The Mothers and Babies Course: A Reality Management Approach
Preventing Postpartum Depression through Home Visiting

Home Visitor Field Guide
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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 15 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 (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 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.
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 15 SESSIONS—one for each of the 15 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.
  - 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.

- Each session contains one ACTIVITY. This activity is not to be done during the 15-20 minutes you are together with a family. Rather, you should read the script provided for the activity 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 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.
Session 1

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 good ways to manage stress and that the Mothers and Babies Course will discuss helpful ways to manage stress.
- Emphasize that mood is connected to our ability to reach goals, our self-esteem, the types of relationships we form, and ultimately to the quality of our lives.
- 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.
- 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.

Over the years, mental health providers have learned a lot about helping people to manage their moods, and they have developed a number of skills called mood regulation skills. During this class we will be teaching you these skills and helping you to use them in your daily lives. We will also be talking about how you can pass on these skills to your children.
Topic 3: PURPOSE AND OVERVIEW OF MOTHERS AND BABIES COURSE (5 min)

Key Points

- Introduce the Mothers and Babies Course

Script

The Mothers and Babies classes 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 today.

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 help 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 get ahead 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 be asking 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.

Activity: MY PARENTS MY TEACHER VIDEO

Script

Before we talk about the next Mothers and Babies session next week I would like you to look at a short video on your 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)
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 that 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. Our thoughts are part of inner reality, and 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.

Any questions so far about what is meant by inner and outer reality?

If you look at WORKSHEET 2.1, you will see a diagram of how our inner and outer reality can affect our mood. The diagram shows that our thoughts, activities, and emotions are interrelated, which means that how we feel affects the way we think and what we do.

When we feel down, we are more likely to think negative, pessimistic thoughts, and we are less likely to do things that are healthy. However, as you can see, the way we think and what we do also affects how we feel. This means that if we can change the way we think or the things we do, we can also change our mood. Changing what we do also affects how we think and vice versa.

Although some things that happen to us are out of our control, there are parts of our reality that are under our control. 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. Sometimes it seems like we can’t change the way we think, but we have found that even making small changes can be very helpful. We will talk a lot about how we can make changes in our inner and outer realities that will help us and our children. As a mother, you are able to pass on what you learn to your children and you will be able to show them how they can shape their own reality. For example, you will be able to help them have healthy thoughts about themselves, teach them
how to engage in activities that help their minds and their bodies grow, and show them how to have healthy relationships with other people.

**Topic 2: QUICK MOOD SCALE (10 min)**

**Key Points**

- Explain the Quick Mood Scale and have participant rate her mood for today.
- 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 as she practices it. (There will be days when it will be hard to decide on an average for their mood. She should do the best she can.)
  - There is no right answer. Only she can determine how she has felt each day.
  - Each person is different.

**Script**

A first step in managing our mood is to begin really noticing 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.

If you look at WORKSHEET 2.2, there is a copy of something we call the Quick Mood Scale. We can use this scale to track our mood.

The scale goes from 1 to 9, with 1 being the worst you might feel, a 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 mood I’d ever had, I would figure out how bad I was feeling, and I would pick maybe a 2 or a 3. There are no right or wrong answers. It’s just how I think I’m feeling.

Pause and ask her to rate her current mood. Use active listening skills to show you understand what she is saying and how she is feeling.

Let me now show you how I would use the Quick Mood Scale to rate my last week [Instructor does a quick demonstration showing a rating for each day and explaining why the rating was higher or lower each day].

We recommend that you complete the Quick Mood Scale each night before you go to bed. 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?”

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.

As we talk more about the Mothers and Babies Course the next few weeks, you will learn a lot new strategies for improving your mood and dealing with stress. We’ll be talking about these strategies, but it is really important that you use the strategies at home too. We want you to practice at home so you can tell us whether or not they were helpful. Each week we will use the Quick Mood Scale to track our mood and the use of the strategies we have talked about.

**Session 2: ACTIVITY**

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.
Session 3

Topic 1: REVIEW OF QUICK MOOD SCALE (5-10 min)

Key Points

- Review participants’ Quick Mood Scales.
- Discuss how participant felt about completing the Quick Mood Scale.
- Discuss what participants learned from tracking their mood

Script

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

Refer to her Quick Mood Scale (WORKSHEET 2.2). Then elicit her reactions. Possible questions to ask are:

- 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 your personal project, 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.

Topic 2: COMMON MOOD PROBLEMS AFTER BIRTH (5-10 min)

Key Points

- Assess what participants know about postpartum depression, baby blues, and depression.
- Provide clear definitions of each.
- Ensure that participants understand the difference between the different types of mood problems and can recognize each type.

Script

As we talked about during our first Mothers and Babies session, stress affects our emotional and physical health.

One potential effect of experiencing stress during pregnancy and after delivery is problems with your mood. However, there are things you can do to prevent mood problems. For example, if you use the stress management skills that you will learn in this course, the chance that you will have problems with your mood will go down. Now I want give you some information about the most common mood problems that women experience during and after giving birth, so that if they happen to you, you will be able to recognize them and know how to handle them.

Let’s go over the different types of mood problems that women sometimes experience during pregnancy or soon after giving birth. If you turn to WORKSHEET 3.1, you’ll find descriptions of the three most common mood problems that occur during this period.
The first type of mood problem is the Postpartum Blues or what some people call the Baby Blues. This is very common—it is estimated that about half of women who deliver will experience the Baby Blues. You can see some of the symptoms of the Baby Blues on WORKSHEET 3.1. These symptoms appear in the first week after delivery and last for less than two weeks.

The second type of mood problem is Postpartum Depression. Unlike the Baby Blues, which is more mild depression, Postpartum Depression is more major depression and symptoms last for more than two weeks. One of the goals of the Mothers and Babies Course is to prevent you from experiencing Postpartum Depression, but if you are experiencing the symptoms on WORKSHEET 3.1 for more than two weeks you should let me (your home visitor) know as well as other people you trust like your doctor, a nurse, or a counselor.

The third type of mood problem is Major Depression. Postpartum Depression is one type of Major Depression, which occurs in the first year after you deliver a child. The skills that you learn during the Mothers and Babies Course are intended to help you with your emotions and feelings during that first year after you deliver and can also be helpful in preventing Major Depression after your child’s first birthday.

Do you have any questions about these categories?

Have you ever experienced any of these types of mood problems or know anyone who has?

Session 3: 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.

Be thinking about what causes you to rate your mood higher or lower on a certain day.

You can use WORKSHEET 3.2 to complete the Quick Mood Scale.
Session 4

Topic 1: QUICK MOOD SCALE REVIEW (5 min)

Key Points

- Review Quick Mood Scale.
- Discuss how she felt about completing the Quick Mood Scale.
- Discuss what she learned from tracking her mood.

Script

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

Refer to client’s Quick Mood Scale. Then elicit her reactions. Possible questions to elicit discussion include:

- 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? [Elicit responses.]

Let’s talk about ways you might be able to do to avoid those obstacles in the future.

Topic 2: KEISHA AND TAMIKA’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.
- Doing pleasant activities helps make our lives more balanced; we realize there is more in our lives than just problems and things we have to do.
- Pleasant activities are our part of our outer reality.

Script

Let’s look at the cartoons that are WORKSHEET 4.1 in your manual to see an example of how what we do can affect how we feel.

Keisha and Tamika 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.

Elicit client’s reactions to the cartoons and help them flesh out the characters.

- Who are Keisha and Tamika?
- Why do we think they are 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?

Help client discuss how example is relevant to her life. You may choose to highlight the following points:

- **Pleasant activities help to balance our lives, especially when they are stressful.**
- **Pleasant activities tend to chain—which means that doing one activity can start a chain so that you are more likely to do more pleasant activities.** For example, if you go out for a walk, you may bump in to someone and then you may decide to do something with them. Then, that night you may have pleasant thoughts about what you did together. And in the future you are more likely to go out for a walk again.
- **Even when life is stressful, we can choose to do pleasant activities. By doing so, we change our mood and at least a small part of our lives.**

**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.
- It may be difficult to get the energy to do pleasant activities when we are feeling down or tired, but if we do, it may help us feel better and less tired.
- Many activities are pleasurable because they offer us the chance to experience a sense of mastery or a sense of meaning.

**Script**

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

What does the term pleasant activities mean to you?

When people do pleasant activities they often feel happier, are more likely to have positive thoughts about their lives, and are more likely to have positive contacts with others.

Can you give an example of something you did in the last week that improved your mood or lead to you having more positive thoughts?

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

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

**Session 4: ACTIVITIES**

We will have our next Mothers and Babies session in one week. Before we meet again, I’d like you to think about different things that you consider to be pleasant activities for you. We will be talking more about this next time and it will be helpful for you to have started to think about this before our next session. You can write down these activities on WORKSHEET 4.2.
Session 5

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

Key Points

- Help each participant identify activities they enjoy doing both alone and with their babies.
- Highlight the following points:
  - We don’t all like the same things.
  - We don’t need to do tons of pleasant activities to feel good.
  - Some pleasant activities are brief.
  - There are times when we enjoy doing a particular activity and other times when we dislike doing the same activity. It’s important to figure out under what conditions an activity is likely to be enjoyable.
  - When you know what you like to do, it makes it easier to do it.
- Pleasant activities are our part of our outer reality.

Script

Now I’d like to do an exercise so that you can decide which activities are pleasant for you. Let’s take a few moments to look at WORKSHEET 4.2, which asked you to think about what types of things are pleasant activities for you.

So what kind of activities do you like doing with or without your baby?

Have client share her responses, highlight the following points:

- 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
- Doing pleasant activities affects how you feel and it changes your outer and inner reality.
- Mothers can do activities with their babies that may affect the babies’ mood.
- Both mothers and babies can learn that certain activities are fun and promote a healthy mood.

You came up with a great list of activities. If you turn to WORKSHEET 5.1 you’ll see 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.

You can go back to this list at any time to get ideas for pleasant activities you can do.

Summarize and make comments regarding the activities that are listed. Key points to cover are listed below.

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

**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.

**Script**

*While we know that it’s important to do pleasant activities, sometimes things just seem to get in the way of doing them. For example, the things we have to do can keep us from doing the things we want to do.*

*What else can get in the way of doing pleasant activities?*

*Now let’s think of all the possible ways you might overcome each obstacle. At this point, we want to come up with all possible solutions without evaluating them.*

Choose 2-3 obstacles to go over and have client call out ways to overcome it. Highlight how much she already knows about overcoming obstacles.

*You know a lot of ways to overcome obstacles. Now I’d like to talk about one other way. It’s a technique called problem solving. Counselors often teach couples or parents and children this strategy so that they can resolve conflicts, but we can also use it to help us figure out solutions to difficult problems. We’ve outlined the steps to take on the bottom of WORKSHEET 5.2. You already use many aspects of problem solving. For example, the first step is to identify the problem or obstacle.*

*The second step is to think about all the possible solutions. Another word for this is brainstorming. The important part of this step is to write down all solutions without thinking about whether it is a good choice.*

*The next step is to choose the best solution or combination of solutions. This means you pick the one that is best for you. Remember we are all different, so the same solution will not work best for all of us. The final step is to see how well the solution works for you. We try it out and then we see how well it worked. If it doesn’t work, it’s time to try something else out.*

**Session 5: ACTIVITIES**

*Before we meet next week, I would like you to do one new pleasant activity.*

*As we talked about, sometimes there are barriers to doing pleasant activities. One way to try to overcome these barriers is to set a goal for yourself and stick to it.*

*Fill out the Personal Commitment Form and calendar on WORKSHEETS 5.3 AND 5.4 to help you do this. Next week we’ll talk about how you felt when you completed the pleasant activity and achieved your goal and whether or not you found the Personal Commitment Form and calendar helpful.*
Session 6

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.

Script

Last week you were going to schedule and complete at least one pleasant activity (WORKSHEETS 5.3 AND 5.4). 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: HOW DO BABIES LEARN? (5 min)

Key Points

- Babies and young children learn by playing.
- Doing pleasant activities helps babies’ physical and emotional health.
- Doing pleasant activities with our babies help strengthen mothers’ relationship with them, which is important now and in the future.
- Remind main concepts from video, my parents my teachers. If participant has not watched this, recommend that they do this.

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, be able to use a computer. Lately, people have become more interested in children’s emotional intelligence. What does this term mean to you?

Let’s spend a couple of minutes now and talk about how exactly is it that our children learn. For example, how do children know what to do or what not to do? How do they learn to soothe themselves when they are upset? How do they understand who they are in the world? Take a look at WORKSHEET 6.1.

Babies learn by:

- 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
Highlight that babies learn from us, which means that if we want to teach them something, we need to know it first. Also, remind participants to be aware that our children learn from us even when we are not aware we are teaching them. It is important to avoid teaching them stuff 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: 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:
  - 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 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 each baby learns best.

Script

What do babies like to do? [For clients who are mothers already], can you remember what your child(ren) liked to do as a baby? Babies are constantly exposed to new things and so they are constantly 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
- Attend to babies’ needs (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 they touch it or move it, such as a rattle.

In the first year of your baby’s life, there are many changes that your baby will make, including physical, cognitive, and social changes. Because your baby is changing so rapidly, the things that he/she does or likes to do will also change. On WORKSHEET 6.2 there is a list of activities that babies like to do at different ages.

When babies are young, they cannot move much but enjoy imitating and listening to your voice. 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.

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.

Why would it be good for the mother to provide her baby with pleasant activities, such as looking at mobiles or interacting with other babies?

Highlight how babies learn by playing. Also, pleasant activities improve the baby’s mood. The mother-baby relationship is bidirectional, meaning the baby also affects 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.

Why would it be good for the mother and baby to do pleasant activities together?

When the 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 an interesting side of the world.

Session 6: 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 6.3 to complete the Quick Mood Scale.
Session 7

Topic 1: KEISHA AND TAMIKA’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

Keisha and Tamika have both recently gave birth, but now that their babies are born they are not sleeping very well (WORKSHEET 7.1) Both babies have colic, and they cry for almost two hours before they go to sleep at night. Their babies’ colic is a real problem. It is part of their outer reality. In the beginning their mood is at a 3 because they are tired. But Keisha and Tamika have different reactions to the problem.

Keisha feels very bad that her baby has colic. When her baby cries she feels that she is being punished. She thinks it is very unfair that her baby is difficult. She wonders if the baby is doing it on purpose. She begins to think about her baby in a negative way. She sometimes thinks her baby is spoiled, difficult or fussy. She also worries because she thinks she should be able to get her baby to stop crying. She begins to think of herself as a “bad mother.” She begins to feel angry with herself and with her baby, and because she is in a bad mood, she stops going out with her friends. She begins to find it hard to be affectionate with her baby the rest of the day because she still feels resentful about last night.

Tamika is also upset that she has a colicky baby, but she wonders how she can help her baby. She tries to figure out what is wrong and how she can help. Although her baby keeps crying, she believes that at least by holding her baby, she is showing the baby how much she cares and that must help a little.

- At each step of the story, why do Keisha and Tamika’s mood change?
- How would you rate Keisha and Tamika’s mood at each step in the story
- 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?

When babies have colic, like in the story, nothing really helps them, and this is very difficult. It would be normal to think like Keisha did - that there is something wrong with the baby or with her, but the truth is that Keisha and her baby are just in a difficult situation. You may find yourselves in difficult situations too and at these times it will be important not to take it personally. Just because a baby cries does not mean that you’re a bad mother or that you have a bad baby. The way we think about the baby crying will affect our mood and how we interact with our babies.

Topic 2: WHAT ARE THOUGHTS? (5 min)

Key Points

- There is a reciprocal relationship between thoughts and mood
- Thoughts = self talk, as if we were having a conversation in our mind
- Our thoughts can affect the way we feel, can affect our bodies (e.g., negative thoughts can cause tension), and can affect what we do
- It is possible to change the way we think. In many ways it is like learning a new language. The first thing we need to do is be able to identify (hear) our own thoughts.
- Thoughts are part of our inner reality, and our inner reality is related to our mood/emotions.
Script

What are thoughts? Elicit responses from participant. Then provide definition below building on what participant says:

Thoughts are defined as “ideas, plans, pictures, or opinions that are formed in your mind”. The important thing to remember about thoughts is that they are things that we tell ourselves. Another way to put it is that thoughts are like having a conversation with ourselves.

If you look at WORKSHEET 7.2, you’ll see some other things that are true about thoughts:

- 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.
- If we can better able to manage our inner reality, we can help to improve our mood.

Topic 3: THE PATH TO A HEALTHY MOOD (5 minutes)

Key Points

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

Script

Let’s go back to Keisha and Tamika for a minute. We saw with Keisha and Tamika that their thoughts influenced their mood. On WORKSHEET 7.3 we show you another way to think about the thoughts that Keisha and Tamika are having.

Let’s look at how each choice they made affected their mood. (WORKSHEET 7.3)

What you can see from these two pictures is that each little step that Keisha and Tamika took affected their mood. With Keisha each of her choices made her feel a tiny bit worse. With Tamika each of her choices made her feel a tiny bit better.

We talked before about how events “chain” together and this is what we are talking about. 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. Those things add up!

Session 7: 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. You can use WORKSHEET 7.4 to complete the Quick Mood Scale.
Session 8

Topic 1: HELPFUL THOUGHTS AND HARMFUL THOUGHTS (15 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.

Script

Now that we have talked about what thoughts are, we’re going to begin to discuss some of the thoughts you may be having. Before we start though, I want to share some thoughts that many pregnant women and new mothers have. For example:

- “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 not a good parent.”

So as you can see, it’s normal and natural to have different types of thoughts during pregnancy and after giving birth. It is a time that can be both joyful and very stressful because of the changes you are experiencing both physically and emotionally.

On WORKSHEET 8.1, you see a picture of a pregnant woman. Imagine that you are that woman, and think about some of the thoughts you are having or had related to being pregnant and becoming a mom.

Below the picture are two columns. One column is labeled “helpful thoughts.” Under that column, write down thoughts you are having that make you feel good, happy, or hopeful. The other column is labeled “harmful thoughts.”

I’d like you to write down thoughts in this column that make you feel stressed, drained, worried, sad, scared, or angry.

Ask the participant to share her thoughts and the reason(s) she categorized them as a helpful vs. harmful thought. Remind the participant to share only those thoughts that she feels comfortable sharing. You can write those thoughts down and talk about what makes the thoughts helpful or harmful. The key here is to focus on how the participant identified and categorized thoughts.

You just identified some helpful and harmful thoughts that you have. Now I’d like you to look at WORKSHEET 8.2, which lists some other 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.

Session 8: ACTIVITIES

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 8.3 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.
Session 9

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

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 doing to talk about each of these antidotes briefly. These are listed on WORKSHEET 9.1.

1. The first harmful thought pattern is All or Nothing Thinking. What this means is that you think in extremes—it’s either all or nothing...all good or all bad. Can you think of an example of this?

One example of All or Nothing Thinking that is very common is thinking about yourself as a failure. But instead of saying something like “I’m a failure” because you don’t succeed at doing one thing, it is important to think about what is in the middle. In other words, instead of thinking about yourself as being perfect or being a failure because of one thing, think about how you may not have been successful at one thing but that you have been successful at other things in your life.

2. The second harmful thought pattern is Overgeneralization. What this refers to is taking one negative event and seeing it as a never-ending pattern. Can you think of an example of this?

One example of Overgeneralization is thinking that if someone betrays you then you shouldn’t trust anyone. But just like before when we talked about All or Nothing Thinking, there is more to the story than that. Instead of thinking that every person is going to betray you, you should remember that not every situation and every person are going to be the same. In other words, if one person betrayed you, you shouldn’t automatically assume that everyone else will as well.

3. The third harmful thought pattern is Blaming Oneself. As you see in WORKSHEET 9.1, this refers to thinking that when negative things happen to you they are always your fault.

One example of Blaming Oneself that is common for a parent is to think that if your child falls down or accidently bumps into something that it is something about you that caused this to happen. But 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.

4. The fourth harmful thought pattern is Negative Fortune Telling. This means that you believe you can predict that your future will turn out badly.
Although sometimes it is tempting to think you know the answer to what is going to happen in the future it is important to remember that things may not turn out how you expect and that it is important to find out how things turn out rather than just imagine the worst.

We talked about a lot of different harmful thought patterns today. Not everyone has all of these harmful thought patterns. As we talked about them today, you might have thought that some were relevant to your life while others might not be.

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.

Session 9: 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.

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 9.2 to complete the Quick Mood Scale.
Session 10

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, which in turn affects the way their children think about themselves, their mother, and their relationship with their mother.
- Young children are very aware of their parents’ emotions. They understand their world by the emotions attached to the words that are spoken around them. If their mothers are depressed or are experiencing a lot of harmful thoughts about being a mother or about their child, children will be exposed to a lot of negative emotions, which will affect the way they begin to think about themselves.
- As children develop language, they will also begin to use the words that their mothers say. They will hear what their mothers say about themselves and what their mothers say about them and over time the mother’s words may become the children’s words and inner realities. This is the passing along of harmful thinking that we want to prevent.

Script

We talked a lot about the types of thought patterns we have, and how different types of thoughts can affect our mood. But we have not yet talked about how we learned to think this way. How do you think we learned to think the way we do? For example, if I say, “I’m stupid,” how did I learn this?

Let’s take a look at WORKSHEET 10.1.

Begin a discussion of how we learned to think the way we do. Key points to highlight include:

- We learned by experiencing how others, like our parents or brothers and sisters 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.

As mothers, we have the opportunity to teach our children different ways to think than we were taught. What would you like your children to learn to think about themselves, your relationship, and the world?

Begin a discussion about how the participants will teach their children the things they want them to learn. Highlight how they will serve as role models for their children in a similar way that their parents served as role models for them. So, if they want to make changes in their children’s lives and thought patterns, they may need to make changes in their own way of thinking first.

Topic 2: WAYS TO CHANGE HARMFUL THOUGHTS THAT AFFECT MY BABY AND ME (15 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

We’ve been talking a lot about harmful and helpful thoughts and how they affect your mood.

Last session we talked about a number of harmful thought patterns like Overgeneralization and Blaming Oneself.

What we are going to focus on for the next few minutes 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. These strategies are located on WORKSHEET 10.2

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

   The tricky part of this skill is that you first need to be good at catching yourself thinking the harmful thought. Sometimes we get so caught up in our thoughts that we don’t even know we’re thinking them. So you need to get good at catching yourself when you think something harmful, like “I’m a bad mother.”

   When you catch yourself thinking you’re a bad mother, instead of getting caught up in all the reasons why you’re a bad mother, just think, “There’s that harmful thought again. I’ve had that thought before, and I know it’s a harmful thought. I’m going to STOP thinking that now.” Sometimes it works to think a more helpful thought instead, like “I’m not a bad mother, I’m just feeling really tired right now, and I need to try to get some rest so I have more energy for my baby.”

2. Worry Time is the second strategy. If you find yourself overwhelmed by thoughts that make you worry, give yourself a specific time in the day to worry so that you don’t need to worry the rest of the day. You can call it your “worry time.” This strategy often works because you know you’ll have time to think about what’s on your mind, but it doesn’t need to take up ALL your time.

   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.

3. Time Projection is the third strategy. Sometimes when things are going bad we think that things will stay bad forever. When we talk about time projection it means imagining a time in the future when things will be better. 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.

4. Self-Instruction is the fourth strategy. This strategy is a little strange to some people but comes more naturally to other people. Basically self-instruction encourages you to talk to yourself and give yourself helpful instructions or directions. For example, 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.
Session 10: ACTIVITIES

Before we meet again next I’d like you to try to use two of the skills we talked about today (thought interruption, worrying time, time projection, or self-instructions) to work on reducing harmful thoughts. On WORKSHEET 10.3 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.
Session 11

Topic 1: GOALS FOR MY FUTURE AND MY BABY’S FUTURE (20 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.

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 11.1.

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 probably, 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? [Briefly discuss this.]

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? [Answers: time, money, lack of energy, lack of partner].

Can anyone think of a way to get overcome some of these roadblocks? [Help the group problem solve; this would also be a good time to review the thoughts and mood module, e.g., harmful thought patterns and antidotes].

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.

Ask each of the following questions and provide about a minute for participants to visualize their 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?

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?

Session 11: ACTIVITIES

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 11.2.
Session 12

Topic 1: KEISHA AND TAMIKÁ’S DAY (5 min)

Key Points

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

Script

This morning, Keisha and Tamika get a phone call from a friend asking them to go to the park. Keisha does not answer the phone. She doesn’t feel like getting out of bed and stays home. Tamika 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 12.1 Keisha and Tamika both start out at a level “4” in terms of their mood.

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

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 and mood is the last section of the Mothers and Babies Course that we will be talking about for our last 4 times together. We will talk about how our relationships with others 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 12.2.

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 be 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

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 12.3

Do you remember what Inner Reality and Outer Reality refer to? [If participant doesn’t, remind them the definitions and use WORKSHEET 12.3 to help]

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 12.3 what we just talked about a minute ago about how contact with other people interacts with your mood or emotions.

Session 12: 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.

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 12.4 to complete the Quick Mood Scale.
Session 13

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 13.1, 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. We will talk about that a little bit more in a minute.

First thought, 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

The purpose of this exercise is to figure out the types of support the people in your social support system provide. If you look at WORKSHEET 13.2, 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. If you can’t think of anyone who helps you in this way, put down a question mark.

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.

After completing the exercise on WORKSHEET 13.2, ask participant 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:

Suggested Wording

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?

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 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.

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

1) Church, temple, synagogue, place of worship
2) Prenatal clinics
3) Childcare places
4) Parks where other mothers/children might frequent
5) Volunteer activities
6) Cultural/ethnic events

Session 13: ACTIVITIES

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 13.3
Session 14

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 14.1 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.

So, with that said—How do you think that your communication style affects your mood?

Reiterate to participants that people with passive styles and aggressive styles get their needs met less often than people with assertive styles and when people don’t get their needs met this can have a negative impact on their mood. For example, if someone passively asks for something and doesn’t get it they may end up becoming more depressed.
It is also important to point out that 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 (10 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.

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

Elicit answers. Points to emphasize are listed below:

- 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.

*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 14.2.*

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: WHAT KEEPS YOU FROM EXPRESSING YOUR NEEDS? (5 min)**

**Key Points**

- Identifying obstacles to being assertive or expressing one’s needs can help to improve one’s outer reality.
- There are different ways to overcome obstacles to expressing one's needs.
Script

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.

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

Session 14: ACTIVITIES

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.
Session 15

Topic 1: 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 changes 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 15.1, 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 2: ROLE DISAGREEMENTS/DISPUTES (5 min)

Key Points

- Having a baby sometimes creates conflicts or disagreements with others.
- 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 with someone related to your pregnancy or new baby?

Elicit examples for the different categories on WORKSHEET 15.2. There may be a tendency for her to “vent” about people the participant is angry with or adopt a blaming attitude. It’s helpful for the participant to understand her feelings, thoughts, and behaviors but you should 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?

Topic 3: COURSE REVIEW (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 15.3, 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.

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

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 but 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.

- The activities one does and 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.

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 now use in your daily life.