

The Mothers and Babies Course

Home Visitor Field Guide



Mothers and Babies Curriculum

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Overview of Mothers and Babies 1-on-1 Curriculum

The Mothers and Babies (MB) Course is a postpartum depression prevention intervention initially developed as a 12-session group intervention. More recently, it has been used as an 8-session group intervention and as a 6-session group intervention. The 6-session group version of the MB Course is conducted weekly for two hours. It has been used in home visiting (HV) programs and had demonstrated positive outcomes for women who receive the MB Course.

Based on feedback from HV programs that indicated they would also like to deliver the MB Course material individually to HV families, the developers of the 6-session version of the MB Course have developed the **Mothers and Babies 1-on-1 Curriculum** (“MB 1-on-1 Course”).

The MB 1-on-1 Course takes the same core content found in the 6-session group version of the MB Course but delivers the core content via 12 brief sessions. These brief sessions are designed to last 15-20 minutes.

The MB Instructor’s Manual provides additional detail on the theory behind the MB Course. In short, the MB Course 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 behavior.

The three main components of CBT are:

1. Pleasant Activities
2. Thoughts
3. Contact with Others

The MB Course is, therefore, divided into three sections—one on each of these CBT components. In each of these sections, participants are first taught to understand how the component influences her mood. This teaching of 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.

To further make the CBT concepts relevant for low-income ethnically diverse populations, who often have difficult life circumstances, the creator of the MB Course (Dr. Ricardo Muñoz) has discussed these important CBT concepts as a way of managing one’s inner and outer reality in order to help manage our mood. Briefly, our inner reality refers to the thoughts that we have, which are not observable. Our outer or external reality refers to the behaviors that we engage in (whether alone, as in the case of 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 course 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 the MB Course. 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 the MB Course is delivered to pregnant women and women who are new mothers, the skills that are taught during the course are useful regardless of whether an individual is pregnant or just delivered a baby, and throughout life.

Instructions on the Mothers and Babies 1-on-1 Field Guide

This manual is designed to help you—the home visitor—deliver the MB 1-on-1 Course to the families you work with. The rest of this manual is divided into **12 SESSIONS**—one for each of the 12 MB 1-on-1 sessions. Each session has been designed to last 15-20 minutes.

What Does a Session Look Like?

To make it easy to use, each session has the same structure:

Each session consists of **TOPICS**—usually 2 or 3 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.

“Script”

Each topic also has a **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.



Most topics include **INTERACTIVE LEARNING** activities to help the client understand the concepts, as well as to engage her in identifying examples and situations in her life where she can use and practice the skills.



Each session ends with a **PERSONAL PROJECT**. This personal project is **not** to be done during the 15-20 minutes you are together with a family. Rather, you should introduce the personal project and ask the family to do the activity before the next time you meet.

Are there Materials for Families?

We have created a Participant Manual for families that corresponds with the material found in this Field Guide. The Participant Manual can be thought of as a series of **WORKSHEETS** that families can use. In the Field Guide we have pointed out in each session when a family should refer to a worksheet. Each worksheet is labeled. For example, Worksheet 1.1 would be the first worksheet in session 1 while Worksheet 1.2 would be the second worksheet in session 1.

When Should I Deliver a Session?

The MB 1-on-1 Course is intended to be delivered **in person** during a home visit you have with a family. We have designed each session to be short enough that you can hopefully add the MB material to the other things you are covering during a home visit.

However, we know that it will not always be possible for you to deliver the material during a regularly scheduled home visit. If that is the case, it is fine for you to deliver the material **over the phone**.

How Frequently Should I Deliver a Session?

It is recommended that you deliver **one session per week**. The reason for that schedule is that it is important to talk about the MB material fairly regularly so it is fresh in a family's mind.

However, we also know that sometimes it is not possible to talk to a family each week—whether in person or by phone. Don't worry if you can't complete one session per week, but we strongly encourage you to complete one session **at least every two weeks**.

We also know that sometimes a family will really like the MB material and want to talk about it more than once per week. You may also think that a family could benefit from talking about a MB topic more than once per week. If either of these is true, feel free to complete up to two sessions per week.

So, in summary—try to complete one session each week with the option of doing one session every two weeks if it is challenging to get in touch with a family, or two sessions per week if it appears a family could really benefit from the material at that particular point in time.

What if the Family Doesn't Understand the Material?

The MB 1-on-1 Course has been written in language that hopefully even families who have the most difficulty learning new skills will be able to understand. That said, sometimes you may find that a topic is not understood by a family 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 doing 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 session to last 15-20 minutes and feel that each session "fits together" around a general theme. However, you should be the judge about whether to take more time to talk about a topic, which may cause you to not get to all the topics in a session. If you are not able to get to all the topics in a session it is important that the topic still be delivered. So, instead of not delivering the topic, simply move it to the next session that you deliver. Please note that this will require some time adjustment.

It is important to point out that because each session is intended to last 15-20 minutes, there will not be extensive time for discussion. We believe we have built in enough time to have brief conversations about each topic, but you will need to be mindful of letting too much time be spent discussing a topic or going off on tangents.

One strategy to keep conversation going about a topic is to find ways to incorporate the topic into other material that you are discussing during the course of a home visit. Another way to keep conversation going is to extend a session beyond 15-20 minutes if you have the time to do so.

What if Another Family Member Wants to be Part of a Session?

On occasion, another family member (baby's father, grandmother) may want to sit in on a MB session. We believe it is best for you to use your judgment on whether this is appropriate. In many cases, this will be fine and perhaps even a good thing for building relationships between family members. However, because some of the material in the MB Course talks about personal issues, including one's emotions and feelings, having another person sit in on a session may be an invasion of privacy or cause the family member to not share as fully as they would like.

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 the MB 1-on-1 material, 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 to you stay with the family until you are sure that the situation is under control.

Who Will Benefit from the Mothers and Babies Course?

The Mothers & Babies curriculum 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.

Introducing Mothers and Babies to Your Client

Prior to beginning the Mothers and Babies curriculum with a client it is helpful to prepare them by describing the course and its purpose, developing an agreement to work through the process together as part of your home visits. While this is a postpartum depression prevention intervention, it may be more palatable to clients to describe Mothers and Babies as a process to help them develop new skills to manage stress and acquire tools to help them reach goals and improve the quality of their lives.

Supervision when Implementing Mothers and Babies for the First Time

It is important to participate in some type of group supervision when implementing the MB Course with your first few clients. Key issues to address during supervision include: (1) discussing the content of the sessions that are being delivered to ensure that the key points are being clearly presented and understood; (2) addressing the process of delivering the MB sessions—for example, where does the MB session fit best during your home visit; does your client benefit from reminder calls/texts to do personal projects between sessions; are there ways to address distractions during the sessions; and (3) processing the disclosures that clients may share regarding their stressors, traumatic experiences, prior difficulties with mental illness, etc., in order to support the home visitor's emotional well-being and ability to effectively assist clients.

Incomplete Course Sessions

If you and your client do not complete the full course, you can still review what was covered and set goals to use skills from the "Mothers and Babies Toolbox" that you covered. Encourage your client to keep the workbook, as she may wish to reach for this resource in the future.

Session 1

Remember to bring "My Parents, My Teachers" video

Topic 1: STRESSORS THAT CAN AFFECT MOTHER-BABY RELATIONSHIP (10 min)



Key Points

- ❑ Highlight that life stressors affect how we feel emotionally and physically
- ❑ Discuss how specific stressors might affect:
 - The mother's emotional health and physical well-being
 - The mother-baby relationship
 - The Baby
- ❑ Identify common life stressors in participants' lives, including those following birth of their child

"Script"

"Before I tell you a little more about the Mothers and Babies Course I want to start by talking about something that all of us can relate to which is that everyone gets stressed.

Sometimes things in our lives make it difficult to focus on the mother-baby relationship."



- *What stressful things do you have in your life? Are there other stressful things that might affect the mother-baby relationship that aren't shown on WORKSHEET 1.1?*
- *Now, let's look at WORKSHEET 1.2 and think about how these different stressors might affect how we feel.*
- *How do you think feeling (tired, angry, sad) would affect the mother-baby relationship and the baby?*

Topic 2: HOW THE MOTHERS AND BABIES COURSE CAN HELP YOU (5 min)



Key Points

- ❑ Instill hope that there are skills to manage stress and that the Mothers and Babies Course will discuss helpful ways to manage stress.
- ❑ Help participants understand that once they learn these skills and recognize the skills they have already developed, they can pass them on to their children.

"Script"

"We just saw how stress can affect your emotional and physical health, your relationship with your baby, and ultimately your baby's emotional and physical well-being. However, we can learn to manage stress and minimize the effects they have on us and on our families. This is what the Mothers and Babies Course will focus on.

Over the years, we have learned a lot about ways to help people to manage their moods, and have developed a number of skills called mood regulation skills. During our Mothers and Babies sessions we will be teaching you these skills and helping you to use them in your daily life. We will also be talking about how you can pass on these skills to your children."



- Discuss the fact that everyone gets stressed.
- Share examples of your own stressors to model the discussion, normalizing the experience.

Topic 3: PURPOSE AND OVERVIEW OF MOTHERS AND BABIES COURSE (5 min)



Key Points

- Introduce the Mothers and Babies Course
- Discuss how by making changes in the way we behave, think and the support we receive from others we can manage stress and feel better.

"Script"

"The Mothers and Babies sessions are broken down into three parts (WORKSHEET 1.3). In each, we will talk about managing stress by making changes in a different area.

*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. We will begin to focus on this area next time.*

*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 these ways helps us feel better and reach our goals. We will also talk about how we can help our children think in ways that will help them reach their goals in life.*

*Finally, we will be talking about our **contact with other people**. We will talk about the importance of social support in handling stress, ways to increase the social support we receive, and ways to decrease conflict with others. We will also talk about ways to build healthy relationships with our children and types of support related to being a mother that you may want.*

Each time we talk about the Mothers and Babies Course I will ask you how things are going, and we will talk about managing your mood and stressful life events during pregnancy and after you deliver. We will also talk about ways you can help your baby be healthy, both physically and emotionally."



Personal Project "My Parents, My Teachers" Video

Before our next Mothers and Babies session I would like you to look at a short video on your DVD player, computer or phone. This video is called "My Parents, My Teachers." It is free and takes about 15 minutes to watch.

The video talks about how important you are as your children's first teachers. Making sure you are emotionally healthy and able to provide the support you need to your children is a focus of the Mothers and Babies Course.

We will talk about the video when we get together next time. Some of the key points from the video are found in your manual (WORKSHEET 1.4). Feel free to make notes about the video on that worksheet which we can discuss next time.

Link to "My Parents, My Teachers"

<http://www.mothersandbabiesprogram.org/mothers-clients/>

**WORKSHEET 1.1:
STRESSORS THAT CAN AFFECT THE MOTHER-BABY RELATIONSHIP**

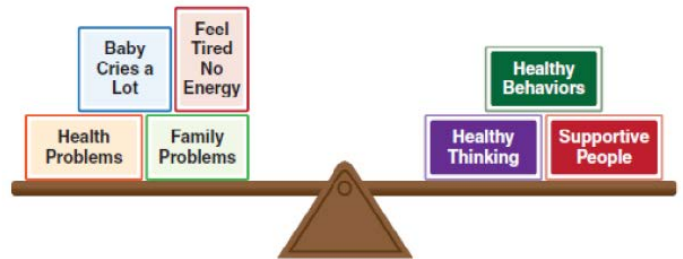


**WORKSHEET 1.2:
HOW THE MOTHERS AND BABIES COURSE CAN HELP YOU**



But we can learn to manage stress and feel better and more balanced by making changes in:

- the way we **behave**
- the way we **think** about and understand the stressors
- the **support** we receive from other people



2

**WORKSHEET 1.3:
OVERVIEW OF THE MOTHERS AND BABIES COURSE**



Course Introduction
Sessions 1 & 2

Pleasant Activities
Sessions 3, 4 & 5

Thoughts
Sessions 6, 7 & 8

Contact with Others
Sessions 9, 10 & 11

Course Review & Planning for the Future
Session 12

WORKSHEET 1.4

VIDEO: "MY PARENTS, MY TEACHERS"

As you watch the video, here are some of the most important points to be thinking about--

- The first 3 years of your baby's life are the most important
- Teaching a baby something new makes their neurons (brain cells) grow and make connections. This is what we call "learning"
- Each child is different
- Children's "work" is to play; that's how they learn about the world
- Reading, playing and singing with your baby will help your baby's physical and emotional development
- Every mother is capable of providing what her child needs

Video link: <http://www.mothersandbabiesprogram.org/mothers-clients/>

Session 2

Topic 1: YOUR MOOD AND YOUR PERSONAL REALITY (10 min)



Key Points

- Explain the concepts of inner and outer reality.
- Help participants understand the connection between thoughts, behaviors, contacts with others, and mood.

"Script"

"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?

*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. Being nauseous because of your pregnancy, your baby waking up in the middle of the night, and taking a walk to the park are also all part of your outer reality.*

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

*The diagram on **WORKSHEET 2.1** shows how our inner and outer reality can affect our mood. Our thoughts, activities, and emotions are interrelated, which means that:*

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

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."



Discuss an example of how a positive activity (what we do), or a positive thought (how we think) can improve our mood. Use a personal example if needed to model the concept and elicit an example from your client.

Topic 2: QUICK MOOD SCALE (10 min)



Key Points

- Explain the Quick Mood Scale
- Emphasize the following information:
 - Participant should use the whole range, not just 1, 5, or 9.
 - Participant should fill out the Quick Mood Scale every day and not all at once at the end of the week.
 - It will feel more natural with practice. (There will be days when it will be hard to decide on an average mood. She should do the best she can.)
 - Each person is different in how they will complete the Quick Mood Scale.

It may be helpful to provide your client with multiple copies of the Quick Mood Scale

“Script”

“A first step in managing our mood is to 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 small changes really help our mood.

We can use the Quick Mood Scale as a helpful tool to track our mood [WORKSHEET 2.2].

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



Demonstrate how to use the Quick Mood Scale, explaining your overall rating for each day, what your mood was like and why.

Give an example of a “1” and a “9” as the extreme ends of the scale.

Ask your client to rate her current mood. Use active listening skills to show you understand what she is saying and feeling.



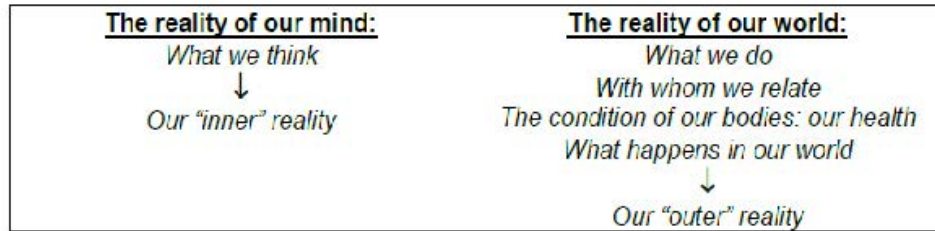
Personal Project Quick Mood Scale

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. You can use WORKSHEET 2.2 to complete the Quick Mood Scale.

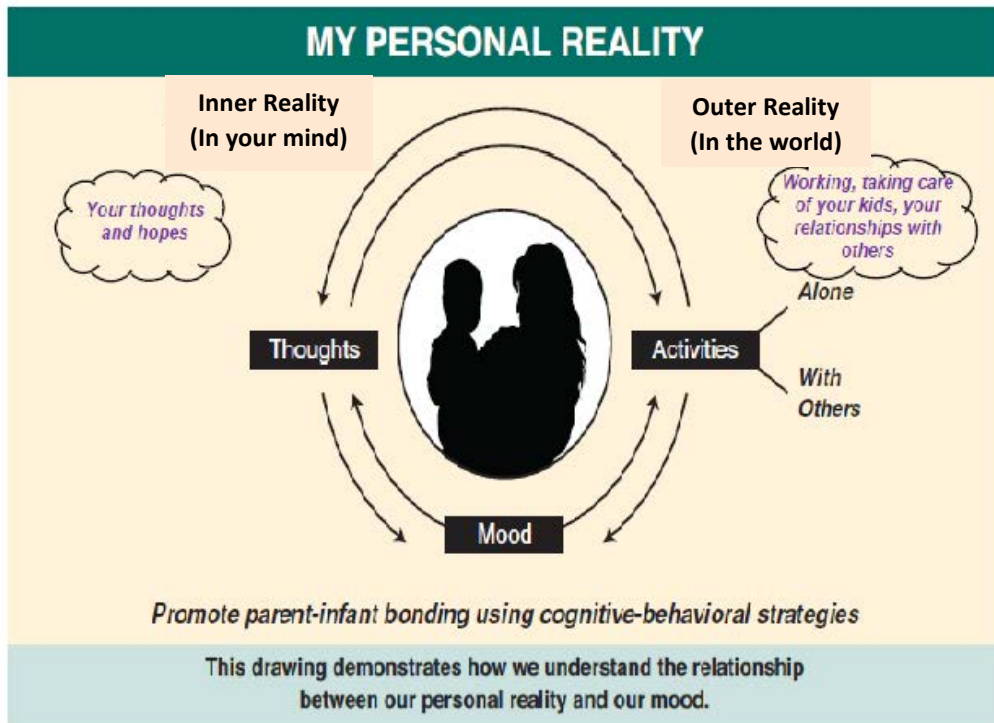
WORKSHEET 2.1:

YOUR MOOD AND YOUR PERSONAL REALITY

- It is important to understand our moods. How do they influence our lives?
- To have a healthy mood, or positive feelings, it is important to learn how to manage your personal reality.
- Our personal reality is divided into two parts:



This drawing demonstrates how we understand the relationship between our personal reality and our mood.



WORKSHEET 2.2: QUICK MOOD SCALE

The Quick Mood Scale allows you to track your mood every day. It will help you learn to be aware of how you feel so that you can learn to have healthier moods and teach your baby to balance his or her moods.

How to complete the Mood Scale:

- Every night, before going to bed, circle the number (between 1-9), which indicates how you felt that day. There is no right or wrong answer.
 - If your mood is average, (not high nor low), circle number 5
 - If it is better than average, circle a number higher than 5
 - If it is worse than average, circle a number lower than 5
- We find that it is easiest to keep the scale by the bed so that before you go to bed, you can think about your day and rate your mood for the day.

DATE:	_____	_____	_____	_____	_____	_____
BEST MOOD	9	9	9	9	9	9
	8	8	8	8	8	8
	7	7	7	7	7	7
	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5
	4	4	4	4	4	4
	3	3	3	3	3	3
	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1

Session 3

Topic 1: QUICK MOOD SCALE REVIEW (5 min)



Key Points

- ❑ Review the Quick Mood Scale, discuss how client felt about completing the Quick Mood Scale, and what she learned from tracking her mood.
- ❑ Reinforce the purpose of the Quick Mood Scale: to notice how she is feeling and notice what occurs that affects her mood, so she can begin to make small changes to improve her mood when she is feeling stressed/down.



- *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?*

If you did not have a chance to complete the Mood Scale, were there any obstacles that got in the way? Let's talk about ways you might be able to do to avoid those obstacles in the future.

If your client had difficulty completing the Quick Mood Scale, take time during the session to do it together, reviewing the past 2-3 days. Provide your own examples, if needed.

Topic 2: VIOLET AND MARY'S DAYS (10 min)



Key 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.
- ❑ Pleasant activities are part of our outer reality.

"Script"

"Let's look at the cartoon on WORKSHEET 3.1 to see an example of how what we do can affect how we feel. Violet and Mary are both 5 months pregnant. Lately, they've both been feeling down. When their stories start, both rate their mood on the Quick Mood Scale as 4. Let's see how what they do affects how they feel."



- *Why are they feeling down? (What is their outer reality?)*
- *What are they thinking? (What is their inner reality?)*
- *What does each character do? (How do they change their outer and inner realities?)*
- *How does what they do affect their mood?*

Explore the similarities and differences between Mary's and Violet's experiences—how is this example relevant to your client's life? Use her personal examples to contextualize inner and outer realities, and how her actions can affect her mood.

“Script”

“We saw how much better Mary felt after she took a shower, she answered the phone when it rang, and she went for a walk with her friend. Even though she felt just as bad at the beginning of the day as Violet did, because she did some pleasant activities, her mood improved.”

Topic 3: HOW DOES WHAT WE DO AFFECT HOW WE FEEL? (5 min)



Key Points

- ❑ 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 other people.
- ❑ Doing pleasant activities helps to balance our lives, especially when we are feeling stressed.
- ❑ Many mothers put the needs of everyone else in the family first, and their needs last.

“Script”

“Mary is one example of how the things we do affect how we feel. By taking a shower and going shopping with her friend Carmen, Mary was able to improve her mood. Sometimes we refer to things we enjoy doing like taking a shower or going shopping as pleasant activities.

Here are some things to remember about pleasant activities:

Pleasant activities tend to chain - Doing one activity can start a chain so that you are more likely to do more pleasant activities.

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.

Even when life is stressful, we can choose to do pleasant activities. By doing so, we change our mood and at least a small part of our lives.”



*What does the term **pleasant activities** mean to you? Can you give an example of something you did in the last week that improved your mood or lead to you having more positive thoughts?*











Personal Project Pleasant Activities List

*Before we meet again, I'd like you to think about different things that are pleasant activities for you. We will be talking more about this next time and it will be helpful for you to start thinking about this before our next session. You can write down these activities on **WORKSHEET 3.2**.*

WORKSHEET 3.1: VIOLET AND MARY'S DAYS

INSTRUCTIONS: Violet and Mary are both 5 months pregnant. Circle the number on each panel that represents what kind of mood you think each woman is having.

VIOLET'S DAY	MARY'S DAY
<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>I don't want to get up.</i></div> </div> 	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>I don't want to get up.</i></div> </div> 
<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>I don't feel like facing the day.</i></div> </div> 	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>After my shower I'll feel better.</i></div> </div> 
<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>I don't want to speak to anyone.</i></div> </div> 	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>Hello Carmen, of course I would like to go shopping.</i></div> </div> 
<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>I feel so sad and lonely.</i></div> </div> 	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;">9 8 7 6 5 4 3 2 1</div> <div style="width: 80%; text-align: right; padding-right: 20px;"><i>It was good to go shopping for my baby.</i></div> </div> 

WORKSHEET 3.2: WHAT DO YOU LIKE TO DO?



INSTRUCTIONS: Write down things you enjoy doing. Try to think of some things you can do alone or things you can do with others. There is no right answer - only you know what you enjoy doing!

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Now write down things you enjoy doing with your baby or things you can do with your baby when he/she is born.



- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Session 4

Topic 1: WHAT DO YOU LIKE TO DO? AND PLEASANT ACTIVITIES LIST (10 min)



Key Points

- Help participant identify activities she enjoys doing both alone and with her baby.
- Highlight the following points:
 - Some pleasant activities are brief, cost nothing, and can be a part of everyday routines, if we can take time to notice and enjoy them.
 - We don't need to do a lot of pleasant activities to feel good.
- Mothers can do activities with their babies that can affect both their mood and their babies' mood
- Pleasant activities are part of our outer reality. Doing pleasant activities affects how you feel and it changes both your outer reality (what you are doing) and inner reality (how you feel).



Let's talk about the pleasant activities you listed on WORKSHEET 3.2. There may be differences between activities you do by yourself and activities you do with others but both of them are important to have on your list.

"Script"

"You came up with a great list of activities. WORKSHEET 4.1 shows a list of activities that women who have taken this course told us they enjoyed doing. Many of the activities you came up with are on this list but there are others like... [Point out some of the activities on the list that client did not mention] that we didn't talk about.

- Knowing what you like to do can help generate ideas to improve your mood when you are feeling stuck, or you think that you don't have the time to do something for yourself.

- 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.

- Mothers can do activities with their babies that can affect both their mood and their babies' mood too (e.g. bath time, singing at bed time, going for a walk on a sunny day, watching older children play).

- Some pleasant activities are brief, cost nothing, and can be a part of everyday routines, if we can take time to notice and enjoy them.

- 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 are exhausted and you pick an activity that takes a lot of effort, it can end up not being enjoyable. Pay attention to what works best for you at the time."

Topic 2: OVERCOMING OBSTACLES TO DOING PLEASANT ACTIVITIES (10 min)



Key Points

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



While we know that it's important and enjoyable to do pleasant activities, sometimes things just seem to get in the way of being able to do them.

What are some of the obstacles that keep you from doing pleasant activities? [If client can't think of any, bring up things such as time, energy, childcare, money, transportation.]

Now, let's brainstorm together about an activity you would like to do, and what might get in the way of being able to do it.

Now let's think of some ways you might overcome the obstacles.

"Script"

You already know a lot of ways to overcome obstacles. Let's talk more about problem solving. Counselors often teach couples and families this strategy so that they can resolve conflicts together, but we can also use it to help us figure out solutions to difficult problems [refer to WORKSHEET 4.2].

The 1st step is to identify the problem or obstacle.

The 2nd step is to think about all the possible solutions (brainstorming). When you brainstorm, it is important to write down all your ideas without thinking too much about whether it is a good choice—just get it all down on the page.

The 3rd step is to choose the best solution or combination of solutions. Choose the one that is best for you. Remember we are all different—the same solution will not work best for all of us.

The 4th step is to try it, and find out how well the solution works for you. If it doesn't work, it's time to try something else out.



Personal Project Do a Pleasant Activity

Before we meet next time, 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 WORKSHEETS 4.3 AND 4.4 to help you schedule a time to do a pleasant activity in the coming week. Next time 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.

**WORKSHEET 4.1:
PLEASANT ACTIVITIES LIST**

1. Read a book or magazine
2. Day dream
3. Go to the movies
4. Go window-shopping
5. Work outdoors (e.g., gardening)
6. Listen to music
7. Take a shower or warm bath
8. Spend time with friends
9. Go for a walk
10. Go to church or pray
11. Get a manicure or a pedicure.
12. Get your hair done
13. Write poetry
14. Sing
15. Take a nap
16. Watch TV
17. Meeting friends for a cup of tea or coffee
18. Practice a relaxation exercise
19. Exercise
20. Cook
21. Dance
22. Go to the library
23. Other _____
24. Other _____
25. Other _____



**WORKSHEET 4.3:
MAKE A PERSONAL COMMITMENT**

1) I plan to do the following:

2) I will do it by this date:

3) I feel this is important because:

Use the calendar at the end of this section to schedule the pleasant activity to which you have committed yourself.

**WORKSHEET 4.2:
OVERCOMING OBSTACLES**

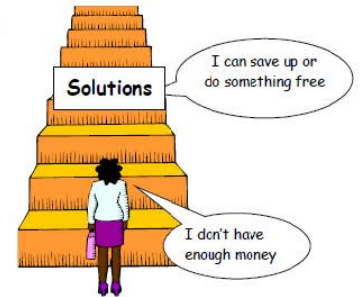
Sometimes even after we decide to do something pleasant, our plans still fall through. We run into an obstacle or problem, and we don't do the pleasant activities that we meant to.

- Try to think of some possible obstacles and possible solutions to overcome them (sometimes the biggest obstacles are our own thoughts).

What is keeping me from doing pleasant activities or from my baby once he or she is born? (Obstacles/Problems)	How can I overcome these obstacles? (Solutions)

**STEPS FOR SOLVING PROBLEMS AND
OVERCOMING OBSTACLES:**

1. Identify the problem or obstacle.
2. Think about all the possible solutions.
3. Pick the solution that's best for you.
4. Try the solution and see how it works.



**WORKSHEET 4.4:
PERSONAL COMMITMENT CALENDAR**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Night							

Session 5

Topic 1: REVIEW OF PLEASANT ACTIVITY CHECKLIST (5 min)



Key Points

- ❑ Discuss whether participants were able to complete the pleasant activity they scheduled.
- ❑ Emphasize that it is sometimes difficult to complete pleasant activities even when they are scheduled, but it is important to not give up on scheduling and doing pleasant activities.
- ❑ Discuss ways they might overcome obstacles, if any existed.



Last week we talked about doing one pleasant activity (WORKSHEETS 4.3 AND 4.4). What was that pleasant activity? How did that go? Were there any obstacles to completing the activity? Did completing the pleasant activity change your mood in any way? Most people say that when they are able to complete a pleasant activity they feel better or have a happier mood. Was this true for you as well?

Topic 2: WHAT DO BABIES LIKE TO DO? (5 min)



Key Points

- ❑ Help participants identify activities that babies enjoy doing (alone, with mom and/or dad, and with other people/babies)

Highlight the following:

- ❑ Babies and young children learn by playing.
- ❑ There are things babies enjoy doing from birth 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 physically and emotionally, and will strengthen your relationship with your baby.
- ❑ Your baby's developmental level affects whether s/he enjoys a given activity. As babies develop, different activities become pleasant.
- ❑ Your baby's temperament will also affect whether s/he enjoys a given activity.
- ❑ All babies are different so you need to learn to read their signals to determine which activities your baby will find pleasant and to understand how your baby learns best.

"Script"

"In the same way that mothers like you can do pleasant activities, babies can also do pleasant activities. Babies are constantly exposed to new things, trying new activities, and learning something new. We've talked before about you being your baby's first teacher (remember the video?) and how you can mold his/her inner reality. You can also mold your baby's outer reality. How? Babies learn by watching so mothers can always have something available to stimulate their babies. [See WORKSHEET 5.1]

Pay attention to babies' needs (for example, feed baby when crying). Give babies toys or objects that help them learn that they can make something happen (for example, a toy that lights up or makes noise when they touch it or move it).

In the first year of your baby's life, there are many changes your baby will make, including physical, cognitive, and social changes. Because your baby is changing so rapidly, the things that he/she likes to do will also change. On WORKSHEET 5.2 there is a list of activities that babies like to do at different ages.

When babies are young, they cannot move much but they love listening to your voice and imitating you. Notice that as babies get older, they have more motor ability, can move around, crawl, and then learn to stand up so they'll be much more active and interested in things around them. As your baby grows, it is important to recognize that the activities she likes will also change."



What do babies like to do? [Refer to WORKSHEET 5.2]

Can you remember what your child(ren) liked to do as babies? Or, if this is your first child, think about what your younger relatives liked to do as babies.

Topic 3: HOW DO BABIES LEARN? (5 min)

“Script”

“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. [Refer to WORKSHEET 5.1].

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. For example, if we yell at or hit them when we are frustrated, they will learn to yell or hit when they are frustrated.”

TOPIC 3: PLEASANT ACTIVITIES & MY BABY (5 min)



Key Points

- Engaging in pleasant activities helps the mother-baby relationship by:
- Helping mothers have a better mood and be more emotionally strong.
- Improving the baby’s mood.
- Strengthening the mother-baby relationship through shared positive activities.

“Script”

“Now let’s think about how doing pleasant activities affects the mother-baby relationship.

Babies learn by playing. Also, pleasant activities improve a baby’s mood. So, in the same way you might be in a better mood by doing pleasant activities the same thing is true for your baby and other children you may have.

It is also true that your baby’s mood can affect you (the mother). When the baby’s mood is good, s/he is more likely to interact with his/her mother in a positive way, which will lead to a more positive mood for both.

When a mother and baby do pleasurable activities together, they build a positive relationship. Each activity they do makes their relationship stronger. The baby learns that his/her mother is a warm and fun person who shows him/her interesting things in the world.”



Ask client to give an example of a pleasurable activity she can do with her baby. If time permits, also ask the client to talk about how doing that pleasant activity with her baby might improve the mood of the baby and her mood.



Personal Project Quick Mood Scale & Pleasant Activities

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.

When you are completing the mood scale, this time instead of just rating your mood for each day, I’d like you to also keep track of the number of pleasant activities you did each day. Remember that pleasant activities are part of our outer reality.

You can use WORKSHEET 5.3 to complete the Quick Mood Scale.

**WORKSHEET 5.1:
HOW DO BABIES LEARN?**

HOW DO BABIES LEARN?



Babies learn by:

- Observing and imitating what their parents do
- Communicating with their parents
- Following what their parents teach them
- Feeling supported when they try to do new things

All the activities you do with your child are opportunities for learning!

**WORKSHEET 5.3:
QUICK MOOD SCALE**

- Every night, before going to bed, circle the number from 1-9 that best represents your mood each day.
- At the bottom of each column you will find a space where you can note how many pleasant activities you do each day. Is there is a relationship between your mood and the number of pleasant activities you do?

DATE:	_____	_____	_____	_____	_____	_____	_____
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1	1
Number of PLEASANT Activities:	_____	_____	_____	_____	_____	_____	_____

**WORKSHEET 5.2:
FROM BIRTH TO AGE 1--SOME THINGS BABIES LIKE TO**

AGE	WHAT BABIES LIKE TO DO
Newborn	Imitate—make faces, stick out your tongue and watch your baby imitate you Rock—going for a ride in a stroller can also be calming Listen to soft music, a musical toy, or your voice Be touched—gently massage your baby
1 Month	Track objects Watch mobiles Practice exercising feet using bicycle movements
2 Months	Play with hand puppets Gently bounce up and down Hold and play with a rattle
3 Months	Shake a rattle on his/her wrist Listen to music with rhythm Play with toys that are attached with strings and practice batting
4 Months	Play peek-a-boo Practice rolling from stomach to back Watching bubbles
5 months	Looking in a mirror Play with a roly-poly toy (a toy that turns up when knocked over) Swing in an infant swing
6 Months	Play patty-cake Play with other babies Go on piggy back rides
7 Months	Play tug of war Play "look for the toy after you hide it" Looking at books with lots of pictures and colors
8 Months	Learn the sounds that animals make Play hiding games Bang on pots and pans
9 Months	Roll a ball back and forth to you Practice standing up
10 Months	Push a car or truck on the floor Tear magazines Blow bubbles
11 Months	Push things with levers Pour things from one container to another (try cereal) Play in the water
1 Year	Play with a big beach ball Toss bean bags or balls (or crumpled up paper) into a container Play with his or her shadow Explore the world around them



Information taken from: *Your Child at Play: Birth to One Year* by Marilyn Segal, Ph.D. New Market Press, New York

Session 6

Topic 1: VIOLET AND MARY'S DAYS (5 min)



Key Points

- ❑ There are many different types of thoughts that one can have in any given situation.
- ❑ These different thoughts can affect how we feel.
- ❑ We have some control over what we think, and can better manage our inner reality.

"Script"

"Mary and Violet have both recently given birth, but now that their babies are born they are not sleeping very well (WORKSHEET 6.1). 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."



- *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.

Topic 2: WHAT ARE THOUGHTS? (5 min)



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.

"Script"

"Thoughts are defined as "ideas, plans, pictures, or opinions that are formed in your mind". [Refer to WORKSHEET 6.2].

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 conscious of some thoughts and not of 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."



Discuss how each choice Mary and Violet made affected their mood.
Identify how each step they took made them feel better or worse.

“Script”

“Your personal reality is shaped from moment to moment. We can choose what we will do and how we will think. Even small choices affect mood directly and indirectly by making it more likely that another event or thought will occur.

Let’s go back to Mary and Violet for a minute. We saw with Mary and Violet that their thoughts influenced their mood. On WORKSHEET 6.3 we show you another way to think about the effects of the thoughts that Mary and Violet are having.

We talked before about how events “chain” together and this is a good example of how one pleasant activity is more likely to lead to another. 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.”

Topic 3: HELPFUL THOUGHTS AND HARMFUL THOUGHTS (10 min)**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.

What we are talking about here are negative thoughts, not to be confused with thoughts of harming oneself.

“Script”

“Before we start to discuss some of the thoughts you may be having, I want to share some thoughts that many pregnant women and new mothers have:

“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.”

It is normal to have different types of thoughts during pregnancy and after giving birth—some joyful, some stressful—because of the changes you are experiencing, physically, emotionally, and in your daily life.”



Imagine that you are the woman on Worksheet 6.4, and notice thoughts you are having, or had, related to being pregnant and becoming a mom. In the column labeled “helpful thoughts,” write down thoughts you have that make you feel good, happy, or hopeful. In the column labeled “harmful thoughts,” write down thoughts that make you feel stressed, drained, worried, sad, scared, or angry.

“Script”

“Now let’s look at WORKSHEET 6.5, which lists some helpful and harmful thoughts that pregnant women have.

So let’s look at this first item: “Your clothes don’t fit.” Now I may have different reactions to my clothes not fitting. 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.” How will that affect my mood?

Now keep in mind I might also have helpful thoughts about the same exact pregnancy change. So I might also have a thought that “I’m proud that I’m already showing, and the world can see I’m going to have a baby.” How will that affect my mood?

So, why did we talk about helpful and harmful thoughts today? In a nutshell, it is important to know your helpful and harmful thoughts about pregnancy since they can affect your mood. Once you know what brings your mood down, there are things that you can do to help stop those harmful thoughts from spreading. We are going to be talking about those strategies the next two times we get together to talk about Mothers and Babies.”









Personal Project Keeping Track of Your Thoughts

Starting today and for the next week I’d like you to try to keep track of helpful and harmful thoughts you are having about your pregnancy or being a mother. WORKSHEET 6.6 has two columns—helpful thoughts and harmful thoughts. You can use this worksheet to keep track of your helpful and harmful thoughts during the week.

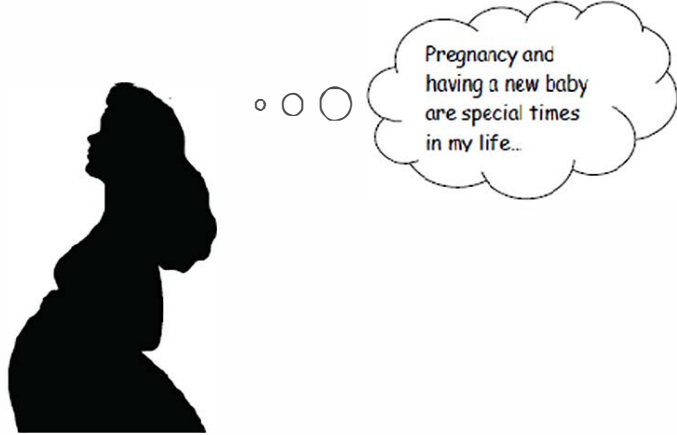
WORKSHEET 6.1: VIOLET AND MARY'S DAYS

INSTRUCTIONS: Violet and Mary both recently gave birth, but now that their babies are born they are not sleeping well. Circle the number on each panel that represents what kind of mood you think each woman is having.

VIOLET'S DAY		MARY'S DAY	
9 8 7 6 5 4 3 2 1	 <p><i>I'm so tired. I don't want to get up.</i></p>	9 8 7 6 5 4 3 2 1	 <p><i>I'm so tired. I don't want to get up.</i></p>
9 8 7 6 5 4 3 2 1	 <p><i>I can't stand it. You cry too much. You're a bad baby, and I don't know what to do.</i></p>	9 8 7 6 5 4 3 2 1	 <p><i>Poor baby. What's wrong? Are you hungry? Are you hurting? Mama's here.</i></p>
9 8 7 6 5 4 3 2 1		9 8 7 6 5 4 3 2 1	

ILLUSTRATIONS BY JOSIE THOMPSON, THOMPSON DESIGN

WORKSHEET 6.2: WHAT ARE THOUGHTS?



Pregnancy and having a new baby are special times in my life...

- Thoughts are all the things we tell ourselves (as if we were having a conversation in our mind).
- We can have several thoughts at any given moment. Some of them contradict each other.
- We are conscious of some thoughts and not of others.
- Our thoughts can help us or harm us.
- Our thoughts almost always affect our mood.
- If we can become aware of the many types of thoughts we have, we can learn to use them to achieve a healthier mood.

Session 7

Topic 1: TYPES OF HARMFUL THOUGHT PATTERNS AND TALKING BACK (10 min)



Key Points

- To teach participants how to challenge harmful thoughts using antidotes.

“Script”

“The last time we met we talked about helpful thoughts and harmful thoughts we can have, and trying to notice when we have them. How was it for you to try and keep track—to notice—when you have helpful and harmful thoughts?”

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 the 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 of these antidotes briefly. These are listed on WORKSHEET 7.1.

The purpose of talking about these different harmful thought patterns is to try to make you aware of them so that you can stop them from having a negative effect on your mood. Therefore, you can better manage your mood by creating a healthier inner reality.”



Describe each harmful thought pattern listed below, as well as the example provided. Encourage your client to think of examples from her own experiences.

Harmful Thought Pattern	Example
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.

Topic 2: WAYS TO CHANGE HARMFUL THOUGHTS THAT AFFECT MY BABY AND ME (10 min)



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.

“Script”

*“What we will focus on now are **four specific strategies** for how to reduce harmful thoughts. These strategies are really important because they are tools you can use when you feel stuck or overwhelmed with harmful thoughts. They can help give you some control over the thoughts and help make your mood better [Refer to WORKSHEET 7.2]”*



Describe each strategy, as well as the example provided. Work with your client to use an example from her own experiences, for each strategy.

There is a lot of information to communicate in this session. To help her understand, engage your client in conversation about the different thought patterns and strategies (e.g. have you done this; can you see this being helpful?)

Strategy	Description	Example
Thought Interruption	<ul style="list-style-type: none"> • Tell your mind to STOP thinking the harmful thought. • It’s like holding up a big STOP sign for your mind. • The trick is that you first need to notice yourself thinking the harmful thought. 	<p><i>“I’m a bad mother.”</i></p> <p><i>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.”</i></p> <p><i>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.”</i></p>
Worry Time	<ul style="list-style-type: none"> • Give yourself a specific time in the day to think about stressors so that you don’t need to worry all day. • Another way to use worry time is to spend time talking with a friend or family member. 	<p><i>If you find yourself overwhelmed by thoughts that make you worry, setting aside “worry time” 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.</i></p> <p><i>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.</i></p>
Time Projection	<ul style="list-style-type: none"> • When we talk about time projection it means imagining a time in the future when things will be better. 	<p><i>Sometimes when things are going badly we think that things will stay bad forever. 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.</i></p>
Self-Instruction	<ul style="list-style-type: none"> • Basically self-instruction encourages you to talk to yourself and give yourself helpful instructions or directions. 	<p><i>Telling yourself that you are going to raise your baby with a lot of love or that you are going to try to be the best parent possible is a way of reinforcing to yourself the things that are important to you. Saying things to ourselves is almost like being a good parent to ourselves.</i></p>



Personal Project Quick Mood Scale & Tracking Thoughts

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 also keep track of the number of helpful thoughts and harmful thoughts that you had each day. (Remind participant about helpful thoughts from last session)

You can use **WORKSHEET 7.3** to complete the Quick Mood Scale.

I'd also like you to try to use two of the skills we talked about today (thought interruption, worrying time, time projection, or self-instruction) to work on reducing harmful thoughts.

On **WORKSHEET 7.4** you can write down the harmful thought you had, which skill/strategy you used, and how effective that strategy was in stopping your harmful thought.

WORKSHEET 7.1: HARMFUL THOUGHT PATTERNS AND TALKING BACK

HARMFUL THOUGHT PATTERN	TALKING BACK TO YOUR HARMFUL THOUGHT PATTERNS
<p><u>All or Nothing Thinking:</u> Thinking in extremes (can only be at one end of the scale, top or bottom). For example, all good or all bad, the best or worst, perfect or a failure.</p>	<ul style="list-style-type: none"> • What's in the middle? • Are there more shades of grey?
<p><u>Overgeneralization:</u> Taking one negative characteristic or event and seeing it as a never-ending pattern. For example, somebody betrayed me so I don't trust anyone. I couldn't do this one thing so I can't do anything.</p>	<ul style="list-style-type: none"> • Am I assuming that every situation and every person are the same? • This is just one situation, one person. • Can I remember other situations and people that were different?
<p><u>Blaming Oneself:</u> Thinking that when negative things happen they are always your fault</p>	<ul style="list-style-type: none"> • Am I to blame for <u>everything</u> that turns out badly? • Do <u>only</u> bad things happen to me? • Remember the good that has happened to me and all that I have achieved.
<p><u>Negative Fortune Telling:</u> Thinking that you can see how things will be in the future and that they are sure to turn out badly.</p>	<ul style="list-style-type: none"> • Can I really predict the future? • Why not find out how it will turn out rather than just imagine the worst? • Things could change.

(Adapted from David Burns, *Feeling Good: The New Mood Therapy*. Morrow, 1980)

WORKSHEET 7.2: WAYS TO CHANGE HARMFUL THOUGHTS THAT AFFECT MY BABY AND ME



Just as your thoughts affect your mood, your child's thoughts affect his/her mood. You can teach your child to think in healthy ways that will make him/her happy.

Methods to reduce harmful thoughts	How to teach your child to have a healthy mood
<p><u>Thought Interruption:</u> There are times when we get into a rut with a certain thought, usually a negative one, which keeps bothering us throughout the day, making us feel bad. We can learn to become aware of this and "break our thought" to get out of the rut.</p>	<p>One way to do this with babies is to notice how they are feeling and teach them what feeling they are having. For example, if your baby begins to feel frustrated because he/she is tired and is sleepy, say "Honey, are you tired? It's time for your nap. Once you rest you will feel a lot better." This way your baby learns that something can be done to feel better.</p>
<p><u>Worry Time:</u> Sometimes it's necessary to think about the things that have an effect on your mood, but it's important not to do it too often. It is possible to limit the amount of time you spend on these thoughts to 5 or 10 minutes per day, try not to do it when you are with your baby</p>	<p>Take a few minutes a day to focus on your problems and worries when your baby is asleep and when you will not be interrupted. That way the baby will be less likely to learn to worry and you will be able to really focus on coming up with a good solution.</p>
<p><u>Time Projection:</u> Sometimes when we get sad or depressed, it seems that things are terrible and that they will always be terrible. When this happens, it is helpful to imagine ourselves moving forward in time to a time when things will be better.</p>	<p>It's important that your baby learns that life will bring them good and bad things. They can enjoy the good things and remember that the bad moments will pass by.</p>
<p><u>Self-instructions:</u> Talking to ourselves is something that we all do and it does not mean we are crazy. It can be like giving yourself helpful directions. For example, you can remind yourself to use these techniques or how you want to handle things. Children learn to control themselves by giving themselves instructions such as "don't touch," "hot," and so on. We also give ourselves instructions, especially when we are doing something new.</p>	<p>The way that you speak to your baby will teach him/her to understand you better as they grow up. It's true that your baby will not understand everything you say, but it's good to start practicing now. For example, you can tell yourself, "I want to raise my baby with a lot of love, so when my baby needs to be disciplined, they won't think they are not loved."</p>

WORKSHEET 7.3: QUICK MOOD SCALE

- Every night, before going to bed, circle the number from 1-9 that best represents your mood each day.
- At the bottom of each column you will find a space where you can note how many helpful and harmful thoughts you have each day. Is there is a relationship between how many helpful and harmful thoughts you have and your mood?

DATE: _____							
BEST MOOD	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
WORST MOOD	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
Number of HEALTHY Thoughts:	_____	_____	_____	_____	_____	_____	_____
Number of HARMFUL Thoughts:	_____	_____	_____	_____	_____	_____	_____

WORKSHEET 7.4: STOPPING HARMFUL THOUGHTS

WHAT WAS THE HARMFUL THOUGHT?	
WHAT STRATEGY DID YOU USE TO TRY TO STOP THE HARMFUL THOUGHT?	
HOW EFFECTIVE WAS THE STRATEGY?	

WHAT WAS THE HARMFUL THOUGHT?	
WHAT STRATEGY DID YOU USE TO TRY TO STOP THE HARMFUL THOUGHT?	
HOW EFFECTIVE WAS THE STRATEGY?	

Session 8

Topic 1: THOUGHTS ABOUT BEING A MOTHER (5 min)



Key Points

- Children learn patterns of thinking from their parents.
- The way mothers think about their children and themselves affects how they behave with their children, and this affects the way their children think about themselves, their mother, and their relationship.

"Script"

"What would you like your children to learn to think about themselves, your relationship with them, and the world? [Refer to WORKSHEET 8.1]."

We learned by experiencing how others, like our parents or other family members, treated us. We learned by hearing the words that other people have said to us. Early experiences often shape the way we think about ourselves, others, and the world. If we want to make changes in our children's lives and thought patterns, we may need to make changes in our own ways of thinking first."

Topic 2: GOALS FOR MY FUTURE AND MY BABY'S FUTURE (15 minutes)



Key Points

- Review the key points of the thoughts module.
- Mothers play an important role in shaping their babies' thoughts and inner reality, which can have an impact on both the mother's and the baby's mood.

"Script"

"We have been talking about the kinds of thoughts we have and how some thoughts are healthy and more positive for our mood, while other thoughts are negative and more harmful for our mood. We've also talked about ways to try to get rid of these harmful thoughts."

Do you think that the thoughts that you have can also affect your future? How?

One of the goals for this course is to help you be able to think about and plan for your future. Let's do a relaxation exercise to help us do this."

Change the time period to 1 year or 6 months if your client has a hard time imagining farther into the future



First, close your eyes, get in a comfortable position and take a few deep breaths.

Now, I want you to look into the future. Today is _____ [date & year]. I'd like for you to fast forward your life to 5 years from now, to _____ [year].

Ask each question below. Provide a couple minutes for participants to visualize their answers:

- *What do you see yourself doing 5 years from now?*
- *What kind of life do you want to have for yourself?*
- *What do you NOT want for yourself?*

After asking the questions, have the participant come out of the relaxation activity and ask her to write down her "wants" and "don't wants" on **WORKSHEET 8.2**.

“Script”

“From this activity, it’s clear that we all have a particular life in mind for ourselves. 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?”

Over the last few weeks, 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. You have 5 years 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 doing?

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

There are things that you think and things that you do that make it more or less likely that you will act to achieve your goals. What are they?

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

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

We just talked about the different ways that you can shape your future by doing things that need to be done now and avoiding things that may not be helpful to achieving your goals. As a mother, you can shape not only your reality, but also help your child to shape his/hers.”



Now, close your eyes, get in a comfortable position and take a few deep breaths. [Ask each of the following questions and provide about a minute for your client to visualize her answers.]

- *How old will your child be?*
- *What do you see him/her doing 5 years from now?*
- *Is he/she in school? Is he/she able to read, write?*
- *Does he/she enjoy school?*
- *What kind of life do you want to have 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?*

“Script”

“From this activity, it’s clear that as a mother, you want the best for your child. So in the same way we talked about the ways in which you can help plan for your ideal future you can help plan for your baby’s ideal future. Remember, you have 5 years to make this happen.

To make this happen, what are some of the things you need to do now? What kinds of things do you need to teach your baby? What are some of the things that you need to avoid doing?”



Personal Project Thinking about the Future

Building on the last thing we talked about today, I’d like you to spend some time this week thinking about the things that you want and don’t want for your child as well as what things you need to do to make this happen. You can write these down on WORKSHEET 8.3.

WORKSHEET 8.1: THOUGHTS ABOUT BEING A MOTHER



- Our thoughts affect the way we perceive life and how we are as mothers.
- You can decide what kind of mother you want to be. For example, you can decide:
 - How to think about yourself, your baby, and your relationship
 - How you wish to treat your baby and what to teach him or her
 - What you want to feel for your baby and those emotions you would like to teach him or her
- Remember that learning to think is like learning to talk. Babies learn to think and talk by observing how their mothers think and talk.
- If the baby is raised listening to words of affection, the baby will learn to be affectionate.
- Your baby learns from you. Remember, you are his/her first teacher!
- You can teach your baby to think in such a way that he/she would feel good about himself or herself and about you.
- As a mother, you can be an example for your baby. You can help him/her "shape" his/her thoughts so that he or she develops a healthy inner reality.

WORKSHEET 8.2: THINKING ABOUT YOUR FUTURE

INSTRUCTIONS: Think about what kind of life you would like to have in the future, for example 5 years from now, and what kinds of things you want for yourself and don't want for yourself. Then think about the steps you need to take now in order to have the life you really want.

EXAMPLE:

"I would like to have a great computer job"



"I will sign up for a computer class now"



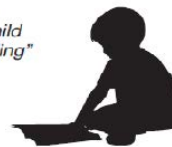
MY IDEAL FUTURE (5 years from now)	
What I want:	What I need to do now:
What I don't want:	What I need to avoid doing now:

WORKSHEET 8.3: THINKING ABOUT YOUR BABY'S FUTURE

INSTRUCTIONS: Think about what kind of life you would like your baby to have. Then think about the steps you need to take now in order to help your child have an ideal future.

EXAMPLE:

"I want my child to enjoy reading"



"I will read to my child now"



MY BABY'S IDEAL FUTURE (5 years from now)	
What I want for my baby:	What I need to do now:
What I don't want for my baby:	What I need to avoid doing now:

Session 9

Topic 1: MARY AND VIOLET'S DAY (5 min)



Key Points

- ❑ Note the importance of the reciprocal nature of interpersonal problems and depression.
- ❑ Mary and Violet have different ways of managing their outer reality, which affect their mood.

"Script"

"This morning, Mary and Violet each get a phone call from a friend asking them to go to the park. Violet does not answer the phone. She doesn't feel like getting out of bed and stays home. Mary decides to go out with her friend, and they spend the afternoon together at the park, relaxing and talking about the upcoming baby."



Notice on **WORKSHEET 9.1** Mary and Violet both start out at a level "4" in terms of their mood.

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

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

Topic 2: THE RELATIONSHIP BETWEEN MOOD AND CONTACT WITH OTHERS (10 min)



Key Points

- ❑ Provide education on the reciprocal nature of interpersonal problems and depression.
- ❑ Identify participant's current support system.
- ❑ Contact with others is part of our outer reality.

"Script"

*"Contact with others is the last section of the Mothers and Babies Course that we will be talking about. We will talk about how our relationships with other people affect our mood and might also affect our baby's mood. Let's begin talking about the connection between mood and contacts with others. Take a look at **WORKSHEET 9.2**."*



What kind of interactions do you have with people when you are feeling down?

How does your feeling down affect your contact with other people?

Key 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 are less talkative
- Are more sensitive to being ignored, criticized or rejected
- Trust others less



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

“Script”

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

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

Having fewer positive contacts and/or more negative contacts with others also adds to depression. So when we are feeling down or depressed, we often get caught in a vicious cycle.

A lot of people wonder whether feeling down/depressed causes people to be less sociable or if being less sociable causes feeling down/depressed? What do you think?

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 3: BREAKING THE CYCLE BETWEEN NEGATIVE MOOD & FEWER POSITIVE CONTACTS (5 min)



Key Points

- Help participant identify how to break the cycle between negative mood and fewer positive contacts (or more negative contacts) with others

“Script”

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

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



Can you give an example of using any of these strategies to improve your mood?

*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 at **WORKSHEET 9.3**.*

*Do you remember what Inner Reality and Outer Reality refer to? [If participant doesn’t, remind them the definitions and use **WORKSHEET 9.3** to help]*

“Script”

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

*You can also see on **WORKSHEET 9.3** what we just talked about a minute ago about how contact with other people interacts with your mood or emotions.”*

**Personal Project Quick Mood Scale & Contacts with Others**

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 also keep track of any positive contacts that you have as well as any negative contacts you have with other people.

*You can use **WORKSHEET 9.4** to complete the Quick Mood Scale.*

WORKSHEET 9.1: VIOLET AND MARY'S DAYS

INSTRUCTIONS: Violet and Mary are both 7 months pregnant. Circle the number on each panel that indicates what mood you think each woman is having.

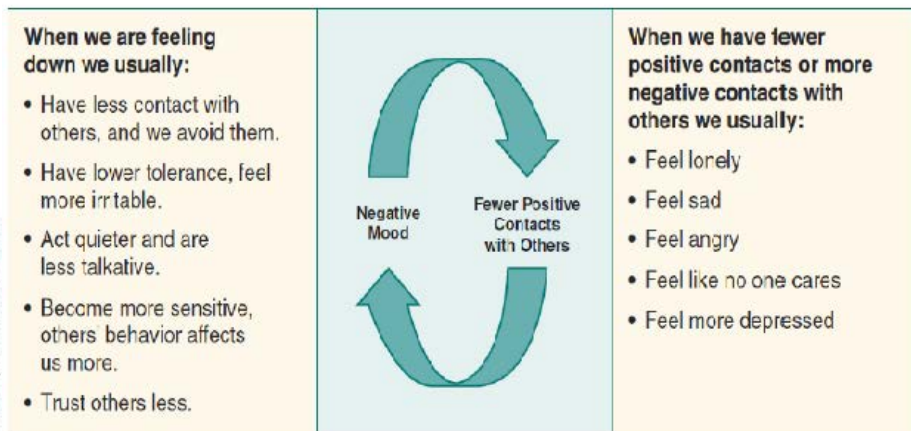
VIOLET'S DAY		MARY'S DAY	
9 8 7 6 5 4 3 2 1	 <i>I don't want to get up.</i>	9 8 7 6 5 4 3 2 1	 <i>I don't want to get up.</i>
9 8 7 6 5 4 3 2 1	 <i>I don't feel like facing the day.</i>	9 8 7 6 5 4 3 2 1	 <i>I don't feel like facing the day, but seeing Carmen will make me feel better.</i>
9 8 7 6 5 4 3 2 1	 <i>I don't want to speak to anyone.</i>	9 8 7 6 5 4 3 2 1	 <i>Hello Carmen, do you want to go to the park with me?</i>
9 8 7 6 5 4 3 2 1	 <i>I feel so sad and lonely.</i>	9 8 7 6 5 4 3 2 1	 <i>Thanks for coming to the park with me and for being such a good friend.</i>

ILLUSTRATIONS BY JOSE THOMPSON, THOMPSON DESIGN

WORKSHEET 9.2: RELATIONSHIP BETWEEN MOOD & CONTACT WITH OTHERS

In this section, we are going to see how spending time with other people affects how we feel.

- What kind of contacts do you have with people when you feel down?
- How does your mood affect your contacts with people?
- When you isolate yourself from others, how does this affect your mood?
- How does having more conflict or tension with others affect your mood?



Does a negative mood cause people to be less sociable?

OR

Does being less sociable cause a negative mood?

The answer is probably both. When we feel down, we are less likely to socialize. When we feel depressed, we do even fewer things with people. This continues until we are so depressed that we spend much of our time feeling alone.

WORKSHEET 9.3:

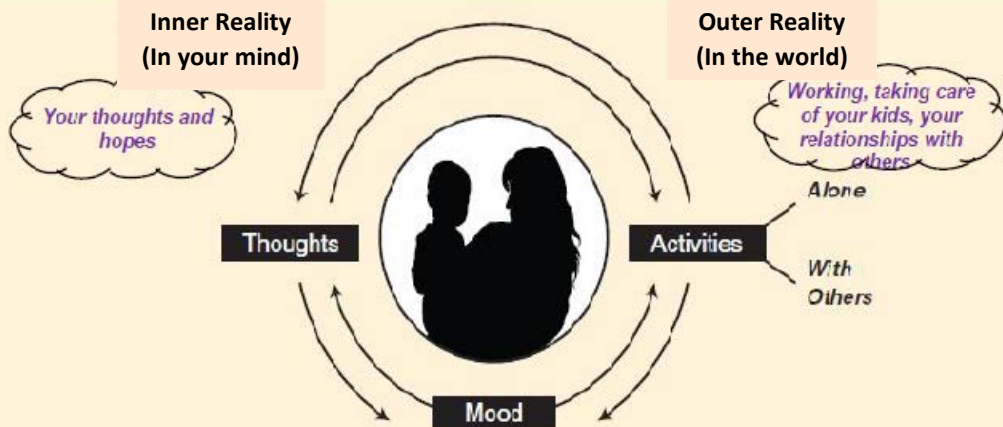
YOUR MOOD AND YOUR PERSONAL REALITY

- It is important to understand our moods. How do they influence our lives?
- To have a healthy mood, or positive feelings, it is important to learn how to manage your personal reality.
- Our personal reality is divided into two parts:

<p>The reality of our mind: <i>What we think</i> ↓ <i>Our "inner" reality</i></p>	<p>The reality of our world: <i>What we do</i> <i>With whom we relate</i> <i>The condition of our bodies: our health</i> <i>What happens in our world</i> ↓ <i>Our "outer" reality</i></p>
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This drawing demonstrates how we understand the relationship between our personal reality and our mood.

MY PERSONAL REALITY



Promote parent-infant bonding using cognitive-behavioral strategies

This drawing demonstrates how we understand the relationship between our personal reality and our mood.

WORKSHEET 9.4: QUICK MOOD SCALE

- Every night, before going to bed, circle the number from 1-9 that best represents your mood each day.
- At the bottom of each column you will find a space where you can note how many positive and negative contacts you have each day. See if there is a relationship between how you feel and the people you have contact with.

DATE: _____	_____	_____	_____	_____	_____	_____
BEST MOOD	9	9	9	9	9	9
	8	8	8	8	8	8
	7	7	7	7	7	7
	6	6	6	6	6	6
AVERAGE	5	5	5	5	5	5
	4	4	4	4	4	4
	3	3	3	3	3	3
	2	2	2	2	2	2
WORST MOOD	1	1	1	1	1	1
Number of POSITIVE Contacts:	_____	_____	_____	_____	_____	_____
Number of NEGATIVE Contacts:	_____	_____	_____	_____	_____	_____

Session 10

Topic 1: THE PEOPLE IN MY LIFE (10 min)



Key Points

- ❑ Recognize the importance of social support and its relationship to mood.
- ❑ Humans by nature are social beings.
- ❑ Participants can identify and evaluate their own social support system.
- ❑ We can make choices about who we spend time with.

“Script”

“We’ve talked last time about the importance of contact with others in managing your mood. Now 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, 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 **WORKSHEET 10.1**, you will see that we have divided your social support system into four categories. 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 couple 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.

Topic 2: PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME (10 min)



Key Points

- ❑ Participants can identify and evaluate their own social support system.
- ❑ There are different kinds of support.

“Script”

“This exercise can help you understand where you have support and where you might need more support. As you do this exercise, 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 an afternoon in the park with you. Not all people are good at all types of support.”



On **WORKSHEET 10.2**, there are four squares, each representing a different type of support that a person might provide for you. As we go through them, think of the people in your life who might provide these different types of support, and write them down. If you can't think of anyone who helps you in this way, put down a question mark

After completing the exercise on **WORKSHEET 10.2**, ask client to identify areas of social support that are adequate and areas of social support that she would like to change and develop. Begin a discussion using the following questions:

1. What do you notice?
2. How many people did you think of for each type of support?
3. Were they mainly friends/family/professionals?
4. Where is there plenty of support?
5. Where are the gaps? In which areas?
6. Who gets a lot of mentions? (Identify risks of relying too much on one person since if that person is not available, you are left without any support).
7. Who do they want to be part of their life as a mother?

"Script"

"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 others, there will be less pressure on you than in a setting where the main purpose is to meet people."*



Now let's think together 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?

Highlight places that are in the area and activities that are free such as:

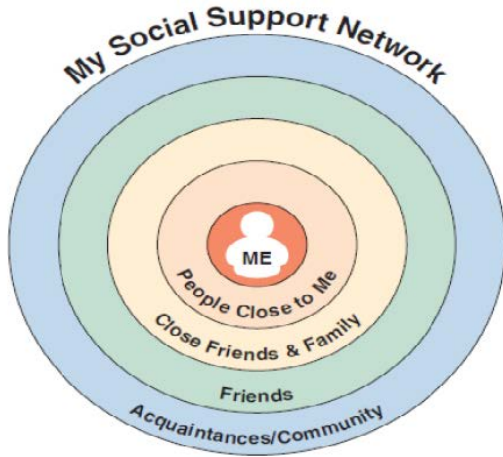
- 1) Church, temple, synagogue, mosque, place of worship
- 2) Prenatal clinics
- 3) Childcare places
- 4) Parks where other mothers/children might frequent
- 5) Volunteer activities
- 6) Cultural/ethnic events
- 7) Neighborhood café or coffee shop



Personal Project Support Network List

*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. You can write down who these people are on **WORKSHEET 10.3***

**WORKSHEET 10.1:
THE PEOPLE IN MY LIFE**



Instructions: Write the names of people you know in the circle that best describes your relationship with them.

- **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.

**WORKSHEET 10.3:
PEOPLE WHO WILL PROVIDE SUPPORT
FOR ME AND MY BABY**

INSTRUCTIONS: This time, each square describes a different type of support that people can give your baby. Think about the people in your life who fit in each square and write their names there. The same person can be written in more than one square.

PRACTICAL SUPPORT	ADVICE OR INFORMATION
Whom will you ask to: <ul style="list-style-type: none"> • drive you to the hospital? <hr/> <ul style="list-style-type: none"> • call to lend you something you need? <hr/> <ul style="list-style-type: none"> • help with babysitting if I don't feel well and need to rest? <hr/> <ul style="list-style-type: none"> • would take me to the hospital if my baby gets sick? <hr/>	Whom will you ask for advice/information: <ul style="list-style-type: none"> • when you don't feel well? <hr/> <ul style="list-style-type: none"> • when my baby is sick? <hr/> <ul style="list-style-type: none"> • when you don't understand how to do something? <hr/> <ul style="list-style-type: none"> • when something about my baby worries me? <hr/>
COMPANIONSHIP	EMOTIONAL SUPPORT
Who will: <ul style="list-style-type: none"> • walk around the park with you? <hr/> <ul style="list-style-type: none"> • spend the afternoon with you? <hr/> <ul style="list-style-type: none"> • help you with chores? <hr/> <ul style="list-style-type: none"> • play with my baby? <hr/> <ul style="list-style-type: none"> • teach my baby new things? <hr/>	Who will you look to: <ul style="list-style-type: none"> • for encouragement? <hr/> <ul style="list-style-type: none"> • for understanding? <hr/> <ul style="list-style-type: none"> • for help when you're feeling down? <hr/> <ul style="list-style-type: none"> • comfort my baby? <hr/> <ul style="list-style-type: none"> • make my baby feel loved? <hr/>

(Adapted from Brugh's *Preparing for Parenthood* manual, 1998)

**WORKSHEET 10.2:
PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME**

INSTRUCTIONS: Each square below represents a different type of support that people can give you. Think about the people in your life who fit into each square and write their names there. The same person can be written in more than one square.



PRACTICAL SUPPORT	ADVICE OR INFORMATION
Whom will you ask to: <ul style="list-style-type: none"> • drive you to the hospital? • call to lend you something you need? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Whom will you ask for advice/information: <ul style="list-style-type: none"> • when you don't feel well? • when you don't understand how to do something? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
COMPANIONSHIP	EMOTIONAL SUPPORT
Who will: <ul style="list-style-type: none"> • walk around the park with you? • spend the afternoon with you? • help you with chores? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Who will you look to: <ul style="list-style-type: none"> • for encouragement? • for understanding? • for help when you're feeling down? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Session 11

Topic 1: COMMUNICATION STYLES AND YOUR MOOD (5 min)



Key Points

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

"Script"

"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.

WORKSHEET 11.1 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."

Give an example of how passive and aggressive styles might lead to not getting their needs met.



How do you think that your communication style affects your mood?

Highlight the following issues related to communication style:

- people with passive styles and aggressive styles get their needs met less often than people with assertive styles
- when people don't get their needs met this can have a negative impact on their mood
- passive and aggressive communication styles may have a negative impact on one's relationship with other people
- passive communicators may not try to initiate contact with other people while aggressive communicators might "turn off" people they talk to

Topic 2: GETTING YOUR NEEDS MET (5 min)



Key Points

- ❑ It's OK to ask for help.
- ❑ Asking for help in a positive, clear, and direct way (being assertive) can increase the chance that one's 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 one's needs can help improve one's outer reality.
- ❑ There are different ways to overcome obstacles to expressing one's needs.

"Script"

"Part of being assertive is being able to make requests in a clear and positive way. When we do this, we are better able to ask for what we want and need, others know how they can help us, and it increases the chance that we will get our needs met. Of course, it 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. We all have times when we don't say what's on our minds and 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."



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

- They might say yes.
- At least you know what the answer is.
- If they say no, you can move on and think about what else you can do.

Let's talk about some of the things that might prevent us from speaking our mind when it's a good idea for us to do so.

Brainstorm obstacles that might keep the participant from being assertive and speaking her mind. Some common obstacles to mention if they aren't mentioned by the client 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 be disrespectful

Provide examples for each of the 5 steps.

"Script"

"There are 5 steps that can help us to become more assertive and communicate in a way that might increase our chances of getting our needs met. These are located on WORKSHEET 11.2.

- 1) *Identify what you want.*
- 2) *Pick who you should ask for help.*
- 3) *Figure out a way to say it in a way that is clear and direct.*
- 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 3: INTERPERSONAL RELATIONSHIPS AND DEPRESSION: ROLE CHANGE/TRANSITION (5 min)**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 make you feel depressed 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.

“Script”

“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.”



*This is another 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 **WORKSHEET 11.3**, you see three questions:*

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

Topic 4: ROLE DISAGREEMENTS/DISPUTES (5 min)**Key Points**

- ❑ Having a baby sometimes creates conflicts or disagreements with others.
- ❑ Both parents should take responsibility for raising a child (*only discuss if co-parent is involved*)
- ❑ Those disagreements can affect your mood.
- ❑ It is important to learn how to identify your thoughts, feelings, and behaviors about those disagreements so that we can improve our mood.

“Script”

“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.”



Is anyone having a disagreement related to your pregnancy or your new baby?

Elicit examples for the different categories on *WORKSHEET 11.4*.

There may be a tendency to “vent” about people the client is angry with or adopt a blaming attitude. It’s helpful for the client to understand her feelings, thoughts, and behaviors but also encourage her to understand the feelings, thoughts, and behaviors of the other person in the disagreement.

As participants share, ask:

- *Is there a solution where you can both get what you want?*
- *Could you do anything to make this situation healthier or more positive for you?*




Personal Project *Make a Request*

Between today and next time (which will be our last session together talking about Mothers and Babies), I’d like you to make a request from someone. This could be a friend, a family member, or maybe even me—your home visitor. As you are making your request, think about what type of communication style is likely to get your request met.

WORKSHEET 11.1: COMMUNICATION STYLES AND YOUR MOOD

What's in the box?



3 TYPES OF COMMUNICATION STYLES		
COMMUNICATION STYLES	Respects Wishes of Others	Respects Own Wishes
Passive	Yes	No
Aggressive	No	Yes
Assertive	Yes	Yes

1. What is your main communication style?

2. How does your communication style affect your mood?

3. How does your communication style affect your relationships with others?

WORKSHEET 11.2: GETTING YOUR NEEDS MET

- It's okay to ask for what you need.
- You are more likely to get what you need if you communicate in a positive, clear, and direct manner.
- When you ask for help from others, the more information you provide the easier it will be for others to help you and the better your chances are of getting what you want. For example: "I want to attend a computer class on Wednesday from 1:00-3:00pm."
- The person may say "yes" or "no." You may need to compromise.



STEPS	MY EXAMPLE
1. What do I need?	
2. Who can help me?	
3. Ask for what you need in a way that is clear and direct.	
4. Respect the other person's right not to do what you request.	
5. Be willing to compromise.	

WORKSHEET 11.3: ROLE CHANGES

Having a baby can be both a joyous and stressful occasion. Having a baby can change the way you feel about yourself. Becoming a mother (for the first time or again) is a new role and can affect your mood.

A Reality Management Approach:

How can you mold your reality now that your role has changed? To build a healthy new reality, you can use your thoughts, behaviors, and contacts with others.

1. Thoughts: What are your thoughts about these changes? (Helpful and Harmful)

2. Behaviors: What can you do to adapt to these life changes?

3. People: Who can help you adapt to these life changes?

WORKSHEET 11.4: ROLE DISAGREEMENTS OR DISPUTES

Having a baby can change your relationships with other people for the better or the worse. Do you have problems with another person that affect your mood? Do these problems, conflicts, or arguments contribute to your feeling sad?

Feelings: What are your feelings about this person?

Thoughts: Think about conflict(s) you had with this person over the past week

- How does the conflict affect the way you view yourself?
- How does the conflict affect how you view the other person?
- How does the conflict affect the way you view the world?

People: Think about the person you are having problems with

- What are his/her good points? What are his/her bad points?
- How do you think he/she sees the problem? (Try to understand his/her point of view even though you may not agree with it)
- Is there a solution where you both get something important that you want?
- Is there anyone who could help you with solving the problem?

Behaviors: When you have a problem with this person, how do you behave?

- Is this how you usually behave when you have problems with others?
- When you have problems with this person, how does he/she behave?
- Could you do anything to help shape the situation into one that is healthier for you?

Session 12

Topic 1: COURSE REVIEW and PLANNING FOR THE FUTURE (10 min)



Key Points

- ❑ Review the main concepts: Relationships between mood and pleasant activities, thoughts, and contacts with others can affect one's inner and outer reality.
- ❑ Thoughts 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) and a healthier mood.

"Script"

"We've talked about how your mood is related to pleasant activities, thoughts, and contacts with others. As you can see on WORKSHEET 12.1, 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 moments 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 into 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 your day."



How can you create a healthy reality for you and your baby?

- The activities one does and the people one interacts with can affect one's mood (outer reality).
- The types of thoughts that one has can affect one's mood (inner reality).
- By changing their inner and outer reality, mothers can help shape their children's inner and outer reality.

"Script"

"Perhaps the most important thing to remember is that all of the material we have talked about the last few weeks is not just something you can use while you are pregnant or after you have delivered. Increasing pleasant activities, having helpful thoughts, and increasing the amount of positive contacts you have with other people are things you can do throughout your life. The Mothers and Babies Course is intended to give you skills and strategies that you can use in your daily life right now and well into the future."

Topic 2: PLANNING FOR THE FUTURE (10 min)**Key Points**

- ❑ Encourage client to keep Mothers and Babies workbook for future reference.
- ❑ Encourage client to continue using strategies that have been helpful and try out some of the skills she hasn't tried yet.



Set goals in client's treatment plan/home visiting agreement that incorporate Mothers and Babies skills tailored to aid in problem areas that affect her.

Ask if there are particular tools the client likes to use or have already been helpful (e.g. the quick mood scale, a monthly calendar for scheduling pleasant activities), and encourage her to incorporate these skills into her daily life.

Also encourage client to keep track of the Mothers and Babies workbook and to try out some of the skills she hasn't tried yet to see how they work for her.

Congratulate client on getting through the entire curriculum!

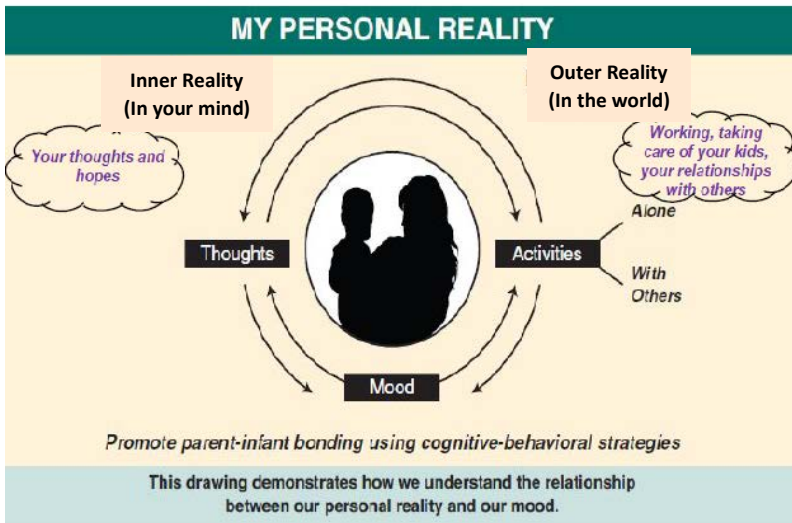
**WORKSHEET 12.1:
COURSE REVIEW**

Inner Reality: The world of your mind, which is yours and not observable by others. Only you have the "key" to your inner reality!

Outer Reality: The facts - parts of your reality that are observable and measurable.

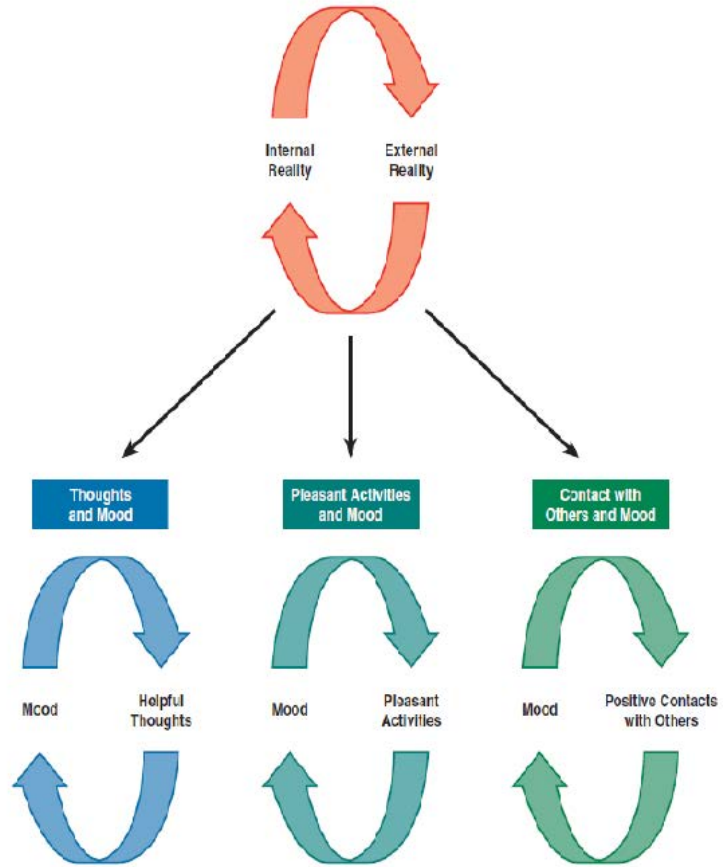
Remember: Your inner and outer reality can affect your mood. These realities affect the activities you do, your thoughts, and your contact with other people. In turn, all of these things affect:

- You
- Your baby
- The relationship between you and your baby



MB 1-on-1 Participant Workbook

**WORKSHEET 12.1 (CONTINUED):
COURSE REVIEW**



Spring 2017

