The Mothers and Babies Course
Instructor’s Manual
Baltimore City Version

Preventing Postpartum Depression through Home Visiting

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INTRODUCTION TO THE MOTHERS AND BABIES COURSE
The Mothers and Babies Course Preface: Origins of this Manual

The content for the Mothers and Babies (MB) course originated from several previous manuals that have focused on both the prevention and treatment of major depression. In each case, the goal of these manuals has been to teach students (in the case of a preventive course) or patients (in the case of treatment) ways to better manage their mood. We do this by having them learn to modify their thinking (their inner reality) and their behavior (through which they can modify their outer reality). The description below traces the evolution of the origins of this manual.

The first version of this manual was developed for a randomized controlled trial that found that each of three distinct components of cognitive-behavioral therapy (changing the way people think, increasing pleasant activities, or interpersonal skills training) were similarly efficacious in treating depression relative to a control condition (Zeiss, Lewinsohn, & Muñoz, 1979). Peter M. Lewinsohn, Ph.D. (director and dissertation chair for the study), Ricardo F. Muñoz, Mary Ann Youngren, and Antonette Zeiss were the four investigators who conducted the study. These investigators combined these three components of therapy and published them as a self-help book titled Control Your Depression (1978, 1986). The book was then adapted by Muñoz in 1983 as part of the Depression Prevention Course, an 8-session manual for a randomized controlled depression prevention trial with Spanish- and English-speaking primary care patients at San Francisco General Hospital.

In 1985-1986, the Depression Prevention Course was expanded into a 12-session format for use at the University of California, San Francisco (UCSF)/San Francisco General Hospital (SFGH) Depression Clinic. This bilingual (Spanish/English) clinic was founded in 1985 by Muñoz, Jeanne Miranda, and Sergio Aguilar-Gaxiola, to provide treatment to low-income depressed patients referred by their primary care physicians. The Depression Clinic, directed by Muñoz, was the first outpatient mental health clinic at SFGH. The Depression Clinic manual, titled “Group Therapy Manual for Cognitive-Behavioral Treatment of Depression” was prepared in Spanish (Muñoz, Aguilar-Gaxiola, & Guzmán, 1986) and English (Muñoz & Miranda, 1986). Both the 8-session Depression Prevention Course and the 12-session Group CBT manual retained the three-pronged focus on thoughts, activities, and people from the manuals of the original study. These three components are key areas that influence and can be used to treat depressed mood. Most depressed patients find one or more of these areas useful to gain greater control over their mood.

In 1995, the Psychosocial Medicine Division at SFGH opened up an outpatient clinic that included the Depression Clinic under its larger umbrella. Now called the Cognitive-Behavioral Depression Clinic, it has continued to provide clinical services and training in cognitive-behavioral therapy. In 1999-2000, Muñoz, Huynh-Nhu Le and Chandra Ghosh-Ippen, two postdoctoral Fellows at UCSF, Eleanor Valdes Dwyer, the coordinator of the Depression Clinic, and Stephen Rao, the Director of the Psychosocial Medicine Outpatient Clinic, decided to revise and expand this manual into a 16-session format, also prepared in Spanish and English. In addition to the three modules on thoughts, activities, and people, they added a module on the relationship of health issues and depression because primary care physicians were often the individuals that referred patients to this clinic site. Therefore, most of these patients had medical problems that affected the course of their depression. Following the structure of the Depression Prevention Course, an instructor’s manual was also added to accompany the participant’s manual. The purpose of the instructor’s manual is to make it easier for group leaders to follow...
the protocol as intended. One advantage of the instructor’s manual is that the CBT protocol can be used more easily in the training of new therapists. The SFGH Depression Clinic Manuals are now being used in the training of psychology interns and postdoctoral Fellows and psychiatry residents at San Francisco General Hospital and Langley Porter Psychiatric Institute, both parts of the University of California, San Francisco, Department of Psychiatry (for a further review, see Muñoz & Mendelson, 2005).

In 1997, Muñoz and Le founded the Mamás y Bebés /Mothers and Babies: Mood and Health Project. The goal of this project was to identify a group of pregnant women who are at high risk for developing depression, and to provide these high-risk women with an intervention aimed at preventing the onset of major depressive episodes during the pregnancy and postpartum period. In 1999, Muñoz, Ghosh Ippen, Le, and Alicia Lieberman, director of the Child Trauma Research Center, began a major revision of the Depression Prevention Course (Muñoz, 1984) to develop an intervention explicitly for pregnant women, entitled the Mothers and Babies Course. The primary aim of this course is to teach and enhance mood-management skills and maternal self-efficacy in mothers-to-be. The original intervention included a 12-week course during pregnancy and four “booster sessions” that took place during the first postpartum year, aimed at addressing the needs and issues most salient during the early postpartum period. This intervention was developed in both Spanish and English. The development of this intervention and its evaluation in a pilot randomized controlled trial was made possible through a NIMH sponsored R21 grant (MH 59605: Mamás Y Bebés: Prevention Intervention Development; PI: R.F. Muñoz). Following several revisions, the final Spanish and English versions of the Instructor and Participant Manuals were created by a team consisting of Muñoz, Ghosh Ippen, Le, Lieberman, Manuela Diaz, a graduate student in clinical psychology, Guido Urizar, a postdoctoral fellow, and Lauren LaPlante, a research assistant.

An 8-week adaptation of the MB course was initiated by a research grant funded by the federal Maternal and Child Health Bureau (R40MC 02497) received by Le shortly after she accepted a faculty position at the George Washington University. In collaboration with Deborah Perry at the Georgetown University Center for Child and Human Development, Le fielded a community-based randomized trial to test the effectiveness of the MB course with more than 200 Latina immigrant, pregnant women. Based upon the knowledge gained from the pilot study in San Francisco, the content from the 12-week MB course was compressed into an 8-week format; this was intended to ensure that more participants could complete all 8 sessions during their pregnancy. In addition, the decision was made to reduce the number of booster sessions from 4 to 3 during the first year postpartum. Muñoz worked closely with the research team to ensure that fidelity to the core content was maintained as the content was compressed from 12 to 8 week sessions.

In order to assure that the content was also culturally relevant to the groups of Latina immigrants that reside in the Washington DC metropolitan area—which were primarily from El Salvador, and other countries in Central and South America—the team collected formative data. Several focus groups were conducted with pregnant women and new mothers representing the target groups, as well as health and social service providers who worked with these Latinas. Important themes about risk factors unique to these populations emerged and were integrated into the training for the facilitators of the MB groups. In particular, many of these immigrants reported having left children behind in their home countries, and most did not intend to become pregnant again once in the US. These unintended pregnancies were a source of stress and distress to the
women, contributing to their risk for postpartum depression. The process used to ensure the MB course was culturally and contextually relevant was documented in a paper in the American Journal of Orthopsychiatry (Le, Zmuda, Perry, & Muñoz, 2010).

An 8-week version of the instructor’s manual is available in Spanish and English and includes updated literature, current as of April 2011. In addition, it is intended for use with populations of high-risk pregnant women and those with infants up to 12 months postpartum. Through a second grant from the Maternal and Child Health Bureau received by Le (R40MC17179), work is currently underway to adapt the MB course as a 6-week open-group format. This grant is focused on integrating the MB course into a community-based WIC program serving a large Latina population in Washington DC; additional outreach will focus on recruiting English speaking perinatal populations served in WIC. The research team of Le and Perry also is integrating content that addresses the comorbid anxiety symptoms that often accompany perinatal depression.

Following the adaptation of the MB course to an 8-week format for Latina immigrants from Central and South America, Perry teamed with Darius Tandon—who served as the Principal Investigator—and Tamar Mendelson at Johns Hopkins University to implement a pilot randomized controlled trial in home visiting. Working with several paraprofessional home visiting programs in the Baltimore City area who served high risk African American perinatal women, the MB course was compressed to 6 weeks. In addition, based upon significant formative work, including focus groups with women and home visiting staff, cultural and contextual adaptations were made by a doctoral student, Julie Leis; these were overseen by Darius Tandon and Tamar Mendelson—who was also a postdoctoral fellow and trained with Muñoz – and reviewed by Muñoz and Le to ensure fidelity to the original model was maintained. In the Baltimore City home visiting pilot RCT, women with infants under the age of six months were included in the MB classes, in addition to pregnant women. One innovation was the addition of “key messages” from each of the MB sessions that were reinforced by the home visitors during the MB course.
Organization of the Mothers and Babies Course

The Mothers and Babies Course includes two parts: (1) an Instructor’s Manual, and (2) a Participant’s Manual.

The Instructor’s Manual is organized as follows:

• An introduction, including a brief explanation of the reality management approach (the social learning basis for this type of cognitive-behavioral treatment for depression), key elements of this approach, a review of the CBT group therapy format, strategies for teaching course content, ways to increase group progress, and potential pitfalls.
• An overview of guidelines for instructors, with key concepts to be covered in each section.
• An overview of the common issues across classes, including those related to course content and relevant clinical issues.
• Class-by-class instructions on ways to convey the information that is to be presented to the participants.

The Participant’s Manual:
• Includes outlines for each class, with several alternative exercises in each class, from which the instructor can select those most relevant for the current participants in the class.

We hope this version of the manual will be useful to colleagues, to individuals who are susceptible to the negative effects of major depression, to mothers-to-be as they prepare to enter motherhood, and to their children.
Postpartum Depression: Overview

Prevalence of Depression

Major depression is the most common mental health disorder in the United States and young women of childbearing age are at the highest risk (Muñoz, 2005). Overall, the lifetime prevalence rate for major depression is 17% and the female to male ratio is estimated to be approximately 2:1 (Kessler, et al., 1994). In the Epidemiologic Catchment Area (ECA) studies, 20% of those who met the criteria for major depression had their first episode before the age of 25 (Dryman & Eaton, 1991).

Approximately 10 to 15% of women develop postpartum depression (PPD). It is the most common psychiatric illness that occurs in the puerperium (Wisner & Wheeler, 1994). There is some evidence that poor, young minority women are at highest risk for developing PPD. A number of studies have cited higher rates of self-reported symptoms of PPD in low SES and predominantly African-American and Latina samples (Deal & Holt, 1998; Hobfoll et al., 1995; Posner et al., 1997; Seguin et al., 1995; Watson & Kemper, 1995). Recently, some investigators have found that women are more likely to have high levels of depression during the prenatal than the postnatal period (Evans, Heron, Francomb, Oke, & Golding, 2001; Hayes, Muller, & Bradley, 2001). For example, Yonkers et al. (2001) found that in a sample of low SES African American and Latina women, only half of the women with major depressive disorder (MDD) reported an onset during the immediate postpartum period, meaning that the other half developed MDD during the prenatal stage. These studies suggest that depression, both at the symptom and disorder level, remains undetected and undertreated during pregnancy, further demonstrating the importance of attending to and intervening during the prenatal period rather than waiting until the postpartum period.

Risk Factors for Postpartum Depression

Research has consistently demonstrated that the strongest predictors of postpartum depression include previous history of psychopathology (Gotlib, Whiffen, Mount, Milne, & Cordy, 1989), especially a history of major depression (Campbell, Cohn, Flanagan, Popper, & Meyers, 1992), postpartum depression (O'Hara, 1994), or depression during pregnancy (O'Hara, Schlechte, Lewis, & Wright, 1991). Other risk factors include having few social supports (Cutrona, 1984; O'Hara, 1986), poor marital relationships (Campbell et al., 1992; Gotlib, Whiffen, Wallace, & Mount, 1991), increased stressful life events (Martin, Brown, Goldberg, & Brockington, 1989; O'Hara, 1986), and obstetrics complications during pregnancy and birth (Campbell & Cohn, 1991; Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993). There is also some evidence suggesting that women who are single, unmarried, and had an unplanned pregnancy are at an increased risk for postpartum depression (Campbell et al., 1992; Cox et al., 1983). Although this review does not reveal a single predominant risk factor, it does suggest that a woman's psychological adjustment before and during pregnancy is substantially related to postpartum depression.

Consequences of Postpartum Depression

It is well documented that depression during the postnatal period is a serious mental health problem for women, and its consequences have negative implications for infants' development.
and the mother-infant relationship (e.g., Field, 1997). For example, depressed mothers often report lower levels of self-efficacy (i.e., beliefs about one's competence and performance as mothers) than non-depressed mothers (Fox & Gelfand, 1994; Teti & Gelfand, 1991). In addition, postpartum depression is associated with birth complications and more difficult infant temperament (Hopkins, Campbell, & Marcus, 1987). Compared to children of non-depressed mothers, children of depressed mothers have more difficulty in emotional regulation (e.g., Field, 1992), and show delays in cognitive and language development (e.g., Cox, Puckering, Pounds, & Mills, 1987; Murray, 1992). Studies suggest that these impairments persist even after PPD remits (e.g., Murray, 1992; Stein et al., 1991). Maternal depression places children of all ages at high-risk for psychopathology in general, and for depressive disorders in particular (e.g., Beardslee, Schultz, & Selman, 1987; Cummings & Davies, 1994; Downey & Coyne, 1990). The degree of risk to children appears to be positively related to the severity and duration of mothers' depression following the child's birth (Teti, Gelfand, Messinger, & Isabella, 1995). Finally, maternal depression may adversely affect the mother-child relationship (Murray & Cooper, 1997). For example, depressed women are less positive and less engaged with their infants (Campbell et al., 1992; Cohn, Campbell, Matias, & Hopkins, 1990), and their infants in turn are less responsive, show more gaze avoidance, and more distress during interactions with their mothers (Field, 1995).

**Purpose of this Manual and Course**

Given the negative consequences associated with postpartum depression, we decided to create the Mothers and Babies Course and evaluate whether we could reduce the number of new cases of major depressive episode (MDE) in low-income, Spanish and English-speaking pregnant women, who are at high risk for depression. The primary aim of this course is to promote healthy mood management by teaching participants how their thoughts and behaviors influence their mood. We attempt to increase frequency of thoughts and behaviors that lead to healthy mood states, including thoughts and behaviors that address interpersonal interactions. We also emphasize the need to attend to both mental (subjective, inner) reality, and physical (objective, outer) reality (Muñoz, 1996; also see description below). The overall goal of the Mothers and Babies project is to prevent depression in mothers, with the long-term goal of enhancing mother and child mental and physical health and strengthening their relationship.

**Note:** This manual is not intended to deal with the medical and physical aspects of pregnancy and birth. We assume that participants attend prenatal classes and/or other types of prenatal services (e.g., home visiting) while taking the Mothers and Babies Course. Therefore, the majority of women enrolled in the course obtain adequate information about the normal course of pregnancy, how to prepare for the birth, breastfeeding, and general information on baby care, from these classes.
The Reality Management Approach: An Introduction

The Reality Management approach has been developed by working over the last 30 years with patients at San Francisco General Hospital. Our patients face many challenges: economic limitations, class and ethnic discrimination, and health problems. It became clear early on in our work that limited changes in terms of thinking and behavior would not be powerful enough to produce significant and lasting change. We needed to face the reality of these patients’ lives and help them change that reality. We then began to think of the cognitive and behavioral methods we were using as tools that each person we worked with could use to shape the world in which they lived within their mind (their thoughts, memories, expectations, values, and so on) and the physical and socio-cultural world in which they spent their time. We described the shaping of their subjective, mental world as the shaping of their inner reality—a reality that is as influential as the objective, physical reality in which they live. We described the shaping of the objective, physical world as the shaping of their outer reality. These images are useful to many participants, and, once understood by trainees, useful in providing the context within which the specific cognitive-behavioral techniques are implemented. These ideas are described in more detail throughout this manual as well as in *The Healthy Management of Reality* (Muñoz, 1996).

Theoretical Models of the Intervention

This manual combines the cognitive-behavioral approach and attachment/developmental model to provide coping strategies in the prevention of antenatal and postpartum depression.

*A Social Learning-Based Cognitive-Behavioral Approach*

The theoretical sources of our work are Albert Bandura’s Social Learning Theory and Peter Lewinsohn’s behavioral approach to depression. Bandura was Muñoz’s senior thesis advisor at Stanford, and Lewinsohn his dissertation chair at the University of Oregon in Eugene. Their intellectual contributions are gratefully acknowledged. From Bandura, we obtained the central idea of “reciprocal determinism,” that is, that although the environment exerts influence on the individual, the individual can also influence the environment, and, by doing so, can influence himself or herself. This key idea became the basis for “reality management training,” in which the person is taught to conceive of her world as constantly influencing how she feels, and then shown that by shaping several aspects of this world (and its mental and physical parts) she can influence her life and how she feels about her life. Then, of course, she can teach this to her baby-to-be, so that, from the beginning, the baby can begin to exert influence on how his or her life will turn out, and how he or she will feel about this life. Peter Lewinsohn contributed specific methods for producing this change, including the idea that depression can result from reduced rates of reinforcement. This key idea became the basis for our three-pronged approach: focusing on the types of mental behavior one engages in (thoughts), increasing pleasant activities that one can do by oneself, and focusing on the type and frequency of personal contacts.

All three of these aspects provide the bulk of daily human reinforcement. We sometimes say, only half-jokingly, that it may be that human beings have minimum daily requirements of pleasant events, that is, a minimum daily requirement of reinforcers to want to go on living. These are events that provide a sense of meaning, mastery, or pleasure to the individuals. And, again, the events can be in the form of things one experiences in one’s mind, things one does, or experiences one shares with others.
**Four Key Elements of CBT**

In their published report of the dissertation study, Zeiss, Lewinsohn, and Muñoz (1979) identified four elements that they felt were most important in providing CBT, regardless of the specific target of change (thoughts, behavior, or interpersonal contacts). These were: 1) a convincing rationale for the intervention, 2) training in practical skills to change mood-related thoughts or behaviors, 3) encouraging practice of the skills outside of the therapy sessions, and 4) attributing improvement in mood to the use of the skills and not to therapist contact. We strongly recommend that therapists using this manual should cover these four elements during each session. Sessions should begin with a brief summary of the purpose of the group and the rationale for learning what will be taught during that session. Each session should have a specific set of skills that the class members will be taught. The group leaders must find ways to increase the likelihood that the members will actually try these skills in their day-to-day lives between sessions. We use the term “personal projects” to convey the need for each member to be working on practicing these skills in their personal world, and evaluating which work best for them and which need to be molded so they are appropriate for their unique environment. Finally, it is important to emphasize at each class that the course will come to an end. However, if they continue to use the skills they are learning during the course, they will become more adept at using them, and thus can expect to continue to improve even after the course ends.

**Attachment Theory and Child Development**

Attachment theory, primarily derived from the combined work of John Bowlby and Mary Ainsworth, has been incorporated in the conceptualization of the course. Attachment theory emphasizes the central role that early relationships play in child development. It is based on the premise that the quality of the relationship a child forms during infancy with her/his primary caregiver, mainly the mother, has a sustained effect on the child’s unfolding personality patterns, including the early origins of psychopathology (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1969/80).

There is empirical evidence documenting that the mother’s mental health is a predictor of the infant’s quality of attachment (Greenberg, 1999). In particular, maternal depression has been identified as a risk factor for anxious attachment in infancy and might contribute to the early development of psychopathology. Depressed mothers tend to have difficulty mobilizing appropriate attention and sensitive responsiveness to the infants’ signals, the primary factors in supporting the development of secure attachment (Belsky, 1999; Martins & Gaffan, 2000; Teti et al., 1995). In other words, the mediating factors between maternal depression and infant quality of attachment involve quality of maternal care, primarily in the forms of insensitivity, rejection, and not being attuned to infant signals.

On the basis of these research findings, we incorporated in the course the idea that parents bond to their children even before they are born, and we show the course participants that parents can develop and strengthen this affectional bond following the baby’s birth. Similarly, throughout the course, we highlight forms of parenting that are conducive to the development of secure attachment in the infants. We discuss the relationship between maternal depression and attachment in the three sections of the course (i.e., thoughts, activities, and people), and provide psychoeducation regarding the effects of maternal depression on their mothering, the socio-emotional health of their children and the mother-child relationship.
Prevention of Maternal Depression

The purpose of this section is to provide an overview of the instructors’ guidelines. This section is based on our theoretical assumptions and our clinical research experiences in treating depressive symptoms and preventing major depression using this group approach and manual. In the first section, we review the basics of the cognitive-behavioral group therapy format, including qualifications of the instructors and selection criteria of class members. In the second section, we present specific skills and strategies for teaching group concepts. In the third section, we address ways to increase group process. The fourth section contains issues that may arise in any of the three sections. A reference list follows this section and includes recommended readings for additional information related to CBT, child development and parenting, and group therapy processes.

Caveats:

1) This is a guide that is based on our experience in conducting this group with participants in a public sector setting. It is important that instructors adapt the presentation of the materials to match the characteristics of their own groups. In addition, there are different ways of teaching the materials, and instructors are encouraged to use their own interpersonal styles and experiences to teach these materials.

2) In this manual, participants are also referred to as: students, women, group members, and participants. Similarly, instructors are also referred to as: group leaders, we, you, they. These words are used interchangeably throughout.

Considerations of Use of this Manual for Clinical Purposes

Although the Mothers and Babies Course was designed and used for research purposes, the material in the Instructor and Participant’s manuals can be adapted for use in clinical settings. If these materials will be used for clinical purposes, several considerations should be taken into account.

Changes in inclusion/exclusion criteria. As discussed on page 12, the inclusion and exclusion criteria may need to be modified based on the needs of the clinic population. For example, pregnant women with other major medical problems or mental disorders may present with complex symptomatology and/or additional stressors during pregnancy that may require individual treatment in addition to the group format presented in this course. In such situations, it is up to the clinical judgment of the treating health care professional(s) to decide whether the patient would benefit more from individual therapy/case management, group therapy, or a combination of the two.

Changes in class format. Use of the class format used in the clinical setting (also discussed on page xvi). For example, following women’s sixth month of pregnancy, new referrals will not have the benefit of attending all group sessions, particularly if the sessions are held once per week. In order to include these referrals, clinicians may want to consider offering the group twice per week (six-week group), mailing patients the course materials as they approach their due date, or referring the patient to a combination of group and individual sessions.

Timing of class. It is possible to extend the class during the postpartum period. The course materials are still applicable to patients during the postpartum period, although they will not have the benefit of practicing the mood management skills during pregnancy, and may lead to having
an open group format (see page xvi for full description) that includes both pre and postpartum women. Finally, childcare should be taken into account when using these materials for clinical purposes. Given that some of the patients in the group may already have children, the group leader(s) should be prepared to provide one of three options to the group: a) asking a family member to look after their child during the designated group time, b) referring patients to an outside childcare facility, or c) providing childcare in the clinic itself. Being able to apply these course materials to a clinical setting will depend on the resources and capabilities of the clinic and its staff.

**Purpose of the Mothers and Babies Course: Psychoeducation**

The design of this course is preventive in nature, and therefore consists largely of psychoeducation, that is, education about psychological processes. Instructors are there to provide class members with information about mood and depression and ways to decrease the likelihood of becoming depressed in the future. Individuals can use this course as an adjunct to other prenatal courses they may be taking. The course usually consists of one instructor and 6-10 class members.

**Instructors: Qualifications**

Instructors must have a good understanding and training in mental health and child development. Previous coursework and training in psychology, child development, psychiatry, psychiatric social work, nursing, or counseling is essential. In addition, it is advisable that group instructors have training in the general principles of cognitive-behavioral approaches.

We believe that the M&B Course could be successfully conducted by peers, provided that they have had previous training in leading groups and/or appropriate clinical supervision. We recommend that instructors have access to a clinical supervisor and/or consultation from licensed mental health professionals. This access is important in cases in which class members may become clinically depressed and suicidal at some time in the course. Triage plans should be thought of ahead of time to deal with these issues and agreed upon by instructors and supervisors before the course begins.

The Instructors’ Manual is intended to be a guide to teaching the materials in the class. We recommend that instructors read this manual before each class and plan which sections will be covered in the class. We have also included suggested times for each activity. During the actual class, it may be preferable to use only the Participant Manual (perhaps with marginal notes) in order to avoid reading from the Instructor’s Manual.

**Class Members: Initial Considerations**

In determining who may be appropriate for the course, it is important to consider the overall characteristics of the referral population. Some demographic variables to consider include gender (that is, should fathers be invited to participate?), ethnicity, age, education, socioeconomic status, and reading level. It is important to recognize how these variables may be related to attendance, motivation level, and ability to understand the purpose of the course and follow the class structure and content. In addition, it is important to recognize the socio-environmental limitations (e.g., transportation, childcare) that are associated with the realities of the class members’ lives.
It is important to set a-priori inclusion/exclusion criteria for class members. Our inclusion/exclusion criteria are as follows:

**Inclusion Criteria**

- Currently pregnant or delivered a child within the last 6 months
- At high risk for developing depression. High risk is defined as:
  1. Not currently meeting DSM-IV criteria for a major depressive episode (MDE), as measured by the Maternal Mood Screener (Le & Muñoz, 1997). Those who do meet criteria should be referred immediately for treatment.
  2. Scoring 16 or above on the CES-D (Radloff, 1977). Note: The cut-off score of 16 was chosen because it is one standard deviation above the national mean ($M = 8.4$, $SD = 8.7$; Sayetta & Johnson, 1980). Also, 16 is often used as a cut-off point for being at risk for clinical depression or having significant symptomatology (e.g., Beeghly et al., 2002).
  AND/OR
  3. Having a history of a major depressive episode

**Exclusion Criteria**

- Meeting criteria for other major mental disorders, being suicidal or psychotic, or needing immediate mental health treatment
  AND/OR
- Having major physical problems that could affect the pregnancy and thus are likely to overwhelm whatever effect major depression might have on the pregnancy.

Notes regarding eligibility criteria:

1. These criteria were used in the context of a research project. They may be modified across clinical settings depending on the particular needs of that setting. For example, we suspect that women with physical problems during pregnancy may benefit from the course.

2. Women at low-risk for developing depression may be included if there is room in the class. As far as we have been able to ascertain, the M&B Course has not produced negative effects on low-risk women, and many of them stated that they found it very useful. Low risk is defined as: (a) No history of or current MDE and (b) a score of 15 or lower on the CES-D.

3. Although the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) is widely used to measure the presence of postpartum depression, this measure was not used to determine eligibility in our study for the following reasons. First, the EPDS is not a pure measure of depression and appears to measure both depression and anxiety (Guedeney, Fermanian, Guelfi, & Kumar, 2000). Second, the wording of the Spanish EPDS was confusing to the
Latina participants in the M&B study and did not demonstrate any additional contribution beyond that of the CES-D in the M&B study. Third, Nezu and colleagues (2002) reviewed a number of measures to assess for depression and recommended that the CES-D be used in non-clinical community populations.

Assessment Instruments

The Maternal Mood Screener (Le & Muñoz, 1997) was modeled after the Diagnostic Interview Schedule (DIS) and based on the Mood Screener (Muñoz, 1998; Muñoz et al., 1999), an 18-item questionnaire which asks the respondent to indicate whether he or she has experienced each of the nine MDE symptoms listed in Criterion A of the DSM-IV and whether the symptoms have interfered with their life or activities a lot (Criterion C of the DSM-IV). The Mood Screener was developed to screen for major depressive episodes in Spanish and English speakers. It agrees well with the PRIME-MD (kappas of .75 and .81 have been reported by our group; Muñoz et al., 1999). The Maternal Mood Screener also consists of 18 questions that obtain information regarding DSM-IV diagnostic criteria for a major depressive episode. During the pregnancy and postpartum periods, it specifically asks whether somatic symptoms are related to pregnancy or postpartum. This screener can be used to determine if participants meet diagnostic criteria for a major depressive episode in the past, currently, and during and after the course.

Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). The 20-item CES-D asks respondents to indicate how many days during the last week they felt as described. Total scores (range 0-60) reflect the level of depression experienced during the last week. The CES-D is the most widely used depression measure in community studies. It has been used successfully in the Hispanic Health and Nutrition Examination Survey (Cho et al., 1993) and in our own earlier work (Muñoz, Gonzalez, & Starkweather, 1995). This questionnaire can be used to help identify depression risk status, as well as assess for the frequency and duration of depressive symptoms before, during, and after the course.

Note: Copies of the Maternal Mood Screener and CES-D are available in the Appendix (p. 140) and can be downloaded from: http://medschool.ucsf.edu/latino/manuals.aspx
Initial Considerations in the Mothers and Babies Class

The class structure consists of three modules focusing on thoughts, activities, and contacts with people. Each module consists of two classes that emphasize each of these topics and their connection to mood, as well as to their impact on pregnancy, parenting, and the mother-child relationship. In this section, we provide a more detailed description of issues that need to be considered before the start of any class.

Closed vs. Open Group Format

The class was originally designed as a closed group format: All participants are recruited and asked to enter and experience the class at the same time. However, it may is possible to offer the class in an open group format by inviting new members to the class at the beginning of each module.

Continuous enrollment can provide several benefits. First, eligible women have more than one opportunity to join the class instead of having to wait for a 6-week cycle (this is particularly important given that pregnancy is a time-limited condition). Second, class members are able to play different roles in the course (e.g., “veteran” member versus new member). New members benefit from having veterans in the group who can share first hand information regarding how the class has helped them. Veterans also benefit in that they often appear to develop greater commitment to the course material and to making changes in their lives when they are sharing information with new members. Third, although the majority of participants graduate from the class after completing all three modules, having an open group format makes it possible to allow a class member to continue when she has an increase in life stressors or other circumstances that make continued participation warranted. Finally, having an open group format makes it possible for new instructors to rotate into the class without an abrupt transition. One instructor can rotate out at the end of a module, another instructor can join in, and the “veteran” instructor who remains in the class can train the new instructor. Typically, instructors stay for at least three modules to gain familiarity with all the course content. This process is particularly useful in an educational institution, in that trainees can rotate through the class very smoothly (the San Francisco General Hospital CBT group for the treatment of depression uses this format, and it has been running without a break since 1985. Dozens of trainees and hundreds of patients have been part of this group throughout the years).

An additional advantage might be to have a place to which graduates can return to “show off” their babies, and to check-in with instructors. We suggest that the fifth time a day appears in a month (e.g., the fifth Thursday of the month, if the course is given on Thursdays) be used for an alumnae reunion, to which recent graduates can be invited. This can give the graduates additional support, and also the current members a glimpse into how the ideas presented in the course might be relevant once their baby is born.

Pre-orientation Contact

We recommend that either the instructor or project coordinator call new members prior to their first group meeting for a “pre-orientation” contact. The purpose of this contact is to provide a brief overview of the M&B Course, including the purpose and specifics of the class (time, place, number of classes), and information regarding instructors. In addition, during the pre-orientation
contact, instructors can answer questions that new members may have about the class and increase the likelihood of attendance. We have also found that for class members with a significant trauma history, a pre-orientation meeting allows them to establish a connection with an instructor and feel that their unique situation is understood. By understanding their situation, the instructor can also provide appropriate support for the members during the class, should that need arise.

**Structuring Each Session**

- **Time prioritization.** Given that each session lasts for two hours and there is a substantial amount of material to be covered, we recommend using a time-management strategy to prioritize the specific sections to be covered. This decision should be guided by the particular needs of the class, and the applicability of the materials to the realities of the class members. We have provided many elements in each class but all of them do not have to be covered to have a successful class. However, we do recommend that when planning your class schedule leave some time (5 minutes or so) at the end of each class to answer any questions that the students may have. This will help instructors assess the students’ grasp of the class material and will give the students the opportunity to clarify anything that might be confusing to them.

- **Check-in period.** A “check-in” period at the beginning of each class can be used to see how each class member is doing. This creates an opportunity for each member of the class to feel supported by other women going through similar personal and physiological changes during the course of their pregnancy or after giving birth. In addition, you can use the content of these discussions to help convey key points from the prior or current class.

- **Be creative.** Instructors are encouraged to be creative in structuring each class. It is important to cover the key points within each class (e.g., identifying individual thoughts that are related to depressed mood), but there is flexibility within the manual to add your own style of group instruction and your own way of disseminating these messages. We recommend that instructors come up with their own metaphors and use common sayings/proverbs that the participants can relate to, to teach abstract concepts such as the reality management approach. We have included metaphors throughout the manual that have been helpful to us when we have taught the course. We advise instructors to conduct exercises that go along with their personalities. Some instructors may like to use their sense of humor when teaching the class concepts; others may like to have more activities to promote participation. Instructors may want to share their own Quick Mood Scale for a particular week to demonstrate that their mood also fluctuates from day to day and that they also strive to maintain their mood at a stable and healthy level. By sharing their Quick Mood Scale with the students, the instructors provide an example of how they use also these techniques/methods. We strongly recommend that instructors actually try each of the self-change methods prior to teaching them. Their credibility will be much improved if their description of the way the methods can be used is grounded on their own experience.

- **Generating active participation among class members.** Instructors should encourage class members to become active participants in different exercises throughout the course. Examples of opportunities for active participation are given throughout the Instructor’s Manual (see Alternative Exercise sections). Personal projects are reviewed weekly. Having the class members share their personal projects during the class helps to reinforce those class
members that did their personal projects, thereby increasing self-efficacy, it helps the group to problem-solve obstacles to completing personal projects, and their experiences help to convey class concepts. Another way to promote participation is to incorporate into the class materials what participants have shared during the check-in period at the beginning of the class. Instructors can use these examples to not only promote class participation but also give the participants a sense that they have been heard and that their feelings and life experiences are being validated.

- **Sharing personal experiences.** Instructors may find it useful to share their personal experiences related to being a parent: a mother going through the process of motherhood, a father helping to raise his child, a family member helping to take care of younger siblings/cousins/nephews/nieces, a teacher helping to mold the young minds of children, or a health care provider experiencing the process of motherhood or child development through his/her patients. It is also useful for instructors to disclose personal experiences about being from a similar cultural background as the students (i.e., immigrants who are from a cultural group with similar values and beliefs), having comparable gender related experiences (i.e., women’s multiple roles as caregivers, working mothers, in charge of the household), having experienced racism and prejudice as a result of their minority status, etc. By sharing these personal experiences, instructors will help facilitate participation by other class members, they will potentially gain the trust and respect of the class, and they can help to convey a course concept better. In addition to sharing their own experiences, instructors may also want to encourage the “veteran” mothers in the class (those with children) to share their experiences during pregnancy, childbirth, and postpartum. Having these mothers share their experiences can help ease the anxiety or help better prepare first-time mothers in the class. They can also help validate some of the material presented in the course and practice the concepts taught with their children at home. We have found both of these strategies to be effective in increasing the validity of the course materials, engaging class members, and promoting use of the class concepts outside of the class setting.

- **Providing outreach to participants who have missed several sessions.** During the course, it is likely that some members will miss one or more classes, without first advising instructors that they will be absent (e.g., due date approaching, morning sickness, prenatal appointment, a crisis). Instructors should determine a-priori how they want to deal with this issue. Here are several options:
  a) **An instructor can call the class member.** An instructor calls the member and expresses concern regarding the absence and inquires as to whether she will be able to attend next week. The instructor determines whether it might be beneficial to help the class member problem solve to figure out a way that she may attend. During this call, instructors can briefly review the content of the missed class.
  b) **Buddy system.** Instructors can ask members to pair with a “buddy.” Buddies are responsible for checking in with each other when one of them misses a class. Buddies can also help teach each other the class material when one of them is absent. Instructors can check in with the buddy and with the individual who has missed the class as needed. This system helps the instructors to stay updated with class members who have not attended for a while (e.g., due to childbirth).
c) **The class can send a card/letter.** For individuals who have missed many classes in a row, an instructor can circulate a card or a piece of paper and ask the group to write a brief note to the class member who has missed the class. The purpose of this card is to let the member know that she is thought of and is missed by the group. The instructor sends the card at the end of the class.

d) **Creating a Contact List.** After ascertaining that their institution’s patient privacy policies does not proscribe it, instructors can create a contact list with the participants’ names and phone numbers and distribute the list to the class. This is another way that the participants can keep in touch with each other throughout the duration of the course and inform the class when someone will be absent. Instructors should make sure to tell the participants that it is voluntary, not an obligation, to have their contact information on the list. Instructors should respect and be supportive if a student(s) declines to have her name on the list due to privacy issues. Ideally, participants will use this list to stay in contact with one another after the course ends. This will help participants expand and strengthen their social support networks (i.e., use the class as another source of support).

**Lateness to Classes**

There may be members who are late to the classes. Lateness can disturb other class members and instructors and can result in a delay of the class start time and/or not having enough time to review all the key concepts for a class. However, the women are pregnant, and pregnancy complications or fatigue may account for the lateness. One way of dealing with lateness to class is to talk to the individual member after the class. Instructors can express concern about this problem and help the member identify the obstacles to getting to the class on time, and problem-solve together. It is important to check for cognitions related to ambivalence that might interfere with the individual's attending the class on time. In our work with public sector patients, we find that some members encounter a number of real obstacles, such as buses that did not come, jobs that require them to work overtime, needing to watch a sick child. We try to approach the problem with patience and understanding and commend them for making the effort to come to the class.

**Termination Issues**

In cases in which the group format is closed (i.e., everyone begins and ends the course at the same time), the process of termination is similar for all class members. When the group format is open (i.e., members begin and end the course at different modules/times), termination can be more complicated. However, the issues in dealing with termination are similar. Termination should be discussed throughout the course.

a) **Beginning.** When members begin attending class, termination is discussed in terms of the length of the course (e.g., 6 weeks).

b) **Middle.** During the middle of the course, termination can be brought up by discussing the time frame of the course (e.g., this is the half-way point) and identifying skills and concepts that members have already learned and skills that they will learn in future classes. At this point, instructors can evaluate the progress that class members have made, including their level of depressive symptoms, self-efficacy, use of coping skills, and knowledge about the mother-child relationship.
[Suggested Wording]
*We are now three weeks into the class and halfway through our 6-session course. This is a good time to think about what you have learned in the past three weeks. Do you feel that the tools that you’ve learned have been helpful? In particular, what has been helpful (or unhelpful) in improving your mood/increasing your knowledge about motherhood? What would you like to learn more about in the next three sessions? What do you think you still need to learn from this class? How can we help you with your goals?*

c) **End.** As class members begin their last module, termination should be heavily emphasized. Termination takes time to process. Instructors should reinforce the skills that class members have acquired and comment on the progress that they have made. Instructors should also encourage group members to describe the progress they have noticed in others.

**Saying Goodbye to Graduating Class Members: Key points**

It is important that instructors stress that graduation from this group does not mean that they no longer have to practice the skills that they have learned. Mood regulation is a continuing process, as is motherhood. The more they practice their mood management and mothering skills, the easier it will be to use them successfully. Make sure that you allot enough time for this section. It is important that members have a chance to say goodbye to each other and the instructors and that they talk about what they have learned in the course.

a) **Identify the most helpful aspects of the class.** Instructors can ask graduating members to identify the specific tools, skills, or exercises that have most helped them to decrease depressed mood and increase self-efficacy. Instructors can write these on the board, and, in so doing, instructors can review the key points from each of the three modules (thoughts, activities, and people). It is also important to focus on strengths the graduating members possess, independent of the skills or course content they learned in the class.

b) **Address relapse prevention.** This topic is related to part b above. As class members identify what is helpful for them, the instructors should remind them to look in their manuals (which they keep) to reinforce and continue using CBT strategies and exercises that helped them achieve a healthier mood and feel less depressed. In addition, class members can use their manuals to help them identify symptoms that might suggest the beginning of a depressed episode. They can then request that their home visitor refer them for therapy, if warranted, without waiting until the depression becomes disabling. The purpose of the course is not to eliminate all feelings of depression. This would be an unrealistic goal. The purpose is to reduce the frequency, intensity, and duration of these feelings to aid in enhancing the mother-child relationship.
Clinical Issues Common to All Modules

In this section, we list some of the clinical issues that have arisen during the course of the MB class. These issues are listed in the following order: Course logistics, psychopathology, the experience of motherhood, and diversity issues.

Course Logistics

- **What the course has to offer.** Some participants who attend the course have polarized views of life; that is, they view life as either being “the source of all sadness” or “the source of all happiness”. Instructors can help the students challenge these extreme thoughts by using the techniques taught in the course. They can also help participants reframe their way of thinking about life by conveying to them that life gives them a chance to experience an array of emotions that only humans are capable of experiencing, some of these are pleasant emotions while others are burdensome and painful. What is important is to learn how to deal with painful life experiences so these do not become the main themes in their lives. Instructors should explain to the participants that attending the course will not guarantee a problem-free life, instead the course gives the participants effective tools and strategies that can help them improve their quality of life and the lives of their loved ones, including their children.

- **Professionals with no medical background teaching the course.** Many participants attend prenatal classes while taking the Mothers and Babies Course. Therefore, the majority of women enrolled in the course obtain adequate information about the normal course of pregnancy, how to prepare for the birth, breastfeeding, and general information on baby care, from these classes. However, it is common for participants to bring questions to the class that are related to the normal discomforts and concerns about pregnancy and baby care. We strongly advise instructors to have tapes on baby care available to loan to participants. From time to time, participants ask instructors questions about more serious problems that can occur in pregnancy and birth. It is important that the instructors with no formal medical training educate themselves on common pregnancy symptoms and on other issues related to childbirth given that these topics will emerge during class discussions (particularly in the thoughts module). Instructors should validate and empathetically listen to the students’ concerns but should not give advice on what to do unless these are minor physical discomforts of pregnancy (e.g., fatigue, difficulty sleeping, mild anxiety about giving birth) which can be addressed using some of the techniques learned in class (e.g., relaxation exercises, using cognitive-behavioral techniques to challenge burdensome/negative thoughts).

When issues related to more serious pregnancy problems (e.g., severe nausea, strong headaches, gestational diabetes, ectopic pregnancy, amniotic fluid complications, toxemia/high blood pressure, bleeding, early contractions/labor, etc.) and childbirth complications (e.g., premature baby, Meconium Aspiration Syndrome, cesarean delivery, jaundice, placental complications, etc.) emerge during class discussions, instructors should encourage the participants to seek the advice of their doctors, registered nurse practitioners, midwives, or prenatal class instructor. Unless instructors are qualified to do so, they should refrain from giving medical advice for the safety of the mother and her unborn child. It is important to point out that one reason participants may be bringing these questions to the class could be because they feel uncomfortable communicating their needs to others,
particularly to their service providers, or simply because their prenatal visits are very short and they forget to ask their questions. Instructors can deal with this by practicing with the students how to communicate in an assertive manner (discussed in class #5 of the students’ manuals), and by teaching those who are forgetful to write down their questions before going to their appointments.

- **Relaxation exercises.** Participants who have taken the course usually report that while doing the relaxation exercises, their babies tend to be more active in the womb than usual, making it hard for them to concentrate on the exercise and relax. One explanation for this is that when relaxed, the participants become more aware of their bodies, and therefore are able to feel when their babies are moving. Other participants have reported that doing relaxation exercises with their eyes closed made them too relaxed and sleepy, making it difficult to go on with their daily activities. Given that one of the goals of the course is to teach participants to deal better with their daily stressors by incorporating relaxation exercises into their lives, instructors can use a variety of methods that do not require them to be in a relaxed position to obtain the benefits of relaxation. Instructors can do alternative versions of relaxation exercises. For example, instructors can teach the participants to use deep breathing techniques while walking, doing their daily routines, waiting in line at bank, and at any other time when they want to feel relaxed. The Relaxation Manual of the Mothers and Babies Course (Ramos, Diaz, Muñoz, & Urizar, 2007) should be given to participants at the beginning of the course, along with the main Participant Manual.

- **Mandated reporting of child abuse/neglect or danger to self or others.** If there is suspicion of child abuse/neglect or risk for danger to self or others, instructors should first meet individually with the student involved in the case at the end of the class session. During the meeting, we suggest that instructors first remind the student of the issue of confidentiality and its exceptions, covered during the first class, and about the instructors’ mandated reporter status. We strongly advise instructors to inform the student that a report will be filed and should encourage her to be part of the reporting process (i.e., be present when instructor makes the phone call to the protective agency). If at all possible, instructors can encourage the student to do the report herself. We advise instructors to explain in detail to the student what may possibly happen following a report (i.e., investigation process, possible removal of child from home, police involvement if it warrants further action). Emphasize that protective agencies (e.g., Child Protective Services and Law Enforcement agencies) have as their mission to protect the person in danger. Instructors should offer support throughout this process. Given that reporting laws vary from state to state (i.e., who is mandated to report and under what circumstances), instructors need to be familiar with their state laws. Lastly, we recommend getting consultation from supervisors or other colleagues prior to taking action on a particular matter. This can help instructors get support from others to deal with this difficult situation.

- **Clinical referrals.** Depending on the student’s clinical presentation of a particular disorder (depression, previous trauma, anxiety disorders, etc.) and any other important issues such as safety in the case of domestic violence, instructors should do an assessment of the case and devise a referral or preventive plan. In some cases, instructors need to conduct crisis intervention, particularly when working with battered pregnant women. We suggest instructors obtain consultation from supervisors and/or colleagues who can help the instructors implement the plan. Taking these steps can ensure an appropriate referral.
- Brochure listing community resources. We advise instructors to create a referral brochure that gets updated rather often to hand out to the participants if they or their families are in need of resources in the community. The Mothers and Babies team created a brochure that had a list of community resources in the area of San Francisco, California. Some of the services we listed on our brochure included: (1) medical centers offering childbirth classes, parenting classes, breastfeeding classes, support groups and nutrition information, (2) information on medical insurance for low-income populations, (3) community clinics offering substance abuse treatment, psychoeducational classes, support groups, individual, child, couples, and family therapy, (4) resources and referrals for childcare, (5) referrals for victims of domestic violence, (6) social and medical services for pregnant women without shelter or with HIV, (7) emergency food, clothing, (8) legal services, and (9) list of services provided by the California Department of Social Services of (i.e., WIC, food stamps, child care). Instructors can hand out the brochures at the beginning of the class and as needed later.

- Dropping out of the course. Participants may drop out of the class at any point during the course for a variety of reasons. If participants are unable to continue attending the course due to a lack of resources (e.g., no transportation, childcare problems, etc.), instructors can help students get the necessary resources in the community that will allow them to continue in the course. However, some participants may decide to withdraw from the course for personal reasons such as deciding to terminate the pregnancy, moving out of the area, work schedule conflict, etc. To protect the participant’s privacy, it is important to ask her beforehand what she would like you to announce to her classmates about her no longer being able to attend the class.

**Psychopathology: History and Current Symptomatology**

- History of depression and other mood disorders. Given that the course was created to prevent depressive episodes in pregnant women and new mothers who are at risk for developing depression, many of the students attending the class may have previous histories of major depression and/or other mood disorders. We recommend that instructors gather relevant information regarding the participants’ mental health histories and relevant demographic information for each participant prior to starting the course. After identifying those at risk, instructors should then monitor these students’ mood using the Quick Mood Scale and check for elevations on depression measures such as the CES-D - i.e., level of depressive symptomatology. In addition, having socio-demographic information on each participant will help assess the presence of possible risk factors for developing depression or other clinical disorder. By having this information available, instructors can devise more effective preventive or intervention plans (i.e., making a referral for treatment, obtaining resources in the community) if necessary.

- History of childhood abuse/trauma. Depending on the make-up of the group, some class members may present with a history of being emotionally, physically, and/or sexually abused as a child. These childhood experiences may come up particularly during discussions in which class members are asked to share their memories of what kind of relationship they had with their parents/caregivers growing up or which family values and expectations would they like to teach their own child and from which would they want to protect to their child? It is helpful if instructors have a pre-orientation meeting with each member to determine which topics may be sensitive to certain members. This will enable the instructor to plan ahead with
the class member to ensure that she feels safe in class and that she has the option not to share any information with which she does not feel comfortable. Instructors may also want to consult with their supervisor about such cases should this topic come up during a class. Some women may request and benefit from being referred for individual therapy.

- **Domestic violence.** The incidence of domestic violence increases during women’s reproductive years. Pregnant women in particular are at increased risk of being abused by their partners/spouses (Gazmararian et al., 1996). Domestic abuse frequently begins and/or intensifies during pregnancy. The abuse experienced by the pregnant woman can not only potentially harm and threaten her physical and emotional well-being, but it can also put the health of her unborn child at risk. Therefore, instructors should be attentive at all times to any signs of domestic violence that become apparent either in the participants’ discussions or in their physical presentation to the class. Instructors should be prepared to take action and assist the participant(s) dealing with this situation. For those experiencing any form of domestic violence (i.e., physical abuse, emotional abuse, sexual abuse, economic/financial abuse, intimidation, threats, isolation), it is important for instructors to help devise a safety plan with the class member, emphasizing the resources available in the community (e.g., emergency shelters, legal advice/services, medical assistance) that the member can utilize should she decide to stay or leave her current situation. Issues around potential abuse of the newborn infant should be carefully assessed and are best handled by consulting with a licensed, clinical supervisor.

- **Intimate relationship issues during pregnancy and postpartum.** Intimate relationship problems may be common among women experiencing an unplanned pregnancy and in those cases where the father of the baby will either not be involved in raising the child or will not be present at the time the child is due to be born (e.g., father of the baby is in prison). After birth, a common issue is the father of the baby feeling neglected and jealous of the baby receiving all the attention. For all these intimate relationship issues, it is important for the woman to problem solve and list her options with the other members of the group, so as to prevent these stressors from worsening her mood. The more these relationship issues are discussed in class, the more class members will realize that they are not alone in experiencing these stressors and that they have other sources of support. Given that intimate relationship quality/satisfaction has been identified as a risk factor for developing maternal depression (Kumar & Robson, 1984), we recommend that instructors assess for depression when participants report high degree of conflict in their intimate relationships and vice versa.

**The Experience of Motherhood**

- **Single motherhood.** There may be single mothers in the class. We advise instructors to acknowledge that playing the role of both parents can be, at times, very difficult and overwhelming. This is especially true for women who have no support systems. It is also important to stress that many women can be successful as single parents. If there are mothers who have raised other children on their own in the class, instructors can ask them to share their personal experiences as single mothers, especially to speak not only about the challenges but also the rewards of raising children on their own. Reassure the women that there are resources available in their communities (e.g., parenting groups, friends, relatives, non-blood relatives, church, daycare providers, after school programs) to help them in their role as a single parent and remind them that having a partner is no guarantee that the child
will be treated well. Instructors can also remind participants concerned with the repercussions on the overall development of the child being raised by a single parent, that many well-adjusted adults come from single-parent homes.

- Mothers with young children (sibling jealousy/rivalry). The arrival of a baby represents changes for every member of the family, but particularly for young children. Young children’s reactions to the arrival of a new member in the family vary and are determined by the age of the child, her/his temperamental traits and stage of development (Lieberman, 1993). Many young children tend to adjust well to the changes in the family composition, while others have greater difficulty transitioning from being the only child or baby in the family to having to share her/his parents’ attention and time with a sibling. Sibling rivalry or jealousy can begin during pregnancy or following the arrival of the sibling. One way to deal with this is for instructors to encourage participants with young children to start talking with them about the baby early in their pregnancies. Talking to the child about the baby as a future member of the family and about the role that the child will play when the baby arrives (i.e., older brother, role model, helper), highlighting the child’s abilities and developmental accomplishment compared to his new sibling’s abilities, can ease this transition. It is important for parents to be patient with the child, be sensitive to the child’s feelings, and assist the young child to define her/his new role in the family. You can also suggest to participants with young or older children to “make him/her part of the welcoming party” for the baby by letting their child(ren): (1) Help decorate the baby’s room, (2) Be involved in the process of picking the baby’s name, (3) Go shopping for the baby, etc. Through this process, the child can begin to shape his new role as a member of the family. Instructors may request mothers who had to deal with this issue to narrate what has been helpful in the adjustment of their other children to their new sibling. It is important that participants find a caregiver for the child (e.g., father, grandparents, other relatives, etc.) who can help meet the child’s physical and emotional needs, especially right after birth when the mother is absorbed in the care of the infant. Some clinics and hospitals also offer groups for children having difficulties adjusting to the arrival of a sibling.

- Being overwhelmed with responsibilities as a mother. During the different sections of the course, it will be important for instructors to discuss the change in or loss of independence when becoming responsible for another life. Although this can be an overwhelming experience for first-time mothers or those with several children, the materials presented in class can help prepare the mother-to-be to identify different sources of support and to communicate her needs to others. Utilizing these strategies can help the class member feel a sense of empowerment and realize that she is not alone in this process.

- Attending to mother’s own well-being. It is important for mothers to find time to meet their own needs independent of their baby’s. Although there is a definite lifestyle change, during and after pregnancy, it is also important that the instructor emphasize the importance of mothers finding the time to balance their own needs with their baby’s needs. By making sure they find the time to meet their own needs, class members will be more successful in preventing decreases in their mood, and enhancing the relationship with their baby by being a healthy role model.
Diversity Issues: Culture, Class, and Discrimination

- **Role of baby’s father.** Particularly for some cultures, it is common to hear women in the class become frustrated by the lack of support they are receiving from the baby’s father. In particular, class members may report that the baby’s father does not or does not plan to help in the daily care of their baby (e.g., changing diapers) and that it will be the responsibility of the class member to raise their child. We have encouraged class members to involve the baby’s father in the process of pregnancy and parenthood by sharing class materials with them and have found it particularly helpful when members watch the class videos with their partners at home. In this way, the baby’s father can take a step forward in realizing that he is an important part of helping to mold his child’s personal reality. In addition, we recommend instructors allow the students to express their frustrations about these rigid gender roles and encourage them to begin talking about what cultural values they want to teach their children and those they want to avoid - specifically, to lead a discussion about the benefits of biculturalism; that is, being able to function effectively within two different cultures through consciously acquiring some norms and values of the foreign culture as well as retaining and protecting some values and norms of one’s own cultural group (La Fromboise, Hardin, Coleman, & Gerton, 1993).

- **Religion and spirituality.** For some participants, religion and spirituality play a central role in their lives and the lives of their loved ones. It is important for you to respect and support individual’s faith practices. Instructors can point out that belonging to religious congregations and institutions (i.e., churches, synagogues, temples) can provide another source of support.

- **Racism, oppression, prejudice, and discrimination.** The issues of discrimination, racism, oppression, and prejudice come up in class discussions, particularly when the course includes the participation of disadvantaged ethnically diverse women. Many ethnically and culturally diverse populations face prejudice, racism, discrimination, and oppression in their daily lives (i.e., work, school, and neighborhood) (Sue & Sue, 1999) that may have important implications for maternal health outcomes (Krieger, Rowley, Herman, Avery, & Phillips, 1993). We recommend instructors to first acknowledge the cultural diversity of the classroom and be aware of inter- and intra-group differences in an effort to avoid stereotypes. Instructors should be culturally sensitive and validate participants’ painful experiences given that these experiences have an impact on how they behave, what they think about themselves and others, and their overall emotional and physical well-being. There are a number of things that instructors can do to help empower members of minority groups including: (1) finding good role models in their own communities that do not foster stereotypes, (2) belonging to cultural centers that promote and value their cultural heritage such as their language, customs, and tradition, (3) teaching the students to challenge “oppressive” beliefs (e.g., “lighter-skinned people are better than darker-skinned individuals”) imposed by the majority population. Instructors need to allow the participants to relate their frustrations and painful experiences of racism and discrimination. Instructors can have open discussions with the participants around making a conscious decision of not allowing or decreasing the likelihood that these experiences in their lives negatively influence how they bring up their children. For example, parents can increase their consciousness about how they could inadvertently teach their children attitudes such as prejudice and racism. There should be also a discussion about ways to foster resiliency (i.e., strength to overcome these obstacles) in their children.
Sections Common to All Modules

The icons below describe the organization of each activity within a class.

**Overview**
A general description of what will be covered in class, helps remind instructors what topics they want to cover in each section.

**Key Points**
The key things that instructors should cover in the section (done in a check-list format).

**Participant Manual**
Excerpts from the participant manual are provided when needed.

**Rationale**
Provide the rationale in this section, including theoretical rationale and why this exercise or section might by important to the overall purpose of the course.

**Information**
Key information, including potential participant reactions, things to watch for, ways to help participants with specific problems, time management strategies, etc.

**Step by Step**
Detailed outline with specified wording and questions.

**Alternative Exercises**
Other ways to convey the material. Exercises can be broadly specified or specified in a step-by-step manner.

Note: Using the organization key above, the sections that are common to all classes will be listed on the next page.
General Contents of a Class

CLASS OUTLINE

I. Agenda and Announcements (5 min)
II. General Review (10 min)
III. Personal Projects Review (10 min)
IV. Relaxation Exercise (10 min)
V. New material (80 min)
VI. Personal Projects (5 min)

Each class begins with a listing of the Class Outline, illustrated above, that describes the content for that class. The time in parentheses is for the instructor’s guidance only.

At the beginning of each class, there are the following items to review:
- Goals for instructors
- Materials needed

Instructors are strongly encouraged to read over the instructor’s manual before each class.
I. Announcements and Agenda

Overview
The instructor will write the outline on the board and review the schedule for the day.

Key Points
- Will vary across classes.
- Briefly review agenda and announcements (e.g., absences from students).
- Ask class members if they have any announcements they’d like to share.

Rationale
Provide members an opportunity to participate in forming the agenda.

Information
If there are new members in class, the instructor will also review information from the general introduction in class 1 and welcome new members.

Step by Step

Step 1: Review the agenda for the day.

Suggested Wording
Now I’d like to review today’s agenda (point to board). As you can see, we’ll start with announcements and set the agenda for today. Does anyone have anything to add?

II. General Review

Overview
To review the material covered in the previous class.

Key Points
- Reinforce what participants have learned in the last session and module.
- Educate class members who were absent last session.
- Thoughts/Pleasant Activities/People contacts and mood are interrelated.
- Identify and learn ways to increase helpful thoughts/activities/support for mothers and babies.

Rationale
Use the review to assess how much participants remember from the last class and module and to reinforce the concepts previously learned.

Step by Step

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

Suggested Wording
What do you remember most from the last class? Is anything confusing or unclear?

Step 2: Highlight key aspects from last class.
Suggested Wording
Last week, we discussed...

Step 3: Make sure you answer any questions class members may have.
Suggested Wording
Does anyone have any questions?

III. Personal Projects Review

Overview
To review the personal projects from the previous class.

Key Points
- Review Personal Projects
- Quick Mood Scale - Review the mood scale of at least one of the participants
- Begin addressing how mood fluctuates, and the importance of being aware of our moods and our thoughts
- By tracking our moods, we can become aware of what is causing our mood to go down, up or stay the same, and their relations to our thoughts and internal reality
- Discuss and review the other personal project of the week.

Rationale
Review personal projects to reinforce concepts learned in previous session, and to increase awareness of the relationship between mood and thoughts/activities/people contacts (contacts with others).

Information
Non-adherence with personal projects is common. If non-adherence occurs, instructors can ask participants if there were obstacles to completing the personal projects. Instructors may have the participants spend a few minutes completing their Quick Mood Scale, and/or do it verbally.

Step by Step

Step 1: Review the Quick Mood Scale. Put the Quick Mood Scale on the board before class and either put a participant’s ratings on the board or have the participant go to the board and write her ratings herself.
Suggested Wording
Does anyone want to share her Quick Mood Scale with the class?

Step 2: After putting the ratings (numbers) on the board, the instructor can ask the participant to describe their week, noting the highs and lows of the week, and whether the participant noticed the relationship between mood and
thoughts/activities/people contact.

Suggested Wording
How was it for you to complete your Quick Mood Scale? Was your mood related to your thoughts/activities/contact with others? If yes, how?

Step 3: Review the other personal project.
Suggested Wording
Did anyone do the second project? [If yes] Will you share with us what you learned?

Step 4: Ask participants if they encountered obstacles to completing the personal projects.
Suggested Wording
Did you run into any obstacles?
Recommended Readings and Resources

Below are recommended readings for additional information related to theoretical models, pregnancy, postpartum, child development, parenting, culture, and group therapy processes.

Theoretical Models

Depression

Child Development

Pregnancy and Postpartum Issues

Related Website links: [http://www.drspock.com/home/0,1454,,00.html](http://www.drspock.com/home/0,1454,,00.html)
[http://www.lalecheleague.org/WebUS.html](http://www.lalecheleague.org/WebUS.html)

Cultural Issues

Relaxation Techniques
M&B Project-related Publications


References


THE MOTHERS AND BABIES COURSE
Class #1
Introduction to the Mothers and Babies Course

CLASS OUTLINE

I. Welcome and Introductions (15 min)
II. Video and reactions (20 min)
III. Purpose and Overview of the Course (10 min)
IV. Class Guidelines (5 min)
V. New Material (40 min)
VI. Relaxation Exercise (10 min)
VII. Personal Projects (20 min)

Goals for instructors:
• Establish rapport and motivate participants to come to the course.
• Present rationale for and purpose of the course.
• Introduce the idea that we can improve our physical and emotional health by shaping our behaviors, thoughts, and social relationships.
• Go over class guidelines, including confidentiality.
• Give an overview of the 6 classes of the course.
• Teach participants to monitor their mood using the Quick Mood Scale.

Note: The New Materials Section contains several activities. Instructors may not be able to cover all of these activities in one session. Instructors are encouraged to decide a priori which activities are most relevant to their participant population and present those in each session.

Materials needed:
1. Participant manuals
2. Nametags
3. Pens, Dry erase board, or chalkboard to present material to class
4. Video: “My Parents, My Teachers”
5. Informed consent forms
6. Copies of CES-D or other mood questionnaires (optional)
7. Evaluation/feedback forms (optional)
I. WELCOME AND INTRODUCTIONS

I.A. WELCOME (5 min)

Overview
Begin by introducing yourself to the participants as they arrive and give each participant a nametag and a manual. When you are ready, welcome group members and provide a brief orientation to the class.

Key Points
- Welcome participants to the class.
- Reinforce their coming to the group.
- Briefly introduce yourself and other staff (e.g., camera person if class is being filmed).
- Emphasize the reciprocal nature of the group; i.e., you from each other.
- Emphasize that they are the experts on their pregnancy and children, and you will just be contributing your professional knowledge. This may be especially important if the leader is not a parent.
- Provide a very general rationale for course: to focus on how we can raise physically and emotionally healthy children.
- Be attentive to participants’ needs and let them know that they can excuse themselves at any time to use the restroom.

Information
From the beginning, the leader should keep track of time, especially because participants will notice and will follow the leader’s expectations regarding keeping to the allotted time.

If the class is being taped, be prepared to discuss role of videotaping because some group members may feel uncomfortable being videotaped at first.

Step by Step

Step 1: Introduce yourself to group members when they arrive. Give each group member a nametag and a manual.

Step 2: When enough group members have arrived, begin by giving a general overview to the course.

Suggested Wording
Welcome to the Mothers and Babies Course. Today we will introduce ourselves, talk about the purpose of the course, and then begin to talk about how this course can help you. First, thank you for coming. I realize that you may have had to give up things and change your schedules to come. The fact that you are here shows that you are committed to being the best mother you can be for your baby.

The manuals we have given you are for you to keep. That way, you will be able to review things later when you most need to remember them. They contain handouts for each class so please remember to bring them with you each week. In the front, you will find two copies of a calendar. One copy is for you to keep at home. The other one is for your manual, so we can mark down important group activities each week.

Refer to the calendar.
As you can see, we will meet once a week for the next 6 weeks. If you cannot make a meeting, either because you have an appointment or are sick, please let us know as soon as you can. In other groups that we have led, we have found that group members worry about each other when they’re not there.

Step 3: Put phone numbers on the board where the group leader and project coordinator can be reached (or have them prewritten in their manuals). Also, if you have them, hand out business cards.

Step 4: Elicit and answer questions.
Suggested Wording
Are there any questions about this or anything else we’ve talked about so far?

I.B. INTRODUCTIONS (10 min)

Overview
Help everyone begin to get to know each other and feel comfortable talking in the group and gather relevant information about the participants’ backgrounds.

Key Points
- The instructor should introduce herself first (having the instructor go first provides a model for the group introductions).
- If the instructor is not pregnant or a mother, she may instead share her interest and previous experience working with pregnant women and children or relevant and appropriate personal information.
- Each participant should introduce herself (refer participants to page 1.2 in their manual).
- Conclude this section by emphasizing common characteristics among participants (e.g., many live in the same neighborhood).

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p. 1.2

Rationale
If group members feel heard and are able to establish a connection with other group members and/or the group leader, they are more likely to return next week.

Information
The leader should look for opportunities to increase rapport. This is everyone’s first chance to speak in the class and their experience (e.g., how you and the other participants respond) may set the stage for future participation. Rogerian interviewing techniques are useful for this purpose, including:
- Paraphrasing (repeating what the participant said in your own words, to ensure you understood what she meant)
- Reflection of feelings (saying what you think the participant felt during the situation she described, to ensure you understood what she felt)
- Summarizing (saying in a nutshell the main point of a participant’s contribution, to ensure that you and the group get the point she wanted to make)

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

**Group cohesion can also be increased** via comments that highlight areas of commonality between the participants and the instructors and among the participants.

Some people may have difficulty speaking. You can handle this by acknowledging that it is often hard to talk in a group of people you don’t know and by giving participants permission to not talk if they don’t want to. Let them know that we generally find it easier for people to talk as they get to know each other better and that we respect individual differences with regard to their desire to self disclose.

Group leaders who do not have children may want to highlight their experience with children, both professionally (through research and clinical work) and personally (having contact with children of family or friends). Doing so may help build rapport with group members and may make the information you provide seem more valid.

Some participants may have histories of trauma and may be unable to contain their affect when invited to speak. When a group member begins to talk about her trauma history, it is important to be sensitive to her feelings and to the feelings of other group members. The individual speaking needs to feel heard and supported emotionally; however, other group members may be overwhelmed by her story. After letting her speak briefly, you may choose to do some of the following things:
- Empathize with how hard the experience has been.
- Focus on how good it is that she is coming to the group, and that you hope the group helps her to have a better understanding of how to manage her life in a healthier way.
- Let her know that as we get to know each other better there will be more time to share these things.
- Acknowledge that other group members may have also experienced difficult events.
- Suggest setting up a separate meeting to talk to her further about what she is bringing up and then, perhaps, in that meeting determine if individual therapy is warranted.
- Remind the group member that she is safe in this environment.

**Step by Step**

**Step 1:** Let participants know that you would like to begin to get to know each other.

**Suggested Wording**

*I would like to begin to get to know each other. Please turn to page 1.2 in your manuals. There are a few questions for you to answer that will help all of us get to know each other better. We will all have to remember to try to keep our comments brief so that everyone will get some time to share. I will go first.*

Introduce yourself.

**Step 2:** After introducing yourself, have participants go around and introduce themselves.

Let them know how much time each person has (which will depend on the size of the group).

**Step 3:** After all the introductions are done, the group leader should make some comments regarding similarities and differences among participants (e.g., cultural background, importance of family, etc.).
Alternative Exercises
Depending on the characteristics of the group (i.e., size, how comfortable the women are speaking), you may choose to have the women break up into pairs, introduce themselves, and then introduce their partners to the group.

Suggested Wording
In a little while, we will begin talking more about the class and what you will be learning but first let’s get into pairs and introduce ourselves to our partners. If you turn to page 1.2 in your books, we have written down some of the things you might tell your partner when you introduce yourself. Later, you will each introduce your partner to the group.

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

II. VIDEO: “My Parents, My Teachers” AND DISCUSSION OF VIDEO (20 min)
(Video length approximately 15 minutes: 20 minutes total)

Overview
Present the idea that parents are their children’s first teachers, highlight the importance of the first 3 years of life, and provide concrete examples of how children learn and how parents can become actively involved in their learning process. It is important to keep track of time when you reach this section. You want to have about 10 minutes after watching the video for discussion.

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

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p. 1.3

Rationale
Emphasizing the importance of the first 3 years of life in terms of how cognitive, social, emotional, and biological development helps mothers recognize how important they are to their child’s development may motivate participants to make positive changes in their and their babies’ lives.
Information
Participants who have older children may be hearing for the first time about the importance of the first three years of a child’s life. They may express feelings of guilt or disappointment in themselves for not raising their children in an ideal manner, especially if they feel they were not able to provide an environment that fostered early learning. You can handle this by letting them know that even when situations are less than ideal, children continue to develop and learn from new experiences and interactions in their lives. So it is never too late. Most of us were raised in less than ideal circumstances, and we were not damaged by this. However, now that there is more scientific knowledge about how human beings develop, it makes sense to use that knowledge to benefit children from now on. Participants may ask about how other people in the home may play a role in the child’s development (e.g., father of baby, grandmother, child’s sibling). You can help them think about how and to what extent they would like others to be involved in teaching the baby. For example, one class member spoke of practicing the relaxation exercises with her 7-year old because that way they would both learn how to soothe the baby.

Step by Step

Step 1: Show the video: “Bonding with Your Baby”
Suggested Wording
I’d like to show you a video called “Bonding with Your Baby” that talks about the changes children make in the first three years of life and emphasizes how important you are as your children’s first teachers.

Step 2: Elicit participants’ reactions to the video.
Suggested Wording
- What did you hear that was new to you?
- What did you already know?
- What did you like the most?
- What do you remember the most?
- What do you think about the idea that the human brain develops most during the first three years of life? What does this mean to you?

Highlight the following points. These points are tied to the notes about the video that are on page 1.3 of the participant manual.

- The first 3 years are among the most important because this is when children learn to walk, to talk, to think, to love you, and to feel good about themselves.
- Learning all of this means their brain is developing connections at an amazing rate. We think learning takes place when the connections between neurons become strong.
- Children learn at different speeds and may need different environments to help them maximize their learning ability. For example, some children learn best by running around and seeing the world whereas other children learn best by quietly sitting and watching.
- Children’s work is to play. They just need the space and encouragement. And they really need to learn that playing and having fun is a good thing. When you play a lot with them, they will see you as someone who is fun. They will not feel they need to hide from you to have fun. And when you have to discipline them, it will be easier for them to accept discipline because they won’t see you as someone who just wants them to stop having fun. They will know you like to have fun, too.
- When we say every mother is capable of giving what her child needs, we mean that every mother can give her child love, attention, and encouragement.
Alternative Exercises

If you do not have the “x” videotape, we recommend using another videotape that covers similar material. Alternately, you can do the following activity.

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

Sample answers are listed below:
• Walk
• Talk
• Soothe themselves (regulate emotions, how to calm down when they’re upset)
• About relationships (by using their relationship with their parents as a model)
• Eat by themselves
• Figure out how things work (by putting them in their mouths, using them)

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

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

III. PURPOSE AND OVERVIEW OF THE COURSE (10 min)

III.A. PURPOSE OF THE COURSE (5 min)

Overview
Discuss the course content and connect it to the participants’ desires and goals.

Key Points
Discuss how the course will focus on the following topics:
- Relevant information about pregnancy and infant/child development
- Ways to manage life stress, improve mood, and avoid mood problems
- Healthy interactions help create a healthy reality for the mother and her baby
- Healthy, positive ways that we can think about babies and interact with them

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Rationale
The modal (most common) number of therapy sessions that people attend is one. It is key in the first session to motivate participants to want to attend by helping them to see how this class will be useful and fun for them.

Information
We underscore how the class will be useful by repeating the goal of the course: to teach mothers and mothers-to-be how mood works so they can teach their own children. But you can’t teach what you don’t know well. So, mothers need to learn how their own mood works and how to increase positive moods and decrease negative moods. Doing this will also help them enjoy
becoming a mother and being the kind of mother they want to be.

It is important to emphasize that the women in the course will learn healthy, positive ways to think about and interact with their babies so that they can help their babies develop in an emotionally and physically healthy manner. Women may be entering the course not to help themselves but to be good mothers for their children and help them develop normally. This is the “hook” for many group members.

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

Women enrolled in the course may also be participating in prenatal classes. Emphasize that even though the Mothers and Babies Course is not intended to replace a prenatal class, the class may be a place where they can share ideas and suggestions on how to make their pregnancy enjoyable and help each other prepare for the birth.

It is important to emphasize that the materials for this course were developed by researchers with expertise in mood management as this legitimizes the materials.

**Step by Step**

**Step 1: Go over the purpose of the course.**

*Suggested Wording*

I’d like to begin talking about the purpose of the course. As the name of the course suggests, all of you are mothers or are about to become mothers. During your pregnancy, you attend prenatal care visits to take care of your and your babies’ physical health. This is important.

We also believe that it is important to take care of your emotional health, during and after pregnancy because this will affect both you and your baby. We know that parents are the most important people in babies’ lives. You are your babies’ first teacher and teach your children not only how to walk, talk, and eat, but also how to be healthy emotionally and how to relate to other people. This class was developed to support you as a mother and to share ways to be emotionally healthy that you can then pass on to your children.

We will be looking not only at how we can help our babies, but how we can help ourselves. Mothers are the foundation of the family and need to be strong so they can support the family. During the classes we will talk about ways to build a strong foundation and provide support around doing so.

During the class we will talk about becoming and being a mother, how you can be the kind of mother you want to be, and how you can raise healthy babies. The class will focus on you, your baby, and on the relationship between you and your baby. We will all share what we know about raising babies to be physically and emotionally healthy, and we hope that we will all learn from each other. The course contains materials that are based on research and years of working with mothers and babies. Other women have found it to be helpful, and we hope you will too.

**Step 2: Elicit participants’ reactions to the purpose.**

*Suggested Wording*
Before continuing, I want to check and see what you think about this. Is this the type of course that you think might be helpful to you?

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

Alternative Exercise

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

Suggested Wording

As you become mothers or now that you are a mother, what kinds of things would you like to learn? In other words, babies don't come with manuals, but if they did, what would you hope the manual would teach you?

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

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

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

III.B. OVERVIEW OF THE COURSE (5 min)

Overview
Provide an overview of the Mothers and Babies Course and its three sections.

Key Points
- The course is composed of 6 classes that are divided into three sections: activities, thoughts, and contacts with others; each of which can help us shape our mood.
- Because activities, thoughts and contacts with others are interrelated, we will discuss all of them during the course, but each will be the focus of two classes.
- Relevant information about pregnancy, motherhood and infant/child development are incorporated throughout the course.

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Information
To make this section relatively brief, we recommend you focus on the three parts of the course (activities, thoughts and people) rather than each class.

Step by Step

Step 1: Go over the basic structure of the class.

Suggested Wording
As we mentioned before, the course has 6 classes. These classes are broken down into three
parts. 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. What we do shapes our lives and our babies’ lives. We will talk about what we can do to reduce life stress, how to reach our goals in spite of stressors, and how to engage babies in activities that will help them develop. We will begin to focus on this area today.

The next area is our thoughts. We will be looking at how our reactions, or the way we think, affect 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 looking at our contacts with others. 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.

During the classes, I will be asking you how things are going, and we will talk about managing mood and stressful life events during pregnancy and after. We will talk about ways you can help your baby be healthy, both physically and emotionally.

Step 2: Elicit reactions to the class outline and answer any questions participants may have.

IV. CLASS GUIDELINES (5 min)

Overview
Go over the class guidelines and discuss confidentiality in order to create an environment where everyone feels safe and comfortable talking.

Key Points
☐ Give participants your phone numbers so they can call if they cannot make it.
☐ Let participants know that leaders also need to respect the group rules.
☐ Make sure when you go over confidentiality to emphasize that as a group leader you are not able to maintain confidentiality if you hear about child abuse or neglect or that someone is in danger of hurting themselves or someone else. Stress that the rationale for this rule is to maintain safety.
☐ Let group members come up with their own rules if they wish.

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Rationale
The guidelines set the stage for the class. They help create a safe, consistent environment that will maximize people's ability to benefit from the course.

Having participants actively create guidelines gives them ownership of the class and may increase their motivation to participate.
**Information**

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

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

It is important to communicate to participants that we welcome them to share these materials with their spouses, family members, and friends if they wish. However, the content of what we discuss in the course remains in the room to protect the confidentiality of each class participant and to make everyone feel safe in sharing their experiences.

It is a good idea to distribute your business cards to the class members as a way to facilitate communication between participants and instructors.

Some participants may worry where the information they share in the group goes, particularly if the sessions are being video or audio recorded. You can reduce these fears by addressing these issues when you talk about confidentiality.

**Step by Step**

**Step 1: Orient group members to the task and begin discussing the guidelines**

*Suggested Wording*

*We want this class to be a place where you feel safe and comfortable talking. To do this, we have often found that it is useful to have some group guidelines. If you turn to page 1.6 in your books, there are some guidelines that group members have found useful in the past. Let’s go over them.*

If you choose, you can have group members read the guidelines.

**Step 2: Highlight key aspects or provide the rationale for the guidelines.** We have provided the key aspects for some of the guidelines below.

*Suggested Wording*

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

*Come on time - We understand that it may be hard to get to class but we only have a certain amount of time together, and we really want to get the most out of it. Starting on time with everyone here will help us do that.*

*Respect confidentiality - see Step 3*

*Complete your personal projects for the week - Each week we will be asking you to do personal projects. Personal projects are a very important part of the course because they help you see if what you learn in class can help you create positive changes in your lives. When you*
complete the projects you will be able to tell the group how they went and to get useful feedback.

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

You don’t have to do anything you don’t want to do - In class, we will be asking you to participate in exercises. If anything makes you feel uncomfortable or if you simply don’t want to do something, that is your right, and just let me know.

Share only what you wish to share and remember that you have the right to keep some things private - As we talk in class, we may all find that there are some things that we are happy talking about and other things we would prefer to keep to ourselves or talk about only with people we are very close to.

Step 3: Cover confidentiality in full detail. This confidentiality guideline must be covered. Suggested wording
Respect confidentiality - In order for people to feel safe talking in the group, it is important that we all agree that what is said in the group stays in the group. This means that when people talk about themselves in the group, we do not share what they have said with others. You can, of course, talk to other people about what you are learning or what you have said in the group.

Pause and verify that all group members agree to this guideline.

I also want to let you know that there are some situations when I cannot maintain confidentiality. The first is if I hear about child abuse or neglect. The second is if I hear that someone is in imminent danger of hurting herself or someone else. In these situations, I would need to break confidentiality in order to protect safety.

You can let them know that in general, your policy would be to discuss your concerns with them and involve them in the reporting process if you determined a report were necessary and they were willing to participate in making the report. In other words, you won’t be doing things behind their backs and when they leave class they don’t have to worry that you will be breaking their confidence.

Pause and elicit any questions about this guideline.

Step 4: Answer any questions participants may have.

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

Step 6: Assure participants that all MB team members will also follow the guidelines. Suggested wording
Last, I want you to know that these guidelines are not just for you; I and the other Mothers and Babies team members will follow them too. I will be on time, listen to and be respectful of your viewpoints, and maintain confidentiality unless one of the situations we just talked about occurs. I may consult with other members of the Mothers and Babies team about the class and ways that we can help each of you. However, all the Mothers and Babies team members will also maintain confidentiality.
Alternative Exercises
Depending on the characteristics of the group (e.g., how talkative they are) you may choose to have the group come up with guidelines on their own before covering the guidelines in the manual. Make sure that confidentiality is included and that you have covered all the key points regarding times when you would need to break confidentiality.

Suggested Wording
We want this class to be a place where you feel safe and comfortable talking. To do this, we have often found that it is useful to have some guidelines. What are some guidelines that would make you feel comfortable talking in class?

Write their guidelines on the board and discuss each one. At the end, you can have group members write down their guidelines or you can indicate that the majority of these guidelines are covered on page 6 in their books.

V. NEW MATERIAL (40 min)

V.A. STRESSORS THAT CAN AFFECT THE MOTHER-BABY RELATIONSHIP (10 min)

Overview
Discuss how life stressors affect us and can affect the mother-baby relationship. Highlight that identifying stressors and understanding how they affect women and the mother-baby relationship is the first step in developing a plan to manage stress and avoid problems.

Key Points
- Highlight that life stressors affect how we feel emotionally and physically
- Discuss how specific stressors (e.g., those shown on page 1.7) might affect:
  - The mother’s emotional health and physical well-being
  - The mother-baby relationship
  - The baby
- Identify common life stressors following birth
- Identify stressors in participants’ lives

Participant Manual
p. 1.7

Rationale
This program was written to help people cope with real life problems. The heart of the course is a healthy management of reality approach. To build a healthy reality for ourselves and our children, we first have to face reality. This is why we need to learn to recognize the stressors that affect us.

This activity also allows group leaders to assess the types of stressors that individual group members are facing. Group leaders may want to take notes on the types of stressors each participant endorses. This will help leaders develop ecologically valid interventions that help participants manage their reality.
Information

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

Women may get overwhelmed discussing every example on page 1.7. Pick one stressor that can potentially affect the women and ask for their physical and emotional reactions. There is not enough time to cover all the stressors.

If the women are unable to come up with reactions, give an example that most of the women can relate to, such as what happens when one watches a scary movie. It is helpful to write the women’s reactions on the board so you can refer back to them when discussing this section.

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

The father of the baby or a family member may serve as a source of stress. It is important to make note of this, as this topic will be focused on in the contacts with other people section.

Step by Step

Step 1: Begin a discussion about how stress affects our physical and emotional health.
Suggested Wording
We’ve been talking about the mother-baby relationship, but sometimes things in our lives make it difficult to focus on that relationship. Let’s look at page 1.7 in our books and think about how these different stressors might affect how we feel. Select one stressor and talk as a group about how it would affect the mother, physically and emotionally.

Step 2: Discuss how the stressor would affect the mother-baby relationship and the baby.
Suggested Wording
How do you think feeling (tired, angry, sad) would affect the mother-baby relationship and the baby?

Step 3: Help the women identify stressors in their lives. As a group, think about all the different stressors that women may experience as they become new mothers. Write them down on the board. Participants can also identify stressors unique to their lives. They can choose to share them and/or they can write them in their books.
Suggested Wording
• What stressors do you have in your life?
• Are there other stressors that might affect the mother-baby relationship that aren’t on page 1.7?

Alternative Exercises

Interactive Role Play
Step 1: Select one group member to play the role of the mother. Alternately, you can have all the members of the group do this exercise.

Step 2: Give the participant something to hold to represent a baby (e.g., doll, heavy book).

Step 3: Ask her to interact with the “baby.” Ask her how she feels about and thinks about the baby. Ask her what kinds of things she thinks she might like to do with the baby.
Step 4: Introduce various stressors. You can have group members identify the stressors they would like to “carry”. You can either have her imagine that she is experiencing the stressor or you can give her heavy items (or more cumbersome irregularly shaped items) that represent the stressors.

Step 5: As you add on the stressors, ask her how she feels, physically and emotionally. Ask her how she thinks and feels about her “baby.” Ask her about the types of things she would like to do with her “baby.” Talk as a group about how the stressors are affecting the mother, the mother-baby relationship, and the baby.

Facilitating the Link Between Stress and Health
Step 1: Ask the women in the group about what they first notice when they are stressed. As they respond, write their responses on the board. Responses will typically fall into 3 areas: behavioral reactions (e.g., become socially isolated), physiological reactions (e.g., headaches), and emotional reactions (e.g., anger).

Step 2: As you write their responses under these 3 categories, begin asking the women how these are related to one’s emotional and physical health.

Step 3: Finally, ask the women how babies communicate that they are stressed from infancy (e.g., cry if hungry or need diaper changed) to early childhood (e.g., acting out). Highlight how important it is that participants be able to recognize how stress affects them and learn how to manage it because their children are likely to experience stress and will look to them for guidance. The only way to teach someone, such as a child, ways to manage stress is for the teacher, in this case the mother, to learn and try them out herself.

V.B. HOW THE MOTHERS AND BABIES COURSE CAN HELP YOU (5 min)

Overview
Introduce a cognitive behavioral model and explain to participants that by making changes in their thoughts, behaviors, and contacts with others, they can manage life stress and improve their mood.

Key Points
- Instill hope that there are good ways to manage stress and that by attending the Mothers and Babies Course, they will learn 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.

Participant Manual
p. 1.8

Rationale
This section can help participants understand that stress can produce imbalance in our lives, especially if we don’t have the necessary tools (covered in the Mothers and Babies Course) to deal with it. We hope to help participants see that there are aspects of their reality that they can manage.
Information
All life involves some stress. Being a mother of a young child is a particularly stressful stage of life, although it can also be a particularly happy and fulfilling part of life. The Mothers and Babies Course is intended to help mothers experience less stress and as much happiness and fulfillment as is possible given their circumstances. A basic assumption of the course is that even if their circumstances are difficult (indeed, especially if their circumstances are difficult), shaping their personal reality is essential to gain a sense of self-efficacy and to prevent developing the helplessness and hopelessness of depression.

Step by Step

Step 1: Instill hope by emphasizing that it is possible to manage stress.
Suggested Wording
*During the exercise that we did earlier, we saw how stressors can affect your emotional and physical health, your relationship with your baby, and ultimately your baby's emotional and physical well-being, but we can learn to manage these stressors and minimize the effects they have on us and on our families. This is one of the primary reasons for this class. 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.*

Step 2: Present a metaphor or visual picture to help people understand that it is possible to balance stress with other factors.
Suggested Wording
*If you look at page 1.8 in your books, you will see how stress can affect us. What do you think about the picture on the top of the page? Elicit participants’ reactions. Now what do you think about the picture on the bottom of the page? Elicit participants’ reactions.*

Step 3: Highlight the idea that when we have stress it is even more important to think of ways to balance that stress and that we will talk about ways to balance stress.

Alternative Exercises
We have found the use of metaphors very helpful when presenting ideas. You might draw a scale on the board or bring an actual scale to class where one side represents stress and the opposite side represents ways to counterbalance stress. Have participants discuss ways to tip the balance.

V.C. COMMON MOOD PROBLEMS AFTER BIRTH (10 min)

Overview
Discuss the different mood problems that women may experience during pregnancy and after birth and identify the different symptoms associated with each mood problem.

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.
Rationale
One of the goals of the course is to prevent clinical depression. It is important, therefore, that participants be able to recognize the characteristics of common types of depression that are prevalent during pregnancy, postpartum, and beyond and understand the differences among these types.

Information
This exercise can generate multiple reactions from the women. It may help some women feel less alone to understand that others have symptoms similar to those they have experienced in the past or are currently experiencing. Other women may worry about the future and the possibility of developing a significant mood disorder. Others may have a history of major depression or postpartum depression and may worry about how you and other group members will react if they share this information.

The idea here is not to scare participants, but to educate them. As you cover each disorder, highlight that there are things you can do to try to prevent a mood disorder, and if you discover you have one, there are things you can do to treat it. Emphasize that they are decreasing the likelihood that they will have a mood disorder by learning the skills taught in the course. They are also learning to identify mood disorders, which will help them get treatment as soon as possible should they develop a mood disorder.

Step by Step
Step 1: Introduce the Activity.
Suggested Wording:
As we talked about, stress affects our emotional and physical health. One potential effect of experiencing stress during pregnancy and the postpartum period 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 a mood disorder 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.

Step 2: Assess the women’s current knowledge about different mood problems.
Suggested Wording:
Many women say that they experience mood changes during and after pregnancy. Has this happened to any of you either recently or before when you were pregnant with your other children? Or have any of you heard other pregnant women or new mothers talking about mood changes?

Elicit answers from the participants about what they have either experienced or heard. If no one has heard of anything like this, you may want to ask specifically whether they have heard of postpartum blues, postpartum depression, or depression.

Questions to stimulate discussion are listed below:
- Have you heard about ______________________ before? (How or from where)
- Do you know any one who has had___________________?
- Have you ever experienced ______________________?
Step 3: Go over the mood problems shown on page 6 in the participant’s manual.

Suggested Wording:
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 page 1.9 in your books, you’ll find descriptions of the three most common mood problems that occur during this period. Go over the different categories of mood disorders.

Step 4: Elicit participant reactions after each category of mood disorders is presented. Highlight the following points:
• The skills they are learning in the course will help reduce the likelihood that they will develop one of these disorders.
• It is key to know how to recognize these disorders because then you can get treatment as soon as possible.
• There are things you can do should you develop one of these disorders, including getting treatment and using the skills you learned during the course.

V.D. YOUR MOOD AND YOUR PERSONAL REALITY (15 min)

Overview
Help participants understand the difference between their inner and outer reality; the connection between thoughts, behaviors, contacts with others, and mood; and that it’s possible to make changes in these areas.

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

Participant Manual
p. 1.10

Rationale
To help participants understand a theoretical model for managing their mood.

Information
This is the basis of the rest of the course. It is important that participants understand the concepts and see them as relevant to their lives. As you discuss these concepts, try to integrate information that participants have shared with the class and provide examples that are relevant to their lives.

We use a Healthy Management of Reality framework as a way to discuss how individuals can manage their mood. In essence, this is a simplified explanation of the cognitive-behavioral approach to mood management. We explain that people live in two worlds: the world of their mind (their “inner reality”) and the physical world (their “outer reality”). Both what happens in their mind and what happens in the outside world affect their mood.
The circle graphic on page 1.10 shows arrows going in both directions, from emotions to thoughts and activities, and between thoughts and activities. It is important to point out that, though emotions (how we feel) can affect the thoughts we have and the activities we do, thoughts and activities can also affect our emotions as well as each other. (This is the concept that Albert Bandura refers to as “reciprocal determinism,” which allows us to learn to manage our mood by changing our thoughts and actions.)

The idea of “shaping our reality” must be presented here and repeated throughout the course. **It is the key concept of the course.** Changing our mood by changing how we think is an important skill to have, but it is likely to have a relatively short-term effect by itself. It is also necessary to acknowledge that our outer reality has an important impact on our mood, and that, therefore, we need to shape it as well. Shaping our outer reality involves considering where our activities place us in terms of space and time: Where does the participant spend each hour of her day, with whom, doing what? Where will her baby spend each hour of his or her day, with whom, doing what? Are there places, people, and activities that create a healthier environment to grow and develop, and to have a more positive image of oneself and one’s life? Can the participants begin to think about and actually implement changes in their lives that will increase healthy inner and outer environments for them now so that they can teach these skills to their babies?

Part of our “outer reality” (or our physical reality) is our body. It is important to emphasize that the condition of our bodies: how much we sleep, what we eat, and our level of exercise, also has an impact on our mood and our health. Teaching this to our babies early on will have a long-lasting effect on their lives. Learning and practicing this ourselves will give us an area of our lives that we can have control over.

**Bottom line:** What we do each day shapes our lives. By actively choosing what you do, you can create a healthier reality for you and your baby.

### Step by Step

**Step 1: Introduce the idea that people’s moods change.**

**Suggested Wording:**

*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.*

**Step 2: Introduce the concepts of inner and outer reality.**

**Suggested Wording:**

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

Diagram these concepts on the board.

*Our outer reality includes all the things that happen to us, our physical health, all the things we do, and the way we relate to others. It includes observable facts. For example, if you have an argument with your partner, that would be part of your outer reality. 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.*

Check to ensure that participants understand the concept of outer reality. It may be helpful to
use tangible objects in the room that everyone can agree on to further explain this concept. For example, you might say that sitting in this room (describe the room) on these chairs (describe how comfortable or uncomfortable they are) is part of all of your outer realities.

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

Again, make sure that participants understand the concept of inner reality. You can further explain the concept by saying that while we all share the same outer reality, of being in the same room and sitting on the same chairs, we may each have a different inner reality. Get participants to share their thoughts or reactions to the room or to sitting. Show how people’s inner realities differ and discuss how this might affect mood.

Another example that often works is to have participants imagine that they are all eating a particular food, like chocolate or spinach. Their outer reality is the same. However, they may each have a different inner reality because they may each have different thoughts about what they are doing. For example, one might think that this is really wonderful, another might worry about whether it will make her fat, another might think about how much she dislikes the food, and another might focus on how it will affect her baby.

*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.*

**Step 3: Show how inner and outer reality affect mood.**

*Suggested Wording*

*If you turn to page 1.10, 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. [If possible, use examples the participants have shared earlier to explain how thoughts, activities, and emotions are interrelated.]*

*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.*

Make sure participants understand the diagram. If necessary, provide additional examples to personalize the connections.

**Step 4: Discuss the concept of mood management.**

*Suggested Wording*

*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. You have all changed your reality by coming to this class and choosing to learn ways to help yourselves and your babies. 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 mothers, 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.

Step 5: Make sure that participants understand the concepts. Do this step only if necessary.

**Suggested Wording**

Let's see if we can take some examples from your lives and figure out whether they are part of your outer or inner reality.

Have participants volunteer to share things in their lives and determine whether it is part of their inner or outer reality. Then have them discuss the how this part of their life is related to their thoughts, emotions, and activities.

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VI. RELAXATION EXERCISE (10 min)

**Overview**

Conduct a relaxation exercise with participants.

**Key Points**

- Provide a brief rationale for doing relaxation exercises.
- Have each participant rate their current mood.
- Ask participants to rate their mood at the end of the exercise.
- Discuss how using their breath to relax affected their mood.

**Participant Manual**

pp. 1.11, 1.12

**Rationale**

Relaxation is a useful tool that can help the women manage stress during pregnancy and delivery and after the baby is born.

**Information**

Relaxation skills appear to be useful and important for women taking this course. The women in our first groups often remarked about how helpful it was to learn relaxation exercises.

After completing the relaxation exercise, it is important to allow time to talk about participants’ reactions to the exercise. Participants may report mixed reactions, including feeling worse following the relaxation activity. For this reason, we have included an inoculation technique, which helps prepare participants for the possibility and utility of negative reactions (refer to Step-by-Step section below).

Some pregnant women may report that their baby begins to kick more during the exercise. If this happens, it will be important to discuss how the women understand this (e.g., this baby never lets me relax, she is healthy and is perhaps showing how much she enjoys the exercise).
Some instructors may feel uncomfortable or "hokey" conducting the exercise. They may worry that their voice is not relaxing, or they feel uncomfortable relaxing. We encourage instructors to practice the exercise by audiotaping themselves and then practice relaxing by listening to the audiotapes. Instructors can try the exercise with others and see how they respond to help them gain information about the benefits and potential pitfalls. Relaxation is an important skill, but not all exercises will help all individuals. The goal of doing relaxation exercises is to give participants an opportunity to learn different relaxation strategies and decide which ones are effective in managing their stress.

**Step by Step: Breathing Exercise**

**Step 1: Introduce the exercise and provide the rationale.**
**Suggested Wording:**
*Now we’re going to talk about one way of dealing with stress, relaxation. Relaxation is a key tool in managing stress. When we relax, we are doing something pleasant. Relaxation can be an enjoyable and pleasant activity for you and for your baby. Relaxation is also good for our physical health and gives us a break from our thoughts. This is one way that we can shift our inner reality. Today we are going to use our breath to learn to relax.*

**Step 2: Inoculate participants against possible negative reactions.**
**Suggested Wording:**
*In a moment, I am going to ask you to close your eyes, relax your body, and become aware of your breathing. As you do this, pay attention to how you are feeling. You may experience positive or negative feelings. Either type of feeling is fine. It will be important for both you and us to understand your reactions.*

**Step 3: Lead a relaxation exercise where participants use deep breathing techniques.**
Specific instructions for this exercise can be found on page 8 of the Relaxation Manual (Ramos, Díaz, Muñoz, & Urizar, 2007) and page 1.12 of the participant manual.

**Step 4: Process with participants what it was like to do the relaxation exercise.**
**Suggested Wording:**
*Did your mood change? What aspects of the exercise may have contributed to your mood changing if it did?*

If someone had a negative reaction to the activity, explore the thoughts she had during the exercise. Talk about how our thoughts can affect how we behave and how we feel.

**Alternative Exercises**
We have included a relaxation exercise; however, you may use any relaxation exercise or technique that you wish. For this section, we recommend that you select an exercise that focuses on doing something or thinking about what you do as a way to relax. A number of optional relaxation exercises are listed in the English version of the Relaxation Manual (Ramos, Díaz, Muñoz, & Urizar, 2007).

You may also choose to have class members actually do something pleasant and relaxing, such as have a cup of tea or play a game and then discuss how this was.
VII. PERSONAL PROJECTS (20 min)

**Overview**
Introduce the personal projects, show participants how to track their mood using the Quick Mood Scale, and highlight the importance of participants completing the personal projects.

**Key Points**
- Explain the Quick Mood Scale and have participants rate their mood for today.
- Do a practice week on the board so participants get a chance to see how it works. You can ask for a volunteer or make up a mood scale.
- Emphasize the following information:
  - Participants should use the whole range, not just 1, 5, or 9.
  - Participants should fill out the Quick Mood Scale every day and not all at once at the end of the week. We often find that it is easiest to keep it by your bed in order to remind you to complete the record before going to bed.
  - It will feel more natural as they practice it. (There will be days when it will be hard to decide on an average for their mood. They should do the best they can.)
  - There is no right answer. Only they can determine how they have felt each day.
  - Each person is different.
- Let participants know that you’d like them to track their mood using the Quick Mood Scale over the next week and that in future classes the Quick Mood Scale will be used to look at how making changes in what we do, think, and our contacts with others affects our mood.
- Discuss the importance of personal projects and go over the project for this week.

**Participant Manual**
p. 1.13

**Rationale**
To learn to manage their mood, participants need to learn to recognize their moods. They need to learn that their mood fluctuates from moment to moment, hour to hour, and day to day. The Quick Mood Scale can give them a glimpse of this. Once the fact that mood fluctuates is clear, the next important concept to learn is which factors influence this fluctuation. The course focuses on 3 very important factors:
1) What we think (thoughts, or “cognitions”)
2) What we do (activities, or “behaviors”), and
3) With whom we spend time (people, or “interpersonal interactions”).
As the course proceeds, the Quick Mood Scale will include space to monitor each of these factors so participants can see the relationship between these factors and their mood. Therefore, it is important that they do the Quick Mood Scale.

**Information**
The way group leaders speak about the personal projects during this first session influence whether participants complete the projects for the duration of the course. Therefore, it is important that group members and leaders take the personal projects seriously and believe in their importance.

We recommend you do an example on the board with the participants. Sometimes participants use extreme numbers to rate their moods. You can handle this by saying that 9s and 1s are very rare throughout our lives. Therefore, their mood will most likely fluctuate between 2 and 8. It can be helpful to ask for examples of 1s and 9s to help them differentiate between “worst mood” and “best mood.” Good examples of 9s include: the birth of the baby, winning the
lottery, and your wedding day - although it is important to remember that for some participants, these events may be negative. Examples of 1s include losing your job and losing a loved one.

**Step by Step**

**Step 1: Provide the rationale for monitoring mood.**

**Suggested Wording**

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

**Step 2: Explain the Quick Mood Scale.** It can be helpful to draw the scale on the board.

**Suggested Wording**

*If you turn to page 1.13 in your books, there is a copy of the Quick Mood Scale. We can use this scale to track our mood for a week.*

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

Pause and ask group members to rate their current mood. Use active listening skills to show you understand what they’re saying and how they’re feeling.

*I can use the scale to track my mood for a week and see how it changes.*[Demonstrate using the board or a manual.]

*Each night I rate my mood. 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 than they really happened. We recommend putting the scale by your bed and filling it in every night before going to bed.*

**Step 4: Elicit group member reactions to tracking their mood.** Empathize with both positive and negative reactions.

**Suggested Wording**

*What do you think about the idea of measuring and keeping track of your mood? How could tracking our mood help us? [Elicit responses]*

**Step 5: Explain the rationale for the Personal Projects.**

**Suggested Wording**

*In order to help us try things we learned in class, each week we’ll be doing two personal projects. One will be using the Quick Mood Scale to track our mood and the other will be something related to what we learned in class. When we meet together we’ll learn lots of new things, including ways to help us improve our mood and help our children. We’ll be talking*
about these things in the class, but it is really important that you use the techniques at home too. We only meet for 2 hours every week, so if we want to make lasting changes, we need to use the techniques outside of class too. We also want you to practice at home so you can tell us whether or not they were helpful.

Step 6: Obtain participants’ reactions to the idea of doing personal projects.

Step 7: Highlight that participants should track their mood using the Quick Mood Scale and talk to a friend or family member about what they learned today for next week.
Class #2
Activities and My Mood
Pleasant Activities Help Make a Healthy Reality for My Baby and Myself

CLASS OUTLINE

I. Agenda and Announcements (5 min)
II. General Review (15 min)
III. Personal Projects Review (10 min)
IV. Keisha and Tamika’s Days (10 min)
V. New Material (75 min)
VI. Personal Projects (5 min)

Goals for instructors:
• Review main concepts from last class
• Continue to build rapport
• Ensure that participants understand the connection between pleasant activities and mood (more pleasant activities → more positive mood; fewer pleasant activities → more depressed mood)
• Help participants identify activities that they find pleasant
• Provide information about how babies learn and how activities foster development
• Help participants problem solve around overcoming obstacles do doing pleasant activities

Materials needed:
1. Nametags (optional)
2. Participant manuals
3. Pens, Dry erase board, or chalkboard to present material to class
5. An enlarged reality management chart (optional)
6. Pleasant Activity cards, 1 set for every 2 people (optional)
7. Copies of CES-D or other mood questionnaires (optional)
8. Evaluation/feedback forms (optional)
I. AGENDA & ANNOUNCEMENTS (5 min)

**Overview**
Go over the agenda for today’s class and elicit agenda items from class members. Make announcements and invite class members to share announcements they have.

**Key Points**
- Briefly review the agenda for the course (shown on the first page of this session).
- Ask participants if they have additional agenda items.
- Make announcements and ask participants if they have anything they’d like to share.

**Rationale**
By setting an agenda, you help structure the session and let participants know what to expect, and you provide them with an opportunity to actively participate in the class by contributing to the agenda. It is important to encourage participants to share important events from their weeks. By doing so: 1) You get a glimpse of their state of mind, which may make their reactions (or lack thereof) more understandable during the class, and 2) You obtain stories from their lives that you can use to illustrate and personalize course material.

**Information**
Setting the agenda sets the tone for future sessions. You want to set a balance between providing the structure necessary to cover all the class material and giving participants an opportunity to bring up topics that are important to them. Often participants will share information regarding their pregnancy, such as the gender of their child, what they learned at their last doctor's appointment, pictures of their baby or of other children.

**Step by Step**

**Step 1: Review today's agenda.**
Suggested wording

*Now I’d like to review today’s agenda (point to board). As you can see we have a lot to cover! We’ll begin by sharing announcements, and then we’ll talk about the importance of activities and how they influence our mood. Does anyone have something to add to the agenda?*

If participants have suggestions, write them on the board, and schedule time for them.

**Step 2: Announcements.** Make announcements and ask participants if there is anything they would like to share.

II. GENERAL REVIEW (10 min)

**Overview**
Briefly review the material covered in the previous class.

**Key Points**
- The purpose of the course is to learn ways to manage stress and improve mood and to talk about how you can pass these skills on to your children.
- We want the group to be a place where you feel safe talking, sharing, and learning.
- We hope to provide you with information that helps you and your children be physically and emotionally healthy.
The mother-baby relationship is central to helping children develop.
- We can learn ways to make our relationships with our children be as healthy and happy as possible.

**Participant Manual**

p. 2.2

**Rationale**

Reviewing what was covered during the last class will help you determine what participants remember from last session, reinforce key points, and share information with group members who were absent last session.

**Information**

It is important to reinforce class members’ participation and to validate their point of view. There are no wrong answers; participants are sharing what they remember from last week.

**Step by Step**

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

*Suggested Wording*

Last week we introduced ourselves and talked about the purpose of the course.
- What are some of the things that you remember most from the last class?
- Do you have any questions about what we talked about during the last class?

Elicit responses from participants and answer any questions they may have.

**Step 2: Reinforce participants’ responses.** You can do this by writing down their words, highlighting what they have said, and/or praising their responses.

**Step 3: If it seems appropriate, highlight key points that participants did not cover.**

*Suggested Wording*

So basically, we learned that life stress affects us and the people around us, like our babies. We talked about how we can manage stress by looking at what we do and how we think, and by having good support from others.

When we watched the video we saw how important parents are to their children. Parents are their baby’s first teachers. We teach them by talking with them, reading, singing or playing music, and playing with them. We are also their role models. They follow us and for that reason, when we learn to manage our moods, they also learn how to do this. This is important because we want our children to be emotionally and physically healthy.

Highlight key points that the women made during the last class (including examples that are relevant to the module and details regarding their families and children. Instructors can also review the relevant/selected activities from class 1, as applicable.

*Today, we will be talking about how our mood is affected by what we do, but first let’s go over the personal projects.*
III. PERSONAL PROJECTS REVIEW (15 min)

Overview
Review the personal project from the previous class.

Key Points
- Review participants’ Quick Mood Scales.
- Discuss how participants felt about completing the Quick Mood Scale.
- Discuss what participants learned from tracking their mood (or tracking their activities, thoughts, and interactions with others in future classes).
- Discuss whether participants shared what they learned in the first class with others and how they felt about doing so (second personal project).

Participant Manual
p. 2.2

Rationale
Participants are more likely to benefit from the course if they complete the personal projects. They are more likely to complete the projects if they know leaders will be devoting class time to reviewing the project. Reviewing the personal projects also provides the class with an opportunity to see how what they do outside the class affects them. Those who did not complete the projects can benefit from and be motivated by those who did.

Information
Participants are more likely to complete the project if leaders take the projects seriously and set a routine expectation that personal projects will be done and reviewed at the beginning of each class. Those who complete the personal projects should be reinforced with attention. They can volunteer to go up to the board, draw their mood graph, and engage in an analysis of the things that affected their mood positively or negatively. Reinforcing completion of the projects increases the likelihood that participants will complete the projects in the future.

If participants did not complete the projects, leaders can bring them gently into the discussion by asking them about specific events and their reactions to them. If they are willing, they can complete the projects verbally. It is important that you help them see why completing the projects is important. For example, by tracking your mood each day, you can begin to understand how what happened during the day affected your mood. The instructor can also lead the class in a discussion of ways to increase the chances that participants will do their projects. The leader may help participants identify obstacles to completing the personal projects and develop a plan for overcoming these obstacles.

Participants may need emotional support as they talk about days when their mood was low. It is important to empathize with their feelings and normalize their reactions to difficult situations. We want to highlight that we cannot always be happy. Certain things will make us feel sad or angry and that is normal, but we don’t want to be sad or angry all the time. When life is difficult, it is especially important to learn ways to manage our moods.

As you review participants’ Quick Mood Scales, be aware that for participants who are pregnant, pregnancy related symptoms are likely to influence how they are feeling. Help participants empathize with and support each other as many will be undergoing a similar experience. Listen for possible thoughts or behaviors that may be helpful or harmful given what
the women are undergoing, acknowledge and empathize with difficult realities, and help participants arrive at a balanced view of their situation (e.g., my baby kicks me, and it’s hard to sleep. It’s also exciting to know I have a baby). Help them see that they can hold two opposing, equally valid positions in their mind.

When a participant has a particularly difficult personal reality (e.g., significant trauma history, single mother with no social support network), it may be important, and at times necessary, to stay at the feeling level and empathize with the situation and the accompanying feelings of sadness, anger, fear etc. When appropriate, you can highlight how good it is that she is attending the group as this affords her one way to change her personal reality.

**Step by Step**

**Step 1: Review participants’ Quick Mood Scales.** Write the Quick Mood Scale on the board and ask for volunteers to share their mood scale. Participants can either go to the board to graph their mood themselves or they can call out numbers for each day and have the group leader graph them. At the end, discuss what the participant learned from the mood scale.

*Suggested Wording*

*Last week, I asked you to track your mood by using the Quick Mood Scale. [Refer to board]: I would now like to go over your Quick Mood Scales. Who would like to share theirs first?*

Help the volunteer graph her mood scale on the board. Then elicit the participant’s and the class’ 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?*

Highlight the area of focus for the module. For example, in the activities module, highlight how the activities participants did affected their moods. Similarly, highlight how participants’ thoughts (thoughts module) and contacts with others (people module) affected their moods.

Facilitate other participants’ sharing of their mood scale.

**Step 2:** Ask participants whether they talked to other people about the class and inquire about that experience.

*Suggested Wording*

*Who talked to a friend or family member about the Mothers and Babies Course?*

Discuss who participants talked to and how it felt for them to share what they have learned so far. Reinforce their completing the projects.

**Step 3:** If applicable, help participants identify obstacles to completing the project and begin a discussion about ways to avoid those obstacles in the future.

*Suggested Wording*

*If you did not have a chance to complete your personal project, 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. Did anyone else face similar barriers but were able to overcome them? Does anyone have ideas about ways __________ [participant’s name] might be able to overcome those obstacles in the future? [Elicit discussion.]*
IV. KEISHA AND TAMIKA’S DAYS (10 min)

Overview
Conduct an interactive activity that highlights the connection between what we do and how we feel.

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

Rationale
To help participants understand the link between what they do and their mood and to motivate them to engage in more pleasant activities.

Participant Manual
p. 2.3

Information
The cartoons about Keisha and Tamika are used to model how individuals can make changes in their mood. This exercise has been very well received by participants, and some participants talk about how this is one of the exercises that they remember most.

When you present the vignettes, allow time for group members to discuss these characters, to make them real as this will increase the likelihood that group members will keep them in their minds and will learn from their experiences. However, it is important not to “vilify” Keisha because inevitably some of the participants may have days similar to Keisha’s. Hopefully, if they can learn to empathize with and help Keisha, they will be able to do the same for themselves.

If you conduct the exercise as a role play, some of the women may prefer not to play the role of Keisha because of her outcome. Group leaders can discuss the group’s reaction to Keisha and talk about how the primary difference between the 2 women is that Tamika engaged in pleasant activities.

Step by Step

Step 1: Introduce the vignettes.
Suggested Wording:
Let’s look at the cartoons on page 2.3 in your books 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 would rate their mood on the Quick Mood Scale as a 4. Let’s see how what they do affects how they feel.

Step 2: Elicit participants’ reactions to the cartoons and help them flesh out the characters.
Questions to stimulate discussion are listed below:
• 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?

To make the exercise more interactive you may choose to have one woman act as Keisha and another as Tamika. As the women act out their roles, other group members can participate by indicating each woman’s number on the mood scale as they go from scene to scene.

Step 3: Graph the characters’ mood scales on the board. Have participants determine how Keisha’s mood changes with each picture. Then do the same for Tamika.

Step 4: Facilitate a discussion about how what we do affects how we feel. Help participants discuss how this example is relevant to their lives. 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.

Step 5: Connect this exercise to the explanation of mood and your personal reality. Highlight that Tamika made choices and did activities that changed her outer reality and affected both her thoughts and her mood.

V. NEW MATERIAL (75 min)

V.A. HOW DOES WHAT WE DO AFFECT HOW WE FEEL? (5 min)

Overview
Formally introduce the idea that what we do affects how we feel.

Key Points
- Help participants see that what they do affects how they think and feel about themselves, others, and the world.
- Highlight the following 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.
Rationale
To help participants understand the link between what they do and their mood and to motivate them to engage in more pleasant activities.

Participant Manual
p. 2.4

Information
Most participants will not be familiar with the phrase “pleasant activities” and so it is important to define and talk about pleasant activities in a way that makes sense to them.

Step by Step

Step 1: Introduce the phrase “pleasant activities.”
Suggested Wording:
We just saw 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?

Elicit responses and write them on the board. Emphasize that pleasant activities are any activities we do by ourselves or with others that we find enjoyable or satisfying.

Step 2: Discuss how pleasant activities affect how we feel.
Suggested Wording:
There is more information about pleasant activities on page 2.4 in your books. When people do pleasant activities they often feel happier, are more likely to have positive thoughts about their lives, and are more likely to have positive contacts with others. Can anyone give an example of something they did in the last week that improved their mood or lead to them having more positive thoughts?

Elicit responses. When appropriate, highlight how the activities the participants did helped them to manage their inner and outer realities.

Step 3: Point out that pleasant activities may be difficult to do if we feel down or tired but that if we do them, we may feel better.
Suggested Wording:
Has anyone ever experienced how difficult it is to get out of bed or up from the sofa and take a shower when they are sick with the flu? When I get the flu, I usually am so tired and have so little energy that the last thing I want to do is take a shower. But when I push myself and do shower, I almost always feel better. Does this happen to anyone else?

Elicit responses.

Well the same thing happens with pleasant activities. When you feel down or tired, it can be hard to do pleasant activities. But if you do them, you may feel better and be less tired. If we think about how we will feel better after doing a pleasant activity, it may make it easier for us to gather the energy to do one.
V.B. WHAT DO YOU LIKE TO DO? and
V.C. PLEASANT ACTIVITIES LIST (20 min)

Overview
Help participants identify activities they like or would like to do alone, with others, or with their babies.

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.

Participant Manual
pp. 2.5, 2.6

Rationale
Identifying pleasant activities makes it easier to do them. We want to help the women identify two types of activities that affect their mood: activities they can do on their own, and activities they can do with others. Both are important in shaping their outer reality.

Information
Some women may feel that becoming a mother involves giving up many things that they used to do. This is true, and it is important to validate these feelings. Motherhood is an important transition that involves change. It is especially important to listen to and empathize with women with unwanted pregnancies. They may feel ambivalent about their babies and may need to have a chance to express their feelings and feel heard and supported. These feelings may also change as they continue throughout pregnancy.

You can also help the women reach a balanced view of the transition. Although they may be giving up some aspects of their lives, they will also discover new aspects they may have never expected. Without denying their perspective, help women who feel ambivalently about having a baby to explore what some of the positive aspects of motherhood might be.

During the exercise, some women may indicate that they can no longer do things they used to enjoy doing because they have less energy, no resources (e.g., money or transportation), or other barriers. The point of this exercise is to engage participants’ creativity in generating alternative activities when obstacles arise. This is an important problem solving skill.

It is important to explain to participants that pleasant activities do not always have to be “special” activities (e.g., going to Disney Land). We cannot always do a “special” activity, but we can always do “meaningful” activities (e.g., talking with a friend, having dinner with your family). When you talk about monitoring the number of pleasant activities you do, if participants only count things like going to the movies, seeing a one-hour television program, or going out to a restaurant, they will limit themselves to two or three of these a day because it is impossible to have time (or money) for more. However, if instructors point out that a
Pleasant activity can be really brief; participants will see that they can engage in pleasant activities throughout their day.

Pleasant activities might include:
• Looking out their window at home, work or as they are riding the bus and noting that the weather is nice, that there are nice parks or stores along the way, or that most people they see have enough to eat and a place to live
• Looking at a photo album and remembering memories
• Thinking about pleasant memories
• Humming a favorite song
• Relaxing while waiting in line or at a stop sign
• Taking the scenic route rather than the quickest route

Pleasant activities can involve becoming conscious of things one does routinely and mindfully appreciating and enjoying them such as realizing how nice it is to be able to brush one’s teeth, take a shower, use a clean bathroom with hot and cold running water, turn on a light by just touching a switch, and to open the refrigerator and take out fresh food (Imagine not being able to do any of these things). Learning how to be aware of pleasant activities and engaging in them will increase the chances the women will model this for their babies. Point out how much happier their babies’ lives will be if they are taught to do this at a young age.

Step by Step
Depending on the amount of time you have, you may choose to do an alternate activity. The one we have listed below takes the least time but is the least interactive.

Step 1: Introduce the activity.
Suggested Wording:
In this module, we are focusing on how the things you do can affect your mood. Activities you can do on your own give you the freedom to choose how you will spend your day without having to rely on others. Activities you do with others help create and maintain what psychologists call “a social support network,” that is, a web of people who can help you deal with the demands of life and bring healthy interactions into your life.

Now we’d like to do an exercise so that each of you can decide which activities are pleasant for you. If you turn to page 2.5 in your books, there is space for you to write down activities you enjoy doing or would enjoy doing on your own or with other adults and a space for you to write down activities you enjoy or would enjoy doing with your baby. Let’s take a few moments to fill out this page.[Give participants time to complete the page.]

Step 2: Help participants share what they wrote.
Suggested Wording:
So what kind of activities do you like doing with or without your baby?

Have participants volunteer to share their responses and write them down on the board. As you write the responses, highlight the following points:
• The difference between activities you do by yourself and activities you do with others and the importance of having both types of activities on your list.
• How doing the activities affects how you feel and how it changes your reality.
• Mothers can also 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.

Step 3: Summarize and make comments regarding the activities that are listed on the
board. 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.

Step 4: Introduce the Pleasant Activities List

Suggested Wording:
You came up with a great list of activities. If you turn to page 2.6 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 participants 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.

Alternative Exercise: Pleasant Activities Cards

Step 1: Make the Pleasant Activities Cards (To be done prior to the session).
Instructors can create a set of Pleasant Activities Cards. Cards should either have a picture and a written description of a pleasant activity or be blank so that participants can add activities that are not on the list. Cards can be organized by color, e.g., yellow cards show activities that one can do alone (yellow=yourself), purple cards show activities that one can do with other people (purple=people), blue cards show activities that are related to the baby, and white cards are blank so that participants can write down their own pleasant activities.

ACTIVITY CARDS:
Yellow = yourself
Purple = people
Blue = baby
White = wild (blank cards)

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

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

Step 3: Circulate among the small groups.

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

**Alternate Exercise: Discussing What You Like to Do in Small Groups.**
Even if you don’t use the cards, participants can still break up into small groups and talk about what they like to do. This activity allows members to talk more and form relationships with one another. Afterwards, rejoin the groups to summarize what they learned.

**V.D. HOW DO BABIES LEARN? (10 min)**

**Overview**
Provide participants with developmental information to help them understand how babies learn and how they as mothers can help their babies learn. Highlight that a key way that babies learn is by doing.

**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.

**Participant Manual**
p. 2.7

**Rationale**
The intent of this section is to teach that just as activities affect our mood, they affect our babies’ mood. They also affect babies’ overall development. Pleasant activities are crucial because they help babies’ brains develop. Babies learn by playing. By having appropriate stimulation, which happens when babies engage in pleasant activities, their brains form important connections.

**Information**
Babies learn by watching and interacting with important people around them. If we want them to learn to do pleasant activities, we need to do them ourselves so that we provide them with a good model to follow.

Doing pleasant activities helps strengthen the mother-child relationship in the following ways:
1) The pleasure involved in doing these things becomes associated with the mother. The child then enjoys the mother’s company more. (The mother becomes a stimulus associated with enjoyment)
2) The child learns that his/her mother does fun things with him/her and is not just a disciplinarian, someone who stops him/her from doing fun stuff. This becomes especially important when the mother has to set limits (e.g., getting the child to go to bed, do chores). If the child knows the mother knows how to play and enjoys doing so, s/he will be less likely to resent her and think of her only as a spoilsport.
3) Doing pleasant activities together starts a positive cycle - doing pleasant activities improves the relationship and makes it more likely that mother and child will have more pleasant interactions and will want to spend more time together doing pleasant activities.

During this exercise, you can remind group members that their babies are going to smell,
taste, and hear things for the first time. This will be an amazing process. Help the women see that they will be able to share these experiences with their babies. The first three years of life are an especially exciting time when everything is new and each new experience helps babies learn and grow. You can bring up examples of how they will be affected by things we take for granted (e.g., developmental milestones), like the first time they listen to music or taste a banana. It’s fascinating what they will be learning. Help group members become aware of the important role they will play in their child’s development. They are their children’s first teachers, and they can teach their children that learning can be fun. It may be helpful to refer to the video seen during the 1st week of the course.

**Step by Step**

**Step 1: Discuss the importance of emotional intelligence.**

*Suggested Wording:*

> 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?

Elicit responses and write them on the board. Some things to highlight include:

- Children’s ability to form positive relationships with others
- Frustration tolerance (crying to get their needs met)
- Affect regulation, or how they calm down when they get upset

**Step 2: Discuss how children learn, focusing specifically on how they would learn the skills participants identified when they talked about emotional intelligence.**

*Suggested Wording:*

> When we watched the video during the first session, we saw that our children learn from us. Let’s spend a couple of minutes now and talk about how exactly is it that our children learn. For example, how do they know what to do or what not to do? How do they learn to soothe themselves when they are upset? How do they develop a picture of themselves, meaning how do they understand who they are in the world?

Begin a discussion about how babies learn. Key points to highlight (from p. 2.7 in the participant manual):

- 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 giving them our attention is reinforcing!

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.
V.E. WHAT DO BABIES LIKE TO DO? (10 min)

Overview
Engage participants in a discussion about the different activities that babies like to do. Emphasize how developmental affect whether a baby will enjoy doing an activity.

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.

Participant Manual
pp. 2.8, 2.9

Rationale
The goal is to help the women identify healthy, developmentally appropriate pleasant activities that their babies may enjoy. This is important because if the mother has age-appropriate activities in mind, it will be easier for her to provide the kinds of opportunities that the baby can most benefit from as he/she grows. If the baby finds a world that is full of interesting, exciting, and pleasant experiences, his/her impression of the world will be much more positive than if he/she finds a world that is boring, unpleasant, or even scary. The impression of the world the baby is creating in his or her mind will have an influence for the rest of his or her life. This is why creating a healthy reality for the baby is so important.

Information
It may be helpful to have participants first think about what their baby will like to do by him or herself (e.g., playing), with his/her mother (e.g., being held), and with others caregivers and family members (e.g., grandparents, siblings). Page 2.8 of the participant manual provides space for group members to write down their ideas. When you go over what they have written, assess for the following:
- Attitudes about babies
- Thoughts about babies and how they interact with others
- Knowledge of child development

You will want to listen for strengths and also possible ways of thinking that may be risk factors for postpartum depression or for problems in the mother-baby relationship (e.g., unrealistic expectations regarding child development, lack of a support system, feelings of being overwhelmed). If you find unhelpful thoughts or attributions, you will be able to work on these throughout the remainder of the class. For example, you may be able to discuss them further during the classes that focus on thoughts.
You may want to highlight when in the child’s development he/she will enjoy the activities the participants listed. For example, a baby might find certain toys or activities over-stimulating at one month but may really enjoy them at 3 months. You can go over the handout on page 2.9 for a general listing of activities babies like to do at different ages.

Participants sometimes are surprised to see that there are activities babies like to do shortly after childbirth (see p. 2.9 in participant manual). You can help them understand that from birth (and even before that) babies are ready to learn and to interact with others. Research has shown that babies prefer figures that are faces, which suggests that they are born wanting to make connections to others. Babies also recognize their mother’s voice and smell at birth.

Once the baby comes, participants will be able to be mindful of pleasant activities that involve the baby, such as bathing the baby, feeding it, changing its clothes, feeling the baby’s warmth as s/he falls sleep on her shoulder, enjoying the total trust the baby will have of his/her mother, seeing the baby learn something as simple as grasping something with his/her fingers, or finding something with his/her eyes. These can all be pleasant activities, but only if the participant is cued to consider them as such. This is the time to begin the process, and you should reinforce this throughout the course.

**Step by Step**

**Step 1: Help participants identify what they think babies like to do.** For mothers who have other children, ask them what their children liked to do as babies.

*Suggested Wording*

*What do babies like to do? For those of you who are mothers, can you remember what your children liked to do as a baby?* [Elicit discussion]

*Have you ever noticed that babies are fascinated with faces? They like to reach out their hands and touch things. 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 and how you can mold his/her inner reality. You can also mold your baby’s outer reality. How?* [Elicit discussion]

**Key points to highlight**

- 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.

**Step 2: Elicit discussion of what babies like to do in the presence of others.**

*Suggested Wording*

*What do you think that babies like to do with other people? Do they do things differently with their father, grandparent, or sibling…?* [Elicit discussion]

**Step 3: Point out age and developmental differences in the activities that babies do.**

*Suggested Wording*

*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 p. 2.9 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.

V.F. PLEASANT ACTIVITIES & MY BABY (10 min)

**Overview**
Discuss how engaging in pleasant activities affects the mother-baby relationship. Highlight the importance of this relationship.

**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.

**Participant Manual**
p. 2.10

**Rationale**
This is an opportunity to discuss the importance of the mother-baby attachment relationship.

**Information**
The main message is that engaging in pleasant activities not only improves the mother’s mood but strengthens the mother-baby relationship. Relationships develop over time and through shared experiences. Babies learn about the type of relationship they will have with their parents based on the type of experiences they share. If a baby has enjoyable moments with his/her mother, s/he will have positive associations, emotions, and ideas about her and about their relationship. By beginning to do pleasant activities together when the baby is young, the mother and baby are developing an interaction pattern for the future. They are more likely to continue to do pleasant activities together as the baby grows, and they are more likely to have a positive view of each other and of their relationship.

Again, when we talk about pleasant activities, it is important to remember that pleasant activities do not have to be special or time consuming. Even routine tasks, such as changing a diaper, feeding, or bathing can be enjoyable for both mother and baby. The mother can help set the tone for these interactions. The instructor can refer to examples from the video, “My Parents, My teachers” to emphasize this point. For example, you can bring up the scene when the mother is smiling and laughing with her baby while she is changing the baby’s diaper.

**Step by Step**

**Step 1: Discuss how doing pleasant activities affects the mother**

*Suggested Wording*
Now let’s think about how doing pleasant activities affects the mother-baby relationship. First, why would it be good for the mother to do pleasant activities?

Elicit responses. Highlight that doing pleasant activities keeps the mother emotionally
healthy, which better enables her to take care of her child. You have to take care of yourself before you care for others. Doing pleasant activities is one way that we care for ourselves. Sometimes it is important for mothers to do pleasant activities without their babies. Even “good mothers” need breaks to recharge.

Step 2: Discuss how doing pleasant activities affects the baby.

**Suggested Wording**
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?

Elicit responses. Highlight how babies learn by playing. Also, pleasant activities improve the baby’s mood. The mother-baby relationship is bi-directional, 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.

Step 3: Discuss how doing joint pleasant activities affects the mother and baby.

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

Elicit responses. If necessary, emphasize the importance of joint pleasant activities.

When the mother and baby do pleasurable activities together, they build a positive relationship. We can think about the diagram with the dots. 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.

**V.G. OVERCOMING OBSTACLES (15 min)**

**Overview**
Help participants identify different ways to overcome obstacles to doing pleasant activities. In particular, discuss problem solving as one way to overcome a problem.

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

**Participant Manual**
p. 2.11

**Rationale**
Balancing “have to’s” and “want to’s” is often difficult. This page involves an alternative exercise for generating solutions to common obstacles when we try to engage in pleasant activities. It also includes a simple 4-step method to overcome obstacles that can be used repeatedly until a solution is found. By going through these four steps, participants will see that they have the skill and creativity to solve the obstacles they encounter.
Information

It can be useful to go over reported obstacles that participants may have brought up while discussing the personal project.

Step by Step

Step 1: Identify obstacles to doing pleasant activities.

Suggested Wording

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?

Elicit responses and write them on the board.

Step 2: Brainstorm possible solutions to these obstacles.

Suggested Wording

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

Go through each obstacle and have participants call out ways to overcome it. Write their answers on the board. Highlight how much they already know about overcoming obstacles.

Step 3: Evaluate possible solutions.

Suggested Wording

The next step is to evaluate the possible solutions you came up with to help choose the one that’s best for you. It can be difficult to know which solution to choose. Some people find it helpful to create a list of pros and cons for each possible solution and then to choose the solution with the most pros or fewest cons. Another method you can try is to imagine what the outcome would be for each possible solution and then choose the solution with the outcome that you are the most comfortable with or feel the best about.

Step 4: Discuss problem solving as a formal technique for overcoming obstacles.

Suggested Wording

You all 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 technique so that they can resolve conflicts, but we can also use it to help us figure out solutions to difficult problems. We’ve outlined the steps to take on the bottom of page 2.12. You already use many aspects of problem solving. For example, the first step is to identify the problem or obstacle. We’ve already spent time doing this together.

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

Step 4: Use problem solving to tackle an obstacle a participant is facing to demonstrate how the process works.

Step 5: Elicit participants’ reactions to this problem solving technique.

VI. PERSONAL PROJECTS (5 min)

Overview
Assign this class’s personal projects

Key Points
- Assign the Quick Mood Scale and explain if necessary
- Ask participants to make a personal commitment to do one pleasant activity over the next week

Participant Manual
pp. 2.13-2.15

Rationale
We want participants to begin consciously doing pleasant activities so they can see how doing them affects their mood.

Step by Step

Step 1: Assign the Quick Mood Scale. If necessary, see pages 61-63 of this manual.

Step 2: Assign the Make a Personal Commitment Project.
Suggested Wording:
This week, I would like you to do one new pleasant activity. As we talked about, sometimes there are barriers to doing pleasant activities. One way to try to overcome these barriers is to set a goal for yourself and stick to it. Fill out the Personal Commitment Form and calendar on pages 2.14 and 2.15 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.
Class #3  
Thoughts and My Mood

CLASS OUTLINE

I. Agenda and Announcements (5 min)  
II. General Review (10 min)  
III. Personal Projects Review (10 min)  
IV. Keisha & Tamika’s Days (10 min)  
V. New Material (80 min)  
VI. Personal Projects (5 min)  

Goals for instructors:
- Define thoughts and discuss the importance of thoughts  
- Ensure participants understand the connection between thoughts and mood  
- Identify helpful and harmful thoughts  
- Identify different categories of harmful thoughts  
- Help participants see that we can, and often do, change the way we think  
- Help participants understand how our outer reality (e.g., activities) and inner reality (e.g., thoughts) both contribute to our personal reality  
- Motivate participants to want to learn how to manage their thoughts (inner reality) so that they can improve the quality of their and their babies’ lives

Materials needed:
1. Participant manuals  
2. Pens, Dry erase board, or chalkboard to present material to class  
4. An enlarged reality management chart (optional)  
5. Pleasant Activity cards, 1 set for every 2 people (optional)  
6. Copies of CES-D or other mood questionnaires (optional)  
7. Evaluation/feedback forms (optional)

Note: In classes 3-6, detailed descriptions (e.g., overview, information, step by step instructions) will be provided only for new material. For additional information on sections that are included in multiple or all classes, refer to the following pages:  
- Announcements and Agenda (p. 66)  
- General Review (p. 66)  
- Personal Projects Review (p. 68)  
- Personal Projects (p. 61)
I. AGENDA AND ANNOUNCEMENTS (5 min)

II. GENERAL REVIEW (10 min)

III. PERSONAL PROJECTS REVIEW (10 min)

IV. KEISHA AND TAMIKA’S DAYS (10 min)

Overview
Conduct an activity that highlights the connection between what we think and how we feel.

Key Points
- Engage the group in an active discussion about Keisha and Tamika’s days. Highlight the following points:
  - There are many different types of thoughts that one can have in any given situation.
  - These different thoughts can affect how we feel, either by bringing our mood up, down, or leaving it the same.
  - We have some control over what we think.

Participant Manual
p. 3.3

Rationale
To help participants understand how their thoughts about a particular situation can affect their mood.

Information
This is the second story about Keisha and Tamika. See class 2 for a description of the first story and things to consider before doing the exercise.

Step by Step

Step 1: Introduce the vignettes.
Suggested Wording
Let’s look at the cartoons on page 3.3 in your books to see an example of how thoughts can affect our mood. Keisha and Tamika have both recently gave birth, but now that their babies are born they are not sleeping very well. 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.

Step 2: Discuss the story.
Suggested Wording
Let’s begin with Keisha. 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.

Now let’s look at Tamika. 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.

**Step 3: Process the story.** The following are some questions to help stimulate discussion:

- 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 (participants can circle a mood rating on their pictures)
- How do you think their thoughts affected their mood?
- How do you think their thoughts affect their relationship with their babies?

**Step 4: Connect the stories to the participants’ lives.**

**Suggested Wording**

As many of you already know, all babies cry. Babies cry because it is the way they talk. Sometimes we are able to figure out what they need, and we can help them. Sometimes, we cannot figure it out what they need and that can be frustrating. 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.

It is also important for us to remember that the babies will grow up. They will learn words to tell us what they need, and we will teach them ways to deal with difficult feelings. It will get easier. We can also make it easier by getting help from other people. We will talk more about this in two weeks.

**V. NEW MATERIAL (80 min)**

**V.A. THE PATH THAT LEADS TO A HEALTHY MOOD (15 min)**

**Overview**

Conduct an exercise or provide a metaphor that helps group members see that they have choices, and that even seemingly small choices can have a significant impact on their mood.

**Key Points**

- Your personal reality is shaped from moment to moment.
- We can choose what we will do and how we will think.
- Even seemingly unimportant choices affect mood directly and indirectly by making it more likely that another event or thought will occur.
- Conduct an exercise to help participants visually or metaphorically understand these concepts (to provide them with an “a ha” experience).
Rationale
This section reinforces the message that one’s actions and thoughts continually shape one’s reality. The intent of this exercise is to illustrate that at each moment we have choices regarding how we react to the current situation and that we can go up or down. We choose:
• What we think
• What we do
• How we interact with others
These choices can have a positive or a negative impact on how we feel and what will happen next. The graphics on pages 3.4 and 3.5 are intended to illustrate this process.

Information
Because concepts in this section may be hard to grasp, it may help to use one of the “Keisha and Tamika’s Days” scenarios to illustrate how decisions made from moment to moment affect mood. Drawing the paths of these decisions over time on a blackboard or eraser board may help participants visually realize that by choosing what we do, we all have some control over our mood. We shape our personal reality each day with each choice we make.

Note that this is not a “positive thinking” course in which we assume everything is great and everything is going to turn out fine. Our message is that no matter from where one starts, it is possible to gradually shape one’s life on a moment-to-moment basis so that the next moment can be slightly better than the last. And, if life deals us some bad experiences, we can make choices to try to surmount these experiences rather than letting our reactions sink us even further.

Step by Step

Step 1: Introduce the exercise.
Suggested Wording
We talked in the last two classes about your mood and your personal reality. Today, we’ll talk about how each of us can shape our personal reality. Let’s talk about what we mean by shaping our personal reality. Have you heard the saying “Rome was not built in a day?” What does this saying mean to you when you think about building your personal reality?

Elicit participants’ responses. Highlight key points participants make regarding shaping their reality. They may talk about how when you build a building or a city, you do it brick by brick. Our mood is also constructed brick by brick, but the “bricks” are thoughts and activities. Each thought and each activity can lead us either up or down.

Step 2: Discuss the diagrams shown on pages 3.4 and 3.5.
Suggested Wording
Let’s look at a diagram that shows us how we shape our mood through a series of seemingly small choices. Please turn to page 3.4 in your books. On this page we have a series of dots. Each dot represents a single moment in time. Let’s say that we start at the first circle on the left. Each thought or action we have from that point onwards can move us up, down, or sideways. Going up would mean that it improves our mood, sideways would mean it has little or no effect on our mood, and down would mean it has a negative effect on our mood. At first the moves we make will not take us far away from where we began, but imagine where we could be 10 moves later.
Step 3: Talk about how the choices Keisha and Tamika made affected their mood.

**Suggested Wording**

Let's look at a specific example. Do you remember Keisha and Tamika from the second class? [If participants do not remember them, you can either have them flip back to page 2.3 and take a look, or you can remind them of the stories.]

Let's draw how each choice they made affected their mood.

Group leaders can either complete the diagram, or they can have a group member lead the group and discuss how each step Keisha and Tamika made affected their mood. We recommend beginning with Keisha and showing how each choice she made caused her to feel a tiny bit worse. Then discuss how the small choices Tamika made led her to engage in more activities and to gradually feel much better. This is a good example of how activities chain, so that one pleasant activity is more likely to lead to another pleasant activity.

Step 4: Process what group members think about shaping their reality. Possible questions to stimulate discussion are listed below:

- What does this diagram mean to you?
- Does this diagram help you to think about how you might shape your reality?
- What might you do to shape your own reality?
- What choices did you make recently that affected your mood? (If they are willing, they can diagram these choices on the board)

**Alternative Exercises**

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

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

**V.B. YOUR MOOD AND YOUR PERSONAL REALITY (5 min)**

**Overview**

Help participants understand the connection between thoughts, behaviors, contacts with others, and mood; and that it's possible to make changes in these areas.

**Key Points**

- Reinforce the concepts of inner and outer reality and help participants understand that thoughts are part of the inner reality.

**Participant Manual**

p. 3.6

**Rationale**

To help participants understand a theoretical model for managing their mood.
**Step by Step**

**Step 1: Reintroduce the concepts of inner and outer reality.**

*Suggested Wording:*

*Please turn to page 3.6. This diagram should look familiar. During the first class we talked about how our moods do not change by themselves and that how there are many things that affect the way we feel. Some of these things are part of our outer reality and some of these things are part of our inner reality. Can someone remind us all what I mean by outer reality?*

Elicit responses. If necessary, highlight that 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.

*And what about inner reality? What does that mean?*

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

*Today we are going to focus on our inner reality and talk about how our thoughts affect our mood.*

**V.C. WHAT ARE THOUGHTS? DO DIFFERENT THOUGHTS AFFECT OUR MOOD? (5 min)**

*Overview*

Identify thoughts and discuss how thoughts are related to mood.

*Key Points*

- Discuss the 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
- Thoughts can affect our bodies (e.g., negative thoughts can cause tension)
- Thoughts 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.

*Participant Manual*

p. 3.7

*Rationale*

Increase participants’ understanding of thoughts and how they affect their mood.

*Information*

Step by Step

Step 1: Define thoughts.
Suggested Wording
What are thoughts?

Elicit responses from participants. Make sure it is clear that thoughts are things we tell ourselves. If participants share thoughts they are having, write them on the board.

Step 2: Help participants identify thoughts related to their pregnancies.
Suggested Wording
Please turn to page 3.7 in your books. Here is a woman who is pregnant and has a lot of thoughts about being pregnant. What kinds of things do you think she is telling herself?

Elicit responses from the participants. Make sure to allow space for women to talk about both positive and negative thoughts. Highlight the idea that we can have many thoughts at the same moment and that we pay more attention to some thoughts than to others.

How do you think these thoughts affect her mood?

Highlight the connection the participants see between thoughts and mood.

If we pay attention to negative thoughts our mood tends to get worse. If we pay attention to our positive thoughts, our mood tends to improve.

V.D. HELPFUL THOUGHTS AND HARMFUL THOUGHTS (10 min)

Overview
Talk about the difference between helpful and harmful thoughts and how they affect mood.

Key Points
- Helpful thoughts help improve mood.
- Harmful thoughts worsen mood.
- Both helpful and harmful thoughts affect us emotionally and physically.
- It is important to understand how the different thoughts we have can affect our mood.

Participant Manual
p. 3.8

Rationale
To help participants begin to categorize thoughts as helpful or harmful.

Information
It may be helpful to ask participants to give examples of thoughts they are currently having, as a segue to talking about “Helpful vs. Harmful Thoughts.” During pregnancy and the postpartum period it is common for women to have a variety of thoughts. We cannot assume that they all view having a child as a joyous event. This time can be very stressful, and we need to create a
safe environment where women can bring up concerns they have regarding pregnancy, childbirth, and being a mother.

Here are some of the thoughts women have shared with us:

• “I’m getting fat and ugly.”
• “I just found out I’m going to have a boy. I’m not sure if I want a boy.”
• “I don’t enjoy sex, but my partner keeps pressuring me.”
• “I’m afraid I’m going to hurt the baby if we have sex.”
• “It’s so amazing to have a baby who is half me and half my partner.”
• “How can I be a good mother when I had such a bad childhood?”
• “The baby keeps me from sleeping.”
• “I’m afraid to give birth, but I worry that if I use the drugs than I’m a bad mother.”
• “Will my body ever be the same?”
• “Who is going to take care of my other child when I give birth?”

Women and Trauma. When you ask participants to share their thoughts, some of them may begin talking at length about negative life experiences. For participants with significant trauma histories, it may be important to gently summarize what they are saying. You can do this by saying something like “let me see if I understand, one of the thoughts you are having is ______” or “it seems like it was very difficult for you when you were younger and it leads you to believe ______.” Let’s see if we can help with that thought.” You can then write the thought on the board and talk generally with the whole group about how earlier experiences affect our lives, the way we think about ourselves, other people, and the world and how important it is to understand how they affect us so that we can make changes in our and our children’s lives. In some cases, you may suggest to a participant that it seems very important that she speak more about her experience and that perhaps you can meet with her after class to figure out how to best help her. Later you can decide whether you can provide support through a brief meeting or whether a referral is more appropriate.

**Step by Step**

**Step 1: Help participants begin to think about different thoughts.** Because this exercise may lead participants to talk at length about difficult experiences they are having, group leaders may want to provide structure to prevent flooding (individuals becoming emotionally aroused and sharing in length and in a disorganized way prior traumatic experiences—see “Information” section should this occur).

Suggested Wording

Now that we have talked about what thoughts are, we’re going to begin to categorize some of the thoughts you may be having. Before we start though, I want to share some thoughts that other participants have had with you. 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.

**Step 2: Introduce the activity.**

Suggested Wording
On page 3.8, you see the picture of the same woman. This time we would like you to 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 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.” Write down thoughts in this column that make you feel stressed, drained, worried, sad, scared, or angry. Do you have any questions?

Answer any questions. Give the participants approximately 5 minutes to write down 2-3 thoughts under each category. We recommend that the instructor walk around the room to see how the participants are doing and to answer any questions.

Step 3: Process the activity.
Ask participants to share the thoughts they wrote down and the reason(s) they categorized them as a helpful vs. harmful thought. Remind participants to share only those thoughts that they feel comfortable sharing. You can write those thoughts on the board and talk about what makes the thoughts helpful or harmful. The key here is to focus on how the participants identified and categorized thoughts. You’ll talk about how those thoughts affect mood later.

V.E. HELPFUL AND HARMFUL THOUGHTS RELATED TO PREGNANCY (10 min)

Overview
To help women identify helpful and harmful thoughts they have that are related to pregnancy and how those thoughts affect their mood.

Key Points
- Harmful and helpful thoughts about pregnancy affect your mood.
- Not all thoughts affect mood the same amount.
- Identifying harmful and helpful thoughts about your pregnancy and how they affect your mood is an important step toward improving your mood.

Participant Manual
p. 3.9

Rationale
This exercise helps women to identify how helpful and harmful thoughts related to pregnancy and having a new baby affect their mood.

Information
It is important to spend some time on each item so that you can explore differences among the women in the kinds of thoughts they have about each item. There are no correct answers to these items, and it’s normal for different women to have a range of reactions to them. It’s also helpful to emphasize that each woman is likely to have both harmful and helpful thoughts about many of the items.

Step by Step
Step 1: Introduce the concept that helpful and harmful thoughts related to pregnancy affect our mood.
Suggested Wording
We have been talking about helpful and harmful thoughts and how they affect our mood. We’ve also started talking about helpful and harmful thoughts that are related to pregnancy and your new baby. When you’re pregnant or have a new baby, guess what lots of your thoughts are about? Pregnancy, childbirth, and the new baby, right? It makes sense that right now lots of your thoughts will be related to this important change happening in your life. We’re going to spend some time talking about helpful and harmful thoughts that you may have about pregnancy and the new baby and see how those thoughts affect your mood. This is important to do because getting to know your helpful and harmful thoughts about pregnancy and how they affect your mood is an important step toward improving your mood. Once you know what brings your mood down, there are methods you can use that we’re going to talk about to learn to help stop those harmful thoughts from spreading.

Step 2: Give instructions for the activity.
Suggested Wording:
This worksheet is designed to help you identify your helpful and harmful thoughts about pregnancy and how they affect your mood. For those of you that are not currently pregnant, think back to your most recent pregnancy. [Read the directions on the worksheet.]

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?

Get input from the participants. Highlight the fact that they might feel anywhere from “not at all” unhappy or upset to “always” unhappy or upset depending on how important the thought is, how often they have the thought, and how much they feel like they can’t solve the problem.

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?

Get input from participants. Again, explain that this thought might make you feel more or less happy and positive on the scale of “not at all” to “always.”

Step 3: Have women fill out the worksheet on their own.
Suggested Wording:
Take your time and fill out this worksheet on your own. For each item, think about all the helpful and harmful thoughts you have about it. Then decide how unhappy or happy those thoughts make you feel. You might have only harmful thoughts for some items, or only helpful thoughts, or a mixture of both kinds of thoughts. If you do have both helpful and harmful thoughts about one of these experiences you can circle numbers on both sides of the sentence. Remember that there are no right or wrong answers.

Step 4: Process the activity.
Ask the women to share the thoughts they had about each item and how happy or unhappy the thoughts made them feel with the group. Remind participants to share only those thoughts they feel comfortable sharing. For each item, write down women’s thoughts on the board under the categories of “helpful” and “harmful” along with the number indicating how happy or unhappy the thoughts made them feel.

Suggested Wording:
What did you learn from this activity? Did anything surprise you?

Highlight the diversity of thoughts that women had, as well as the fact that you can have both harmful and helpful thoughts about the same pregnancy-related issue.

One thing to notice is that not all harmful or helpful thoughts affect your mood the same amount. Some of them are more powerful because we have them more often or we believe them more or they make us feel more helpless. Which thoughts did you notice have the biggest effect on your mood?

Get input from participants.

Sometimes we can’t get rid of a harmful thought, but we can use an “antidote” to make it less powerful so that it doesn’t have as big an effect on our mood. Let’s talk more about how to deal with harmful thoughts.

V.F. TYPES OF HARMFUL THOUGHT PATTERNS AND TALKING BACK (10 min)

Overview
To teach participants how to challenge harmful thoughts using their antidotes.

Key Points
☐ Go over the list of harmful thought patterns and their antidotes.

Participant Manual
p. 3.10

Information
In some cases, if participants strongly adhere to a negative thought, it may be important to dig a little deeper and determine where they think that thought came from (e.g., their childhood). You may need to highlight the connection between early childhood experiences and beliefs about themselves, other people, and the world. Help participants become conscious of this connection and see that things are different from the way they were when they were children.

Step by Step

Step 1: Introduce the concept of antidotes to harmful thought patterns.
Suggested Wording
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. Similarly, 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.

Step 2: Define and identify the antidotes to the harmful thoughts.
Suggested Wording
First, does anyone have a harmful thought they would like to share? Have participants share harmful thoughts they had in the last week. If you were circulating
around the room and noted that people were stuck on a specific thought, you might ask them to share the thought with the group, so that everyone can think about the possible antidotes to that thought.

Once a participant has shared a thought, go through the following steps:
1) Identify which harmful thought pattern the thought falls into (thoughts may fall into more than one category).
2) Have participants talk about how the thought fits into that category.
3) Have another participant read the antidote to the thought pattern.
4) Have an open-ended discussion where participants give each other advice based on what the antidote suggests.

Go through more thoughts and antidotes. Talk about how at first it can be difficult to use antidotes, but with practice it becomes easier. Highlight how the participants can practice this skill with their children and pass on the ability to challenge harmful thoughts.

V.G. HOW TO GIVE MYSELF GOOD ADVICE (15 min)

Overview
To help participants increase positive self talk.

Key Points
- We can learn ways to talk back to harmful thoughts to improve one’s mood.
- We give good advice to others; we can also give good advice to ourselves.

Participant Manual
p. 3.11

Purpose
Learn ways to talk back to harmful thoughts.

Step by Step

Step 1: Reinforce participants’ ability to identify their thoughts.
Suggested Wording:
We have begun to really focus tonight on what it is you are telling yourselves. This is the first step in learning how to change the way you think.

Give specific examples of thoughts participants identified earlier in class.

Step 2: Introduce the “Giving Advice” Metaphor.
Suggested Wording:
Please look at page 3.11 in your books. Imagine the woman in this picture is your friend, and imagine she tells you “I’m not going to be a good mother. I won’t be able to take good care of my baby.” What do you think you would say to her?

Facilitate a group discussion about all the things the group may say to her. Make sure to ask
how they think her thoughts would affect her mood.

When they are done ask them this question: *Now imagine that you are this woman, and you had this thought. What do you think you would tell yourself?*

Begin a group discussion about how even though we know how to help others it is sometimes difficult for us to help ourselves. We often know the right things to say, but don’t say them to ourselves. Talk about why this might be. Some key issues to discuss:

- Women are socialized to be caretakers, helpers, to listen to others.
- We learn these skills from a young age. However, we are not taught to apply these skills to ourselves. Part of this may be cultural.
- Another part may be in the way we were raised. Many women are raised to pay attention to how others are doing at the expense of how they are doing. We need to realize that we need to also care for ourselves. Mothers are the trees of the family. If the tree is not cared for, it will not bare good fruit.

**Step 3: Have women practice giving advice to themselves.** Ask participants to pair off. Take a couple of minutes and have participants write one harmful thought on an index card. Let them know they will be sharing this thought with their partner.

Once the cards are ready, have the participants swap cards, so now they have their partner’s card, and their partner has their card. They will now take turns reading the cards (which are really their partner’s cards), but they will pretend that it is their card. The woman who does not read the card, will give advice on how to handle the thought (which means that each participant will really be giving herself advice).

As this exercise is occurring, circulate among the group, clarify the exercise if necessary, and help participants who may be stuck to really focus on helping “their friend.”

**Step 4: Process the exercise.** Have participants talk about what it was like to “give themselves advice.” Did they have the answers when they felt the problem was not theirs? If they did not have answers, you can highlight the importance of getting support from a friend when you feel “stuck.” Sometimes the best advice we can give ourselves is to get help.

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**V.H. BALANCING STRESS AND FUN (10 min)**

**Overview**
Help participants identify things they have to do and things they would like to do now, and for those who are pregnant, once their babies are born. Discuss the importance of obtaining a balance between these two types of activities.

**Key Points**
- Help group members identify things they have to do and talk about how doing these things or thinking about them makes them feel.
- Talk about the importance of balancing what members have to do with what they want to do as a way to manage mood.
Rationale
The purpose of this exercise is to acknowledge the realities of daily life and the multiple stressors the women may face. This exercise can be particularly important for women experiencing multiple stressors and/or having little social support. This exercise is also meant to highlight the importance of having a balance between things we like to do and things we have to do and increase participants’ motivation to develop such a balance.

Information
This exercise is particularly helpful for participants who talk about being too busy or stressed about their situations to engage in pleasant activities. It may become apparent that items listed as “things I have to do” may be obstacles for “things I want to do.” If our lives are filled only with things we have to do, our mood may suffer to the point where we eventually no longer have the energy to do those things. In this section, we highlight the importance of doing pleasant activities (activities we want to do) as a way to balance the stress that can be caused by activities we have to do.

Maintaining a balance between activities we have to do and want to do is particularly important for pregnant women and new moms because there are many more “have to do” activities (feeding the baby several times during the day and night, changing diapers, bathing, waking up in the middle of the night if/when the baby cries, and so on). Unless we also build in “want to do” activities, the risk of becoming unbalanced is very real. And, once this happens, our mood and ability to enjoy our baby become compromised.

“Want to do” activities with babies can include watching them learn, hugging them and feeling their warmth, looking into their eyes, singing to them, even watching them sleep. As babies grow, the repertoire of pleasant activities continues to grow, especially if one is mindful of this potential. It is also important for the women to consider how they may build in time to care for themselves. Small activities, such as taking a shower, getting their nails done, or going for a walk by themselves, can help replenish their mood so that they can return and care for their babies.

During this exercise, you may discover that participants are overwhelmed by all of the things they have to do. In some cases, it may be helpful to help them think about ways they can cut back or find help. In other cases, women may spend a lot of time worrying about doing something but not actually ever doing it. If this is the case, you may want to try to identify those thoughts that are affecting them or talk about goal setting if you think they might benefit from a structured way to accomplish tasks.

Step by Step
Step 1: Introduce the exercise.
Suggested Wording:
We have been talking a lot about how pleasant activities help us to shape our reality and our relationships with important people in our lives, like our babies. But pleasant activities are not the only activities in our lives. We also have many things that we have to do. Sometimes doing the things we have to do can make us feel better because they give us a sense of accomplishment and competency and because when they are done, they are no longer hanging over our heads. But if we only do the things we have to do, how do we feel?

Elicit responses from participants.

How do you think this might affect our relationships with our babies and other family members?
Elicit responses from participants.

**Step 2: Identify things we have to do.** Facilitate this discussion by drawing two columns on the board, one being “Things I have to do” and the other “Things I would like to do.”
- Ask participants to identify things they have to do. Write them down on the board.
- Then ask pregnant participants to identify things they will have to do once their babies are born. Write those down on the board.
- Then ask women whose babies have been born to identify the things they have need to do since the new baby was born. Write those down on the board.
- Ask participants to how doing these things or worrying about doing them makes them feel.
- Acknowledge the burden participants may be under.

**Step 3: Identify the things we would like to do.**
- Ask participants to identify things they would like to do now. Write them on the board.
- Then ask pregnant participants to identify things they would like to do once their babies are born. Write these on the board.
- Then ask participants whose babies have been born to identify the things they would like to do with their baby once they get a little older.
- Remember to emphasize that we should not only think about doing special things, but also every day things that might be pleasant. Some things we have to do are also things we enjoy doing and can be written on both sides of the chart.

**Step 4: Discuss the importance of balancing between things we have to do and things we would like to do.** Engage participants in a discussion regarding why it might be important for them to balance things they have to do with things they would like to do, both now and after their babies are born.

You may ask them to look at the picture on the top of page 3.12 and think about what it is like if the scale is tipped too far in any direction. You can also refer them to page 1.8 for another graphic representation of the importance of balance. Questions to stimulate discussion are listed below:
- *How do you feel if all you are doing are things you have to do?*
- *Is it possible or even beneficial to only do things you want to do?*
- *How do you think having a balance of these activities might affect your mood?*
- *By setting up a balance in our lives, what are we teaching our children? How might this help them?*

### VI. PERSONAL PROJECTS (5 min)

**Overview**
Assign this class’s personal projects

**Key Points**
- Assign the Quick Mood Scale
- Ask the participants to track their healthy and harmful thoughts

**Participant Manual**
p. 3.13
**Rationale**
We want participants learn how to be aware of their thoughts so they can see how their thoughts affect their mood.

**Step by Step**

**Step 1: Assign the Quick Mood Scale.** If necessary, see pages 61-63 of this manual. Point out to participants that this week they should note how many helpful and harmful thoughts they had each day (at the bottom of the scale) and think about the relationship between the number of helpful and harmful thoughts they had and their mood each day.

**Step 2: Assign the Track Helpful and Harmful Thoughts Project.** Ask participants to use their cards to keep track of helpful and harmful thoughts. They should write their healthy thoughts on one side of the card and their harmful thoughts on the other side. If necessary, explain that doing this activity will help them become more aware of their thoughts, which will help them manage their inner reality.
Class #4
Fighting Harmful Thoughts and Increasing Helpful Thoughts That Affect My Baby and Myself

CLASS OUTLINE

I. Agenda and Announcements (5 min)
II. General Review (10 min)
III. Personal Projects Review (10 min)
IV. New Material (80 min)
V. Personal Projects (5 min)

Goals for instructors:
• Help participants see the connection between themselves and their baby's thoughts and mood
• Review harmful thought patterns
• Help participants identify how thoughts can shape their and their baby’s inner reality
• Motivate participants to want to learn how to manage their thoughts (inner reality) so that they can improve the quality of their life and their baby’s life
• Help participants think about the types of thoughts they want to teach their babies
• Help participants begin thinking about their and their babies’ futures

Materials needed:
1. Participant manuals
2. Pens, Dry erase board, or chalkboard to present material to class
4. Copies of CES-D or other mood questionnaires (optional)
5. Evaluation/feedback forms (optional)
I. AGENDA AND ANNOUNCEMENTS (5 min)

II. GENERAL REVIEW (10 min)

III. PERSONAL PROJECTS REVIEW (10 min)

IV. NEW MATERIAL (80 min)

IV.A. THOUGHTS ABOUT BEING A MOTHER (10 min)

**Overview**
Help participants understand how the way they think will affect how their children think.

**Key Points**
- Children learn patterns of thinking from their parents.
- The way mothers think about their children and themselves affects how they are with their children, which in turn affects the way their children think about themselves, their mother, and their relationship with their mother.

**Participant Manual**
p. 4.3

**Information**
In the first year of life, young children form important attachments to primary caregivers, and they begin to learn to regulate emotions. These are two of the primary tasks of early childhood. By regulate emotions, we mean that children learn how to deal with difficult feelings like hunger, anger, and fear. They learn to do these things through their interactions with their primary caregivers. The answers to the following questions are so important to children’s development: Will you take care of me? Will you hold me when I am uncomfortable or upset? Will you come when I cry? Will you come back when you leave? Through positive interactions with caregivers, children form secure relationships and learn ways to deal with difficult feelings. These interactions also form the basis for the way children begin to think about themselves, their relationships, and the world. If someone comes for me, then I am important, worthy. The world is not a scary place. I can turn to my mom, and she will protect me. If I am hungry, someone will give me food.

Most mothers want to be there to help their children. However, sometimes their experiences or thoughts can interfere with the way they are with their children. The goal of this session is to talk both about the helpful and harmful thoughts that may interfere with the mothers’ ability to serve as safe and consistent attachment figures.

Young children are very attuned to their parents’ emotions. They interpret 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 internalize 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 intergenerational transmission of harmful thinking that we are seeking to prevent.

**Step by Step**

**Step 1: Discuss the intergenerational transmission of thought patterns.**

**Suggested Wording:**

*Last week 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 these ways. 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?*

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

**Step 2: Talk about breaking the transmission of harmful thought patterns.** You can draw three columns on the board: 1) Beliefs about themselves, 2) Beliefs about their relationship with you, and 3) Beliefs about the world and then elicit participant responses.

**Suggested Wording:**

*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?*

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

**IV.B. PREGNANCY, BECOMING A MOTHER, AND PARENTING - HELPFUL AND HARMFUL THOUGHTS (10 min)**

**Overview**

Help mothers identify helpful and harmful thoughts they may have related to being a parent.

**Key Points**

- Identify helpful and harmful thoughts related to being a parent.
- Talk about how these thoughts are often related to our childhood experiences.
- Talk about how we might challenge harmful thoughts so we can provide our children with a positive experience.

**Participant Manual**

p. 4.4
Information
It is important during this exercise to acknowledge and normalize any fears or anxiety participants may share about becoming a mother.

As participants talk about how they want to parent their children, they begin talking about discipline strategies. Different cultural views of discipline should be taken into account. One useful way of discussing discipline is by talking both about what they want their children to learn and how the discipline strategy will affect their relationship with their children. In addition, you can highlight that if the child has a positive and loving view of their relationship with his/her mother, physical discipline is less likely to be necessary. If participants bring up using corporal punishment, it may be important to talk about the guidelines of what is considered acceptable discipline in the U.S. versus child abuse.

Step by Step

Step 1: Identify harmful and helpful thoughts related to being a mother.
Suggested Wording
As you think about becoming a mother or being a new mother, a variety of thoughts may go through your head. In the previous exercise, we talked about how the way we think gets passed on to our children. We want to pass on some of the thoughts we have but not others. So, it is important that we be aware of our thoughts, so we can make changes and teach our children healthy ways of thinking. Let’s take some time and write down some of the thoughts we have about being a mother.

Draw two columns on the board, one titled “healthy thoughts” and the other “harmful thoughts.” Then ask participants to think of some of the thoughts that they may have related to being a mother, and write them down. If they need an example, you can share that a harmful thought might be “My children won’t listen to me and won’t respect me” while a helpful thought might be “I can’t wait to teach them how to cook.”

Step 2: Talk about how these thoughts may affect their children. Elicit discussion on how these thoughts may affect how participants interact with their children and how their children learn to think about themselves, their relationships with their mothers, and the world.

Step 3: Talk about how to challenge the harmful thoughts. Have participants use antidotes to challenge some specific harmful thoughts they have about becoming or being a mother.

Note: At the same time that you help the women challenge harmful thoughts, you should acknowledge that becoming a mother involves many changes not all of which are positive. Mothers do give up many things (including sleep), but they also get many things in return.

IV.C. HELPFUL THOUGHTS DURING PREGNANCY AND AFTER GIVING BIRTH (5 min)

Overview
To identify helpful thoughts related to pregnancy and having a new baby.

Key Points
- There are lots of helpful thoughts we can have about pregnancy and the new baby.
- We can learn to notice the helpful thoughts we already have and how to have more helpful thoughts.
Participant Manual
p. 4.5

Rationale
It’s important for participants to identify helpful thoughts about pregnancy and having a new baby so that they can bring more of those thoughts into their lives.

Information
The list of helpful thoughts on p.4.5 is a good way to offer concrete examples of helpful thoughts about pregnancy and giving birth. Use this list to get group members thinking about which helpful thoughts they already have and which they might like to have.

Step by Step
Step 1: Describe helpful thoughts about pregnancy and giving birth.
Suggested Wording
There are lots of helpful thoughts you can have about pregnancy and the new baby. These might be thoughts about things you are excited to teach your baby or about something in the future, like bringing your baby home from the hospital. They can also be thoughts about something you feel good about doing for you or your baby, like eating healthy food while you’re pregnant and going to prenatal care check-ups. These are all helpful thoughts because they can motivate you, make you feel hopeful about the future, and make you want to take good care of your baby and yourself.

Step 2: Identify participants’ helpful thoughts about pregnancy and giving birth. Have participants take turn reading out loud the helpful thoughts listed in the manual and engage them in the process of identifying their own helpful thoughts.
Suggested Wording:
Let’s turn to page 4.5. How many of you have had the thought “This is a very special time in my life”? [Have participants take turns reading the other thoughts listed; ask how many women have had the thought after each one is read.]

What other helpful thoughts about pregnancy and being a new mom have you had? [Elicit responses.]

What is it like to read about these helpful thoughts and hear thoughts other women have had? Are you getting any “new ideas” from the list or the group? [Elicit discussion.]

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

IV.D. WAYS TO CHANGE HARMFUL THOUGHTS THAT AFFECT MY BABY AND ME (15 min)

Overview
Teach participants strategies to help them change harmful thoughts.

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.
Rationale
Changing harmful thoughts is a key component of this intervention; it is a powerful way to improve mood and teach children good mood management skills.

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

Step by Step
Step 1: Introduce the idea that we can change harmful thoughts.
Suggested Wording
We’ve been talking a lot about harmful and helpful thoughts and how they affect your mood. Now I’m going to teach you a few 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. Using these strategies will also help you teach your baby how to manage harmful thoughts and how to have a healthy mood. So you can use these strategies to help you AND your baby.

Step 2: Thought Interruption.
Suggested Wording:
Thought interruption is the first strategy we’ll talk about. Thought interruption basically is telling your mind to STOP thinking the harmful thought. It’s like holding up a big STOP sign for your mind. [Have a participant read the description in the left-hand box of the first row.]

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 just feeling really tired right now, and I need to try to get some rest so I have more energy for my baby.” Or you can do something helpful for yourself, a pleasant activity like drinking a cup of tea or listening to music you like. Has anyone used thought interruption before (even if you didn’t call it that)? Can you tell us about that?. [Elicit responses.]

You can also teach this skill to your baby. [Have a participant read the description in the right-hand box of the first row.] When your baby is feeling frustrated and stuck, you can help get them “unstuck” by labeling what they’re feeling and then helping them do something different.
Step 3: Worry Time.
Suggested Wording:
[Read the description in the left-hand box of the second row.] If you find yourself overwhelmed by thoughts that make you worry, give yourself a specific time in the day to worry so that you don’t need to worry the rest of the day. You can call it your “worry time.” This strategy often works because you know you’ll have time to think about what’s on your mind, but it doesn’t need to take up ALL your time. Has anyone used this skill before? [Elicit responses.]

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

Step 4: Time Projection.
Suggested Wording:
[Read the description in the left-hand box of the third row.] 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. Has anyone used this skill before? [Elicit responses.]

[Read the description in the right-hand box of the third row.] Just like the other skills, this skill is something we can pass along to our baby as they grow up so that they can imagine good things for the future and work toward them.

Step 5: Self-Instructions.
Suggested Wording:
[Read the description in the left-hand box of the last row.] Saying things to ourselves is almost like being a good parent to ourselves. Has any used this skill before? [Elicit responses.]

[Read the description in the right-hand box of the last row.] The things we say to our babies directly shape how they think about themselves and how they solve problems. We can have a large positive impact on our babies by talking to them with love, hope, and optimism.

Step 6: Putting it all together. It’s often helpful to get real-life examples from the group and have group members think about how to apply the skills in their own lives.
Suggested Wording:
Has anyone been struggling with any harmful thoughts lately? Does anyone feel comfortable sharing? [Ask a group member to describe the harmful thoughts she’s been having and what situation(s) she has them in, and then have other group members suggest which of the skills she might use. Repeat this process for each participant who is willing to share with the group.]

IV.E. THOUGHTS I WANT TO LEARN TO TEACH MY BABY (10 min)

Overview
Focus on thoughts participants want to teach their babies.

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.
Information

This section may be difficult for participants to understand at first, so it may be helpful to briefly review the healthy management of reality model.

Instructors may want to use the illustration on this handout to convey the main point of this exercise, which is that what participants say and how they talk to their child influences the child’s perception of him/herself and his/her mother.

Step by Step

Step 1: Review the basic concepts of the thoughts module.

Suggested Wording

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, by using the antidotes and methods like thought interruption. What else do you remember about thoughts and your mood? [Elicit discussion]

Step 2: Review key concepts covered on the handout. Have participants take turns reading the main points. After each main point, prompt participants to discuss what each of the points means to them. Highlight the following:

- Participants can shape how their babies think.
- How participants talk to their child influences the child’s perception of his/herself and his/her mother.

IV.F. THINKING ABOUT YOUR FUTURE (15 min)

Overview

Help participants understand that they can actively shape their future by shaping their inner and outer realities.

Key Points

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

Information/Alternative Exercise

It is important to realize that some women may be more limited in the goals they set because of social, economic, or cultural factors. It is helpful in these instances to give examples of women who faced similar challenges and were successful in their goals.
Step by Step

Step 1: Help mothers identify their ability to shape their own future, set goals.
Suggested Wording:
We’ve been talking a lot in the past 4 weeks about how thoughts can be harmful or helpful to your mood at any given moment. Do you think that the thoughts that you have can also affect your future? How? [Elicit discussion.]

Step 2: Engage in relaxation exercise to think about the “future past.”
Suggested Wording
We want you to be able to think and plan for your future. Let’s do an exercise that helps us do this. First, close your eyes, get in a comfortable position and take a few deep breaths. [Do this for a couple of minutes until participants are relaxed and focused].

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

Ask each question below. Provide a minute or two 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 participants come out of the relaxation activity and give them a few minutes to write down their “wants” and “don’t wants” on p. 4.8. Then discuss their goals as a group.

Step 3: Help participants recognize that they can set goals and shape their lives by changing/molding/managing their inner and outer realities.
Suggested Wording
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? [Elicit discussion]

Step 4: Help participants recognize that they can actively manage their personal reality.
Suggested Wording
By taking this class, 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? Take a minute to write these down on page 4.8.

[Give participants a few minutes to write their responses and then elicit discussion about things they need to start doing now and things they need to avoid doing.] What do you need to start doing right now to reach your desired goal? What will happen if you don’t change directions? [Elicit responses]

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.]

Step 5: Identify obstacles to participants being active in managing their life.
Suggested Wording
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? [Elicit responses; write relevant responses on the board.]

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 - write these on the board].

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].

IV.G. THINKING ABOUT YOUR BABY’S FUTURE (15 min)

Overview
This activity is similar to Activity IV.F. but focuses on how mothers play an active role in shaping their baby’s future.

Key Points
☐ Thoughts can help participants shape their baby’s life in ways that are healthier for both of them.
☐ Identify goals and different ways participants can shape their baby’s future.

Participant Manual
p. 4.9

Step by Step
Step 1: Help mothers identify their ability to shape not only their own future but also their baby/child’s future.

Suggested Wording
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 like __________. [Review some specific examples from previous discussion.]

As a mother, you can shape not only your reality, but also help your child to shape his/hers.

Step 2: Engage in relaxation exercise to think about the “future past.”

Suggested Wording
Let’s go through the relaxation exercise again, and this time, you’re going to focus on your baby’s future. First, close your eyes, get into a comfortable position and take a few deep breaths. [Do this for a few minutes until participants are relaxed and focused].

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

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 role do each of these people play in his/her life?
• What are some of the things that you want for your baby?
• What are some of the things that you do NOT want for your baby?

After asking the questions, have participants come out of the relaxation activity and give them a few minutes to write down their “wants” and “don’t wants” on p. 4.9. Then discuss their goals as a group.

Step 3: Help participants recognize that they can help shape their baby’s lives by helping him/her manage his/her inner and outer realities.

Suggested Wording
From this activity, it’s clear that as mothers, you want the best for your child. [Cite examples from discussion]. How can you help assure or increase the likelihood of this life for your baby? [Elicit discussion.]

Step 4: Help participants recognize that they can be active in managing their baby’s personal reality.

Suggested Wording
In the previous activity, we talked about things that you could do to help realize your ideal future. Now, let’s talk about things that you can do to help realize your ideal future for your baby. 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? [Elicit discussion.]

Step 5: Identify obstacles to participants being active in managing their baby’s life.

Suggested Wording
Is there anything that would prevent your baby from having the life that you imagined for him/her? What are some of the roadblocks? [Elicit responses.]

Can anyone think of a way to get overcome some of these roadblocks? [Help group problem solve. If support is an issue, you can also provide a preview of the next section, on the connection between relationships with people and mood].

Alternative Exercise
An alternative to doing Activity IV.F. and IV.G. separately is to do both activities together. This would help to clarify that the mother and baby’s lives are intertwined. There are ways to mold both mothers’ and children’s realities separately. Instructors can follow one of the exercises above and add “you and your baby” instead of just “you” or “your baby.”

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

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

Then have participants take the first step, which represents the baby completing his/her first year of life. Begin to describe all the physical and emotional changes that participants can expect their baby to have. At the next step, remind participants that their child is now walking and holding their hand. Repeat this procedure for each of the next 3 steps until the “child” reaches 5 years of age.

V. PERSONAL PROJECTS (5 min)

Overview
Assign this class’s personal projects

Key Points
□ Assign the Quick Mood Scale
□ Ask participants to practice reducing their harmful thoughts

Participant Manual
p. 4.10

Rationale
We want participants to be aware of their thoughts and learn how to manage them in order to improve their mood.

Step by Step

Step 1: Assign the Quick Mood Scale. If necessary, see pages 61-63 of this manual. Point out to participants that again this week they should note how many helpful and harmful thoughts they had each day (at the bottom of the scale) and think about the relationship between the number of helpful and harmful thoughts they had and their mood each day.

Step 2: Assign the Practice Reducing Harmful Thoughts Project. Ask participants to use two of the methods they learned today (thought interruption, worrying time, time projection, or self instructions) to work on reducing harmful thoughts. Ask participants to note their thoughts and the methods they used so they can talk about what worked and/or what didn’t work with the group next week.
Class #5
Contact with Others and My Mood
How to Get Support for Me and My Baby

CLASS OUTLINE

I. Agenda and Announcements (5 min)

II. General Review (10 min)

III. Personal Projects Review (10 min)

IV. Keisha & Tamika’s Days (10 min)

V. New Material (80 min)

VI. Personal Projects (5 min)

Goals for instructors:
• Review main concepts from last class and module (thoughts & mood)
• Introduce main concepts from new module on contacts with others and mood.
• Provide education regarding the reciprocal nature of contacts with others and mood
• Identify participants’ current support system.
• Identify ways to increase support for one’s baby
• Begin to discuss graduation from course, begin termination process.

Materials needed:
1. Participant manuals
2. Pens, Dry erase board, or chalkboard to present material to class
3. Copies of CES-D or other mood questionnaires (optional)
4. Evaluation/feedback forms (optional)
I. AGENDA AND ANNOUNCEMENTS (5 min)

II. GENERAL REVIEW (10 min)

III. PERSONAL PROJECTS REVIEW (10 min)

IV. KEISHA AND TAMIKA’S DAYS (10 min)

Overview
Use this exercise to illustrate the relationship between mood and contacts with others.

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.

Participant Manual
p. 5.3

Step by Step

Step 1: Reintroduce Keisha and Tamika.
Suggested Wording
On page 5.3, you can see that Keisha and Tamika are now 7 months pregnant. 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.

Step 2: Elicit group discussion.
Suggested Wording
Notice that 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? (Circle number)
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? (Circle number)
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).]

Step 3: Brainstorm possible ways to break the cycle. Next, ask participants to help Keisha break the cycle between depression and fewer positive contacts with others. As they identify different strategies, write them on the board.
Suggested Wording
- How can we break the cycle?
- What did we learn about in other modules that Keisha could use to improve her mood?
- How does having a good talk or a good time with someone help your mood?
- Does improving our mood help our baby’s mood?

V. NEW MATERIAL (80 min)
V.A. THE RELATIONSHIP BETWEEN MOOD AND CONTACT WITH OTHERS and V.B. CAN WE BREAK THIS VICIOUS CYCLE? (15 min)

Overview
Introduce the connection between mood and contact with others (interpersonal relationships).

Key Points
- Provide education on the reciprocal nature of interpersonal problems and depression.
- Identify participants’ current support system.
- Contacts with others are part of one’s outer reality.
- Begin to discuss graduation from course, begin termination process.

Participant Manual
pp. 5.4, 5.5

Information
In this section we describe the interaction between how we feel and how we act with other people. The interaction goes both ways: How we feel affects how we act with others and how we act with others affects how we feel.

Step by Step

Step 1: Introduce the relationship between contact with others and mood.
Suggested Wording
Contact with others and mood is the last section of new material. We have 2 more weeks with each other. Over the next 2 weeks, we will be talking about how our relationships with others affect our mood and might also affect our baby’s mood. How we interact with others is part of our outer reality. Let’s begin talking about the connection between mood and contacts with others.

Step 2: Begin a group discussion regarding how depression affects contact with others.
Write the words “mood” and “contact with others” on the board and write participants’ responses to the following questions on the board under the two headings.
Suggested Wording
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

Step 3: Discuss how having fewer positive contacts or more negative contacts can affect mood.
Suggested Wording:
When you isolate yourself from others, how does that affect your mood? How does having
more conflict or tension with others affect your mood?

Highlight that when people have fewer positive contacts or more negative contacts they may:
• Feel alone
• Feel sad
• Feel angry
• Feel like no one cares
• Be more depressed

Step 4: Summarize relationship the relationship between mood and contact with others.
Suggested Wording
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. We’ll talk about how we can break this pattern and better manage our outer reality.

Step 5: Have participants discuss which comes first: depression or less contact with others
Suggested Wording
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? [Elicit discussion.]

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

Step 6: Help participants identify how to break the cycle between negative mood and fewer positive contacts (or more negative contacts) with others (refer to p. 5.5 of the participant’s manual).
Suggested Wording
Now that we know about the cycle between negative mood and lack of positive contacts with others, how can we break it? [Elicit discussion.]

Some group members may indicate that they have difficulty finding people with whom they have positive contacts. Others may talk about how their relationships with family members or their baby’s father are not positive relationships. Participants should feel free to discuss negative contacts. Let participants know that the next section may help them identify people in their lives who are positive contacts.

Now take a look at p. 5.5 of your manual. As you can see here, 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 anyone give an example of using any of these strategies to improve your mood? [Elicit responses]

V.C. THE PEOPLE IN MY LIFE (10 min)
Overview
Participants are asked to identify and evaluate their current social support system, and the relationship between social support and mood.

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 as to whom we spend time with.

Participant Manual
p. 5.6

Rationale
Social support is a component of interpersonal relationships, which can help decrease depressed mood.

Information
Women without partners. Some women in the group may not have partners. In this case, group leaders should acknowledge that it may be more difficult (but NOT impossible) than women with partners to obtain support/help. Different ways of seeking help might be important to note and will be covered in session 6.

Step by Step
Step 1: Introduce the concept of social support.
Suggested Wording:
We’ve talked a lot about the importance of contact with others in managing mood problems. 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.

Step 2: Have participants identify their social support system.
Suggested Wording:
In general, who makes up your social support system? Who do you go to for help?

Elicit general group discussion.

Now turn to page 5.6. Take a few minutes and write the names of people who make up your social support system in the circle that best describes your relationship with them.

Step 3: Begin a discussion regarding how the group and the community can act as a source of support.
Suggested Wording
We have been talking about different people in our lives who provide us with support. Did you notice that by coming here and talking today we have increased your social support?
People have provided others with advice and emotional support. Coming to the group is one good way to begin getting more social support.

How has it been helpful to be in the group and interact with others today? What kind of emotional feelings have you experienced being in the company of the other members of the group? Have you experienced positive feelings? If so, which kinds of feelings? Of course, it is also possible to experience negative feelings when you are with people. What fears or concerns do you have about the group? Part of what we want to discuss during these two sessions is how to reduce negative feelings and increase positive feelings when you are with others. [Elicit responses]

Also, the community that you live in can be a source of support. How? Are there resources in your community that can provide you with the help that you need? [Elicit group discussion. If necessary, emphasize the support their home visiting programs and churches or other places of worship can provide.]

V.D. PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME (10 min)

Overview
Assess participants’ current support networks.

Key Points
- Participants can identify and evaluate their own social support system.
- There are different kinds of support.
- We can make choices as to whom we spend time with.

Participant Manual
p. 5.7

Rationale
Identifying one’s social support system and then thinking about different types of support can help to determine if there are specific types or areas of support that need to be strengthened in order to improve mood.

Information
Quantity vs. quality of social support. For each participant, group leaders should assess whether it is an issue of not having any support network at all (quantity) vs. not getting together with existing support network for particular reasons (quality)
- If it is a quantity issue, it will be important to develop ways to find other pregnant women and people in general to increase the support system.
- If it is a quality issue, it will be important to determine whether participants need to change the existing support system (e.g., by increasing contacts with supportive people or decreasing contacts with draining or hurtful people). It is important to acknowledge differences in individual support systems and that these differences are normal.

Step by Step
Step 1: Introduce the exercise including the purpose and ways to complete the exercise.
Suggested Wording

Please turn to p. 5.7. The purpose of this exercise is to figure out the types of support the people in your social support system provide. As you can see, 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.

Go through the squares on page 5.7 in the participant manual. Help participants fill out squares. The same person can be in more than one square.

Step 2: Have participants evaluate the adequacy of their social support system.

After completing the exercise on p. 5.7, ask participants to identify areas of social support that are adequate and areas of social support that they 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).
7. Who do they want to be part of their life as a mother?

Step 3: Identify ways participants can make their support systems larger and stronger.

Depression is associated with fewer contacts with others and less social support. Therefore, encouraging the formation of new relationships and increasing social contacts is essential to reducing participants’ negative moods/depression.

Suggested Wording

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.

As a group, brainstorm to identify activities and places where you can meet people.

Suggested wording

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

V.E. PEOPLE WHO WILL PROVIDE SUPPORT FOR ME AND MY BABY (10 min)

Overview
To discuss getting support for the baby.

Key Points
- Provide education on the reciprocal nature of interpersonal problems and depression.
- Identify how participants’ current support system can provide support for their babies.

Participant Manual
p. 5.8

Step by Step

Step 1: Identify the baby’s social support system. Have participants complete page 5.8. Make sure participants understand the different types of support.

Suggested Wording
Now we’re going to identify people who will provide support for your baby. On page 5.8, there are four squares, one for each of the four different types of support. Take a few minutes to write down the names of people who provide or will provide different kinds of support.

Step 2: Discuss the baby’s social support system, and have participant evaluate the adequacy of this system. If their system is not adequate, have participants identify ways to increase the support.

Suggested Wording
What do you notice about this exercise? Does/will your baby have people in his/her life that will provide support for him/her? Are there some types of support that your baby needs more of? How can the group help you to think about getting the different kinds of support and you and your baby will need?

Brainstorm and write the possible solutions on the board.

V.F. COMMUNICATION STYLES AND YOUR MOOD (15 min)
Overview
The relationship between communication styles, mood, and relationships with others.

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.

Rationale
Understanding communication styles can help improve mood and relationships with others. Some types of communication styles can keep things bad or make things worse.

Information
Materials: A box or basket in which there are three scenarios depicted on three separate folded pieces of paper (described below). Participants will pick one of the papers out of the box/basket and act out the chosen situation with the group leader in front of the class.

Individual and Cultural considerations. The point of this exercise is not to have participants always communicate in an assertive manner. Rather, it is to help participants feel comfortable enough communicating assertively that they can choose how to communicate. There are individual and cultural differences in the value or importance of each of the three communication styles. There may be culturally relevant ways of expressing oneself in different situations. For example, being passive may be desired in certain situations, which may be related to culture. For some participants, including those dealing with domestic violence, being passive may be the best and safest way of relating to the perpetrator. In cases such as this, being passive can be viewed as respecting your own wishes and keeping yourself safe. In addition, particular cultures may value passive responses relative to assertive responses. It is important to acknowledge that there is no one “right” communication style, it depends on the particular situation.

Explaining passive-aggressive style. It may be difficult to explain the passive-aggressive communication style. We suggest the following wording:
Suggested Wording
What does it mean to be passive-aggressive? As can be seen on p. 5.9, passive-aggressive can mean that you are respecting neither your own wishes nor others’ wishes. In this way, you are not clearly communicating your needs to others.

Step by Step:
Step 1: Exercise: “What’s in the box?”—Identifying your personal style of communication. Identify participants’ primary communication style through role plays.
Suggested Wording:
In order to communicate our needs to others, we need to be able to talk about how we feel and what we need from others. We’re going to do a few role-plays to figure out how you typically act or communicate in different situations, including social situations. This box/basket has a few pieces of paper that describe different everyday situations (like asking the grocery owner where a product is). We’re going to take turns picking a piece of paper out of the box/basket and take turns acting out these situations. After each scenario, you can think about what you would do in the same situation.

The group leader should model the first one, reading the situation out loud, and deciding who will play which role. Typically, the participant should play the role ascribed to “What would you do in this situation?” but the group leader should play this role in the first scenario to show participants what they are expected to do. Each role play should take a few minutes per situation. The group leader can use the options following each of the scenarios to elicit discussion following each role play. The leader can also ask participants what they would have done in that situation. It’s also possible to have the same situation and another person (or group leader) model another style of communication.

Possible scenarios [written on separate pieces of paper ahead of time and put into the box]:

**Situation 1:** You went to a doctor and didn’t understand what the doctor said. What do you do in this situation?
2 roles: 1) doctor; 2) patient
Possible options: Would you: a) ask questions; b) just pretend to understand; c) not say anything

**Situation 2:** You are in a clothing store and you cannot find the salesperson. Finally, after half an hour, you find the salesperson, but he or she does not want to help. What do you do in this situation?
2 roles: 1) salesperson; 2) customer
Possible options: Would you: a) go to the manager; b) ask the salesperson to help; c) leave the store

**Situation 3:** You were taking a class and the teacher said something you strongly disagreed with. What do you do in this situation?
2 roles: 1) teacher; 2) student
Possible options: Would you: a) tell the teacher your opinion in a respectful manner; b) stay quiet; c) pretend to agree to please the teacher

**Situation 4:** You are angry at a close friend about a comment that she made last week but you haven’t said anything. She is coming over to your house today. What do you do in this situation?
2 roles: 1) friend; 2) you.
Possible options: Would you: a) talk to friend about the situation; b) say nothing and pretend that everything is fine; c) ignore friend/stop calling

**Step 2: Introduce the concept of communication styles.**

**Suggested Wording**

*From this exercise, you can see that there are different ways of communicating our needs. 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.* [Write the communication styles on the board]
What do these words mean to you? For example, who was passive in the role plays? Who do you think was aggressive or assertive in the role plays?

Step 3: Elicit a discussion about how participants view the communication styles and how they think the communication styles might affect moods and interpersonal relationships. 

**Suggested Wording**

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

*How does your communication style affect your relationships with others?*

Step 4: Acknowledge cultural or individual differences. There is no one “right” way to communicate.

**Suggested Wording**

*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. What’s important is that you choose how you communicate!*

**Alternative Exercises**

Instructors can introduce the three communication styles by putting the communication styles-respecting wishes grid on the board. Refer to p. 5.9 in participant manual.

At first, put just the bolded words on the board and ask group members to fill in the rest.

Ask participants:

• *Which style do you tend to use?*

• *How do you think using that style affects your mood?*

Proceed to Steps 3-4 above.

**V.G. GETTING YOUR NEEDS MET (10 min)**

**Overview**

We can get our needs met by being assertive (making positive, clear, and direct requests).

**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.

**Participant Manual**

p. 5.10
Rationale
Getting one’s needs met can improve relationships with others.

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

Step by Step
Step 1: Being assertive can help to get one’s needs met.
Suggested Wording:
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 from group members. 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.

Step 2: Identify steps to being assertive. Put the 5 steps from page 5.10 on the board.
Suggested Wording
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.
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.

[Discuss the difference between indirect and direct requests. For example, “boy, the trash can is full” and “I wonder when you’ll be taking out the trash” are both indirect requests. “Could you please take out the trash in the next half hour” is a direct, specific request. “I sure am worried about my sugar level” is also an indirect request versus “Doctor can you check my sugar level?” which is a direct request.]

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.

Have each group member think of someone they would like to request something of this week (e.g., friend, family member, home visitor). Help them decide what they would like to request from this person and think about how they would like to make the request. Have them practice making the request in the group and have participants give them feedback.
V.H. WHAT KEEPS YOU FROM EXPRESSING YOUR NEEDS? (10 min)

**Overview**
Identify obstacles to the ability to communicate one’s needs and teach problem solving to overcome these obstacles.

**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.

**Participant Manual**
p. 5.11

**Step by Step**

*Step 1: Explore with participants the roadblocks to being assertive.* As a group leader, you should also raise your hand if this applies to you.

**Suggested Wording**

*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 with the group about obstacles that might keep them from being assertive and speaking their mind. Some of the common obstacles are listed below. After you have brainstormed with the group, discuss each obstacle, clearly defining what thought or thoughts are linked to the obstacle, obtaining opinions from group members, and talking about how to overcome the obstacle.

Be respectful of cultural differences (e.g. age, gender, family positions, and structure) that may contribute to one’s inability to be assertive and/or to value other forms/styles of communication.

**Common Obstacles:**
- 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

Other questions you may want to ask to stimulate discussion are listed below.
- *Does assertiveness mean danger for you? For example, “If I’m assertive, I’ll be rejected” or “If I speak up for myself then, I’ll be humiliated or hit.”*
- *Do you feel like your disagreement can be resolved?*
- *Is the relationship headed for dissolution?*
- *Do you have evidence that the relationship is not reciprocal, not mutually respectful and caring of each other’s needs?*
VI. PERSONAL PROJECTS (5 min)

**Overview**
Assign this class’s personal projects

**Key Points**
- Assign the Quick Mood Scale
- Ask participants to do a pleasant activity with someone who provides them with support

**Participant Manual**
p. 5.12

**Rationale**
We want participants to be aware of how their contacts with others affect their mood.

**Step by Step**

**Step 1: Assign the Quick Mood Scale.** If necessary, see pages 61-63 of this manual. Point out to participants that this week they should note the number of positive and negative contacts they had each day (at the bottom of the scale) and think about the relationship between the number of positive and negative contacts they had and their mood each day.

**Step 2: Assign the Pleasant Activity Project.** Ask participants to engage in a pleasant activity with someone who provides them with support. As a group, have participants brainstorm about who they might ask to do something and what activity they might want to do.
Class #6
Interpersonal Relationships and My Mood
Graduation

CLASS OUTLINE

I. Agenda and Announcements (5 min)

II. Relaxation Exercise (10 min)

III. General Review (10 min)

IV. Personal Projects Review (10 min)

V. Keisha & Tamika’s Days (5 min)

VI. New Material (40 min)

VII. Course Review (20 min)

VIII. Final Activity (10 min)

IX. Graduation (10 min)

Goals for instructors:
• Review the reciprocal nature between mood and interpersonal relationships.
• Discuss the effect of role changes or transitions on mood and relationships with others.
• Review the main concepts of the course.
• Saying goodbye and graduation.
• Discuss how participants can keep using the skills from the group after today.

Materials needed:
1. Participant manuals
2. Pens, Dry erase board, or chalkboard to present material to class
3. Food and drinks for celebration
4. Copies of CES-D or other mood questionnaires (optional)
5. Evaluation/feedback forms (optional)
I. AGENDA AND ANNOUNCEMENTS (5 min)

II. RELAXATION EXERCISE (10 min)

Overview
Conduct a relaxation exercise with participants.

Participant Manual
p. 6.2

Step by Step: Using muscle tension to learn to relax

Step 1: Introduce the exercise and provide the rationale.
Suggested Wording:
Today we are going to start with a relaxation exercise. I am going to teach you how to use muscle tension to learn to relax.

Step 2: Lead a relaxation exercise where participants use muscle tension techniques.
Specific instructions for this exercise can be found on p. 9 in the Relaxation Manual (Ramos, Díaz, Muñoz, & Urizar, 2007) and p. 6.2 in the participant manual.

III. GENERAL REVIEW (10 min)

IV. PERSONAL PROJECTS REVIEW (10 min)

V. KEISHA AND TAMIKA’S DAYS (5 min)

Overview
Use this exercise to illustrate the relationship between mood and contacts with others.

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.

Participant Manual
p. 6.4

Step by Step

Step 1: Reintroduce Keisha and Tamika.
Suggested Wording
Please turn to page 6.4 in your manuals. Since the last time we saw them Keisha and Tamika both gave birth and their babies are now one year old! Today neither woman feels like getting out of bed but Tamika does. Both get a phone call from their friend. Keisha does not
answer the phone. She doesn’t feel like getting out of bed and stays home. Tamika answers the phone and asks her friend to go to the zoo with her and her baby. She goes out with her friend and they spend the afternoon at the zoo with their babies.

Step 2: Elicit group discussion.
Suggested Wording
Notice that 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? (Circle number)
2) How do you think what Keisha did affected how she felt?
3) Do you think what Keisha did affected her baby? How?
4) How would you rate Tamika’s mood at the end of the story? (Circle number)
5) How do you think what she Tamika did affected how she felt?
6) Do you think what Keisha did affected her baby? How?
7) Why does Keisha have a lower mood rating than Tamika?. [Answer: Due to the relationship between mood and fewer positive contacts (isolation).]

Step 3: Brainstorm possible ways to break the cycle. Next, ask participants to help Keisha break the cycle between depression and fewer positive contacts with others. As they identify different strategies, write them on the board.
Suggested Wording
• How can we help Keisha break the cycle between depressed mood and fewer positive contacts with others?
• How does having a good time with someone help your mood?
• Does improving our mood affect our baby’s mood?

VI. NEW MATERIAL (40 min)

VI.A. INTERPERSONAL RELATIONSHIPS AND DEPRESSION: ROLE CHANGE/TRANSITION (15 min)
Overview
Explore the role change associated with having a new baby and how it can affect your mood.

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.

Participant Manual
pp. 6.5, 6.6

Rationale
Role changes can affect our relationships with the people in our lives and can create stress that affects mood.
**Information**
This topic gives participants a chance to reflect on how their relationships may change in both positive and negative ways as a result of having a new baby. Group members may be able to see common themes across their experiences, empathize with one another, and provide support to one another around the relationship changes occurring with this role change.

**Step by Step**

**Step 1: Define role changes and transitions.**

_Suggested Wording_

Does anyone know what a role change is? [Elicit responses] 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.

_Take a few minutes to fill out pages 6.5 and 6.6 in your manual. This exercise will help you think through how having a new baby changes your role and can affect your mood._

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

_Suggested Wording:_

So what do you think, do people treat you differently with a new baby? How so? [Elicit responses.] How does becoming a mother affect you and your mood? [Ask group members who feel comfortable to share what they wrote.]

Are there other role changes in your life right now that are helping or hurting your mood? For instance, is anyone going through a role change in terms of having lost someone close to you or having a change in your employment or some other transition? (Have group members who feel comfortable share.)

What are your feelings about these changes? Remember that you might have positive and negative feelings about the same role change. [Ask group members who feel comfortable to share what they wrote.]

**Step 3: Discuss how to handle the role change effectively.**

_Suggested Wording:_

What are you hearing? Are you hearing some common themes in the group? What do think is helpful to you as you’re transitioning into your new role as the mother of a new baby? (Allow
some time for women to brainstorm about ways to work on their relationships during their role change to make this time less stressful. You can also make suggestions about how group members can reach out to others to find support in their relationships or negotiate for what they need.)

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

Sometimes it helps to keep in mind that it can take some time to become comfortable in a new role, but it’s also an exciting change that opens up a new chapter in your life.

VI.B. INTERPERSONAL RELATIONSHIPS AND DEPRESSION: ROLE DISAGREEMENTS/DISPUTES (10 min)

Overview
Identify role disagreements or disputes and how they affect mood.

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.

Participant Manual
p. 6.7

Rationale
Disagreements with other people that result from having a new baby can be a powerful source of stress and can put participants at risk for depression.

Information
This section allows groups members to identify role disagreements and their thoughts, feelings, and behaviors about those disagreements so that they can make positive choices about how to handle them. This section can be challenging because group members may get into venting about their relationship problems. It is important that you keep the discussion focused on how participants can make positive changes, rather than simply allowing them to vent about their relationship problems.

Step by Step

Step 1: Identifying role disagreements.
Suggested Wording
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? Would you like to tell the group about it? [Allow group members to give examples and share their experiences with role disagreements.]
Step 2: Understanding your feelings, thoughts, and behaviors. Have group members take some time to fill out p. 6.7 on their own and then discuss what they wrote as a group. **Suggested Wording:**

*Take a few minutes and answer the questions on page 6.7 of your manuals. This exercise will help you identify your feelings, thoughts and behaviors around a disagreement.* [Give participants 3-4 minutes to complete page 6.7.] *Who wants to share?*

Elicit examples from the group for the different categories on the worksheet. There may be a tendency for group members to “vent” about people they are angry with or adopt a blaming attitude. It’s important to allow members to express themselves but also to keep the conversation focused on members’ own responses and actions and how they can make positive choices in the situation. It’s helpful for group members to understand their feelings, thoughts, and behaviors but you should also encourage them to understand the feelings, thoughts, and behaviors of the other 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?*
- *Does anyone have suggestions for [participant’s name]?*

Elicit discussion.

VI.C. SAFETY IN RELATIONSHIPS IS THE #1 PRIORITY (5 min)

**Overview**

Assess possible exposure to relationship violence or abuse.

**Key Points**

- Safety is a #1 priority for you and your baby.
- If you are being exposed to violence or abuse in a relationship, it’s very important to change that situation so that you and your baby are safe.
- There are always options for getting out of an unsafe relationship.

**Participant Manual**

p. 6.8

**Rationale**

Participants’ safety is critical for their own well-being and their baby’s well-being.

**Information**

This is a sensitive and important topic. Although not much time is spent on this topic, you should be prepared to assist participants who have questions by providing resources or referrals as needed. Crisis hotline information should be distributed to all group members.

**Step by Step**

Step 1: Safety in relationships is the #1 priority
What does it mean to be safe in a relationship? What does it mean NOT to be safe? [Elicit responses. Summarize what group members say.]

Physical violence is a definite threat to your safety and to your baby’s safety. Pushing, shoving, kicking, and hitting are all aspects of physical violence. When someone in a relationship consistently says threatening or humiliating things to you, that’s also a threat to your safety and your baby’s safety. We often call that “emotional abuse.”

It’s important to identify whether you are in a relationship that threatens your physical or emotional safety and take steps to get out of the situation. Violence and emotional abuse can happen in many different kinds of relationships. It might be a relationship with a partner, a family member, or a friend.

It’s also important to identify whether you are engaging in violent behavior toward anyone and to change your behavior.

Step 2: Assessing safety

Suggested Wording:
Take a moment to answer the 4 questions on page 6.8 that ask about your safety. I won’t ask you to share this information with the group; these are personal questions to help you identify physical and emotional abuse in your relationships.

I’m going to pass around the number of a crisis hotline you can use if you need it and can also share with other people you know who may need it. If you have questions or want other information about how to get out of an unsafe relationship, please talk to me at the end of the group tonight.

VI.D. ROLE MODELS FOR ME AND MY BABY (10 min)

Overview
Introduce role models as a way of thinking about one’s interpersonal relationships and describe how role models can inspire people to behave in healthier and happier ways.

Key Points
- Identify role models.
- Role models can be different people whom we admire.
- Parents are babies’ first role model.
- By being role models, parents can help their babies and children behave in ways that make their lives healthier and happier.

Participant Manual
p. 6.9

Rationale
Role models can help to improve interpersonal relationships and mood. We often pick up ways of doing things from other people; some are good but others are not.
Information

This discussion of role models may increase anxiety for some participants, especially those who as children felt that they did not have positive role models in their lives. In this case, instructors should point out that it’s not too late to find role models for themselves and to start thinking about possible people to be role models for their babies.

Step by Step

Step 1: Introduce the material on role models. Instructors can elicit a general discussion and/or have participants write down answers to the questions on p. 6.9 and then discuss their written answers.

Suggested Wording

Last week, we talked about different communication styles, and how being passive, assertive, or aggressive can affect our mood. Today is our last day together, and we will spend some time reviewing what we’ve learned in the past 5 weeks, and saying goodbye to each other. Let’s talk about role models. What are role models?

Elicit answers from participants. Points to cover:
- Role models can be people who have qualities like honesty, friendliness, genuineness that make a person look up to them.
- Role models can be real people or fictional.
- Role models can guide a person’s behavior positively (i.e., behave in ways that help make their lives healthier and happier).

Step 2: Identify participants’ role models.

Suggested Question

Who are your role models? [Elicit responses]

Step 3: Parents are their baby’s first role model.

Suggested Wording

As we’ve talked about before, as parents, you are your baby’s first teacher and role model. As a role model, what qualities do you want your baby to know about you? Your baby can also have other role models. Who would you like your baby to have as role models? [Elicit discussion]

Step 4: Parents can help to protect babies from negative role models.

Suggested Wording

There are also role models that may have a negative influence on a person and some people look up to people who do not have positive qualities. For example, there is a lot of violence on TV. How do you protect yourself and your baby from these negative and unhelpful influences in your life? We learn the way we behave, the way we talk, and even the way we think from people who are around us. This happens whether we are conscious of it or not. Part of what we would like you to remember from the course is that you can consciously choose what you learn from other people and what you will teach your baby.

In terms of what you learn from other people, we suggest you focus on parents you know, see at the stores, park, or on the street. Notice the things parents do that you would like to do with your own child. Also notice also the things parents do that you want to avoid doing with your own child. If you see things which are particularly important to do or not do, you may want to jot them down, so you will remember when your child is born, and/or as he or she grows up.
In terms of what you will teach your baby, remember that your baby is learning all the time, not just when you intend to teach him or her something. That means that if there are things you are used to doing that you would rather your child did not learn, now is the time to break the habit. If you keep doing things you do not want your child to learn, your child will see you doing it, and might learn to do it his or herself. Similarly, if there are things you want to do more often, or want to begin doing so your child will learn them, now is the time to start.

Points to discuss:
- Being aware of negative influences.
- Helping to make your child aware that there are both positive and negative influences.
- Try to stay away from the negative influences (e.g., select particular TV shows to avoid).
- Increase social support in one’s life.

VII. COURSE REVIEW (20 min)

VII.A. MY PERSONAL REALITY and 
VII.B. CREATING A HEALTHY REALITY FOR ME AND MY BABY (20 min)

Overview
Review and reinforce main concepts from the 6-week class.

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

Participant Manual
pp. 6.10, 6.11

Rationale
Reviewing the main concepts of the class will help to prevent the likelihood of a major depressive episode in the future.

Information
Because this is the last class, termination issues will be prominent. Instructors should address termination and should specifically discuss what participants can do in the short term (e.g., next week during class time) and the long term to manage their reality. The goal is to suggest and reinforce that participants should continue to using the skills they learned to maintain the changes they have made to their mental health.

Step by Step
Step 1: Review of most important concepts of MB.
Suggested Wording
Now we’d like to review what you’ve learned in the past 6 weeks. One of the topics we’ve talked a lot about is different ways of managing our reality. What do you remember the most about this? What is inner reality? What is outer reality? Let’s look at p. 6.10 of your book and talk about these concepts.

Points to discuss:
• Emphasize choices that participants can make about their inner and outer reality.
• Inner and outer reality may affect mood.
• Mothers can help mold their babies’ inner and outer realities by using tools they learned in this class (go to point 2).

Step 2: Review mood and thoughts, activities, and people contacts within the reality management approach.
Suggested Wording
We’ve also talked about how your mood is related to pleasant activities, thoughts, and contacts with others. As you can see on p. 6.11, 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. Are you mindful of the special moments as your relationship with your baby develops? Are you mindful of what your baby is experiencing, so that you can have a positive influence on what he or she feels about you, about him- or herself, and about the world in general? The things your baby feels, sees, and hears shape his/her image of what life is like. So you have a real chance to help shape that image. Will it be one of being special and cared for? Of being able to get what he or she wants? Or will it be one of being ignored and not being able to stop being frustrated? The things we have discussed during this course are all relevant to these issues.

Points to discuss:
• The types of activities one does and people one interacts with can affect one’s mood (here focus on outer reality).
• The types of thoughts that one has can affect one’s mood (here focus on inner reality).
• By changing their inner and outer reality, mothers can help shape their children’s inner and outer reality.
• What types of activities do mothers want their babies to do?
• Who do mothers want in their babies’ lives? (Reiterate importance of social support)

VIII. FINAL ACTIVITY: WHAT OTHERS LIKE ABOUT YOU and
IX. GRADUATION (20 min)
Overview
Carry out a final exercise intended to provide positive feedback for participants from their peers. Celebrate the end of class with a graduation ceremony.

Key Points
- Participants have an opportunity to listen to others appreciate them.
- Celebrate end of course and graduation.

Participant Manual
pp. 6.12, 6.13

Information
Depending on the group composition, group members may want to plan their graduation party. For example, some members have brought food or drinks to share with the class. Also, an optional thing is to take pictures of the class (per participant choice).

Rationale
Provides an opportunity for each participant to recognize the other participants, and to celebrate the completion of class.

Step by Step

Step 1: “What others like about you” exercise. This exercise provides an opportunity for each participant to recognize other participants. Each person will say something positive to another person until everyone has had a turn. Depending on class size, the number of comments may vary. If the class is small, everyone will get an opportunity to say something about another person. If the class size is larger, instructors can limit the number of comments per person.

We suggest the leader starts and models giving a brief (i.e., one or two sentence) description of something one of the participants does that the leader values. Then that participant picks a different member of the group and does the same, and so on until all are done.

Suggested Wording
Before we celebrate your graduation, we’d like to do one final exercise, called “What others like about you.” The purpose of this exercise is to give you an opportunity to recognize each other, and the strengths that you each have. You’ve had an opportunity to get to know each other in the past 6 weeks. Each person will have a turn to say something nice or positive about another person. All too often, we don’t get recognized for what we already do so this is one way of allowing all of us to be recognized.

Conduct the exercise as described above and then ask: How did this exercise make you feel?

Typically, the result of this exercise is that participants feel very good about themselves. Points to emphasize:
- You have choices about how you behave with others.
- You can change how you behave with others.
- This exercise was an example of one way to change our inner and outer realities. Have group members notice how they felt at the beginning of the exercise, and how they feel at the end. What is it that people did that produced this difference, and what kinds of
thoughts were triggered that made their mood better?

**Step 2: Graduation ceremony and graduation.** Typically, instructors will have prepared certificates of completion of the Mothers and Babies Course for each participant. Instructors congratulate the participants and give them a chance to say something about the class.

*Suggested Wording*

_**Finally, it’s graduation time! Congratulations! We want to congratulate all of you for coming to the class and hope that this was a worthwhile experience for you. We really enjoyed having you in class. Now, I’d like to call you up here for your certificate. If you would like to say some brief comments to your fellow students, this would be a good time.**_

Optional activities include:

1) Graduation photo
2) Graduation ceremony
3) Food and drinks

If you have plans to keep in touch with participants, include time to schedule post-intervention interviews. Include a table/chart/separate handouts about expectations of babies during the first year postpartum.
APPENDIX A
## A1. Center for Epidemiological Studies-Depression Scale (CES-D)

**Instructions:** *I am going to read a list of ways you may have felt. Please tell me how often you have felt this way during the past week: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.*

<table>
<thead>
<tr>
<th>During the past week, that would be from ____ through today: (date)</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of Time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You were bothered by things that usually don't bother you.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. You did not feel like eating; your appetite was poor.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. You felt that you could not shake off the blues even with help from your family or friends.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. You felt that you were just as good as other people.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. You had trouble keeping your mind on what you were doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. You felt depressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. You felt that everything you did was an effort.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. You felt hopeful about the future.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9. You thought your life had been a failure.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. You felt fearful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Your sleep was restless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. You were happy.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>13. You talked less than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. You felt lonely.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. You enjoyed life.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>17. You had crying spells.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. You felt sad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. You felt that people disliked you.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. You could not get &quot;going.&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**To total:** Add all circled numbers in each column

**Total:**
A2. Maternal Mood Screener

Now I am going to ask you about your mood in your lifetime and in the last two weeks. I will ask you “In your lifetime, have you ever had two weeks or more during which you felt like this?” You will answer with the words “Yes” or “No” or if you need a statement repeated, please let me know.

<table>
<thead>
<tr>
<th></th>
<th>In your lifetime, have you ever had two weeks or more during which you:</th>
<th>Criteria for Lifetime MDE</th>
<th>Have you had these problems nearly every day in the past two weeks?</th>
<th>Is this only due to the pregnancy?</th>
<th>Criteria for Current MDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>If yes to Part A go to Part B</td>
<td>If yes to any section in A mark ✶</td>
<td>If yes to Part B ask C</td>
<td>If yes to any section in B and not due to pregnancy mark ☒</td>
<td></td>
</tr>
</tbody>
</table>

1. Felt sad, blue, depressed most of the day nearly every day?
   - No
   - Yes ✶
   - No
   - Yes

2. Lost all interest and pleasure in things you usually cared about or enjoyed?
   - No
   - Yes ✶
   - No
   - Yes

3(a). Lost or gained your appetite?
   - No
   - Yes
   - No
   - Yes

3(b). Lost weight without trying to – as much as two pounds a week for several weeks (or as much as 10 pounds altogether)?
   - No
   - Yes
   - No
   - Yes

3(c). Gained weight without trying to – as much as two pounds a week for several weeks (or as much as 10 pounds altogether)?
   - No
   - Yes
   - No
   - Yes

4(a). Had trouble falling asleep, staying asleep, or waking up too early?
   - No
   - Yes
   - No
   - Yes

4(b). Were sleeping too much?
   - No
   - Yes
   - No
   - Yes

5(a). Talked or moved more slowly than is normal for you?
   - No
   - Yes
   - No
   - Yes

5(b). Had to be moving all the time, that is, couldn’t sit still, paced up and down?
   - No
   - Yes
   - No
   - Yes

6. Felt tired or without energy all the time?
   - No
   - Yes
   - No
   - Yes

7. Felt worthless, sinful, or guilty?
   - No
   - Yes
   - No
   - Yes
Maternal Mood Screener (continued)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>1</th>
<th>B</th>
<th>C</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8(a). Had a lot more trouble concentrating or making decisions than is normal for you?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>8(b). Your thoughts came much slower than usual or seemed mixed up?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>9(a). Thought a lot about death – either your own, someone else’s, or death in general?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>9(b). Wanted to die?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>9(c). Felt so low you thought about committing suicide?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>(Ask questions as follows)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9(d). Have you ever attempted suicide?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>(Ask only if endorses 2 or more problems)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did several of these problems happen at the same time?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
<tr>
<td>11. Did these problems interfere with your life or activities a lot?</td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">No</a></td>
<td><a href="#">Yes</a></td>
<td><a href="#">Yes</a></td>
</tr>
</tbody>
</table>

Enter the number of boxes checked in each column.

# ✩ marked ______
# ○ marked ______
**A3: Quick Mood Scale**

**Instructions:** Track your mood every day using the Quick Mood Scale. 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/her moods. Every night, before going to bed, circle the number (between 1 and 9), which indicates how you feel on that day. There is no right or wrong answer.

- If your **mood is average**, (neither 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**

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEST MOOD</strong></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
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<td>6</td>
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<td>6</td>
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<td>6</td>
</tr>
<tr>
<td><strong>AVERAGE</strong></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<tr>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>WORST MOOD</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>