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# TABLE OF CONTENTS

**INTRODUCTION TO THE MOTHERS AND BABIES COURSE** ....................................................... v  
The Mothers and Babies Course Preface: Origins of this Manual ........................................... vi  
Organization of the Mothers and Babies Course .................................................................... x  
Postpartum Depression: Overview ......................................................................................... xi  
Prevention of Perinatal Depression ....................................................................................... xv  
Considerations of Use of this Manual for Clinical Purposes ................................................... xv  
Initial Considerations in the Mothers and Babies Class .......................................................... xix  
Clinical Issues Common to All Modules ................................................................................ xxiv  
A. Information for Instructors ............................................................................................... xxiv  
B. Psychopathology: History and Current Symptomatology ................................................. xxvi  
C. The Experience of Motherhood ......................................................................................... xxvii  
D. Diversity Issues: Culture, Class, Discrimination ............................................................. xxviii  
Sections Common to All Modules ............................................................................................ xxxii  
General Contents of a Class .................................................................................................... xxxiii  
I. Announcements and Agenda ............................................................................................... xxxiv  
II. General Review .................................................................................................................. xxxv  
III. Personal Project Review .................................................................................................... xxxvi  
References ............................................................................................................................... xxxviii  
Recommended Readings and Resources ................................................................................ xliii  

**APPENDICES**  
Appendix A: ............................................................................................................................. xlvi  
A1: Quick Mood Scale ............................................................................................................ xlvi  
A2: The Personal Reality of Management Model ................................................................. xlvii  
Appendix B: Overview of MB Course Materials ................................................................. xlviii  
Appendix C: Course Evaluation Form ..................................................................................... xllix  
Appendix D: Instructor Fidelity Forms: Classes 1-8 ............................................................... li
THE MOTHERS AND BABIES COURSE

Class # 1 – Introduction to the Mothers and Babies Course……………………………..1.1 to 1.31

Thoughts Module:
Class # 2: Thoughts and my mood.................................................................2.1 to 2.29
Class # 3: Fighting harmful thoughts and increasing helpful thoughts that affect my baby and myself.................................................................3.1 to 3.18

Activities Module:
Class # 4: Activities and my mood.................................................................4.1 to 4.14
Class # 5: Pleasant activities help make a healthy reality for my baby and myself....5.1 to 5.15

Contacts With Other People Module:
Class # 6: Contacts with other people and my mood........................................6.1 to 6.17
Class # 7: How to get support for me and my baby........................................... 7.1 to 7.14
Class # 8: Planning for the Future and Graduation..............................................8.1 to 8.12
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 the students (in the case of a preventive course) or the patients (in the case of treatment) better ways to manage their mood. We do this by having them learn to modify their thinking (their internal reality) and their behavior (through which they can modify their external reality). The description below traces the origins and evolution of this manual.

The first version of this manual was developed for a randomized controlled trial that determined 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 entitled Control Your Depression (Lewinsohn, Muñoz, Youngren, & Zeiss, 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. Excerpts of the course can be found in Appendix A of The Prevention of Depression: Research and Practice, by Muñoz and Yu-Wen Ying (1993) and at the UCSF website (http://www.medschool.ucsf.edu/latino/manuals.aspx). The development of several other manuals, including the current one, is depicted in Figure 1.

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, entitled “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 between health issues and depression because primary care physicians were often the individuals who 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 developed 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 is to identify groups 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 pre and postpartum periods. 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 (MB) Course. The primary aim of this course is to teach and enhance mood-management skills and maternal self-efficacy in mothers-to-be. The intervention includes a 12-week course during pregnancy and four “booster sessions” that take 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.

The 8-week adaptation to 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 efficacy 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 qualitative 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).

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; these were overseen by Tamar Mendelson—who was also a postdoctoral fellow and trained with Muñoz— and reviewed by 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.

The current version of the 8-week 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 in 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.
The Mothers and Babies Course includes two parts: a) an instructor’s manual, and b) 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 process, 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 appendices section provides materials that instructors can reproduce, including the quick mood scale and the reality of management model, which can be enlarged as posters shown in each class (Appendix A). Table 1 provides an overview of the materials needed for each course (Appendix B); This information is also listed at the beginning of each class. In addition, the Course Evaluation Form can be completed by each participant at the end of each class, so that instructors can get a sense of participant feedback (Appendix C). This form should be anonymous. Finally, instructors and raters can complete the Instructor Fidelity Form, which provides an overview of whether the instructors adhered to the materials for each session; these forms are provided for each class (Appendix D).

**The Participant's Manual:**

- It 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, especially pregnant women as they prepare to enter motherhood, new mothers, and to their children.
Perinatal 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 (Gavin et al., 2005; 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). In particular, women disadvantaged by poverty or racial and ethnic minority status are more likely to develop depression (Kessler, 2003) and postpartum depression (PPD) (Hobfoll et al., 1995; Rich-Edwards et al., 2006). Some investigators have found that women are equally likely to have high levels of depression during the prenatal as the postnatal period (Evans et al., 2001; Hayes et al., 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 Perinatal Depression
Research has consistently demonstrated that the strongest predictors of postpartum depression include previous history of psychopathology, especially a history of major depression and postpartum depression, and depression during pregnancy. Other risk factors include having few social supports, poor marital relationships, increased stressful life events, and obstetrics complications during pregnancy and birth (Campbell & Cohn, 1991; Collins et al., 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 (for reviews, see Beck, 2001; O’Hara & Swain, 1996). Although this brief summary does not implicate a single predominant risk factor, it suggests that a woman’s psychological adjustment before and during pregnancy is substantially related to postpartum depression.

Consequences of Perinatal Depression
It is well documented that depression during the perinatal period is a serious mental health problem for women, and its consequences may have negative implications for infants’ development and the mother-infant relationship (for reviews, see Goodman & Brand, 2009). 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., Murray, 1992). Studies suggest that these impairments persist even after postpartum depression remits (e.g., Gunlicks & Weissman, 2008). Children of depressed mothers also experience increased symptomatology, poorer school and work performance, and impaired social function well into adulthood (Weissman et al., 2006). 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). Overall, depression interferes with a mother’s ability to be a sensitive
and responsive caregiver, a consistent disciplinarian, emotionally available, and model positive affect (Goodman & Brand, 2009).

**Purpose of this Manual and Course**

Given the negative consequences associated with perinatal depression, we created the Mothers and Babies Course to evaluate whether we could reduce the number of new cases of major depressive episodes (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, internal) reality, and physical (objective, external) 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 typically attend prenatal classes in addition to taking the MB Course. Therefore, the majority of women enrolled in the MB course would obtain information about the normal course of pregnancy, how to prepare for the birth, breastfeeding, and general information on baby care, from those classes.
The Reality Management Approach: An Introduction

**Reality Management**
The Reality Management approach has developed over the last 30 years through work with patients at San Francisco General Hospital. Our patients face many challenges: economic limitations, class and ethnic discrimination, political obstacles to settling in their communities, 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 internal 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 external 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 presents a combination of the cognitive-behavioral approach and attachment/developmental model to provide coping strategies in the prevention of perinatal 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, 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 for 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 project” 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 8-week 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, 1969/82).

There is empirical evidence 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 misattunement to infant signals.

On the basis of these research findings, we incorporated into 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 affective bond following the baby’s birth. Similarly, throughout the eight lessons, we highlight forms of parenting that are conducive to the development of secure attachment in the infants. We discuss the relationship between perinatal depression and attachment in the three modules of the course (i.e., thoughts, activities, and people), and provide psychoeducation regarding the effects of perinatal depression on their mothering, the socio-emotional health of their children and the mother-child relationship.
Prevention of Perinatal 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 modules. 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. Similarly, instructors are also referred to as: group leaders, we, you, they. These words are used interchangeably throughout the instructor’s manual.

Considerations of Use of this Manual for Clinical Purposes

Although the MB course was designed and used for research purposes, the material in the instructor’s 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 xvii and xviii, 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 additional treatment 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. Instructors may need to modify the class format if the course will be used in a clinical setting. 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 participants 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 participants 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 xx 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 participants 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
participants 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 is usually led by two instructors and attended by 6-12 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 MB 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 novice instructors read this manual before each class and plan which sections will be covered in the class, and by whom. 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. Additional training can be provided by contacting the developers of this 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 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.

**Inclusion Criteria**
It is important to set a-priori exclusion and inclusion criteria for class members.

This 8-week course is intended for use with:
• Pregnant women and/or postpartum mothers with infants
• High risk for developing depression. High risk is defined as:
• 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.
• Scores of 16 or above on the Center for Epidemiological Studies - Depression (CES-D; Radloff, 1977) scale;
Note: The cut-off score of 16 was chosen because it is over one standard deviation from the national mean ($M = 8.4$, $SD = 8.7$; Sayetta & Johnson, 1980). This number 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

1) Having a past history of a major depressive episode (which ended at least one year prior to recruitment).

Low-risk women (defined as not having current or past history of a MDE and having a score below 16 on the CES-D) may be included if there is room in the class. As far as we have been able to ascertain, the MB Course has not produced negative effects on low-risk women, and many of them stated that they found it very useful.

Note: 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 MB study and did not demonstrate any additional contribution beyond that of the CES-D in the MB 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.

Exclusion Criteria

- Meeting criteria for other major mental disorders, being suicidal or psychotic, or needing mental health treatment; AND/OR

- Having major physical problems which could affect the pregnancy and thus likely to overwhelm whatever effect major depression might have on the pregnancy.

Note: 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.

Assessment Instruments

a) The Maternal Mood Screener (Le & Muñoz, 1997) was modeled after the Diagnostic Interview Schedule (DIS), 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.

b) 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
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 CESD (in English and Spanish) can be downloaded from: http://medschool.ucsf.edu/latino/manuals.aspx

c) **The Beck Depression Inventory, Second Edition** (BDI-II; Beck, Steer, & Brown, 1996). This is a 21-item self-report instrument that measures severity of depressive symptoms during a two-week time frame. Respondents are asked whether they’ve felt a variety of depressive symptoms in the last two weeks. Each item is scored on a four-point Likert scale, ranging from 0 to 3, with higher scores reflecting greater levels of depressive symptomatology. A total score of 0-13 is considered within the “minimal” range, 14-19 “mild”, 20-28 “moderate,” and 29-63 “severe” depressive symptoms. The BDI-II is a widely used measure in community and ethnically diverse samples, including Latino samples, with good psychometric properties (Beck, Steer, & Garbin, 1988; Bonicatto, Dew, & Soria, 1998; Penley, Nwosu, & Weihe, 2003). This can also be used instead of the CES-D.
Initial Considerations in the Mothers and Babies Course

The course structure consists of three modules focusing on thoughts, activities, and contacts with people. A 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 (see p. ii for the list of all classes). 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 12-, 8-, and 6-week classes were 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 be possible to offer the class in an open group format: to invite 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 an 8-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 had 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).

In the case that the course is provided for pregnant women only, 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. The timing of the reunion can be arranged with the participants. 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 instructors 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 MB 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 optional elements in each class. 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. In addition, instructors 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). An exercise that is reviewed weekly is the personal project. Having the class members share their personal projects during the week 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, medical appointment, a crisis). Instructors should determine a-priori how they want to deal with this issue. Here are several options:

  • **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.

  • **Buddy system.** At the start of each module, 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).

  • **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.

  • **Creating a Contact List.** After ascertaining that their institution’s patient privacy policies does not prohibit 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., 8 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.

[Sample statement]
(Names) are now four weeks into the class and halfway through our 8-week course. This is a good time to think about what you have learned in the past 4 weeks. Do you feel that the tools that you’ve learned have been helpful? In particular, what has been helpful (or not helpful) in improving your mood/increasing your knowledge about motherhood? What would you like to learn more about in the next four sessions? What do you think you still need to learn from this class? How can we (instructors) and the other members help you with your goals?

**c) End.** As class members begin their last module, termination should be heavily emphasized. Termination takes time to process. In a closed group format, instructors should arrange for members to reconvene after everyone gives birth, and that everyone will have an opportunity to introduce their infants to the class. In an open group format, instructors should identify who will be leaving at the end of the module. Instructors should reinforce the skills that class members have acquired and comment on the progress that they have made. In a closed group format, instructors should also encourage members to describe what progress they have noticed in others. In an open group format, members who are staying in the
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 as instructors allot enough time for these activities. 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.

• **Review the CES-D scores of graduating members (optional).** It is expected that members’ CES-D scores will fluctuate during the course. Typically, if the 8-week course has been effective, CES-D scores should decrease from the beginning to the end (although not always in a linear fashion). Instructors should review these scores and ask the member’s permission to graph these scores on the board so that all members can view the progress made. These scores can be combined with the member’s weekly personal projects to show the relationship between thoughts, activities, and interactions with others, and mood. This will hopefully inspire the group to see that changes in one’s internal and external reality can be achieved through the concepts learned in the course.

• **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.

• **Address relapse prevention.** This topic is related to the bullet 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 to rejoin the class for a booster session or be referred 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—especially for high risk women.) 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 classes, including the booster sessions. These issues are listed in the following order: a) Information for Instructors; b) Psychopathology: History and current symptomatology; c) The Experience of Motherhood; and d) Diversity Issues: Culture, acculturation, discrimination, etc.

A. Information for Instructors

• 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. It is important to learn how to deal with burdensome and 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 of the participants typically attend prenatal classes while taking the MB 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 videos and other materials 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).
  o 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 the class discussions, instructors should encourage the participants to seek the advice of their doctors, registered nurse practitioners, midwives, or prenatal class instructors.
  o 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 (i.e., five or less minutes in duration) 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 #7 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 MB course (Ramos, Diaz, Muñoz, & Urizar, 2007) should be given to participants at the beginning of the course, along with the main Participant Manual. In each class, instructors are asked to use the manual to conduct the relaxation exercises.

- **Mandated reporters of child/elder abuse or danger to self or others.** If there is suspicion of child or elder abuse/neglect, or risk for danger to self or others, instructors should first meet individually with the participant involved in the case at the end of the class session. During the meeting, we suggest that instructors first remind the participant 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, Elder Protective Services, and Law Enforcement agencies) have as their mission to protect the person in danger. Instructors should offer their 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 participant’s clinical presentation of a particular disorder (depression levels, 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 areas of San Francisco, CA and Washington DC, respectively. 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 state’s 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 discuss with her beforehand what she would like the instructors to announce to her classmates about her no longer being able to attend the class.

B. 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 mothers who are at risk for developing depression, many of the students attending the class may have previous histories of major depression, perinatal 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. Which of these family values and expectations would they like to teach to 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 at risk the health of her unborn child. 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.

• **Marital issues during pregnancy and postpartum.** Marital difficulties may be common for 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 (husband may be in another state or country). Another common issue at postpartum is related to the father of the baby feeling neglected and jealous of the baby receiving all the attention at home. For all these marital 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 marital stressors from worsening her mood. The more these marital issues are discussed in class, the more class members will realize that they are not alone in having these marital stressors and that they have other sources of support. Given that marital quality/satisfaction has been identified as a risk factor for developing perinatal depression (Kumar & Robson, 1984), we recommend that instructors assess for depression when participants report high degree of conflict in their marital relationship and vice versa.

**C. The Experience of Motherhood**

• **Physiological changes during pregnancy and the postpartum recovery period.** Throughout the 8-week course, some class members will experience physiological changes that will affect their energy level, mood, and concentration. Instructors should acknowledge these physiological changes as a normal part of pregnancy, and suggest different exercises in the manual that may be helpful to cope with these changes (e.g., relaxation exercises).

• **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 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. Remind them, too, that having a husband or partner is no guarantee that they or their child will be well treated. 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 a lot of changes for every member of the family, 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 temperament 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 infants) 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. Instructors can also suggest to the participants with young or older children to “make him/her part of the welcoming party” for the baby by: (1) helping decorate the baby’s room, (2) being involved in the process of picking the baby’s name, (3) 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 or not in the adjustment of their other children to their new sibling. It is important to find a caregiver for the child (e.g., father, grandparents, other relatives, etc.) who can 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 modules of the course, it will be important for instructors and “veteran” mothers to discuss the change in 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 instructors 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.

D. Diversity Issues: Culture, Class, Discrimination

• Transitioning to motherhood in Latino cultures. A woman’s rite of passage into motherhood is different in every culture. Researchers have reported that the beliefs, values and practices embraced in different cultures may influence how a woman adjusts to the period following birth and may possibly protect her from developing affective disorders such as depression (Stern & Kruckman, 1983). Most of our work has focused on working with Latinos and Latina immigrants. The cuarentena, or the rest/recovery period following the birth is one common practice among Latino cultures (Bashiri & Spielvogel, 1999), especially observed in rural areas of Latin America. Although the cuarentena is different in every country, women who follow the cuarentena usually: (1) observe 40 days of rest and
seclusion following childbirth, (2) receive help with household chores and the care of the baby from female blood relatives (e.g., mothers, sisters, aunts, cousins) and non-blood relatives—e.g., neighbors, madrinas, padrinos, comadres, and compadres (3) eat special foods (e.g., special soups and liquids) and abstain from other foods (e.g., spicy foods), and (4) change some of their hygiene habits (e.g., bathing and washing of hair) so as protect herself from exposure to cold air or mal de aire (Wile & Arechiga, 1999). Although Latina immigrants may not practice every single ritual of the cuarentena, most of them do value and receive the assistance and support from their relatives and community. Indeed, Latin American cultures are traditionally characterized as coming from family and community oriented societies (Sue & Sue, 1999). Thus, the cuarentena is one practice that seems to be supported by the values of familism and collectivism.

- **The value of familism and collectivism in Latino cultures.** Familism represents strong family ties and promotes kinship among family members (Sabogal, Marin, Otero-Sabogal, & Marin, 1987; Vega, 1995). Latina immigrants usually come from collectivist societies where there is a mutual interdependence between the members of the group and greater emphasis is placed upon the wellbeing of the group over the individual’s interest. Interdependence and cooperation is highly valued in interpersonal relationships (Sue & Sue, 1999). Therefore, family unity and loyalty are crucial values that Latinas acquire/inherit from their cultures and bring to the class. Instructors need to be aware that social support during the postpartum period is an important component of Latinas’ physical and emotional well being, especially because many Latina immigrants migrate from their countries of origins without their extended families. Due to financial hardships, some immigrant Latinas leave their older children in their countries with relatives to look after them. As a result, many of the students may not only have a reduced network of social support available to them but may also be grieving the loss of the children they left behind. Instructors should brainstorm with those students who lack an extended support system about ways of meeting their needs following the delivery—e.g., obtaining greater support from the baby’s father and/or finding support from others in their communities.

- **Folk beliefs/wife’s tales.** Different cultures hold a number of traditional beliefs and practices related to pregnancy, childbearing, childrearing, child development and well being (Burk, Wieser, & Keegan, 1995; DePacheco & Hutti, 1998; Higgins, 2000; Lefeber & Voorhoeve, 1998; Zepeda, 1982). Participants, especially those who are from ethnically diverse cultures such as Latinas, tend to share a number of beliefs and practices learned from their cultures of origin. Some of them are harmless culturally meaningful practices (e.g., making the baby wear a bracelet with red and black seeds (huairuro) or bits to protect them from the mal de ojo (evil eye) while others may pose a risk for the physical and emotional health of the infant (e.g., burying the baby up to her/his neck in the sand so they can learn to walk faster, cutting a baby’s eyelashes so they grow faster, not holding the baby when upset because he/she will become caprichoso/a (a spoiled brat), believing that babies who kick a lot in the womb will have difficult temperaments, feeding babies solid foods too early in order to make them grow faster, wrapping up the baby tightly from shoulders to toes with a blanket in order to soothe the infant and also to prevent bowed legs, etc.). Instructors need to be respectful of these traditions and practices but at the same time should educate the participants about what we now know about child development—i.e., the advances in the field of child development. Instructors can also ask the students what they think about these practices and to discuss other ways to effectively help their infants in their development.
• **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 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. In many Latino cultures, this type of behavior and attitude from the baby’s father (i.e., unwillingness to participate in the care of the baby) might be the result of defined and traditional gender roles learned in their cultures which have led to an acceptance and validation of machismo—traditional male gender role that assumes male dominance as being appropriate male behavior (Fragoso & Kashubeck, 2000), and mariandismo—traditional female gender role that assumes motherly nurturance, and Virgin-Mary-like qualities as being appropriate female behavior (Arredondo, 2002; Gil & Vasquez, 1996). Although this can be a frustrating situation, we have encouraged class members to involve the baby’s father in the process of pregnancy and parenthood by sharing class materials with them. We 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 in helping to mold his child’s personal reality. In addition, we recommend instructors allow the students to express their frustrations about these more traditional 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).

• **Acculturation:** The process of adaptation to a new culture. Significant changes in the participants’ lives such as encountering and adapting to a new environment can be a very stressful and challenging experience (Berry, 1980). Indeed, many immigrants experience the painful and difficult process of adaptation to a new life, a new set of values, a new culture, and particularly a new language to communicate with others. Through this process, many of the immigrant students are exposed to new and competing values related to the family and a woman’s role in society; specifically, they encounter sex and gender roles that conflict with their own (Espin, 1997; Gil & Vasquez, 1996). Instructors need to validate the students’ experiences and allow them to explore their traditional gender roles and, if desired, incorporate alternative meanings to their roles as women, mothers, and wives. Instructors need to highlight the benefits of holding on to their cultural practices and values (e.g., the value of familialism and collectivism) and the usefulness of modifying some of them (e.g., gender roles) into ones that provide them with better opportunities and greater satisfaction—i.e., the benefits of biculturalism (Espin, 1997; La Fromboise et al., 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 that instructors respect and support individuals’ faith practices. Instructors can point out that belonging to religious congregations and institutions (i.e., churches, synagogues, temples) can provide another source of support, especially for those who have been separated from their families of origin such is the case of immigrants.

• **Low SES Latinas in the United States.** When serving the Latino population in the United States, instructors need to be aware that Latinas are generally more likely to experience a number of stressors specific to their minority status and social contexts including: (1) low annual income, (2) increased poverty—e.g., inadequate and crowded housing, (3) low levels of education, (4) high rates of unemployment, (5) larger family households, (6) higher parity
rates, (7) childbearing at a younger age, (8) lack of health insurance, (9) language difficulties, (10) high rates of diseases—e.g., cervical cancer and diabetes, (11) low prevalence of early prenatal care, (12) immigration status—i.e., undocumented, (13) stressors related to acculturation, (14) experiences of discrimination, prejudice and racism, (15) high rates of trauma—i.e., related to their actual migration experience, war/civil conflict or terrorism in their countries, domestic violence, childhood abuse/neglect, etc., and (16) community violence—e.g., drive by shootings, random gun fire in the neighborhood, siblings in gangs (Baezconde-Garbanati, Portillo, & Garbanati, 1999; Giachello, 1996; Hovey, 2000; Salgado de Snyder, 1999; Zambrana, Dorrington, & Hayes-Bautista, 1995). The issues low SES Latinas face in their daily lives may become constant themes (e.g., financial hardships) in their class discussions. Throughout the course, we have included different ways of dealing with these issues and how to apply what students learn in the course to better manage the stressors they cannot avoid in their daily lives.

- 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) which may bring forth important implications for perinatal health outcomes (Krieger et al., 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 the 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 and helpful in reminding 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 be 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, cultural considerations.

Step by Step
Detailed outline for a novice instructor to follow (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. Announcements and Agenda (15 min)
II. General Review (5 min)
III. Personal Project Review (10 min)
IV. Relaxation Exercise (5 min)
V. New material (80 min)
VI. Personal Project (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 encouraged to read over the instructor’s manual before beginning each class.

The First Session of the Class
A large part of the first session is devoted to orienting class members to the class and the purpose of the MB class. The orientation includes introductions, group rules, a discussion about the symptoms of depression and negative mood, and a discussion of the class content. The remainder of the session focuses on introducing the primary target for the module (e.g., thoughts) and talking about the reciprocal relationship between that factor and mood.
I. Announcements and Agenda

Overview
Instructors will write the Class 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, instructors 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 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 check on how much participants remember from the last class and module.

Step by Step
Provides step by step instructions on how to implement the activity.

Step 1: Ask participants what they remember most from the last session.
*Suggested Wording:*
What do you remember most from the last class?
Is there anything that is 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 Project Review

Overview
To review the personal project and optional projects from the previous class.

Key Points
• Review Weekly Personal Project: 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 Optional projects 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 personal mood scale, and/or do it verbally.

Step by Step
Step 1: Review the Quick Mood Scale. The group leader can put the quick mood scale on the board before class, and have the participant(s) give their ratings for the week. Alternatively, the participant can go up to the board and write their ratings themselves.

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?
make a list of the ways they’d like to teach their baby to think; OR whether they’ve tried any of the methods discussed to decrease the likelihood of having harmful thoughts.

Suggested Wording:
Did anyone have a chance to do any of the optional projects?
[If yes] – can you share with us what you’ve learned?

Step 4: Ask participants if there were some obstacles to completing the personal projects.

Suggested Wording:
Did you run into some obstacles?

Step 5: Provide preview for next week

Suggested Wording:
Next week we will also be talking more about different ways that we can communicate with others, so that we can improve our relationships with others.

Step 6: Before ending the group, encourage class members to provide feedback regarding today’s session. Questions to encourage discussion are listed below.

Suggested Wording:
What was helpful about today’s session?
What was not helpful?
What suggestions do you have to improve the class?
References


Fox, C. R., & Gelfand, D. M. (1994). Maternal depressed mood and stress as related to vigilance, self-
Martins, C. & Gaffan, E. A. (2000). Effects of early maternal depression on patterns of infant-


**Recommended Readings and Resources**

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

**Theoretical Models**

**Group Therapy**

**Depression**

**Child Development**

**Pregnancy and Postpartum Issues**
Related Website links: http://www.drspock.com/home/0,1454,,00.html
http://www.lalecheleague.org/WebUS.html

**Cultural Issues**

**Relaxation Techniques**
Selected MB Project-related Publications


Appendices
**Appendix A:**

**A1: 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. The seven columns represent each day of the week. Write down the date above each of the seven columns. Every night, before going to bed, circle the number (between 1 and 9), which indicates how you feel on that day. At the bottom, you will find a line where you can make a note of the number of thoughts, activities, and people contacts that you have. You can fill out the line that is appropriate to the module that you are working from.

<table>
<thead>
<tr>
<th>DATE</th>
<th>1</th>
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<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td><strong>BEST MOOD</strong></td>
<td>9</td>
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<tr>
<td><strong>OK/AVERAGE</strong></td>
<td>5</td>
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</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>

Number of helpful thoughts
Number of harmful thoughts
Number of pleasant activities
Number of positive contacts
Number of negative contacts
A2: The Personal Reality of Management Model

MY PERSONAL REALITY

Internal Reality
(In your mind)

External Reality
(In the world)

Thoughts

Activities

Mood

Alone

With Others

Promote parent-infant bonding using cognitive-behavioral strategies
### A2: The Personal Reality of Management Model

#### Materials needed

<table>
<thead>
<tr>
<th>For All Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Manuals</td>
</tr>
<tr>
<td>Pens, dry erase board, or chalkboard to present material to class</td>
</tr>
<tr>
<td>Ramos et al. (2007). <em>The MB Course: Relaxation Methods for Managing Stress</em></td>
</tr>
<tr>
<td>Copies of CES-D or another mood questionnaire</td>
</tr>
<tr>
<td>Reality Management Chart Poster</td>
</tr>
<tr>
<td>Mood Scale Poster</td>
</tr>
<tr>
<td>Evaluation Feedback forms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extra Material Needed by Class</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class 1</strong></td>
</tr>
<tr>
<td>2 Calendar Copies: Days/Times for all classes</td>
</tr>
<tr>
<td>Video: “My Parents, My Teachers” (see p. 1.17 in instructor’s manual for ordering information)</td>
</tr>
<tr>
<td>“Start Now” brochures (see p. 1.18 in instructor’s manual for ordering information)</td>
</tr>
<tr>
<td><strong>Class 2</strong></td>
</tr>
<tr>
<td>No additional materials</td>
</tr>
<tr>
<td><strong>Class 3</strong></td>
</tr>
<tr>
<td>Pleasant Activity cards, 1 set for every 2 people</td>
</tr>
<tr>
<td><strong>Class 4</strong></td>
</tr>
<tr>
<td>Pleasant Activity cards, 1 set for every 2 people</td>
</tr>
<tr>
<td><strong>Class 5</strong></td>
</tr>
<tr>
<td>No additional materials</td>
</tr>
<tr>
<td><strong>Class 6</strong></td>
</tr>
<tr>
<td>Referrals list of domestic violence and crisis hotlines for organization, if available</td>
</tr>
<tr>
<td>Activity VI.D: Basket or Box + 3 pieces of paper containing exercise possible situations (see p. 6.10 in instructor’s manual)</td>
</tr>
<tr>
<td><strong>Class 7</strong></td>
</tr>
<tr>
<td>Referrals list of domestic violence and crisis hotlines for organization, if available</td>
</tr>
<tr>
<td><strong>Class 8</strong></td>
</tr>
<tr>
<td>Video: ”Flexible, Fearful, or Feisty” (see p. 8.6 in instructor’s manual for ordering information)</td>
</tr>
</tbody>
</table>
Appendix C
Class Evaluation Form
WHAT DID YOU THINK ABOUT TODAY’S CLASS?

Instructions: Please tell us honestly what is your opinion about today’s class. All your responses will be kept confidential.

1. **Today’s material was:** (Circle your response)

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely confusing</td>
<td></td>
<td></td>
<td>Some things were clear and some were confusing</td>
<td></td>
<td>Completely clear</td>
</tr>
</tbody>
</table>

2. **The suggestions presented today were:** (Circle your response)

<table>
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<th>1</th>
<th>2</th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all practical</td>
<td></td>
<td></td>
<td>Somewhat practical</td>
<td></td>
<td>Completely practical</td>
</tr>
</tbody>
</table>

3. **I will put into practice the things that I learned today:** (Circle your response)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td></td>
<td></td>
<td>A few things</td>
<td></td>
<td>Everything</td>
</tr>
</tbody>
</table>

4. **How do you feel right now?** Please circle the number that best indicates how you feel.

<p>| | | | | | |</p>
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</tr>
</thead>
<tbody>
<tr>
<td>Best mood possible</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Normal</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst mood possible</td>
<td>1</td>
<td></td>
<td></td>
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</tbody>
</table>

5a. **What was the most helpful/interesting part of today’s class for you?**

___________________________________________________________________________
___________________________________________________________________________

5b. **What would you like to change about today’s class (examples: have more time for discussing …, I did not like the section on …)?**

___________________________________________________________________________
___________________________________________________________________________
Appendix D
Instructor Fidelity Form By Class
INSTRUCTIONS: Instructor or rater can use this form to complete the following:
Content Covered: Rate the degree to which the instructor covered this material (0=not at all, 10=fully covered).
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Class #1: INTRODUCTION TO THE MOTHERS AND BABIES COURSE

CLASS OUTLINE
Welcome & Purpose of the Course (10 min)

I. Introductions (15 min)
II. A. Purpose of the Mothers and Babies Course (10 min)
   B. Overview of the Course (5 min)
III. Class Guidelines (5 min)
IV. Video (35 min)
V. Stressors That Can Affect the Mother-Baby Relationship (10 min)
VI. Personal Reality (10 min)
VII. How The Course Can Help You (5 min)
VIII. Personal Project (10 min)
IX. Feedback and Preview (5 min)

Goals for instructors:
• Establish rapport and motivate participants to come to the course.
• Present rationale and purpose of the course.
• Administer the CES-D or another mood questionnaire (optional).
• 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.
• Discuss the mother-baby relationship (i.e., attachment and bonding).
• Give an overview of the 8 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; instructors will create and include 2 calendars describing the days and times of the MB course.
2. Nametags
3. Pens, dry erase board, or chalkboard to present material to class
5. Copies of CES-D or another mood questionnaire (optional)
6. Evaluation/feedback forms (optional)
WELCOME TO THE CLASS (20 MINUTES)

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.
• Give a brief introduction of the course instructors and additional staff (e.g., camera person if the class is being filmed).
• Emphasize the reciprocal nature of the group; meaning, we learn from them, they learn from us.
• Emphasize that they will be the experts of their own pregnancy and of their children, and we will contribute our professional knowledge. This may be especially important if none of the leaders have been parents.
• Provide very general rationale for course: to focus on the baby’s arrival and how we can raise physically and emotionally healthy children.
• Be attentive to the participants’ needs and remind them that they can excuse themselves at any time to use the restroom or if they are experiencing normal pregnancy symptoms (e.g., nausea).

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

Open Group Option. At times new group members may be rotating into the class. This can occur at the first class of each module (e.g., thoughts and mood). In this case, instructors will want to review the Welcome, and sections I (introductions), II (course purpose), and III (class guidelines) of this class. In addition, when there is a class composed of “veteran” members and new group members, encourage the “veteran” members to share the purpose of the group with the new members and to talk about what they have learned thus far from the group. You will also want to let new members know that this is a rotating group and that there are “veteran” members.

To create a warm, welcoming atmosphere leaders may choose to provide small snacks (e.g., tea and cookies) at this and other meetings.

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 name tag and a manual.

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

**Suggested Wording:**
We would like to welcome you to the Mothers and Babies Course. Today we will talk about the purpose of the course, introduce ourselves, and then begin to talk about how this course can help you. First, thank you for coming. We realize that you had to give up many things and change your schedules to come. The fact that you are here shows that you are committed to becoming the best mother you can be for your baby.

The manuals that 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.

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 8 weeks. If there are days when you cannot make these meetings, either because you have another 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 each of the group leaders 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?

**STEP 5: (OPTIONAL) Introduce and administer the CES-D to group members**

**Suggested Wording:**
Before we begin, we would like to have you fill out a brief questionnaire about how you have been feeling during the past week.
Answer any questions and collect and score questionnaires at the end.
I. GROUP INTRODUCTIONS (15 MINUTES)

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
• Instructors should introduce themselves first (having instructors go first provides a model for the group introductions).
• If group leaders are not pregnant or not mothers themselves, they may instead share their interest and previous experience working with pregnant women, mothers, and children or relevant and appropriate personal information.
• Each group member should introduce herself (refer participants to page # 1.2 of their manuals).
• Conclude this section by emphasizing common characteristics among participants (e.g., how many of them are first time mothers).

Participant Manual
p. 1.2

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

Information
Leaders 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 rest of the group responds) may set the stage for future participation. Rogerian interviewing techniques are most 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 them permission to not talk if they don't want to. Let them know that we generally find it easier for people to talk as they get to know each other better and that we respect individual differences with regard to their desire to self-disclose.

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 they provide seem more valid.

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

**Step by Step**

**Step 1:** Let the participants know that we would like to begin to get to know each other better. It is often good for a group leader to introduce him/herself first, using the outline provided in the participant manual so that the group leader serves as a model.

*Suggested Wording:*

_We would like to begin to get to know each other. Please turn to page 1.2 in your books. 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 the group leader has introduced him/herself, go around and ask other members to 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, group leaders should make some summary comments regarding similarities and differences among people (e.g., cultural background, hobbies, importance of family, first time pregnancy).
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. A. PURPOSE AND OVERVIEW: PURPOSE OF THE COURSE (10 MINUTES)

Overview
Begin a discussion about the class 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
• The group as support

Participant Manual
p. 1.3

Rationale
The modal (most common) number of therapy sessions that people attend is one. It is key in the first session to motivate people 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-to-be how mood works, so they can teach their own children. But you can’t teach what you don’t know well. So, the mothers need to learn how their own mood works and how to learn 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 goal of the course is to reduce 1) the frequency, 2) the duration, and 3) the intensity of depressed moods, that is “How often we get depressed,” “How long our depressed moods last,” and “How deeply our depressed mood hurts us.”
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 the areas of attachment and 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 who are here are about to become mothers. During your pregnancy, you attend prenatal care visits to take care of your physical health and your babies’ physical health. This is wonderful! 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 their first teachers. You 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 you become a mother and to share ways that we can be emotionally healthy and that we can pass on these skills to our children.

We will be looking not only at how we can help babies but how we can help ourselves. Mothers are the foundation of the family, and the foundation needs to be strong so it can support the family. If the foundation crumbles, the family, in a way, also crumbles. During the class we will talk about ways to build a strong foundation and we will provide support around doing so. During the class we will talk about becoming a mother, how you can be the kind of mother you want to be, and how you can raise healthy babies. The class will focus on you, your baby, and on your relationship. 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 utility of the class.
Alternative Exercise

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

**Suggested Wording:**
As you all become mothers, what kinds of things do you think you would 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.
Overview
Provide an overview of the Mothers and Babies Course and its three parts (modules).

Key Points
• The course is composed of 8 classes.
• The course is divided into three parts/modules: activities, thoughts, and contacts with others, each of which can help us shape our mood.
• Three classes will be devoted to the first and third module, and two classes for the second module.
• Because activities, thoughts and contacts with others are interrelated, we will discuss all of them during the course, but we will focus on one for each module.
• Relevant information about pregnancy, motherhood and infant/child development are incorporated throughout the course.

Participant Manual
p. 1.3

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 8 classes. These classes are broken down into three parts. At the beginning of each part, new members may join the group. In each part, we talk about managing stress by making changes in a different area.
The first 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 this way will help us feel better and reach our goals. We will also talk about how you can help your children think in ways that will help them get ahead in life.
The second area is our activities, or what we do. We will be talking about how doing pleasant activities gives us the emotional strength to deal with stressful life events. What you do shapes your lives and will shape your babies’ lives. We will talk about what we can do to reduce life stress, how to continue our lives and reach our goals in spite of stressors, and how to engage babies in activities that will help them develop. We will begin focusing on this area in the next session.
Finally, we will be looking at our relationships with others. We will talk about the importance of social support to handle stress, ways to increase our social support, and ways to decrease conflict with others. We will also talk about ways to build a good healthy relationship with your children and about the types of support you may want around becoming a mother.

During the classes, we will be asking you how your pregnancy is going, and we will talk about managing mood and stressful life events during pregnancy. We will also be giving you information about child development, and we will talk about ways you can help your baby be healthy, both physically and emotionally.

**Step 2:** Elicit participants’ reactions to the class outline and answer any questions they may have.
III. CLASS GUIDELINES (5 MINUTES)

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 or the clinic number, so they can call if they cannot make it.
• Let participants know that leaders also need to respect the group rules.
• Make sure you go over confidentiality discussing that as group leaders you are not able to maintain confidentiality if you hear about any of the following:
  • Child abuse
  • Elder abuse (abuse or neglect of a dependant adult older than 65 yrs of age)
  • Abuse of disabled person
  • If a participant is going to hurt themselves or anyone else in the future
  • Stress that the rationale for this rule is to maintain safety.
• Let group members come up with their own rules if they wish.

Participant Manual
p. 1.4

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 class 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, particularly those who are recent undocumented U.S. immigrants, may worry where the information they share in group goes, particularly if the sessions are being video or audio taped. 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 group rules

**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 1.4 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. You may choose not to cover all of them.

**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 is often hard to get to class because of transportation problems or other things, 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.*

*Confidentiality - see Step 3*

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

*Tell us if you are unhappy with the classes - We really want this to be a good 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.

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 group leaders cannot maintain confidentiality. The first is if we hear that a child has been hurt by an adult in any way that was not an accident, that a child has been abused or neglected. The second is if we hear that someone older than 65 or someone who is disabled or dependent is being abused, not taken care of, or taken advantage of financially. The third is if we hear that someone is in imminent danger of hurting himself or herself or someone else.

In each of these situations, class leaders 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 once they leave class, they don’t have to worry that you will be breaking their confidence.

*I also want to let you know that group leaders may be consulting 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.*

Pause and elicit any questions about this guideline.

**Step 4:** Answer any questions from participants.

**Step 5:** Ask participants if they have any guidelines they would like to add to the list. If so, go over them and add them.
Alternative Exercises
Depending on the characteristics of the group (e.g., how talkative they are) you may chose 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 1.4 in their books.
Overview
Present the idea that parents are the first teachers of their children, 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 at least 15 to 20 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 also 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 her neurons grow and make connections.
• Point out the “Start now” brochures and let participants know that the brochure has a chart that describes different things that you can do with your baby as she grows up. Suggest that participants read through the chart as an optional personal project.

Participant Manual
p. 1.5

Rationale
Emphasizing the importance of the first 3 years of life in terms of cognitive, social, emotional, and biological development helps mothers recognize how important they are to their child’s development and may motivate them 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 about not raising their children in an ideal manner, especially if they feel they were not able to provide an environment that fostered early learning. You can handle this by letting them know that even when situations are less than ideal, children continue to develop and learn from new experiences and interactions in their lives, so it is never too late. Most of us were raised in less than ideal circumstances, and we were not damaged by this. However, now that there is more scientific knowledge about how human beings develop, it makes sense to use that knowledge to benefit children from now on.
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.

Obtaining the video: The video was developed by El Valor, an early childhood public awareness campaign created for Latino parents with infants and toddlers. The videotape has Spanish and English versions of the same material, with the same actors. The actors are all Latino. The Spanish version is the first version on the tape. New copies of the video can be requested by writing: El Valor, 1850 West 21st Street, Chicago, IL 60608 or calling (312) 666-4511, or see: http://www.elvalor.org/creating_public_awareness

**Step by Step**

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

**Suggested Wording:**

We’d like to show you a video called “My Parents, My Teachers” that talks about the changes children make in the first three years of life and emphasizes how important you are as your 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 1.5 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 may learn better by doing (running around and seeing the world) whereas other children may learn by quietly sitting and watching.
- Children’s work is to play. They just need the space and encouragement. And they really need to learn that playing and having fun is a good thing. When you play a lot with them, they will see you as someone who is fun. They will not feel they need to hide from you to have fun. And when you have to discipline them, it will be easier for them to accept discipline because they won’t see you as someone who just wants them to stop having fun. They will know you like to have fun, too.
- When we say every mother is capable of giving what her child needs, we mean that every mother can give her child love, attention, and encouragement.
Step 3: Point out the “Empieza ya” or “Start Now” brochures and encourage the participants to take one home to read. Let the participants know the brochure has a chart that describes different things that you can do with your baby as your baby grows up. To order this brochures contact CIVITAS at: 312-226-6700 or go to the web page: www.civitas.org

Alternative Exercises
If you do not have the “My Parents, My Teachers” videotape, we recommend using another videotape that covers similar material. Alternately, you can do the following activity with the group.

Step 1: Brainstorm as a group all the things babies learn in the first 3 years of life and write participants answers on the board.
Sample answers are listed below:
• Walk
• Talk
• Soothe themselves (regulate emotions, how to calm down when they’re upset)
• About relationships (by using their relationship with their parents as a model)
• Eat by themselves
• Figure out how things work (by putting them in their mouths, using them)

Step 2: Highlight that babies are learning how to think, to move, and to relate to others and that while they are doing 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 will learn what the mother’s embrace feels like.

Step 3: Have parents discuss how babies learn all these things and highlight the importance of parents as teachers and role models.
Overview
Discuss how life stressors affect us and the mother-baby relationship. Highlight that identifying the 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 1.8) might affect:
  • the mother’s emotional health and physical well-being
  • the mother-baby relationship
  • the baby
• Identify common life stressors following birth.
• Identify stressors in their lives.

Participant Manual
p. 1.6

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 1.6. Pick one stressor that can potentially affect the women, and ask for their physical and emotional reactions. There is not enough time to cover all the stressors.

If the women are unable to come up with reactions, give an example that most of the women can relate to, such as what happens when one watches a scary movie. It is helpful to write the women’s reactions on the board so you can refer back to them when discussing this section.
When group members include immigrant women, leaders should be aware that immigrant status creates another level of stress (i.e., language problems, social support issues such as lack of extended families, and environmental stressors such as neighborhood violence).

Also 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. This area will be heavily focused upon in the People’s Module (last 3 sessions).

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 1.6 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, in pain) 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 the women are experiencing as they become new mothers. Write them down on the board. Women can also identify stressors unique to their lives. They can choose to share them, or they can write them in their books in the blank boxes.

*Suggested Wording:
• What stressors are in your life?
• Are there other stressors that might affect the mother-baby relationship that aren’t on page 1.8?

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 carry that represents the baby (e.g., a doll, a 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 the participant playing the role of mother imagine that she is experiencing the stressor, or you can give her heavy items (like books or more cumbersome irregularly shaped items) that would 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, you may begin asking the women how these are related to one’s emotional and physical health.

Step 3: Finally, begin asking the women how babies communicate that they are stressed from a very early age (e.g., crying if hungry or needs his/her diaper changed) to early childhood (e.g., acting out). Highlight how important it is that they 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 them and try them out herself. The best time to do this is during pregnancy.
VI. MANAGING MY PERSONAL REALITY
(10 MINUTES)

Overview
Help participants understand the difference between their external and internal reality. Help participants understand the connection between thoughts, behaviors, contacts with others, and emotions and begin to see that it’s possible to make changes in these areas.

Key Points
• Explain the concepts of internal and external reality.
• Help participants understand the connection between thoughts, behaviors, contacts with others, and emotions.

Participant Manual
p. 1.7

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: 1) the world of their mind (their “Internal Reality”) and the physical world (their “External Reality”). What happens in their mind and what happens in the outside world affect their mood. Their mood, or emotions, straddle both worlds. Their face and body are affected by and express how they feel, but there are parts of their mood and emotion that only they will know.

The circle graphic on Page 1.7 in Class #1 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,” and 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 external reality has an important impact on our mood, and that, therefore, we need to shape it as well. Shaping our external 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 will create a healthier environment to grow and develop, and that will contribute to 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 internal and external environments for them now so that by the time their babies are born, they will have these skills well learned?
Part of our “External Reality” (or our physical reality) is our body. It is important to emphasize that the condition of our bodies (e.g. 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 is more under our control that most other areas.

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

**Step by Step**

**Step 1: Introduce the concepts of internal and external reality.**

*Suggested Wording:*

*We believe that it 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 external reality, and some of these things are part of our internal reality.*

Diagram these concepts on the board.

*Our external 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 external reality. If you are nauseated because of your pregnancy, that is part of your external reality. If your baby wakes up in the middle of the night, that is part of your external reality, and if you decide to take a walk to the park that is part of your external reality.*

Check to ensure that participants understand the concept of external 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 it is part of all of your external reality that you are all sitting in a room (describe the room) and that you are sitting on chairs (you might describe how comfortable or uncomfortable they are).

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

Again, make sure that participants understand the concept of internal reality. You can further explain the concept by saying that while we all share the same external reality, of being in the same room and sitting on the same chairs, you may have a different internal reality. Get participants to share their thoughts or reactions to the room or to sitting. Show how people’s internal 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 external reality is the same. However, they may each have a different internal reality because they may each have different thoughts about what they are doing. For example, one might think that this is really wonderful, another might worry about whether it will make her fat, another might think about how much she really does not like the food, and another might focus on how it will affect her baby.

Together, our external and internal realities affect how we feel and create our personal reality.

We think these concepts are important because when we want to make changes in our mood, we can think about whether we want to make changes in our external reality, our internal reality, or both.

**Step 3:** Show how internal and external reality affect mood.

**Suggested Wording:**

*If you turn to page 1.7 of this session in your books, you will see a diagram of how our internal and external reality can affect our mood. From the diagram, you can see that our thoughts, activities, and emotions are interrelated, meaning, how we feel affects the way we think and what we do.*

*If possible, use examples the participants have shared earlier.*

*We all have examples from our lives of this. For example, we just did a relaxation exercise. How did this exercise help mold your internal reality and your external reality? 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 figure out a way to 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:** The concept of mood management.

**Suggested Wording:**

*Stress is part of our external reality. It brings us down.*

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

*As we continue with the class, we will be talking a lot about how we can make changes in our internal and external reality that will help us and our children.*

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

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

**Suggested Wording:**

*Let’s see if we can take some examples from your lives and figure out whether they are part of your external or internal reality.*

*Have participants volunteer to share things in their lives (for example, they are all pregnant) and determine whether it is part of their internal or external reality. Then have them discuss the how this part of their life is related to their thoughts, emotions, and activities.*
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 seek support 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 and that by doing so, they will feel better in spite of stressors by creating options and alternatives regarding how to manage them.

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 exercise V, 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, and how we can learn to manage these stressors and minimize the effect 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 this picture?

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 during this course 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.
Overview
Show participants how to track their mood using the Quick Mood Scale and highlight the importance of the personal project.

Key Points
• Explain the Quick Mood Scale, and have participants rate their mood for today.
• Do a practice week on the board so people get a chance to see how it works. You can ask for a volunteer or make up a mood scale.
• Emphasize the following information:
  • People should use the whole range, not just 1, 5, or 9.
  • They should do it each 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 will be asking them to track their mood using the Quick Mood Scale over the next week and that in future classes you will be looking at how making changes in what they do, how they think, and their contacts with others affects their mood.
• Discuss the importance of the personal project and go over the project for this week. (Quick mood scale and discussing what they learned in class today with a friend or family member).

Participant Manual
p. 1.9

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, of “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 personal project.
Information
The way group leaders speak about the personal project during this first session will influence whether participants complete the project for the duration of the course. Therefore, it is important that group members and leaders take the personal project seriously and believe in its 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 9’s include: the birth of the baby, winning the lottery, and your wedding day, although it is important to remember that for some participants some of these events may be negative. 1’s might include the death of a loved one and being told you or a loved one has a terminal illness.

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 1.9 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 a 1 to a 9, with a 1 being the worst you might feel, a 5 being average, and a 9 being the best you might feel. When we rate our mood, it’s important to try to use the whole scale. For example, if I were feeling bad, but I knew that it wasn’t the worst mood I’d ever had, I would figure out how bad I was feeling, and I would pick maybe a 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.

By using the scale, I can track my mood for a week and see how it changes.

Demonstrate using the board or holding a book.

I put the dates of the week here, and then each day 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 day and not at the end of the week because sometimes we remember things differently than they really happened. We recommend putting the scale by the bed and then fill it in every night before going to bed.

If there are veteran members in the group, you may choose to have them share their experience of using the scale. They can also graph their mood for the week on the board.
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?

Step 5: Explain the rationale for the Personal Project.

**Suggested Wording:**
The Quick Mood Scale is one part of a Personal Project that we’d like you to do each week. 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 very important that you try some of them at home, so you can tell us whether or not they were helpful. We only meet for 2 hours every week; if we want to make lasting changes, we need to start making them when we’re not here.

In order to help us try things we learned in class, each week we’ll be doing a personal project. The project will include tracking our mood and then doing something related to what we learned in class. We also have a list of optional projects that you can pick from. We believe that the more you do the optional projects, the more you will learn from this class.

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

Step 7: Highlight that for next week, you would like them to practice using the mood scale. The optional project is to talk to a friend or family member about what they learned in today’s class.
Overview
Give participants an opportunity to provide feedback about today’s class, and give them a brief overview of next week’s class.

Key Points
• Provide participants with an opportunity to comment on today’s class.
• Be supportive and responsive to their comments.
• Make a plan to make changes based on feedback, if appropriate.
• Provide an overview of next week’s class.

Step by Step
Step 1: Elicit participants’ reactions to the class.
Suggested Wording:
We are almost done for today, but before we end, I want to thank you for attending the class and find out how the class went for you. Your opinion is very important to us as we want this to be a place where you can learn useful things and where you feel comfortable talking.

Suggested Wording:
• What do you think about the Mothers and Babies course so far?
• What was helpful about today’s session?
• Were there things that were not helpful, and if so, what were they?
• Are there things that you wished we had talked about today that we did not talk about?

Step 2: Respond to participants’ comments.
Respond empathetically and responsively, showing you understand their point of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 3: Provide an overview of next week’s class.
Suggested Wording:
We look forward to seeing you next week. Next week, we will talk more about the effect of what we do on how we feel and how to find pleasant activities to improve our mood.

Alternative Exercises
If there are veteran members, you may choose to have them explain the Quick Mood Scale and talk about how it has been helpful to them.
Class #2: THOUGHTS AND MY MOOD

CLASS OUTLINE

I. Announcements and Agenda (5 min) and General Review (5 min)
II. Personal Project Review (10 min)
III. Relaxation Exercise (10 min)
IV. Violet and Mary (5 min)
V. New Material (75 min)
   A. Common Mood Problems During Pregnancy and After Birth (15 min)
   B. The Path That Leads to a Healthy Mood (10 min)
   C. What are Thoughts? (10 min)
   D. Types of Thoughts (10 min)
   E. Helpful and Harmful Thoughts (10 min)
   F. Types of Harmful Thought Patterns and Talking Back (10 min)
   G. How to Give Myself Good Advice (10 min)
VI. Personal Project (5 min)
VII. Take Home Message (5 min)
VIII. Feedback and Preview (5 min)

Goals for instructors:

• Review main concepts from last class.
• Continue to build rapport and encourage group process.
• Introduce the new thoughts module, which are part of our internal reality.
• Learn and identify what thoughts are.
• Identify harmful and helpful thoughts, and their relationship to mood.
• Identify different categories of thoughts, and their relationship to mood.

Materials needed:

• Participant manuals
• Pens, dry erase board, or chalkboard to present material to class
• Copies of CES-D or other mood questionnaires (optional)
• Evaluation/feedback forms (optional)
I. AGENDA & ANNOUNCEMENTS (5 MINUTES)

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.
- Ask participants if they have announcements they’d like to share.

Rationale
By setting an agenda, you help structure the session and let class members know what to expect, and you provide class members 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 the board). As you can see we have a lot to cover. We’ll begin by sharing announcements, and then we will talk about the importance of thoughts and how they influence our mood. Does anyone have something they would like to add to the agenda?

If participants contribute 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 with the group.

Step 3: Brief Check-in.
For pregnant women, ask participants to briefly mention how they are feeling and how their pregnancy is going.

For mothers with young infants, ask participants to briefly mention how they are feeling, how their baby is doing, and any changes that they noticed about their baby this year.

There may also be women who have more than one child. In this case, also ask about their other children’s well-being, if applicable.
I. GENERAL REVIEW (5 MINUTES)

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.
• We can learn more about how to manage our personal reality, which includes our internal and external reality. Our personal reality can affect our mood.

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 validate their point of view. In essence, 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 met for the first time. 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. They 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 project.
II. PERSONAL PROJECT REVIEW
(15 MINUTES)

Overview
Review the personal project and optional projects 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).
• Optional Project: Discuss whether participants shared what they learned in the first class with others and how they felt about doing so.

Participant Manual
p. 2.3

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

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 project 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 project increases the likelihood that participants will complete the project in the future.

If participants did not complete the project, 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 project verbally, or take a few minutes to write their answers from the past week in their manual, and/or recreate their answers on the board. It is important that you help them see how completing the project 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 project 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’ mood scales, be aware that pregnancy-related symptoms are likely to influence how they are feeling. Help participants empathize with and support each other as they are all 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 wonderful 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.** We typically write the Quick Mood Scale on the board. We then ask for volunteers to share their mood scale. Participants either go to the board to graph their mood, or they call out numbers for each day and a group leader graphs them. At the end, we discuss what they have learned from the mood scales.

*Suggested Wording:*

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

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?*

Depending on what module you are covering, highlight the area of focus for the module. For example, in the activities module, highlight how what participants did affected their mood. Similarly, highlight how the participant’s thoughts (thoughts module) and interactions with others (people module) affected their mood.

Facilitate other participants’ sharing of their mood scale.
Step 2: If applicable, help participants identify obstacles to completing the personal project.  
**Suggested Wording:**
If you did not have a chance to complete your personal project, were there any obstacles (anything that got in the way) of you not finishing the personal project?

Step 3: Review the Optional Project.  
Ask participants whether they talked to other people about the class and inquire about that experience.  
**Suggested Wording:**
The optional project for last week was to talk to someone about the Mothers and Babies Course. Did anyone do this?

Discuss who they talked to and how it felt for them to share what they have learned so far. Reinforce their completing the optional project.
III. RELAXATION EXERCISE (20 MINUTES)

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. 2.4, 2.5

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 audio-taping 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.

A FEW THINGS TO KEEP IN MIND ABOUT LEARNING TO RELAX

1. Practice, Practice, Practice:
Learning to relax is similar to learning any new skill— like knitting, cooking, or painting. It takes regular practice, patience and time. With consistent practice, you will soon be able to control your bodily tension and experience a greater degree of relaxation.

2. The goal: to relax without doing the exercise:
Once you have mastered the ability to achieve a relaxed state, try to reach this state without doing the exercise, just by simply telling yourself to relax. In this manner, you can begin to apply this new skill in your daily living. We recommend that you start with a relatively simple activity. For example, try relaxing while you are reading the newspaper. Then try it in more challenging situations, such as when you are in a hurry, or when you feel you are about to get angry with someone. Even after you get to this point, it is still useful to occasionally run through the actual exercises to keep in practice and remind yourself how powerful relaxation can be.

3. As you prepare to relax:
- Choose a quiet, comfortable environment where there are few distractions.
- Choose a time of day when you are least likely to be disturbed, and not too soon after a meal. For example, try relaxing upon awakening or when you are ready to go to sleep. Also, try relaxing during the middle of the day, particularly just before you have to do something difficult or just after you have had to face a stressful situation.
- Select a comfortable position.
- Try not to worry about how well you are doing. If you begin to experience distracting thoughts, slowly return your mind to the task of relaxing.

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 2.5 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, Diaz, 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.
IV. VIOLET AND MARY’S DAYS (5 MINUTES)

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

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

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

Participant Manual
p. 2.6

Information
Each class will have a cartoon about Violet and Mary as a way to serve as models for 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” Violet because inevitably some of the women may have days similar to Violet’s. Hopefully, if they can learn to empathize with and help Violet, 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 Violet because of her outcome. Group leaders can discuss the group’s reaction to Violet and talk about how the primary difference between the two women is that Mary engaged in pleasant thoughts.
Step 1: Introduce the vignettes.

*Suggested Wording:*
Let’s look at the cartoons on page 2.6 in your books to see another example of how what we do can affect how we feel. This morning, Violet and Mary get a phone call from a friend asking them to go shopping. Violet does not answer the phone. She doesn’t feel like getting out of bed and stays home. Mary decides to go out with her friend and they spend the afternoon together shopping, looking at baby clothes, and talking about the upcoming baby.

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

- *Who are Violet and Mary?*
- *Why do we think they are feeling down? (What is their external reality?)*
- *What are they thinking? (What is their internal reality?)*
- *What does each character do? (How do they change their external reality and their internal reality?)*
- *How does what they do affect their mood?*

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

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

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:
- Healthy thoughts help to balance our lives (balance beam), especially when they are stressful.
- Healthy thoughts tend to chain, meaning when you have one thought you often start a chain so that you are more likely to do more activities.
- Even when life is stressful, we can choose to think healthy thoughts. 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 Mary made choices and did activities that changed her external reality and affected both her thoughts and her mood. Refer to the diagram and explain that during this module we will be focusing on activities. We will be looking at activities we can do alone and those we can do with others that will make us feel better.
V. NEW MATERIAL

V. A. COMMON MOOD PROBLEMS AFTER BIRTH (10 MINUTES)

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.

Participant Manual
p. 2.7

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 anyone who has had_______________________?
- Have you ever experienced ____________________________?
- What are your thoughts about _________________________?

**Step 3:** Go over the mood problems shown on page 2.7 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 2.7 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. B. THE PATH THAT LEADS TO A HEALTHY MOOD
(10 MINUTES)

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).

Participant Manual
p. 2.8

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 page 2.8 is intended to illustrate this process.

Information
Because concepts in this section may be hard to grasp, it may helpful to use one of the “Violet and Mary’s Days” scenarios to illustrate how decisions made from moment to moment can affect one’s mood. Drawing the paths of these decisions over time on a blackboard or erase 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 class 1 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 page and 2.8.
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 2.8 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 Violet and Mary made affected their mood.
Suggested Wording:
Let’s think back to Violet and Mary.

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 Violet and Mary made affected their mood. We recommend beginning with Violet and showing how each choice she made caused her to feel a tiny bit worse. Then discuss how the small choices Mary made led her to engage in more activities and to gradually feel much better. 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 affected her mood, which she may have discussed during the personal projects review.
V. C. WHAT ARE THOUGHTS? (10 MINUTES)

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; a new way of talking! The first thing we need to do is to be able to identify (hear) our own thoughts.

Participant Manual
p. 2.9

Rationale
Increase participants' understanding of what thoughts are and how they affect their mood.

Information

Step by Step
Step 1: Define thoughts.

**Suggested Wording:**
What are thoughts?

Elicit responses from participants and make sure that it is clear that thoughts are things we tell ourselves. If participants share thoughts they are having, you can write them on the board.
Step 2: Help identify thoughts related to their pregnancies

*Suggested Wording:*

*Please turn to page 2.9 in your books. Here is a woman who is pregnant, just like some of you, and she 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 burdensome thoughts, our mood tends to get worse. If we pay attention to the positive aspects of our lives, our mood tends to improve.*
V. D. TYPES OF THOUGHTS (10 MINUTES)

Overview
Talk about the situation from the example provided on page 2.10, and invite participants to think about how they might react in another situation and how these different ways of thinking would affect their mood.

Key Points
• Do you see the link between thoughts and mood?
• Your thoughts affect how you feel and act.
• You can make choices about the way you think.

Participant Manual
p. 2.10

Rationale
To help participants think how their thoughts affect their mood.

Step by Step

Step 1: Provide participants with information about common thought patterns.

Suggested Wording:
In order to better understand the relationship between mood and thoughts, we have often found it helpful to think about specific categories of thoughts. If you turn to page 2.10 in your books, there is a description of different thought patterns of helpful and harmful thinking. Let’s go through them.
V. E. HELPFUL AND HARMFUL THOUGHTS
(10 MINUTES)

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. 2.11

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

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

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.”
• “The world is so unsafe, how can I bring up a child in this world?”
• “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 use the drugs I will be a bad mother.”
• “Will my body ever be the same?”
• “Who is going to take care of my other child when I give birth?”
• “Having a baby wasn’t what I expected. It’s a lot harder.”
• “My husband was not there for me when the baby was born.”
• “My husband has been so helpful with this baby and the kids.”

Typically, we talk helpful and harmful thoughts. There are also thoughts that are factual, such as “I don’t have a lot of money,” “it hurts when my baby kicks me,” or “I’m bloated.” These thoughts can be categorized as burdensome because they are true and difficult to change. But if we only focus on this aspect of our lives, our mood will get worse.
Women in 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 then talk generally with the whole group about how earlier experiences affect our lives and the way we think about ourselves, other people, and the world. Also, emphasize to the group how important it is to understand the way these thoughts affect us so that now we can make changes in our lives and in 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 will 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 when sharing prior traumatic experiences, resulting in their discussion of the trauma in length and in a disorganized way—see “Information” section should this occur).

**Suggested Wording:**
Now that we have talked about what thoughts are, let’s begin to categorize some of the thoughts you may be having. Before we start, we want to share some of the thoughts other participants have had. 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’m not sure if we’re ready to become parents.”
- “Being a parent is harder than I thought.”

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

**Step 2:** Introduce the activity.

**Suggested Wording:**
On page 2.11 we talked about what thoughts are, and how different thoughts can affect our mood. This time we would like you to imagine that you are that woman, and think about some of the thoughts you are having related to being pregnant or being a mother. 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 “burdensome or harmful.” 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 instructors 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 thoughts. Remind participants to share only those thoughts that they feel comfortable sharing. You can write those thoughts on the board. Talk about what makes the thoughts helpful, harmful, or burdensome. The key here is just to focus on how the participants identified and categorized thoughts. Later we will talk about how those thoughts affect mood.
V. F. TYPES OF HARMFUL THOUGHT PATTERNS
(10 MINUTES)

Overview
For participants to become aware of their harmful thought patterns, specifically those that affect their mood states.

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

Participant Manual
p. 2.12

Rationale
To learn to recognize harmful thought patterns.

Information
It may be useful for group leaders to use props when reviewing the different types of harmful thought patterns. For example, a coffee mug and filter can be brought in to illustrate the concept of a negative filter; dice can be used to illustrate pessimism; and a sticker label can be used to illustrate labeling. Leaders can point to a picture in the room and explain how some people may only focus on the imperfections (negative filtering) instead of seeing the entire picture. This is similar to being in any situation and focusing only on the negative aspects of the situation. As a result, they are blind to the positive aspects that exist.

Step by Step

Step 1: Review the harmful thought patterns.
Suggested Wording:
We’ve been talking about how thoughts affect mood. Next week, we will talk about how we can change the way we think to improve our mood, but before we do that, it is helpful for us to learn more about different types of harmful thoughts. Harmful thoughts fall into different categories.

If you look on page 2.12 of your books, we have listed some of the common categories. Let’s go over a few of them.

Pick the categories that you think are most pertinent for group members and review these categories.

Step 2: Have group members identify which category their thoughts fall into. If you have written group members’ thoughts on the board, pick a few and then ask people which category each thought falls into. Otherwise, you can have group members share thoughts from page 2.12 in their books and figure out which categories they fall into. Sometimes, a given thought will fall into more than one category.
V. G. HOW TO GIVE MYSELF GOOD ADVICE
(10 MINUTES)

Overview
To help participants increase positive self talk.

Key Points
• We can learn ways to talk back to harmful thoughts to improve our mood.
• We give good advice to others; we can also give good advice to ourselves.

Participant Manual
p. 2.13

Rationale
Learn ways to talk back to harmful/burdensome thoughts.

Step by Step

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

Give specific examples of thoughts participants have identified in the last class or during the homework assignment.

Step 2: Introduce the “Giving Advice” Metaphor.
Suggested Wording:
Look at page 2.13 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 bear good fruit.

**Step 3: Have women practice giving advice to themselves.**
Ask participants to pair off. If they did the optional project of writing harmful thoughts on the index cards, they can use those cards now. Otherwise, take a couple of minutes and have participants write one burdensome/harmful thought on a 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 person who does not read the card will give advice on how to handle the thought (this means that each participant will really be giving herself advice).

As this exercise is occurring, circulate among the group, clarify the exercise, 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.
VI. TAKE HOME MESSAGE (5 MINUTES)

Overview
Review the take home message, which is the key concept or message from the session.

Key Points
• Review the take home message
• Elicit participants’ reactions to the take home message
• Participants may also have their own take home message from this session. If so, elicit their specific take home message.

Participant Manual
p. 2.14

Rationale
We want participants to understand the key concept or message from the session.

Step by Step

Step 1: Review the take home message.
Suggested Wording:
Each week, we will review a take home message. This take home message is a summary of the main content that you learned in today’s session.

Either the facilitator or get a volunteer participant to read the take home message.

Step 2: Elicit participants’ reactions to the take home message.
Suggested Wording
· What do you think of this take home message?

Step 3: Elicit participants’ own take home message, if different from the one described in the session and reinforce their own take home message.
Suggested Wording
· Do you have your own take home message? Can you share with us your take home message?
· Thank you for sharing this message, which is also important. Please feel free to add that to these other take home message on this page. [Encourage participants to write their take home message on this page.] Do you agree or disagree?
VII. PERSONAL PROJECT (5 MINUTES)

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. 2.15

Rationale
We want participants to be aware of their thoughts and to 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 1.28-1.30 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 these helpful and harmful thoughts and their mood.

Step 2: Assign the optional projects.

1. Use your cards to keep track of your helpful and harmful thoughts this week. Write your healthy thoughts on one side of the card and your harmful thoughts on the other side.
2. Talk to someone about what you learned about your thoughts and mood today.
VIII. FEEDBACK AND PREVIEW (10 MINUTES)

Overview
Give participants an opportunity to provide feedback about today’s class, and give them a brief overview of next week’s class.

Key Points
• Provide participants with an opportunity to comment on today’s class.
• Be supportive and responsive to their comments.
• Make a plan to make changes based on feedback, if appropriate.
• Provide an overview of next week’s class.

Step by Step

Step 1: Elicit participants’ reactions to the class.
Suggested Wording:
We are almost done for today, but before we end, I want to thank you for attending the class and find out how the class went for you. Your opinion is very important to us as we want this to be a place where you can learn useful things and where you feel comfortable talking.

Suggested Wording
• What do you think about the Mothers and Babies course so far?
• What was helpful about today’s session?
• Were there things that were not helpful, and if so, what were they?
• Are there things that you wished we had talked about today that we did not talk about?

Step 2: Respond to participants’ comments.
Respond empathetically and responsively, showing you understand their point of view. If the comments are negative, try not to become defensive but instead take a problem-solving stance so that you can make things better in the future.

Step 3: Provide an overview of next week’s class.
Suggested Wording:
We look forward to seeing you next week. Next week, we will talk more about how to fight harmful thoughts and increase helpful thoughts that we can improve our mood, and our babies’ mood.
CLASS OUTLINE

I. Announcements & Agenda (5 min) and General Review (10 min)
II. Personal Project Review (15 min)
III. Relaxation Exercise (5 min)
IV. Violet & Mary's days (10 min)
V. New Material (60-75 min)
   A. Thoughts About Becoming a Mother (10 min)
   B. Pregnancy, Birth, and Parenting—Helpful and Harmful Thoughts (10 min)
   C. Helpful Thoughts During Pregnancy and Motherhood (10 min)
   D. Ways to Change Harmful Thoughts that Affect Me and My Baby (10 min)
   E. Thoughts I want to Learn to Teach My Baby (10 min)
   F. Thinking About Your Future (10 min)
   G. Thinking About Your Baby's Future (10 min)
VI. Take Home Message (5 min)
VII. Personal Project (5 min)
VIII. Feedback and Preview (5 min)

Goals for instructors:
- Ensure that participants understand the connection between thoughts and mood.
- Help participants see that we can, and often do, change the way we think.
- Help participants understand how our external reality (e.g., activities) and internal reality (e.g., thoughts) both contribute to our personal reality.
- Motivate participants to want to learn how to manage their thoughts (internal reality) so that they can improve the quality of their lives 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 (similar to p. 3) (optional)
5. Copies of CES-D or other mood questionnaires (optional)
6. Evaluation/feedback forms (optional)
Note: In Classes 3-8, detailed descriptions (e.g., overview, step by step instructions) will be provided for the New Material section only. In each of the classes, under the sections II-V below, the content described in the Participant Manual refers to the materials specific for that module.

For additional information on sections that are common to all sections, refer to Class #2:
I. Announcements and Agenda (pp. 2.2)
II. General Review (pp. 2.3-2.4)
III. Personal Project Review (pp. 2.5 -2.7)
III. RELAXATION EXERCISE (5 MINUTES)

**Recommended exercise: “A Country Day”** (Ramos et al., 2007, p. 11). Alternatively, Instructors can ask participants to choose an exercise from the participant manual (p. 3.4).

A FAVORITE PLACE

**Overview:**
1. Have each group member rate their current mood
2. Help each group member identify a favorite place, which can be the ocean, mountains, whatever makes them feel happy.
3. Lead group members in an exercise where they imagine their favorite place, as experienced through various senses (visual, auditory, taste, smell).
4. After the exercise, ask each group member to rate their mood again at the end of the activity.
5. Discuss how imagining relaxing through picturing this favorite place affected their mood and thoughts.

You can ask the following questions.
   a) Did your mood change?
   b) Why do you think your mood changed?
   c) What thoughts did you have while being in your favorite place?

A sample imagery exercise is included below.

**Suggested Wording:**
In a moment, I am going to ask you to do a relaxation exercise where you are asked to imagine a favorite place. This can be a place that you used to go to as a child, or now. This should be a place that makes you feel good. For some of us, it's the beach or the mountains. As you imagine this place, I am going to ask you to pay attention to how you are feeling. It will be important for both you and us to understand your reactions.

**[sample imagery exercise]**
I'd like you to sit back in your chair and let your body get into a comfortable position. . . I want you to try to imagine that you are about to do the activity you have chosen. This is something that you really enjoy doing. Try to close your eyes and imagine your favorite place.

**[optional deepening techniques]**
Let’s take a few deep breaths... in... out... in... out... Let your mind really focus on this place. Imagine where you are. What do your surroundings look like? How are you feeling? What are you seeing? Are there other people with you? Are you touching anything? Are you smelling anything? Are you hearing any sounds? Continue breathing slowly and allow yourself to slowly continue to be in this favorite place.

**[wrapping up the imagery]**
Ok now, I’d like you to start to leave your favorite place and then slowly open your eyes and return to the group.

Process the relaxation activity. Ultimately, discussion the thoughts and feelings that arise in being in this favorite place. And how being in a favorite place can increase healthy and positive thoughts and affect our internal reality and mood.
IV. VIOLET AND MARY’S DAYS (10 MINUTES)

Overview
Use this exercise to reiterate the relationship between mood and thoughts.

Key Points
- Note importance of the reciprocal between thoughts and depression.
- Violet and Mary have different ways of managing their internal reality, which can affect their mood.

Participant Manual
p. 3.5

Step by Step

Step 1: Reintroduce Violet and Mary.

Suggested Wording:
On page 3.5, you can see that Violet and Mary are now 4 months pregnant. Lately, they’ve both been feeling down. When their stories start, both would rate their mood as a 4. Let’s see how what they do affect how they feel.

Step 2: Elicit Group Discussion regarding Violet and Mary.

Suggested Wording:
Notice that Violet and Mary both start out at a level “4” in terms of their mood.  
1) How would you rate Violet’s mood at the end of the story? (Circle number) 
2) How do you think what Violet did, affected how she felt? 
3) How would you rate Mary’s mood at the end of the story? (Circle number) 
4) How do you think what Mary did, affected how she felt?

Answers: Violet will have a lower mood rating than Mary. Why? Due to the relationship between mood and having more harmful thoughts. Next, ask participants to help Violet break this cycle between depression and having harmful thoughts. Mary has a better day because she decides to go to her check-up and has the helpful thought that she is taking care of her baby.

Step 3: Brainstorm possible ways to break the cycle. As they identify different ways, write them on the board.

Suggested Wording:
• How can we break the cycle? 
• What did you learn in other modules that you could use to improve your mood? 
• How do helpful thoughts affect your mood? How does having harmful thoughts affect your mood? 
• Will improving your mood help your baby’s mood?
V. New Material
V.A. THOUGHTS ABOUT BECOMING A MOTHER (10 MINUTES)

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 you think about your children and yourself affects how you are with them, and this in turn affects the way your children think about themselves, you, and your relationship.

Participant Manual
p. 3.6

Information
In the first year of life, young children form important attachments to primary caregivers and 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 their 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 mother’s ability to serve as consistent, safe 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 the children’s internal reality. 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 class, 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,” which is an example of labeling, how did I learn this?

Begin a discussion of how we learned to think the way we think. 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.

**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?

You can write three columns on the board: 1) beliefs about themselves, 2) beliefs about their relationship with you, and 3) beliefs about the world. Then, elicit participant responses.

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

Begin a discussion about how they 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. Women who have children already can share their experiences of how they are teaching their children to think in helpful ways.
V.B. PREGNANCY, BIRTH, AND PARENTING—HELPFUL AND HARMFUL THOUGHTS (10 MINUTES)

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 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. 3.7

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

As participants talk about how they want to parent their children, they begin talking about discipline strategies. Views of discipline for different cultures 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, 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 related to being a mother.*

Write two columns on the board, one titled “helpful thoughts” and the other titled “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 also acknowledge that becoming a mother involves many changes, not all of which are positive. Mothers do give up many things (including sleep), but they also get many things in return. Women who are already mothers can share their experiences with the changes associated with the early postpartum period.
V.C. HELPFUL THOUGHTS DURING PREGNANCY AND MOTHERHOOD (10 MINUTES)

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

Key Points
- There are lots of helpful thoughts we can have about pregnancy, motherhood, 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. 3.8

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.3.8 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, being mothers, and the new baby. These might be thoughts about things you are excited to teach your baby or thoughts 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 3.8. 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.
V.D. WAYS TO CHANGE HARMFUL THOUGHTS THAT AFFECT MY BABY AND ME (10 MINUTES)

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.

Participant Manual
p. 3.9

Rationale
Changing harmful thoughts is a key component of this intervention. It is a powerful way to improve mood and to 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 by harmful thoughts. They can help give you some control over these thoughts and help improve your mood. Using these strategies will also help you teach your baby how to manage harmful thoughts and how to create a healthy mood. This way, 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’m just feeling really tired right now, and I need to try to get some rest so I have more energy for my baby.” Or you can do something helpful for yourself, a pleasant activity like 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, like giving ourselves instructions to do something well, is almost like being a good parent to ourselves. For example, my baby knows that I love her because I am doing many things to care for my baby, like changing her diaper, feeding her, and say that I love her. Has anyone 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.]
V.E. THOUGHTS I WANT TO LEARN TO TEACH MY BABY (10 MINUTES)

Overview
Focus on thoughts the mothers want to teach their babies.

Key Points
- Review the key points of the thoughts module.
- Mothers play an important role in helping shape their babies' thoughts and internal reality, which can have an impact on the mother's and baby's mood.

Participant Manual
p. 3.10

Information
This handout 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 what you say and how you talk to your child influences her/his perception of themselves and their mother.

Step by Step
Step 1: Review the basic concepts of the thoughts module.
Suggested Wording:
This is the last class of the thoughts module. We have been talking about the kinds of thoughts we have and we found out that some thoughts are healthy and more positive for our mood, while some thoughts are more harmful for our mood. We’ve also talked about some of the ways to try to get rid of these harmful thoughts, by using some antidotes and thinking about what kind of life we want to have for ourselves as mothers and for our babies. Is there anything else that you remember from this module?

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 mean to them. Highlight the following:
- Participants can help shape how their babies think.
- How participants talk to their child influences the child's perception of his/herself and his/her mother.
V.F. THINKING ABOUT YOUR FUTURE
(10 MINUTES)

Overview
Help participants understand that they can actively shape their future by shaping their internal and external reality.

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

Participant Manual
p. 3.11

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 and to set goals.
Suggested Wording:
Last week we talked 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 an 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 to your life 5 years from now, the year of ________. [Ask each question & provide about a minute 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?
• What do you NOT want for yourself?

After asking the questions, have participants come out of the relaxation activity and either 1) write down their goals (wants and don’t wants) on p. 3.11, or 2) verbally discuss this activity.
Step 3: Recognize that mothers can set their goals and shape their lives by changing/molding/managing their internal and external reality.

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

Elicit discussion

Step 4: Recognize that one can be active in managing one’s reality.

**Suggested Wording:**
By taking this class, you’ve been learning that you can shape your life. For example, in class, we’ve talked about how 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 also start by doing the things to make that future happen. Imagine that 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?

Elicit discussion, and write on board relevant points.

What do you need to start doing right now to reach your desired goal? If you don’t change directions, you’ll wind up where you’re headed.

The main thing to know is that, if you feel good about yourself and your life, then probably your baby, as she grows up, will also feel good and more secure in her life. Do you think that’s true? [Briefly discuss this.]

Step 5: Identify obstacles to being active in one’s life.

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

Is there anything that would prevent you from having the life that you imagined? What are some of the roadblocks? [Answers: time, money, lack of energy, lack of partner – write these on board and problem solve with participants; this would also be a good time to review the thoughts and mood module, e.g., harmful thought patterns & antidotes].

Can anyone think of a way to overcome some of these roadblocks? [Help group to problem solve.]
V.G. THINKING ABOUT YOUR BABY’S FUTURE
(10 MINUTES)

Overview
This activity is similar to Activity VI.F (Above) but focused on how mothers play an active role in shaping their baby’s future.

Key Points
• Thoughts can help the mother to shape her baby/child’s life in ways that are healthier for both mother and baby/child.
• Identify different life goals, and ways to shape their baby’s future (e.g., do’s and don’t do’s).

Participant Manual
p. 3.12

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 some of the things that need to be done now and avoiding things that may not be very helpful.

Review some specific examples in previous discussion.

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

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 in a comfortable position and take a few deep breaths. [Do 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, the year of ________. [Ask each question & provide about a minute for participants to visualize their answers].

• How old will your child be?
• What do you see her to do 5 years from now?
• Is she in school? Is she able to read, write?
• Does she enjoy school?
• What kind of life do you want for her to have?
• Who are the people in her life?
• What role does each of these people play in her life?
• What are some of the things that you want for your baby?
• What are some of the things that you do NOT want for your baby?
After asking the questions, have participants come out of the relaxation activity and either 1) write down their goals (wants and don’t wants) on p. 3.12, or 2) verbally discuss this activity.

Step 3: Recognize that mothers can help shape their baby's lives by helping her manage her internal and external reality.

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

Step 4: Recognize that mothers can be active in managing their baby's reality.

Suggested Wording:
In the previous activity, we talked about the things that you could do to help realize your ideal future. Now, can you think of ways that you can help to make your baby’s future happen? Remember, imagine that you have 5 years to make this happen. What kinds of things do you want to teach your baby? To make this happen, what are some of the things you need to do now? What are some of the things that you need to avoid? Elicit discussion, and write on board relevant points.

Step 5: Identify obstacles to being active in one's life.

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

Elicit answers: time, money, lack of energy, lack of partner. Write these on board and problem solve with participants.

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

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

Alternative Exercise

An alternative to doing Activity V.F. and V.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 together. 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 she or he looks like.”

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

Overview
Review the take home message, which is the key concept or message from the session.

Key Points
• Review the take home message
• Elicit participants’ reactions to the take home message
• Participants may also have their own take home message from this session. If so, elicit their specific take home message.

Participant Manual
p. 3.13

Rationale
We want participants to understand the key concept or message from the session.

Step by Step

Step 1: Review the take home message.
Either the facilitator or get a volunteer participant to read the take home message.

Step 2: Elicit participants’ reactions to the take home message.
Suggested Wording
· What do you think of this take home message?
· Do you agree or disagree?

Step 3: Elicit participants’ own take home message, if different from the one described in the session and reinforce their own take home message.
Suggested Wording
· Do you have your own take home message? Can you share with us your take home message?
· Thank you for sharing this message, which is also important. Please feel free to add that to these other take home message on this page. [Encourage participants to write their take home message on this page.]
VII. Personal Project: QUICK MOOD SCALE (5 MINUTES)

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. 3.14

Rationale
We want participants to be aware of their thoughts and to 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 1.27 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 these helpful and harmful thoughts and their mood.

Step 2: Assign Optional Projects
1. 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.
2. Talk to someone about what participants learned about their thoughts and mood today.

VIII. FEEDBACK AND PREVIEW (5 MINUTES)

Give participants an opportunity to provide feedback about today's class, and give them a brief overview of next week’s class.
Class #4: ACTIVITIES AND MY MOOD

CLASS OUTLINE

I. Announcements and Agenda (5 min) and General Review (10 min)
II. Personal Project Review (15 min)
III. Relaxation Exercise (20 min)
IV. Violet and Mary’s Days (15 min)
V. New Material (60-75 min)
   A. How does what we do affect how we feel? (20 min)
   B. What do you like to do? (20 min)
   C. Balancing stress and fun (20 min)
VI. Take Home Message (5 min)
VII. Personal Project (5 min)
VIII. Feedback and Preview (10 min)

Goals for instructors:
- Review main concepts from last class
- Continue to build rapport
- Explain the concepts of internal and external reality
- Explain that pleasant activities are part of the external reality
- 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

Materials needed:
- Participant manuals
- Pens, dry erase board, or chalkboard to present material to class
- Ramos et al. (2007). The MB Course: Relaxation Methods for Managing Stress (optional)
- An enlarged reality management chart (similar to p. 1.9 participant manual) (optional)
- Pleasant Activity cards, 1 set for every 2 people (optional)
- Copies of CES-D or other mood questionnaires (optional)
- Evaluation/feedback forms (optional)
III. RELAXATION EXERCISE (5 minutes)

**Recommended exercise:** “Walking Relaxation” (p. 4.4 participant manual, or Ramos et al., 2007, p. 13). Alternatively, instructors can ask participants to choose an exercise from the participant manual. 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 et al., 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.

**Participant Manual**

p. 4.4
IV. VIOLET AND MARY'S DAYS (15 MINUTES)

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 Violet and Mary’s Days and highlight the following points:
  • What you do affects how you think and feel about yourself, others, and the world.
  • You can choose to do things that make you feel better.
  • Doing pleasant activities can actually create energy.
  • Doing pleasant activities helps make our lives more balanced; we realize there is more in our lives than just problems 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. 4.5

Information
Each session will have a cartoon about Violet and Mary as a way to serve as models for 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” Violet because inevitably some of the women may have days similar to Violet’s. Hopefully, if they can learn to empathize with and help Violet, 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 Violet because of her outcome. Group leaders can discuss the group’s reaction to Violet and talk about how the primary difference between the two women is that Mary engaged in pleasant activities.
Step by Step

**Step 1: Introduce the vignettes.**

**Suggested Wording:**
Let’s look at the cartoons on page 4.5 in your books to see another example of how what we do can affect how we feel. Violet and Mary are both 5 months pregnant. Lately, they’ve both been feeling down. When their stories start, both would rate their mood 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 Violet and Mary?
- Why do we think they are feeling down? (What is their external reality?)
- What are they thinking? (What is their internal reality?)
- What does each character do? (How do they change their external reality and their internal reality?)
- How does what they do affect their mood?

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

**Step 3: Graph the characters’ mood scales on the board.** Have participants determine how Violet’s mood changed with each picture. Then do the same for Mary.

**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 (balance beam), especially when they are stressful.
  - Pleasant activities tend to chain, meaning when you do one activity you often start a chain so that you are more likely to do more activities. For example, if you go out for a walk, you may bump 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 (i.e., manage a little of our external reality).

**Step 5: Connect this exercise to the explanation of mood and your personal reality.** Highlight that Mary made choices and did activities that changed her external reality and affected both her thoughts and her mood. Refer to the diagram and explain that during this module we will be focusing on activities. We will be looking at activities we can do alone and those we can do with others that will make us feel better.

Note: Although the pictures describe Violet and Mary as pregnant, mothers with young children can also experience the same relationship between mood and activities. This model can apply to anyone (pregnant or not pregnant).
V. NEW MATERIAL: MOOD AND ACTIVITIES
V.A. HOW DOES WHAT WE DO AFFECT HOW WE FEEL? (20 MINUTES)

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. 4.6

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, Mary 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 4.6 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? (20 MINUTES)

Overview
Help participants identify activities they would enjoy doing now (during pregnancy) and after their babies are born, or what mothers like to do with their babies.

Key Points
• Help each participant identify a minimum of three activities she would like to do now and three she might like to do after the baby is born.
• 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 and just take a second.
  • There are times when we enjoy doing a particular activity and other times when we don’t. It’s important to figure out under what conditions an activity is likely to be enjoyable.
  • When you know what you like to do, it makes it easier to do it.

Participant Manual
pp. 4.7-4.8

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 external 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.

If there are mothers in the group, it will be important to ask if these mothers experiences similar doubts and feelings during their own pregnancy and, if so, how they were able to resolve these feelings. Sharing mothers' experiences can help normalize some of these feelings that pregnant women commonly have.

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 because they are not in their home country (e.g., language barrier, not with friends and family). The point of this exercise is to engage group member’s creativity in generating alternative activities when obstacles arise. This is an important problem-solving skill.

It is important to remind group members that pleasant activities can be thought of as “meaningful” activities (e.g., talking to a loved one, enjoying a meal) but do not have to be “special activities” (going to Disneyland). We cannot always do a “special” activity, but we can do “meaningful” activities.
Step by Step

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 4.7 in your books, there is space for you to write down activities you would like to do right now and activities you would like to do after you have 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 let’s see what you would like to do now and things you would like to do when your babies are born or for the mothers in our group, what do you like to do with you 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 the participants feel and how it changes their reality.
- Mothers can also do different activities with their babies that may also 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 activities we can do by ourselves and activities we can do with other people.
- When you have a baby, you have to give up things you like to do, but you also get to do a lot of things you couldn’t do before.
- Knowing what you like to do gives you a roadmap and can help generate ideas to improve your mood when you are feeling stuck.
- There are different conditions that may make an activity more or less pleasant. For example, depending on how much energy you have, you might choose to do a big or a small activity. It’s important to think about this because if you pick an activity that is too big, given your level of energy, it can end up not being pleasant anymore.
- If participants cannot identify any activities, have participants review and check off some activities listed on p. 4.8 in their participant manual (also see instructions on p. 4.13 of this manual on Pleasant Activities Schedule).
Alternative Exercises

1. PLEASANT ACTIVITIES CARD

**Step 1: Make the Pleasant Activities Cards (To be done prior to the session).** Instructors can create a set of Pleasant Activities Cards. Each card has a picture of a pleasant activity along with a written description of the activity. There are also some blank cards so that people can add activities that are not on the list. Cards can be organized by color. For example, yellow cards show activities that people can do alone (yellow = yourself). Purple cards show activities that people can do with other people (purple = people). Blue cards show activities that are specifically related to the baby. White cards are blank cards where people can write down their own ideas of pleasant activities.

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

**Step 2: Introduce the activity.** Ask the participants to get together in groups of 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.

2. DISCUSSING WHAT YOU LIKE TO DO IN SMALL GROUPS.
Even if you do not use the cards, it can be helpful to break participants up into small groups so they can talk about what they like to do. By doing so, members are able to talk more and to form relationships with one another. Afterwards, rejoin the group to summarize what they learned.
V.C. BALANCING STRESS AND FUN
(20 MINUTES)

Overview
Help participants identify things they have to do and things they would like to do both now and 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, both now and after the babies are born, 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.

Participant Manual
p. 4.9

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 those things we like to do and those we have to do and increase group members’ 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 to “things I want to do.” This leads nicely to the next exercise where we discuss how to make “things I want to do” a priority so that there is a balance between these two categories. 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.

There are many things that we have to do each day in order to survive, such as earn money, prepare food, clean up after ourselves, etc. Sometimes, these things may seem overwhelming and we may feel that we simply do not have time to engage in pleasant activities. In this section, we highlight the importance of doing pleasant activities (activities you 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 those we want to do will be particularly important once the baby is born because there will be 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 one also builds in “want to do” activities, the risk of becoming very unbalanced is very real. And once this happens, one’s mood and one’s ability to enjoy one’s baby become compromised.

“Want to do” activities with the baby can include watching her learn, hugging her and feeling her warmth, looking into her eyes, singing to her, even watching her sleep. As the baby grows, the repertoire of pleasant activities continues to grow, especially if one is mindful of this potential. It may also be 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.

Participants may have become very good at identifying brief activities that they would enjoy. Instructors can reinforce their ability to do this and talk about how this is an important skill, one which perhaps was strengthened by coming to the group and doing the exercises. If a participant has difficulty identifying pleasant activities, instructors can refer to previous exercises she did and to activities she identified during these exercises. It is also important to attempt to determine what in the moment is preventing her from figuring out what she would like to do.

During this exercise, instructors may discover that a participant is overwhelmed by all the things she has to do. In some cases, it may be helpful to help her think about ways she could cut back or find help. Another woman may spend a lot of time worrying about doing something but not actually doing anything. If this is the case, instructors may want to try to identify those thoughts that are affecting her or talk about goal setting if the woman might benefit from a structured way to accomplish tasks. Instructors may also find it helpful to take notes regarding participants’ thoughts and social support networks that will be addressed in future classes.

**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 needed to do since the new baby was born. Write those down on the board.
- Ask participants 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 everyday 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 4.9 and think about what it is like if the scale is tipped too far in any direction. You can also refer them to page 1.10 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. TAKE HOME MESSAGE

Overview
Review the take home message, which is the key concept or message from the session.

Key Points
- Review the take home message.
- Elicit participants’ reactions to the take home message.
- Participants may also have their own take home message from this session. If so, elicit their specific take home message.

Participant Manual
p. 4.10

Rationale
We want participants to understand the key concept or message from the session.

Step by Step

Step 1: Review the take home message.
Either the facilitator or get a volunteer participant to read the take home message.

Step 2: Elicit participants’ reactions to the take home message.

Suggested Wording
- What do you think of this take home message?
- Do you agree or disagree?

Step 3: Elicit participants’ own take home message, if different from the one described in the session and reinforce their own take home message.

Suggested Wording
- Do you have your own take home message? Can you share with us your take home message?
- Thank you for sharing this message, which is also important. Please feel free to add that to these other take home message on this page. [Encourage participants to write their take home message on this page.]
VII. PERSONAL PROJECT (5 MINUTES)

Overview
Assign this class’s personal projects

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

Participant Manual
pp. 4.11-4.12

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 1.28 – 1.30 of this manual.

Step 2: Assign the one of the Optional Projects

PLEASANT ACTIVITIES SCHEDULE
Suggested Wording:
You came up with a great list of activities. If you turn to page 4.8 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.

Find out things that babies like to do
Suggested Wording:
Talk to a mother of a new baby and find out two things that babies like to do [applicable for pregnant women].

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 page 4.12 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.
VIII. FEEDBACK AND PREVIEW (5 MINUTES)

Give participants an opportunity to provide feedback about today's class, and give them a brief overview of next week's class.
Class #5: PLEASANT ACTIVITIES HELP MAKE A HEALTHY REALITY FOR MY BABY & MYSELF

Goals for instructors:
- Review main concepts from last class.
- Continue to build rapport and encourage group process.
- Provide important developmental information about how babies learn and how activities foster development.
- Help participants begin to think about activities their babies will enjoy.
- Help participants identify problem solving as a way to overcome obstacles to doing pleasant activities.

Materials needed:
- Participant manuals
- Pens, Dry erase board, or chalkboard to present material to class
- Copies of CES-D or other mood questionnaires (optional)
- Evaluation/feedback forms (optional)

CLASS OUTLINE

I. Announcements and Agenda (5 min)
II. General Review (10 min)
III. Personal Project Review (15 min)
IV. Relaxation Exercise (5 min)
V. Violet and Mary (15 min)
VI. New Material (60-75 min)
   A. Activities and My Baby’s Mood (10 min)
   B. What Do Babies Like to Do? (10 min)
   C. Some Things Babies Like To Do (10 min)
   D. Pleasant Activities & My Baby (10 min)
   E. Overcoming Obstacles (15 min)
VII. Personal Project (5 min)
VIII. Feedback and Preview (10 min)
III. RELAXATION EXERCISE

Recommended exercise: “Using Muscle Tension to Learn to Relax” (Ramos et al., 2007, p. 9; reproduced in Participant manual on page 5.4).

Participant Manual
p. 5.4
IV. VIOLET AND MARY’S DAYS
(15 MINUTES)

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 Violet and Mary’s Days and highlight the following points:
• What you do affects how you think and feel about yourself, others, and the world.
• You can choose to do things that make you feel better.
• Doing pleasant activities can actually create energy.
• Doing pleasant activities helps make our lives more balanced. We realize that 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. 5.5

Information
Each module will have a cartoon about Violet and Mary as a way to serve as models for 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” Violet because inevitably some of the women may have days similar to Violet’s. Hopefully, if they can learn to empathize with and help Violet, 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 Violet because of her outcome. Group leaders can discuss the group’s reaction to Violet and talk about how the primary difference between the 2 women is that Mary engaged in pleasant activities.
Step by Step

Step 1: Introduce the vignettes.
*Suggested Wording:*
Let’s look at the cartoons on page 5.5 in your books to see another example of how what we do can affect how we feel. Violet and Mary are both 6 months pregnant. Lately, they’ve both been feeling down. When their stories start, both would rate their mood as a 4. Let’s see how what they do, affects how they feel.

Step 2: Elicit participants’ reactions to the cartoons and help them flesh out the characters.
Questions to stimulate discussion are listed below:
• Who are Violet and Mary?
• Why do we think they are feeling down? (What is their external reality?)
• What are they thinking? (What is their internal reality?)
• What does each character do? (How do they change their external reality and their internal reality?)
• How does what they do affect their mood?

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

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

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 (balance beam), especially when they are stressful.
• Pleasant activities tend to chain, meaning when you do one activity you often start a chain so that you are more likely to do more activities. For example, if you go out for a walk, you may bump 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 Mary made choices and did activities that changed her external reality and affected both her thoughts and her mood. Refer to the diagram and explain that during this module we will be focusing on activities. We will be looking at activities we can do alone and those we can do with others that will make us feel better.
V. NEW MATERIAL
V.A. ACTIVITIES AND MY BABY’S MOOD
(10 MINUTES)

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. 5.6

Rationale
The intent of this section is to teach that, just as activities affect our mood, they affect the
baby’s 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 discipli-
narian, 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 as only 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 pleas-
ant 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 is or 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 devel-
opment. 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 class: “My parents, my
teachers.”
Step by Step

Step 1: Discuss the importance of emotional intelligence.

*Suggested Wording:*

When we think of development, we usually think about their physical development, meaning how fast they will grow, when they will crawl and walk, and we think about their intellectual development, 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:*

Two weeks ago, when we watched the video, we saw that our children learn from us. Let’s spend a couple of minutes now and talk about how it is that our children learn. 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 who they are in the world?

Begin a discussion about how babies learn.

Key points (p. 5.5, participant manual):
- Babies learn by:
  - Observing and imitating what their parents do.
  - Communicating with their parents.
  - Following what their parents teach them.
  - Feeling supported when they try to do new things.

Highlight that babies learn from us. This means that if we want to teach them something, we need to know it first.

Also, remind participants to be aware that their children are learning 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.B. WHAT DO BABIES LIKE TO DO? (10 MINUTES)

Overview
Engage participants in a discussion about the different activities that babies like to do. Emphasize how developmental and temperamental factors 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:
• From birth there are things babies enjoy doing, so it is never too early to begin planning and doing pleasant activities with your baby.
• Doing activities with your baby will help your baby develop and will strengthen your relationship with your baby.
• Your baby’s developmental level will affect whether s/he enjoys a given activity. As babies develop, different activities become pleasant.
• Your baby’s temperament will affect whether s/he enjoys a given activity.
• All babies are different. We need to learn to read their signals to determine which activities are pleasant for each baby. We also need to learn how each baby learns best.

Participant Manual
p. 5.7

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 before the baby is born, it will be easier for her to provide the kinds of opportunities that the baby can benefit from as the baby grows. If the baby finds a world that is full of interesting, exciting, and pleasant experiences, his or her impression of the world will be much more positive than if he or 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 other caregivers and family members (e.g., baby's father, grandparents, siblings). Mothers in the group can share their babies’ likes and dislikes. The handout on page 5.6 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 post-partum 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 slowly work with these throughout the remainder of the class.

You may want to highlight when in the child’s development the child will enjoy the activities they listed. For example, a baby might find certain toys or activities overstimulating at one month but may really enjoy them at 3 months.

Participants sometimes are surprised to see that there are activities babies like to do shortly after childbirth. You can help them understand that from birth (and even before that) babies are ready to learn and to interact with others. It is important to acknowledge differences in activity preferences as they are related to differences in developmental ages.

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.

When you talk about monitoring the number of pleasant activities you do, it is very important to explain that pleasant activities are not just special activities. 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; they 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 generating pleasant memories in one’s mind 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. 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, open the refrigerator and taking 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 learn to do this from the time they are small.

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

**Step by Step**

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

*Suggested Wording:*

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

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

Key points to highlight
- Babies learn by watching, so mothers can always have something available to stimulate babies’ interest.
- 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? Does she/he do things differently with her/his father, or grandparent/sibling…?

**Step 3: Recognize that developmental and age differences in activities that babies engage in.**

*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. As you can see on p. 5.7, there is a list of some of the activities that babies like to do at different ages. When she is young, she cannot move much but enjoys imitating and listening to your voice. Notice that she is older, she has more motor ability, can move around, crawl, and maybe even learn to stand up. So she’ll be so much more active and more interested in the things around her. As your baby grows, it is important to recognize that the activities she likes will also change.
V.C. SOME THINGS BABIES LIKE TO DO
(10 MINUTES)

Overview
Provide participants with a general list of activities that babies like to do according to their age and stage of development.

Key Points
Highlight the different activities that babies enjoy:

- Take into account the baby’s temperament when planning pleasant activities.
- Plan ahead activities that babies like to do.
- Babies are able to do and enjoy different activities in their world as they develop.
- Motor development helps babies explore their environment. For example, babies can use their hands to reach for objects into their mouths and explore them.
- There are many activities that babies can do and like to do even when they have limited mobility.

Participant Manual
p. 5.8

Rationale
Help women understand that a significant amount of learning occurs during the baby’s first years of life.

Information
How to use this list. This section complements the previous activity in the participant’s manual (p. 4.7-4.8). Participants may be surprised to see the types of activities babies like to do immediately after they are born. The instructor can ask participants about their reactions about what they learned. Participants will learn that it is never too early to plan and engage in pleasant activities with their babies.

Step by Step

Step 1: Discuss the list in page 5.8 of the participant’s manual. The general list describes the different activities that babies usually like to do during each stage of development and at different ages.

Suggested Wording:
You have mentioned activities that are great for your baby’s development and, more importantly, activities that babies like to do. Let’s take a look at page 5.8 in your manuals. Many of the activities that you have mentioned are included in this list. The main purpose of this list is to help us understand that likes and dislikes change as they grow. As you can see, their likes and dislikes change from month to month and year to year. It could be that newborns are over-stimulated if there are many toys in their cribs/beds or even if we stare directly at them for a long period of time. They may look away or they may cry to show that there are many toys in their cribs or that they are getting too much attention now. However, in a few months, they will love and enjoy these same type of stimulation. A lot of new mothers have expressed that having a baby less than 3 months old is like having a new baby every day. Then, what babies like to do changes constantly from day to day and from year to year.
V.D. Pleasant Activities and My Baby
(10 MINUTES)

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. 5.9

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 the following:
• 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 the following:
• How babies learn by playing.
• 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.*
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. 5.10

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:
We just finished talking about the importance of balancing what we have to do with what we want to do. While we know that it’s important to do pleasant activities, sometimes things just seem to get in the way of doing them. For example, the things we have to do can keep us from doing the things we want to do. What are other things that get in the way of doing pleasant activities?
Elicit responses and write them on the board.
Step 2: Brainstorm possible solutions to these obstacles.

**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 group members call out ways to overcome it. Write their answers on the board. Highlight how much they already know about overcoming obstacles.

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

**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 formal 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 5.10. 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. We will evaluate the solutions later.

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

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

Step 4: Use problem solving to tackle an obstacle a participant is facing.

Step 5: Elicit participants’ reactions to this problem solving technique.
VII. PERSONAL PROJECT (5 MINUTES)

Overview
Assign this class’s personal projects.

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

Participant Manual
pp. 5.12

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 1.27 – 1.29 of this manual.

Step 2: Assign one of the Optional Projects
1. Pick two pleasant activities and do them this week
2. Look for places where you’d like to take your baby. Check them out now.

VIII. FEEDBACK AND PREVIEW (5 MINUTES)

Give participants an opportunity to provide feedback about today’s class, and give them a brief overview of next week’s class.
Class #6: CONTACT WITH OTHERS AND MY MOOD

CLASS OUTLINE

I. Announcements & Agenda (5 min)
II. General Review (10 min)
III. Personal Project Review (10 min)
IV. Relaxation Exercise (10 min)
V. Violet and Mary (10 min)
VI. New material (60-75 min)
   A. When I am with Others, I Feel Better (10 min)
   B. The People in my Support Network (10 min)
   C. People in My Life and the Ways They Support Me (10 min)
   D. Communication Styles and Your Mood (20 min)
   E. Getting Your Needs Met (10 min)
   F. What Keeps You From Expressing Your Needs (10 min)
VII. Personal Project (5 min)
VIII. Feedback and Preview (5 min)

Goals for instructors:
• Review main concepts from last class and module (activities & mood.)
• Introduce main concepts from new module on people contacts with others and mood.
• Provide psychoeducation regarding the reciprocal nature of contacts with others and mood.
• Identify participants' current support system.
• Introduce different communication styles.
• Have participants identify their primary communication style, and how this may affect their mood and relationships.

Materials needed:
• Participant manuals.
• Pens, Dry erase board, or chalkboard to present material to class.
• Copies of CES-D or other mood questionnaires (optional)
• Evaluation/feedback forms (optional)
• A Referrals list of domestic violence and crisis hotlines for organization, if available.
IV. RELAXATION EXERCISE (10 MINUTES)

Recommended exercise: “Using your Breath to Learn to Relax” (Ramos et al., 2007, p. 8). Alternatively, Instructors can ask participants to choose an exercise from the manual.
IV. VIOLET AND MARY’S DAYS (10 MINUTES)

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

Key Points
• Note importance of the reciprocal nature of interpersonal problems and depression.
• Violet and Mary have different ways of managing their external reality, which can affect their mood.

Participant Manual
p. 6.5

Step by Step

Step 1: Reintroduce Violet and Mary.
Suggested Wording:
On page 6.5, you can see that Violet and Mary are now 7 months pregnant. This morning, Violet and Mary calls from a friend asking them to go to the park. Violet does not answer the phone. She doesn’t feel like getting out of bed and stays home. Mary decides to go out with her friend, and they spend the afternoon together at the park, relaxing and talking about the upcoming baby.

Step 2: Elicit group discussion regarding Violet and Mary.
Suggested Wording:
Notice that Violet and Mary both start out at a level “4” in terms of their mood.
1) How would you rate Violet’s mood at the end of the story? (Circle number)
2) How do you think what she (Mary) did affected how she felt?
3) How would you rate Mary’s mood at the end of the story? (Circle number)
4) How do you think what she (Mary) did affected how she felt?

Answers: Violet will have a lower mood rating than Mary. Why? Due to the relationship between mood and fewer positive contacts (isolation). Next, ask participants to help Violet break this cycle between depression and less/negative contacts with others.

Step 3: Brainstorm possible ways to break the cycle. As they identify different ways, write them on the board.
Suggested Wording:
• How can we break the cycle?
• What did you learn in other modules that you could use to improve your mood?
• How does having a good talk or a good time with someone help your mood?
• Will improving your mood help your baby’s mood?
V. NEW MATERIAL: CONTACT WITH OTHERS AND MOOD
V.A. WHEN I AM WITH OTHERS, I FEEL BETTER (10 MINUTES)

Overview
To introduce the module on relationship between mood and contacts with others (interpersonal relationships).

Key Points
• Provide psychoeducation regarding the reciprocal nature of interpersonal problems and depression.
• Identify participants’ current support system.
• People contacts are part of one’s external reality.

Participant Manual
p. 6.6

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 people contacts and mood and provide overview of the next two weeks.
Suggested Wording:
Contact with others and mood is the last section of new material. We have 3 more weeks with each other. Over the next 3 weeks, we will be talking about how our relationships with others affect our mood and might also affect our baby’s mood. We will be talking about how our relationships with others affect our mood, and how relationships with others might also affect your baby’s mood. How we interact with others is part of our external reality. Let’s begin by talking about the connection between mood and contacts with others.

Step 2: Begin a group discussion regarding how depression affects contacts.
Write the words “mood” and “contacts with others” on the board (similar to chart on p. 6.6). Write their answers on the board (see example below).
Suggested Wording:
What kind of people contacts do you have when you are feeling down?
How does your feeling down affect your contacts with 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 fewer positive contacts or 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?
Key points to address include 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.

**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 are feeling down or depressed, we often have fewer or more negative contacts because we don’t feel like being around others, we may be more sensitive to others’ comments, or we may be more irritable. When we have fewer positive contacts and/or more negative contacts with others, this also adds to our depression. So when we are feeling down or depressed, we can be caught in a vicious cycle. Next week, we will be talking about how we can break this pattern, and better manage our external reality.

Step 5: Have participants identify what comes first: depression or lack of people contacts.

**Suggested Wording:**
A lot of people wonder whether feeling down/depression cause people to be less sociable or being less sociable cause feeling down/depression? What do you think?

Through group discussion elicit the following point:
The **answer is probably both**. When we feel down, we are less likely to socialize. But not having contact with people can take away from us a good source of support, and we become more depressed. When we feel more depressed, we do even fewer things with people. This cycle continues until we are so depressed that we spend much of our time feeling alone.
V.B. THE PEOPLE IN MY SUPPORT NETWORK (10 MINUTES)

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. 6.7

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 7.

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 and negative. Your social support system may include family, friends, neighbors, your home visitor, co-workers, and/or health care providers. In general, the stronger your support system, the better you will be able to face tough situations. Also, the stronger your support system, the better you and your baby’s health will be.

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 6.7. 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 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.C. PEOPLE IN MY LIFE AND THE WAYS THEY SUPPORT ME (10 MINUTES)

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. 6.8

Rationale
Identifying one’s social support system can help to determine if there are specific types or areas of support that one needs strengthening in order to improve mood.

Information
Quantity vs. quality of social support. Group leaders should assess, for each participant, 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 (i.e., quality, this person is not available because he/she does not live in the same country due to migration).
- If it is the quantity issue, it will be important to evaluate ways to find other pregnant women and/or mothers and other people in general to increase the support system.
- If it is a quality issue, it will be important to assess whether participants need to change the existing support system (e.g., by increasing contacts with supportive people or decreasing support with draining or hurtful people). It is important to acknowledge differences in individual support systems, and thus normalize this fact.

Step by Step

Step 1: Introduce the exercise including the purpose and ways to complete the exercise.
Suggested Wording:
Please turn to p. 6.8. The activity is called the people in my life and the ways they support me. The purpose of this exercise is to figure out whom your social support system consists of. This page is divided into 4 squares. Each square represents a certain kind of support that a person might give 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 will help us understand where we have support and where we maybe need more support. As you do this exercise, it is important to note that there might not be people or names that you’ll write down for each of these types of support, or that some people provide only one type of support, whereas others provide others types of support.
For example, some are great at giving emotional support but won’t help with chores. Therefore, not all people are good at all types of support.

Go through the squares on page 6.8 in participants’ manual. Help the participants fill them out. 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 sheet, ask participants to look at their sheets. Identify areas that members feel are fine and areas they would like to change and develop. Mention that you will be talking about how to make changes in their support network. Begin a discussion about their sheets. You can use 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?

**Alternative Exercises**

**PICTURE PRESENTATION OF SOCIAL SUPPORT NETWORK.**

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

**MEETING PEOPLE AND MAKING YOUR SUPPORT SYSTEM LARGER AND STRONGER.**

Purpose: To discuss ways that people can make their social support system stronger.

**Suggested Wording:**
Depression has been associated with low social support. Therefore, encouraging the formation of new relationships and increasing social contacts is essential to reducing participant’s negative mood/depression.

One way to make your social support network stronger is to meet new people but doing this is not always easy, especially when you’re feeling down, or when you are pregnant (or a mother with a young baby) and may be uncomfortable going out.
Let’s talk some good ways to meet new people:
• The easiest way to meet people is to do something that you like doing and doing 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 whole purpose is to meet people.

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

What activity could you do this week with another person that might be helpful, supportive, pleasurable, relaxing or enjoyable?

Example:  
Activity ➔ Attend group (or Call a friend)  
Mood ➔ Less depressed

Your example:  
Activity: ________________________  
Mood: _________________________
V.D. COMMUNICATION STYLES AND YOUR MOOD (20 MINUTES)

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.

Participant Manual
p. 6.9

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

Information
Materials: a box or basket in which there are three scenarios depicted on three separate papers, folded up in the box/basket (described below). Participants will pair up with one of the group leaders, pick out one of the papers, and enact the chosen situation 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 doing so 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 in a relationship 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. Depending on group composition, it is important to acknowledge that there is no one “right” communication style. It depends on the particular situation.
Step by Step:
Exercise: “What’s in the box?”—Identifying your personal style of communication.

Step 1: 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’d like to do a few role plays to figure out how you usually act or communicate in different situations. How do we actually talk in different social situations? Here, I have a basket that describes different everyday situations (like asking the grocery owner where a product is).

_______ [instructor’s name] and I will do one for you to see, and afterwards, you can think about what you would do in the same situation. Then we’ll take turns acting out these situations.

Instructors model the first one, by reading out loud the situation, and decide who will play which role. Typically, the participant should play the role ascribed to “what would you do in this situation?” The role plays should take a few minutes per situation. The options following each of the scenarios are intended for group leaders to elicit discussion following each of the role plays. Group leaders can 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** [these are written on separate papers ahead of time and put into the box; see end of this section for these items]:

**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 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 very close friend about a comment that she made last week but have not said anything. She is coming over to your house today. What do you do in this situation?
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 words 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 regarding how they view these communication styles and how they think they might affect their mood and their 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 right or wrong communication style. Sometimes, you may choose to act passively because that is what is expected of our families or our cultural upbringing. Sometimes, we change our best to fit whatever works best in a given situation. For example, an assertive person might choose to be passive because this is what is expected in this situation, or that is best for the situation. What is important is that you choose how you will act!

**Alternative Exercises**
Instructors can introduce the three communication styles by going over putting the grid (communication styles and respecting wishes) on the board. Refer to p. 6.9 in participant manual.

At first, just put the bolded, underlined parts of the table on the board and ask group members to complete 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.

Explaining passive-aggressive Style:

**Suggested Wording:**
What does it mean to be passive-aggressive? As can be seen on p. 6.9, passive-aggressive can mean that you are not respecting your own wishes and not respecting others’ wishes. In this way, you are not clearly communicating your needs to others.
V.E. GETTING YOUR NEEDS MET (10 MINUTES)

Overview
Needs can be 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 can increase the chance that one's needs will be met (but not always).
• Being assertive can help increase the chance that one's needs will be met.
• 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. 6.10

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 towards significant limits. The therapist 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 therapist 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 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 support. 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.
• You can move on and think about what else you can do.

**Step 2: Identify steps to being assertive.** Put the 5 steps on the board (p. 6.10).

**Suggested Wording:**
There are 5 steps that can help for us to become more assertive, to 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” versus “Doctor, can you check my sugar level?”

4) Respect the other person’s right to say no. (e.g., “I know you’re really busy.”) Talk about how this sets the stage for making a request.
5) Be willing to compromise.

Have each group member think of someone they would like to request something of this week (e.g., friend, family member, doctor). Help them to 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 group and then have group members give them feedback.
V.F. WHAT KEEPS YOU FROM EXPRESSING YOUR NEEDS? (10 MINUTES)

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 increase one’s external reality.
• There are different ways to overcome these obstacles.

Participant Manual
p. 6.11

Step by Step

Step 1: Explore with participants the roadblocks to being assertive. As group leaders, you should also raise your hands if this applies to you.

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

Brainstorm with the group some of the things 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 different 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 the inability to be assertive and/or to valuing 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 show disrespect to another person

Other questions to stimulate discussion are listed below.

• Does assertiveness mean danger for you?
• E.g., “If I’m assertive, then, I’ll be rejected.”
• “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?
VII. PERSONAL PROJECT: QUICK MOOD SCALE (10 MINUTES)

Overview
Assign this class 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. 6.13

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 1.27-1.29 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 one of the Optional Projects
1. Keep track of the number of positive and negative contacts.
2. Engage in a pleasant activity with someone who gives you support.

VIII. FEEDBACK AND PREVIEW (10 MINUTES)

Give participants an opportunity to provide feedback about today’s class, and give them a brief overview of next week’s class.
Class #7: HOW TO GET SUPPORT FOR ME AND MY BABY

CLASS OUTLINE

I. Announcements and Agenda (5 min)
II. General Review (10 min)
III. Personal Project Review (10 min)
IV. Relaxation Exercise (10 min)
V. Violet and Mary (10 min)
VI. New material (60-75 min)
A. Can We Break this Vicious Cycle? (10 min)
B. People Who Will Provide Support for Me and My Baby (10 min)
C. Interpersonal Relationships and Depression: Role Change or Transition (15 min)
D. Interpersonal Relationships and Depression: Role Disagreements of Dispute (15 min)
E. Safety in Relationships is the #1 Priority (10 min)
VII. Personal Project (5 min)
VIII. Feedback & Preview (5 min)

Goals for instructors:
• Review the reciprocal nature between mood and interpersonal relationships.
• Identify ways to increase support for one’s baby.
• Discuss the effect of role changes or transitions on mood and relationships with others.

Materials needed:
• Participant manuals
• Pens, Dry erase board, or chalkboard to present material to class
• Copies of CES-D or other mood questionnaires (optional)
• Evaluation/feedback forms (optional)
• A Referrals list of domestic violence and crisis hotlines for organization, if available.
IV. RELAXATION EXERCISE (10 MINUTES)

Recommended exercise: “Putting Down a Load” (Ramos et al., 2007, p. 10).
Alternatively, Instructors can ask participants to choose an exercise from the manual.
V. VIOLET AND MARY’S DAYS (10 MINUTES)

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

Key Points
• Note importance of the reciprocal nature of interpersonal problems and depression.
• Violet and Mary have different ways of managing their external reality, which can affect their mood.

Participant Manual
p. 7.5

Step by Step

Step 1: Reintroduce the Violet and Mary story.
Suggested Wording:
On page 7.5, you can see that Violet and Mary are now 8 months pregnant. This morning, Violet and Mary get a phone call from a friend asking them to visit her. Violet does not answer the phone. She doesn’t feel like getting out of bed and stays home. Mary decides to go out to visit her friend, and they spend the afternoon together talking about being a new mom and how Ana can provide support for Mary and her baby.

Step 2: Elicit group discussion regarding Violet and Mary.
Suggested Wording:
Notice that Violet and Mary both start out at a level “4” in terms of their mood.
1) How would you rate Violet’s mood at the end of the story? (Circle number)
2) How do you think what she (Mary) did affected how she felt?
3) How would you rate Mary’s mood at the end of the story? (Circle number)
4) How do you think what she (Mary) did affected how she felt?

Answers: Violet will have a lower mood rating than Mary. Why? Due to the relationship between mood and fewer positive contacts (isolation). Next, ask participants to help Violet break this cycle between depression and less/negative contacts with others.

Step 3: Brainstorm possible ways to break the cycle. As they identify different ways, write them on the board.
Suggested Wording:
• How can we break the cycle?
• What did you learn in other modules that you could use to improve your mood?
• How does having a good talk or a good time with someone help your mood?
• Will improving your mood help your baby’s mood?
VI. NEW MATERIAL
VI.A. CAN WE BREAK THIS VICIOUS CYCLE? (10 MINUTES)

Overview
To introduce the module on relationship between mood and contacts with others (interpersonal relationships).

Key Points
• Review the reciprocal nature of interpersonal problems and depression.
• Identify participants’ current support system.
• People contacts are part of one’s external reality.

Participant Manual
p. 7.6

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: Review the relationship between people contacts and mood and provide overview of the next four weeks.
Suggested Wording:
We have 2 more weeks with each other. This week and next week, we will continue to talk about how our relationships with others affect our mood, and how relationships with others might also affect your baby’s mood. How we interact with others is part of our external reality. We will also have a chance to talk about what you’ve learned in this course, and also have a time to celebrate at the end of the 2 weeks. We will have a graduation party for all of you. Let’s review the connection between mood and contacts with others.

Step 2: Summarize relationship.
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 are feeling down or depressed, we often have fewer or more negative contacts because we don’t feel like being around others, we may be more sensitive to others’ comments, or we may be more irritable. When we have fewer positive contacts and/or more negative contacts with others, this also adds to our depression. So when we are feeling down or depressed, we can be caught in a vicious circle. We will be talking about how we can break this pattern, and better manage our external reality.
Step 3: Have participants identified how to break the cycle between negative mood and fewer positive contacts (or more negative contacts) with others (refer to p. 7.6 of the participant’s manual).

Suggested Wording:
Now that we know about the cycle between negative mood and lack of positive people contacts, how can we break the cycle? [Elicit group 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 I’d like for you to look at p. 7.5 of your manual. As you can see here, we can see that to improve our mood, we can increase our pleasant activities, change the way that we think (our internal reality), and also by either reducing negative or harmful contacts with people 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.]
VI.B. PEOPLE WHO WILL PROVIDE SUPPORT FOR ME

Overview
Assess participants’ current support networks.

Key Points
• Participants can identify and evaluate their social support system for themselves and their babies. This session focuses more on receiving support for women and their babies.
• There are different kinds of support.
• We can make choices as to whom we spend time with.

Participant Manual
p. 7.7

Rationale
Identifying the social support system for women and their babies can help to determine if there are specific types or areas of support that one needs strengthening in order to improve mood for mothers and babies.

Information
Quantity vs. quality of social support. Group leaders should assess, for each participant, 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 (i.e., quality, this person is not available because he/she does not live in the same country due to migration).
• If it is the quantity issue, it will be important to evaluate ways to find other pregnant women, mothers, and other people in general to increase the support system.
• If it is a quality issue, it will be important to assess whether participants need to change the existing support system (e.g., by increasing contacts with supportive people or decreasing support with draining or hurtful people). It is important to acknowledge differences in individual support systems, and thus normalize this fact.
Step by Step

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

Suggested Wording:
Please turn to p. 7.7. The activity is called the people who will provide support for me and my baby. The purpose of this exercise is to figure out whom your social support system consists of. This is similar to what we did last week, but this week will focus more on getting support for your baby also. This page is divided into 4 squares. Each square represents a certain kind of support that a person might give you and your baby. As we go through them, think of the people in your life who 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 will help us understand where we have support and where we maybe need more support. As you do this exercise, it is important to note that there might not be people or names that you’ll write down for each of these types of support, or that some people provide only one type of support, whereas others provide others types of support. For example, some are great at giving emotional support but won’t help with chores. Therefore, not all people are good at all types of support.

Go through the squares on page 7.7 in participants’ manual. Help the participants fill them out. 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 sheet, ask participants to look at their sheets. Identify areas that members feel are fine and areas they would like to change and develop. Mention that you will be talking about how to make changes in their support network. Begin a discussion about their sheets. You can use 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?

Alternative Exercises

Note: these exercises are similar to those described in class 6. The emphasis in this session is to have participants identify the social support for themselves and their babies.

PICTURE PRESENTATION OF SOCIAL SUPPORT NETWORK.
Another exercise used to identify one’s social support system is to draw the participant in the center of the board with a circle around the person’s name. Then ask the participant the names of the people in their lives who provide them with support (generically speaking) and whether they are close to them or not. For example, Jane is the participant, and Jane identifies that her mother, brother, and husband are supportive people in her life. The instructor would write the mother’s name or relationship, brother’s name or relationship, and husband’s name or relationship on the board, with a circle around each name. Next, ask Jane how close she feels to each of them. For those that she identifies as close, draw a solid line attaching their circle to Jane’s circle. For those that are identified as not close or conflictual, draw a dashed line from their circle to Jane’s circle. In this way, the participant can identify and evaluate whether she needs to enlarge her social support network, and/or she feels that the network is adequate.
MEETING PEOPLE AND MAKING YOUR SUPPORT SYSTEM LARGER AND STRONGER.
Purpose: To discuss ways that people can make their social support system stronger.

Suggestion Wording:
Depression has been associated with low social support. Therefore, encouraging the formation of new relationships and increasing social contacts is essential to reducing participant’s negative mood/depression.
One way to make your social support network stronger is to meet new people but doing this is not always easily, especially when you’re feeling down, or when you are pregnant and may be uncomfortable going out or when you are a new mom with an infant.

Let’s talk some good ways to meet new people:
- The easiest way to meet people is to do something that you like doing and doing 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 whole purpose is to meet people.

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

What activity could you do this week with another person that might be helpful, supportive, pleasurable, relaxing or enjoyable for you and your baby?

Example:
Activity ➔ Attend group (or Call a friend with a baby)
Mood ➔ Less depressed

Your example:
Activity: ________________________
Mood: _________________________
VI.C. INTERPERSONAL RELATIONSHIPS AND DEPRESSION:
ROLE CHANGE OR TRANSITION (15 MINUTES)

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. 7.8-7.9

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. Role change or transition is one of the four interpersonal problems areas that is part of the Interpersonal Psychotherapy (IPT) model, which posits that depression results from having difficulties in relationships. The other three interpersonal problem areas include: interpersonal disputes, grief/loss, and deficits in interpersonal skills. In this session, we focus on two of these areas that are more common to experiences of perinatal women, including role change and grief/loss (e.g., death of significant other, death of an infant, miscarriage, abortion). IPT has been found to be an effective intervention to prevent or treat perinatal depression. For more information, see Segre, L., Stuart, S., & O’Hara, M.W. (2004). Interpersonal psychotherapy for antenatal and postpartum depression. Primary Psychiatry, 11(3), 52-56.

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 7.8 and 7.9 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:
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.

Step 4: Discuss role transition and reality management model as it relates to the thoughts, behaviors, and people.
VI.D. INTERPERSONAL RELATIONSHIPS AND DEPRESSION: ROLE DISAGREEMENTS OR DISPUTES (15 MINUTES)

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. 7.10

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 group 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. Instructors can also refer to section VI.D. below regarding safety in interpersonal relationships.

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. 7.9 and 7.10 on their own and then discuss what they wrote as a group.

Suggested Wording:
Take a few minutes and answer the questions on page 7.9 and 7.10 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 7.9 and 7.10. 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.E. SAFETY IN RELATIONSHIPS IS THE #1 PRIORITY (10 MINUTES)

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. 7.11

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. Instructors can also refer to this section while discussing interpersonal disputes (section VI.D above).

Step by Step

Step 1: Safety in relationships is the #1 priority
Suggested Wording:
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 7.11 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 today.
VII. PERSONAL PROJECT (5 MINUTES)

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. 7.13

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 1.28-1.30 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 Optional Projects.
1. Choose to do an activity that you can do with another person that will make you feel good. Notice your mood before and after doing the activity.
2. If you have a baby, choose to do an activity with another person with a baby also.

VIII. FEEDBACK AND PREVIEW (5 MINUTES)

Overview
Give participants an opportunity to provide feedback about today’s class, and give them a brief overview of next week’s class.
Next week’s class will be the last class. Instructors can help participants plan for the last class (for instructions, see Instructor’s manual class 8, section IX).
Class #8:
PLANNING FOR THE FUTURE AND GRADUATION

CLASS OUTLINE

I. Announcements & Agenda (5 min)
II. General Review (5 min)
III. Personal Project Review (5 min)
IV. Relaxation Exercise (10 min)
V. Violet and Mary (5 min)
VI. Course Review (10 min)
VII. New Material (60-75 min)
   A. The Attachment or Bonding Relationship Between Parents and Baby (10 min)
   B. How to Meet Your Baby’s Needs (10 min)
   C. Babies’ Needs Change as They Grow (10 min)
   D. Learn About Your Baby’s Temperament (10 min)
   E. Three Types of Temperament (10 min)
   F. Role Models for Me and My Baby (10 min)
VIII. Final Activity (10 min)
IX. Graduation and Celebration (20 min)

Goals for instructors:
• Review the main concepts of the course.
• Discuss the attachment relationship, and ways to meet the baby’s needs, & temperament.
• Discuss and identify baby’s needs
• Saying goodbye and graduation.
• Discuss how participants can keep using the skills from the group after today.

Materials needed:
• Participant manuals
• Pens, Dry erase board, or chalkboard to present material to class
• Preparing for Birth Handouts (optional)
• Copies of CES-D or other mood questionnaires (optional)
• Evaluation/feedback forms (optional)
IV. RELAXATION EXERCISE (10 MINUTES)

Recommended exercise: Let each member of the class choose their favorite relaxation technique.
V. VIOLET AND MARY (5 MIN)

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

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

Participant Manual
p. 8.5

Step by Step

Step 1: Reintroduce Violet and Mary

Step 2: Elicit Group Discussion regarding Violet and Mary.
Suggested Wording:
Violet and Mary now have given birth and have a healthy baby. The baby is one year old. Notice that Violet and Mary both start out at a level “4” in terms of their mood.
1) How would you rate Violet’s mood at the end of the story? (Circle number)
2) How do you think what she (Mary) did affected how she felt?
3) How would you rate Mary’s mood at the end of the story? (Circle number)
4) How do you think what she (Mary) did affected how she felt?

Answers: Violet will have a lower mood rating than Mary. Why? Due to the relationship between mood and fewer positive contacts (isolation). Next, ask participants to help Violet break this cycle between depression and fewer/negative contacts with others.

Step 3: Brainstorm possible ways to break the cycle. As they identify different ways, write them on the board.
Suggested Wording:
- How can we break the cycle?
- What did you learn in other modules that you could use to improve your mood?
- How does having a good talk or a good time with someone help your mood?
- Will improving your mood help your baby’s mood?
VI. COURSE REVIEW (10 MIN)
VI.A. MY PERSONAL REALITY and
VI.B. CREATING A HEALTHY REALITY FOR ME AND MY BABY
(10 MIN)

Overview
Review and reinforce main concepts from the 8-week class.

Key Points
• Review the main concepts: Internal and external reality.
• Review the main concepts: Relationships between mood and pleasant activities, thoughts, and contacts with others can affect one’s internal and external reality.
• Thoughts can affect our internal reality.
• The activities that we do and the people in our lives can affect our external reality.
• We can make choices to have a healthier reality (both internal and external).

Participant Manual
pp. 8.6-8.7

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 8 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 internal reality? What is external reality? Let’s look at p. 8.6 of your book and talk about these concepts.

Points to discuss:
• Emphasize choices that participants can make about their internal and external reality.
• Internal and external reality may affect mood.
• Mothers can help mold their babies’ internal and external 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. 8.6, there are different ways that you can manage your internal and external 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 external 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 internal reality. This includes what goes on in your mind as you go through your day. Are you aware of the special moments as your relationship with your baby develops? Are you aware 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 external reality).
- The types of thoughts that one has can affect one’s mood (here focus on internal reality).
- By changing their internal and external reality, mothers can help shape their children’s internal and external 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)
- Instructor can refer back to examples from Violet and Mary to illustrate the above points.
Overview
Introduce the relationship between mothers and babies (attachment, bonding), and how these are related to identifying babies’ needs and temperament. Showing a video on temperament helps to tie all of these points together.

Key Points
Bonding between mother and child occurs during pregnancy and when the baby is born.
Bonding or attachment refers to the close emotional tie that develops between the mother and baby.

• Bonding or attachment can help strengthen the parent-child relationship.
• Bonding or attachment in the early years lays the foundation for the parent-child relationship in later years.
• Identify ways to promote the parent-child relationship.
• Recognizing babies’ different needs can help promote the parent-child relationship.
• Identify 3 main styles of temperament: a mother’s relationship with her baby can be improved by understanding her child’s temperament.

Participant Manual
pp. 8.8 - 8.13

Information
Showing a video on temperament will provide a rich format for discussion. Suggested DVD: Flexible, Fearful, or Fiesty: The Different Temperaments of Infants and Toddlers, available in Spanish and English, is part of a series of films from the Program for Infant Toddler Care (www.pitc.org/). This can be ordered from the California Department of Education CDE Press Sales Office 1430 N Street, Suite 3207 Sacramento, CA 95814-59011-800-995-4099.

Step by Step

Step 1: Define bonding and attachment.
Suggested Wording:
We’ve talked about your needs. Now we will talk more about your baby’s needs. One of the most important relationships is the one that you will have with your baby, at birth and beyond. During pregnancy, you are already bonding with your baby. You know that your baby is growing inside of you -- when your baby is kicking, is restless, is sleeping. So really bonding continues from the relationship that you already have with your baby during pregnancy. When you give birth, this bond becomes more of a reality for you. Now you can see, feel, and talk to the little person whom you knew only by feeling, or from the movements and heartbeat that you heard during pregnancy.

Bonding refers to the close emotional tie that develops between you and your baby. Some people also call this attachment.

Step 2: Elicit participants’ understanding of attachment in their lives.
Suggested Wording:
How can you form an attachment with your baby? Are you doing this already? How?
Step 3: Identify ways to promote bonding and attachment. One way is to recognize and learn about baby's needs.

**Suggested Wording:**
What can you do to promote the bonding experience with your baby? Just like you have needs, your baby will also have needs. On p. 8.9, you can see that your baby can have physical needs and emotional needs. Some parenting books talk about 3 goals that are important to be a helpful parent or mother: 1) know your child; 2) help your child feel right; 3) enjoy parenting.

Write 3 goals on board.

Remember, you are your child’s first and favorite role model. You can send a positive message to her - that she is capable of doing many things. Start by being supportive. Take pleasure in your child’s accomplishments and let her know it.

Review the types of needs on p. 8.9.

Part of attending to your baby is to recognize her needs. For example, if she is hungry, you want to feed her. When she is tired, put her to sleep. This will teach her that she can find love in the world.

Babies also have emotional needs. They want to know that they are loved. You can love your child and show your affection for her. Hug her, cuddle with her, read to her, talk to her throughout the day. This will teach her that she is important to you, and that therefore she can be important to others. Her internal reality will begin to form the idea that she is a valuable being. If she thinks of herself as valuable, she will be more likely to treat herself well, and expect that others treat her well, too.

You can establish daily routines so your child will feel secure within a schedule. Don’t be afraid to alter the schedule occasionally for special activities. Predictability is good. But so is teaching your child to be flexible.

From the moment she is born, your child is developing a sense of self. She is working toward being attached to, but separate from you. The first step in this development is learning to trust. When you meet your baby’s physical and emotional needs, you are helping her trust herself and feel secure in the world.

Step 4: Identify 3 main styles of temperament: a mother's relationship with her baby can be improved by understanding her child's temperament.

**Suggested Wording:**
An important part of learning to meet our own needs as mothers, and our babies’ needs is to recognize that not all babies are alike. In particular, babies have different ways of responding to the world – something that we call temperament.

We are all born with a genetic tendency toward a certain temperament or way of responding to the world. On p. 8.11, there are 9 ways that your baby can respond to the world that are part of what we mean by “temperament.” There are three types of temperament: easy (flexible), slow to warm up (fearful) and difficult (feisty).

Briefly go over the characteristics and show video on temperament. Elicit reactions to the video.

Step 5: Ask participants to identify their own temperament. For multiparous mothers, have them identify also their child’s temperament.

**Suggested Wording:**
What is your way of responding to the world? For example, are you always moving or doing something, or you are more of a relaxed type? For those of you who have children, what is your child’s temperament?

Step 7: Elicit and answer questions.

**Suggested Wording:**
Are there any questions about this or anything else we’ve talked about so far?

**Alternative Exercises**
If there is time, instructors can also review p. 8.8, and/or mention that participants can read this at home. The goal of this exercise is to help participants recognize that babies’ physical, emotional and social needs change as they grow older.
VII.F. ROLE MODELS FOR ME AND MY BABY
(10 MINUTES)

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

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. 8.14

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 and some are not.

Information
This discussion of role models may increase anxiety for some participants, especially those who 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 this week’s material, linking it to material taught in previous sessions. Instructors can elicit a general discussion and/or have participants complete four questions on p. 8.14 and then discuss their written answers.
Suggested Wording:
Today is our last day together, and we will spend some time reviewing what we’ve learned in the past 8 weeks, and saying goodbye to each other. Let’s start by talking about role models. What are role models?

Elicit participants’ answers.
Points to discuss:
• Role models can be people who have qualities that make a person look up to them (e.g., honesty, friendliness, genuineness).
• 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: Elicit participants’ role models.
Suggested Wording:
Who are your role models?

Step 3: Parents are their baby’s first role model.
Suggested Wording:
As parents, you are your baby’s first teacher and your baby’s first role models. 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?

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. Some people look up to others 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. 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 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 on doing them once your child is born, he or she will see you doing it, and might learn to do it himself or herself. Similarly, if there are things you want to do more often, or want to begin doing so your child will learn it, then now is the time to start, so that it has become part of the things you do by the time your child is born.

Elicit participants’ answers.
Points to discuss:
• Being aware of the negative influences.
• Help child to be aware that there are both positive and negative influences.
• Try to stay away from the negative influences e.g., select particular TV shows to watch or avoid.
• Increase social support in one’s life.

VIII. FINAL ACTIVITY: WHAT OTHERS LIKE ABOUT YOU (10 MIN)
IX. GRADUATION AND CELEBRATION (20 MIN)

Overview
Carry out a final exercise intended to provide positive feedback for participants from their peers. Celebrate 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
p. 8.15

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 activity is to have certificates of graduation and take pictures of the class (per participant choice).

Rationale
Provides an opportunity for each participant to recognize other participants, and to celebrate the completion of class.

Step by Step

Step 1: Positive review exercise: “What others like about you.” 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 one of the leaders start, and model 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 one other 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 8 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 do this.
Conduct the exercise as described above and then ask: *How was the exercise for you?*

Typically, the result of this exercise is that participants feel very good about themselves. Points to discuss:

- 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 one’s internal and external reality. Have them 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 have prepared a-priori certificates of completion of the Mothers and Babies Class for each participant. Instructors congratulate the participants and give participants 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 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 things include the following:

1) Graduation photo
2) Graduation ceremony
3) Food and drinks
4) Videotape party as a way to replay at a later time.

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 post-partum.

**Alternative Exercise**

**INVITATION TO PARTICIPATE IN A FOCUS GROUP**

Purpose: In order to evaluate the impact of the group on the participants and to plan for future groups, we suggest that you invite participants to attend a focus group with non-group leaders to gain information regarding their views of the course (e.g., strengths, weaknesses).

Emphasize that this is voluntary, group leaders will not be present, and it will be videotaped. Focus group should ideally take place 1 week following the 8th session. Have a sign-up sheet or ask to get an idea of who will be present. The feedback obtained in the focus groups can be used to improve the way the course was implemented by identifying specific issues that were most important to the population you serve. Incentives can be provided for women’s participation.