
| <input type="checkbox"/> I can find a solution to most of the problems that come up. | |
| <input type="checkbox"/> Even if things don't always go my way, I'll live through it. | |
| <input type="checkbox"/> I have some skills (sports, reading, art, etc.) that I'm good at. | |
| <input type="checkbox"/> Even if things are bad, I know how to take care of myself. | |
| <input type="checkbox"/> I often receive compliments for doing something well. | |

THOUGHTS AND ACTIVATING EVENTS

Do you have more negative thoughts or positive thoughts?

Total number of positive thoughts = _____ (page T1.3)

Total number of negative thoughts = _____ (pages T1.2)



1.1.1 COUNTER A NEGATIVE THOUGHT WITH A POSITIVE ONE

HERMAN

Jim Unger

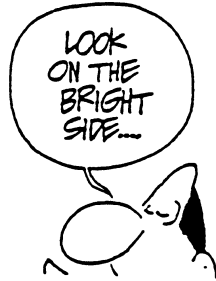
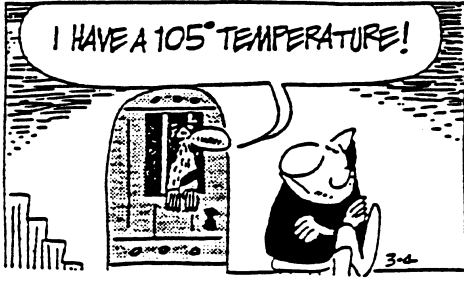


“Good news and bad news. The good news is he won’t be scratching your furniture anymore.”

Herman: © 1987, Universal Press Syndicate. All rights reserved. Reprinted by permission.

1.1.2 COUNTER A NEGATIVE THOUGHT WITH A POSITIVE ONE

WIZARD OF ID



Johnny Hart



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NEGATIVE THOUGHTS TRACKING

Starting Date

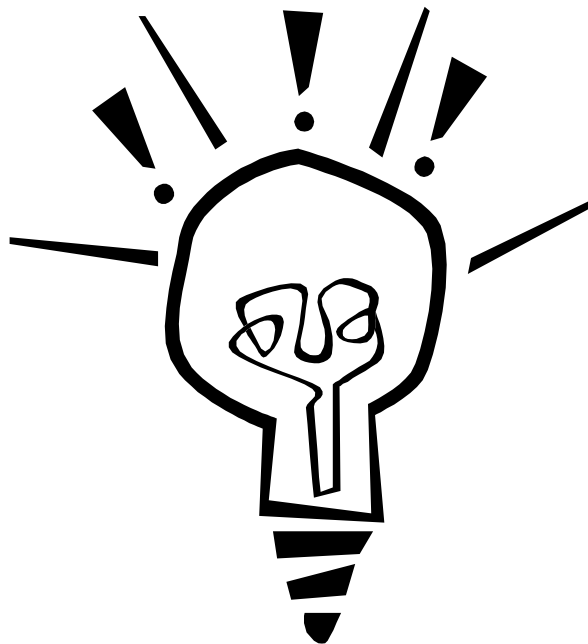
(Optional)

Day	NEGATIVE THOUGHT	ACTIVATING EVENT	POSITIVE COUNTER-THOUGHT	# of times I caught Myself
1				
2				
3				
4				
5				
6				
7				

LIFE EXPERIMENT

When, Where,
How Often?

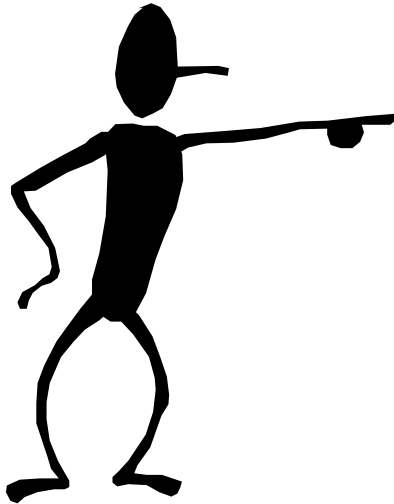
1. Keep track of negative thoughts, using page T1.7. Try using the 3" x 5" card to take notes right after the thought occurs, then transfer the notes to page T1.7.
2. Fill out your Mood Diary every day.



ADOLESCENT WORKBOOK

CHANGING YOUR THINKING SESSION T2

Arguing Against Negative Thoughts



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:

A-B-C Example

2nd	3rd	1st
A (<i>A</i> ctivating Event)	B (<i>B</i> elief)	C (<i>C</i> onsequence)

Bill and Steve live across the street from each other. Bill feels depressed, while Steve feels happy. What are the emotional Consequences for Bill and Steve?

	A	B	C
1. Bill			
2. Steve			

Bill and Steve both look out the window. It's October, and it's raining again. They both notice that the rain affects their feelings. What are the Activating Events for Bill and Steve?

	A	B	C
1. Bill			
2. Steve			

A-B-C Example (continued)

It's October and it's raining again. Bill looks out the window and thinks to himself, "This is awful! Summer is over and now it's going to rain nonstop for six months! I can't stand the clouds and the cold! This is horrible! I'll never have any fun now!"

Across the street, Steve is looking out his window. He is thinking to himself, "This is great! When it's raining here, that means it's snowing in the mountains. I'll be skiing again soon! I can't wait!"

What are Steve's and Bill's Beliefs?

	A	B	C
1. Bill			
2. Steve			

What actually caused the different consequences for Steve and Bill?

Questions for Creating Positive Counter-Thoughts

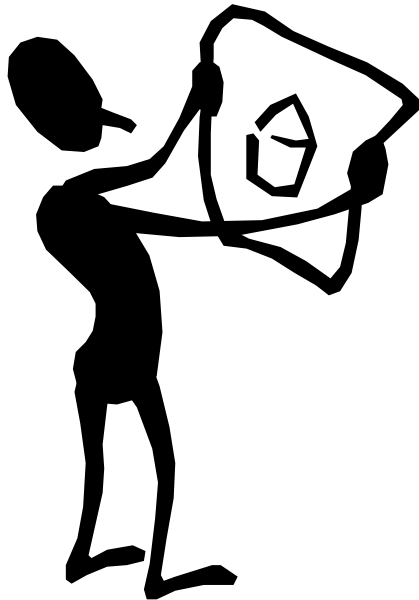
1. Is there another way to look at this? (*Thinking of alternatives*)
2. Is there another reason why this would happen? (*Thinking of alternatives*)
3. Even if this thought is true, what's the worst thing that can happen?
(*Implications*)
4. Even if this thought is true, what's the best thing that can happen?
(*Implications*)
5. What will be the most likely thing to happen? (*Implications*)
6. Is there anything I can do about this? (*Plan of Attack*)
7. Has this happened to you before? (*Checking the evidence*)
8. Has this happened with other people? (*Checking the evidence*)



LIFE EXPERIMENT

When, Where,
How Often?

1. Use the A-B-C Worksheet to write down and argue against your negative thoughts. Page T2.6 is filled in as an example of how to use these worksheets.
2. Fill out your Mood Diary every day



A-B-C Form

Step 2: fill this in after writing down your feelings(box C)

A
The Situation (Activating Event)
<i>My friends were invited to a party and I wasn't.</i>

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

B
Your Thoughts (Beliefs)
<ol style="list-style-type: none"> 1. <i>Nobody likes me.</i> 2. <i>I'll never get asked to a party.</i> 3. <i>There is something wrong with me.</i>

Step 1: It is often helpful to start here

C
Your Feelings (Emotional Consequence)
<p>X. <i>Sad</i></p> <p>Y. <i>Angry</i></p> <p>Z. <i>Lonely</i></p>

- **What are some OTHER WAYS to think about this situation?** *It's not the end of the world. I've been invited to parties that my friends weren't invited to. I have other friends.*

- **What is the EVIDENCE for and against your beliefs?**

Evidence FOR

I'm not invited to the party.
My friends have been hanging out with other people lately.

Evidence AGAINST

I don't really know the person who is having the party.
There are other people who aren't going.
I'm going to a party next weekend.

- **If these beliefs were TRUE,**

...what is the **WORST** thing that could happen? *I'll be home alone every weekend. I will lose all of my friends.*

...what is the **BEST** thing that could happen? *I'll get in touch with friends that I haven't seen in a while. I'll plan something else fun to do that night. I'll meet new friends.*

...what is the **MOST LIKELY** thing that would happen? *I'll meet a new group of friends to do things with.*

...what is a **PLAN OF ATTACK** that you can use to help with this situation? *I'll get in touch with other friends. I'll plan something else to do the night of the party.*

- **Write your POSITIVE COUNTERTHOUGHTS Here:**

I'm disappointed not to be invited, but I will survive. People think I'm fun to be around. I can have a good time with other friends.

A-B-C Form

Step 2: fill this in after writing down your feelings (box C)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

Step 1: It is often helpful to start here
↓

<p>A The Situation (Activating Event)</p>	<p>B Your Thoughts (Beliefs)</p>	<p>C Your Feelings (Emotional Consequence)</p>
→	→	
	<p>1.</p> <p>2.</p> <p>3.</p>	<p>X.</p> <p>Y.</p> <p>Z.</p>

• What are some **OTHER WAYS** to think about this situation? _____

• What is the **EVIDENCE** for and against your beliefs?

Evidence FOR	Evidence AGAINST
_____	_____
_____	_____
_____	_____
_____	_____

• If these beliefs were **TRUE**,

...what is the **WORST** thing that could happen? _____

...what is the **BEST** thing that could happen? _____

...what is the **MOST LIKELY** thing that would happen? _____

...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

• Write your **POSITIVE COUNTERTHOUGHTS** Here:

A-B-C Form

Step 2: fill this in after writing down your feelings(box C)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

Step 1: It is often helpful to start here
↓

<p>A The Situation (Activating Event)</p>	<p>B Your Thoughts (Beliefs)</p>	<p>C Your Feelings (Emotional Consequence)</p>
→	→	
	<p>1.</p> <p>2.</p> <p>3.</p>	<p>X.</p> <p>Y.</p> <p>Z.</p>

• What are some **OTHER WAYS** to think about this situation? _____

• What is the **EVIDENCE** for and against your beliefs?

Evidence FOR	Evidence AGAINST
_____	_____
_____	_____
_____	_____
_____	_____

• If these beliefs were **TRUE**,

...what is the **WORST** thing that could happen? _____

...what is the **BEST** thing that could happen? _____

...what is the **MOST LIKELY** thing that would happen? _____

...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

• Write your **POSITIVE COUNTERTHOUGHTS** Here:

A-B-C Form

Step 2: fill this in after writing down your feelings(box C)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

Step 1: It is often helpful to start here
↓

<p>A The Situation (Activating Event)</p>	<p>B Your Thoughts (Beliefs)</p>	<p>C Your Feelings (Emotional Consequence)</p>
	→	
	→	
	→	
	→	
	→	
	→	
	→	
	→	
	→	

• **What are some OTHER WAYS to think about this situation?** _____

• **What is the EVIDENCE for and against your beliefs?**

Evidence FOR	Evidence AGAINST
_____	_____
_____	_____
_____	_____
_____	_____

• **If these beliefs were TRUE,**
 ...what is the **WORST** thing that could happen? _____

...what is the **BEST** thing that could happen? _____

...what is the **MOST LIKELY** thing that would happen? _____

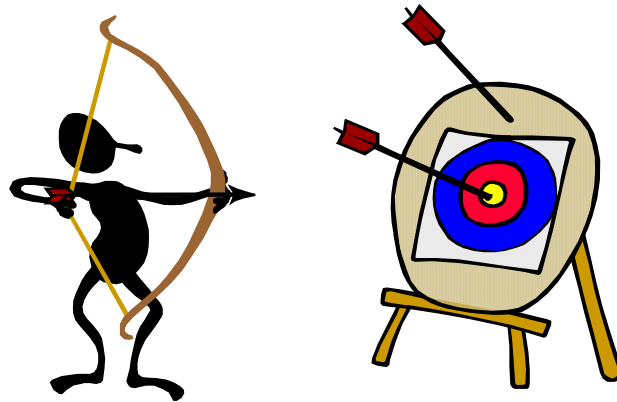
...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

• **Write your POSITIVE COUNTERTHOUGHTS Here:**

ADOLESCENT WORKBOOK

CHANGING YOUR THINKING SESSION T3

Practice in Arguing Against Negative Thoughts



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--

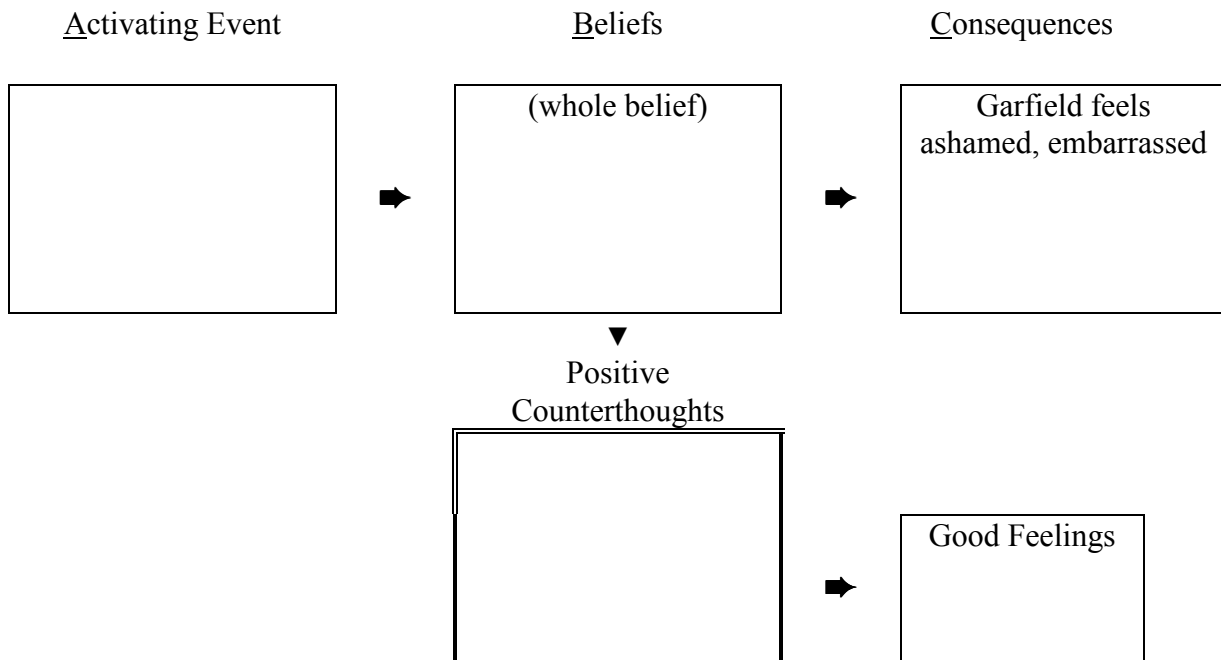
The Garfield cartoon below contains an example of an unrealistic belief involving **JUMPING TO CONCLUSIONS**. The conclusion here has to do with being popular and liked.

GARFIELD

Jim Davis



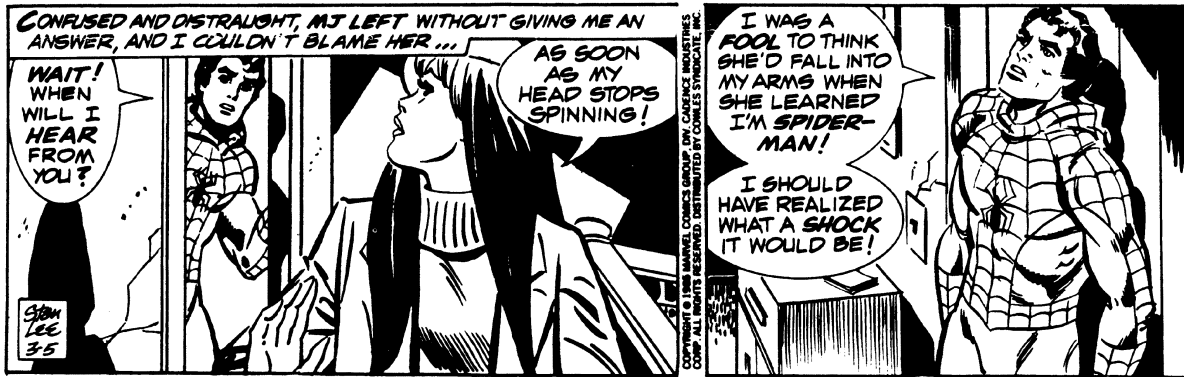
Garfield: © 1986, United Feature Syndicate, Inc. All rights reserved. Reprinted by permission of UFS, Inc.



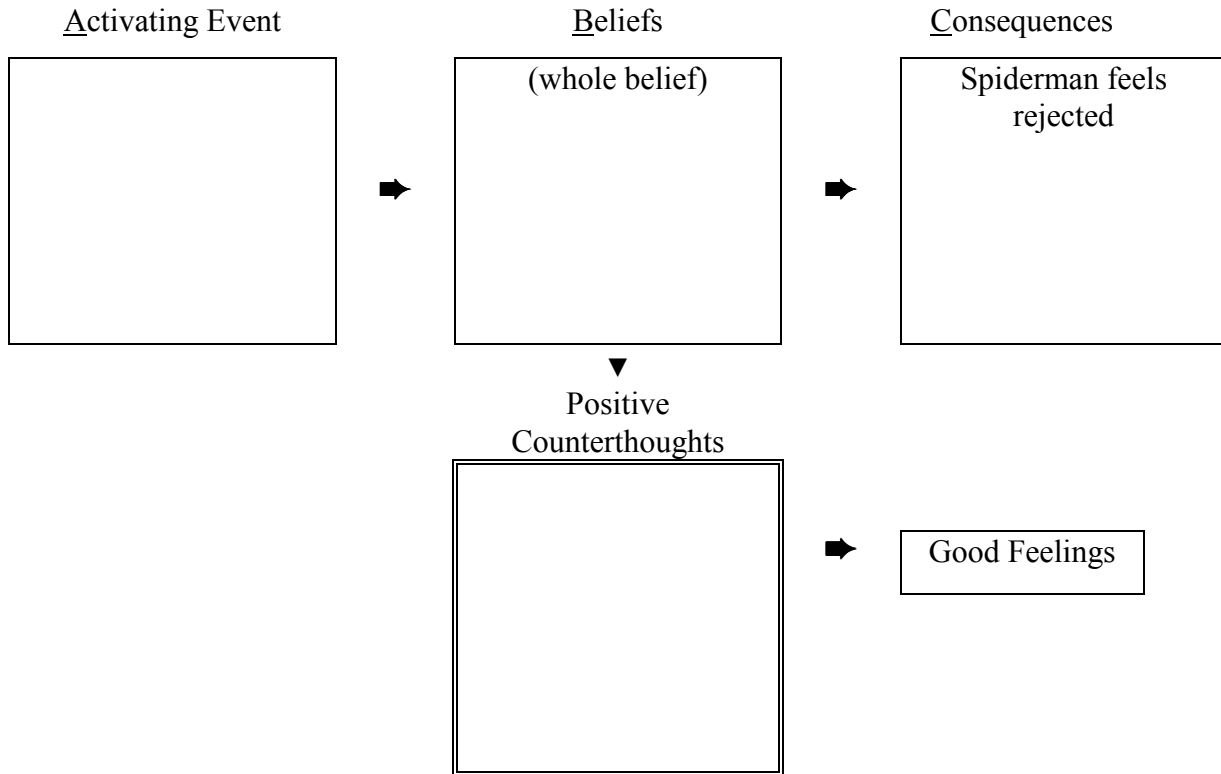
The Spiderman cartoon below contains another example of an unrealistic belief involving **JUMPING TO CONCLUSIONS**. See if you can define the irrational belief and replace it with a more rational positive counterthought.

THE AMAZING Spiderman

Stan Lee



The Amazing Spiderman: TM & © 1986, Marvel Entertainment Group, Inc. All rights reserved. Reprinted by permission.

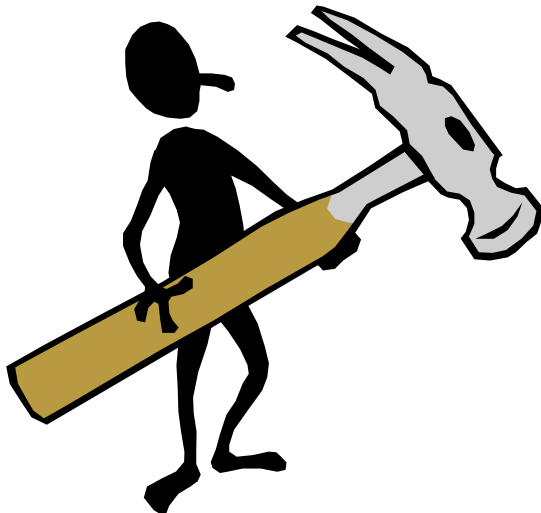


Write a more realistic thought for each of the unrealistic thoughts below.

1. “All the important people in my life (especially my parents and/or my friends) must always approve of what I do.”
2. “I have to be popular or smart (the smartest) all the time in everything I do in order to feel like I'm worth something.”
3. “People (including me) who do even one thing that I disapprove of should feel guilty, and should be punished severely.”
4. “My unhappiness is someone else's fault. I can't help feeling the way I do.”
5. “It's *terrible* when things aren't the way I'd like them to be.”
6. “When something seems dangerous or something could go wrong, I must constantly worry about it.”
7. “There must be a perfect solution to human problems (including mine). I can't settle for less than the perfect solution.”

Eight Tough Questions

1. Am I exaggerating?
2. What is the evidence for this belief?
3. What is the evidence against this belief?
4. Will this make a big difference to me in a week, month, year?
5. Are there other possible interpretations of this situation?
6. How likely is this (awful thing I'm anticipating) to really happen?
7. Will I be okay, even if this is the case?
8. What would happen if I didn't believe this anymore? What would change?



LIFE EXPERIMENT

When, Where,
How Often?

1. Use “Rapid Fire Technique” Practice Worksheets to argue against common negative thoughts.
2. Use the A-B-C Worksheets to write down and argue against your negative thoughts (ones that need more work).
3. Fill out your Mood Diary every day.



↘ RAPID FIRE TECHNIQUE PRACTICE ↗

Activating Event:

Negative Beliefs:

Your Challenge to that Belief:

A-B-C Form

Step 2: fill this in after writing down your feelings(box C)

A The Situation (<u>A</u> ctivating Event)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

B Your Thoughts (<u>B</u> eliefs)
1.
2.
3.

Step 1: It is often helpful to start here

C Your Feelings (Emotional <u>C</u> onsequence)
X.
Y.
Z.

• **What are some OTHER WAYS to think about this situation?** _____

• **What is the EVIDENCE for and against your beliefs?**

Evidence FOR

Evidence AGAINST

• **If these beliefs were TRUE,**

...what is the **WORST** thing that could happen? _____

...what is the **BEST** thing that could happen? _____

...what is the **MOST LIKELY** thing that would happen? _____

...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

<p>• Write your POSITIVE COUNTERTHOUGHTS Here:</p>

A-B-C Form

Step 2: fill this in after writing down your feelings(box C)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

Step 1: It is often helpful to start here
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<p>A The Situation (Activating Event)</p>	<p>B Your Thoughts (Beliefs)</p>	<p>C Your Feelings (Emotional Consequence)</p>
	<p>1.</p> <p>2.</p> <p>3.</p>	<p>X.</p> <p>Y.</p> <p>Z.</p>

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Evidence FOR	Evidence AGAINST
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→	→	
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• What are some **OTHER WAYS** to think about this situation? _____

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Evidence FOR	Evidence AGAINST
_____	_____
_____	_____
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• What are some **OTHER WAYS** to think about this situation? _____

• What is the **EVIDENCE** for and against your beliefs?

Evidence **FOR**

Evidence **AGAINST**

• If these beliefs were **TRUE**,

...what is the **WORST** thing that could happen? _____

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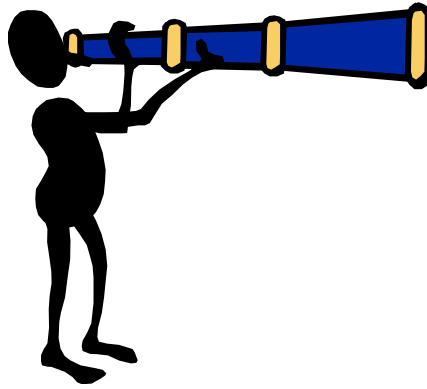
...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

<p>• Write your POSITIVE COUNTERTHOUGHTS Here:</p>

ADOLESCENT WORKBOOK

CHANGING YOUR THINKING SESSION T4

Other Ways to Handle Negative Thoughts



Medication Plan

Present Medication: _____ Dose: _____ since _____ (date)

Improvements due to medication:
--

Side Effects experienced during the past week:	Possible Solutions for coming week:

Plan for next week:
--

Four Ways of Dealing with Activating Events

1. Change the way we respond to Activating Events

Using the A-B-C Method to change our thinking

2. Avoid Activating Events

How to do this?

- schedule time to avoid problem situations
- make clear decisions in advance about the people you want to spend time with
- study or make other necessary preparations in order to avoid stressful or negative situations such as failing tests, etc.

- *what are some additional examples you can think of?*

3. Don't Respond to Activating Events (Thought Interruption Techniques)

See page T4.3

4. Cope with Activating Events

See page T4.4 (the balloon exercise)

Thought Interruption Techniques

- a. **THOUGHT STOPPING.** When you're alone and catch yourself thinking negatively, yell "STOP" as loud as you can. Then say, "I'm not going to think about that any more." Gradually change from yelling out loud to thinking "Stop" to yourself, or imagining someone you respect telling you to stop (or a stop sign, etc.). Then you can use the technique in public.
- b. **THE RUBBER BAND TECHNIQUE.** Wear a rubber band on your wrist and snap it every time you catch yourself thinking negatively. This will help to prevent negative thoughts.
- c. **SET ASIDE SOME WORRYING TIME.** If you need to think about certain negative things, then schedule a time for it once each week. Make an appointment with yourself for worrying; fifteen minutes should be plenty. Only allow yourself to worry about negative things during that period of time. If you start worrying other times during the week, tell yourself, "I'll think about that later, during my worry time."

When you worry, don't do anything else—don't talk, eat, drink, work, or play. Save up your worries during the rest of the week, and only worry about them during this scheduled time. During the rest of the week, you can also write your worries down on a piece of paper, and put it in a jar or a drawer to take out later during your worry time. This helps "put it aside" until later.

Which thought stopping technique(s) do you think might work best for you?

i. _____

ii. _____

Coping with Activating Events

THE BALLOON EXERCISE:

FINDING THE NEGATIVE THOUGHT:

- I. Make yourself comfortable.
- II. Breathe in and out, slowly and deeply. Close your eyes.
- III. Focus your attention inward, to your "*minds eye*". This is the place where in your mind where you can see images - the "*movies*".
- IV. Think about one negative thought that is a problem for you; the main negative thought that brings your mood down.
- V. Ask yourself these questions, but save your answers for later:
 - A. What is this negative thought?
 - B. What happens when you think this negative thought?
 - C. How do you feel? What do you end up doing?
 - D. What does the negative thought feel like?
 - E. How much room does it take up, in your life or your mind?
 - F. How heavy is it? Does it have sound, or color? What does it look like?

ELIMINATING THE NEGATIVE THOUGHT:

- I. Now, take three deep breaths. With each breath move this negative thought toward your lungs until your lungs are completely full of it.
- II. When you can't hold it any longer in your lungs, blow it all out into the balloon. Do whatever it takes to empty your lungs. Blow the thought into your balloon!
- III. Open your eyes and tie the balloon.

DEBRIEF:

- I. What's in the balloon?
- II. Where did you find it in yourself? In your body? Your mind?
- III. What did it look like, sound like, feel like?
- IV. What do you want to do with your balloon?
 - A. Stomp it?
 - B. Throw it away?
 - C. Hang it someplace?
 - D. Give it to someone?
- V. What is most important is that you've got the power to let go of negative thoughts.
- VI. How did this exercise work for you? Could you use it at home? At school? Is there any way to do it without a balloon?

REPLACING IT WITH A POSITIVE THOUGHT:

- I. Now that you've let go, you can replace the negative thought with a positive one.
- II. What is a positive thought (a counter-thought?) to put in place of the old, negative belief?

REVIEWING WAYS TO DEAL WITH NEGATIVE THOUGHTS

What course(s) of action would you suggest in the following situations?

EXAMPLE 1. You find that you have many put-down thoughts about yourself when you are around Joe, who is perfect; he's good looking, popular, and girls are always standing all around him.

Recommended course of action:

EXAMPLE 2. You find that you often have put-down thoughts about yourself when you are alone. When you are busy, you don't seem to have many negative thoughts about yourself.

Recommended course of action:

EXAMPLE 3. You feel anxious and upset every time you're around Christy. She always tells you that the clothes you're wearing are out of fashion, or makes suggestions for improving your appearance. She also thinks of herself as your best friend.

Recommended course of action:

EXAMPLE 4. You're usually upset when your boyfriend or girlfriend spends time with (or gives attention to) other people.

Recommended course of action:

LIFE EXPERIMENT

When, Where, How Often?

1. Use the A-B-C Worksheet to write down and argue against your negative thoughts.
2. Fill out your Mood Diary every day.



A-B-C Form

Step 2: fill this in after writing down your feelings(box C)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

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• What are some **OTHER WAYS** to think about this situation? _____

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Evidence FOR	Evidence AGAINST
_____	_____
_____	_____
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• If these beliefs were **TRUE**,

...what is the **WORST** thing that could happen? _____

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...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

• Write your **POSITIVE COUNTERTHOUGHTS** Here:

A-B-C Form

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...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

<p>• Write your POSITIVE COUNTERTHOUGHTS Here:</p>

Mood Questionnaire #1

<i>For the following statements, circle the number for each statement which best describes how often you've felt this way DURING THE PAST WEEK</i>		Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	Most or all of the time
1.	I was bothered by things that usually don't bother me	0	1	2	3
2.	I did not feel like eating; my appetite was poor.	0	1	2	3
3.	I felt that I could not shake off the blues, even with help from my family or friends.	0	1	2	3
4.	I felt that I was just as good as other people.	3	2	1	0
5.	I had trouble keeping my mind on what I was doing.	0	1	2	3
6.	I felt depressed.	0	1	2	3
7.	I felt that everything I did was an effort.	0	1	2	3
8.	I felt hopeful about the future.	3	2	1	0
9.	I thought life had been a failure.	0	1	2	3
10.	I felt fearful.	0	1	2	3
11.	My sleep was restless.	0	1	2	3
12.	I was happy.	3	2	1	0
13.	I talked less than usual.	0	1	2	3
14.	I felt lonely.	0	1	2	3
15.	People were unfriendly.	0	1	2	3
16.	I enjoyed life.	3	2	1	0
17.	I had crying spells.	0	1	2	3
18.	I felt sad.	0	1	2	3
19.	I felt that people disliked me.	0	1	2	3
20.	I could not get "going."	0	1	2	3

Mood Questionnaire #2

	<i>For the following statements, circle the number for each statement which best describes how often you've felt this way DURING THE PAST WEEK</i>	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	Most or all of the time
		0	1	2	3
21.	I was bothered by things that usually don't bother me	0	1	2	3
22.	I did not feel like eating; my appetite was poor.	0	1	2	3
23.	I felt that I could not shake off the blues, even with help from my family or friends.	0	1	2	3
24.	I felt that I was just as good as other people.	3	2	1	0
25.	I had trouble keeping my mind on what I was doing.	0	1	2	3
26.	I felt depressed.	0	1	2	3
27.	I felt that everything I did was an effort.	0	1	2	3
28.	I felt hopeful about the future.	3	2	1	0
29.	I thought life had been a failure.	0	1	2	3
30.	I felt fearful.	0	1	2	3
31.	My sleep was restless.	0	1	2	3
32.	I was happy.	3	2	1	0
33.	I talked less than usual.	0	1	2	3
34.	I felt lonely.	0	1	2	3
35.	People were unfriendly.	0	1	2	3
36.	I enjoyed life.	3	2	1	0
37.	I had crying spells.	0	1	2	3
38.	I felt sad.	0	1	2	3
39.	I felt that people disliked me.	0	1	2	3
40.	I could not get "going."	0	1	2	3

Mood Questionnaire #3

	<i>For the following statements, circle the number for each statement which best describes how often you've felt this way DURING THE PAST WEEK</i>	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	Most or all of the time
		0	1	2	3
41.	I was bothered by things that usually don't bother me	0	1	2	3
42.	I did not feel like eating; my appetite was poor.	0	1	2	3
43.	I felt that I could not shake off the blues, even with help from my family or friends.	0	1	2	3
44.	I felt that I was just as good as other people.	3	2	1	0
45.	I had trouble keeping my mind on what I was doing.	0	1	2	3
46.	I felt depressed.	0	1	2	3
47.	I felt that everything I did was an effort.	0	1	2	3
48.	I felt hopeful about the future.	3	2	1	0
49.	I thought life had been a failure.	0	1	2	3
50.	I felt fearful.	0	1	2	3
51.	My sleep was restless.	0	1	2	3
52.	I was happy.	3	2	1	0
53.	I talked less than usual.	0	1	2	3
54.	I felt lonely.	0	1	2	3
55.	People were unfriendly.	0	1	2	3
56.	I enjoyed life.	3	2	1	0
57.	I had crying spells.	0	1	2	3
58.	I felt sad.	0	1	2	3
59.	I felt that people disliked me.	0	1	2	3
60.	I could not get "going."	0	1	2	3