

Practicing Mental Strengthening: Learning Effective Thinking Strategies (Session 7 of the Treatment Manual)

Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habits. Watch your habits; they become character. Watch your character; it becomes your destiny—Lao Tzu (Philosopher and Poet, Founder of philosophical Taoism and author of Tao Te Ching; 5th–6th Century BCE)

This chapter continues to educate clients on the practice of cognitive and mental strengthening by teaching effective thinking strategies. Instead of calling this chapter cognitive strengthening, the manual emphasizes the term mental strengthening, which tends to be more holistic and inclusive of our mind's total experience. Specifically, mental strengthening includes not only cognitions, but also the strengthening of all the emotional and intellectual components of our experiences (eg, feeling, learning, reasoning, decision-making, and problem-solving). By changing the way we think and focusing on effective ways of thinking, we are able to learn skills and techniques that make our minds stronger, reduce the impact of stress, increase our interpersonal effectiveness, and decrease the likelihood of emotional suffering.

The goals of session 7 are to:

- Complete weekly check-in and review take-home exercises;
- Review your goals and signs of improvement;
- Understand that negative thinking is biased and ineffective;
- Learn strategies for developing more balanced and healthy thinking;
- Complete mental strengthening exercises before next session.

These session goals fall within the following chapter goals:

- Continue to consolidate gains through the use of weekly take-home exercises and practice
 - Complete weekly check-in and review take-home exercises
- Regular check-ins to elicit client feedback
 - Review your goals and signs of improvement
- Psychoeducation on the problems with negative thinking
 - Understand that negative thinking is biased and ineffective
- Consolidating skills and developing strategies for effective thinking
 - Learn strategies for developing more balanced and healthy thinking
- Complete mental strengthening exercises before next session.

CHAPTER GOAL #1: CONTINUE TO CONSOLIDATE GAINS THROUGH THE USE OF WEEKLY TAKE-HOME EXERCISES AND PRACTICE

Weekly Check-In and Review of Take-Home Exercises

As with the other sessions, it is very important for therapists to continue establishing rapport with their clients and to check in on their weekly take-home exercises. This provides an excellent opportunity to talk about their stresses and frustrating situations, making the treatment more pertinent to their lives and helping their clients consolidate learning. It is important to continue troubleshooting reasons for take-home practice noncompletion and to continue emphasizing the importance of exercise check-in.

CHAPTER GOAL #2: REGULAR CHECK-INS TO ELICIT CLIENT FEEDBACK

Review Your Goals and Signs of Improvement

Overall, Asian heritage populations are less familiar with psychotherapy than White populations. However, there is a great deal of diversity among people from different Asian backgrounds. In addition, how they respond to therapy is also influenced by a number of factors, including acculturative status, educational level, socioeconomic level, and individual and family history of psychopathology and help-seeking. Depending on the characteristics of your client, spending more time conducting periodic check-ins and proactively eliciting their feedback to ensure their concerns are being properly addressed can be extremely important. This is an important cultural adaptation because Asian heritage populations may be less likely to initiate a discussion about their concerns regarding the treatment and the therapist, nor ask questions or discuss whether they are getting their needs met.

In many traditional Asian medical practices and educational models, the transmission of knowledge is more unidirectional and less collaborative when it comes to talking about dissatisfaction with the doctor or treatment—which can be seen as insulting or challenging the doctor’s or teacher’s authority and credibility. As a result, Asian heritage populations may be less likely to take an assertive role in collaborating in their treatment. Moreover, the lack of familiarity and potential misconceptions about psychological and psychiatric services may also increase feelings of confusion, discomfort, loss of face, and embarrassment. This is not to say that check-ins and eliciting client feedback are not important or effective with other groups. Rather, therapists may want to be more wary of these issues when working with Asian heritage populations.

Because Session 7 is the halfway point in the manual, this is an opportune time to normalize the check-in as part of the treatment program. This was purposely built into Session 7 because it leaves time to make adjustments and address concerns that the client might have. In instances where therapists are not using the manual as a complete treatment, and are instead selecting different sessions to use with their clients, I would still recommend doing a check-in with clients after six sessions of *therapy*, or potentially earlier, depending on the client’s level of engagement, participation, progress, obtainment of goals, and compliance with take-home exercises.

CHAPTER GOAL #3: PSYCHOEDUCATION ON THE PROBLEMS WITH NEGATIVE THINKING

This section emphasizes learning about negative thinking and its impact on our stress levels and mood. The manual provides psychoeducation on how negative thinking can be ineffective in helping us address our emotional well-being and bias our perceptions of life situations. It is important to note that the manual purposely did not call negative thinking “irrational thoughts” or “cognitive biases,” which are frequently utilized in non-adapted, traditional cognitive therapies. The manual focuses on differentiating between effective and ineffective thinking to reduce the negative connotations associated with being “irrational,” which can be heavily stigmatizing and associated with being “crazy.” This more holistic strength-based approach to conducting culturally adapting therapy focuses on reducing stigma, understanding the fact that all thoughts are natural. Moreover, the focus is placed on increasing the balance between positive and negative thoughts and focusing on effective internal dialogs through cognitive reframing and, which helps the client to effectively deal with life situations. Because many people from Asian heritages feel heavily stigmatized when seeking mental health care, the focus of this culturally adapted treatment is to use terms that are less stigmatizing and more solution-focused.

Understand That Negative Thinking Is Biased and Ineffective

In line with the more holistic and nature-focused approach to culturally adapting therapy for Asian heritage populations, the manual notes that sometimes our minds become polluted with negative thoughts and worry. Although negative thinking is natural, too much negative thinking can be damaging and counterproductive. Our thought processes can be compared to a river or stream of consciousness. This is what I like to call “flow,” which is a necessary part of our cognitive and mental health. As long as our thought processes flow naturally from one stage to the next, it is salutary to our mental health. However, every now and then, our thoughts may begin to stagnate and become stuck, affecting our ability to transition and flow from negativity and pessimism to optimism and action. Although life situations can drag us downward, sometimes we create or let our own thoughts fall into mental whirlpools and spiral into negativity. Sometimes life situations create or reinforce mental dams that block our river of thoughts, and we become trapped or stuck in pessimism. We lose our ability to “flow.” The goal of mental strengthening and cognitive reframing is to figure out a way to escape the whirlpool of negative thoughts, or to find a way to lift the floodgates of the mental dam and allow our thoughts to flow to the next place. “Flow” helps us emotionally reset and rejuvenate, and helps us become more centered, balanced, positive, and optimistic.

In this section, negative thoughts are separated into thoughts regarding yourself (“I am useless!”), your life circumstances (“I hate my job!”), the future (“Things will never get better”), and other people (“That person is such a jerk!”). This is a cultural adaptation of Beck’s cognitive triad, which was originally conceptualized as negative thoughts about the self, the present, and the future (Beck, Rush, Shaw, & Emery, 1979). Negative thoughts about “the present” was relabeled as “your life circumstances” to be culturally congruent with the goal-oriented and problem-solving nature of Asian heritage populations. Specifically, this cultural adaptation bridges psychoeducation about cognitions with the client’s life situation and goals for treatment. In addition, the original triad was culturally modified and expanded to include “other people,” which helped address the collectivistic and interdependent value orientation of Asian heritage populations. The manual emphasizes that too much negative thinking in these four domains can be unproductive and drain our emotional strength and energy. In addition, it can also be a waste of time and we sometimes spend more time worrying about a problem than actually doing something about it. Another way to culturally adapt Beck’s cognitive triad is to make adjustments for a person’s cultural orientation (ie, collectivism and interdependent self-construals vs. individualism and independent self-construals). Specifically, negative thoughts about oneself can be reconceptualized to include negative thoughts about others, or negative thoughts that others may have towards you.

The manual highlights that the goal is not to try to stop thinking negatively (which can be natural and healthy if circumscribed), but to spend more time thinking in healthy, productive, and effective ways. In fact, trying to expel negative thinking sometimes reinforces those thoughts and increases emotional distress. It is hard to force something out of one’s mind. For example, if somebody tells you to stop thinking about a watermelon, the picture of a watermelon keeps popping into your mind, and the more that we talk about the watermelon, the more you continue thinking about how green and red it is and how delicious it is during the summertime. Instead of trying to get rid of these thoughts, try to “flow” to your next thought (eg, grapes or strawberries, or the turkey sandwich you will be eating for lunch) to help shift our mental focus. Suppressing one’s thoughts and feelings to avoid mental suffering and pain is also not a good strategy. This can be likened to pushing a rubber duck down under the water in a bathtub. You can only hold it down for so long before it pops back up. Helping clients understand these concrete metaphors is an important cultural adaptation that bridges therapeutic concepts with everyday understanding.

The manual emphasizes more effective approaches to mental reframing, more balanced thinking, and strategies for increasing the amount of positive thoughts that we have. This ultimately helps decrease negative thinking and helps us escape from mental traps. When working with Asian heritage populations, therapists need to be very careful not to tell clients that there is something wrong with the way they are thinking, and that they are thinking in irrational, incorrect, or in problematic ways. These traditional cognitive therapy descriptors may lead to a greater defensive reaction among Asian heritage populations, who, at least initially during treatment, are more resistant to changing their thought processes than actively problem-solving.

Moreover, an emphasis can be placed on what we discussed earlier in the manual (eg, the differences between reacting and responding). Although some of us are naturally preconditioned to think more negatively than others, or influenced to think pessimistically because of various emotionally damaging life experiences, we are not predestined to emotionally suffer. Cognitive reframing and changing our internal dialog can be a very powerful and effective way of improving our mental health. We can change the natural reactions that we have by focusing on having healthy and effective responses. With repeated practice, eventually our responses can even replace our initial reactions and help us cope with life stressors. Therefore, there are many health benefits to mental strengthening and practice. The hope is that thinking positively and effectively will become as natural as riding a bicycle. Once we

reinforce healthy mental reframing, we can quickly allow ourselves to flow from reactivity to responding, and focus more on handling the situation effectively. Just like negative thinking can be learned, our secondary responses are also malleable, and we can learn and refine cognitive skills. For many of us, intergenerational transmission of thinking patterns, communication styles, and coping strategies have created problems in our lives. Many of these intergenerationally transmitted problems (eg, ways of thinking or communicating) may have had some adaptive purpose in the family system, but may not be adaptive or functionally effective in other situations.

CHAPTER GOAL #4: CONSOLIDATING SKILLS AND DEVELOPING STRATEGIES FOR EFFECTIVE THINKING

Session 7 of the treatment manual provides not only psychoeducation, but also focuses on strategies for developing balanced, healthy, and effective thinking. This skills-based approach is very important when working with Asian heritage populations, who often want to see concrete gains and/or feel like they are learning new skills and methods for dealing with their emotions and life situations. Providing specific skills and strategies that clients can take home and practice also aligns with the educational and problem-solving focus of Asian heritage populations.

Learn Strategies for Developing More Balanced and Healthy Thinking

This section utilizes a multiple-strategy approach to help clients create more balanced, healthy, and effective thinking. It is also a menu-based approach, and provides clients with several options that they can choose from to best address their specific concerns. By allowing clients to choose which method might work best for them, the therapists are also empowering the client to make decisions and to take ownership of developing mental health coping strategies. This can sometimes be more effective than assigning specific strategies, which can feel more forced and clients may be less engaged because they did not self-select what they want to try to implement and learn. However, other clients may appreciate more guidance from the therapist on which strategies the therapist thinks may be most appropriate for the client given their specific problems. In the following section, we will review some common and effective techniques and strategies that the treatment manual uses to help clients think healthier and more effectively. After reviewing these techniques, the therapist can also collaborate and brainstorm with the client on alternative strategies that are not listed in the manual. This allows for greater flexibility and individualization of treatment.

Yes, But Technique

The *Yes, But Technique* is an effective cognitive reframing skill that can help clients balance their thinking (Miranda et al., 2006). The goal is to counter negative thoughts with positive thoughts. For example, “Yes it is true that I just got laid off and I am very stressed out, but I am a hard worker and have a lot of experience and skills that employers are looking for.” Individuals afflicted with depression and anxiety are often overwhelmed with all-or-none and negative thinking. They have difficulties thinking positively and generating thoughts that can help them cope with their situation. Therapists can prompt clients to brainstorm positive thinking strategies and practice slowing the spiral of negative thinking by implementing the *Yes, But Technique*.

Once clients become familiar with the technique, the therapist can also work with the client to develop a differential proportioning of positive and negative thoughts. For example, I often utilize a three-to-one rule for clients who are struggling with negative thoughts. With every negative thought that they have, the clients are instructed to write down “Yes, But...” and come up with three positive coping thoughts that can help them feel better or at least less polarized. A three-to-one rule is beneficial and needed to overwrite negative internal dialog that has been ingrained for years. A one-to-one rule is insufficient. As mentioned before, utilizing a multisensory approach to skills acquisition and practice can help clients more effectively consolidate gains. Practicing “in your head” can be somewhat effective for some, but for most clients, writing out their thoughts using the *Yes, But Technique* is more efficient. This multisensory approach of thinking, seeing, doing, and discussing reinforces learning. Therapists can help clients create worksheets by splitting a paper in half and putting “yes” at the beginning and “but” in the middle:

Yes _____ . But, _____ .
Yes _____ . But, _____ .

For example: *Yes*, it is true that my spouse and I have been fighting a lot. *But*, we have been married for a long time and we are both making efforts to compromise and change.

During my many years of clinical practice and supervising therapists on the culturally adapted cognitive-behavioral therapy clinical trial, I have found this technique to be very effective for Asian heritage populations. In fact, in many Asian languages, there are multiple ways to say “But.” For example, in Mandarin Chinese, you can say *keshi* (pronounced *kěshì* in Mandarin Chinese—可是), *danshi* (pronounced *dànshì* in Mandarin Chinese—但是), *huoshi* (pronounced *huòshì* in Mandarin Chinese—或是), *buguo* (pronounced *búguò* in Mandarin Chinese—不過), *ran'er* (pronounced *rán'er* in Mandarin Chinese—然而)—which all mean “Yes, But.” Therefore, this mainstream approach to cognitive reframing is also linguistically congruent with many Asian heritage languages, and can be highly effective when tailored appropriately.

Focusing on Something Else Strategy

The *focusing on something else strategy* can also be an effective technique for helping clients get their minds off their worries. In some ways, it is a distraction technique, but it is also a coping method that helps to free people’s minds so that they can concentrate on other more positive or beneficial thoughts—thus helping them rebalance their thinking. For some people, this strategy alone is enough; but for others, it is insufficient and therapists may need to help clients cognitively reframe when negative thoughts enter the client’s minds as they struggle to focus on something else. When utilizing this strategy, clients can find something else to think about or do (eg, listen to music, karaoke, go to the gym, and meet up with friends). The *focusing on something else strategy* can help increase engagement in healthy activities, which ultimately helps break the cycle of negative and ruminative thoughts and worries. Increasing social activities can also be an effective form of engaging clients from collectivistic backgrounds, where social networks and support can be extremely important. Decreasing social isolation and increasing social activities such as calling their friends, singing karaoke, cooking dinner, and eating with friends and family can be beneficial. Social bonding and support can also be an effective way of relieving the client’s stress and worries, and presents a chance for clients to gain emotional understanding and empathy.

Worry Time

Worry time is a traditional cognitive therapy technique that focuses on reducing the amount of anxiety that clients experience. Specifically, many clients who are depressed and anxious evidence difficulties in getting rid of worry thoughts that plague their minds—obsessing about stresses and interpersonal conflicts. This technique can be especially effective for those who have comorbid anxiety and depression, but can also be effective for treating depression or anxiety alone. In addition, this technique can also be helpful for other psychiatric disorders, such as schizophrenia, where worry thoughts take the form of delusions and paranoia, and reality testing is especially important.

Worry time is also a paradoxical intervention. Sometimes when you tell people to purposefully worry during a specific time, they either unconsciously or consciously resist, resulting in the reduction of worrying. They often laugh and feel like forcing themselves to worry is humorous or even ridiculous, and this realization helps them recognize that worrying too much can be excessive and not beneficial. It provides the opportunity to reshift the focus to problem resolution. After attempting to worry and experiencing the lack of benefits, clients are often more open to replacing *worry time* with engaging in healthy activities and letting things go. Nevertheless, the client and therapist may need to troubleshoot various strategies in order to help make the most of *worry time*. The paradox of worrying is also recognized in Asian culture. For example, the 14th Dalai Lama stated, “If there is no solution to the problem then don’t waste time worrying about it. If there is a solution to the problem then don’t waste time worrying about it.” This speaks to the recursive nature of worrying, and pointing this out and linking it to cultural concepts and cultural figures can be extremely beneficial.

Ideally, the therapist should collaborate with the client to come up with a *worry time* schedule. Because *worry time* is a common therapeutic strategy, it won’t be reviewed with too much detail here. However, when introducing this strategy, I often discuss the emotional consequences of worrying all the time, and the benefits of condensing worry into a shorter timeframe (ie, clients often spend more emotional energy worrying about problems than the actual time it takes to address specific issues). Afterward, the therapist and client come up with a collaborative plan (eg, setting how much time worrying each day would be reasonable and feasible). When working with depressed clients, the therapist also needs to be cognizant of their patterns of depression. For example, some people are more likely to be depressed in the morning, while others are more depressed in the evening. Typically, *worry time* can be scheduled once or twice a day for 5–30 min, depending on the client’s preference. It is most effective to schedule *worry time* during the time of day that they are most likely to ruminate, and/or the times during the day they are most depressed or anxious. Aligning the clients’ *worry time* session with the times of day that are most problematic can help individualize the intervention.

In addition, some clients have a strong obsessive and comorbid anxiety tendency, resulting in a need for more help from the therapist to pull themselves out of worry. Therapists can integrate the *Yes, But Technique* or have the client use the *focusing on something else strategy* to help break the cycle while at the same time practicing *worry time*. This can help clients cognitively reframe during *worry time* or engage in healthier activities to help break the obsessive cycle. It may also be helpful to use practical strategies such as setting a visual and/or auditory reminder that *worry time* is over (ie, setting alarms for when they should start and stop worrying, or using physical objects such as Buddha beads and worrying until they finish moving the beads for one rotation). For those who continue to experience extreme anxiety or obsessive thoughts, they may benefit from setting double or triple alarms on their cell phones. They may also benefit from setting multiple alarms placed in different parts of the room so that they have to physically get up and turn them off, which also helps break the cycle. When working with Asian heritage populations, it may also be extremely beneficial to engage their social network to help break their worry cycles (eg, family members helping them cognitively reframe and think more positively, or helping them engage in behavioral activation and going out and doing fun and healthy activities).

Visual Cue Technique

The *visual cue technique* is part of a broader set of *problem-solving cueing techniques* that I have found to be very useful when working with Asian heritage populations. As mentioned above, having clients set alarm clocks can be an active and effective strategy for breaking cognitive and behavioral patterns. Cues can help clients pull themselves out of ruminative cycles, thus also helping to decrease avoidance and procrastination, and improving time management skills. In the treatment manual, clients are asked to utilize the *visual cue technique* if they find themselves thinking too much and/or too negatively. For example, clients are asked to think of a stop sign or tell themselves to “stop thinking so much” out loud (or internally if they are in public and around other people), and to adopt a multisensory approach to intervening. Therapists can collaborate with clients to think about what visual cues can help pull them out of negative cycles.

These visual cues can be something that makes them feel comfortable (eg, an old sweater or their favorite T-shirt), going to or imagining a relaxing place (eg, the beach, a river, or their favorite bedroom while growing up), thinking about a supportive person (eg, a grandparent, family member, role model), or focusing on an object that helps them feel centered or balanced (eg, the Tai Chi diagram). These strategies can help pull clients out of downward spirals. In the original treatment manual, the visual cue technique was highlighted because sight is one of the strongest senses that can help pull clients out of obsessive thoughts and ruminative patterns. The combination of integrating visual cues with kinesthetic action (ie, doing) can be even more beneficial, for example, because many Asian heritage populations can identify with Buddhist beads (even though they may not be Buddhist or religious). Having clients rotate the beads around their wrists a designated number of cycles (eg, one cycle or even three times around) can help prevent and reduce the downward spiral. This is a cultural adaptation of *worry time*—integrating cultural objects and metaphors with historical and/or religious meaning. This practical strategy helps provide time limits and restrictions on how long clients worry, and increase client buy-in and compliance. For example, while a client is rotating the beads, they can say to themselves, “Let it go, don’t worry, everything will be okay.” Integration of cultural objects and metaphors with cognitive techniques can be a powerful cultural adaptation and also reinforces the active mechanisms that lead to emotional and therapeutic change.

My Role Models Reaction

Thinking about how the role models might respond to a situation can also be a very effective technique for helping clients self-actualize and engage in healthier thinking, behaving, and communicating. Therapists can help clients think about their role models—people they respect, admire, and look up to. These role models can be somebody they know (eg, a grandparent, father, friend, teacher, or supervisor), or somebody who they do not know, but have a lot of respect for (eg, a religious figure, business person, philosopher, political figure, civil rights activist, public official, historical figure, or even a fictitious figure—when working with kids even a superhero can be a good role model). Sometimes clients are not able to come up with a role model, and the therapist can help them brainstorm and come up with suggestions.

Clients are then asked to visualize how their role models might handle the situation or problem the client currently faces. For example, how might the Dalai Lama approach dealing with anger and frustration if a coworker were to treat him badly. A client might say, “Maybe the Dalai Lama might think that the coworker is going through a lot of difficulties that we don’t know about.” The emphasis is placed on letting things go, as well as thinking, feeling, communicating, and behaving in an understanding manner. Buddhism emphasizes developing compassion and empathy for others, and even reframing that those who are engaging in hurtful behaviors

(ie, raise their voice when they are upset) are actually suffering themselves. Therapists can follow by saying “What might the Dalai Lama think in order to change his feelings about a situation, and learn to let go? What might he do to help him cope with the situation?” This helps clients with cognitive reframing and increases the focus on effective action. The therapist can also place additional emphasis on helping reduce emotional frustration and decreasing the likelihood of exacerbating problems and generating new stresses. Reducing stress generation is an important aspect of treating those who are depressed (Conway, Hammen, & Brennan, 2012). The how would my role model react strategy can be very useful for mental strengthening.

Is It Worth It? Technique

This is a critical thinking strategy that helps clients contemplate the advantages and disadvantages of thinking in different ways. This strategy can also be applied to different communication and behavioral patterns. Weighing advantages and disadvantages is a very important part of effective decision-making, and encouraging patients to do so is a very important and culturally compatible strategy to achieving the goals of many Asian heritage clients. Understanding the pros and cons is a very concrete way of evaluating the benefits of making cognitive and behavioral strategies. In helping clients utilize this technique, taking a multisensory approach can also be beneficial. For example, the therapist can have the client create separate worksheets for thinking, communicating, and behaving. They can create two vertical columns, and write pros and cons on each side of the paper. This helps the client not only understand the advantages and disadvantages of thinking in different ways, but also to visualize and see the bigger picture. The *is it worth it technique* is an important part of mental strengthening and is a culturally congruent and effective strategy.

CHAPTER GOAL #5: COMPLETE MENTAL STRENGTHENING EXERCISES BEFORE NEXT SESSION

Similar to the other sessions, this session concludes with the practice of the “climbing the mountain” technique, with a focus on effective thinking and cognition. Clients are asked to participate in the in-session practice with the therapist, and identify problematic situations and their goals. In addition, they are asked to apply the skills that they have learned during this session to their life situations. They are asked to practice the “climbing the mountain” technique, with a focus on effective thinking, to problems or concerns that they face. During the week, they are asked to practice completing at least three worksheets focusing on relevant problems. Clients are asked to think about how their thinking patterns influence their mood, and are encouraged to exercise their mind to reduce their worries and stress throughout the week. They are reminded that the therapist will check in with them next week to go over their “climbing the mountain” exercise worksheets, help them brainstorm problem-solving strategies, and support them in effect in improving mental thinking as an effective coping strategy. After going through the problem-solving processes, clients gain skills in critical thinking, decision-making, and become more effective in evaluating the advantages and disadvantages of various ways of thinking. After they have exhausted problem-solving options, clients are more willing to cognitively reframe and make changes to their thinking processes. This process-oriented approach helps clients exert control over their life situations, as well as increase the efficacy and balance in their thought patterns. Mental strengthening is an important part of improving emotional health.

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