Holistic Group Therapy for Women with Anxiety and Depression

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Abstract

Profound transformation is possible through the group therapy experience because it is a safe space to learn and grow as a human being. Therapy groups offer individuals an opportunity to try out new ways of behaving and interacting with others, while normalizing experiences that people assume are unique to them. Under the skilled direction of the group therapist, the group members are able to give support, offer solutions, or gently confront one another in such a way that they can resolve the difficulties they struggle with by learning alternative behaviors.

The purpose of this therapy group for women with co-morbid anxiety and depression, is to assist the members in challenging irrational beliefs, expressing emotions in a healthy way, building a social network, developing coping skills, and healing their mind, body, and spirit. The therapy group blends elements of Adlerian therapy, cognitive behavioral therapy, rational emotive behavior therapy, dialectic behavior therapy, reality therapy, existential therapy, nonviolent communication, mindfulness-based stress reduction, acceptance and commitment therapy, and mind, body, spirit holism. A therapist can choose to follow the twelve-week format of the group therapy manual or pull pieces of the manual to use as stand-alone tools in individual therapy or with groups.
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Holistic Group Therapy for Women with Anxiety and Depression

According to the American Psychiatric Association, fifty-eight percent of people with depression also display anxiety symptoms that met criteria for agoraphobia, panic disorder, or generalized anxiety disorder (2011). Patients with a diagnosed anxiety disorder also had high rates of comorbid depression, including 22.4% of patients with social phobia, 9.4% with agoraphobia, and 2.3% with panic disorder (APA, 2011). Accumulating evidence indicates that individuals with comorbid depression and anxiety tend to have greater illness severity and a lower treatment response than those with either disorder alone (Kuzel, 2006). In addition, social function and quality of life are more greatly impaired.

The following statements attempt to explain why depression and anxiety simultaneously occur in so many women, especially in Western, industrialized countries. In the United States, there is a cultural expectation of women to balance career and family, while being beautiful and put together at all times, which creates a tremendous amount of pressure and stress. Women are exposed to more trauma, including rape and sexual abuse than men, which tends to manifest in depression and anxiety symptoms, as well as post-traumatic stress disorder. Interestingly, being married protects men from depression, but not women. Young girls are often taught behaviors that may lead to depression later in life. By overemphasizing the feelings of others, women undermine their own self-esteem which can lead to passivity, dependency, and feelings of powerlessness (Cousens, 2000).

Profound transformation is possible through the group therapy experience because it is a safe space to learn and grow as a human being. People begin to change when they are able to see another member in the group change despite the person’s “unique wretchedness” (W. Premo, personal communication, July 11, 2011). People begin group on the vertical plane and compare
themselves with others. Ideally by the end of the group they are able to start shifting to the horizontal plane, thereby demonstrating the ability to collaborate and hold each other up during especially vulnerable moments (Premo). By sharing their own “unique wretchedness” and discovering that people still accept them, group members realize that they are not unlovable human beings and find commonality in other people (Yalom, 2005). Since the dynamic of the group is representative of how the members interact in their outside relationships, it is effective for members to acknowledge how they contribute to relationship problems as well as to learn and practice new ways of engaging in relationships with other members before applying those skills to the outside world (Premo). “The group environment provides a safe milieu in which individuals can learn how to have a voice in life” (Carlson, Watts, & Maniacci, 2008, p. 206).

**The Purpose and Goal of the Group**

The purpose of this therapy group is to assist the members, who have co-morbid anxiety and depression, in challenging irrational beliefs, expressing emotions in a healthy way, building a social network, developing coping skills, and healing their mind, body, and spirit. The goal of this therapy group is to encourage movement by changing mistaken beliefs and by validating emotions to keep moving forward through the healing process in order to keep living, loving, and engaging in a life worth living.

According to Carlson, Watts, and Maniacci, “The goal of group is to create an atmosphere of social equality in which everyone in the group has worth, value, and rights” (2008, p. 206). A growth-promoting and egalitarian climate can be created through the attributes of congruence, unconditional positive regard, and accurate empathetic understanding (Corey, 2009). “The experience of a trusting and safe environment facilitated by the therapist’s availability, responsiveness, and constancy, in which clients can explore past and present
feelings and interactions, may initiate change” (Carlson, Watts, & Maniaci, 2008, p. 70). In essence, a cohesive group encourages members to hold a mirror up to each other, reflecting the intrinsic potential and human imperfections that reside in everyone. This honesty provides an opportunity to problem solve more effectively, communicate on a deeper level, and learn new ways of operating in the world.

**Group Details**

**Composition**

The closed therapy group is open to eight to twelve women, over 18-years-old, who have mild to moderate co-occurring anxiety and depression. A referral is made by a mental health professional, with a preference that the women complete at least three sessions of individual therapy before starting group. Members are required to meet with the facilitator once prior to the start of the group to discuss the time commitment, expectations of its members, and to sign the confidentiality agreement. Women who are actively suicidal or experiencing severe social phobia would benefit from working individually with a therapist until their symptoms decline, as a group setting may not be favorable to their mental health during psychological distress.

**Duration and Format**

The group, facilitated by a licensed therapist, meets one evening per week for 90 minutes for the duration of 12 weeks. The preference for twelve, 90 minute sessions is due to the complex nature of co-morbid anxiety and depression based on the assumption that a 60 minute, 10 session group would not be enough time to accomplish all of the goals and activities laid out in the following treatment plan.
Overview of Group Sessions

The first group will review rules, privacy, and expectations and will include an introduction of the group facilitator and members. The purpose of the group will be discussed and the members will have an opportunity to share their goals and hopes for the group.

The members will also receive a copy of the attached workbook that includes all of the handouts and worksheets needed for the entirety of the group. Members will be asked to bring their workbook to each session. There will be extra copies of the workbook sections in the event that the binder is forgotten or misplaced. The handouts and exercises will likely exceed the time allowed, but the facilitator will have the tools available to refer to and can choose those activities that are most helpful with the direction the group takes from session to session. The members will be asked to review the workbook material between sessions and complete activities during their own time as well.

Each group session will begin with a check-in for the members to share and review their homework from the prior week, to discuss their application of the coping skills learned in the last group, and address any concerns or thoughts related to group content.

It is very difficult for people to feel good about themselves if they do not engage in some form of meaningful activity. Providing tools in the form of psychoeducation, skill development, journaling, homework assignments, and other exercises offer members more opportunities to be insightful about themselves and others, as well as the chance to learn and practice new skills that contribute to positive changes in life. Activities are designed to challenge irrational thinking and mistaken beliefs within the whole group, in subgroups, and independently. Skill development gives members the tools to replace self-destructive behavior with positive, healthy behavior. The mind, body, spirit component encourages whole person healing. A strength-based approach
encourages group members to find and utilize their skills and talents, as well as to identify other times in their life that they had success, which promotes confidence, the courage to be imperfect, and the willingness to take risks. “As clients begin to feel good about themselves, it is less necessary for them to continue to choose ineffective and self-destructive behaviors” (Corey, 2009, p. 319).

At the end of each session there will be time to reflect, share experiences, ask questions, and share one positive experience they obtained since the last session. At this time the homework assignment will be discussed and an overview of the next session will be provided.
Do Herbal and Nutritional Compounds Decrease Depression and Anxiety?

Psychology is built on evidence-based treatment practices, but people with mental health disorders are increasingly seeking out natural alternatives to the traditional mental health treatments of prescription drugs and psychotherapy. “Data show that between 36 to 42% of Americans use complementary and alternative medicine (CAM) each year, most commonly for depression, anxiety, headaches, and pain disorders, all problems treated by psychologists” (White, 2009b, p. 633). Sixty-seven percent of people with depression and anxiety use CAM, compared to 39% of people without depression or anxiety (2009). Relaxation techniques, spiritual practices, and supplements are the most widely used CAM modalities among people with depression and anxiety (Grzywacz et al., 2006). These statistics are likely representative of a population of people who did not have success with traditional pharmaceutical treatment and are looking for other, more natural ways to ease their suffering.

CAM includes many therapies that fall under the categories of natural products, mind-body medicine, and manipulative and body-based practices. Specifically these include herbal and vitamin supplements, meditation, yoga, guided imagery, hypnotherapy, qi gong, tai chi, homeopathy, acupuncture, reflexology, massage, chiropractic, reiki, and many others. CAM is difficult to define because it is constantly changing, but one source defines it as “a broad domain of healing health resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period” (Wahlström et al., 2008, p. 73). Complementary medicine refers to therapies that are used with conventional medicine, while alternative medicine refers to therapies that are used in place of conventional medicine. The boundaries between the dominant health system (allopathic medicine) and the
alternative health system (naturopathic medicine) are not well-established in the United States. Within the last ten to twenty years these boundaries have become muddled as alternative therapy is more widely accepted, producing evidence that both sides are seeing the benefit of integrating the best medicine has to offer to benefit their patients.

There are many potential reasons for people to move away from the allopathic treatment of mental health disorders to naturopathic alternatives. Pharmaceuticals have a laundry list of side effects and can be harmful when used long term. Many people report that antidepressants numb their symptoms, but do not address the root cause. Psychotherapy used in conjunction with antidepressants works well for some people, but many want relief without the side effects. Others have concerns about the costs associated with drug therapies and psychiatrist visits, especially those who do not have medical insurance.

Approximately $34 billion is spent annually in the United States on CAM therapies, making it a highly profitable industry (Wahlström et al., 2008). People are choosing to spend their money on these products even during a recession, which displays a need for further development of this industry and its integration into traditional medicine. These statistics are also cause for alarm because corporations are profiting from this growing trend and the lack of scientific data or need for FDA approval contributes to disparity in quality and efficacy. Because most of these therapies are available to people without a prescription, people are taking their health into their own hands without the necessary medical expertise to guide them.

The typical CAM user’s demographic characteristics are female, highly educated, married or cohabitating, employed, higher than average income, and often report a long-term somatic disease or illness that diminishes work ability (Wahlström et al., 2008). Learning more about why this group uses CAM more than others could uncover the underlying cause of disease
and mental health disorders in this demographic. Based on assumptions of that group, there is probably a lot of stress related to balancing career and family which can lead to physical and mental health problems.

Because CAM encompasses many different therapies, this paper will review several common modalities used by people who prefer natural solutions for their mental health symptoms. Herbal and Nutritional Compounds (HNC) will be investigated in relation to their effectiveness in reducing depression symptoms. HNC works by supplementing naturally occurring compounds that may be lacking in a depressed person’s body and by adding therapeutic elements from nature that may alleviate symptoms of depression and other mental health symptoms. Specifically, Chinese medicine, Ayurveda, homeopathy, St. John’s wort, and nutritional supplements have shown to be effective in the treatment of depression and are presented in this literature review.

Although CAM has been shown to be safe and effective in many instances, practitioners need to be knowledgeable about these therapies to avoid harmful drug interactions, reduce unnecessary or ineffective treatments, and offer clients a holistic and balanced approach to mental health treatment.

**Herbal and Nutritional Compounds (HNC)**

Herbal and Nutritional Compounds (HNC), also known as nutritional supplements include “vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, glandulars, and metabolites” (U.S. Food & Drug Administration, 1994). The use of botanical medicine is tens of thousands of years old and originated before written history (White, 2009b). A recent national survey indicated that over 38 million adults (18.6%) in the United States commonly used herbs to benefit their health in 2002, up from 15% in 1997
(2009). Although specific data was not found, it could be assumed that this statistic has grown in the last decade as HNC has become more accepted by the mainstream.

“In addition to prescriptions by board-certified herbalists, licensed acupuncturists, Ayurvedic medical practitioners, chiropractors, naturopaths, and some integrative medical physicians, herbs are sold in health food stores, grocery stores, truck stops, convenience stores, and on the Internet” (White, 2009b, p. 635). The Dietary Supplement Health and Education Act (DSHEA) allow products to make claims about structure and function, but exclude claims that the product cures disease (U.S. Food & Drug Administration, 1994). Unlike prescription drug products that must be proven safe and effective for their intended use before marketing, there are no provisions in the law that require the FDA to approve dietary supplements for safety or effectiveness before they reach the consumer (1994). Therefore, supplements are not regulated and claims on the label about potency do not have to be backed by scientific research. Unfortunately, this puts the consumer in the position of human test subject when using most supplement brands. It is important that people who are interested in using HNC work with a practitioner that is knowledgeable about brands and formulas to avoid taking a product that is ineffective or contaminated by toxins.

**Chinese Medicine**

Ayurvedic and Chinese medicine, unlike Western herbology, involves the combination of several herbs into a synergistic formula developed over thousands of years (White, 2009a). Chinese medicinal herbology existed prior to written history and is reported to have started around 2800 B.C. (2009). The philosophy of Chinese medicine has evolved over time and attempts to heal the body, mind, and spirit with the assumption that diseases are rooted in spirit and energy (2009).
According to a study done by Hui, Xia, & Jia-Xu, (2009), there was no evidence supporting the use of Chinese medicine to treat depression. However, the study itself stated the trials were low-quality and made recommendations to conduct the study again using multi-centered, randomized, parallel-controlled, and blinding trials to seriously evaluate the use of Chinese medicine (2009).

Ayurveda

Ayurveda, a Sanskrit word meaning the science of life, is a 5,000 year old philosophy based on a deep understanding of eternal truths about the human body, mind and spirit (Sharma, Chandola, Singh, & Basisht, 2007). The techniques are simple, cost-effective, and free of toxic side effects.

The philosophy of Ayurveda as explained by Deepak Chopra:

Recognizing that human beings are part of nature, Ayurveda describes three fundamental energies that govern our inner and outer environments: movement, transformation, and structure. Known in Sanskrit as Vata (Wind), Pitta (Fire), and Kapha (Earth), these primary forces are responsible for the characteristics of our mind and body. Each of us has a unique proportion of these three forces that shapes our nature. If Vata is dominant in our system, we tend to be thin, light, enthusiastic, energetic, and changeable. If Pitta predominates in our nature, we tend to be intense, intelligent, and goal-oriented and we have a strong appetite for life. When Kapha prevails, we tend to be easy-going, methodical, and nurturing. Although each of us has all three forces, most people have one or two elements that predominate. For each element, there is a balanced and imbalanced expression. When Vata is balanced, a person is lively and creative, but when there is too much movement in the system, a person tends to experience anxiety, insomnia, dry skin,
constipation, and difficulty focusing. When Pitta is functioning in a balanced manner, a person is warm, friendly, disciplined, a good leader, and a good speaker. When Pitta is out of balance, a person tends to be compulsive and irritable and may suffer from indigestion or an inflammatory condition. When Kapha is balanced, a person is sweet, supportive, and stable but when Kapha is out of balance, a person may experience sluggishness, weight gain, and sinus congestion. (2011, para. 3).

Garlic, administered at 1 gram three times a day, has shown significant relief for depression (Sharma, Chandola, Singh, & Basisht, 2007). The Brahmi herbal formulation which consists of Bacopa monnieri, Asparagus racemosus, Acorus calamus, and Saussurea lappa, significantly alleviates anxious and depressed mood, tension, insomnia, and cognitive difficulties (2007). An Ayurvedic nasal therapy, called Nasya, is also effective for the symptoms listed above (2007).

**Homeopathy**

Homeopathy, developed by Samuel Hahnemann, uses small doses of herbs, minerals, and some animal products to stimulate healing (White, 2009b). The governing principle of homeopathy is that “like treats like” and a substance that would create symptoms in healthy people could be used to ameliorate symptoms in a person experiencing similar symptoms (2009).

“Repeated experiments have shown that minute doses of a substance often produce the opposite effects of large doses of the same substance” (White, 2009b, p. 634). The process of “succession,” or vigorously shaking the substance with distilled water 100 times, is understood to change the molecular structure of the mixture (2009). In a study of 12 adults with major depression, social phobia, or panic disorders, Davidson, Morrison, Shore, Davidson, and Bedayn (1997) reported that more than half showed improvement with homeopathic treatment.
Homeopathy is an excellent option for those who want to combine HNC with a form of talk therapy. Part of the process in homeopathy involves conducting a complete profile including dreams, behavior patterns, physical health, and mental health status on each visit to the homeopath. While they are not trained in psychotherapy, it is an opportunity for a client to be heard and validated by someone who is present in the moment with them, which is often all a person who is suffering needs.

St. John’s Wort

St. John's wort (Hypericum perforatum) is an herb that has been used for 2,000 years for health purposes (Web MD, 2011). The genus name Hypericum is from the Latin word hyper, meaning "above," and icon, meaning "spirit" (2011). The species name, perforatum, refers to puncture-like black marks on the underside of the plant's leaves (2011). St. John’s wort (SJW), especially its tiny yellow flowers, is a natural source of hypericin and other antioxidant compounds (2011). Hypericin, a natural pigment and the active ingredient in St. John’s wort, has become the subject of intensive research over the past three decades.

Several trials show that SJW is an effective treatment for depression. Sarris, Kavanagh, Deed, & Bone found that “SJW has equal efficacy to pharmaceutical antidepressants, with a more favorable side effect profile and fewer dropouts” (2008, p. 42). It is especially effective in people with mild to moderate depression (2008). SJW is very safe to use also and only 0%-5.7% of 35,562 patients reported adverse effects (Sarris & Kavanagh, 2009). They also analyzed the adverse events of synthetic antidepressants and 14.4% of 2419 patients experienced adverse effects and withdrawal versus 5.2% on placebo (2009). Sarris & Kavanagh also studied the effects of hyperforin-free SJW and found that it was effective for people wanting to co-medicate and minimize drug interactions (2009).
Elderly people with depression can benefit from SJW according to Vorbach, Arnoldt, & Wolpert, but there are no studies on SJW use with children and adolescents (2000). Risk of intoxication resulting from a potential overdose due to patient forgetfulness is limited (2000). It does not impede the ability to drive and there is no negative interaction with alcohol (2000). Depression associated with fear responds well to SJW and there are indications that it would be helpful with hypochondria and pain, but more research needs to be done (2000). SJW can improve cognitive performance, which is especially helpful for elderly people with depression and early dementia (2000).

SJW treatment should last for three to six months after remission for those with recurrent major depression and continue longer for those who experience relapse (Vorbach, Arnoldt, & Wolpert, 2000). Typical dose is between 300-900 milligrams daily, with some studies reporting doses of 1800 milligrams daily for severely depressed patients (2000).

SJW is also somewhat effective for people with co-morbid anxiety and depression and has been used along with Kava in several trials. One trial had good success during the first phase, but did not experience the anticipated results in the second phase of the trial (Sarris, Kavanagh, Deed, & Bone, 2008). They found that the combination of SJW and Kava was not as effective as SJW alone for depression or Kava alone for anxiety and there does not seem to be an explanation for the difference (2008). Kava has shown anxiolytic effects, but linked to a risk of severe liver damage (White, 2009b).

Another study showed that high-dosage SJW with valerian extract ameliorated anxiety and depression more effectively for those with anxious depression than SJW alone (Sarris, Kavanagh, Deed, & Bone, 2008). People with psychiatric comorbidity tend to have more
impairment in work and social life and have a poorer prognosis, therefore requiring more resources for treatment (2008).

St. John’s wort has been shown to affect metabolism and can weaken or boost the effectiveness of medications including birth control pills, antidepressants, benzodiazepines, anticoagulants, antibiotics, antiretroviral HIV medications, anticoagulants, and anti-rejections drugs used with organ transplants (White, 2009b). Most adverse effects from SJW involve reversible skin problems and gastrointestinal symptoms (Sarris & Kavanagh, 2009).

Sarris & Kavanagh caution people with a personal or family history of bipolar disorder against the use of SJW because there have been some reports of mania, psychosis, and serotonin syndrome (2009). This risk is heightened with the concomitant use of other medications and recreational drugs (2009). Other contraindications include depression that is resistant to treatment, delusory depressive symptoms, hallucinations, suicidal tendencies, severe agitation, known hypersensitivity to SJW, and pregnancy (Vorbach, Arnoldt, & Wolpert, 2000).

Dependency and abuse of SJW is not a concern and only one case of overdose was documented in Australia when a 16-year-old girl presented at the emergency room with seizures and confusion after taking 15 tablets of SJW a day for the past two weeks and 50 tablets that day (Sarris & Kavanagh, 2009). Her health returned to normal after two days and had no subsequent seizures in the six months that followed (2009).

Kava

Kava has substantial empirical support as an effective anxiolytic agent, demonstrating efficacy similar to buspirone or opipramol in treating Generalized Anxiety Disorder (Sarris, Kavanagh, Deed, & Bone, 2008). However, Kava has been pulled in several countries, including Canada, England, and countries in Europe because of safety concerns regarding liver damage
(Sarris et al.). However, Sarris et al., note that many reported cases involved ingestion of other substances with potential hepatotoxicity, including other medications and alcohol (2008). In this study, Kava produced significant anxiolytic and antidepressant activity and raised no safety concerns at the dose and duration studied” (Sarris et al., 2008, p. 399). It also appears equally effective in cases of co-morbid depression and anxiety (Sarris et al.).

**Adaptogens**

Adaptogens are herbs that help the body cope with stress, therefore reducing serious illness like heart disease, anxiety, depression, panic attacks, memory impairment, digestive disorders, autoimmune diseases, and chronic fatigue syndrome (Provino, 2010). They work by regulating homeostasis in the body and controlling stress responses like cortisol release and hypothalamic pituitary adrenal (HPA) axis activation (2010). Commonly used adaptogens are withania, Korean ginseng, Siberian ginseng, schisandra, licorice, rhodiola, brahmi, and gotu kola (2010).

Withania has anti-inflammatory effects, supports immune function, improves memory, increases fertility in males, and is helpful as a sedative for insomnia (Provino, 2010). Korean ginseng improves physical and mental performance under stress and is a good option for chronic stress, while ginkgo biloba is more effective for acute stress (2010). Rhodiola improves endurance exercise performance, exerts an anti-fatigue effect, increases mental performance and concentration, and decreases cortisol response (2010). Brahmi has significant antidepressant attributes and is comparable to the tricyclic antidepressant imipramine (2010). It also helps with memory enhancement and helps reverse memory deficits caused by diazepam and other benzodiazepines (2010). Gotu kola has anxiolytic properties and is useful in stress management.
ANXIETY AND DEPRESSION THERAPY GROUP (2010). Unfortunately, there are limited human studies to test the efficacy of adaptogens so more clinical trials are needed to support these beneficial claims.

**Nutritional Supplements**

There is an increase of depression associated with high daily intake of caffeine, alcohol, and sugar (White, 2009b). Deficiencies in vitamins B, C, and D in addition to iron, calcium, and magnesium can also be related to depression (2009). Dietary changes and adding a daily multivitamin are simple, but effective changes that can impact overall mood.

5-Hydroxytryptophan (5-HTP) is an amino acid that converts to serotonin in the body and has been used to treat depression, insomnia, obesity, and many other conditions (WebMD, 2011). While 5-HTP has been shown to be safe in most occasions, some people who have taken it have come down with eosinophilia-myalgia syndrome (EMS), a serious condition involving extreme muscle tenderness and blood abnormalities (2011). Some people think EMS might be caused by a contaminant in some 5-HTP products, but enough is not known about the cause at this time and caution should be taken when considering this supplement (2011).

Amino acids are the precursors to many different neurotransmitters and targeted amino acid therapy (TAAT) was shown to reduce problems in attention, thought, externalizing behaviors, aggression, anxiety, and depression in a study of 95 at-risk children compared to the control group (Purvis, Cross, & Kellemann, 2006). The results show that TAAT impacted serotonin and GABA levels directly and indirectly impacted phenylethylamine (PEA) and epinephrine, all important neurotransmitters that impact behavior (2006).

Studies using supplementation with the brain metabolite S-Adenosylmethionine (SAMe) have shown improvements in mood because they found that depressed people often make less SAMe naturally (Williams, Girard, Jui, Sabina, & Katz, 2005). SAMe works through a process
called methylation, which occurs a billion times a second throughout the body, affecting everything from fetal development to brain function (2005). It regulates the expression of genes, preserves the fatty membranes that insulate our cells, and helps regulate the action of various hormones and neurotransmitters, including serotonin, melatonin, dopamine and adrenaline (2005). Researchers gave 17 severely depressed patients a four-week course of SAMe (1,600 mg daily) or desipramine, a well-established antidepressant (2005). The SAMe recipients enjoyed a slightly higher response rate (62 percent) than the folks on desipramine (50 percent) (2005).

Americans in general are lacking in omega-3 fatty acids, which must be obtained through dietary sources, due to the common use of corn and soybean oil and the decline in the consumption of free-range animals, wild game, and fish (White, 2009b). Supplementing omega-3 fatty acids and consuming more flax seed as well as salmon and other fish improves mood.

One study using supplementation suggested that increasing omega-3s helps stabilize women with borderline personality disorder by reducing aggression and depression symptoms (Zanarini & Frankenburg, 2003). A study of 8,000 participants over two years found a 30% reduction of risk of psychiatric disorders with moderate consumption of fish (about 4 ounces daily) compared to the control group (Sanchez-Villegas et al., 2007). Another study showed that an imbalance between omega-3 and omega-6 fatty acids was related to greater suicide risk (Sublette, Hibbeln, Galfalvy, Oquendo, & Mann, 2006). A United Kingdom prison study found that increasing vitamins, minerals, and essential fatty acids reduced the incidence of violent acts in the prison population by 35% compared to the control prisoners not receiving the nutrients (Gesch, Hammond, Hampson, Eves, & Crowder, 2002).
Summary

There is a multitude of evidence that supports the use of HNC in supporting overall health and decreasing depression symptoms. Mental health practitioners need to be aware of the various types of HNC to supplement or replace prescription drug therapy and to complement psychotherapy. The availability and efficacy of many types of HNC can expand the opportunities for mental health practitioners and their clients, but care needs to be taken to avoid harmful drug interaction.

“Herb-drug interactions are of two types: (a) pharmacokinetic interactions, which interfere with the absorption, distribution, metabolism, and/or excretion of the herbs or drugs; or (b) pharmacodynamic interactions, which potentiate or antidote the involved herbs or drugs” (White, 2009b, 636). It can be dangerous for people to treat themselves because herbs may exceed safe quantities, are contraindicated for their health conditions, or contain toxic materials (2009). Therefore, it is increasingly important that mental health practitioners and physicians become knowledgeable about the supplements that patients are using so that the doctor and patient can collaborate on a person’s individual health choices instead of the patient making uninformed decisions on their own.

Depression

Depression is a complex mood disorder that most often occurs when there is a neurological imbalance of serotonin, but is also related to dopamine and norepinephrine (WebMD, 2011). Serotonin is a chemical in the brain, called a neurotransmitter, which acts as a messenger to relay information from one area of the brain to another (2011). It influences a variety of psychological and bodily functions including mood, sexual desire, appetite, sleep, memory and learning, temperature regulation, social behavior, the cardiovascular system, the
muscular system, and the endocrine system (2011). A number of biochemical glitches can be linked to an increase in mood disorders like depression, obsessive-compulsive disorder, anxiety, and excess anger and hostility (2011). If there is low production of serotonin, a lack of receptor sites available to receive serotonin, or an inability for the serotonin to reach the receptor sites, depression or other mood disorders may occur (2011). A shortage in tryptophan, a chemical from which serotonin is made, or a smaller hippocampus can also be related to depression (2011).

Some researchers have found a link between an excess production of cortisol, which is the stress hormone, and a smaller hippocampus (2011).

Depression can also be caused by a precipitating event such as a loss of a loved one, trauma, abuse, or conflict in personal relationships. The link between negative thought processes leading to feelings of depression is well-researched. There may also be organic factors that contribute to depression symptoms such as genetics, serious illness, chronic pain, medication use, hormonal imbalance, and substance abuse (WebMD, 2011). Depression can be a symptom of candidiasis, hypothyroidism, fibromyalgia, and other biological issues so a complete medical exam by a physician is crucial when treating depressed clients (2011).

**Prevalence**

Major depression affects approximately 120 million people each year with a lifetime prevalence rate of 16.5% in the United States (Sarris, Kavanagh, Deed, & Bone, 2008). An estimated 3% of all adults in the world are experiencing some form of depression (Hui, Xia, & Jia-Xu, 2009). It affects women 70% more than men and the average age of onset of 32 years old (NIMH, 2011). The lifetime prevalence for other common mental health disorders are dysthymia 2-4%, bipolar disorder 1-2%, generalized anxiety disorder (GAD) 3-6%, social phobia 4-6%,
obsessive-compulsive disorder (OCD) 1-3%, post-traumatic stress disorder (PTSD) 1-2%, and panic disorder 1-3% (Sarris & Kavanagh, 2009).

Symptoms

Symptoms of depression include:

- difficulty concentrating, remembering details, and making decisions
- fatigue and decreased energy
- feelings of guilt, worthlessness, and/or helplessness
- feelings of hopelessness and/or pessimism
- insomnia, early-morning wakefulness, or excessive sleeping
- irritability, restlessness
- loss of interest in activities or hobbies once pleasurable, including sex
- overeating or appetite loss
- persistent aches or pains, headaches, cramps, or digestive problems that do not ease with treatment
- persistent sad, anxious, or "empty" feelings
- thoughts of suicide, suicide attempts (WebMD, 2011, para. 4).

Implications

“Depression is the top-ranking cause of non-fatal disease burden for both women and men, accounting for 8% of years lost to disability” (Sarris, Kavanagh, Deed, & Bone, 2008). The implications of this on America are staggering. If people are unable to work productively or at all, their taxable income is reduced and they need to rely on government programs like Social Security and public health and food. The socio-economic burden far outweighs the cost for treatment and prevention as “recovery is associated with lower health-care costs, fewer days
missed from work, and greater productivity” (Sarris, Kavanagh, Deed, & Bone, 2008, p. 41). Untreated depression also accounts for 1 in 10 suicides, with suicide being the 11th most common cause of death in the United States (WebMD, 2011).

**Treatment**

The typical treatment of depression is a combination of antidepressant pharmaceuticals with psychotherapy, but despite the increase in medication use, the prevalence of depression has not decreased significantly (NIMH, 2011). Selective serotonin reuptake inhibitor (SSRIs) are the most commonly prescribed antidepressant with brand names of Celexa, Lexapro, Prozac, Paxil, Zoloft, and Symbyax (Mayo Clinic, 2011). They work by blocking the reabsorption of the neurotransmitter serotonin in the brain therefore alleviating depression symptoms and improving mood (Mayo Clinic, 2011). However, fewer than 50% experience full remission on synthetic antidepressants and significant side effects are common (Sarris, Kavanagh, Deed, & Bone, 2008).

Negative side effects that accompany pharmaceutical treatments include headaches, insomnia, nervousness, agitation, reduced sex drive, erectile dysfunction, dry mouth, nausea, diarrhea, constipation, bladder problems, rash, weight gain, blurred vision, drowsiness, and an increase in suicidal thoughts in children and adolescents (Web MD, 2011). Sarris and Kavanagh (2009) studied drug-related mortality and discovered that deaths occurring from antidepressant medication (except tricyclics) rose from 687 deaths in 1999 to 1582 deaths in 2003, an increase of 130%.

**Anxiety**

Anxiety is a normal human emotion that everyone experiences at times and can serve a purpose when it motivates a person toward action. Many people feel anxious, or nervous, when
faced with a problem at work, before taking a test, or making an important decision. Fear is a normal response to a perceived threat and is the body’s survival mechanism. Anxiety disorders, however, are different than occasional fear or nervousness. They can cause such distress that it interferes with a person's ability to lead a normal life.

Unlike the relatively mild, brief anxiety caused by a stressful event, anxiety disorders last at least six months and can get worse if they are not treated. Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse, which may mask anxiety symptoms or make them worse (NIMH, 2011). In some cases, these other illnesses need to be treated before a person will respond to treatment for the anxiety disorder.

The term Anxiety disorder encompasses several different diagnoses including Panic disorder, Obsessive-compulsive disorder (OCD), Post-traumatic stress disorder (PTSD), Social anxiety disorder, phobias, and Generalized anxiety disorder (GAD) (WebMD, 2011). Each anxiety disorder has different symptoms, but all the symptoms cluster around excessive, irrational fear and dread.

Prevalence

Anxiety Disorders affect about 40 million American adults age 18 years and older (about 18%) in a given year, causing them to be filled with fearfulness and uncertainty (NIMH, 2011). Of these, 22.8% are classified as severe. Over the course of their lifetime, women are 60% more likely than men to experience an anxiety disorder. The average age of onset is 11 years old and approximately 30% of adults ranging from age 18-59 experience an anxiety disorder in that time frame. Adults over 60 experience less anxiety disorders than their younger counterparts.
**Symptoms**

Symptoms vary depending on the type of anxiety disorder, but general symptoms include:

- Feelings of panic, fear, and uneasiness
- Uncontrollable, obsessive thoughts
- Repeated thoughts or flashbacks of traumatic experiences
- Nightmares
- Ritualistic behaviors, such as repeated hand washing
- Problems sleeping
- Cold or sweaty hands and/or feet
- Shortness of breath
- Palpitations
- An inability to be still and calm
- Dry mouth
- Numbness or tingling in the hands or feet
- Nausea
- Muscle tension
- Dizziness (WebMD, 2011, para. 3).

**Treatment**

The typical treatment of anxiety is a combination of antidepressant, anxiolytic, and/or beta blocker pharmaceuticals with psychotherapy (NIMH, 2011). Selective serotonin reuptake inhibitor (SSRIs) are the most commonly prescribed antidepressant with brand names of Celexa, Lexapro, Prozac, Paxil, Zoloft, Effexor, and Symbyax (Mayo Clinic, 2011). Tricyclic
Antidepressants include Tofranil, which is prescribed for panic disorder and GAD, and Anafranil, which is the only tricyclic antidepressant useful for treating OCD (Mayo Clinic). Monoamine oxidase inhibitors (MAOIs) are the oldest class of antidepressant medications. The MAOIs most commonly prescribed for anxiety disorders are Nardil, followed by Parnate, and Marplan, which are useful in treating panic disorder and social phobia. These are prescribed less frequently due to a number of drug interaction risks. MAOIs can also react with SSRIs to produce a serious condition called “serotonin syndrome,” which can cause confusion, hallucinations, increased sweating, muscle stiffness, seizures, changes in blood pressure or heart rhythm, and other potentially life-threatening conditions. Antidepressants work by blocking the reabsorption of the neurotransmitter serotonin in the brain therefore alleviating depression symptoms and improving mood. However, fewer than 50% experience full remission on synthetic antidepressants and significant side effects are common (Sarris, Kavanagh, Deed, & Bone, 2008).

Benzodiazepines are frequently prescribed for anxiety and carry the brand names of Xanax, Librium, Klonopin, Valium, Etilaam, Ativan, and Serax. High-potency benzodiazepines combat anxiety and have few side effects other than drowsiness. Because people can get used to them and may need higher and higher doses to get the same effect, benzodiazepines are generally prescribed for short periods of time, especially for people who have abused drugs or alcohol and who become dependent on medication easily (Mayo Clinic, 2011). Some people experience withdrawal symptoms if they stop taking benzodiazepines abruptly instead of tapering off, and anxiety can return once the medication is stopped.

Buspar, an azapirone, is a newer anti-anxiety medication used to treat GAD and is often used to augment SSRIs (Mayo Clinic, 2011). Beta-blockers, such as Inderal, which is used to
treat heart conditions, can prevent the physical symptoms that accompany certain anxiety disorders, particularly social phobia (WebMD, 2011).

Psychotherapeutic treatment can be an effective alternative to medication. Exposure therapy is the recommended treatment for phobic anxiety disorders (NIMH, 2011). Cognitive behavioral therapy (CBT) has been found to be effective treatment for panic disorder, social anxiety disorder, generalized anxiety disorder, and obsessive-compulsive disorder. CBT has been shown to be effective in the treatment of generalized anxiety disorder, and possibly more effective than pharmacological treatments in the long term. Sometimes medication is combined with psychotherapy but research has found that there is no benefit of combined pharmacotherapy and psychotherapy versus monotherapy.

Dietary and lifestyle changes as well as relaxation therapy can greatly contribute to decreased anxiety (NIMH, 2011). Deep breathing, meditation, and mindfulness are natural techniques used to calm stress and anxiety with good success.

**Session One: Introductions, Expectations, and Setting the Intention**

**Goal:** The goal for the first session is to introduce the participants to each other and to help them acclimate to the overall structure and purpose of the group.

**Tools and Handouts:**

Materials used during the psychoeducation portion of the group meeting include:

- Mood Chart (PsychologyTools.com, n.d.)
- Healing from Depression and Anxiety (Bloch, 2009)
- Seven Roots of Resilience (Emmons, 2010)
- The Diamond Model for Depression (Wrigley, 2012)
• Mixed Anxiety and Depression Assessment (Adapted from Amen, 2003, Beck, 1961, & Burns, 2000)
• A Daily Survival Plan for Responding to Depression/Anxiety (Bloch, 2009)
• Early Warning Signs of Depression and Anxiety (Bloch, 2009)
• Daily Rating Scale for Anxiety & Depression (Bloch, 2009)
• Depression Cycle (Bloch, 2009)
• Vicious Cycle of Depression (CCI, n.d.)
• Famous People with Depression (Bloch, 2009)
• Healthy Sadness versus Depression (Bloch, 2009)
• The Prayer for Going through a Dark Night of the Soul (Bloch, 2009)
• How to Heal from Depression (Chopra, 2010)
• Sentence Completion Exercise (Belmont, 2006; Wood, 2007)

Homework:

• Discover Your Journey (Wood, 2007)
• Vision Statement Exercise (Bloch, 2009)

Structure and Procedure:

First, the group norms, rules, format, and expectations will be discussed. The facilitator will provide the first rule, which is respect for others and self, and ask the members to decide on the other two rules. There will also be a reminder of the confidentiality agreement they signed prior to the first meeting. The workbooks will be handed out next and the facilitator will explain the layout of the workbook and request that the members bring the workbook to each session.

At this point the facilitator will give an overview and goal for future sessions. Utilizing the Healing from Depression and Anxiety handout, the facilitator will explain the five areas of
therapeutic self-care that will be the basis of the group design. The five areas include physical self-care, lifestyle habits, mental and emotional self-care, social support, and spiritual connection (Bloch, 2009).

The members will be asked to complete the Mixed Anxiety and Depression Assessment (Adapted from Amen 2003, Beck 1961, & Burns 2000) during the first session and the last session to compare their symptoms at the start and end of the group. This data will also be collected by the facilitator for evaluation of group effectiveness. They will also be asked to track their daily moods with the Mood Chart through the 12 weeks.

Psychoeducation about depression and anxiety symptoms will then be provided. Suicide prevention will also be discussed in this session and toward the end of group. Group members will be invited to discuss the stigma about mental illness and their feelings about having depression and anxiety. The facilitator will lead the open discussion by asking the following questions: Why are you here? What do you hope to get out of the group? How has depression and anxiety affected your life and relationships? How do you feel when you are depressed or anxious? Why do you think you are depressed and anxious? Have you ever thought about taking your own life or hurting yourself?

The members will then be directed to the Sentence Completion handout and asked to complete it as quickly as possible, without giving much thought to their answers while they are writing (Belmont, 2006; Wood, 2007). The members will be asked to share what answers were most surprising to them and why. If any members were unable to finish in the time allowed, they will be asked to complete it at home. This will be effective in identifying faulty cognitions in later sessions.
At this time, the group would be broken into dyads and asked to answer Adler’s Miracle Question, “If you woke up tomorrow and your depression and anxiety were miraculously cured, what would your life look like?” The group will reconvene and members will be asked to share what their lives look like without depression and anxiety.

At this point, the facilitator would touch on the spirituality component of the group, while communicating that the group is open to people of all types of faith, including non-believers. While many different types of spirituality will be shared, the member is responsible for choosing the spiritual path that speaks to them, whatever that may entail, while respecting others beliefs. The Prayer for Going through a Dark Night of the Soul will be shared and discussed. This describes a spiritual element to mental illness, where the mental health crisis signifies the death of the old you so a new you can spring forth.

The following quote from Bloch’s *Healing from Depression* (2009) will then be shared:

If you are on the edge of the abyss, don’t jump,

If you are going through hell, don’t stop.

As long as you are breathing, there is hope.

As long as day follows night, there is hope.

Nothing stays the same forever.

Set an intention to heal, reach out for support, and you will find help.

(p. 102)

Members will be asked their thoughts about the quote and will later be asked to set their own intention for healing through the vision statement exercise.

The facilitator will lead the group in a discussion about the choice of thoughts, feelings, and actions each member can make. They will also discuss the effort and commitment that it will
take to reclaim their life. Each person is responsible for moods and behavior and even though it seems out of control now, they will be given a lot of tools and support to work through these issues.

The session will wrap up with the introduction of Bloch’s Vision Statement exercise (2009) and Wood’s Discovering Your Journey worksheet (2007), which will be the homework assignments to be completed for the next week.

**Session Two: Understanding the Cycle of Thoughts, Emotions, and Behavior**

**Goal:** The goal for the second session is to process and understand the relationship between thoughts, feelings, and behavior.

**Tools and Handouts:**

Review Homework from previous session:

- Vision Statement exercise (Bloch, 2009)
- Discovering Your Journey worksheet (Wood, 2007)

Materials used during the psychoeducation portion of the group meeting include:

- Myers Briggs Type Indicator (Reinhold, 2011)
- Cognitive Triad of Depression (Wrigley, 2012)
- Thought Suppression (PsychologyTools.com, n.d.)
- Negative/Positive Thoughts → Feelings → Action wheel (Anderson, 2010)
- YAHOO (You Always Have Other Options) (Knaus, 2006)
- Assumptive Worlds handout/Young’s Lifetrap (Burns, 2000)
- Schemas, Characters, and Lifetrap (Burns, 2000)
- Recognizing Triggers and Resolving Stress Storms (Burns, 2000)
- Are You a Worrywart? quiz (Potter, 2009)
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- Why Worry Is a Choice (Chopra, 2010)
- The Vicious Cycle of Anxiety (CCI, n.d.)
- Decatastrophizing—Stopping the Anxiety Cycle (Wrigley, 2012)
- Postpone Your Worry (CCI, n.d.)
- Accepting Uncertainty (CCI, n.d.)
- 9 Ways to Stop Obsessing (Borchard, 2010)
- Ditch Your Dread (Wehrenberg, 2008)
- Overcome Fears, Phobias, and Panic Attacks (Burns, 2000)
- Fear of Success vs. Fear of Failure (Roesler, 2011)
- Crossing the Anxiety Eddy Line (Martindale, 2011)
- Stop Think Breathe (Martindale, 2011)

Homework:

- What’s the Worst that Could Happen? exercise (Schab, 2008)
- The group will also be asked to journal about how depression and anxiety hold them back. What benefits do they get from continuing to be depressed and anxious?

Structure and Procedure:

The group will reconvene and begin this session and all future sessions with the Vision Statement they created as homework from the first session. The group will also follow up on the Discovering Your Journey worksheet.

The facilitator will begin this session by asking the group to complete the shortened Myers Briggs Personality Test and discuss the results. The facilitator will lead the discussion with thoughts about why depression and anxiety are the psychological diseases of our time,
especially for women. Women are the Geiger counters for the state of the world and when there is imbalance, women are often more perceptive to it.

The group will begin the psychoeducation portion of the session with discussion about the relationship between thoughts, emotions, and behavior. By the end of this session, they will begin to understand how changing their thoughts, impacts their emotions and behavior.

After discussing the psychoeducation resources, the facilitator will lead by introducing the Adlerian concept regarding the basic human needs for safety, significance, and belonging. An open discussion will begin with the following questions: How does depression and anxiety serve you? What do you get out of or blame on being depressed and anxious? What lessons have depression and anxiety taught you about yourself and others? How have you used your depression and anxiety to gain pity and sympathy from others? What behavior do you engage in that is self-destructive? What are you angry about? What are you afraid of?

Following the discussion, the facilitator will discuss the cycle anxiety and worry using the handouts and will touch on fear of failure and fear of success and introduce Roesler’s Fear of Success vs. Fear of Failure handout (2011).

The session will wrap up with the introduction to Schab’s What’s the Worst that Could Happen? exercise (2008), which is the homework assignment to be completed for the next week. The group will also be asked to journal about how depression and anxiety hold them back. What benefits do they get from continuing to be depressed and anxious?

**Session Three: Changing Irrational Thoughts and Mistaken Beliefs**

**Goal:** The goal for the third session is to identify the mistaken beliefs and irrational thoughts that are keeping participants stuck and to work on changing those cognitions to more positive ones.
Tools and Handouts:

Review Homework from previous session:

- What’s the Worst that Could Happen? exercise (Schab, 2008)
- The group will also be asked to journal about how depression and anxiety hold them back. What benefits do they get from continuing to be depressed and anxious?

Materials used during the psychoeducation portion of the group meeting include:

- Beliefs Inventory (Davis, Robbins Eshelman, & McKay, 2008)
- Belief-Driven Formation (PsychologyTools.com, n.d.)
- How to Recognize Thinking That is Distorted and Irrational (Belmont, 2006)
- Albert Ellis’ Common Irrational Beliefs (Belmont, 2006)
- Unhelpful Thinking Styles (PsychologyTools.com, n.d.)
- 10 Forms of Twisted Thinking (Wrigley, 2012)
- Cognitive Distortions/Core Beliefs/Cognitive Model of Depression (Bloch, 2009)
- Steps for Changing Irrational Beliefs (Belmont, 2006)
- Giving up the Rearview Mirror Syndrome (Belmont, 2006)
- What is REBT? (Martindale, 2011)
- REBT’s ABC Theory of Emotional Disturbance (Martindale, 2011)
- Courage to Be Imperfect (Dreikurs, n.d.)
- Perfectionism Behaviors (CCI, n.d.)
- Perfectionism vs. The Healthy Pursuit of Excellence (Burns, 2000)
- Common Self-Defeating Attitudes and Fears (Burns, 2000)
- ABC Method to Diffuse Perfectionist Thinking (Knaus, 2006)
- Breaking the Bonds of Self-imprisonment (Knaus, 2006)
• Critic Catcher (Martindale, 2011)
• Wise Mind worksheet (Vivyan, 2010)
• Cost-benefit Analysis e (Schab, 2008)

Homework:
• Real-Life ABCDE’s—Disputing and Decatastrophizing Exercise (Knaus, 2006)
• The members will also be asked to catch themselves in a negative thought cycle and follow the steps for changing irrational beliefs handout. They will write about what triggered the negative thoughts, what the negative thought script is, and what they did to replace this thought with a more positive one. How did the situation turn out? How did they feel?

Structure and Procedure:

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the What’s the Worst that Could Happen? exercise and their journal assignment.

This session will dig deeper into each member’s core beliefs and how those beliefs are contributing to their pain. The beginning of the session will focus on identifying the mistaken beliefs and irrational thoughts, while the later portion of the session will work on changing those cognitions to more positive ones. The facilitator will ask the group to complete and discuss the Beliefs Inventory handout (Davis, Robbins Eshelman, & McKay, 2008).

After discussing the psychoeducation resources, the facilitator will lead the open discussion by asking which common patterns of thinking are most often used in each member’s life: overgeneralization, exaggerating, black-and-white thinking, catastrophizing, discounting the positive, “should” and “must” statements, repetitive automatic thoughts, or others. This will help
the members monitor their own negative self-talk. The facilitator will then touch on the themes of worthlessness, hopelessness, helplessness, and self-blame (Knaus, 2006).

Next the facilitator will talk about perfectionism and ask the members to think of a situation or two where they attempted something and the outcome was less than perfect. Then ask them to think of three things they would love to try if no one, including themselves, was judging them. Mistakes are learning opportunities and there is no such thing as perfect. Perfectionism is related to procrastination. The facilitator will explain Dreikurs’ concept of the courage to be imperfect.

The facilitator will then ask the following questions: What are your stories or tapes? (Examples: I’m a failure. No one likes me. I’m too fat. I’m ugly. I’m too shy to make friends.)

How has depression and anxiety distorted the truth and twisted it toward the negative?

The session will wrap up with the introduction to the ABCDE Exercise, which identifies the activating event, beliefs, consequences, dispute depressive beliefs, and cognitive, emotional, and behavioral effects (Knaus, 2006). This will be the homework assignment for next week. The members will also be asked to catch themselves in a negative thought cycle and follow the steps for changing irrational beliefs handout. They will write about what triggered the negative thoughts, what the negative thought script is, and what they did to replace this thought with a more positive one. How did the situation turn out? How did they feel?

Session Four: Expressing Feelings

Goal: The goal for the fourth session focuses on feelings and emotions and how to express them in a healthy, positive way.

Tools and Handouts:

Review Homework from previous session:
• Real-Life ABCDE’s—Disputing and Decatastrophizing Exercise (Knaus, 2006)

• The members will also be asked to catch themselves in a negative thought cycle and follow the steps for changing irrational beliefs handout. They will write about what triggered the negative thoughts, what the negative thought script is, and what they did to replace this thought with a more positive one. How did the situation turn out? How did they feel?

Materials used during the psychoeducation portion of the group meeting include:

• Understanding Your Emotional Style quiz (Bennett-Goleman, 2009)

• The Happiness Trap Worksheets (Harris, n.d.)

• Maslow’s Hierarchy of Needs (Wrigley, 2012)

• Needs Inventory and Feelings When Your Needs Are/Are Not Satisfied (Center for Nonviolent Communication, 2005)

• Getting Needs Met (Martindale, 2011)

• Describe Your Emotion (McKay, Wood, & Brantley, 2007)

• Defense Mechanisms and Mature Defenses (Burns, 2000)

• Healthy Emotion Regulation Strategies Pyramid (PsychologyTools.com, n.d.)

• Anger Continuum and Anger Balloon (Martindale, 2011)

• ACT NOW! Control That Temper and Anger Diary (Belmont, 2006)

• Anger Management Skills (Wrigley, 2012)

• Ten Attitudes That Keep You from Expressing Your Feelings and Listening handout (Burns, 2000)

**Homework:**

• Write a letter to their future and past selves (Wilson, 2010)
- Gratitude Journal (Wrigley, 2012): The members will also be asked to start a gratitude journal/victory book where they write at least one accomplishment and one thing they are grateful for at the end of each day.

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the ABCDE exercise and their journal assignment.

This session of group will focus on feelings and emotions and how to express these in a healthy, positive way. The group will begin with the members taking the Bennett-Goleman Emotional Style quiz and discussing the results (2009). The facilitator will then discuss Maslow’s Hierarchy of Needs (Wrigley, 2012) and feelings that are expressed when the needs are or are not satisfied (Center for Nonviolent Communication, 2005). Next the group will talk about the harm in comparing themselves with others and the Adlerian concept of vertical versus horizontal striving.

The group will then discuss externalizing depression and anxiety, which separates a person from their feelings and negative scripts. By naming it, members can make the nickname match their hatred towards the illness. Suggested names include The Beast, Dr. Evil, and Doom and Gloom. The facilitator can ask the members to name their own beast and think about what they would say to it. The group then completes the art therapy handout Describe Your Emotion, where they draw the named character above (McKay, Wood, & Brantley, 2007). The facilitator will ask how members can express emotion in a healthy way instead of bottling up their emotions or exploding. Anger will also be discussed because often repressed anger is at the heart of depression.
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The session will wrap up with the introduction to this week’s homework assignment of writing a letter to their future and past selves (Wilson, 2010). The members will also be asked to start a gratitude journal/victory book where they write at least one accomplishment and one thing they are grateful for at the end of each day. The facilitator can handout small notebooks for this purpose. They can express their gratitude to others by writing a thank you note, saying a prayer of gratitude, saying thank you, or hugging a child just because.

**Session Five: Forgiveness, Grieving, and Letting Go**

**Goal:** The goal for the fifth session emphasizes the need to forgive both self and others in the healing process.

**Tools and Handouts:**

Review Homework from previous session:

- Write a letter to their future and past selves (Wilson, 2010)
- The members will also be asked to start a gratitude journal/victory book where they write at least one accomplishment and one thing they are grateful for at the end of each day.

Materials used during the psychoeducation portion of the group meeting include:

- Unforgiveness Hook (PsychologyTools.com, n.d.)
- Forgiveness Is… (PsychologyTools.com, n.d.)
- Forgiveness Methods (PsychologyTools.com, n.d.)
- Forgiveness Quotes (PsychologyTools.com, n.d.)
- 8 Steps of Forgiving of Another/5 Steps to Self-Forgiveness (Hayes Grieco, n.d.)
- How Can I Forgive You? (Spring Spring, 2005)
- How Do You Forgive Someone Who Isn’t Sorry or Alive? (Spring Spring, 2011)
• How to Forgive Others-Health Benefits of Forgiveness (Brown, 2011)
• The Right Way to Apologize (Beck, 2004).
• Blame Pie (Wrigley, 2012)
• Replacing the Shoulds (Wrigley, 2012)
• Serenity Prayer (Belmont, 2006)
• Five Stages of Grieving (Belmont, 2006)
• Grief and Bereavement (CCI, n.d.)
• TEAR Model of Grief (PsychologyTools.com, n.d.)

Homework:
• The group is asked to answer the following questions in their journals: What do you need to forgive yourself for? What do you need to forgive others for? Why should you let it go? Why should you not let it go? Who is it hurting by holding on?

Structure and Procedure:

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the letter exercise and journal assignment.

This session of the group emphasizes the need to forgive both self and others in the healing process. The facilitator will lead the group in open discussion by asking these questions: What is one thing you don’t like about yourself? What is one regret you have for your life? What is something you always wished you could do, but now you feel like you are too old and it is too late? Is there anything you can do to change it now? Could you start over? When has your lack of patience caused unnecessary anxiety? How would have a more patient approach eased your distress?
Next, the facilitator will lead the group through the How Can I Forgive You? packet (Spring, 2005) as well as the 8 Steps of Forgiving of Another (Hayes Grieco, n.d.). Shame, guilt, and self-blame will be discussed as well as how loss, trauma, and major disappointments contribute to depression and anxiety. The facilitator can ask: How do you cope with this and move on? What keeps you stuck? How have others hurt you?

The group will split off into dyads and share a story about how someone hurt them that they do not think could ever be forgiven. The large group will reconvene and share why they cannot forgive. The facilitator leads the discussion by sharing that although we cannot always stop bad things from happening, we can change our perception. By forgiving, they are not condoning the behavior but releasing its power over them since they are the real victim when they hold a grudge.

Grief and loss will also be discussed because of the connection between loss and depression as well as the fear of death that is related to anxiety. The group will discuss how grieving and death has contributed to their depressed and anxious feelings, if at all.

The session will wrap up with the introduction to the homework assignment to be completed for the next week. The group is asked to answer the following questions in their journals: What do you need to forgive yourself for? What do you need to forgive others for? Why should you let it go? Why should you not let it go? Who is it hurting by holding on?

**Session Six: Optimism, Goals, Values, and Self-Esteem**

**Goal:** The goal for the sixth session is to focus on optimism instead of pessimism, to build up the self-esteem of the participants, and to move forward through values-driven goal development.

**Tools and Handouts:**

Review Homework from previous session:
• Journal Exercise: What do you need to forgive yourself for? What do you need to forgive others for? Why should you let it go? Why should you not let it go? Who is it hurting by holding on?

Materials used during the psychoeducation portion of the group meeting include:

• Watering Flowers Exercise (Nhat Hahn, 2011)
• Interpretative Style: Learned Optimism (Wrigley, 2012)
• Optimist’s Tools/What is Your Explanatory Style? (Bloch, 2009)
• Hope Replenishing questions and Circle of Hope activity (PLUK, 2007)
• Determining your Intuition Quotient and Characteristics of Intuition (Ritberger, 1998)
• Motivation to Change (Martindale, 2011)
• Goal Setting (Harris, n.d.)
• Valued Living Questionnaire and Committed Action Exercise (McKay, Wood, & Brantley, 2007)
• Values Worksheets (PsychologyTools.com, n.d.)
• The Confidence Gap: Clarifying Values and Making Life Changes (Harris, n.d.)
• Low Self-Esteem: How it Begins/How it’s Maintained (CCI, n.d.)
• I Love Myself poem (Hay, 1999)
• Imagine a Woman in Love with Herself poem (Reilly, 1996)
• Give Yourself a Hand (Martindale, 2011)
• Personal Bill of Rights (Bourne, 2010)

**Homework:**

• Bourne’s Affirmations for Self-esteem handout (2010)
• Bloch’s Affirmations for Self-esteem handout (2009)
The group will be asked to create ten affirmations and start using them every day.

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the forgiveness journal assignment.

The theme for this session is optimism, values, and self-esteem. The facilitator will begin the discussion by asking the members: What is self-esteem? Why do you have an inherent goodness for being yourself, just the way you are? What are your talents? What do you like about yourself? What do others in the group like about you? What makes you unique? At this point, the facilitator will direct the group toward the Watering Flowers exercise which they will complete by writing positive statements about each other in each of the petals (Nhat Hahn, 2011).

Now, the facilitator will lead the group in looking forward with optimism and hope. They will be asked to complete the Hope Replenishing questions and Circle of Hope activity and follow it with discussion (PLUK, 2007).

Then, the group will begin talking about intuition and will be directed to the Determining your Intuition Quotient and Characteristics of Intuition handouts for later reading (Ritberger, 1998).

Lastly, the group will think about values, dreams, and goals. The facilitator will encourage the members to become the architect of their own life as they choose to live it. The facilitator can ask them to design a better life that is filled with serenity, peace, purpose, and the things they want and need. Through this, they can start planting the seeds that will bloom in the future and let go of the attachment to the outcome.
The session will wrap up with the introduction to Bloch’s (2009) and Bourne’s (2011) Affirmations for Self-esteem handouts which will help with the homework assignment to be completed for the next week. The group will be asked to create ten affirmations and start using them every day. This session will end with each member reading a line from the I Love Myself poem by Louise Hay. They will be asked to read the Imagine a Woman in Love with Herself poem by Patricia Lynn Reilly on their own time as well, to help them write their affirmations.

Session Seven: Social Interest, Communication, and Relationships

Goal: The goal for the seventh session is to discover the importance of a support network, to learn communication skills, as well as to learn why it is essential to ask for help and offer help to others, thus building social interest.

Tools and Handouts:

Review Homework from previous session:

- Bloch’s Affirmations for Self-esteem handout (2009)
- Affirmations for Self-Esteem handout (Bourne, 2010)
- Review the ten affirmations they created.

Materials used during the psychoeducation portion of the group meeting include:

- The Feeling of Community (Stein, 1991)
- Lessons Learned from Geese (Bloch, 2009)
- Assessing My Social Support (Bloch, 2009)
- Choice Theory (Glasser, 1998)
- Keys to Effective Relationships (Amen, 2003)
- Creating Healthy Intimate Relationships (Johnson & Ferguson, 1990)
- The Marital Cascades: How Marriages Get In Trouble (Wrigley, 2012)
• Signs of Unhealthy Boundaries (Wrigley, 2012)
• Drawing Effective Personal Boundaries (Davidson, 2009)
• Five Secrets of Effective Communication and Bad Communication (Burns, 2000)
• Nonviolent Communication (Wrigley, 2012)
• Persuasive Law of Opposites (Burns, 2000)
• Five Finger Communication (Martindale, 2011)
• Five Ways to Say It (Martindale, 2011)
• Assertiveness questionnaire (Davis, Robbins Eshelman, & McKay, 2008)
• Passive, Aggressive, and Assertive Communication (Wrigley, 2012)
• Assertive Communication (Davidson, 2009)
• Checklist for Assertive Behavior (Belmont, 2006)
• Letter Requesting Support (Martindale, 2011)

**Homework:**

• Call an old friend or a family member you have lost touch with. Talk to a stranger this week. Volunteer for at least one hour this week. Write the name of everyone you have helped in even a small way—anything you have done that made a difference in someone’s life. Write about how reaching out to others felt. What are other things you could do to become more connected with others?

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the affirmations exercise and journal assignment.

They will then be asked to read the Lessons Learned from Geese handout and fill out the Assessing My Social Support worksheet (Bloch, 2009). As a large group, they will discuss the
importance of a support network, as well as why it is essential to ask for help and offer help to others. The facilitator will explain Adler’s concept of social interest and talk about why it feels good to help others. The facilitator can ask: What are some ways that you can increase your own social interest?

Next, the group will talk about the differences between introversion and extroversion as well as relationships. The facilitator will lead the open discussion by asking: Do you push people away and isolate when you feel bad or do you surround yourself with people who can help you? What are your current relationships like? How can you contribute to the success of the relationship? Who are three people who will support you if you are having a bad day?

The facilitator will also discuss effective communication and boundaries. Assertiveness is something many people with anxiety and depression struggle with so that will be touched on as well.

The session will wrap up with the introduction to this week’s homework assignment: Call an old friend or a family member you have lost touch with. Talk to a stranger this week. Volunteer for at least one hour this week. Write the name of everyone you have helped in even a small way—anything you have done that made a difference in someone’s life. Write about how reaching out to others felt. What are other things you could do to become more connected with others?

**Session Eight: Lifestyle and Self-Care**

**Goal:** The goal for the eighth session is to nurture a healthy lifestyle by finding and committing to self-care activities that promote mental health.

**Tools and Handouts:**

Review Homework from previous session:
• Call an old friend or a family member you have lost touch with. Talk to a stranger this week. Volunteer for at least one hour this week. Write the name of everyone you have helped in even a small way—anything you have done that made a difference in someone’s life. Write about how reaching out to others felt. What are other things you could do to become more connected with others?

Materials used during the psychoeducation portion of the group meeting include:

• Adler’s Five Tasks of Life Exercise
• Prochaska and DiClemente’s Stages of Change Continuum (Adult Meducation, 2011)
• The Style of Life Tree (Stein, 1997)
• Lifestyle Comparison Grid (Wrigley, 2012)
• Self-Care 101 (Martindale, 2011)
• Take Time for 12 Things (Bloch, 2009)
• BASIC-ID (Bloch, 2009)
• Resiliency Skills (Belmont, 2006)
• Time Management Tips (Davidson, 2009)
• Vicious Cycle of Procrastination (CCI, n.d.)
• Combating Procrastination (Davis, Robbins Eshelman, & McKay, 2008)
• Financial Stress, 22 Spending Tips, and Monthly Expense worksheets (NKU, 2011)
• Tips of Prosperity and Inviting Abundance (Flynn, 2008)
• What Kind of Clutterer Are You? (Bryan, n.d.)
• When the World Overwhelms handout (Borchard, 2010)
• Create a Home Spa Experience (Hughes, 2005)
• Ideas for Pleasurable Activities (Bloch, 2009)
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Homework:

- Bloch’s Assessing My Lifestyle Habits worksheet (2009)

Structure and Procedure:

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the building social interest and connection assignment from last week.

The facilitator will lead the open discussion with these questions: What are you doing as part of your lifestyle that is contributing to your mental health? What is making your mental health worse? The group will talk about getting dressed and showing up for life. Looking good helps you feel good. Get out of bed, change out of your pajamas, take a shower, shave your legs, do your hair and makeup, take some time to pick out your clothing, put a smile on your face even if you do not feel like it and face the day. People will respond more positively to you and you will feel more confident. If this seems overwhelming, take one step at a time and see how much better you feel. Fake it until you make it. What are activities that promote peace and happiness? Suggestions include gardening, being in nature, art, music, creativity, reading, uplifting movies, warm baths, and others from the lists.

Next the facilitator will lead the group in the Adlerian Tasks of Life exercise to help the group members understand the importance of balance. The group will also discuss Prochaska’s Stages of Change (Adult Meducation, 2011) and the Adlerian Style of Life Tree (Stein, 1997).

Then, the facilitator will lead the group in talking about how peace and happiness is something that has to be actively created instead of waiting for it to magically appear. The group
will discuss the signs and symptoms of stress and how having structure and routine helps people be better prepared for the unexpected.

The session will wrap up with the introduction to the Bloch’s Assessing My Lifestyle Habits worksheet (2009) which will be the homework assignment to be completed for the next week. The group will also be asked to complete the Self-nurturing List.

**Session Nine: Taking Care of the Physical Body**

**Goal:** The goal for the ninth session is to incorporate physical activity to promote overall wellness in mind, body, and spirit.

**Tools and Handouts:**

Review Homework from previous session:
- Bloch’s Assessing My Lifestyle Habits worksheet (2009)

Materials used during the psychoeducation portion of the group meeting include:
- My Body Talks (Wood, 2007)
- Emotional Energy Centers of the Body (Wrigley, 2012)
- Psychological Contributors to the Formation of Illness (Ritberger, 1998)
- 10 Basics of Physical Self-Care (Bloch, 2009)
- Threat System (PsychologyTools.com, n.d.)
- Alexander Technique (PsychologyTools.com, n.d.)
- Pacing for Pain (PsychologyTools.com, n.d.)
- Sleep Tips (Stibich, 2006)
- 10 Tips for Healthy Eating (Davidson, 2009)
- Is Your Diet SAD? (Emmons, 2012)
- Food Contemplations (Nhat Hahn, 2011)
- 7 Steps to Mindful Eating (Natural Health, n.d.)
- The Get Happy Herb Guide (Dowdle, n.d.)
- Ease Your Anxiety (Parch, n.d.)
- Essential Nutrients for Anxiety (Bloch, 2009)
- 50 Fitness Tips to do at Work (Davidson, 2009)
- Sequence of Yoga Postures (Kabat-Zinn, 1990)
- Yoga Rx (Isaacs, n.d.)
- Enlightenment Qigong (Taiji, 2013)
- Sexual Healing (Hynes, n.d.)

**Homework:**

- Make a list of three activities they can begin today to move toward better physical health. They will keep track of how often they do the activities and will answer the following questions: How did it make you feel afterwards? If you chose not to complete the activity, why? How did not completing the activity make you feel? What could motivate you to complete it?

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on Self-nurturing List and Lifestyle Habits.

The facilitator will begin this session by asking the group to complete the My Body Talks exercise (Wood, 2007). The group will discuss their responses and talk about the relationship between physical and mental health. They will then discuss the Psychological Contributors to the
Formation of Illness handout (Ritberger, 1998) and the Emotional Energy Centers of the Body handout (Wrigley, 2012).

Next, the facilitator will share strategies to practice self-care including physical exercise, nutrition, sleep, water, sunlight, supplements, breathing, yoga, and massage. Substance abuse will also be examined. Then, the facilitator will lead the group in a mindful eating exercise (Natural Health, n.d.). Lastly, the facilitator will ask the following questions about exercise: What do you enjoy doing? What time of the day can you add an exercise routine? Where would you do this activity? How does it fit into your budget and lifestyle? Is there someone that you would enjoy exercising with?

The session will wrap up with a reminder that there are only three sessions left and the members will be asked to start thinking about the group’s close.

Homework for this week will require the members to make a list of three activities they can begin today to move toward better physical health. They will keep track of how often they do the activities and will answer the following questions: How did it make you feel afterwards? If you chose not to complete the activity, why? How did not completing the activity make you feel? What could motivate you to complete it?

**Session Ten: Mindfulness, Meditation, and Relaxation**

**Goal:** The goal for the tenth session is to develop mindfulness, to learn how to stay in the present moment, and to develop relaxation skills to reduce stress.

**Tools and Handouts:**

Review Homework from previous session:

- Make a list of three activities they can begin today to move toward better physical health. They will keep track of how often they do the activities and will answer the
following questions: How did it make you feel afterwards? If you chose not to complete the activity, why? How did not completing the activity make you feel? What could motivate you to complete it?

Materials used during the psychoeducation portion of the group meeting include:

- Not Thinking about a Guy Named Lester Exercise (Wilson, 2010)
- Life Event Stress Scale, Signs and Symptoms of Stress packet (PLUK, 2007)
- Nine Essential Qualities of Mindfulness (Greenberg, 2012)
- Foundations of Mindfulness (Kabat-Zinn, 1990)
- Tips for Starting a Mindfulness Practice, Mindfulness Skills, Mindful Walking, Eating, and Sleeping exercises, and Loving Kindness Practice (Kumar, 2009)
- How to Meditate (Martindale, 2011)
- Meditation Made Easy (Lefkowitz, n.d.)
- Raising Inner Energy and Shield of Protection (Sahaja Meditation, n.d.)
- Sahaja Meditation Instructions (Sahaja Meditation, n.d.)
- Symptom-Relief Effectiveness (Davis, Robbins Eshelman, & McKay, 2008)
- Breathing Exercises handout (Davidson, 2009)
- Progressive Muscle Relaxation (CCI, n.d.)
- Body Scan (Kumar, 2009)

**Homework:**

- Members will be asked to journal about these questions: Are you most often stuck thinking about the past or the future? What about the past is holding you back? What
about the future frightens you? They will also be invited to try mindful walking where they walk for the sake of walking and not to get somewhere. On the walk, notice everything your five senses experience: stop to smell the flowers, listen to the birds chirping, and feel the breeze on your skin. Write about what it was like to be completely in the present moment.

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the physical activity homework assignment.

The facilitator will begin group by leading the Not Thinking about a Guy Named Lester exercise (Wilson, 2010). The group will discuss Mindfulness-Based Stress Reduction (MBSR) and Acceptance and Commitment Therapy (ACT), which involve sitting with feelings that are uncomfortable and recognizing that it is just a feeling that can be impacted by changing the negative thoughts. The group will also practice some MBSR activities including deep breathing, progressive muscle relaxation, and body scan. The group will also discuss the past as it relates to depression and the future as it relates to anxiety. By working on being present, they can take the depression and anxiety symptoms out of the moment.

The session will wrap up with the introduction to this week’s homework and a reminder that there are only two sessions left. Members will be asked to journal about these questions: Are you most often stuck thinking about the past or the future? What about the past is holding you back? What about the future frightens you? They will also be invited to try mindful walking where they walk for the sake of walking and not to get somewhere. On the walk, notice everything your five senses experience: stop to smell the flowers, listen to the birds chirping, and
feel the breeze on your skin. Write about what it was like to be completely in the present moment.

**Session Eleven: Spirituality, Energy, and Prayer**

**Goal:** The goal for the eleventh session is to deepen spiritual beliefs and to open the participants to the relationship between spirituality and mental health.

**Tools and Handouts:**

Review Homework from previous session:

- Members will be asked to journal about these questions: Are you most often stuck thinking about the past or the future? What about the past is holding you back? What about the future frightens you? They will also be invited to try mindful walking where they walk for the sake of walking and not to get somewhere. On the walk, notice everything your five senses experience: stop to smell the flowers, listen to the birds chirping, and feel the breeze on your skin. Write about what it was like to be completely in the present moment.

Materials used during the psychoeducation portion of the group meeting include:

- Guided Chakra Meditation
- The Seven Major Chakras and Chakra Overview (Ritberger, 1998)
- Ritberger Personality Color Inventory (Ritberger, 1998)
- Red, Orange, Yellow, and Green Personality Handouts (Ritberger, 1998)
- Overview of Our Sacred Agreements (Ritberger, 1998)
- No Less Than Greatness quote from Nelson Mandela (Bloch, 2009)
- Prayer of St. Francis of Assisi, Promises of Deliverance, and The Twelve Steps (Bloch, 2009)
• The Four Agreements (PsychologyTools.com, n.d.)
• Celestine Prophecy (PsychologyTools.com, n.d.)
• The Traveler’s Gift (PsychologyTools.com, n.d.)
• No Better Time than Now (PsychologyTools.com, n.d.)
• Ceremonial Healing (Maryboy & Begay, 2004).
• The Seven Gifts from the Universe That Everybody Gets (Brown, 2011).
• Are You Wearing a Mask That Dims Your Light? (PsychologyTools.com, n.d.)
• Set the Soul on Its Way (O’Leary, 2012).
• Viktor Frankl story: An Epiphany in Hell (Kumar, 2009)
• What I Believe (Hay, 1999)
• Deep at the Center of My Being (Hay, 1999)
• How to Make a Vision Board (Kane, 2007)
• Tools and Recommended Reading

**Homework:**

• Assessing Connection to Spirit and Goals for Spiritual Connection (Bloch, 2009)
• Journaling about any lingering concerns to be discussed at the last session

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the mindful walking exercise and their journal assignment.

The facilitator will begin by leading a guided chakra meditation and will discuss the chakras, or energy centers in the body. The group will complete the Ritberger Personality Color Inventory (1998) and discuss personality color, which is a concept that can help members
understand their own patterns of behavior as well as the patterns used by others in their lives. The group will talk about energetic boundaries and how that relates to introversion and extroversion as well as sacred agreements.

Next, the group will discuss religion, spirituality, and why we should accept people with differing views even if we do not agree. The facilitator will begin the discussion by asking: What are your personal spiritual beliefs? Do you feel connected with a higher power? How can you become more connected to your inner spirituality? At this point the group will revisit the Prayer for Going through the Dark Night of the Soul from session one, as well as the Prayer of St. Francis of Assisi, Promises of Deliverance, and The 12 Step handouts to show the similarity between a variety of spiritual beliefs (Bloch, 2009). Lastly, the facilitator will ask: What are your values? What gets in the way of living by your values? How do you judge others?

The session will wrap up with the introduction to Bloch’s Assessing Connection to Spirit and Goals for Spiritual Connection handouts (2009) which will be this week’s homework as well as journaling about any lingering concerns to be discussed at the last session.

**Session Twelve: Relapse Prevention, Bibliotherapy, Review, and Close**

**Goal:** The goal for the twelfth session is to wrap up the group and talk about how to keep practicing the positive skills they learned in the group.

**Tools and Handouts:**

Review Homework from previous session:

- Bloch’s Assessing Connection to Spirit and Goals for Spiritual Connection (2009)
- Journaling about any lingering concerns to be discussed at the last session

Materials used during the psychoeducation portion of the group meeting include:

- Avoiding the Hole in the Sidewalk (Bloch, 2009)
• Understanding the Causes of Your Depression (Martindale, 2011)
• Letter to Yourself When You’re Depressed (Martindale, 2011)
• Managing the Depression Pit (Martindale, 2011)
• Suicide Prevention (Bloch, 2009)
• Personal Self-Care Contract (Belmont, 2006)
• My Personal Relapse Prevention Plan (Bloch, 2009)
• Healthy Me Exercise (CCI, n.d.)
• Mixed Anxiety and Depression Assessment (Adapted from Amen, 2003, Beck, 1961, & Burns, 2000)
• Recommended Reading List
• Group Evaluation

**Structure and Procedure:**

The group will reconvene and begin with the Vision Statement they created from the first session. The group will also follow up on the values and spiritual connection assignments as well as any lingering concerns, which will begin the open discussion about termination.

The group will review the tools and skills learned throughout the past twelve weeks and will be asked to share the two or three takeaways that were most impactful. The facilitator will give them some follow-up options and advise them on what to do when things start slipping. Members are encouraged to refer back to the early warning signs of depression and anxiety from session one in order to recognize the symptoms before they get worse. The facilitator can explain that bad days happen to everyone and although bad days cannot always be avoided, there is a choice in how to react. Instead of feeling sorry for yourself, try to find at least one good thing that happened.
Next, the group will read the Avoiding the Hole in the Sidewalk handout (Bloch, 2009). The facilitator will encourage the group to get other people involved in their recovery and set goals for mental health. Relapse prevention will be discussed in depth. By this time, members should be able to identify their self-destructive patterns and relapse triggers. The group will then be led through the Healthy Me exercise (CCI, n.d.), where each person writes a few mood-lifting activities in each of the areas of healing to keep with them or hang up at home. The members are encouraged to use their binder as a resource for when they start feeling anxious or depressed with the option of proactively working on one or two activities per week, cycling through the session worksheets.

The facilitator then asks the members to work on the Personal Self-Care Contract handout for ten minutes individually then come together as a group to discuss (Belmont, 2006). Next, the group takes The Amen Anxiety/Depression Type questionnaire again and compares it to first inventory to see the growth they have made (2003). The facilitator can record the results to determine how effective the group was. A group evaluation form can also be handed out at this time if preferred.

The final group session closes with a guided imagery activity. The facilitator ends the session by inviting the members to work on My Personal Relapse Prevention Plan handout (Bloch, 2009). Ask the members to make a list of the characteristics of the old you and another list of the new you characteristics. The facilitator should invite the members to continue to work with their individual therapists on the tools learned in group and can provide contact information for follow-up if needed.
Summary

Co-occurring depression and anxiety seems to be an epidemic in Western culture, where individualism and subsequent loneliness is revered and collectivist common goals are viewed as unimportant. Consumerism dictates society and people are expected to have more, do more, be more, and buy more than everyone else. Some will rise to the occasion, but most will cave under pressure and succumb to depression and anxiety. People dissect, analyze, manipulate, and consume everything without limits, which leaves a deep void inside that is often filled with compulsive activities like shopping, eating, drinking, doing drugs, having illicit sex, and gambling. The sacred is lost and with it goes the potential for self-healing. Exploring the sacred within one’s self along with choosing thoughts and behavior that support holistic healing are crucial steps in mental health recovery.

Adler would have explained this as striving on the vertical plane instead of the horizontal plane. There is a natural tendency on the part of each individual to drift into self-preservation, which can be found when they embrace the goals of withdrawal, domination, and the quest for entitlement. For an individual to embrace the vertical plane means that he or she has chosen the striving for entitlement, which ultimately leads to forms of domination and ultimate withdrawal (Hanson, 2011). This occurs because the vertical plane is not in line with the harmony of the group and, consequently, leads to deep levels of discouragement.

More positively, the horizontal plane implies that there is a sense of equality among all others with the goal of solving problems and creating cooperation among all others (Hanson, 2011). By choosing the horizontal plane, all members are focused on meeting the needs of the situation and individualistic striving for entitlement is understood to be a hindrance in achieving common goals.
Depression and anxiety can also be understood as striving toward a goal in Adlerian psychology. Symptoms can also be solutions and with both anxiety and depression, a person can use their symptoms as a way to put others in their service and thereby get what they. The depression and anxiety by themselves are not the problem, but a person’s way of perceiving life is the problem (Mosak & Maniaci, 1999). “In other words, his life style, and his use of a depressive set of symptoms, allows him to maintain his convictions and have life meet him on his terms” (Mosak & Maniaci, 1999, p. 119).

Adlerians would treat depression and anxiety by challenging these convictions, identifying mistaken beliefs, and restructuring a person’s thinking. They also would provide encouragement because depressed people are generally discouraged by life. This could be done by discovering and building on strengths as well as using past examples of success to give clients reinforcement. Adlerians also look at depression as a lack of social interest, which is related to the vertical striving described above. Encouraging social interest through community involvement like volunteering would also be part of Adlerian therapy.

**Conclusion**

Nutritional supplementation with the aforementioned vitamins, minerals, amino acids, and herbs has been shown to benefit psychological health. By reducing anxiety and depression prevalence, our society as a whole would benefit through lowered health care costs, increased productivity and ability to work, decreased suicide rates, and improved quality of life. HNC is a cost-effective way to improve overall health and reduce anxiety and depression and other mental health symptoms under the supervision of a qualified professional. However, the American consumer would benefit from stricter regulations by the FDA over supplement manufacturing to
ensure safety and efficacy, since the general public is typically self-managing their supplement use.

Should a mental health practitioner wish to administer HNC, it is recommended that they receive rigorous training in this discipline to avoid negative ramifications. Practitioners need to ask their clients if they are taking HNC in addition to prescription medications to get an accurate depiction of the treatments they are utilizing. It is also important to consider the impact of dietary regimen, physical activity, and spirituality on a person’s mental health to gather a truly holistic view of their psychological state.

It would be beneficial for practitioners to further their knowledge in other CAM therapies should a client request a referral or more information about these therapies since they are growing in popularity. Building a wrap-around team of practitioners with varying areas of expertise is the ideal healing model to best serve clients with mental health disorders. Consulting with other members of the team could give a mental health practitioner other options not previously considered as well as caution against any potentially problematic interactions.

Treating depression and anxiety both biologically and psychologically is a step in the right direction, but only treating the symptoms without digging deeper into the root cause of these disorders has not been effective in most individuals. Evaluating the biological, psychological, social, and spiritual sources of a client’s illness to uncover the root cause of their symptoms is at the heart of holistic psychology. By incorporating CAM therapies into mental health treatment, therapists and clients will have more tools to boost mood, overcome stress, and develop wellness within their body, mind, and spirit.
References


