Kaiser Permanente West Covina Psychiatry

Handout for

DEPRESSION

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DEPRESSION

You may be taking medication to help reduce symptoms of depression like fatigue, poor sleep, appetite loss, poor concentration and excessive crying. Medication is a necessary part of treatment for many people. In fact, any depressive symptoms that would interfere with your ability to function at home or work would also interfere with your ability to participate meaningfully in psychotherapy. An appropriate medication can help you while you use psychotherapy to work on making the enduring changes in your thinking and behavior that can make future episodes of depression less likely. Please discuss any questions you have about your medication with the physician prescribing it.

The most noticeable thing about depression is often the mood, which is usually one of sadness and despair, and sometimes desperation, irritability, guilt, shame or even emotional numbness. But mood is only one of four aspects of depression. The other three are biology, thinking and behavior. These four aspects of depression influence each other, so improvement in one leads to improvement in the others, while worsening in one leads to worsening in the others. There is not much we can do to change mood directly, but we can do many things to improve mood indirectly by changing our biology, thinking and behavior.

Thinking

Biology

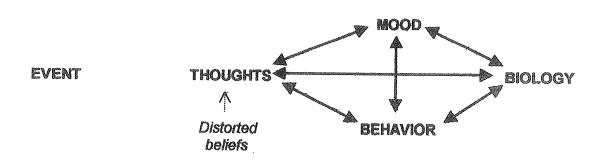
Behavior

Mood

- Thinking In depression, your thinking becomes dominated by unpleasant, disturbing thoughts about yourself and your life. These thoughts result from relying on various distorted beliefs to make sense of your experiences. This problem can be addressed by identifying your depressive thoughts and counteracting the distorted beliefs driving those thoughts.
- Behavior Depression leads you to become inactive and to withdraw from other people. Depression is also
 associated with a lack of ability to assert yourself, to let other people know your needs, feelings and decisions in
 a clear, respectful way. These behavior problems partly result from distorted thinking. Withdrawal, inactivity
 and lack of assertiveness can be addressed counteracting the distorted thinking behind these problems and
 by developing assertiveness behavior.
- Biology Depression can cause fatigue. It can cause loss of appetite (even though you may lose weight or eat compulsively and gain weight). It can cause you to sleep too little or too much. It can disrupt your concentration and memory. These problems are addressed mainly with medication. They can also be reduced significantly by physical exercise (e.g., a brisk 30-minute walk three times a week) and better eating and sleeping habits.

Depressed Mood and Depressive Thoughts

Our emotions and moods result not from events we experience but from thoughts triggered by such events. Depressed moods and depressive thoughts actually cause—and amplify—each other. When you're depressed, you often react to ordinary events and situations with a flood of painful thoughts. These thoughts quickly affect your mood, your behavior and the biological functions of your body. In fact, these thoughts, mood, behavior and biological changes affect each other. All of this is shown in the following diagram.



Changing depressed moods requires changing depressive thoughts. This handout and group will help you learn how to do this.

To get a useful sample of the thoughts that tend to trigger your depressed moods, you'll need to observe and record some things about yourself. Each day for one week, write down the thoughts that you have just before you feel the painful sadness (or anger or fear) of a depressed mood.

If you notice that a depressed mood occurs soon after some event happens or during some situation, write down that event or situation. The events and situations that trigger depressive thoughts are usually things you'd expect, like setbacks, frustrations and disappointments—but sometimes they are things you wouldn't expect, like getting a compliment or invitation, being told "I love you," asking someone for help or being asked for help.

Here is the most important idea behind this handout and the group:

Although depressive thoughts are often triggered by events or situations, they are not justified or explained by those events or situations. The main cause of depressive thoughts is distorted beliefs—unrealistic, unreasonable ideas you've used for years to make sense of your experiences. The best way to weaken these unhealthy ideas is by using healthy ideas designed to counteract them. Once you identify the kinds of distorted beliefs you have relied on in your life, you can work on gradually replacing them with reasonable, realistic ones.

Counteracting Distorted Beliefs Behind Depressive Thoughts

Once you identify the depressive thoughts that tend to trigger your painful moods, you must confront the deeper, distorted beliefs that *lead* you to have to those thoughts. The following chart gives you some guidelines for doing this.

These depressive	usually result from relying or these distorted beliefs:	always challenging them using ideas like the ones
I'm unlovable.	I have to be <i>perfect</i> in ability and	below.
I'm a failure.	stamina. If I need help or change my mind, I'm stupid.	productive or successful. I want progress, not perfection. Not one of the people I admire most is perfect.
I'm stupid.	1 at Suspins	I accept others who aren't perfect, and they can accept me. A mistake is something I do, not something I am. If I combine all my successes and mistakes, I have a
I'm worthless.		respectable "batting average."
was the second second second second second second second	When a failure, setback or disappointment occurs, or someone is upset, I'm responsible for it.	
I've been rejected.	Any person who chooses not to be with me is rejecting me.	A person who chooses not to be with me does so for various reasons that I'll never know. That choice reflects more about the other person than it does about me. People are not like fruit, where rotten pieces are "rejected" and fresh ones are "chosen." The pain I feel is disappointment, which I can learn to bear.
I'm to blame.	Any bad thing that happens is someone's fault.	Blaming never solves any problem or improves anything—it just makes my life into one long courtroom trial. Whenever I've been part of some problem, I can also be part of the solution.
water world using which prove these drives finded by	When something goes wrong, I must criticize myself before others do it to me—so that they won't.	I can't read minds or see the future, and I don't have to wound myself with criticism to "prevent" attacks from others. I'll keep quiet when I expect criticism, so I can see that attacks usually don't come.
Other people just <i>pity</i> me.	L can't accept compliments because they express pity and others will then expect more than I can do and I'll just let them down.	My own uneasiness is no indicator of anyone else's insincerity. I can't read minds. And simply thanking someone for a compliment shows respect, not arrogance and it doesn't "obligate" me to do more and better.
I'm lazy.	If I'm not productive, I'm lazy.	I'm not a machine. I'm worth much more than what I can "produce." I have value because I'm a human being.
disappoint- ment to others.	If I don't please others, they'll reject me.	I can help people, using my best judgement, but acting like a slave or a vending machine and desperately giving in to others never benefits anyone.
	Anyone who corrects me must think I'm a real loser.	Someone who corrects me is giving me an opportunity to

	A N. A.	The state of the s
I'm selfish.	If I express anger in any way, it's wrong—and I'll hurt someone or humiliate myself.	improve—and showing confidence in my ability to learn. Anger is an emotional signal that I don't like what's going on. I can learn how to express this clearly and respectfully.
and along when allow dops, and, and, and, and	If I express my own needs, it's selfish. Things in this world are "black-	My needs are as important as anyone else's. In good relationships, there's a balance among these needs.
f can't do anything right.	and-white." They're either wonderful or terrible, right or wrong, worthwhile or useless. Only extreme words can express how badly I feel—words like always, nobody, everybody, never, nothing, everything.	Extreme language prevents me from seeing the "big picture" of my life. Many things are not just "black-and white," and I can allow for some "middle ground" or "shades of gray." My thinking will be more balanced if I don't let any one event or situation reflect badly on my entire life. I may have just done something poorly, but I've done it well before and I can again. I've done other things well today. My mistakes are opportunities to learn and improve.
I've wasted my whole life.		I've done plenty of worthwhile things in the past and I'll do more in the future. Right now I'm trying to learn how to handle depression.
Nobody likes me.		Someone can dislike something I do and still like me as a person. People show me they like me by spending time with me—voluntarily. There are people I dislike, and they've survived. If someone chooses not to be with me, that reflects just as much about the other person as it does about me. I'm not responsible for that person's choices. The disappointment does hurt, but I'll survive it.
My life is totally out of control.		I can't control my emotions, and they can be very uncomfortable, but I am in control of my actions and my decisions.
		OTHER IDEAS FOR CHALLENGING DISTORTED BELIEFS Just because I've always assumed something is true doesn't mean it really is true. Just because someone I loved relied on a certain belief, that doesn't make it valid, and it doesn't mean I have to. The experiences I've had that contradict this belief make it less valid. This belief ignores a lot of facts. I don't apply this belief to others as I do to myself. That makes no sense if the belief is supposed to be valid. There are ways that this belief goes against common sense.

Don't forget ...

Although depression does not affect your ability to notice and remember unpleasant things in your life, there is good evidence that it weakens your ability to notice and remember pleasant things.

There's much more going on in your current experiences than the unpleasant things you might notice. There's much more that occurred in your past than the unpleasant things you might remember.

Counteracting Depressive Thoughts that lead to Withdrawal and Inactivity

When you're depressed, it's natural to try to minimize your emotional pain by withdrawing from others and becoming inactive. However, this only leads you to feel worse. Several common reasons why people think withdrawing and doing nothing will minimize pain are given in the left side of the chart below. To the right of each

These beliefs can be counteracted by taking these steps:

A COURSE CHERCH	can be counteracted by taking these steps:
anything,"	1. List some simple activities you used to enjoy but have stopped doing. 2. Just before doing each one man the last the
	2. Just before doing each one, rate the degree of pleasure you are feeling, on a scale of 0 (none to 10 (ecstasy). Then do the activity.
And a	3. Right after completing the activity.
	3. Right after completing the activity, rate your pleasure level again.
	The state of the s
"I'll feel worse	
if I become	1. List some simple activities you avoid doing
active and start	2. Just octore doing each one rate your mood on a set of the set o
	0 (neutral) to +10 (euphoric). Then do the activity.
doing things."	3. Right after completing the nativity.
	The state of the s
	thought. And remember, a day of inactivity leads to a worse mood, because you'll use your day of doing nothing as "proof" that you're "lazv" and "yourld".
A T T D	day of doing nothing as "proce" that to a worse mood, because you'll use your
"I'm too tired	1. The only way to test the thought is to I is
and weak to do	1. The only way to test the thought is to do the activity. If it's a long activity, break it down into parts or steps. In fact, keep breaking it down until you get to a step so small it's ridiculous. 2. After doing each activity (or part, or step), compliment you get to
anything."	2. After doing each activity (and a step so small it's ridiculous
	2. After doing each activity (or part, or step), compliment yourself. 3. Then admit there's no good reason with the step in a step in step in a s
"Nothing I do	
has any effect	1. List some pleasant experiences from your past. 2. For each one rate your mond of 100 part of step), and do it.
on my mood."	2. For each one, rate your mood (-10 to +10), close your eyes and relive that experience in your
J	3 Dight age 1 : 1
	3. Right after doing this, rate your mood again. Any change in your rating is evidence that you are able to influence your mood.
6 RIva a Line 188	are able to influence your mood. Any change in your rating is evidence that you
"Nobody will	1. Your own expectations can affect your behavior—without you knowing it. The depressive expectation to be "ignored" would lead you to stand of him.
talk to me" (at	expectation to be "ignored" would lead you to stand off by yourself have an unhappy look on your face and avoid eye contact with others. To other
some social	look on your face and good ever contest it is stand off by yourself have an unhappy
event).	antisocial. Of course they avoid you! Dut wan outers. To other people, you look angry or
	2. Instead of working against yourself, identify how your depressive expectations could influence the way you behave—and plan how to behave differently.
	the way you behave—and plan how to behave differently.
I'll have to	1. This is pure supposition having the best of the supposition has in the supposition of
ay for any	
ood times by	misinterpret the first minor annoyance of your day as "just the beginning" of misery. Is this
uffering later."	some kind of "punishment"? If so, what's it for? When did it start? How long does it go on? 2. Is it that you don't "deserve" to have good times? Why not? When the start? Why not?
. C. marant	2. Is it that you don't "deserve" to have good times? When did it start? How long does it go on? Why not? Who does "deserve" it? Why?
Titl C A2	
I'll fail at	1. Before doing a task, rate how competently you expect to do it, using an imaginary scale of 0 (not well at all) to 10 (as well as it could be done)
hatever I try."	(not well at all) to 10 (as well as it could be done).
	2. After doing the task rate how well and the state how well are the
l	 After doing the task, rate how well you actually did it. Compare your two ratings. In your daily life, this expectation leads you to put learn a few forms.
	3. In your daily life, this expectation leads you to put less effort into things, so it's no surprise that they turn out less well that you hope.
	The surface of the su

Here's another thing to keep in mind:

Your withdrawal or inactivity could be related to the ways others behave toward you. If other people don't encourage you to be involved with people, it's easier for you to withdraw. Also, if other people do things for you

that you should do for yourself (even if they mean well), it's easier for you to be inactive. If you let these people know this, they'll be more likely to do what helps rather than what hinders.

Counteracting Hopelessness and Suicidal Thinking

The emotional pain of depression—by itself—is not enough to get a person feeling hopeless and thinking about suicide. Feelings of hopelessness and thoughts of suicidal thinking begin only when you believe that ...

you can't bear the pain or you are trapped in the pain or the pain will never end.

Once you view your problem in any of these ways, suicide could seem like the only "solution." In fact, suicide is always an attempt to solve a problem of some kind. Suicide has even been called "a permanent solution to a temporary problem." But this raises two hopeful possibilities: (1) The pain you're in is not really permanent, and (2) the situation you've defined as the problem is not the real problem. In other words, either the pain won't always be this bad or the real problem is one that can be solved by something better than suicide. Below are examples.

What the problem seems to be:	be:	opportunities and hope:
"I've lost my reason for living."		is very painful but, with some help from others, I can figure out
"I'm a burden to others."	I've assumed that other people are "victims" of my problems.	People choose to care, because they are human beings. I'm not forcing anyone to do or feel anything. They care—as I would.
which assess weary desiry shall make desiry and	Actually, I'm the one who has been "burdened" for so long—by my own efforts to take care of everyone else.	I'm not responsible for the happiness of others. I don't know what's "best" for everyone. Doing things for others doesn't mean my own needs go unmet. I'll challenge my reasons for trying to take care of everyone. I'll set reasonable limits on what I'm willing to do. I'll learn how to say "No."
"I'm trapped, and I can't escape."	I've actually "trapped" myself for years in a severely limiting role that hinders me from seeking support and setting limits—like saying "No" to people who	I'm not responsible for the happiness of others. I'm going to work on breaking out of any self-defeating role I've been playing with others.
Address divine district Edges banks, Chippe	mistreat me or exploit me. I've also "trapped" (and limited) myself by believing that I have no	I'll give myself permission to change my mind when I need to. Changing my mind doesn't mean I don't know what I'm doing. It just shows that I learn from my experiences.
H ALL CUI	just know how I hurt and what I	There are people around me willing and able to give me support. I need to ask for it, because nobody can read minds.

nobody to help me." "Nothing will ever change."

them.

When I'm feeling helpless, I lose sight of the changes I can make—changes that can affect my situation and my mood.

"My life is a mess."

Many things in my life are not the way I want them to be. But each of the activities and relationships in my life is unique, and I can work on making changes in each of them, one day at a time. But I won't keep asking people who've only let me down—and I'll stop telling myself, "That's all I "deserve."

I'll practice noticing how my thoughts and feelings gradually change by themselves over time—the pleasant and unpleasant ones. I'll record these changes in writing, as they happen, hourly or daily.

I'll recall how I coped in the past with pain that seemed overwhelming, because I can either do the same thing now or learn from that experience and try something better this time.

I'll gain some control over my situation and mood by changing my behavior.

- I'll learn new skills for relationships/work/recreation.
- I'll start asking for help from other people. I'll change any self-defeating role that keeps me from doing this.
- I'll set limits for myself and say "No" to some people.
- I'll take a pleasure trip, or just a day or two off.
- I'll leave the house for a few hours.
- I'll walk away from difficult people—or plan not to be with them in the first place.
- I'll call someone I haven't talked with in a long time.

I'll gain some control over my situation and mood by changing unrealistic expectations that have kept me stuck waiting for things that won't happen—and things I don't really need in order to be happy or secure. I've suffered enough frustration and disappointment waiting for them. I'm going to stop acting as if my life will "finally" be the way I want it ...

- If I can just please my mother, father, spouse, children, boss, friend, etc.
- If I can just be good enough—or perfect—at doing things.
- If I can just hold my family/department/friends together.
- If I can just get enough attention or praise.

I'll make myself less vulnerable to unpleasant moods, by

- Getting at least seven or eight hours of sleep each day.
- Eating three healthy meals a day.
- Exercising (e.g., a 30-40 minute walk 3 times a week).
- Eliminating alcohol/drug use.
- Engaging in meaningful, constructive activities.

Interpersonal Roles that Contribute to Depression

An interpersonal "role" is a consistent, predictable way of relating to other people. A role involves specific behaviors and specific beliefs about those behaviors.

When playing a role, you act in certain ways and you avoid acting in certain other ways. Usually a belief drives you to play a particular role. You might believe that playing the role will benefit someone or serve some useful purpose. You might believe that not playing the role will result in some kind of problem or catastrophe (for

which you would be responsible). You may have never openly acknowledged these beliefs to others—or even to vourself.

In general, playing a role is not a problem if (1) you know that you're playing it, (2) you have a legitimate reason for playing it and (3) you are able to relate to people in other ways besides the role.

A role is a problem when you become stuck in it (and it's practically the only way you relate to others), or you do it compulsively (believing that you can never choose not to do it at any time).

Interpersonal roles can contribute to the development—and continuation—of depression, in various ways:

- Depression can develop because your role has not allowed you to get any of your own needs met.
- Depression can develop when your *identity* and *self-esteem* are based on the role and it becomes *unnecessary* or you become *unable* to play it. You may also *fear* making the necessary transition to a *new* role.
- Depression can develop if you become convinced that you have failed to play a role well enough.
- Depression can develop when your anger over playing a role becomes too strong to hide but too frightening to face. You might re-direct the anger toward yourself (e.g., self-blame) or shut off all emotions (and feel nothing).

Below are some interpersonal roles often played by people who develop depression. Although it's possible to play more than one role, people usually play one more than any other. Do you play any?

- 1. The Strong One. You're the one everyone seems to come to for help—advice, time, labor, money and emotional support. You give people what they want or need even before they ask for it. You believe you know what's best for everyone, and you act like it. You also believe you should never cry, and never say "I'm tired" or "I don't know," (because that would show "weakness"). You consider your own needs too "burdensome" to others. You believe that if you play this role long enough and well enough, someday people will realize what your needs are and satisfy them—or at least express deep appreciation.
- 2. The Rescuer. You view various other adults as underdogs or victims. You step in to prevent them from experiencing pain—even when the pain is a direct result of their own foolish choices. You always defend someone when others talk about him/her. You try to protect someone from mistreatment by another person. You make excuses for the person. You bail him/her out of difficult situations. You believe that if you do this well enough, this person will somehow turn into a responsible, capable person.
- 3. The Linchpin. You're always trying to hold some group of people together—your family, your workplace, your friends. You often allow them to communicate with each other through you. You take it upon yourself to organize all the get-togethers. You believe this can eventually create one big harmonious group. You believe that if you don't play this role the group with "fall apart"—and that it will be your fault.
- 4. The Peacemaker. You get involved with others whenever they seem to be in conflict. You try to get everyone to calm down and get along. You believe that if you don't do this, people will get out of control and hurt each other or be alienated permanently.
- 5. The Pleaser-Appeaser. You try to make certain people happy or keep them from getting upset. You give them their way and you don't refuse to do anything you think they want. You believe that if you can make them happy, you'll finally be happy and secure, or that if they get upset they will "reject" you.
- 6. The Scapegoat. You allow others to mistreat you in various ways. They blame you for things that are not your fault. They compare you unfavorably to others. They insult you. They exclude you. You frequently apologize for yourself. You believe that, for some reason, you sort of "deserve" all this.

Playing these roles does not accomplish what you hope for, and the "risks" of not playing a role are as exaggerated as the "benefits." Start working your way out of the role by answering these questions:

- What clear evidence do you have that playing this role has ever really benefited you or anyone else?
- What clear evidence do you have that something bad will happen if you stop playing the role? And even if it did happen, would that really be harmful or unbearable?

It may seem like other people "need" you to play your role, but it's more likely that you've simply made their lives more convenient by playing it. You've probably played the role because you feel a need to. Perhaps it has enabled you to avoid facing painful feelings of anger, shame, fear or grief. Consider working on this issue in more depth with your individual therapist.

Developing Assertive Behavior for Seeking Help and Setting Limits

What is assertiveness?

Assertiveness is a skill for communicating your thoughts and feelings to others. Depression is often associated with a *lack* of this skill. After all, if you can't *let others know what you need* from them or *set limits* on what *you're* willing to *do* or *tolerate*, you'll feel *helpless* to change anything in your life and *hopeless* about your future. You're also likely to become passive and resentful.

Assertiveness involves expressing your thoughts and feelings to people in a clear and respectful way. This definition rests on two assumptions. First, "expressing your thoughts" means using words (because "hinting" is useless). Second, being "respectful" means communicating in a way that would be acceptable to any reasonable person. If someone becomes upset over your message, it doesn't prove that you did something "wrong." In face-to-face communication, you can be confident that you are being respectful by communicating in these ways:

- Approach the other person privately, not in front of others.
- Maintain eye contact while speaking.
- Speak as calmly as you can.

- Allow the other person to respond—without interrupting.
- Don't accuse, blame or use name-calling.
- Deal with the other person's behavior—not with personality, attitudes or motives.

Anyone who resists this kind of approach is probably unable or unwilling to deal with what you have to say. If so, just drop the subject and try again another time. It's a fact of life that you can't make a successful dialogue happen alone. You can't control other people, only yourself. In fact, "successful" assertiveness involves simply saying what you need to say—cooperation from others is a bonus. So, assertiveness helps you maintain self-control. It takes nothing away from others, and it forces nothing upon them. It involves not surrendering your own power to others.

Why is it often difficult to behave assertively?

Obstacles within us. The obstacles within us are usually distorted, self-defeating beliefs, which become "reasons" not to act assertively. They must be challenged and disproved. Which ones below have you relied on?

- Other people should just know how I feel and what I need without me having to tell them.
- I should never question the opinions or decisions of others.
- My needs are too much of a burden to others.
- My needs are not as important as those of other people.
- If someone gets *upset* with something I say, I must be wrong or rude.

Here are some things people often have difficulty asserting. Once you identify the ones that are difficult for you, we can discuss them in the group and work on some ways to express them to the people in your life.

- Asking someone for help
- Stating your opinion—especially if it differs from someone else's
- Dealing with someone who does not cooperate with you
- Asking someone to stop doing something that bothers you.
- Responding to undeserved criticism
- Responding to unreasonable demands, and setting limits.
- Expressing confusion—and asking for clarification—about what others want from you
- Asking for a date to be set for a meeting or deadline
- Asking someone to correct a mistake that has affected you.
- Setting limits on what you'll tolerate (e.g., telling someone how you'll respond, in your own behalf, the next time he/she does something offensive that you've already asked him/her to stop).

Obstacles around us. The obstacles around us are usually difficult people who challenge or resist your assertive behavior. Such people are trying to avoid dealing with the matter you've brought up. In the chart below, the common ways other people might challenge your assertiveness are on the left side. To the right of each challenge are comebacks you can use to respond to it.

Ways that someone might challenge what you say	"Comebacks" you can use to return to your point
1. You ask a person to stop a bothersome behavior, and he/she says something irrelevant as if it explains or	"I hear what you're saying, but my point is (repeat you
excuses that behavior.	immal statement)." Don't waste time asking what the
A CONTRACTOR OF THE PROPERTY O	urclevant statement meant.
2. The other person makes a joke of what you said.	"I think the joking is getting us off the point, which i
3 When you ack a person to de-	(repeat your initial statement)."
When you ask a person to stop doing something that bothers you, he/she responds by complaining about	1
something you do.	only deal with one thing at a time. Do you want to o
4 The person delays girls you	Itrst or should I?"
4. The person delays giving you a response, claming to be too tired or busy.	"OK. Let's set a time when we can deal with this." (
,	the person refuses to set another time) "I'll get had
5. The person questions why you feel uncomfortable	to you."
about something you've asked him/her to stop doing, or	"The question of why or when is beside the point. I'
why you're bringing the matter up now.	LIKE YOU TO TAKE WHAT I'M SAVING HIST FOR What is in I'm
6. The person acts hurt or wounded by what you've	ocing as clear as I can."
said, as if you made an attack—so that you'll feel so	"I know this is difficult for you, but I've brought it up
guility that you'll drop it.	for the sake of our relationship, and I'm confident to
7. The person responds to what voulve said his ani-	can nanoie it."
THE PARTY OF THE P	"That sounds like a threat—is it?"
as a see the training might happen) that you'll drop the	(If the person says "No") "Then I'm comfused
matter.	over why you would say it." (and look confined)
	In the person says "You can take it any way you
	waii) In that case, I won't take it seriously,"
	(If the person says "Yes") "Do you really want us
	w deal with each other using throate?"
	workplace, "Could you put that in writing?" If not 1111
3. When you ask a person to stop doing something that	scine it to you in a memo for written confirmation ?"
bothers you, he/she denies ever having done it.	OK. How would you like me to let will know the next
A section of the sect	time I think it's happening?"

Remember, the purpose of a comeback is to politely return to your point, not to retaliate. Comebacks sometimes must be repeated (in the exact same words) until the other person listens, refuses to listen, or leaves.

If a comeback doesn't work after a couple of attempts, bring things to a close by saying, "Here's what I need from you. Would you be willing to do this?" Take any response other than a "Yes" as a "No."

Last but not least ...

Always be ready to reinforce cooperation. That is, whenever the other person listens to you, accepts what you say or does what you ask, be sure to express appreciation.