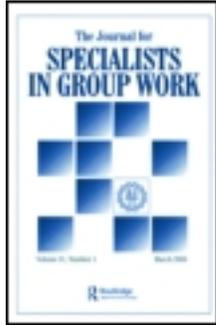


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### A description of a behavioral group treatment for depression

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# Working with Groups

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## A Description of a Behavioral Group Treatment for Depression

Andrew A. Cox

*This article describes a behavioral group treatment for depression that develops client coping skills for managing multidimensional sources of depression and enhances skill transference to client surroundings.*

Depression is a common behavioral syndrome treated by mental health professionals. The literature provides varied therapeutic interventions for the maladaptive affective and behavioral disorders associated with depression. In recent years, behavioral interventions for depression have been described.

The approach described in this article uses a synthesis of the treatment strategies reported in the literature. The treatment modality presented is appropriate for individuals suffering from situational depression and depressive neurosis or dysthymic disorder (Kaplan & Sadock, 1981).

### **RATIONALE FOR THE GROUP TREATMENT PROGRAM**

The behavioral conceptualizations of depression reported in the literature form the conceptual base for the group treatment process outlined in this article. These theories attempt to describe depressive symptomology in behavioral terminology. The behavioral explanations suggest that depression can be a result of (a) a lack of social skills necessary to elicit reinforcement from the environment (Lewinsohn, 1974a, 1974b), (b) an inability to emit coping responses to manage environmental changes and avoid or terminate aversive stimuli (Seligman, Klein, & Miller, 1976), (c) negative perceptions of self and experiences (Beck, 1972, 1976), or (d) depressed individuals who self-reinforce infrequently as unrealistic behavioral standards are maintained (Mathews, 1977; Wilcoxon, Schrader, & Nelson, 1976).

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Lewinsohn, Weinstein, and Alper (1970) suggested that the social environment accounts for the reinforcement deficits that result from depressive behavior. They described a group interaction process used to increase the amount of positive social reinforcement received by depressed clients, and they cited evidence that a group process providing feedback relative to client behavior enhances social skills and reverses reinforcement deficits accounting for depressive behavior.

Lewinsohn (1974a) and Lewinsohn and Graf (1973) demonstrated that depressive symptoms decrease when clients develop skills to elicit reinforcement within the social environment. The group-sharing process and specific activities used within the treatment program described in this article assist participants in increasing positive reinforcement received from their milieu.

The treatment procedures described in this article also equip clients with the skills necessary to manage and effect changes within the environment, thereby achieving a degree of control over environmental stimuli. Seligman et al. (1976) indicated that depressed individuals do not possess the skills necessary to handle environmental changes or affect control over stimuli.

Exposure to success experiences allows depressed individuals to experience reinforcement control effectuating a reversal of "learned helplessness" deficits (Miller & Seligman, 1973; Seligman et al., 1976). Burgess (1969) found that success experiences were effective in demonstrating to clients that reinforcement could be controlled. Seligman et al. (1976) also endorsed aspects of Beck's (1972, 1976) and Lewinsohn's (1974a, 1974b) intervention methods and assertive training; these procedures assist clients in developing coping responses that control reinforcement.

Infrequent self-reinforcement and cognitive disturbances have a causal role in depression, as postulated by the self-regulation (Mathews, 1977; Wilcoxon et al., 1976) and cognitive (Beck, 1972, 1976)

conceptualizations, respectively. Fuchs and Rehm (1977) described a six-session group treatment program for depression using the self-regulation paradigm. Self-monitoring, covert self-reinforcement statements, activity schedules, and behavioral homework assignments were used to significantly reduce depression on self-report and behavioral assessment measures. Coleman and Beck (1981) cited evidence regarding the efficacy of cognitive therapy in treating depression.

The treatment activities practiced within the treatment program described in this article concentrate on increasing the frequency of positive self-thoughts and decreasing negative self-evaluation. Both of these factors account for depressive symptomology, according to the self-regulation and cognitive conceptualizations of depression.

Depression does not constitute a single pattern of behavior; sources of depression are multifactorial (Wilcoxon et al., 1976). The individual behavioral formulations cited above are not broad enough to explain the multitude of behaviors associated with depression. This article describes a multifaceted therapeutic approach to treat the wide range of mild to moderately depressed individuals, with the varied symptomology typically encountered by helping professionals.

## **DESCRIPTION OF THE PROGRAM**

This group treatment program consists of six 1 1/2-hour treatment sessions. Experiential group activities augmented with individual homework assignments are used within the treatment sessions to develop skills in coping with depression and to maximize transference of these skills to each participant's milieu. Group sessions focus on a central concept or skill to be developed. Homework assignments support skill development within the client's environment. At the conclusion of the treatment program, participants have

learned a set of coping skills that can be activated as a cohesive whole to confront depression.

The group facilitator presents the concepts and skills to be mastered during each session and promotes group dynamics to maximize client participation during sessions. The clients maintain participatory roles, engaging in group exercises and sharing experiences with one another.

The group sessions are conducted on a weekly basis with a maximum of ten participants. A closed group is maintained, limited to those participants to whom treatment was initiated. These considerations allow adequate time within sessions for individual work with clients and for them to practice skills within their usual environment.

### **Session One**

In session one, the group activities allow participants to get acquainted. There is a discussion of expectations regarding the counseling process and an overview of the treatment process. Leader-directed discussion relating to counseling expectations and treatment overview is used.

The participant introductory exercises require clients to describe personal strengths, use interpersonal skills, and promote self-awareness as described in Johnson (1972) and Lewis and Streitfeld (1970). This behavioral awareness is valuable as a source of reinforcement at a later time in the group process.

### **Session Two**

The second session provides an overview of behavioral explanations of depression. A lecture presented by the group leader offers information on the major behavioral theories of depression and their treatment implications.

A group exercise is then initiated in which participants identify and describe to the group their individual depressive feelings, following the inference of Wilcoxon

et al. (1976) that no common repertoire of depressive behaviors exists for all clients. The participants describe depression-eliciting situations and the depressive behaviors associated with these situations. This activity promotes an awareness of behavior associated with depression. Lewinsohn et al. (1970) stated that sensitizing the individual to behavior and its consequences facilitates behavior change.

After the above group exercise, the facilitator instructs group members on keeping a diary that records times that depression is experienced. The clients are instructed to maintain written descriptions of times outside the group they experience depression, along with descriptions regarding activities, environmental factors, and internal cognitions associated with these activities, as a homework assignment. This exercise is an adaptation of Beck's (1972) recommendations for recording depressive symptomology.

Another homework assignment for the second group session involves completing an activity log, which asks one to list the most important activities within his or her environment that were done during the day and to rate them from 1 (extremely unpleasant) to 7 (extremely pleasant). This homework exercise was adapted from reports by several authors (Anton, Dunbar, & Friedman, 1976; Fuchs & Rehm, 1977; Lewinsohn & Graf, 1973; McBrien, 1981). The exercise assists clients in identifying potential sources of depression-eliciting stimuli and potential reinforcers.

The second group session concludes with the group leader providing instruction on the use of a relaxation exercise—a guided imagery approach. The clients are provided this guided imagery relaxation exercise on cassette tape for home practice.

### **Session Three**

Session three begins with group members sharing their homework with the group. Each participant describes depressive sit-

uations and pleasant activities encountered during the week.

Group activities then proceed to the primary skill to be developed in this session—namely, the formulation of a daily schedule using a form developed by the present author. All personal and social activities performed by clients on a daily basis are structured into the activity schedule. Pleasant activities recorded on the activity log and completed as the prior homework assignment are scheduled to occur on a daily basis.

This procedure is advocated by Lewinsohn (1976) for increasing client behavior that is likely to be positively reinforced within the environment. The participants work in small groups, structuring their daily schedules with the facilitator, who provides individual assistance as needed. The participants should follow through with activities recorded on their schedule for the forthcoming week as homework assignments.

Each participant maintains and follows his or her individualized daily schedule throughout the treatment program. During each of the forthcoming sessions, additional activities are included in the schedule and performed by each participant outside the therapy group. This provides further practice of skills developed within therapy sessions and promotes transference of these skills into the client's environment.

Session three is concluded with the guided imagery group relaxation exercise. The facilitator guides the group through visual imagery relaxation that uses projection into the future. The client imagines performing the pleasant activities transcribed on the daily activity log. Lazarus (1968) reported using this procedure with depressed individuals to retain the pleasant feelings associated with the imaginal pleasant events and activities.

### **Session Four**

The participants share with the group their experiences with the homework assign-

ments at the onset of session four. Activities then focus on the primary skill to be developed in this session. Anticipation statements are matched with each participant's pleasant activities. Anton et al. (1976) used anticipation statement training to increase the amount of positive reinforcement received by depressed clients, linking positive statements to pleasant activities. These researchers maintained that anticipation training facilitates an increase in performance of pleasant activities, therefore increasing the amount of positive reinforcement.

In this procedure, each client develops at least three positive statements related to each pleasant activity structured on their daily activity log. These positive statements begin with "I enjoy" and include a specific description of an aspect of the pleasant activity. For example, a client may have selected taking a walk with one's spouse as an activity. An anticipation statement for this activity would be: "I enjoy walking with (spouse's name) every day at 6:00 p.m." These statements and the corresponding activities are specifically structured into the participant's activity schedule to ensure performance on a daily basis outside the group session. With this exercise added, each client continues to follow his or her daily schedule as a homework assignment.

After anticipation statement development and scheduling, group members divide into dyads and express three positive statements about their partners. This strategy is based on Lewinsohn's (1974a, 1974b) formulation of depression. The procedure is designed to further support positive reinforcement obtained from the social environment.

The final activity for session four is the guided imagery group relaxation exercise facilitated by the group leader. The participants use visual imagery to covertly perform the pleasant activities and associated anticipation statements recorded previously on each individual's daily activity schedule. Similar visual imagery relax-

ation exercises are advocated by Anton et al. (1976) for associating a pleasant image with each anticipation statement. The participants continue this relaxation exercise through home practice, covertly repeating each statement while visually picturing the occurrence of pleasant activities.

### Session Five

The fifth group session focuses on positive self-statements. The participants formulate a minimum number of positive self-statements and relate these statements to a common activity performed on their daily activity schedule. The self-statements are paired with a frequent activity occurring on a daily basis. When the activity is performed, the client verbally recites the positive statements.

This intervention is an adaptation of a similar procedure described by Fuchs and Rehm (1977) and Wilcoxon et al. (1976). The procedure is designed to increase the frequency of positive self-thoughts and decrease negative self-evaluation. The frequently occurring activities, with their attendant positive self-statements, are scheduled on the daily activity schedule to ensure performance on a continuous basis outside the therapeutic setting.

The fifth session concludes with the facilitator leading the group relaxation exercise. Each participant uses visual imagery to covertly express the positive self-statements while activities are imaginarily performed.

### Session Six

The sixth and last group session highlights group problem-solving activities. Goldfried and Davison (1976) provided an analysis and framework of problem solving from a behavioral perspective that is used in this group procedure. The participants describe to the group those situations that elicit depressive behavior. Individual group members and the facilitator assist

each participant in developing alternatives that would serve to cope with this depression-eliciting situation.

The facilitator then presents a summation of the group process and suggestions for using learned skills in a total approach to cope with depression. The group terminates with facilitator-guided relaxation training. The participants imagine projecting themselves into a future time when depression is no longer experienced and visualize this situation. While participants are relaxed, the facilitator suggests retaining the pleasant feelings associated with this future situation.

## EVALUATION

When this group treatment program was offered in a community service program at Columbus College in Columbus, Georgia, client satisfaction measures were collected using a 12-item evaluation form. A total of nine individuals participated in the treatment process. Expectations for treatment were satisfied for six (67%) of the participants; expectations were partially satisfied for the other three (33%). All participants (100%) indicated that the program's length and content were satisfactory and that they would recommend it to someone else. An adequate balance of discussion and facilitator-presented material was reported by seven (78%) of the participants, while two (22%) reported too much discussion and not enough didactically presented information.

These data suggest that the length, group content, and presentation mode were perceived to be satisfactory by participants. Even though a majority of group participants indicated an adequate balance of discussion and lecture and satisfaction with treatment expectations, facilitators using this group process in the future may desire to provide more information regarding the phenomenon of depression, the antecedents of depressive behavior and its symptoms, and the rationales for the various therapeutic interventions.

Research regarding the effectiveness of the described multifaceted depression treatment program with various client populations and community interventions is recommended. Glazer, Clarkin, and Hunt (1981) reviewed self-report and interviewer-rating assessment instruments that would be appropriate in treatment analyses.

### RECOMMENDATIONS FOR FACILITATORS

The behavioral group treatment program described assists clients in developing skills required to cope with depression inherent in their daily living. Effective behavioral strategies extracted from the various behavioral formulations of depression are used, rather than focusing on a singular behavioral theoretical viewpoint. The program is a planned, systematic process oriented to teaching clients depression-coping skills and their application within each individual's environment. These behavioral skills focus on sources of reinforcement, cognitive self-thoughts and self-evaluation, and problem-solving skills. The clients develop and strengthen these skills through practice within the group setting and homework assignments.

The group is structured, with the leader presenting the skills and concepts to be developed. The group structure allows clients to experience success and control over environmental factors. These experiences serve as reinforcement for clients. The group structure also enhances the individual's awareness of movement toward therapeutic goals.

A group approach serves as a source of client reinforcement and modeling experiences. The treatment program offers group discussion, sharing of experiences, and the provision of assistance by participants. Because a closed group format is used, rapport and group cohesiveness are developed early in the group process, promoting meaningful discussion and interaction. These factors serve as sources of

positive reinforcement and models of behavior. Group members become aware of individual behavioral and environmental factors that are blocked from awareness and the role of depression in their daily lives. These group interaction experiences promote the modeling and refining of new skills and performance of homework assignments.

The group facilitator provides therapeutic skills consistent with the views of Carkhuff (1969) and Krumboltz (1966). These skills include empathy, respect, genuineness, warmth, and acceptance. These facilitative conditions serve a reinforcing role, promote group sharing, and enhance client cooperation.

This group treatment process could serve as an adjunct to individual counseling. The client would be provided with an additional support system and assisted in practicing skills within a protective social milieu that encourages skill rehearsal both within the group setting and in immediate life experiences.

There are four suggestions for facilitators who are contemplating using the multifaceted behavioral group treatment process. First, behavioral contracting procedures could be used, linking specific therapeutic procedures and rewards to specific goals. This would enhance client participation in group procedures and homework assignments. Contracting would also assist the facilitator in monitoring client progress toward behavioral goals.

Second, after the initial group sessions, an intermittent group meeting schedule could be used. This would promote the performance of new behaviors over a longer period and still maintain a group support system. The transference of skills to the client's milieu could also be enhanced through this procedural change.

Third, facilitators could use a buddy system, as described by Rose (1977). Each client would be matched with another group member to mutually monitor behavior and maintain a supportive role. This

intervention would be especially useful in providing individual assistance and support in performance of homework assignments. This procedure could also serve as an additional source of positive social reinforcement for clients.

Finally, in the last group session, role playing could maximize transfer of learning from the group setting to the client's environment. Behavior rehearsal procedures could be used to practice client verbalizations to significant others regarding new behavior, to anticipate possible setbacks, or to try out behavior needed to cope with specific situations encountered within the client's environment.

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