

**Community-engaged clinical science:**


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**Modified interventions for depression and revictimization following interpersonal violence**

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2009-2012 Undergraduates

**Acknowledgements**



**Partners**

- Aurora Mental Health Center
- Denver Human Services
- Arapahoe County Human Services
- Adams County Human Services
- Victim Services Network
- Residential Treatment Centers

**Funding:**

- National Institute of Justice, Office of Justice Programs, US Department of Justice\*
- University of Denver
- National Institute of Mental Health




**Participants**

\* The opinions, findings, and conclusions or recommendations expressed in this talk are those of the author and do not necessarily reflect those of the Department of Justice.

**Agenda**

Time	Topic
11	Set workshop in context
	Basic research informing interventions
	Research-informed interventions modifications for depression
13:20	Lunch break
13:50	Nuts and bolts
	Extensions to Revictimization
15:50	End for coffee!

**Context:**  
University of Denver  
Denver, Colorado

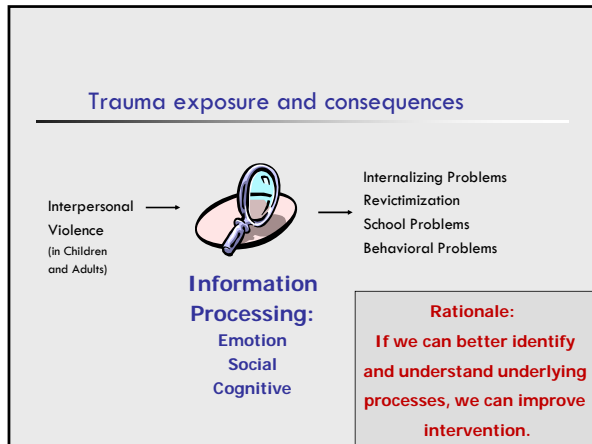
**Founded: 1864**  
**Undergraduates: 5,324**  
**Graduates: 6,004**

**Traumatic Stress Studies Group**  
Psychology Department









### Unique, related challenges for victimized youth & adults

- Depression
- Revictimization

### Depression

- Interpersonal violence, particularly child abuse, linked to increased risk for major depression in adolescence and adulthood (Kaplow & Widom, 2007; Kendler et al., 2000; Kendler, Gardner, & Prescott, 2002; Kendler, Kuhn, & Prescott, 2004).
  - sexual and/or physical violence (Brown et al., 1999; Fergusson, Horwood, & Lynskey, 1996; Kaplow & Widom, 2007; Kendler et al., 2002; Putnam, 2003);
  - psychological maltreatment (Harper & Arias, 2004);
  - witnessing domestic violence (Sternberg et al., 1993).

### Revictimization

- Women exposed to violence in youth are at increased risk of exposure to later violence
  - particularly when early violence is perpetrated by a close other (e.g., parent or caregiver)
    - e.g., Arata, 2002; Classen et al., 2005; DePrince, 2005
  - Risk detection
    - Marx, Calhoun, Wilson, & Meyerson, 2001; Wilson et al., 1999

### Thinking about treatment...

- Previous violence exposure moderates
  - Depression treatment outcomes
    - Asarnow et al., 2009
    - Barbe, Bridge, Birmaher, Kolko, & Brent, 2004
    - Nemeroff et al., 2003
    - Shirk et al., 2009
  - Violence prevention outcomes
    - Breitenbecher & Gidycz, 1998
    - Hanson & Gidycz, 1993
    - Marx, Calhoun, Wilson & Meyerson, 2001

### Can basic research inform why violence might moderate outcomes?

- If so, can this inform who we adapt interventions?
  - Trauma-related cognitions
  - Executive functions

### Why trauma-related beliefs?

- Betrayal
- Alienation
- Fear
- Shame
- Self-blame
- Anger

DePrince, Zurbriggen, Chu, & Smart (2010, *J. of Aggression and Maltreatment*).

### Trauma-related beliefs and depression

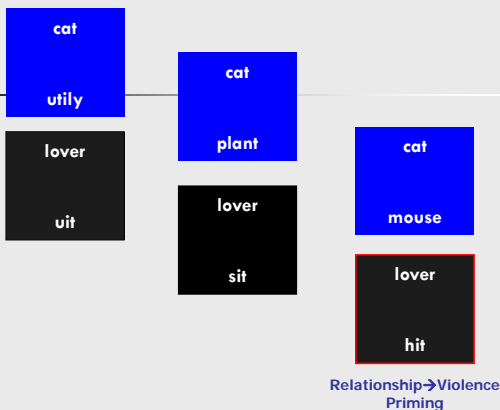
- Self-blame
  - Brown & Kolko, 1999; Feiring, Taska, & Lewis, 1998
- Shame
  - e.g., Kaysen, Scher, Mastnak, & Resick, 2005

### Trauma-related beliefs and revictimization

- Interpersonal Schema Theory (Cloitre et al., 2002)
  - Early violence → beliefs that relationships involve harm
    - *What is the evidence of these beliefs in early, automatic processing?*

### Lexical decision-making task

- Asked to make key press to indicate whether words were "real" or not.



### Trial Types

#### Prime-Target

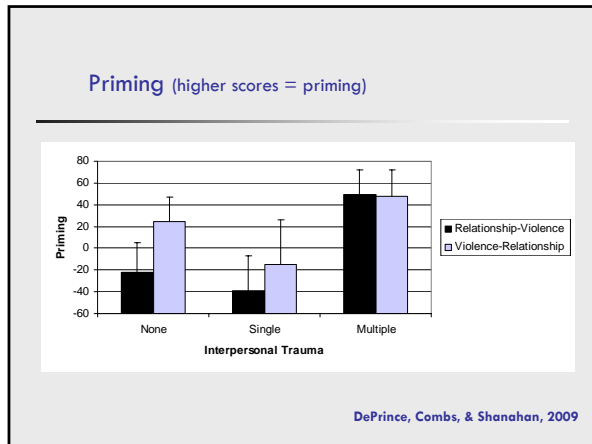
- Violence-Relationship (VR)
- Neutral-Relationship (NR)
- Violence-Neutral (VN)
- Semantically related (SEM)
- Semantically unrelated (UR)
- Relationship-Violence (RV)
- Neutral Violence (NV)
- Relationship-Neutral (RN)

#### Zurbriggen (2000)

- $V \rightarrow R$  Priming =  $NR - (VRa + VRb) / 2 - UR1 + VN$
- $R \rightarrow V$  Priming =  $NV - (RVa + RVb) / 2 - UR2 + RN$

Violence	Relationship
Scream	Affection
Slap	Date
Agony	Beloved
Betray	Cherish
Abused	Dearest
Molested	Passion
Fright	Engagement
Yell	Spouse
Beat	Commit

DePrince, Combs, & Shanahan, 2009



Is Relationship  $\rightarrow$  Violence priming associated with the number of close interpersonal traumas reported?

Variable	SE(B)	Beta	t
<b>General distress</b>	.02	.45	4.20***
Dissociation	.03	-.07	-.63
V $\rightarrow$ R Priming	.002	-.16	-1.36
<b>R <math>\rightarrow</math> V Priming</b>	.001	.26	2.20*

DePrince, Combs, & Shanahan, 2009

- Consequence or cause?**
- Consequence:
    - As the number of close victimizations increase, women learn to expect that close relationships involve violence.
  - Cause:
    - Automatic relationship  $\rightarrow$  violence associations may increase the likelihood that women expect violence in relationships and therefore behave differently (e.g., stay in relationships, feel disempowered to leave) relative to their peers.

- Why Executive Functions (EFs)?**
- Disruptions in executive function (EF)
  - EFs include a range of cognitive skills involving
    - the ability to shift, inhibit and focus attention;
    - manipulation of information in working memory;
    - self-monitoring;
    - generation of hypotheses.

**How do you do on these tasks?**

- Please answer a few questions...

What's a 3 letter word for the opposite of bottom?

What do you do with an ax?

---

What do you use to wash a floor?

---

What do you do at a green light?

---

- Inhibition
- Imagine relevant situations

What do we know about violence and EFs?

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- Women exposed to intimate violence
  - Stein et al. (2002)
- PTSD versus no-trauma exposure in children
  - e.g., Beers and DeBellis (2002)
- Severe physical abuse in children
  - e.g., Pollack et al., (Pollak et al., 2000).
- Not much research on community samples exposed to violence

Why might family/intimate violence relate to  
EF problems?

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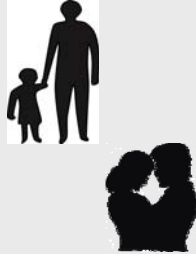
Via demands of abusive family environments

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- When dependent on an abusive caregiver,
  - victim is often powerless to control the violence or leave the relationship.
- Awareness of threat cues may result in deleterious consequences,
  - such as increased stress, decreased attachment to caregivers, or increased conflict.
- Use attention strategies to avoid cues

### Betrayal Trauma Theory

- Humans are good at detecting betrayal (e.g., harm by others).
- But, detecting betrayals may be counterproductive under some conditions.
  - when victims are dependent on a caregiver
    - e.g., some child abuse, intimate partner violence



### Via psychological symptoms associated with family violence

- Dissociation
  - Lack of integration
  - Associated with attention and EF performance
    - DePrince & Freyd, 1999, 2001, 2004; Cromer, Stevens, DePrince, & Pears, in press

### Via direct effects: Traumatic Brain Injury

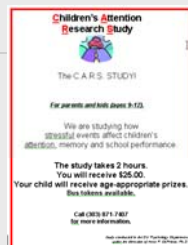
- Family violence (FV) associated with mild TBIs
  - Jackson et al., 2002
  - 72% of women exposed to IPA report lifetime head injury (DePrince et al., in preparation)

### Via genetic vulnerability

- Genetic vulnerability

### EF and violence

- Community Sample
  - Guardians responded to flyers advertising the Children's Attention Research Project
  - Children ages 9-12



DePrince, Weinzierl, & Combs (2009)

### Sample

- Trauma group status assigned based on UCLA-PTSD Index Parent Report
  - Family violence: n=44
    - Sexual abuse, physical abuse, or witnessing domestic violence
  - Other trauma: n=38
    - e.g., motor vehicle accident, medical trauma
  - No trauma: n=28

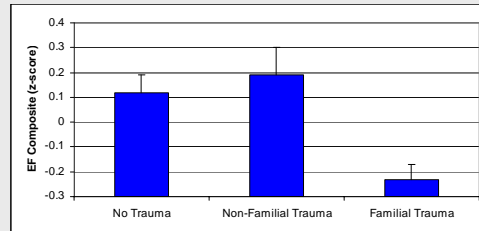
DePrince, Weinzierl, & Combs (2009)

### Assessing executive function

- Composite
  - Working memory
    - Wechsler Intelligence Scales for Children subscales: Letter-number sequencing, Arithmetic, Digit span
  - Inhibitory Control
    - Gordon Diagnostic System: Vigilance and Distractibility errors
  - Auditory Attention
    - Brief Test of Attention
  - Processing Speed
    - WISC: Symbol Search

DePrince, Weinzierl, & Combs (2009)

### EF Composite (lower scores=poorer performance)



DePrince, Weinzierl, & Combs (2009)

### EF and Depression

- Makes sense because:
  - Reciprocal relations between brain regions that control EFs and emotional regulation systems (Mohlman, 2004, 2005)
  - Several core symptoms of MDD and DD involve EF problems
    - For example, ruminations can be construed as EF failures to inhibit or shift attention away from negative thoughts.

### Implications

- EF problems might make it hard to...
  - Take advantage of depression treatment
  - Stop negative thoughts
- But what about revictimization?
  - Executive function performance linked to number of familial traumas (DePrince et al., 2009)



### Revictimization and Risk Detection

- Process and respond to danger cues
  - Marx and colleagues

### Risk Detection: Deontic Reasoning

- Reasoning about "what one may, ought, or may not do in a given set of circumstances" (Cummins, 1996a, p. 161)
  - Social contract
  - Safety
- Critical to navigating social relationships and institutions

### Descriptive Reasoning

- Reasoning about some description of the world
- Difficult!
  - Children as young as 3-4 (as well as grown-ups) are better at detecting violations of deontic than descriptive rules.
    - (e.g., Cosmides, 1989; Cosmides & Tooby, 1992, 1997; Ermer et al., 2006; Klaczynski, 1993; Light, Blaye, Gilly, & Giroto, 1989; Cummins, 1996b; Núñez & Harris, 1998).

### Wason Selection Task

- Rules in the form: **If p, then q.**
- 4 cards, see information on one side, but not the other:

### Descriptive

The following rule describes the cards below: "If a card has an 'A' on one side, then it has a '3' on the other side."

Each card below has a letter on one side and a number on the other. Which of the following cards would you definitely need to turn over to see if any of these cards violate the rule: "If a card has an 'A' on one side, then it has a '3' on the other side?"

Do not turn over any more cards than are absolutely necessary.

### Safety Problem

Parents who own guns are told, "If you keep your guns in the house, then unload them."

You want to see whether people ever break this rule, so you checked what four households did. The cards below represent four families who own guns. Each card represents one family; all these families own guns. One side of a card tells whether or not that family keeps their guns in the house, and the other side tells whether or not the guns have been unloaded. Which of the following cards would you definitely need to turn over to see if any of these families are breaking the rule?

"If you keep your guns in the house, then unload them."

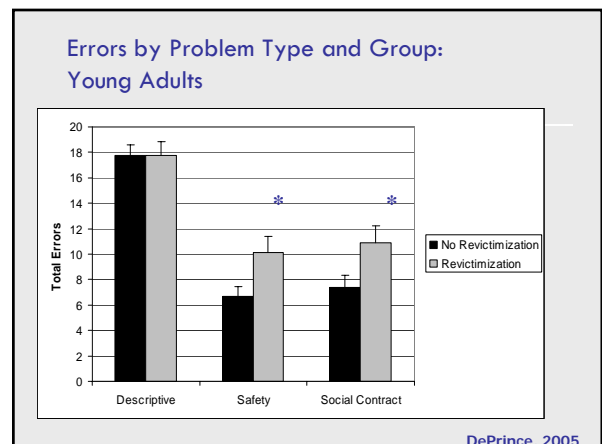
Do not turn over any more cards than are absolutely necessary.

### Social Contract Problem

The O'Brien's want their children to keep their rooms clean, so they made a rule: "If you watch TV, your room has to be clean."

You would like to find out whether any of the O'Brien's kids ever cheat on this rule. The cards below have information on what four of their kids did. Each card represents one kid. One side of the card tells whether that kid is watching TV and the other side tells whether that kid's room is clean. Which of the following cards would you definitely need to turn over to see if any of the O'Brien kids cheated on the rule: "If you watch TV, your room has to be clean."

Do not turn over any more cards than are absolutely necessary.



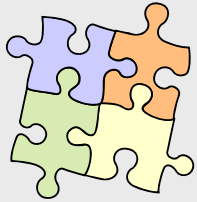



Process	Intervention Target
Fail to notice external danger cues (e.g., something in the environment, such as the expression on another person)	Increase EF to the environment (directing attention)
Fail to notice internal danger cues (e.g., one's own feelings of fear).	Increase EF to emotions; improve emotion labeling/awareness
Notice cue(s), but fail to maintain and use this information or become distracted; thus, multiple danger cues seem disconnected and unrelated.	Increase EF (working memory, interference control)
Notice danger and know what to do, but fail to change or inhibit current behaviors.	Increase EF (set-shifting; inhibition)
Notice danger, but have difficulty generating possible behavioral responses.	Increase EF (cognitive flexibility); increase knowledge of possible responses
Have difficulty planning or initiating a response.	Increase EF (planning); Practice generating ways to respond.

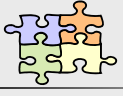
### Can EF problems be modified?

- Attention and mindfulness-based interventions
  - (e.g., Ma & Teasdale, 2004; Segal, Williams, & Teasdale, 2002; Teasdale et al., 2000; Mohlman, 2004; Papageorgiou & Wells, 2000; Siegle et al., in press).
- Teach clients better self-regulation of attention

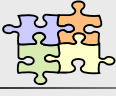
### Putting the pieces together?

- Trauma-related cognitions
  - Therapists like vary in the degree to which they talk about trauma-related thoughts in a standard CBT for depression intervention.
- **Our Modification:** Add sessions that address directly trauma-related cognitions



- Executive Function
  - Cognitive behavioral therapies (CBTs) rely heavily on EFs:
    - Noticing and evaluating thoughts: working memory
    - Introducing coping thoughts in lieu of negative thoughts: inhibitory control
  - To take advantage of CBT, clients may need help with attentional control first.
- **Our Modification:** Augment existing interventions with mindfulness-based interventions



- Attentional-control training
  - Employed with adults diagnosed with MDD (e.g., Papageorgiou & Wells, 2000; Siegle et al., in press)
  - Recommended with anxious adults (Mohlman, 2004).
- Mindfulness-based cognitive therapy (MBCT) used to address relapse prevention in MDD.
  - e.g., Ma & Teasdale, 2004; Segal, Williams, & Teasdale, 2002; Teasdale et al., 2000
  - Also used in anxiety disorders (see Orsillo & Roemer, 200X)

## A Primer Mindfulness/Acceptance-based Interventions

### CBTs

- Conceptualize clinical problems as learned, habitual, serving a function
  - Teach clients to understand difficulties and strategies for change
  - Increase behavioral flexibility
  - Increase awareness
  - Use out-of-session practice
  - Demonstrated efficacy with wide-range of problems
- Imagine for depression:*
- Identify negative automatic thoughts (NATs)
  - Understand thought-emotion-behavior links
  - Counter/restructure NATS
  - Behavioral activation
  - Coping thoughts

### Acceptance-based Behavioral Therapies (ABBTs)

- Acceptance and Commitment Therapy (ACT; Hayes et al., 1999)
- Dialectical Behavior Therapy (DBT; Linehan, 1993)
- Mindfulness-based Cognitive Therapy (MBCT; Segal et al., 2002)
- Integrative Behavioral Couples Therapy (IBCT; Jacobson & Christensen, 1996)

### ABBTs

- Targets relationship with internal experiences
- Target function underlying diverse presentations
- Target overall functioning more explicitly
- More explicit emphasis on flexibility

### What problems with internal experiences?

- Absent or impaired awareness
- Narrowed, restricted
- Reactive, critical, judgmental
- All can be considered aspects of "fused", "entangled", "hooked" relationship
  - e.g., Seeing experience as indicator of Truth

**What might these correspond to in depression or revictimization?**

Baer et al., 2006; Mennin, 2005; Wells, 1994; Leischetzke & Eid, 2003

### Mindfulness

- Paying attention in a particular way
  - On purpose
  - In the present moment
  - Nonjudgmentally
- Kabat-Zinn, 1994

### Mindfulness

- Meditation in action
- What is the spirit of mindfulness?
  - Be here now
  - Allow life to unfold without prejudgment
  - Be open to an awareness of the moment as it is and what the moment holds
  - Relaxed state of attentiveness to both our inner world of thoughts and feelings, as well as our outer world of actions and perceptions

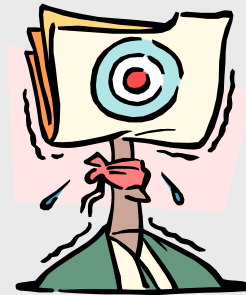
### Characteristics of Mindfulness

- Mindfulness is...
  - Mirror thought
    - Reflects only what is presently happening and in exactly the way it is happening
  - Non-judgmental observation
    - Ability of the mind to observe without criticism
  - Impartial watchfulness
    - The mind does not take sides, does not get hung up... the mind just perceives.
  - Nonconceptual awareness
    - The mind registers experiences, but does not compare them. The direct, immediate experience of what is happening without the medium of thought, reflection, memory

### Characteristics of Mindfulness

- Mindfulness is...
  - Present-time awareness
  - Goal-less awareness
  - Non-egoistic alertness
  - Awareness of change
  - Participatory observation

### What happens when we are not mindful?



### Non-Mindfulness...

- Examples that relate to psychological distress:
  - Believing our thoughts
    - "I will fail"
    - "I'm unlovable"
    - "This is hopeless"
  - Following our feelings/fighting our feelings
    - Avoiding painful feelings
    - Ruminating in bad feelings
    - Following anxious thoughts to an anxiety attack

### So, if mindfulness is:

- Mirror thought
- Non-judgmental observation
- Impartial watchfulness
- Nonconceptual awareness
- Present-time awareness
- Goal-less awareness
- Non-egoistic alertness
- Awareness of change
- Participatory observation

***Why might a lack of these things be linked to depression or revictimization?***

## Data on mindfulness-based interventions

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- MDD
  - e.g., Papageorgiou & Wells, 2000; Siegle et al., 2007
- Anxiety disorders
  - e.g., Romer & Orsillo, 2010; Mohlman, 2004
- BPD
  - e.g., Linehan and colleagues
- Data more limited with youth

## What we go interested in....

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- Siegle et al. (2007)
  - Clients randomly assigned to receive **attentional training** showed the following changes from pre- post-treatment:
    - decreases in depressive symptoms,
    - increased dorsolateral prefrontal cortex (DLPFC) activity in response to difficult executive function tasks,
    - increased amygdala response to positive stimuli.

- Papageorgiou and Wells (2000)
  - 4 clients completed increasingly difficult **auditory monitoring exercises** designed to increase attention control over the course of five sessions.
  - Using a multiple baseline design, clients showed improvements on depression and anxiety measures, with scores dropping from clinical to non-clinical range;
    - effect sizes were large ( $d=3.7-6.3$ ).
    - gains were maintained 12 months post-treatment.

- Mindfulness-based cognitive therapy (MBCT, formerly called attentional control training)
  - to treat depression and relapse prevention following MDD.
  - Randomized clinical trials with adults, MBCT has repeatedly demonstrated decreased relapse rates relative to TAU (e.g., Ma & Teasdale, 2004; Segal, Williams, & Teasdale, 2002; Teasdale et al., 2000).

- MBCT targets EFs by teaching clients to increase
  - concentration;
  - awareness of thoughts, feelings, bodily sensations;
  - attention to the present (e.g., versus ruminations about the past or worries about the future).

- Limited trials with kids (see Semple, Lee, & Miller, 2006).
  - Feasibility studies (e.g., Semple et al., 2005) demonstrate that mindfulness can be taught in developmentally appropriate ways for youth.

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## DEPLOYMENT-FOCUSED TREATMENT DEVELOPMENT

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### Deployment-focused (Weisz et al., 2004)

- Basic idea:
  - treatment development should integrate community practice perspectives;
  - “clinic-ready” treatments are constructed by involving practitioners who treat referred youth in real world clinics;
  - evidence for treatment effects is evaluated in clinics with referred rather than recruited youth.
    - This approach should increase the probability of successful application of the new treatment in clinical practice settings.

### Aurora Mental Health Center



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### Aurora-Adolescent Mood Project (A-AMP)

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#### Phase 1

- Initial manual
- One-day meeting with therapists
  - Dr. Liz Roemer did a ½ day training on mindfulness-based interventions
- Weekly meetings with therapists
  - Discussed sessions in depth
  - Made revisions to manual

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#### Phase 1

- 2 clients
  - Maria and Ana

### Mindfulness Skills

Session Number	Adolescent Mood Project (AMP)	Modifications (AAMP)
1	Introduction to Therapy, Depression, and Mood Monitoring"	Introduction to Therapy, Depression, and Mindfulness
2	Introduction to Automatic Thoughts	Mindfulness: Learning to Observe
3	Countering Negative Automatic Thoughts	Mindfulness of Sights and Sounds: Learning to Describe
4	Cognitive Restructuring Revisited	Mindfulness Now: Learning to Participate



### Meeting 1

**But, we don't have to be on autopilot – we can be an ACTIVE PILOT!**

**How can we get on active pilot? Mindfulness!**

- Mindfulness is a way to "pay attention in a particular way, on purpose, in the present moment, and non-judgmentally"
- This means we can pay attention to what we want to, when we want to, and without beating ourselves up.

**Becoming mindful – or getting ourselves on active-pilot – is like building up our attention muscles.**

- Just like a world class athlete, we have to work out and train our attention muscles.
- By learning "mindfulness", you're going to learn to direct your attention on purpose with a focus on where you are right in that moment and without being hard on yourself.

**Why is mindfulness important for depression?**

- Mindfulness can help you deal with the kinds of thoughts and feelings that are part of depression.

Meeting 1 - Personal Project  
Mood Monitoring: Learning to Observe

1 The What 2 The When 3 The Where 4 The How 5 The What Average

**Observing Your Mood**

Day	Date	Mood Rank (1-5)	Notes about the Day & Changes in Your Mood (Make sure you are being specific! You need to describe the time, place, length, items, sleep, etc. that you see & describe in your own words.)

### You Try! Role Play

- Groups of 3
  - 1 client, 1 therapist, 1 observer
- Client:** 20 year old female who meets criteria for Major Depressive Disorder. Long-standing history of depression; treatment hasn't worked before; discouraged about trying treatment again, but boyfriend made you call therapist. Not sleeping, can't concentrate, don't want to go out with friends. Starting to miss work because feel too ill to go.
- Therapist:** Introduce mindfulness...find a metaphor that works for client to illustrate concept.
- Observer:** Observe and offer feedback.

### Meeting 2

When we practice building up observing muscles, our thoughts can wander off to focus on other things (maybe memories or feelings or thoughts about the future).

- Your attention may wander... like sheep. If this happens, what should you do?
  - Notice your thoughts straying
  - Don't be hard on yourself.
  - Bring your thoughts back to the thing you want to focus on.


**Seeing Exercise**

- We can look at things without really seeing them. We're going to practice noticing details, like colors, around us. You might notice things you never saw before!

**Breathing Exercise**

- Noticing our breath is like noticing how the wind blows – which branches does it move? What directions does it travel in?

**Meeting a Personal Project:  
Observing, Seeing, and Breathing: Mood Monitoring**



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	1	2	3	4	5	6	7	8	9
	The	Was	Was	Was	Average	Was	Was	Was	The
	Was	Was	Was	Average	Average	Was	Was	Was	Was


Day	Mood Rank: [1-9]	Did Seeing Exercise?	Did Breathing Exercise?	Notes about:


Notes about:  
 • The day's changes in your mood [do not use things that happen prior to exercise time, unless you're then aware that you're doing this as part of an exercise]  
 • How the variety of breathing exercises went

### Meeting 3


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- Once you start following **judging** thoughts, you're on autopilot again. We can think of a **judging** thought as a runway to autopilot.
 


- We're going to practice describing without judging.
  - If you saw a blue chair, you could say either:
 



"That's an ugly chair that no one would ever want to sit in."





"The chair is a light shade of blue with wheels."

Same chair, but one statement is judging, the other just describes.


### Meeting 4

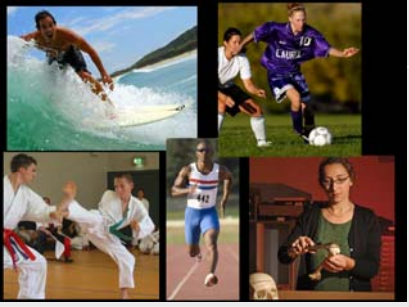
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Autopilot takes us...  
to the past...      ...or the future

- Have you ever found yourself worrying lots about things that have happened in the past or about things that might happen in the future?  
That's auto-pilot!
- We're going to work on learning to be in the present (right here, right now)





### Meeting 4

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**Client:** Our soccer team is pretty bad, and we won a game, and I was in a pretty good mood, and then my sister started talking about everything that was going in the house, and everyone was all happy, but then I was all mad and everything. And really quiet. But I should've been happy, because we had just won a game.

**Therapist:** Yeah – your mind switched into autopilot. We want you to build those muscles so you can be where you really are.

*You Try! Role Play*

- Continue in groups of 3
  - 1 client, 1 therapist, 1 observer
- **Therapist:** Bring together concepts from sessions 1-4 to make case for 'participation' in behavioral activation.
- **Client:** Use some judging language about self to give therapist a shot at addressing!
- **Observer:** Observe and offer feedback.

Mindfulness of Thoughts

Session Number	AMP	A-AMP
5	Introduction to Stress Management	Mindfulness of Thoughts
6	Engaging in Pleasant Activities as a Positive Coping Mechanism	Noticing Thoughts: Hey, they're not facts!
7	Obstacles to Engaging in Pleasant Activities	What to do with all the fish in the fish tank?

Meeting 5-7

- Meeting 5
  - Introducing negative automatic thoughts (NATs)
- Meeting 6
  - Noticing thoughts...not facts
- Meeting 7
  - What to do with all those thoughts?

Meeting 7

• **Just notice them.**

Imagine that those thoughts racing around your head were fish.



If you noticed a fish in a fish tank, you wouldn't put the fish in! Or put it on a hook or try to make it change colors.



You'd just watch it swim around. You probably wouldn't feel particularly stressed or sad. And you might even feel ok watching the fish swim around its tank.

You can do the same things with your thoughts. Like fish in a fish tank, don't try to pull them or poke them or catch them or hook them or push them... just let them swim on by.






Now imagine that a fish sees you looking at it. What would the fish do? The fish might swim away or go behind a rock.

• **The same thing can happen when we notice thoughts! Just noticing thoughts can sometimes change or move them. They might change or get quieter.** Just noticing can be enough to bring us back to the here now... getting us off or out of it.

Meeting 7

• **You can shift your attention to something else.**


Instead of watching the thoughts in your head, you can observe other things... like colors or sounds!

Meeting 7

• **You can shift your attention to more helpful thoughts.**

You can ask yourself, "What thoughts would be **more helpful** to me right now?"



These might not be permanent solutions – just thoughts to help you get through tough moments.

Using the attention muscles you've been building, you can practice coming up with and focusing on more helpful thoughts! Sometimes we call these helpful thoughts **COPING thoughts**.

Coping thoughts are important because... sometimes there are stressful situations that are just plain tough, and the NATS run wild.



*You Try! Role Play*

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- Rotate!
  - Observer move to group to the right
  - Observer become client; Client become therapist; Therapist become observer
- **Client:** Same client...Give therapist a run-down of event that prompted depressed mood this week.
- **Therapist:** Pull together options for what to do in response to NATs.
- **Observer:** Observe and offer feedback.

Session Number	AMP	A-AMP
8	Building a Strong Social Support System	Mindfulness of thoughts and emotions about traumas and stress
9	Mini-modules	More on Mindfulness of Trauma-related Thoughts and Emotions
10	Mini-modules	Mindfulness of relationships
11	Mini-modules	Participating Mindfully in Relationships
12	Where Have We Come From and Where Do We Go From Here?	Where have we been...and where do we go? Staying on ACTIVE-PILOT!

Meeting 8

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T-NATS	Feeling	Have I noticed these NATs or feelings?
"I feel dirty inside. We feel bad about who we are inside. This might include feeling dirty, feeling low self-esteem, not liking (or even hating) ourselves."	Shame	✓
"It (the trauma) was my fault. We blame ourselves for what happened, telling ourselves that we should have done more, or even being mad at our bodies for how they responded to the abuse."	Self-blame	
"I am scared every time my boyfriend/girlfriend kisses me that something bad will happen."	Fear	
"Someone who should have watched out for me didn't, now I can't count on anyone."	Betrayal	
"I get so angry that I don't know what I'm going to do."	Anger	

What other T-NATS or FEELINGS have you noticed?

Meeting 8

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**So, imagine if you said to yourself:**


*"I should have done more to stop what happened"*

**OR:**

*"I did the best I could"*

How would each thought affect your mood? Your behaviors? Your heart?

Sometimes, we end up judging ourselves when it comes to these stress or trauma-related NATs. It takes lots of practice to just describing how we feel without judging. How we feel isn't good or bad, smart or dumb...it's just how we feel! By just noticing and describing, we can keep ourselves on active-pilot...and don't have to follow autopilot into all sorts of unhelpful thoughts and feelings.



Meeting 9


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Last week, you started mapping T-NATS. What did you notice?

- Are they similar to regular NATs?
- Do they pop up at certain times?
  - For example, when you're alone or with other people?
- Are they easier or harder to notice than regular NATs?

Once those violence and trauma-related NATs get buzzing, what happens to your heart, body and mind?

Like links in a chain, these NATs can set off other thoughts, emotions, and behaviors...which then set off other thoughts, emotions, and behaviors.



*You Try! Role Play*

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- **Client:** Same client...Give therapist a run-down of event that prompted depressed mood this week; tie to T-NAT.
- **Therapist:** Facilitate discussion of T-NAT and impact
- **Observer:** Observe and offer feedback.

Meeting 10



Problems in relationships can contribute to negative moods, NATS, and depression.

Just like when we go on autopilot and our thoughts drive our feelings and behavior, the same thing can happen with thoughts about relationships.

For example, if someone thought, "No one will ever love me because of what happened to me..."

- o How would this person feel?
- o What would this person do?
- o How would this person act with a boyfriend or girlfriend?

To figure out this relationship stuff, though, we have to put our mindfulness skills to the test. In particular, we need to describe relationships – how we feel and what we think about them – without judging!

Meeting 10

Meeting 10 - Personal Project

Mindfulness of Relationships

Day	Event (1-7) Person Location Time Who's there	Relationship Situation that affected my mood	Non-judging description of the people in the situation	What I'm feeling	What I'm thinking

Meeting 11

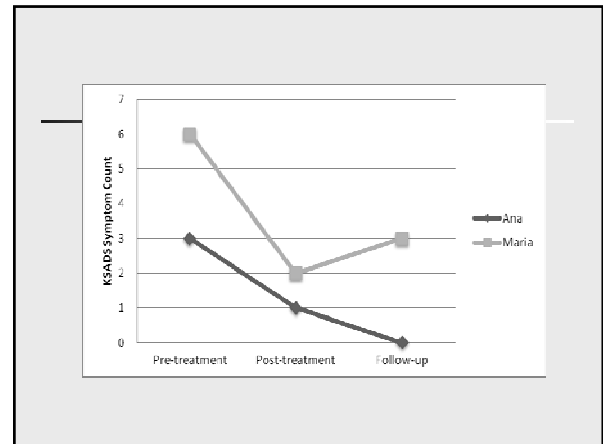
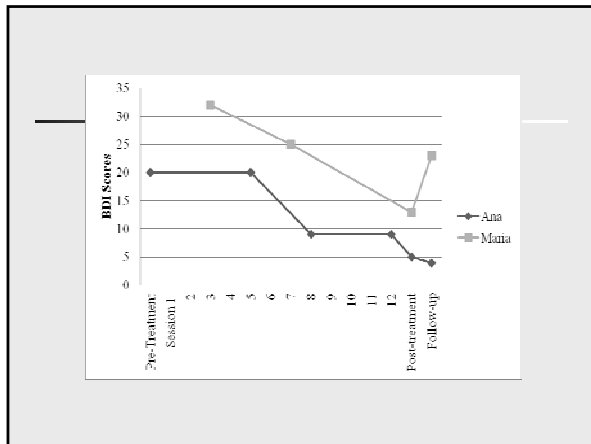
What I'm trying to do	Things to do to help me succeed	Tips	What attention skills I need
<b>Meeting people</b> Be mindful of my own body language	Be mindful of my body language. If you're attracted by how the person will react (a smile, etc.), you will be less aware of how your body appears.	Smile - don't look friendly? Eye contact Say a greeting Introduce yourself	Notice what I see and how I believe
<b>Mindfulness of myself</b>	Be mindful of what I say	Ask the person's name Ask their hobbies or you or making eye contact with you? Did they say hello to you? Are you in the same situation? (Walking on line together, waiting for the bus, sitting at a table, etc.)	Notice other people's and notice: noticing the things you're in in the situation.
<b>Starting a conversation</b>	Wait for a good time, read their face	Do you notice what their face is making? "You're a really big fish" "You have gotten so much homework, before or after class?" "How did it go today?" "I got this class boring!"	Notice what I'm going on around me
<b>Mindfulness of the other person and situation</b>	Make a comment about them or about what is going on around you	Ask a question about what is going on around you, such as "Have you ever been there in concert before?" "I got this class boring!"	

Meeting 12

You Try! Role Play

- Rotate!
  - Observer move to group to the right
  - Observer become client; Client become therapist; Therapist become observer
- Client: Same client...Give therapist an interpersonal conflict to work with.
- Therapist: Address conflict through mindfulness lens!
- Observer: Observe and offer feedback.

Is it working?



Phase 2

- Randomized control trial
  - Comparing mCBT to TAU

Please visit us at [mysite.du.edu/~adeprinc](http://mysite.du.edu/~adeprinc)

Quarterly newsletters on our research for our community partners:  
<http://mysite.du.edu/~adeprinc/news.html>

The screenshot shows a web browser window displaying the website for the Traumatic Stress Studies Group. The page features a header with the group name, a 'Welcome!' message, and a brief description of the group's research and location at the University of Denver.