



The Mothers & Babies Program

A Reality Management Approach

INSTRUCTOR MANUAL

Six-Week Program

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Overview of the Mothers and Babies Program

The Mothers and Babies Program (MB) in its current form is a six-session postpartum depression prevention group intervention. Each session lasts two hours. It has been used in home visiting (HV) programs and has been demonstrated via previous research studies to reduce depressive symptoms, prevent new cases of major depression, and improve mood management (Le et al., 2011; Mendelson et al., 2013; Muñoz et al., 2007; Tandon et al., 2011; Tandon et al., 2013).

For programs interested in using MB, a 1.5-day training is strongly recommended prior to implementation. Training consists of an overview of MB Instructor and Participant Manuals, role plays and group discussion related to key MB concepts, and discussion of implementation logistics. It is also important to participate in group supervision when implementing MB, particularly during early implementation. Key issues addressed during supervision include: (1) ensuring that the key points are being clearly presented and understood; (2) facilitating effective and supportive group dynamics; and (3) processing disclosures participants may share regarding their stressors, traumatic experiences, prior difficulties with mental illness, etc.

MB is based on principles of cognitive-behavioral therapy (CBT) and attachment theory. A basic way of defining CBT is that it attempts to change a person's cognitions (thoughts) and behaviors to improve their mood. A basic way of defining attachment theory is that the quality of the relationship a child forms with his/her primary caregiver (usually the mother) during infancy has a sustained effect on that child's social and behavioral development.

The three main components of CBT are:

1. *Pleasant Activities*
2. *Thoughts*
3. *Contact with others*

MB is, therefore, divided into three sections—one dedicated to each CBT component. In each section, participants are first taught how their mood is influenced by pleasant activities, thoughts, or contact with others. Teaching about the relationships between CBT components and mood is referred to as psychoeducation. In addition to psychoeducation, participants also receive concrete skills in each of the three sections (pleasant activities, thoughts, contact with others). These skills are intended to provide participants with a “toolkit” of approaches they can use to improve their mood. It is important to emphasize that the women in the program will learn healthy, positive ways to think about and interact with their babies so that they can help their babies develop in an emotionally and physically healthy manner. Women may be entering the program not to help themselves but to be good mothers for their children and help them develop normally. This is the “hook” for many group members.

One of the program goals is to prevent serious depression. However, never feeling down or depressed is not a realistic goal. It is as normal to have a sad reaction to a negative event as it is to feel pain when we hit our hand on something. The goal of the program is to reduce 1) the frequency, 2) the duration, and 3) the intensity of depressed moods, that is “How often we get depressed,” “How long our depressed moods last,” and “How deeply our depressed mood hurts us.”

To further make the CBT concepts relevant for low-income ethnically diverse populations, who often have difficult life circumstances, the creator of MB (Dr. Ricardo Muñoz) has discussed that these important CBT concepts are a way of managing one's inner and outer reality in order

to help manage one's mood. Briefly, our inner reality refers to the thoughts that we have, which are not observable. Our outer reality refers to the behaviors that we engage in (whether alone, as in the case of some pleasant activities) or with others (as in the case of contacts with others).

It is important to help participants know that both our inner and outer realities can affect our emotions or mood. Part of this program will be to help participants manage their mood—by changing their inner reality (have more helpful thoughts, decrease harmful thoughts) and/or outer reality (have more pleasant activities, improved contacts with others).

Elements of attachment theory are also integrated into MB. Throughout the curriculum there is an emphasis on highlighting how parents can develop and strengthen a positive and affectionate bond with their baby. The curriculum does this by making connections between the CBT components and the development of positive and affectionate bonding between mother and infant. Although MB is delivered to pregnant women and women who are new mothers, the skills that are taught during the program are useful throughout a person's life.

We encourage you to visit our website to find the most updated information on our curricula, research, and training/supervision: www.mothersandbabiesprogram.org.

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Mothers and Babies Group Guide

This manual is designed to help you—the group facilitator—deliver the MB Group Program. The rest of this manual is divided into **SIX GROUP SESSIONS**. Each session has been designed to last two hours.

What Does a Session Look Like?

Each session consists of **TOPICS**—usually eight to ten per session. Each topic is clearly labeled and recommendations are given for how many minutes to spend on the topic.



Each topic lists **KEY POINTS**. These Key Points are the main messages that should be communicated within each topic. You do not need to read the Key Points to a participant; rather, they are intended to remind you what the main messages are for the topic.

TIP:

Topics may contain a **TIP** box. This box contains information and suggestions for teaching that specific topic.



Each topic also has a **STEP BY STEP** to guide you through delivering the material.

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y
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Within the step by step is the **SCRIPT**. The script is the guide you should use when communicating the material for each topic. You do **not** have to use the script word for word. The script is there for you as a roadmap—you should feel free to use your own words to communicate the main points.



Information meant to be *said* to the group is in *italicized text*. Information meant to help you lead the group is in regular text. Action items are in **bolded text**. Action items involving writing on the board (dry erase board, chalkboard, or flip chart) are cued by a blackboard icon.



Also within the step by step are text boxes outlined with a dashed line. These are suggested questions, ideas, and interactive activities that can help communicate material and stimulate discussion.

Are There Materials for Participants?

We have created a Participant Manual for group members that corresponds with the material found in this Instructor Manual. The Participant Manual can be thought of as a series of worksheets that women can use. Page numbers of the corresponding Participant Manual worksheets are included in the Instructor Manual.

When Should Groups Take Place?

MB groups should take place at a time convenient for group members. This will vary based on several factors (e.g., work schedules, hours of operation for location of group sessions). We recommend conducting groups at the same day and time for the duration of the intervention to facilitate attendance.

How Frequently Should Groups Take Place?

It is recommended that MB groups take place for six consecutive weeks. By doing so, material will stay fresh in participants' minds and less time will need to be spent reminding participants of the date and time of upcoming MB sessions. However, we know that it will not always be possible for you to deliver MB sessions on consecutive weeks. For example, MB groups may need to be delayed one week due to holidays or public school professional development days during which participants have to take care of their children during the day. Because of the time commitment involved in attending a MB group session, we do not recommend conducting more than one MB session per week.

What if the Family Doesn't Understand the Material?

MB has been written in a language that most families will be able to understand. That said, sometimes you may find that a topic is not understood by a participant despite your best efforts.

We want to know if something is not well understood by your families, so we will be asking you to keep track of how well each session goes. We will also be providing supervision sessions as you start delivering the MB material so you may be able to get tips from others on how to communicate information that is not initially understood by a family.

What if I Don't Have Time to Finish a Session?

We have structured each MB session to last about two hours and have constructed the curriculum so that each session "fits together" around a general theme. For that reason, we discourage carrying over material to a subsequent session.

As noted earlier, there are estimates provided for how long each topic should last within a session. We believe we have built in enough time to have conversations/interactive activities within each MB session, but you need to be mindful of letting too much time be spent discussing a topic or going off on tangents. Within a particular group, some topics may generate more discussion and you should determine how much additional time to talk about a topic should this occur. If you extend discussion on a topic, you will need to reduce the time spent on other topics within a session. The session review and introduction of personal projects at the end of each session are topics that could be shortened by a few minutes, if necessary.

Can Anyone Else Attend MB Groups?

MB groups should be treated as “closed groups” that are not open to individuals other than participants receiving the MB intervention. This includes home visitors, friends or family members (including partners/spouses), or other women receiving services from the home visiting program. We also strongly discourage allowing new group members to join after the 2nd MB session. In other words, only those attending Session 1 and/or 2 should continue to receive Sessions 3-6.

What Should I Do If Someone Talks About Harming Oneself?

Sometimes the discussion around emotions and feelings may lead someone to talk about wanting to harm themselves or others. This needs to be taken extremely seriously. Each home visiting program has their own process for handling issues related to potential self-harm or harming others. Before starting to use MB, it is important to make sure you know whom to contact if you are concerned about self-harm or harm to others. In the rare event that someone talks about wanting to hurt themselves or someone else right away, it is important that you stay with that individual until you are sure that the situation is under control.

Who Will Benefit from the Mothers and Babies Sessions?

MB is ideally designed for delivery during the 2nd-3rd trimesters into the early months of the new baby’s life for women who have mild to moderate symptoms of depression, or a history of depression. This timing should maximize protecting the new mom from developing depression, increase attachment with her new baby, and help her make the most of her support network. For home visiting programs that are implementing MB in conjunction with a research/evaluation component, there may be specific criteria used to determine who is eligible for receiving MB.

How Should I Introduce Myself to Group Members?

Prior to beginning MB with a group, it is useful to make contact with each participant. We suggest an informal phone call, email, or text message to all participants to introduce yourself to the participants about one to two weeks before the start of the first session.

What are the Needed Materials and Logistical Considerations?

You should be sure to have this Instructor Manual with you when leading each MB session. Similarly, participants should have their Participant Manuals with them during each session. Some group facilitators may choose to collect Participant Manuals at the end of each MB session and re-distribute them at the beginning of the subsequent session. This approach is fine, but participants may need to have additional copies of the Personal Project duplicated for them to take home so they can refer to the Personal Project instructions between sessions.

The Instructor Manual, Participant Manual, and other materials for leading group sessions can be found on the MB website at: <http://www.mothersandbabiesprogram.org/modules/>.

For Session 1, you will need to have a copy of the video “My Parents, My Teachers.” The video can be streamed online at: <http://www.mothersandbabiesprogram.org/mothers-clients/> Alternatively, you can use a DVD player and TV that is capable of playing the video and audio.

Other materials that may be needed for your group include:

- Audio recorder (if applicable)
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material during session
- Video: "My Parents, My Teachers"
- Television with DVD player or laptop with speakers where you can watch the video
- Participant feedback forms
- A list of resources (domestic violence, substance abuse, etc.) in the community
- Graduation certificates (a template can be found on the MB website)

Tips and Considerations for Delivering MB

Be open. If the class is being audio or video-recorded, be prepared to discuss the role of recording because some group members may feel uncomfortable being recorded.

Be aware of time. From the beginning, group leaders should keep track of time, especially because participants will notice and follow leaders' expectations regarding keeping to the allotted time.

Increase rapport. A group member's experience early in the curriculum may set the stage for future participation. There are several ways to enhance a group member's experience so she feels valued and understood, including:

- Paraphrasing:** repeating what the participant said in your own words, to ensure you understood what she meant.
- Reflection of feelings:** saying what you think the participant felt during the situation she described, to ensure you understood what she felt.
- Summarizing:** saying in a nutshell the main point of a participant's contribution, to ensure that you and the group get the point she wanted to make.
- Finding commonalities:** highlighting areas of commonality between/among participants can increase group cohesion.

These techniques should be done in the context of empathy, genuineness, and unconditional positive regard.

Confidentiality. It is important to communicate to session participants that we welcome them to share MB materials with their spouses, family members, and friends if they wish. However, the content of what we discuss in the program remains in the room to protect the confidentiality of each session participant and to make everyone feel safe in sharing their experiences. If participants want to discuss the content of a MB session with friends or family, they are encouraged to do so, but without referencing the names of other group members.

Session guidelines. Session guidelines are the rules of the session. Some women may react negatively when the word "rules" or "class" are used, especially those who did not have positive experiences while going to school. This is one of the reasons "session rules" are presented as "session guidelines."

It is important to convey that these guidelines are intended to make the program more useful for everyone. For example, coming on time helps everyone make use of the full two-hour period, so the group doesn't have to rush through the material, and so they have more time to talk, ask questions, and give each other advice. Confidentiality and respecting each other's point of view is intended to make the program an island of safety and support during the week, a place where they know they will not be attacked or criticized, and where everyone is on their side.

Some people may have difficulty speaking. You can handle this by acknowledging that it is often hard to talk in a group of people you don't know and by giving them permission to not talk if they don't want to. Let them know that we generally find it easier for people to talk as they get to know each other better and that we respect individual differences with regard to their desire to self-disclose. You may also want to encourage a more shy or introverted member to share very brief comments at first as they become more comfortable speaking in the group.

Cultural sensitivity. When group members include immigrant women, leaders should be aware that immigrant status creates another level of stress (i.e., language problems, social support issues including lack of extended families). More generally, facilitators should be aware that cultural norms and practices may influence participants' behaviors and thoughts—the areas in which the MB curriculum focuses its attention.

MB as a “Stress Management” program. There is considerable stigma around seeking mental health services and also around the term “depression.” As such, we encourage facilitators and programs using MB to refer to the intervention as a “Stress Management” program. This is consistent with the way MB is introduced to participants in the first session—specifically, that all individuals have stress in their lives and MB provides concrete strategies for dealing with those stressful things. It is also important to make it clear to participants that MB is not a “stress elimination” program. An assumption of MB is that participants' life circumstances are often difficult and that MB can provide strategies to help participants manage the stress associated with those circumstances. It is not accurate to say, however, that MB can eliminate these stressful life circumstances.

Trauma histories. If a group member begins to talk about her trauma history, it is important to be sensitive to her feelings and to the feelings of other group members. The individual speaking needs to feel heard and supported emotionally; however, other group members may be overwhelmed by her story. After letting her speak briefly, you may choose to do some of the following things:

- Empathize with how hard the experience has been.
- Focus on how wonderful it is that she is coming to the group, and how you hope that this group helps her to have a better understanding of how to manage her life in a healthier way.
- Let her know that as we get to know each other better there will be more time to share these things.
- Acknowledge that other group members may also have experienced difficult events.
- Suggest that you may set up a separate meeting to talk more about what she is bringing up and then, perhaps, in those meetings determine if individual therapy is warranted.
- Remind the group member that she is safe in this environment.

Partner violence and substance abuse. Make note of women that endorse domestic violence or substance use in the home or community setting as stressful, as managing these life issues will be part of shaping their reality. You should have a list of possible referrals to share with them.

Discipline and child abuse. At certain points during the training, issues of discipline could arise. Views of discipline for different cultures should be taken into account. One useful way of discussing discipline is by talking about what participants want their children to learn and how a discipline strategy will affect their relationships with their children. In addition, you can highlight that if children have a positive and loving view of their relationships with their mothers, physical discipline is less likely to be necessary. It may be helpful for you to be aware of your state's child abuse laws, and be able to provide information to participants if clarification between acceptable discipline and child abuse is needed.



Introduction to the Mothers and Babies Program

Materials

- Audio recorder (if applicable)
 - Remember to turn on recorder at the beginning of the session
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material during session
- Video: “My Parents, My Teachers”
- Television with DVD player or laptop with speakers where you can watch the video
- Participant feedback forms

Participant Manual

Page 1

Outline:

- Topic 1: Welcome to the Session and Introductions (15 min)**
- Topic 2: Purpose and Overview of the Program (10 min)**
- Topic 3: Group Guidelines (10 min)**
- Topic 4: “My Parents, My Teachers” video (25 min)**
- Topic 5: Stressors and the Mother-Baby Relationship (10 min)**
- Topic 6: How This Program Can Help Me (10 min)**
- Topic 7: Managing My Personal Reality (15 min)**
- Topic 8: Quick Mood Scale Introduction and Personal Project (20 min)**
- Topic 9: Feedback and Preview (5 min)**

Topic 1: Welcome to the Session and Introductions (15 Minutes)



Key Points

- Welcome participants to the Mothers and Babies Program.
- Emphasize common characteristics among participants (e.g., how many of them are first time mothers).

Participant Manual

Page 2

Step by Step



Step 1: Let participants know we would like to begin to get to know each other better. We suggest that you introduce yourself first, using the outline provided in the participant manual to serve as a model for the group.

*We would like to begin to get to know each other since you will be coming together over the next few weeks. Please turn to **PAGE 2** in your Participant Manual. There are a few questions for you to answer that will help all of us get to know each other better. You don't have to answer all of the questions. We will all have to remember to try to keep our comments brief so that everyone will get some time to share. I will go first.*

Step 2: After you introduce yourself, ask group members to introduce themselves.

*Now I'd like to ask each of you to do a brief introduction. Take about 1-2 minutes per person and along with telling us your name, let us know your answers to a couple of the questions found on **PAGE 2** of your Participant Manual.*

Step 3: After all the introductions are done, make some summary comments regarding similarities and differences among group members (e.g., cultural background, hobbies, importance of family, first time pregnancy).

As you can see, there are many similarities you share with other members of the group. There are also many differences among group members. We have found that groups where people have both similarities and differences are very valuable because people can relate to things that are similar to their own lives and also learn from people who have different life experiences.

TIP: Help everyone begin to get to know each other and feel comfortable talking in the group, and gather relevant information about the participants' backgrounds. If group members feel heard or are able to establish a connection with other group members and/or the group leaders, they are more likely to return next week.

Topic 2: Purpose and Overview of the Program (10 Minutes)



Key Points

- Relevant information about pregnancy and infant/child development.
- Ways to manage life stress, improve mood, and avoid mood problems.
- Healthy interactions help create a healthy reality for the mother and her baby.
- Healthy, positive ways that we can think about babies and interact with them.
- The group as support.

Participant Manual

Page 3

Step by Step



Step 1: Go over the purpose of the program.

*I'd like to begin talking about the purpose of the Mothers and Babies program. Turn to **PAGE 3** in your Participant Manual. We know that parents are the most important people in babies' lives. You are their first teachers. You teach your children not only how to walk, talk, and eat, but also how to be emotionally healthy and how to relate to other people. Mothers and Babies was developed to support you as you become a mother and to share ways that we, as caregivers, can be emotionally healthy and, in turn we can pass on these skills to our children.*

We will be looking not only at how WE CAN HELP BABIES but also how WE CAN HELP OURSELVES. Mothers are the foundation of the family, and the foundation needs to be strong so it can support the family. If the foundation crumbles, the family, in a way, also crumbles. During today's Mothers and Babies session, and over the next few weeks, we will talk about ways to build a strong foundation and we will provide support around doing so.

During Mothers and Babies, we will talk about becoming a mother, how you can be the kind of mother you want to be, and how you can raise healthy babies. Mothers and Babies will focus on you, your baby, and the relationship between you and your baby.

We will all share what we know about raising babies to be physically and emotionally healthy, and we hope that we will all learn from each other. Mothers and Babies contains information that is based on research and years of working with mothers and babies. Many other women have found it to be helpful, and we hope you will too.

Step 2: Elicit participants' reactions to the purpose.

Before continuing, I want to check and see what you think about the purpose of Mothers and Babies that I just described. Is this the type of program that you think might be helpful to you? Are there specific things you think will be helpful or things you are concerned about?

Support and listen to participants as they talk. Reinforce comments regarding the usefulness of Mothers and Babies. Be responsive and sensitive to doubts participants may have regarding the usefulness of Mothers and Babies.

TIP: Women enrolled in the program may also be participating in prenatal sessions. Emphasize that even though the Mothers and Babies Program is not intended to replace a prenatal session, the group may be a place where they can share ideas and suggestions on how to make their pregnancy enjoyable and help each other prepare for the birth.

Step 3: Describe the content of the Mothers and Babies program.

Mothers and Babies has six sessions. These sessions are broken down into three parts. In each part, we talk about managing stress by making changes in a different area:

- 1. The first area is our **ACTIVITIES**, or what we do. We will be talking about how doing pleasant activities gives us the emotional strength to deal with stressful life events. What you do shapes your life and will shape your baby's life. We will talk about the types of pleasant activities that you can do by yourself, with other adults, and with your child(ren).*
- 2. The second area is our **THOUGHTS**. We will be looking at how the way we think, affects us. We will talk about ways of thinking that are flexible, balanced, and healthy. Thinking in this way will help us feel better and reach our goals. We will also talk about how you can help your child(ren) think in ways that will help them get ahead in life.*
- 3. Finally, we will be looking at our **CONTACT WITH OTHERS**. We will talk about the importance of social support in handling stress, ways to increase our social support, and ways to decrease conflict with others. We will also talk about ways to build good, healthy relationships with your children and about the types of support you may want around you.*

During every session, we will be asking you how your pregnancy or early motherhood is going and we will provide specific strategies that you can use to manage your mood and deal with stressful life events while you are pregnant and after you deliver your baby.

Topic 3: Group Guidelines (10 Minutes)



Key Points

- Give participants your phone number, or the home visiting program/clinic number, so they can call if they cannot make it to a group session.
- Discuss that the conversations during group sessions are confidential. There are some exceptions to confidentiality, specifically:
 - Child abuse.
 - Thoughts/discussion of harming someone else or themselves.
- Let participants know that leaders also need to respect the group rules.

Participant Manual

Page 4

TIP: Some participants, particularly those who are recent undocumented U.S. immigrants, may worry where the information they share in group goes, especially if the sessions are being audio taped. You can reduce these fears by addressing these issues when you talk about confidentiality.

Step By Step



Step 1: Brainstorm guidelines for MB groups.

We want Mothers and Babies groups to be a place where you feel safe and comfortable talking. To do this, it is useful to have some group guidelines.

What are some guidelines that would make you feel comfortable talking during group sessions?

Elicit responses from group.

*That's a great list of guidelines. If you turn to **PAGE 4** in your Participant Manual, there are some guidelines that group members have found useful in the past. You'll see that some of them are things you've mentioned.*

Step 2: Review class guidelines and provide rationale for each guideline:

1. Try to come to every session:

- In each session, we will talk about a new topic related to improving mood and being a mother. We hope that each week you will learn something new that will be helpful to you and to your baby. I know that each week, I will learn something new by being with you.

2. Come on time:

- It is important that we start each session on time because we want to make sure to get through all the material that is in your Participant Manual for each session.

3. Respect confidentiality:

- We will talk more about confidentiality in a second, but the bottom line here is that what is said in the group stays in the group.

4. Listen to and support each other, be respectful of other viewpoints, and let others share their ideas:

- We want the group to be a place where everybody shares their ideas and experiences and we want group members to support each other in doing that. We need to let everyone express their ideas and be respectful of other people's views. There are no right or wrong answers. Everybody has an important viewpoint.

5. Complete your personal project for the week:

- Each week we will be asking you to do a personal project. Hopefully it will be something you want to do to see if what you learn in session can help you create positive changes in your lives. When you complete the project, you will be able to tell the group how it went and get useful feedback.

6. Let us know if you are unhappy or uncomfortable with anything:

- What you think matters to us! Tell us if you are unhappy with the sessions. We want this to be a positive and helpful experience for everyone. Let us know how we can help you. We would be very sad if you left because of a problem and we didn't have a chance to try to make it better for you.

Step 3: Cover confidentiality in full detail.

We talked a minute ago about confidentiality. Because this is so important, we want to take another minute or two to discuss it.

We all must respect confidentiality - In order for people to FEEL SAFE talking in the group, it is important that we all agree that what is said in the group stays in the group. This means that when people talk about themselves in the group, we do not share what they have said with others. You can, of course, talk to other people about what you are learning or what you have said in the group.

Step 4: Confidentiality applies to the Group Leader.

Confidentiality also applies to me—the group leader. You have my word that I will not be discussing things that you have said in the group with other families or people who work at your home visiting program.

I also want to let you know that there are some situations when group leaders cannot maintain confidentiality:

- 1. The first is if we hear that a child has been hurt by an adult in any way that was not an accident—in other words, that a child has been abused or neglected.*
- 2. The second is if we hear that someone is in danger of hurting himself or herself or someone else.*

In each of these situations, group leaders will need to break confidentiality in order to protect safety.

Is everybody okay with this guideline about confidentiality? Does anybody have any questions?

Step 5: Ask participants if they have any additional guidelines they would like to add to the list. If so, go over them and add them.

Topic 4: “My Parents My Teachers” Video (25 Minutes)



Key Points

- The first three years are critical to a child’s development as they affect future learning.
- Babies learn through play, communication, reading, and music.
- Sometimes these simple activities seem basic, but they are the foundation for healthy development.
- The best way to help children learn is to make it fun.
- Teaching a baby something new makes her neurons grow and make connections.
- Parents are not only teaching their baby skills for school, but also skills for life, such as:
 - How to behave in relationships.
 - How to regulate their own emotions.
 - How they view themselves (e.g. as loved, confident, competent, etc.).

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Page 5

TIP: Participants who have older children may be hearing for the first time about the importance of the first three years of a child’s life! They may express feelings of guilt or disappointment in themselves about not raising their children in an ideal manner, especially if they feel they were not able to provide an environment that fostered early learning. You can handle this by letting them know that even when situations are less than ideal, children continue to develop and learn from new experiences and interactions in their lives, so it is never too late. Most of us were raised in less than ideal circumstances, and we were not damaged by this. However, now that there is more scientific knowledge about how human beings develop, it makes sense to use that knowledge to benefit children from now on.

Step by Step



Step 1: Show the video: “My Parents, My Teachers.”

We’d like to show you a video called “My Parents, My Teachers” that talks about the changes children make in the first three years of life and emphasizes how important you are as your child’s first teacher. The video is about 15 minutes and we will talk about things you saw and heard in the video after you watch it.

Step 2: Elicit participants’ reactions to the “My Parents, My Teachers” video.

So, let’s talk about the video a little bit.

- What did you hear that was new to you?*
- What did you already know?*
- What did you like the most?*
- What do you remember the most?*
- What do you think about the idea that the human brain develops most during the first three years of life? What does this mean to you?*

Step 3: Summarize key points from “My Parents, My Teachers” video.

*We’ve talked a little bit about what you heard and saw in the video. I want to highlight some of the key points from the video before we move to our next topic. These key points are also found on the worksheet on **PAGE 5** of your Participant Manual.*

- *THE FIRST THREE YEARS ARE THE MOST IMPORTANT because this is when children learn to walk, to talk, to think, to love you, and to feel good about themselves.*
- *A CHILD’S BRAIN CREATES CONNECTIONS at an amazing rate during the first three years. We think learning takes place when the connections between neurons become strong.*
- *CHILDREN LEARN AT DIFFERENT SPEEDS and may need different environments to help them learn. For example, some children may learn better by doing (e.g., running around and seeing the world), whereas other children may learn by quietly sitting and watching.*
- *CHILDREN’S WORK IS TO PLAY. They just need the space and encouragement. And they really need to learn that playing and having fun is a good thing. When you play a lot with them, they will see you as someone who is fun. They will not feel they need to hide from you to have fun. And when you have to discipline them, it will be easier for them to accept discipline because they won’t see you as someone who just wants them to stop having fun. They will know you like to have fun, too.*
- *When we say every mother is capable of giving what her child needs, we mean that EVERY MOTHER CAN GIVE HER CHILD LOVE, ATTENTION, and AFFECTION.*

Topic 5: Stressors and the Mother-Baby Relationship (10 Minutes)



Key Points

- Highlight that life stressors affect how we feel emotionally and physically.
- Discuss how specific stressors (e.g. those shown on page 6) might affect:
 - The mother's emotional health and physical well-being.
 - The mother-baby relationship.
 - The baby.
- Identify common life stressors following birth.
- Identify stressors in their lives.

Participant Manual

Page 6

Step by Step



Step 1: Identify stressors in participants' lives.

Everybody has stress in their lives. Sometimes these stressful things make it difficult to focus on the mother-baby relationship.

What stressful things do you have in your life?

*Now let's take a look at **PAGE 6** in your Participant Manual. As you can see, some of the things you mentioned are here and there are also some things that you didn't mention.*

TIP: This program was written to help people cope with real life problems. The heart of the program is a healthy management of reality approach. To build a healthy reality for ourselves and our children, we first have to face reality. This is why we need to learn to recognize the stressors that affect us. This activity also allows you to assess the types of stressors that individual group members are facing. You may want to take notes on the types of stressors each participant endorses. This will help develop appropriate interventions that help participants manage their reality.

Step 2: Discuss how stress affects our physical and emotional health.

*Let's keep looking at **PAGE 6** in our Participant Manuals and think about how these different stressors might affect how we FEEL.*

Let's choose one of these stressful things and talk about it for a second. How does [stressful thing] affect you as a mother both physically and emotionally?



TIP: Prior to talking about how stress can impact the mother-baby relationship, we recommend discussing the impact of stress on our bodies, behaviors, and mood.

Women may get overwhelmed discussing every example on page 6. **Pick one stressor that can potentially affect the women, and ask for their physical and emotional reactions.** There is not enough time to cover all the stressors. If the women are unable to come up with reactions, give an example that most of the women can relate to, such as what happens when one watches a scary movie. It is helpful to write the women's reactions on the board so you can refer back to them when discussing this section.

Step 3: Discuss how stress affects the mother-baby relationship.

So, from what you just said, stressful things in your life might affect you in different ways physically and emotionally such as feeling tired, angry, or sad.

How do you think these feelings and emotions might affect the relationship between a mother and her child?

TIP: The father of the baby or a family member may serve as a source of stress. It is important to make note of this. This area will be heavily focused upon in the Contact with Others Module (last two sessions).

Topic 6: How This Program Can Help Me (10 Minutes)



Key Points

- Emphasize that there are ways to manage stress and that by attending the Mothers and Babies Program participants will learn helpful ways to manage stress.
- Emphasize that mood is connected to healthy behaviors, healthy thinking, and supportive people.
- Discuss how by making changes in the way we think, behave, and seek support from others, we can manage stress and feel better.
- Point out that once participants learn these skills and recognize the skills they have already developed, they can pass them on to their children.

Participant Manual

Page 7

Step by Step



Step 1: Instill hope by emphasizing that it is possible to manage stress.

We just talked about how stress can affect your emotional and physical health, your relationship with your baby, and ultimately your baby's emotional and physical well-being, and how we can learn to manage this stress and minimize the effect it has on us and on our families.

Over the years, we have learned a lot about ways to help people to manage their moods, and there are a number of skills called mood regulation skills.

Over the next few weeks, we will be teaching you these skills and helping you to use them in your daily lives. We will also be talking about how you can pass on these skills to your children.

Step 2: Present a visual picture to help people understand that it is possible to balance stress with other factors.

*If you look at **PAGE 7** in your Participant Manual, you will see two pictures. Let's take a look at the first picture which is on top of **PAGE 7**. What do you see in this picture?*

Elicit participants' reactions.

Emphasize that the stressful things on the left hand side of the "see saw" are going to be different depending on the individual, but that regardless of the things that are stressful, these things can affect our mood.

There is a second picture in your Participant Manual right underneath the first one. Now what do you think about the picture on the bottom of the page?

Elicit participants' reactions.

Make sure that the following points are covered:

1. There is now balance and the things that are causing the balance are (a) healthy behaviors, (b) healthy thinking, and (c) supportive people.
2. The stressful things did not go away, and, in fact, are the same as the first picture, but the difference is that there are now things (behavior, thinking, people) that can help create balance so the stressful things don't bring you down.

Step 3: Highlight that when we have stress it is important to think of ways to balance that stress, and that the Mothers and Babies program will talk about ways to balance stress—specifically, by focusing on healthy behaviors, healthy thinking, and having supportive people in our lives.

Thinking about these two pictures, what you see is that even though we all have stressful things in our lives that can bring down our mood, we also have things in our lives that can help balance our lives and make sure that our mood is not negatively affected. Specifically, healthy behaviors, healthy thinking, and having supportive people in our lives are things that can create that balance. These are the three areas we will be discussing today and over the next few weeks as part of Mothers and Babies.

Topic 7: Managing My Personal Reality (15 Minutes)



Key Points

- Explain the concepts of inner and outer reality.
- Help participants understand the connection between thoughts, behaviors, contacts with others, and emotions.
- What we do each day shapes our lives. By actively choosing what we do, we can create a healthier reality for ourselves and our babies. The idea of “shaping our reality” must be presented here and repeated throughout the course.

Participant Manual

Page 8

Step by Step



Step 1: Introduce the concepts of inner and outer reality.

Our moods can change a lot. One day we may feel really happy and another day we might feel sad or angry. We might also feel tired and upset in the morning and then be full of energy and joyful in the afternoon.

It is important to understand that our moods do not change by themselves. Many things affect the way we feel. Some of these are part of our outer reality and some are part of our inner reality.



What do inner and outer reality mean?

Refer to the diagram on PAGE 8 and/or diagram these concepts on the board.

Our outer reality includes all the things that happen to us, our physical health, all the things we do, and the way we relate to others. It includes observable facts. For example, if you have an argument with your partner, that would be part of your outer reality. If you are nauseated because of your pregnancy, that is part of your outer reality. If your baby wakes up in the middle of the night, that is part of your outer reality, and if you decide to take a walk to the park, that is part of your outer reality.

Our inner reality is made up of our thoughts. Our thoughts are not observable. Others do not know what we are thinking, and sometimes we even need to stop and figure out what we are thinking ourselves. Our thoughts influence our vision of the world and of ourselves just as much as what we actually do and what happens to us.

TIP: It may be helpful to use tangible objects in the room that everyone can agree on to further explain the concept of outer reality. For example, you might say that it is part of all of your outer reality that you are all sitting in a room (describe the room) and that you are sitting on chairs (you might describe how comfortable or uncomfortable they are).

TIP: Another example that often works is to have participants imagine that they are all eating a particular food, like chocolate or spinach. Their outer reality is the same. However, they may each have a different inner reality because they may each have different thoughts about what they are doing. For example, one might think that this is really wonderful, another might worry about whether it will make her fat, another might think about how much she really does not like the food.

Step 2: Explain how inner and outer reality affects mood.

If you look at **PAGE 8** of your Participant Manual, you will see a diagram of how our inner and outer realities can affect our mood. From the diagram, you can see that our thoughts, activities, and emotions are all related, which means that:

- How we feel affects the way we think and what we do
- The way we think and what we do affects how we feel
- Changing what we do affects how we think and feel

We all have examples from our lives of this. When we feel down, we are more likely to think negative, pessimistic thoughts, and we are less likely to do things that are healthy. However, as you can see, the way we think and what we do also affects how we feel.

Together, our inner and outer realities affect how we feel and create our personal reality. These concepts are important because when we want to change our mood, we can decide whether we want to make changes in our outer reality, our inner reality, or both.

This means that if we can change the way we think or the things we do, we can also change our mood. We can manage our outer reality by choosing what we do. We can manage our inner reality by making changes in the way we think. We have found that even making small changes can be very helpful in improving our mood.

Step 3: Connect inner and outer reality to how parents interact with their children.

Stress is part of our outer reality. It has the potential to negatively affect our mood, as we've discussed earlier.

Although some things that happen to us are out of our control, there are also parts of our reality that are under our control. We can manage our outer reality by CHOOSING what we do. We can also manage our inner reality by making changes in the way we think. Sometimes it seems like we can't change the way we think, but we have found that we can make small changes that can be very helpful. You have all changed your reality by coming to this session and choosing to learn ways to help yourselves and your babies.

As we continue with Mothers and Babies over the next few weeks, we will be talking a lot about how we can make changes in our inner and outer realities that will help us and our children.

As mothers you will be able to pass on what you learn to your children, and you will be able to show them how they can shape their realities. For example, you will be able to help them have healthy thoughts about themselves, learn how to engage in activities that help grow their minds and their bodies, and learn how to have good relationships with other people.

Topic 8: Quick Mood Scale Introduction and Personal Project (20 Minutes)



Key Points

- Introduce the Quick Mood Scale and mention that in the future you will be looking at how making changes in what they do, how they think, and their contacts with others affect their mood, and their ratings on the Quick Mood Scale.
- The Quick Mood Scale will allow participants to see clearer relationships between the three factors we will be highlighting throughout the MB course:
 - What we think (thoughts or “cognitions”).
 - What we do (activities or “behaviors”).
 - With whom we spend time (people or “interpersonal interactions”).
- It will feel more natural as they practice the Quick Mood Scale.
- Discuss the importance of the personal project and go over the project for this week.

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Page 9

Step by Step



Step 1: Provide the rationale for monitoring mood.

One of the first steps in managing our mood is to begin to really notice our mood and understand what affects it. When we know what makes us feel better or worse, we can make changes to improve our mood. For example, we can do more of what makes us feel better. Even though some things that affect our mood may be out of our control, other things can be changed, and we may find that even small changes really help our mood.

TIP: Sometimes participants use extreme numbers to rate their moods. You can let participants know that 9s and 1s tend to be rare throughout our lives. Therefore, their moods will most likely fluctuate between 2 and 8. It can be helpful to ask for examples of 1s and 9s to help them differentiate between “worst mood” and “best mood.” Good examples of 9s include: the birth of the baby, winning the lottery, and your wedding day, although it is important to remember that for some participants some of these events may be negative. 1s might include the death of a loved one and being told you or a loved one has a terminal illness.



Step 2: Explain the Quick Mood Scale.

If you turn to the worksheet on **PAGE 9** in your Participant Manual, there is a copy of something that we call the Quick Mood Scale. We can use the Quick Mood Scale as a tool to track our mood.

Let's go over what the Quick Mood Scale looks like **(use the board to illustrate)**:

The scale goes from a 1 to a 9, with a 1 being the worst you might feel, a 5 being average, and a 9 being the best you might feel. When we rate our mood, it's important to try to use the whole scale. For example, if I were feeling bad, but I knew that it wasn't the worst mood I'd ever had, I would figure out how bad I was feeling, and I would pick maybe a 2 or a 3. There are no right or wrong answers. It's just how you think you are feeling.

We recommend that you complete the Quick Mood Scale each night before you go to bed. It's important to do it every night and not at the end of the week because sometimes we remember things differently if we wait too long. At first, it might feel strange to track your mood, but after a while it becomes natural, kind of a daily self-check, so I can say to myself, "overall, how was today for me?"

As we talk more about the Mothers and Babies Program over the next few weeks, you will learn a lot of new strategies for improving your mood and dealing with stress. We want you to practice these strategies at home so you can tell us whether or not they were helpful. The Quick Mood Scale can be helpful in keeping track of how using these strategies might affect our mood.

Step 3: Demonstrate and practice the Quick Mood Scale.

Let me demonstrate the Quick Mood Scale first before we have you try it out. First thing I am going to do is to try to remember what happened to me on each day during the last week. As you can see, this is why we suggest that you try to fill out the Quick Mood Scale each day so you don't have to remember what happened a few days ago.

As I am thinking about each day, I am thinking about what happened to me during the entire day—thinking about all the things that I did, all the thoughts that I had, and also thinking about all the contacts I had with other people. As I am thinking about all of those things I'm trying to come up with an overall rating for how I felt that day.

Complete the Quick Mood Scale, paying attention to having some variation in your ratings.

As you can see, there are days that I rated as higher and some days I rated as lower.

It may be helpful to explain what happened on days where the ratings are higher and what happened on days where ratings were lower.

Now I'd like each of you to try to think about your last week. Take a few minutes by yourself and circle on the Quick Mood Scale how you would rate your mood for each day this last week. If you have a hard time remembering a few days ago, then just focus on the last few days that you do remember.

Step 4: Elicit group member reactions to tracking their mood.

So, how did that feel for you to try to track your mood?

Elicit feedback from members and be sure to highlight the following:

1. The fact that everybody's ratings will be different.
2. To think about rating the entire day instead of focusing on one or two good or bad things that happened in the day.
3. To use the entire range of the Mood Scale instead of just the extremes.

Empathize with both positive and negative reactions.

How could tracking our mood help us?

Elicit discussion.

Step 5: Explain the rationale for the Personal Project.

In order to help us try things we learned in the sessions, each week we'll be doing a Personal Project. The Personal Project will include tracking our mood and then doing something related to what we learned in group.

The reason for doing the Personal Project is that we want you to try out some of the skills and strategies that we are talking about in the group at home before we do our next group session. These Personal Projects will not take long, but they are very important. We only meet for two hours every week; if we want to make lasting changes, we need to start making them when we're not here so doing Personal Projects is one way to practice the skills in Mothers and Babies.

*The Quick Mood Scale is the first Personal Project that I'd like you to do. Starting tonight, and for every night this week, I would like you to complete the Quick Mood Scale by circling your mood for the day. You can use the figure on **PAGE 9** to complete the Quick Mood Scale.*

We will be discussing the Quick Mood Scale at the start of our next session. It will be important to have it completed so you can share with other group members.

Does anybody see any challenges with completing the Quick Mood Scale? Any suggestions on ways to make sure you are able to complete it?

Topic 9: Feedback and Preview (5 Minutes)

Key Points



- Review key content from Session 1:
 - You are your baby's first teacher. You have an important and incredible opportunity to impact their lives in a positive way.
 - By helping yourself, you are able to help your babies succeed.
 - Mothers and Babies is a course that will give mothers skills to help deal with stressors.
 - Review the differences between inner and outer realities.
 - Personal Projects can be used to help track our mood.
- Provide an overview of next week's session.

Participant Manual

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Step by Step



Step 1: Review Session 1 Key Points and elicit participants' reactions to the session.

We are almost done for today, but before we end, I want to thank you for attending the session and find out how the session went for you. Let's first review some of the key points from today. Can somebody tell me what they remember about our discussion from today's session?

Does anyone want to share their thoughts about how today's session was helpful for them? Does anyone have questions about anything we discussed? Would anyone like to have anything further clarified?

Try to respond empathetically and responsively, showing you understand their points of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 2: Provide an overview of next week's session.

We look forward to seeing you next week. Next week, we will talk about doing pleasant activities for both yourself and your baby!

And just another reminder to please try to do the Personal Project we talked about a couple minutes ago because we will talk about them when we start the next session.



Pleasant Activities Help Make a Healthy Reality for My Baby and Me

Materials

- Audio recorder (if applicable)
 - Remember to turn on recorder at the beginning of the session
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material during session
- Participant feedback forms

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Outline:

- Topic 1: Agenda and General Review (5 min)**
- Topic 2: Personal Project Review (10 min)**
- Topic 3: Violet and Mary's Days (15 min)**
- Topic 4: How Does What We do Affect How We Feel? (10 min)**
- Topic 5: What Do You Like to Do? (25 min)**
- Topic 6: What do Babies like to do? (20 min)**
- Topic 7: How do Babies Learn? (10 min)**
- Topic 8: Overcoming Obstacles (15 min)**
- Topic 9: Personal Project (5 min)**
- Topic 10: Feedback and Preview (5 min)**

Topic 1: Agenda and General Review (5 Minutes)



Key Points

- Briefly review the agenda for the program (shown on the first page of this session).
- Ask participants if they have additional agenda items.
- Make announcements.
- Ask participants if they have announcements they'd like to share.
- Check-in with mothers to see how this last week has gone.
- Review information from past session:
 - Parents are their children's first teachers.
 - Stress can affect your relationship with your baby.
 - There are common mood changes in the postpartum period. It's important to look for support if needed.
 - Our mood and our personal reality: Our activities, thoughts, and mood all affect how we view the world.
 - You can learn more about how to manage your personal reality, which has two parts: an inner and outer reality.

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Step by Step



Step 1: Ask participants to share what they remember most from the last session.

*What are some of the things that you remember most from the last session?
Do you have any questions about what we talked about during the last session?*

Some key points we discussed are that life stressors affect us and the people around us, like our babies. We talked about how we can manage stress by looking at what we do and how we think, and by having good support from others.

Finally, we talked about how we have two parts to our personal reality: our inner reality, or our thoughts and inner world, and our outer reality, or the world that exists around us and that others can see. We saw that our personal reality can affect our mood, and our mood can affect our personal reality.

Highlight key points that the women made during the last session, including examples that are relevant to the module and details regarding their families and children. You can also review the relevant/selected activities from the introduction, as applicable.

Step 2: Introduction to Session 2.

Today in Session 2, we will be talking about how our mood is affected by what we do, but first let's go over the personal project.

Topic 2: Personal Project Review (10 Minutes)



Key Points

- Review participants' Quick Mood Scales.
- Discuss how participants felt about completing the Quick Mood Scale.
- Discuss what participants learned from tracking their mood (or tracking their activities, thoughts, and interactions with others in future sessions).
- Optional Project: Discuss whether participants shared what they learned in the first session with others and how they felt about doing so.

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Step by Step



Step 1: Review participants' Quick Mood Scales.

Last week, we asked you to track your mood by using the Quick Mood Scale.

Refer to PAGE 9 and use the board: *We would like to go over your Quick Mood Scales on PAGE 9 and take notes on PAGE 13. Who would like to share their Quick Mood Scale?*

Help the volunteer graph her mood scale on the board.

Elicit participants' reactions:

- *How was it for you to complete the Quick Mood Scale?*
- *What did you learn by tracking your mood?*
- *What happened on the days when you had a really low mood?*
- *What happened on the days when you had a really good mood?*

Even though you didn't ask participants to pay attention to these things when doing their personal projects, highlight how what participants did (behaviors) affected their mood. Similarly, highlight how the participant's thoughts and interactions with others affected their moods.

Step 2: If applicable, help participants identify obstacles to completing the personal project.

If you did not have a chance to complete your personal project, were there any obstacles (anything that got in the way) to you not finishing the personal project?



Topic 3: Violet and Mary's Days (15 Minutes)



Key Points

- Engage the group in an active discussion about Violet and Mary's days and highlight the following points:
 - What you do affects how you think and feel about yourself, others, and the world.
 - You can choose to do things that make you feel better.
 - Doing pleasant activities can actually create energy.
 - Doing pleasant activities helps make our lives more balanced; we realize there is more in our lives than just problems.

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Step by Step



Step 1: Introduce the vignettes.

*Let's look at the cartoons on **PAGE 14** in your Participant Manuals to see an example of how what we do can affect how we feel. Violet and Mary are both six months pregnant. Lately, they've both been feeling down. When their stories start, both would rate their mood as a 4. Let's see how what they do affects how they feel.*

Step 2: Read Violet and Mary's stories and elicit participants' reactions to the cartoons.

Questions to stimulate discussion are listed below:

- *Why do we think they are feeling down? (What are their outer realities?)*
- *What are they thinking? (What are their inner realities?)*
- *What does each character do? (How do they change their outer realities and their inner realities?)*
- *How does what they do affect their moods?*
- *How does their mood change? Let's use **PAGE 14** to graph how each character's mood changes at each step.*

TIP: To make the exercise more interactive, you may choose to have one woman act as Violet and another woman act as Mary. As the women act out their roles, other group members can participate by indicating where each woman is on the mood scale as they go from scene to scene.

Step 3: Discuss how what we do affects how we feel. Use Violet and Mary as an example.

Pleasant activities help to balance our lives, especially when they are stressful.

Pleasant activities tend to chain, meaning when you do one activity you often start a chain so that you are more likely to do more activities. For example, if you go out for a walk, you may bump into someone and then you may decide to do something with them. Then, that night you may have pleasant thoughts about what you did together. In the future, you are more likely to go out for a walk again.

Even when life is stressful, we can choose to do pleasant activities. By doing so, we can change our mood and at least a small part of our lives (i.e., manage a little of our outer reality).

We saw that the choices that Violet and Mary made to do pleasant activities or not do pleasant activities affected their mood. Violet did not change her outer reality by engaging in pleasant activities but Mary did change her outer reality by doing a few pleasant activities.

Topic 4: How Does What We Do Affect How We Feel? (10 Minutes)



Key Points

- What we do affects how we think and feel about ourselves, others, and the world.
- When we do pleasant activities we often feel happier, are more likely to have positive thoughts about our lives, and are more likely to have positive contacts with other people.
- It may be difficult to get the energy to do pleasant activities when we are feeling down or tired, but if we do, it may help us feel better and less tired.
- Many activities are pleasurable because they offer us the chance to experience a sense of mastery or a sense of meaning.

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Step by Step



Step 1: Introduce the phrase “pleasant activities.”

We just saw one example of how the things we do affect how we feel. By taking a shower and going for a walk with her friend Carmen, Mary was able to improve her mood. Sometimes we refer to things we do like taking a shower or going for a walk as pleasant activities. What does the term pleasant activities mean to you?

Elicit responses.

Emphasize that pleasant activities are any activities we do by ourselves or with others that we find enjoyable or satisfying.

Step 2: Discuss how pleasant activities affect how we feel.

*There is more information about pleasant activities on **PAGE 15** in your Participant Manual. When people do pleasant activities they often feel happier, are more likely to have positive thoughts about their lives, and are more likely to have positive contacts with others. Can anyone give an example of something they did in the last week that improved their mood or led to them having more positive thoughts?*

Elicit responses.

Step 3: Point out that pleasant activities may be difficult to do if we feel down or tired but that if we do them, we may feel better.

Has anyone ever experienced how difficult it is to get out of bed or up from the sofa and take a shower when they are sick with the flu? When I get the flu, I usually am so tired and have so little energy that the last thing I want to do is take a shower. But when I push myself and do shower, I almost always feel better. Does this happen to anyone else?

Elicit responses.

Well the same thing happens with pleasant activities. When you feel down or tired, it can be hard to do pleasant activities. But if you do them, you may feel better and be less tired. If we think about how we will feel better after doing a pleasant activity, it may make it easier for us to gather the energy to do one.

Topic 5: What Do You Like To Do? (25 Minutes)



Key Points

- We don't need to do tons of pleasant activities to feel good.
- Some pleasant activities are brief and just take a second.
- There are times when we enjoy doing a particular activity and other times when we don't. It's important to figure out under what conditions an activity is likely to be enjoyable.
- When you know what you like to do, it makes it easier to do it.
- Identify two types of activities that affect mood: activities that can be done on their own and activities they can do with others.

Participant Manual

Pages 16 & 17

TIP: The point of this exercise is to engage group members' creativity in generating alternative activities when obstacles arise. This is an important problem solving skill. Remind the group members that pleasant activities can be thought of as "meaningful" activities (e.g., talking to a loved one, enjoying a meal) but do not have to be "special" activities (going to Disneyland). We cannot always do a "special" activity, but we can do "meaningful" activities.

Step by Step



Step 1: Introduce the activity.

In this session, we are focusing on how activities you do can affect your mood. We can think about activities as falling into three categories.

First, there are activities you can do on your own. Activities you can do on your own give you the freedom to choose how you will spend your day without having to rely on others.

Second, there are activities you can do with other adults. Activities you do with other adults help create and maintain what psychologists call "a social support network," that is, a group of people who can help you deal with the demands of life and bring healthy interactions into your life.

Third, there are activities you can do with your child or children. Even if you are pregnant you can imagine what some of those activities might be once your child is born.

*If you turn to **PAGE 16** in your Participant Manual, there is space for you to write down activities you can do by yourself or with others on the top and then space for you to write down activities you can do with your child(ren) at the bottom. Let's take a few moments to fill out this page.*



Step 2: Have participants share their pleasant activity lists.

Have participants volunteer to share their responses and write them down on the board. As you write the responses, highlight the following points:

- *Not everyone likes to do the same thing.*
- *There are lots of things to do that are free and easy.*
- *There are also many pleasant activities that are part of our daily routines.*
- *It's good to have activities we can do by ourselves and activities we can do with other people.*
- *When you have a baby, you have to give up things you like to do, but you also get to do a lot of things you couldn't do before.*
- *Knowing what you like to do gives you a roadmap and can help generate ideas to improve your mood when you are feeling stuck.*
- *There are different conditions that may make an activity more or less pleasant. For example, depending on how much energy you have, you might choose to do a big or a small activity. It's important to think about this because if you pick an activity that is too big, given your level of energy, it can end up not being pleasant anymore.*

If participants cannot identify any activities, have participants review and check off some activities listed on PAGE 17 in their Participant Manuals.

Refer to PAGE 17 in the Participant Manual at the end of the discussion to point out that these are some other examples of pleasant activities that many women say they enjoy doing.

Topic 6: What Do Babies Like to do? (20 Minutes)



Key Points

- Help participants identify activities that babies enjoy doing (alone, with mom and/or dad, and with other people/babies). Highlight the following:
 - From birth there are things babies enjoy doing, so it is never too early to begin planning and doing pleasant activities with your baby.
 - Doing activities with your baby will help your baby develop and will strengthen your relationship with your baby.
 - Your baby's developmental level will affect whether s/he enjoys a given activity. As babies develop, different activities become pleasant.
 - Your baby's temperament will affect whether s/he enjoys a given activity.
 - All babies are different. We need to learn to read their signals to determine which activities are pleasant for them. We also need to learn how each baby learns best.

Participant Manual

Pages 18 & 19

TIP: For cultural and health reasons many women will be unwilling to take their babies out of the home in the beginning or even for the first few months. We want to respect these decisions and talk about looking for places to take their babies when their babies are older. For example in Latino cultures, families observe "La Cuarentena," which is a period of 40 days when new mothers don't leave the house and practice traditional self-care activities.

Step by Step



Step 1: Help participants identify what they think babies like to do.

Let's switch gears for a second. We were just talking about what you like to do. What do you think babies like to do? For those of you who are mothers, can you remember what your child liked to do as a baby?

*In the same way you listed things that were pleasant activities for you, let's take a second and think about the pleasant activities that your baby likes to do. Take a few minutes and fill out the worksheet on **PAGE 18**, which asks about things that babies like to do when they are alone and also things they like to do with mom or with other people or other babies.*

Elicit discussion.

Step 2: Review list of Pleasant Activities for Baby from Birth to One Year Old.

*We just had a great discussion about pleasant activities that your baby might enjoy doing. On **PAGE 19** of your Participant Manual we have a list of things that babies enjoy doing at different months from birth until one year of age.*

The purpose of this list is to help us understand that likes and dislikes change as babies grow. As you can see, their likes and dislikes change from month to month and year to year. It could be that newborns are over-stimulated if there are many toys in their cribs/beds or even if we stare directly at them for a long period of time. They may look away or cry to show that there are too many toys in their cribs or that they are getting too much attention now. However, in a few months, they will love and enjoy these same types of stimulation.

A lot of new mothers have expressed that having a baby less than three months old is like having a new baby every day. What babies like to do changes constantly from day to day and from year to year. Does that sound familiar for those of you who have already had a baby?

Topic 7: How Do Babies Learn (10 Minutes)



Key Points

- Babies are able to do and enjoy different activities as they develop.
- Motor development helps babies explore their environments. There are many activities that babies can do and like to do even when they have limited mobility.

Participant Manual

Page 20

Step by Step



Step 1: Reinforce that mothers are babies' first teachers.

Have you ever noticed that babies are fascinated with faces? They like to reach out their hands and touch things. Babies are constantly being exposed to things for the very first time. They are learning new things every minute. We've talked earlier about how you can be your baby's teacher, and mold his/her inner reality. You can also mold your baby's outer reality. How?

Make the point that mothers can shape their babies' outer realities by encouraging them to engage in pleasant activities.

Step 2: How do babies learn what to do or what not to do?

When we think of development, we usually think about babies' physical development, meaning how fast they will grow, when they will crawl and walk, and we think about their intellectual development. For example, when they will talk, learn to read, or be able to use a computer.

Let's talk about children's emotional development.

Babies and children learn what to do or what not to do, how to soothe themselves when they are upset, and how they understand who they are in the world:

- *By watching us and copying us.*
- *By interacting with us (by the way we treat them).*
- *By doing what we teach them.*
- *By being supported when they try new things.*
- *By being reinforced by us. For example, seeing us smile or laugh happily when they do something. Even giving them our attention is reinforcing!*

So, it is clear that babies learn from us. This means that if we want to teach babies something, we need to know it first. It also means it is important to avoid teaching babies things we don't want them to learn.

To make the connection to pleasant activities, babies learn to do pleasant activities by observing what you do, and what other adults do. So, if you are engaging in pleasant activities your baby will see that and learn from you. In the same way, if you do not engage in pleasant activities with other adults or with your baby, your child will begin to think that is the way they should lead their life.

Topic 8: Overcoming Obstacles (15 Minutes)



Key Points

- Help participants identify obstacles to doing pleasant activities.
- As a group, discuss ways they might overcome these obstacles.
- Discuss problem solving as one way to overcome a roadblock or problem.

Participant Manual

Page 21

Step by Step



Step 1: Identify obstacles to doing pleasant activities.

We just finished talking about the importance of balancing what we have to do with what we want to do. While we know that it's important to do pleasant activities, sometimes things just seem to get in the way of doing them. For example, the things we have to do can keep us from doing the things we want to do. What are things that get in the way of doing pleasant activities?



Elicit responses and write them on the board.



Step 2: Brainstorm possible solutions to these obstacles.

Now let's all work together to think of all the possible ways we might overcome obstacles. At this point, we want to come up with all possible solutions without evaluating them. We're all different, so we may each prefer a different solution.

Go through a couple obstacles and have mothers call out ways to overcome them. Write their answers on the board. Highlight how much they already know about overcoming obstacles.

Step 3: Discuss problem solving as a formal technique for overcoming obstacles.

*You all know a lot of ways to overcome obstacles. Now I'd like to talk about one other way: problem solving. Counselors often teach couples or parents and children this technique so that they can resolve conflicts, but we can also use it to help us figure out solutions to difficult problems. We've outlined the steps to take on the bottom of **PAGE 21** of your Participant Manual. You already use many aspects of problem solving. For example, the first step is to identify the problem or obstacle. We've already spent time doing this together.*

The second step is to think about all the possible solutions. Another word for this is brainstorming. We just did this as a group when we came up with all the possible solutions to the obstacles. As we saw, it can be useful to ask others for their input because as the saying goes, "two heads are better than one." The important part of this step is to write down all solutions without thinking about whether they are good choices. We will evaluate the solutions later.

The next step is to choose the best solution or combination of solutions. This means you pick the one that is best for you. Remember we are all different, so different solutions may work better for each of us.

The final step is to see how well the solution works for you. We try it out, and then we see how well it worked. If it doesn't work, it's time to try something else out.

Lead a discussion with the group that uses problem solving to tackle an obstacle that one of the group members is facing. After doing the activity, elicit discussion about using the problem solving technique.

Topic 9: Personal Project (5 Minutes)



Key Points

- Assign the Quick Mood Scale and explain if necessary.
- Ask participants to complete one of the personal projects over the next week.

Participant Manual

Pages 22 & 23

Step by Step



Step 1: Assign the Quick Mood Scale.

Step 2: Assign the Pleasant Activities Schedule.

*Similar to last week, we are going to have you complete the Quick Mood Scale as a personal project. Take a look at the worksheet on **PAGE 22** of your Participant Manual. There is one change from last week. In addition to doing your daily rating this time I would like you to pay attention to the number of pleasant activities you did each day and write that in the bottom row. These pleasant activities could be things that you do by yourself, with other adults, or with your child(ren).*

Step 3: Ask group members to make a Personal Commitment Project.

*This week, I would like you to do one new pleasant activity. As we talked about, sometimes there are barriers to doing pleasant activities. One way to try to overcome these barriers is to set a goal for yourself and stick to it. Fill out the Personal Commitment Form and calendar on **PAGE 23** to help you do this. Next week we'll talk about how you felt when you completed the pleasant activity and achieved your goal and whether or not you found the Personal Commitment Form and calendar helpful.*

Topic 10: Feedback and Preview (5 Minutes)

Key Points



- Review key content from Session 2:
 - Doing pleasant activities can improve your mood.
 - You can choose pleasant activities to do alone and with your baby.
 - Many of the things babies learn as they develop, they learn from us.
 - It is important for us to communicate with our babies and encourage them to explore their environments and learn new things.
 - Doing pleasant activities can improve your baby's mood and make the mother-baby relationship grow stronger and more positive.
- Provide an overview of next week's session.

Participant Manual

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Step by Step



Step 1: Review Session 2 Key Points and elicit participants' reactions to the session.

We are almost done for today, but before we end, I want to thank you for attending the session and find out how the session went for you. Let's first review some of the key points from today. Can somebody tell me what they remember about our discussion from today's session?

Does anyone want to share their thoughts about how today's session was helpful for them? Does anyone have questions about anything we discussed? Would anyone like to have anything further clarified?

Try to respond empathetically and responsively, showing you understand their points of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 2: Provide an overview of next week's session.

We look forward to seeing you next week. Next week, we will talk more about how we can work on how thoughts affect our mood.

And just another reminder to please try to do the Personal Projects we talked about a couple minutes ago because we will talk about them when we start the next session.



Thoughts and My Mood

Materials

- Audio recorder (if applicable)
 - Remember to turn on recorder at the beginning of the session
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material to sessions
- Participant feedback forms

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Outline:

- Topic 1: Agenda and General Review (5 min)**
- Topic 2: Personal Project Review (10 min)**
- Topic 3: Violet and Mary's Days (15 min)**
- Topic 4: What are Thoughts? (10 min)**
- Topic 5: The Path that Leads to a Healthy Mood (20 min)**
- Topic 6: Helpful Thoughts and Harmful Thoughts (20 min)**
- Topic 7: Types of Harmful Thought Patterns and Talking Back (30 min)**
- Topic 8: Personal Project (5 min)**
- Topic 9: Feedback and Preview (5 min)**

Topic 1: Agenda and General Review (5 Minutes)



Key Points

- Make announcements and ask participants if they have announcements they'd like to share.
- Briefly review the agenda for Session 3.
- Review key points from Session 2:
 - Doing pleasant activities can improve your mood.
 - You can choose pleasant activities to do alone and with your baby.
 - Many of the things babies learn as they develop, they learn from us.
 - It is important for us to communicate with our babies and encourage them to explore their environments and learn new things.
 - Doing pleasant activities can improve your baby's mood and make the mother-baby relationship grow stronger and more positive.

Participant Manual

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Step by Step



Step 1: Check-in with mothers.

Like we did last week, I want to do a quick check-in at the start of today's session. This a chance for you to share any announcements you have with the group. Anything that people would like to share?

I also want to see what the group remembers from our session last week on pleasant activities. Is there anything that stands out in your minds from last session or does anybody remember some of the key points that we talked about?

Make sure to emphasize the key points listed above in "Key Points."

*I also want to go over the outline for today's session which is on **PAGE 25**. Feel free to take notes on **PAGE 26**. As I mentioned at the end of last week's session, today we will be talking about how thoughts affect our mood.*

Topic 2: Personal Project Review (10 Minutes)



Key Points

- Review participants' Quick Mood Scales.
- Review and discuss the Personal Commitment Calendars and help participants facilitate successful completion of pleasant activities if they had difficulty completing the personal project they planned to do.

Participant Manual

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Step by Step



Step 1: Review participants' Quick Mood Scales.

I would like to have a couple volunteers discuss their Quick Mood Scale with the group. Who would like to share their Quick Mood Scale? And remember as you are sharing your Quick Mood Scale, I also want you to point out the number of pleasant activities that you did each day.

Have a volunteer graph her mood scale on the board.

Thanks for sharing this with the group! Let's talk about how it was for you to complete the Quick Mood Scale over the last week:

- *What happened on the days when you had a really low mood?*
- *What happened on the days when you had a really good mood?*
- *Did you see a relationship between doing (or not doing) pleasant activities and your mood? In what way?*

Be sure to make connections between the Quick Mood Scale ratings and the number of pleasant activities. Some participants may not always have had above average ratings on days they did pleasant activities, so it is still important to emphasize that had they not done pleasant activities their mood ratings may have been even lower.



Step 2: Review participants' Personal Commitments.

I would like to have one or two volunteers talk about your personal commitments to do a pleasant activity. Does anyone want to share what their personal commitment was and whether they were able to do that pleasant activity?

Be sure to ask those sharing whether they completed the pleasant activity, whether scheduling the activity made it easier to accomplish, and if their mood was affected by doing the pleasant activity.

Was there anybody who was not able to complete their pleasant activity?

Let those who didn't complete the pleasant activity know that it is okay they weren't able to complete it, but also ask the participants what the reasons were for not completing. Brainstorm whether there are ways to complete the same pleasant activity in the future (use Session 2 problem solving steps for brainstorming ideas).

Topic 3: Violet and Mary's Days (15 Minutes)



Key Points

- What you do affects how you think and feel about yourself, others, and the world.
- Thinking pleasant thoughts helps make our lives more balanced. We realize there is more in our lives than just problems and things we have to do.

Participant Manual

Page 28

TIP: When you present the vignettes, allow time for group members to discuss these characters, to make them real, as this will increase the likelihood that group members will keep them in their minds and will learn from their experiences. However, it is important not to “vilify” Violet because inevitably some of the women may have days similar to Violet’s.

Step by Step



Step 1: Introduce Mary and Violet's stories.

Let's look at the cartoons on **PAGE 28** in your workbooks to see an example of how what we think can affect how we feel. Mary and Violet have both recently given birth, but now that their babies are born they are not sleeping very well. Both babies have colic, and they cry for almost 2 hours before they go to sleep at night. Their babies' colic is a real problem. This is part of their outer reality. In the beginning their mood is at a 3 because they are tired. But Mary and Violet have different reactions to the problem.

Step 2: Elicit participants' reactions to the stories.

Some questions to elicit discussion include:

- *Why do Mary and Violet's moods change?*
- *How would you rate Mary and Violet's moods?*
- *How do you think their thoughts affected their mood?*
- *How do you think their thoughts affect their relationship with their babies?*
- *How do their thoughts represent their inner realities?*

Discuss how Mary & Violet experience the same difficulty (outer reality), but the different ways they think about the problem causes them to feel better or worse.

How did Violet's mood change with each picture? What about Mary's mood in each picture?

Make the connection that different ways of thinking can affect our mood.

Topic 4: What are Thoughts? (10 Minutes)



Key Points

- There is a relationship between our thoughts and our mood. Thoughts are part of our inner reality, and our inner reality is related to our mood/emotions.
- Thoughts are like self talk, like having a conversation with ourselves.
- Our thoughts can affect the way we feel, can affect our bodies (e.g., tension), and can affect what we do.

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Step by Step



Step 1: Introduce the concept of thoughts.

*Thoughts are defined as “ideas, plans, pictures, or opinions that are formed in your mind.” Refer to **PAGE 29** in your Participant Manual.*

Thoughts are things that we tell ourselves. We can have several thoughts at any given moment and some of them contradict each other. We are aware of some thoughts and not others. Our thoughts can help us or harm us. Our thoughts almost always affect our mood.

It is possible to change the way we think. The first thing we need to do is to notice our thoughts. If we are more aware of our thoughts, we can learn to use them to achieve a healthier mood.

Step 2: Make the connection between Mary and Violet’s stories and thoughts.

Let’s go back to Mary and Violet for a minute. We saw with Mary and Violet that their thoughts influenced their mood. A second ago I mentioned that our thoughts can help us or can harm us. Do you see this with Mary and Violet? What are some examples of helpful thoughts that Mary is having? What about some of the harmful thoughts that Violet is having?

Topic 5: The Path That Leads to a Healthy Mood (20 Minutes)



Key Points

- Your personal reality is shaped from moment to moment.
- We can choose what we will do and how we will think.
- Conduct an exercise to help participants visually or metaphorically understand these concepts.

Participant Manual

Page 30

Step by Step



Step 1: Introduction to the path that leads to a healthy mood.

We talked before about how pleasant activities “chain” together. The same thing is true about thoughts. If you have one small negative thought you are more likely to have another small negative thought. On the other hand, one positive thought can lead to another positive thought.

It is also the case that our activities and our thoughts are related to one another. We talked about this last session when we talked about our outer and inner realities and how the two of them relate to one another. For example, if we do pleasant activities with our children we might begin to have more positive thoughts about our role as a mother.

Step 2: Visual depiction of the path that leads to a healthy mood.

*Let’s take a look at **PAGE 30**. What we see on this page are examples of how our activities and thoughts chain together to affect our moods. Some of you may have heard the saying “Rome was not built in a day.” When people say that they mean that all of the buildings in the city of Rome were built brick-by-brick. Our mood is also constructed brick by brick, but the “bricks” are thoughts and activities. Each thought and each activity can lead us either up or down. Each dot presents a single moment in time. Let’s say that we start at the first circle on the left. Each thought or action we have from that point can move us up, down or sideways. Going up would mean that it improves our mood; sideways would mean it has little or no effect on our mood and down would mean it has a negative effect on our mood. At first, the moves we make will not take us far away from where we began, but imagine where we could be 10 moves later.*

*If we look at **PAGE 30**, you can see visually how activities and thoughts chain together to affect our moods. Violet starts by waking up and then her activities like staying in bed and ignoring the phone cause her to go downwards with her mood. She is also likely to have negative thoughts about herself as a result of not doing any pleasant activities. Mary on the other hand is doing activities that help her mood and is likely having more positive or helpful thoughts as a result of doing those pleasant activities.*



You can choose to draw this on the board as well. We recommend beginning with Violet and showing how each choice she made caused her to feel a tiny bit worse. Then discuss how the small choices Mary made led her to engage in more activities and to gradually feel much better. Additionally, you may want to use an example from one of the group participants to illustrate the point about how activities and thoughts chain together.

Something that is important to point out here is that no matter where someone starts, it is possible to gradually shape our lives on a moment-to-moment basis so that the next moment can be slightly better than the last. And if life deals us some bad experiences, we can make choices to try to overcome these experiences rather than letting our reactions sink us even further!

Topic 6: Helpful Thoughts and Harmful Thoughts (20 Minutes)



Key Points

- Helpful thoughts help improve mood.
- Harmful thoughts worsen mood.
- Both helpful and harmful thoughts affect us emotionally and physically and affect our inner reality.
- It is important to understand how the different thoughts we have can affect our mood.
- Identifying harmful and helpful thoughts about your pregnancy and how they affect your mood is an important step toward improving your mood.

Participant Manual

Pages 31 & 32

Step by Step



Step 1: Introduce the distinction between helpful and harmful thoughts.

One of the things that we don't always realize is that not all thoughts are the same. Specifically, people have helpful thoughts and harmful thoughts.

Helpful thoughts are thoughts that make you happy, feel better, hopeful, or are uplifting.

Harmful thoughts are thoughts that make you unhappy, negative, worried, scared, or upset.

So, you can probably already tell that the type of thoughts you have might affect your mood. For example, if you are having a helpful thought that you are a good mother or are going to be a good mother when your child is born you are likely to be in a better mood. On the other hand, if you have the harmful thought that you are not a good mother or might not be a good mother, you are likely to be in a worse mood.

*If you look at **PAGE 31**, you will see two columns—one that says “helpful thoughts” and another that says “harmful thoughts.” I’d like you to take a few minutes and write down thoughts that make you feel good, happy, or hopeful—your helpful thoughts. In the other column labeled “harmful thoughts,” write down thoughts that are harmful—or make you feel upset, unhappy, or worried. As you are writing down these helpful and harmful thoughts, keep in mind they could be thoughts about anything—thoughts about yourself, thoughts about you as a mother, thoughts about you as a friend, thoughts about you as a wife or girlfriend, or any other thoughts you may have.*

Ask for volunteers to share from both the helpful and harmful thoughts lists. Highlight the idea that everyone is likely to have some helpful and some harmful thoughts. Also highlight that it is important to understand that since not all thoughts are the same it is important to understand that some thoughts are helpful and some are harmful, because that will help you understand how your thoughts affect your mood.

Step 2: Discuss helpful and harmful thoughts during pregnancy and after delivery.

Some of the examples we just talked about are related to helpful and harmful thoughts that you might be having during your pregnancy and thoughts you may have after you deliver your child. During pregnancy and after delivery, it is common for women to have a variety of thoughts—both helpful and harmful.

I want to share some thoughts that many pregnant women and new mothers have:

- *I'm getting fat and ugly.*
- *My body hurts, pregnancy sucks.*
- *I can't believe there's a life inside me.*
- *I don't know if we can afford another child.*
- *I am looking forward to seeing my baby.*
- *I am going to be a good parent.*

Step 3: Discuss helpful and harmful thoughts during pregnancy.

*Now let's look at **PAGE 32** which lists some helpful and harmful thoughts that pregnant women have.*

So let's look at this first item: "Your clothes don't fit." I may have different reactions to my clothes not fitting. Can anybody share with the group whether they think this is a helpful thought or a harmful thought?

Elicit responses from the group. If the group is struggling to come up with an answer, you can provide prompts such as: *I might have a thought that 'Oh no, I can't afford to buy maternity clothes so I'm not going to have anything to wear,' which would be a harmful thought, or that 'I'm proud that I'm already showing and the world can see I'm going to have a baby' which is a helpful thought.*

Now keep in mind I might also have helpful thoughts about the same exact pregnancy change. So, I might at the same time have both the helpful and harmful thoughts about my clothes not fitting that we just mentioned.

Would anybody like to share with the group an example of a helpful or harmful thought that they are having about their pregnancy or being a mother?

Be sure to get at least one helpful and one harmful thought example.

Step 4: Summary of helpful and harmful thoughts.

So, why did we talk about helpful and harmful thoughts just now? In a nutshell, it is important to know your helpful and harmful thoughts about pregnancy and being a mother since they can affect your mood.

Also, once you know what harmful thoughts bring your mood down, there are things that you can do to help stop those harmful thoughts from spreading. That is what we are going to talk about for the rest of our session today.

TIP: We cannot assume that participants all view this as a joyous event. Pregnancy and childbirth can be very stressful, and we need to create a safe environment where women can bring up concerns they have regarding pregnancy, childbirth, and being a mother. Similarly, motherhood can elicit a variety of thoughts that can be shared in the group.

Topic 7: Types of Harmful Thought Patterns and Talking Back (30 Minutes)



Key Points

- Different types of harmful thought patterns exist.
- These harmful thought patterns affect our mood in a negative way.
- It's important to recognize these harmful thoughts and be aware of how they affect us.
- By learning what types of thoughts we have, we can better understand how to modify them in a helpful way.

Participant Manual

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Step by Step



Step 1: Review the harmful thought patterns.

One way that we can challenge harmful thoughts so that they don't lead to a negative mood is through the use of specific strategies that we call antidotes. If we have an infection, we can use an antibiotic to stop it from spreading. In that same way, when we have harmful thoughts we can use an "antidote" to help them from spreading and ruining our mood. Let's go through some of the antidotes to our harmful thoughts.

*There are four specific harmful thought patterns we are going to provide antidotes for. We are going to talk about each harmful thought pattern and antidote briefly. These are listed on **PAGE 33**.*

Step 2: Have group members identify which category their thoughts fall into.

It is important to point out that everybody has some negative thoughts. Some people might have one of these types of negative thoughts—like blaming oneself—that they have all the time. Other people might have more than one of these negative thought patterns.

One of the important things to take away is that it is really helpful to know when you are having one of the negative thought patterns because if you can find yourself catching yourself having this negative thought you can then use the antidotes that we are about to share with you.

Step 3: Review the table.

Using the Table below which also appears on **PAGE 33** of the Participant Manual, (1) read the harmful thought pattern in the left hand column, (2) ask the group if they can give an example of each type of harmful thought pattern OR give an example (middle column), and (3) read the antidote to the harmful thought pattern (right hand column) for EACH harmful thought pattern.

Harmful Thought Pattern	Example	Antidote
All or Nothing Thinking. <i>What this means is that you think in extremes—it's either all or nothing...all good or all bad.</i>	<u>"I'm a failure."</u>	Think about what is in the middle—you may not have been successful at everything, but you have been successful at some things in your life.
Overgeneralization. <i>What this refers to is taking one negative event and seeing it as a never-ending pattern.</i>	<u>"I have been betrayed before, so I can't trust anyone."</u>	Remember that not every situation and every person are going to be the same. Don't automatically assume the worst.
Blaming Oneself. <i>This refers to thinking that when negative things happen to you they are always your fault.</i>	<u>"It is my fault the baby fell down when she tried to stand."</u>	Remember that this type of thing happens to most parents! So instead of thinking that this is something that only happens to you, it is important to remember that you are not alone.
Negative Fortune Telling. <i>This means that you believe you can predict that your future will turn out badly.</i>	<u>"Things are never going to work out for me."</u>	It is important to remember that things may not turn out how you expect—find out how things turn out rather than just imagining the worst.

TIP: Ask the group members if they feel like they have any of these negative thought patterns. It should also be emphasized that it is natural for people to have negative thought patterns. If several group members seem to have the same thought patterns that can be emphasized to show that participants aren't alone in having a certain type of thought pattern.

Then ask the group whether they think that the antidotes that are shared are things that they can easily use in their lives. If not, you can help the group troubleshoot how they can break their negative thought patterns using the antidotes.

Topic 8: Personal Project (5 Minutes)



Key Points

- Assign the Quick Mood Scale.
- Ask participants to practice using one or more antidotes to reduce harmful thoughts.

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Step by Step



Step 1: Assign the Quick Mood Scale.

Starting tonight, and for every night this week, we would like you to complete the Quick Mood Scale by circling your mood for the day.

In addition to rating your mood each day, I'd like you to keep track of the number of helpful thoughts and harmful thoughts that you had each day.

*You can use the figure on **PAGE 34** to complete the Quick Mood Scale.*

Step 2: Ask participants to use one or more antidotes to reduce harmful thoughts.

I'd like you to try to use one or two of the antidotes we discussed today to work on reducing harmful thoughts. To do this, you first need to catch yourself having a harmful thought—like overgeneralizing or blaming yourself for something that maybe isn't completely your fault. Once you've found yourself having that negative thought then try to "talk back" to that harmful thought like we discussed. This is a difficult thing to do, but the only way we get good at doing these things is by practicing. That is why we would like you to try this out before we get together next week.

Topic 9: Feedback and Preview (5 Minutes)



Key Points

- Review key content from Session 3:
 - Thoughts are part of my inner reality.
 - Some thoughts make my mood worse.
 - Some thoughts make my mood better.
 - If I can find out which they are, I can use my thoughts to improve my mood.
 - Provide participants with an opportunity to comment on today's session.
 - Be supportive and responsive to their comments.
 - Make a plan to make changes based on feedback, if appropriate.
 - Provide an overview of next week's session.

Participant Manual

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Step by Step



Step 1: Review Session 3 Key Points and elicit participants' reactions to the session.

We are almost done for today, but before we end, I want to thank you for attending the session and find out how the session went for you. Let's first review some of the key points from today. Can somebody tell me what they remember about our discussion of Thoughts from today's session?

Be sure to make the points that thoughts are part of our inner reality, that there are both helpful and harmful thoughts, and that the type of thought can affect our mood. Emphasize that everyone has harmful thoughts from time to time, but there are antidotes or ways of talking back to those harmful thoughts that can keep them from negatively affecting your mood.

Does anyone want to share their thoughts about how today's session was helpful for them? Does anyone have questions about anything we discussed? Would anyone like to have anything further clarified?

Try to respond empathetically and responsively, showing you understand their points of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 2: Provide an overview of next week's session.

We look forward to seeing you next week. Next week, we will talk more about how to fight harmful thoughts and increase helpful thoughts so that we can improve our mood, and our babies' moods. And just another reminder to please try to do the Personal Projects we talked about a couple minutes ago because we will talk about them when we start the next session.



Fighting Harmful Thoughts and Increasing Helpful Thoughts That Affect Me and My Baby

Materials

- Audio recorder (if applicable)
 - Remember to turn on recorder at the beginning of the session
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material during sessions
- Participant feedback forms

Participant Manual

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Outline:

- Topic 1: Agenda and General Review (5 min)**
- Topic 2: Personal Project Review (10 min)**
- Topic 3: Thoughts About Becoming a Mother (15 min)**
- Topic 4: Helpful and Harmful Thoughts Related to Being a Mother (10 min)**
- Topic 5: Ways to Change Harmful Thoughts that Affect My Baby and Me (35 min)**
- Topic 6: Thinking About My Future (20 min)**
- Topic 7: Thinking About My Baby's Future (15 min)**
- Topic 8: Personal Project (5min)**
- Topic 9: Feedback and Preview (5min)**

Topic 1: Agenda and General Review (5 Minutes)



Key Points

- Make announcements and ask participants if they have announcements they'd like to share.
- Briefly review the agenda for Session 4.
- Review key points from Session 3:
 - Thoughts are part of my inner reality.
 - There are both helpful and harmful thoughts, and that the type of thought can affect our mood. Everyone has harmful thoughts from time to time, but there are antidotes or ways of talking back to those harmful thoughts that can keep them from negatively affecting your mood.

Participant Manual

Pages 36 & 37

Step by Step



Step 1: Check-in with mothers.

Like we did last week, I wanted to do a quick check-in at the start of today's session. This a chance for you to share any announcements you have with the group. Anything that people would like to share?

I also wanted to see what the group remembers from our session last week on how thoughts affect our mood. Is there anything that stands out in your minds from last session or does anybody remember some of the key points that we talked about?

Make sure to emphasize the key points listed above in "Key Points."

*I also want to go over the Session Outline for today's session which is on **PAGE 36**. Feel free to take notes on **PAGE 37**. As I mentioned at the end of last week's session, today we continue to talk about how thoughts affect our mood.*

Topic 2: Personal Project Review (10 Minutes)



Key Points

- Review participants' Quick Mood Scales.
- Review and discuss the use of one or more antidotes to stop harmful thought patterns.

Participant Manual

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Step by Step



Step 1: Review participants' Quick Mood Scales.

Similar to last week, I would like to have a couple volunteers discuss their Quick Mood Scale with the group. Who would like to share their Quick Mood Scale? Perhaps someone who hasn't shared their scale in a previous session? And remember as you are sharing your Quick Mood Scale, I also want you to point out the number of helpful thoughts and the number of harmful thoughts you had each day.

Have a volunteer graph her mood scale on the board.

Thanks for sharing this with the group! Let's talk about how it was for you to complete the Quick Mood Scale over the last week.

- *What happened on the days when you had a really low mood?*
- *What happened on the days when you had a really good mood?*
- *Did you see a relationship between your thoughts and your mood? In what way?*



Step 2: Review participants' use of antidotes to reduce harmful thoughts.

I would like to have one or two volunteers talk about trying to use an antidote to stop harmful thoughts. Did someone attempt to use one or more of the antidotes in the last week?

Be sure to ask those sharing which antidote they used, whether the antidote was easy to use, and if their mood was affected by using the antidote.

Was there anybody who did not try to use one of the antidotes?

Let those who didn't complete the personal project know that it is okay they weren't able to use one of the antidotes, but also ask the participants what the reasons were for not completing. Brainstorm whether there are ways to try to use one of the antidotes in the future.

Topic 3: Thoughts About Becoming a Mother (15 Minutes)



Key Points

- Children learn patterns of thinking from their parents.
- The way you think about your children and yourself affects how you behave with your children, and this in turn affects the way your children think about themselves, you, and your relationship.

Participant Manual

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Step by Step



Step 1: Discuss the intergenerational transmission of thought patterns.

Last session, we talked a lot about the types of thought patterns we have and how different types of thoughts can affect our mood. But we have not yet talked about how we learned to think in these ways.

How do you think we learned to think the way we do? For example, if I say “I’m stupid” or “I’m smart” how did I learn this?

Begin the discussion of how we learned to think the way we think. Points to highlight include:

- *We learned by experiencing how others, like our parents or siblings, treated us.*
- *We learned by taking in the words that other people have said to us.*
- *Early experiences often shape the way we think about ourselves, others, and the world.*



Step 2: Talk about breaking the transmission of harmful thought patterns from parent to child.

As mothers, we have the opportunity to teach our children ways to think about themselves, including different ways to think than we were taught.

What would you like your child(ren) to learn about how to think about themselves or about their relationship with you?

Write two columns on the board: 1) thoughts/beliefs about themselves, 2) thoughts/beliefs about their relationship with you. Then, elicit participant responses.

Step 3: Talk about how they will teach their children to think in helpful ways.

So you've created a great list of thoughts that you want your child(ren) to have about themselves and about their relationships with you. In the same way that you learned to think in certain ways, your children will also learn from other people how to think. In particular, your child(ren) will learn from you.

Remember the "My Parents, My Teacher" video from the first session? You are your child's first teacher when it comes to having helpful and positive thoughts about themselves.

One of the important points here is that to make sure that your child(ren) have helpful and positive thoughts, you may need to change the way you think first. If you are having a lot of harmful thoughts, you are likely to also teach your child(ren) to have those same harmful thoughts.

Begin a discussion about how participants will teach their child(ren) the things they want them to learn. Highlight how participants will serve as role models for their child(ren) in a similar way that their parents served as role models for them. Women who have children already can share their experiences of how they are teaching their child(ren) to think in helpful ways.

Topic 4: Helpful and Harmful Thoughts Related to Being a Mother (10 Minutes)



Key Points

- Identify helpful and harmful thoughts related to being a mother.
- Talk about how these thoughts are related to childhood experiences.

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TIP: It is important during this exercise to acknowledge and normalize any fears or anxiety participants may share about becoming a mother. Women in the group who are already mothers can share their own fears or anxiety, which can help normalize these feelings for first-time mothers.

Step by Step



Step 1: Identify harmful and helpful thoughts related to being a mother.

Last session, we talked about different types of helpful and harmful thoughts you might have related to your pregnancy and being a mother. We spent most of our time thinking about your thoughts related to your pregnancy and today we are going to spend more time talking about helpful and harmful thoughts you have about becoming a mother, or, for those of you who already have a child or children, becoming a mother again.

As you think about becoming a mother, a variety of thoughts may go through your head. Sometimes what we think gets passed on to our children. We want to pass on some of the thoughts we have but not others. So, it is important that we be aware of our thoughts, so we can make changes and teach our children healthy ways of thinking.

*Take a look at **PAGE 40**. Let's take some time and write down some of the thoughts we have related to being and becoming a mother.*



Ask participants to share some helpful and harmful thoughts they wrote down and write them on the board. Elicit discussion.

If you like any of these thoughts, you can see what it's like to think them for yourself. Just like you can choose to remember a happy memory, you can choose to think a helpful thought about becoming a mother.

Remember that your thoughts affect your mood and if you can focus on having helpful thoughts about becoming a mother that will allow you to feel better. If you remember what we talked about in our first session together, your thoughts are also related to your behaviors. If you are having more positive or helpful thoughts that may also motivate you to do activities that are pleasant, which could further improve your mood.

Topic 5: Ways to Change Harmful Thoughts That Affect My Baby and Me (35 Minutes)



Key Points

- There are a number of strategies for changing harmful thoughts.
- Each strategy can be used both to reduce our harmful thoughts and to teach our children how to have a healthy mood.

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TIP: This is a challenging section because there is a lot of information to be communicated and participants may not immediately understand how to use the strategies in their own lives. However, this section is extremely important because learning how to reduce harmful thoughts is a key part of the intervention. Use lots of examples to help make the material come alive and take the time to make sure that participants understand the material.

Step by Step



Step 1: Introduce the idea that we can change harmful thoughts.

During our session last week we talked about different ways you can “talk back” to your harmful thoughts. We called those antidotes. I want you to continue to work on using those antidotes because they are helpful ways of making sure you aren’t getting caught in a trap of having only harmful thoughts.

Today we are going to discuss a few more strategies for reducing harmful thoughts. These strategies are really important because they are tools you can use when you feel stuck or overwhelmed by harmful thoughts. They can help give you some control over these thoughts and help improve your mood. Using these strategies will also help you teach your baby how to manage harmful thoughts and how to create a healthy mood. You can use these strategies to help you AND your baby.

We are going to go over four specific strategies and have a brief discussion about each one.

TIP: At the same time that you help the women challenge harmful thoughts, you should also acknowledge that becoming a mother involves many changes, not all of which are positive. Mothers do give up many things (including sleep), but they also get many things in return. Women who are already mothers can share their experiences with the changes associated with the early postpartum period.

Step 2: Introduce the first strategy for managing harmful thoughts: THOUGHT INTERRUPTION.

Thought interruption is the first strategy we'll talk about. Thought interruption basically is telling your mind to STOP thinking the harmful thought. It's like holding up a big STOP sign for your mind.

Have one participant read the description in the left-hand box of the first row on PAGE 41.

The tricky part of this skill is that you first need to be good at catching yourself thinking the harmful thought. Sometimes, we get so caught up in our thoughts that we don't even know we're thinking them. So, you need to get good at catching yourself when you think something harmful, like "I'm a bad mother." When you catch yourself thinking you're a bad mother, instead of getting caught up in all the reasons why you're a bad mother, just think, "There's that harmful thought again. I've had that thought before, and I know it's a harmful thought. I'm going to STOP thinking that now."

Sometimes it works to think a more helpful thought instead, like "I'm not a bad mother, I'm just feeling really tired right now, and I need to try to get some rest so I have more energy for my baby."

Or you can do something helpful for yourself, a pleasant activity like listening to music you like or reading a book or magazine.

Has anyone used thought interruption before (even if you didn't call it that)? Can you tell us about that?

Elicit responses.

You can also teach this skill to your baby.

Have a participant read the description in the right-hand box of the first row on PAGE 41.

When your baby is feeling frustrated and stuck, you can help get him or her "unstuck" by labeling what he or she is feeling and then helping him or her do something different.

Step 3: Introduce the second strategy for managing harmful thoughts: WORRY TIME.

Let's talk about a second strategy for managing harmful thoughts.

Read the description in the left-hand box of the second row on PAGE 41. *If you find yourself overwhelmed by thoughts that make you worry, give yourself a specific time in the day to worry so that you don't need to worry the rest of the day. You can call it your "worry time." This strategy often works because you know you'll have time to think about what's on your mind, but it doesn't need to take up ALL your time.*

Has anyone used this skill before? This might sound a little strange to do or it might sound hard to do, but people who have used this skill say it is very helpful in keeping them from thinking about stress in their lives all the time.

Elicit responses.

Read description in the right-hand box of the second row on PAGE 41. *This skill will also help your baby because your baby won't see you worrying, anxious, and distracted when you're with him or her. Your baby will see that you can enjoy life and can solve life's problems.*

Step 4: Introduce the third strategy for managing harmful thoughts: TIME PROJECTION.

Sometimes when things are going badly we think that things will stay bad forever. That thought—that things are going to stay bad forever—is what we need to change. The third strategy that we are going to talk about is called time projection and it means imagining a time in the future when things will be better.

What do you think about this strategy? Is this something that some of you already do or something that you think might be helpful?

Elicit responses.

You should anticipate that some participants will say it is difficult to imagine a time in the future when things will be better. Acknowledge these statements, but use this as an opportunity to reiterate the idea behind time projection that even if it is hard to imagine a time in the future when things may be better, the process of thinking that the future may be better can help improve one's mood.

This strategy reminds you to have hope for the future when you're feeling really down. Sometimes imagining the things we want for the future can give us hope and motivate us.

Step 5: Introduce the fourth strategy for managing harmful thoughts: SELF-INSTRUCTION.

The final strategy we are going to talk about is called self-instruction. Basically, self-instruction encourages you to talk to yourself and give yourself helpful instructions or directions. In many ways it is similar to what we discussed last session when we talked about “talking back” to our harmful thoughts.

For example, we can give ourselves self-instruction that we are a good parent by saying something like “My baby knows that I love her because I am doing many things to care for her, like changing her diaper, feeding her, and saying that I love her.”

Has anyone used this skill before?

Elicit responses.

Step 6: Summarize strategies to reduce harmful thoughts.

I know the last few minutes I have given you a lot of information. We just talked about four specific strategies for reducing harmful thoughts: Thought Interruption, Worry Time, Time Projection, and Self-Instruction.

What I want to emphasize is that not everybody will find all of these strategies helpful, so the goal is to find out which of these might work best for you. It’s great if you use all of the strategies, but even if you use one or two of them it can really help to make sure your harmful thoughts don’t affect your mood.

You should decide whether enough examples have been covered while introducing the four strategies or whether the group would benefit from another real-life example for one or more of the strategies.

Topic 6: Thinking About My Future (20 Minutes)



Key Points

- When we identify what we want in the future, we can think in ways that help us achieve our goals.
- When we identify what we want in the future, we can plan to do things that will help us achieve our goals.

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TIP: It is important to recognize that some women may perceive goals differently because of social, economic, or cultural factors. You can change the time period to one year or six months (or even a shorter time period) if participants have a hard time imagining farther into the future.

Step by Step



Step 1: Highlight how thoughts can affect our future.

We have been talking about how thoughts can be harmful or helpful to your mood at any given moment. Do you think that the thoughts that you have can also affect your future? How?

Elicit discussion. Be sure to emphasize that our thoughts can lead us to action or inaction. Examples should be provided about how having negative thoughts about yourself as a mother might lead you to not do certain things as a parent for your child, while if you have a more positive outlook you may engage in more positive parenting activities.

Step 2: Engage in an exercise to think about the future.

We want you to be able to think and plan for your future. Let's do a relaxation exercise that helps us do this.

*First, close your eyes, get in a comfortable position and take a few deep breaths. **Do this for a couple of moments until participants are relaxed and focused.** Now, I want you to look into the future. Today is [day and year]. I'd like for you to fast forward to your life five years from now, year _____.*

Ask each question below and provide about a minute for participants to visualize their answers.

- What do you see yourself doing five years from now?
- What kind of life do you want to have?
- What do you NOT want for yourself?

After asking the questions, have participants come out of the relaxation activity and either 1) write down their goals (wants and don't wants) on PAGE 42, or 2) verbally discuss this activity.



Step 3: Recognize that mothers can set their goals and shape their lives by changing/managing their inner and outer reality.

From this activity, it's clear that we all know that we have a particular life in mind for us. You know what you want out of life and what you do not want out of life. So the question becomes, how can you make this happen?

During our sessions together, you've been learning that you can shape your life by realizing, for example, that doing pleasant activities can help make you and your baby feel better. In the same way, to have the life that you want, you can start doing things to make that future happen. What are some of the things you need to do now? What are some of the things that you need to avoid doing?

Elicit discussion and write on board relevant points.

The main thing to know is that if you feel good about yourself and your life, then probably your baby, as he or she grows up, will also feel good and more secure in his or her life. Do you think that's true?

Briefly discuss this.



Step 4: Identify obstacles to being active in one's life.

Is there anything that would prevent you from having the life that you imagined? What are some of the roadblocks?

Elicit responses.

If participants have difficulty, some possible answers include: time, money, lack of energy, lack of partner. Write these on the board and problem solve with participants; this would also be a good time to review the thoughts and mood module (e.g., harmful thought patterns & antidotes).

Can anyone think of a way to overcome some of these roadblocks?

Elicit responses.

Topic 7: Thinking About My Baby's Future (15 Minutes)



Key Points

- Thoughts can help the mother to shape her baby's life in ways that are healthier for both mother and baby.
- Identify participants' different life goals, and ways to shape their babies' future (e.g. do's and don'ts).

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Step by Step



Step 1: Help mothers identify their ability to shape not only their own futures, but also their baby's futures.

We just talked about the different ways that you can shape your future by doing some of the things that need to be done now and avoiding things that may not be very helpful.

Because you have this important person coming into your life, you also have a role to play as a mother. As a result, you can not only shape your own future, but also help your child to shape his or her future.

Step 2: Engage in relaxation exercise to think about baby's future.

Let's go through the relaxation exercise again, and this time, you're going to focus on your baby's future. First, close your eyes, get in a comfortable position and take a few deep breaths.

Do this for a few moments until participants are relaxed and focused.

Now, I want you to look into the future. Today is [date & year]. I'd like for you to fast forward your life to five years from now, the year of _____.

Ask each question & provide about a minute for participants to visualize their answers.

- How old will your child be?*
- What do you see him/her doing five years from now?*
- Is he/she in school? Is he/she able to read, write?*
- What kind of life do you want for him/her to have?*
- Who are the people in his/her life?*
- What are some of the things that you want for your baby?*
- What are some of the things that you do NOT want for your baby?*

After asking the questions, have participants come out of the relaxation activity and either 1) write down their goals (wants and don't wants) on PAGE 43, or 2) verbally discuss this activity.



Step 3: Recognize that mothers can help shape their babies' lives by helping them manage their inner and outer realities.

From this activity it's clear that, as mothers, you want the best for your child.

Give examples from discussion.

How can you help assure or increase the likelihood that this life will happen for your baby?

Elicit discussion.

In the previous activity, we talked about the things that you could do to help realize your ideal future. Now, can you think of ways that you can help to make your baby's future happen? Remember: imagine that you have five years to make this happen. What kinds of things do you want to teach your baby? To make this happen, what are some of the things you need to do now? What are some of the things that you need to avoid?

Elicit discussion and write on board relevant points.



Step 4: Identify obstacles to being active in shaping their babies' lives.

Is there anything that would prevent you from having the life that you imagined for your baby? What are some of the roadblocks?

Elicit answers (e.g., time, money, lack of energy, lack of partner). Write these on board and problem solve with participants.

Can anyone think of a way to overcome some of these roadblocks?

Help the group problem solve. If support is an issue, you can also provide a preview of the next section on the connection between people and mood.

Topic 8: Personal Project (5 Minutes)

Key Points

- Assign the Quick Mood Scale.



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Step by Step



Step 1: Assign the Quick Mood Scale.

Point out to participants that again this week they should complete the Quick Mood Scale and note how many helpful and harmful thoughts they have each day (at the bottom of the scale) and think about the relationship between these helpful and harmful thoughts and their moods.

Topic 9: Feedback and Preview (5 Minutes)



Key Points

- Review key content from Session 4:
 - I can help shape my inner reality and my baby's inner reality.
 - My thoughts can affect both myself and my baby. There are specific strategies that can be used to manage my thoughts.
 - I can change my thoughts to improve my mood and my relationship with my baby.
 - If I think about how I want my baby's future to be, I can increase the chance that my baby will have a healthy and happy life.

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Step by Step



Step 1: Review Session 4 Key Points and elicit participants' reactions to the session.

We are almost done for today, but before we end, I want to thank you for attending the session and find out how the session went for you. Let's first review some of the key points from today. Can somebody tell me what they remember about our discussion of Thoughts from today's session?

Be sure to make the points that children learn ways of thinking from others, including their mothers; there are helpful and harmful thoughts we have about becoming a mother and having helpful thoughts can encourage us to do activities that also improve our mood; there are specific strategies we can use to help manage harmful thoughts; our thoughts can affect our future and our baby's future.

Does anyone want to share their thoughts about how today's session was helpful for them? Does anyone have questions about anything we discussed? Would anyone like to have anything further clarified?

Try to respond empathetically and responsively, showing you understand their points of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 2: Touch base about next sessions.

Next time we are going to start Session 5. Session 5 and our last session—Session 6—are going to talk about social support—that is, the people in your lives that can support you. And just a reminder to please make sure you do your personal projects before next week's session.



Contact with Others

Materials

- Audio recorder (if applicable)
 - Remember to turn on recorder at the beginning of the session
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material during sessions
- Participant feedback forms

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Outline:

- Topic 1: Agenda and General Review (5 min)**
- Topic 2: Personal Project Review (10 min)**
- Topic 3: Violet and Mary's Days (15 min)**
- Topic 4: The Relationship Between Mood and Contact with Others (15 min)**
- Topic 5: Breaking the Cycle Between Negative Mood and Contact with Others (10 min)**
- Topic 6: People in my Life and the Ways they Support me and My Baby (50 min)**
- Topic 7: Personal Project (5 min)**
- Topic 8: Feedback and Preview (10 min)**

Topic 1: Agenda and General Review (5 Minutes)



Key Points

- Review the topics discussed in Session 4:
 - Children learn ways of thinking from others, including their mothers.
 - There are helpful and harmful thoughts we have about becoming a mother and having helpful thoughts can encourage us to do activities that also improve our mood.
 - There are specific strategies we can use to help manage harmful thoughts.
 - Our thoughts can affect our future and our baby's future.
- Briefly review the agenda for Session 5.

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Step by Step



Step 1: Check-in with mothers.

Today we are covering Session 5, which is the first of two sessions that will be talking about contact with other people and how the types of contact we have can affect our mood. Before we jump in, I wanted to do a quick check-in to see if there are any announcements you have for the group. Anything that people would like to share about things they have been doing in their lives to use some of our Mothers and Babies skills?

I wanted to see what the group remembers from our session last week on thoughts. Is there anything that stands out in your minds from last session or does anybody remember some of the key points that we talked about?

Make sure to emphasize the key points listed above in “Key Points.”

*I want to go over the outline for today's session which is on **PAGE 46**. Feel free to take notes on **PAGE 47**. As I mentioned at the end of last week's session, today we will be talking about how contact with others can affect our mood.*

Topic 2: Personal Project Review (10 Minutes)



Key Points

- Review participants' Quick Mood Scales.

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Step by Step



Step 1: Review participants' Quick Mood Scales.

Who would like to share their Quick Mood Scale? Perhaps someone who hasn't shared their scale in a previous session? And remember as you are sharing your Quick Mood Scale, I also want you to point out the number of helpful thoughts and harmful thoughts you had each day.



Have a volunteer or two graph her mood scale on the board.

Thanks for sharing this with the group! Let's talk about how it was for you to complete the Quick Mood Scale over the last week.

- *What happened on the days when you had a really low mood?*
- *What happened on the days when you had a really good mood?*
- *Did you see a relationship between your thoughts and your mood? In what way?*

Be sure to make connections between the Quick Mood Scale ratings and thoughts.

Topic 3: Violet and Mary's Days (15 Minutes)



Key Points

- Violet and Mary have different ways of managing their outer reality, which can affect their mood.

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Step by Step



Step 1: Reintroduce Violet and Mary.

Mary and Violet each have a one year old baby. Violet does not feel like getting out of bed and stays home. Mary decides to invite her friend over and they spend the afternoon relaxing and talking while the babies play together.

Step 2: Elicit participants' reactions to the cartoons and help them flesh out the characters.

Notice on **PAGE 49** Mary and Violet both start out at a level "4" in terms of their mood.

- How would you rate Mary's mood at the end of the story?
- How do you think what Mary did affected how she felt?
- How would you rate Violet's mood at the end of the story?
- How do you think what Violet did affected how she felt?
- Why does Violet have a lower mood rating than Mary?

Answer: Due to the relationship between mood and fewer positive contacts (isolation).

Topic 4: The Relationship Between Mood and Contact with Others (15 Minutes)



Key Points

- Provide psychoeducation regarding the reciprocal nature of interpersonal problems and depression.
- Note that contacts with other people are part of one's outer reality.

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Step by Step



Step 1: Introduce the relationship between contact with others and mood.

*Contact with others is the last section of the Mothers and Babies Course. We have two more weeks with each other, including today. Over the next two sessions, we will be talking about how our relationships with others affect our moods and might also affect our babies' moods. How we interact with others is part of our outer reality. Let's begin by talking about the connection between mood and contacts with others. Take a look at **PAGE 50**.*



Step 2: Group discussion about how our mood affects our contact with others.

Write "mood" and "contacts with others" on the board.

What kinds of contact or interaction with other people do you have when you are feeling down?

Write answers on the board.

How does your feeling down affect your contacts or interactions with people?

Write answers on the board.

Points to address include that when people are feeling down, they often:

- Have less contact with others, avoid others
- Have lower tolerance, feel more irritable
- Feel more uncomfortable around people
- Act quieter and be less talkative
- Are more sensitive to being ignored, criticized or rejected
- Trust others less

Step 3: Discuss how fewer positive contacts or negative contacts can affect mood.

When you isolate yourself from others, how does that affect your mood? How does having more conflict or tension with others affect your mood?

Highlight that when people have fewer positive contacts or more negative contacts they may:

- Feel alone
- Feel sad
- Feel angry
- Feel like no one cares
- Be more depressed

Step 4: Summarize relationship between contact with others and mood.

So we can see that the relationship between depression and contact with others is reciprocal, that is, it goes both ways.

When we are feeling down or depressed, we often have fewer positive contacts or more negative contacts because we don't feel like being around others, we may be more sensitive to others' comments, or we may be more irritable.

When we have fewer positive contacts and/or more negative contacts with others, this also adds to our depression. So when we are feeling down or depressed, we can be caught in a vicious cycle.

A lot of people wonder whether feeling down/depressed causes people to be less social, or being less social causes people to feel down/depressed. What do you think?

Through group discussion elicit the following point:

The answer is probably both. When we feel down, we are less likely to socialize. But not having contact with people can take away from us a good source of support, and we become more depressed. When we feel more depressed, we do even fewer things with people. This cycle continues until we are so depressed that we spend much of our time feeling alone.

Topic 5: Breaking the Cycle Between Negative Mood and Contact with Others (10 Minutes)



Key Point:

- Help participants identify how to break the cycle between negative mood and fewer positive contacts and/or more negative contacts with others.

Participant Manual

Page 8

Step by Step



Step 1: Discuss how to break the cycle between negative mood and contact with others.

Now that we know about the cycle between negative mood and lack of positive people contacts, how can we break the cycle?

We can break the cycle and improve our moods by increasing our pleasant activities and changing the way that we think, and also by reducing negative or harmful contacts with others or increasing positive or helpful contacts with others.

Elicit group discussion.

Step 2: Relate back to inner and outer reality.

*This is a good time to think back to the picture that we looked at when we started talking about the Mothers and Babies Course. Let's look back at **PAGE 8**.*

Do you remember what inner and outer reality refer to?

If participants don't, remind them the definitions and use **PAGE 8** to help.

Today, and for the next few times we are together, we will be talking about one way to change our outer realities by focusing on having more positive contacts with other people and having fewer negative contacts with other people.

*You can also see on **PAGE 8** what we just talked about a minute ago about how contact with other people interacts with your mood or emotions.*

Topic 6: People in My Life and the Ways They Support Me and My Baby (50 Minutes)

Key Points



- Recognize the importance of social support and its relationship to mood.
- Participants can identify and evaluate their own social support systems.
- We can make choices as to whom we spend time with.

Participant Manual

Pages 51 & 52

Step by Step



Step 1: Define social support and types of people who can provide support.

Let's talk about the people who are in your social support system.

By social support system, we mean the people who are close to you with whom you share moments of your life, both positive and negative. Your social support system may include family, friends, neighbors, your home visitor, co-workers, and/or health care providers. In general, the stronger your support system, the better you will be able to face tough situations. Also, the stronger your support system, the better you and your baby's health will be.

*If you look at **PAGE 51**, you will see that we have divided your social support system into four categories. **Write each category on the board.** These are:*

- **People closest to me:** are people with whom you can share your thoughts and feelings.
- **Close friends:** are people you feel you can talk to, but maybe not about everything.
- **Friends:** are people who you enjoy doing things with (like going to the movies) even though you don't share personal details about your life with them.
- **Acquaintances:** are people you see whom you nod or say hi to.

The important thing to remember is that all of these people are part of your support system

I want you to take a few minutes and write down the names of people who make up your social support system in the circle that best describes your relationship with them.

Step 2: Discuss different types of social support.

You just wrote down people in your life who are supportive to you. We are about to do an activity to help you understand how those different people provide support. Doing this activity can help you understand where you have support and where you might need more support.

TIP: As you do this activity, it is important to note that some people provide only one type of support whereas others provide multiple types of support. For example, a person may be very understanding but won't help with chores while another person may give you a ride when you need one but won't spend the afternoon in the park with you. Not all people are good at providing all types of support.

On **PAGE 52**, there are four squares, each representing a different type of support that a person might provide for you. These four types of support are:

- Practical Support
- Advice or Information
- Companionship
- Emotional Support

Give at least one example from PAGE 52, and then ask participants to give one more example for each of these types of support to make sure participants understand each type of support.

*Think of the people in your life that you just wrote down a few minutes ago who might provide these different types of support, and write them down in the appropriate square. If you can't think of anyone who helps you in one of the areas, leave it blank or put down a question mark. Also, if someone provides support in more than one of these areas you can write them down in more than one place. Take a few minutes to fill out the worksheet on **PAGE 52**.*

After completing the interactive activity, ask participants to identify areas of support that are adequate and areas of social support that they may not have written down as many names.

Begin a discussion with the following questions:

- What did you notice from doing this activity?
- How many people did you think of for each type of support?
- Were they mainly friends? Family? Professionals?
- Where do you have plenty of support?
- Where are there gaps in support?
- Who gets a lot of mentions?

Identify the risk of relying too much on one person since if that person is not available, you are left without any support.

Step 3: Discuss ways to make your social support network stronger.

One way to make your social support network stronger is to meet new people, but meeting people isn't always easy, especially when you're feeling down, or when you are pregnant or have recently given birth and it may be difficult to get out of the house.

Let's talk about some good ways to meet new people:

- *The easiest way to meet people is to do something that you enjoy and do it in the company of other people.*
- *Even if you don't find anyone in particular whom you would like to get to know better, you will still have been doing something pleasant and you will be less likely to feel that you wasted your time.*
- *Since the main focus is the activity you are doing, and not just meeting other people, there will be less pressure on you than in a setting where the main purpose is to meet people.*



Now let's think about activities and places where you can meet people. Can you think of places where you might be able to do a pleasant activity and meet people?

Ask the group to provide examples and write these on the board. Some places that should be mentioned if participants don't mention them are:

- Church, temple, synagogue, place of worship
- Prenatal clinics
- Childcare places
- Parks where other mothers/children might frequent
- Volunteer activities
- Cultural/ethnic events

Topic 7: Personal Project (5 Minutes)



Key Points

- Assign the Quick Mood Scale.

Participant Manual

Pages 51-53

Step by Step



Step 1: Assign the Quick Mood Scale and have participants keep track of how often they use their support networks

*In the same way that you identified people who provide support for you, I want you to think about people in your social support network who can provide support for your baby (and other children). You can write down who these people are on **PAGE 51**. This week I would like for you to make note of how many positive and negative contacts you had each day on **PAGE 53**. See if there is a relationship between how you feel each day and the people you have contact with.*

Topic 8: Feedback and Preview (10 Minutes)



Key Points

- Review key content from Session 5.
- Introduce focus for Session 6.

Participant Manual

Page 54

Step By Step



Step 1: Review Session 5 Key Points and elicit participants' reactions to the session.

Let's first review some of the key points from today. Can somebody tell me what they remember about our discussion of contact with others from today's session?

Be sure to make the points that:

- Contact with others is part of our outer reality.
- It is important to spend time with people who are positive contacts and also try to minimize your time with negative contacts.
- There are several types of people who can provide support.
- There are also several ways in which people can provide support to you, and it is important to have people who can provide support in all of these ways.
- Doing activities that are pleasant is one natural way of meeting other people who might become part of your social support network.

Does anyone want to share their thoughts about how today's session was helpful to them? Does anyone have questions about anything we discussed? Would anyone like to have anything further clarified?

Try to respond empathetically and responsively, showing you understand their points of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 2: Touch base about next session.

Our last session is next week! Along with talking more about contact with other people, we are also going to have a course graduation so we really want to make sure everyone is here for the final session!



Interpersonal Relationships and My Mood

Graduation

Materials

- Audio recorder (if applicable)
 - Remember to turn on recorder at the beginning of the session
- Participant sign-in sheet
- Childcare information
- Snacks for participants and their children in childcare
- Transportation assistance: bus cards, gas cards, etc.
- Participant manuals
- Nametags
- Pens
- Dry erase board, chalkboard, or flip chart to present material during sessions
- Participant feedback forms
- Graduation certificates (template available on the MB website)

Participant Manual

Page 55

Outline:

- Topic 1: Agenda and General Review (5 min)**
- Topic 2: Personal Project Review (10 min)**
- Topic 3: Communication Styles and My Mood (35 min)**
- Topic 4: Getting My Needs Met (15 min)**
- Topic 5: Role Changes and Transitions and our Mood (30 min)**
- Topic 6: Program Review (15 min)**
- Topic 7: Graduation and Celebration (10 min)**

Topic 1: Agenda and General Review (5 Minutes)



Key Points

- Review the topics discussed in Session 5:
 - Contact with others is part of our outer reality.
 - It is important to spend time with people who are positive contacts and also try to minimize your time with negative contacts.
 - There are several types of people who can provide support.
 - There are also several ways in which people can provide support to you, and it is important to have people who can provide support in all of these ways.
 - Doing activities that are pleasant is one natural way of meeting other people who might become part of your social support network.
- Briefly review the agenda for Session 6.

Participant Manual

Pages 55 & 56

Step by Step



Step 1: Check-in with mothers.

I want to see what the group remembers from our session last week on contact with other people. Is there anything that stands out in your minds from last session or does anybody remember some of the key points that we talked about?

Make sure to emphasize items above in “Key Points.”

*I also want to go over the outline for today’s session which is on **PAGE 55**. Feel free to make notes on **PAGE 56**. As I mentioned at the end of last week’s session, today we will be finishing our conversation about social support and also doing our course graduation. Right before the graduation we will also do a brief review of all the material we’ve covered over the last few weeks.*

Topic 2: Personal Project Review (10 Minutes)



Key Point

- Review participants' Quick Mood Scales.

Participant Manual

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Step by Step



Step 1: Review Personal Project: People who provide support for my baby.

Last time we talked about different types of people who might be able to support you and then we asked you to complete a personal project about how people might be able to support your baby and other children.

Does anybody want to share how it was for them to do the Personal Project?

Was it easy to think of people who could provide support for your baby or children?

Did you find that some people who you listed as part of your support network also were part of your baby's support network? Were there some people who are only part of your baby's support network?

Emphasize that it is okay for people to provide support for both mother and child, but that it is again important not to rely on the same person to do too many things for mother and child.

Topic 3: Communication Styles and My Mood (35 Minutes)



Key Points

- Identify participants' primary styles of communication (passive, assertive, aggressive).
- There are different communication styles that may work in different situations.
- Communication styles can affect mood.
- Communication styles can affect relationships with others.

Participant Manual

Page 58

Step by Step



Step 1: Facilitate role plays to help participants identify their communication style.

To communicate our needs to others, we need to be able to talk about how we feel and what we need from others. In other words, if we are trying to get people to provide the types of support we discussed last time, we need to be able to ask for this support in a way that increases the chances that you will get the support you want.

We are going to do a role play to figure out how you usually act or communicate in different situations. How do we actually talk in different social situations? I am going to share two everyday situations and we are going to talk about how you might communicate in those situations.

Read out loud the situation, and decide who will play which role. One group member should play each role. The role plays should take a few minutes per situation. The options following each of the scenarios are intended for you to elicit discussion following each of the role plays. You can ask participants what they would have done in that situation.

Situation 1: You took a test and the teacher gave you a grade you strongly disagreed with. What do you do in this situation?

Two roles: 1) teacher 2) student

Possible options: would you: a) tell the teacher your opinion in a respectful manner; b) stay quiet; c) pretend to agree to please the teacher; d) yell at the teacher that she got it wrong

Situation 2: You are angry at a very close friend about a comment that she made last week but have not said anything. She is coming over to your house today. What do you do in this situation?

Two roles: 1) friend; 2) you.

Possible options: would you: a) talk to your friend about the situation; b) say nothing and pretend that everything is fine; c) ignore friend/stop calling; d) tell your friend in a very loud voice that you were offended by her comment.

We saw in these two examples how people might communicate in different situations. What we want to do now is talk about different communication styles people may have and how that might relate to getting their needs met.

Step 2: Introduce mothers to the three main communication styles.

To communicate our needs to others, we need to be able to talk about how we feel and what we need from others.

In general, there are three main ways that we communicate what we want. We can do it in a passive way, an aggressive way, or an assertive way. Let's define what each of these means:

Passive communication refers to avoiding expressing your feelings, needs, or opinions. People who use a passive communication style often speak softly or apologize for things they say. They may also have poor eye contact.

Aggressive communication refers to expressing yourself in a way that is often confrontational, demanding, and sometimes verbally and physically abusive. Often times people with aggressive communication styles try to dominate other people and don't listen well. They may also act rudely.

Assertive communication refers to clearly stating your opinions, needs, and feelings and doing it in a way where other people don't feel threatened. People who have an assertive communication style listen well to others, speak calmly and clearly, have good eye contact, and stand up for their rights.

PAGE 58 summarizes some of this information.

Of all the three styles, there is no one "right" way to communicate. Sometimes, we choose to communicate passively because that is what is expected by our family or our cultural upbringing. Sometimes we change our style of communication to fit whatever works best in a given situation. For example, an assertive person might choose to be passive because it is expected or is best in a certain situation.

However, in general, an assertive communication style tends to be received better by other people and people who use an assertive style tend to get their needs met more often.

Make the connection between the previous activity/scenarios and the three types of communication listed above. In particular, highlight how the choice of a passive or aggressive communication style might not result in the participant's needs getting met AND may, in turn, affect her mood.

Possible questions to ask include:

- Who was passive in the role plays?*
- Who do you think was aggressive or assertive in the role plays?*
- How do you think that your communication style affects your mood?*
- How does your communication style affect your relationships with others?*

Topic 4: Getting My Needs Met (15 Minutes)



Key Points

- Asking for help in a positive, clear, and direct way can increase the chance that your needs will be met (but not always).
- One way to ask for help is to do it systematically (step by step approach).
- By being assertive and expressing what you want and how you feel in a respectful way, you can improve relationships with others.
- Identifying obstacles to being assertive or expressing your needs is the first step to overcoming them.
- There are different ways to overcome these obstacles.
- Overcoming these obstacles improves your outer reality.

Participant Manual

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Step by Step



Step 1: Explain how being assertive can help to get your needs met.

Part of being assertive is being able to make requests in a clear and positive way. When we do this, we are able to ask for what we want and need, others know how they can help us, and it increases the chances that we will get our needs met. Of course, being assertive does not guarantee that we will get what we want. The other person may agree to a different compromise, or they may simply refuse, but at least we'll know the answer.

Why is it useful to make a request even when the answer might be no?

Elicit answers from group members.

Points to emphasize are:

- They might say yes.
- At least you know what the answer is.
- You can move on and think about what else you can do.

TIP: There may be a tendency for group members to “vent” about people they are angry with or adopt a blaming attitude. It’s important to allow members to express themselves but also to keep the conversation focused on members’ own responses and actions and how they can make positive choices in the situations. It’s helpful for group members to understand their feelings, thoughts, and behaviors, but you should also encourage them to understand the feelings, thoughts, and behaviors of the other people in the disagreements.

Step 2: Explore with participants the obstacles to being assertive.

We all have times when we don't say what is on our minds. We often have a lot of excuses for not doing so. Sometimes the excuses are really good and in some cases it might not be the right time to share our thoughts, feelings, or desires; but, sometimes we fall into a non-speaking trap. Let's talk about some of the things that might prevent us from speaking our minds when it's a good idea for us to do so.

Brainstorm with the group some of the things that might keep participants from being assertive and speaking their minds. Some of the common obstacles are:

- Fear
 - Habit/routine – not used to doing it
 - Low energy – too tired to do it
 - Don't believe it would change things (why bother)
 - Don't want to show disrespect to another person

Remember to be respectful of cultural differences (e.g., age, gender, family positions) that may contribute to the difficulty of being assertive and/or to valuing other forms/styles of communication.

As part of the brainstorming activity, you should also lead a discussion about ways to overcome the obstacle. For example, if a participant says that using an assertive style wouldn't change things, it may be because previously an assertive style didn't lead to the desired outcome. Talking about how one instance doesn't necessarily predict the future would be one way of overcoming that obstacle.

Step 3: Using an assertive communication style.

*There are five steps that can help you to become more assertive and to communicate in a way that might increase your chances of getting your needs met. These are located on **PAGE 59**.*

1. *Identify what you want.*
2. *Pick whom you should ask for help.*
3. *Figure out a way to say it in a way that is clear and direct.*
Discuss the difference between indirect (passive) and direct (assertive) requests. For example, “Boy, the trash can is full” and “I wonder when you’ll be taking out the trash” are both indirect requests. “Could you please take out the trash in the next half hour” is a direct, specific request. “I sure am worried about my sugar level” versus “Doctor can you check my sugar level?”
4. *Respect the other person’s right to say no. (e.g., “I know you’re really busy.”) Talk about how this sets the stage for making a request.*
5. *Be willing to compromise.*

Topic 5: Role Changes and Transitions and Our Mood (30 Minutes)



Key Points

- A role change or transition—like becoming a new mother or having another baby—can affect your mood.
- Sometimes even positive role changes can affect your mood because taking on a new role can be stressful.
- Understanding how a role change is affecting you can help you feel less helpless and can improve your mood.

Participant Manual

Pages 60 & 61

TIP: When discussing role changes, note that it can be uncomfortable for some group members to assert their needs.

Example script: *In some relationships, we may feel that it is dangerous to freely speak our thoughts and feelings. In this case, it is important to examine the relationship and think about whether this relationship is safe.*

Step by Step

- Do you feel that you have the same right as your spouse/partner to speak up about problems in your relationship?
- Do you feel that your needs are as important as the needs of your spouse/partner or other people in your life?
- Do you feel safe expressing your needs?

Emphasize the fact that individuals have the right to feel safe! When a relationship appears to be non-reciprocal, abusive, or violent, the relationship may be headed toward dissolution or towards significant limits. You can explore with the specific group participant how she evaluates the status of the relationship in dispute. (You should have a list of referrals of agencies that support women who are victims of domestic violence that are particular to their geographical areas.) You may also elicit input from the group regarding the stage of the relationship to provide additional feedback and/or support to the participant.

Step By Step



Step 1: Define role changes and transitions.

A role change is when you shift into a different position in some aspect of your life. It could be starting a job when you haven't been working in a while. It could be leaving a job you've been in. It could be getting married. Or it could be losing someone close to you.

Can you guess which role change we're going to focus on? Having a new baby! Of course having a new baby is a big role change. Maybe this is your first baby and you are now in the role of a mother for the first time. Maybe you already have one or more kids and you are now adding another child to the family, which changes your role too.

No matter what the role is, your relationships with other people change when your role changes. For example, when you have a new baby, you start a new relationship with that child. Your relationships with your other children, your partner, your friends, and your family are also likely to go through some changes. For one thing, you probably won't have as much time for those other people as you did before the baby was born, right?

Other people in your life may feel sad or frustrated if you don't have as much time for them as you used to. Those changes affect your relationships, and they can also affect your level of stress and your mood. Anytime we go through changes there is usually stress, even when the changes are positive and happy.

*Take a few minutes to fill out the worksheets on **PAGES 60 and 61** in your Participant Manual. This exercise will help you think through how having a new baby changes your role and can affect your mood.*

Step 2: Discuss group members' experiences of role changes as a result of becoming pregnant and having a new baby.

So what do you think, do people treat you differently with a new baby? How so?

Elicit responses.

How does the role transition of becoming a mother affect you and your mood?

Elicit responses.

Step 3: Introduce the concept of role disagreements/disputes.

So we talked about how pregnancy or having a new baby can change your relationships with others and that it can put stress on relationships with friends, family, partners, or other children.

For example, maybe your mother doesn't agree with how you're parenting your baby, and the two of you keep arguing about it. Or maybe you don't think your partner is helping out enough and you're angry about it.

Step 4: Handling role changes and role disputes effectively.

What do think is helpful to you as you're transitioning into your new role as the mother of a new baby?

Can you talk to people in your life about the role change and the fact that everyone needs to make some changes and adjustments when a new baby is born?

Allow participants to brainstorm ways to work on their relationships during role changes/role disputes to make this time less stressful and then elicit responses.

Sometimes it helps to keep in mind that it can take some time to become comfortable

*This is a good place to think about our inner and outer reality and the three main parts of the Mothers and Babies Course. If you look at **PAGE 61** you see three questions:*

- 1. What are your thoughts (both helpful and harmful) about your role change?*
- 2. What can you do (pleasant activities) to adapt to this role change?*
- 3. Who can help you (contact with others) adapt to this role change?*

Elicit discussion.

To build a healthy new reality, you can make changes to your thoughts, behaviors, and contacts with others.

- For example, how can you make changes to your thoughts regarding the role change?*
- What can you do to adapt to the role change in terms of your behaviors?*
- Finally, who can help you adapt to the role change?*

Elicit responses.

Emphasize how making changes to your inner and outer reality helps you adapt to the stress that can come from a role transition like becoming the mother of a new baby. Changes to your inner and outer reality can also help with role disputes/disagreements.

Topic 6: Program Review (15 Minutes)



Key Points

- Review the main concepts: Inner and outer reality.
- Review the main concepts: Relationships between mood and pleasant activities, thoughts, and contacts with others can affect one's inner and outer reality.
- Thoughts can affect our inner reality.
- The activities that we do and the people in our lives can affect our outer reality.
- We can make choices to have a healthier reality (both inner and outer).

Participant Manual

Pages 62 & 63

Step by Step



Step 1: Review of the most important concepts of MB.

*We have talked about how your mood is related to pleasant activities, thoughts, and contact with others. Review concepts on **PAGE 62**. As you can see on **PAGE 63**, there are different ways that you can manage your inner and outer reality by either having more helpful thoughts, doing more pleasant activities, or spending time with people who are helpful influences in your life.*

Creating a healthy reality means shaping your and your baby's day-to-day lives so that life is more satisfying and filled with more peaceful, happy, loving memories for both of you. Shaping your day includes both shaping what you actually do and also what you think.

Shaping what you do is what we mean by shaping outer reality. This includes how you spend each hour of the day, where you spend it, with whom, and what kind of activities you build in your life.

Shaping what you think is what we mean by shaping your inner reality. This includes what goes on in your mind as you go through each day.

TIP: Make sure that you have up-to-date referral resources for your participants on Domestic Violence. Participants may not open up about some of their experiences during group, but they may take a pen with a DV hotline number (for example), which is much easier to hide or keep safe from an abusive partner than fliers and other paper materials.

Step 2: Make the connection between MB concepts and mother-baby attachment.

Much of the Mothers and Babies material has been talking about you as mothers and mothers-to-be. We just reviewed how your thoughts, activities, and contact with other people can affect your mood. We have also talked throughout our time together about how your mood can affect your baby and the way you interact with your baby.

One of the most important relationships is the one that you will have with your baby, at birth and beyond. During pregnancy you are already bonding with your baby. When you give birth, this bond becomes more of a reality for you. Now you can see, feel, and talk to the little person whom you knew only by feeling or from the movements or heartbeat you heard during pregnancy.

What we want to emphasize here at the end of our Mothers and Babies time together is something that we talked about the very first time we were together—you are your baby's first teacher. That means that in order for you to teach your child and interact with them in ways that will promote their development and make sure they have a healthy mood, you need to make sure you have a healthy mood first.

Step 3: How to use MB skills in the future.

The message I want to share with you is that it is important to keep using the skills and strategies that we talked about over the last six weeks so that you have a healthy mood and your baby also will have a healthy mood and healthy development.

The material we have talked about over the last few weeks is NOT just something you should use while you are pregnant or right after you deliver. Increasing pleasant activities, having helpful thoughts, and increasing the number of positive contacts you have with other people are things you can do throughout your life. The Mothers and Babies Program is intended to give you skills and strategies that you can use in your daily life right now and well into the future.

Topic 7: Graduation and Celebration (10 Minutes)



Key Points

- Carry out a final exercise intended to provide positive feedback for participants from their peers.
- Celebrate end of session with a graduation ceremony.

Participant Manual

Pages 64

TIP: This activity provides an opportunity for each participant to recognize other participants, and to celebrate the completion of group. Depending on the group composition, group members may want to plan their graduation party. For example, some members have brought food or drinks to share with the group. Another option is to have certificates of graduation and, if participants agree, take pictures of the session.

Step by Step



Step 1: Positive review exercise: “What others like about you.”

*We’d like to do one final exercise called “What others like about you” on **PAGE 64**. The purpose of this exercise is to give you an opportunity to recognize each other, and the strengths that you each have. You’ve had an opportunity to get to know each other in the past six weeks. Each person will have a turn to say something nice or positive about another person. All too often we don’t get recognized for what we already do. This is one way of allowing all of us to give and get recognition.*

Provide the following instructions:

*We would like each group member to say a few positive words to **EVERY** other member of the group. One or two words is fine or you can say a little bit more. You could also mention specific things that other group members said or did for you that were helpful.*

Go first and say brief statements about each participant. Examples include things like:

- You always asked great questions.*
- You were always on time.*
- You supported other group members.*
- You did a nice job completing your personal projects.*

Conduct the exercise as described above and then ask:

How was the exercise for you?

Step 2: Graduation ceremony.

Finally, it's graduation time! Congratulations! We want to congratulate all of you for coming to our Mothers and Babies group, and hope that this was a worthwhile experience for you. We really enjoyed having you be part of this group! Now, I'd like to call you up here for your certificate (if applicable). If you would like to say some brief comments about how Mothers and Babies has helped you, this would be a good time.

Typically, group leaders have prepared certificates of completion of the Mothers and Babies for each participant. You can congratulate the participants and give participants a chance to say something about the session.

Optional materials include the following:

- Graduation photo
- Food and drinks
- Contact sheet so group members can share phone numbers with other participants, if they choose to.

Alternative Exercises

This section provides facilitators with alternative exercises they may wish to use while implementing MB. These alternative exercises can be used in place of the current exercise/interactive activity found in the Instructor Manual or in addition to the current exercise/interactive activity. Each alternative exercise is labeled by Session and Topic.

Session 1 Alternative Exercises

Topic 1: Welcome and Introductions

Depending on the characteristics of the group (i.e., size, how comfortable the women are speaking), you may choose to have the women break up into pairs, introduce themselves, and then introduce their partners to the group.

*In a little while, we will begin talking more about the session and what you will be learning but first let's get into pairs and introduce ourselves to our partners. If you turn to **PAGE 2** in your Manual, we have written down some of the things you might tell your partner when you introduce yourself. Later, you will each introduce your partner to the group.*

Make sure to monitor the time to ensure that both people have a chance to speak. After they have introduced themselves to each other, have them return to the group and introduce their partner to the group. After everyone has introduced their partner, a few remarks about the similarities among the participants, as well as the variety of backgrounds might be indicated.

Topic 2: Purpose and Overview of Mothers and Babies Program

Ask the mothers what they would like to learn that they think would help them and their babies, including what they might learn that might help them raise emotionally healthy babies. After you have written down their answers, discuss how the Mothers and Babies Program will address these needs.

As you all become mothers, what kinds of things do you think you would like to learn? In others words, babies don't come with manuals, but if they did, what would you hope the manual would teach you?

Elicit participants' responses. If they don't give responses that match with the program content, you may choose to ask the following questions:

Do you think maybe it would be useful if the manual included some information about how to help babies be emotionally healthy? If so, what do you think it might include on this topic?

At the end, discuss how the program will address these topics.

Topic 4: My Parents, My Teachers Video

Step 1: Brainstorm as a group all the things babies learn in the first 3 years of life and write participants answers on the board. Sample answers are listed below:

- Walk
- Talk
- Soothe themselves (regulate emotions, how to calm down when they're upset)
- About relationships (by using their relationship with their parents as a model)
- Eat by themselves
- Figure out how things work (by putting them in their mouths, using them)

Step 2: Highlight that babies are learning how to think, to move, and to relate to others and that while they are doing these things, their brains are actually growing, strengthening, and building important connections. For example, the first time the baby is held by his/her mother, he/she will learn what the mother's embrace feels like.

Step 3: Have parents discuss how babies learn all these things and highlight the importance of parents as teachers and role models.

Session 2 Alternative Exercises

Topic 7: What Do You Like To Do?

Step 1: Make Pleasant Activities Cards (To be done prior to the session).

You can create a set of Pleasant Activities Cards. Each card has a picture of a pleasant activity along with a written description of the activity. There are also some blank cards so that participants can add activities that are not on the list. Cards can be organized by color. For example, yellow cards show activities that people can do alone. Purple cards show activities that people can do with other people. Blue cards show activities that are specifically related to the baby. White cards are blank cards on which participants can write down their own ideas of pleasant activities.

□ **ACTIVITY CARDS:**

Yellow = yourself

Purple = people

Blue = baby

White = wild (blank cards)

Step 2: Introduce the activity. Ask the participants to get together in groups of two to three people. Give each person a stack of Pleasant Activities Cards. Ask participants to work together in their small groups and sort through the cards. They can sort the cards into two or three piles: 1) things I like to do; 2) things I sometimes like to do; 3) things I don't like to do.

Ask them to talk to one another about the activities they each find pleasant. As they identify the activities they like, they can write them down in their books. Remind them that they will not all like the same activities, but it may be interesting to see that different people have different preferences.

Step 3: Circulate among the small groups.

Step 4: Wrap up the activity. Ask group members to share what they learned by doing the activity. You may also choose to comment on the process. Usually, participants' moods improve during this activity and it can be useful to talk about how just thinking about doing something fun is good for one's mood.

Session 3 Alternative Exercises

Topic 5: The Path that Leads to a Healthy Mood

You can use any illustration or metaphor that shows that people can make choices that affect how they feel. For example, an image of a stairway with people going up or down steps represents a thought or action that participants engage in.

You can ask a participant to diagram how the activities she did over the past week affected her mood, which she may have discussed during the personal projects review.

Session 4 Alternative Exercises

Topic 8: Thinking about Your Baby's Future

An alternative to doing the "Thinking about Your Future" and "Thinking about Your Baby's Future" separately is to do both activities together. This would help to clarify that the mother's and baby's lives are intertwined. There are ways to mold both mothers' and children's realities together. You can follow one of the exercises above and add "you and your baby" instead of just "you" or "your baby."

Another way to do the exercise is to have participants stand up and begin to think about the kind of life they want for their babies and the things they can begin doing now to ensure that their babies have a promising future.

We are now going to take one step at a time, with each step representing one year of your baby's life. Think about the things you want to do during each year to ensure your baby meets the goals you have for him or her. Before beginning, imagine that you have your baby in your arms and think about what she or he looks like.

Then, have participants take the first step, in which their baby just completed her or his first year of life. Begin to describe all the physical and emotional changes that participants can expect their babies to have. During the next step, remind the participants that their child is now walking and holding their hand. Repeat this procedure for each of the next three steps until the child reaches five years of age.

Session 5 Alternative Exercises

Topic 6: People in my Life and the Ways They Support Me and My Baby

Another exercise used to identify one's social support system is to draw the participant or write her name in the center of the board with a circle around the drawing or name. Then ask the participant the names of the people in her life who provide her with support (generically speaking) and whether she is close to them or not. For example, Jane is the participant, and Jane identifies that her mother, brother, and husband are supportive people in her life. You would write the mother's name or relationship, brother's name or relationship, and husband's name or relationship on the board, with a circle around each name. Next, ask Jane how close she feels to each of them. For those that she identifies as close, draw a solid line attaching their circle to Jane's circle. For those that are identified as not close or tense, draw a dashed line from their circle to Jane's circle. In this way, the participant can identify and evaluate whether she needs to enlarge her social support network, and/or she feels that the network is adequate.