

The Think CBT Workbook

A Cognitive Behavioural Therapy Skills Primer and Self-help Manual

Contents

2	<u>An Introduction to the Think CBT Workbook</u>	51	<u>Exercise 20 – The Characterisation Game</u>
3	<u>Selecting the Right Cognitive Behavioural Therapist</u>	52	<u>Exercise 21 – Speed Up / Slow Down</u>
4	<u>About Cognitive Behavioural Therapy</u>	53	<u>Exercise 22 – Word Translation</u>
4	<u>How Does CBT Work?</u>	54	<u>Exercise 23 – The Time-Traveller's Log</u>
6	<u>What Does Undertaking CBT Involve?</u>	55	<u>Mindful Visualisation</u>
6	<u>Assessment</u>	55	<u>Exercise 24 – Leaves on a stream</u>
7	<u>Exercise 1 – Problem Statements</u>	56	<u>Exercise 25 – The Traffic</u>
9	<u>Exercise 2 – Goals for Therapy</u>	57	<u>Exercise 26 – Clouds in the Sky</u>
12	<u>Exercise 3 – Personal Strengths / Resources</u>	58	<u>Exercise 27 – Taming the APE – An Anchoring Exercise</u>
12	<u>Exercise 4 – Costs / Benefits of Change</u>	59	<u>Behavioural Change</u>
13	<u>Exercise 5 – Personal Values</u>	59	<u>Functional Analysis</u>
16	<u>Exercise 6 – The CBT Junction Model</u>	61	<u>Exercise 28 – The ABC Form in Functional Analysis</u>
17	<u>CBT Formulation</u>	63	<u>Exercise 29 – PACE Activity Exercise (Part 1)</u>
17	<u>Exercise 7 – The Cross-Sectional Assessment – How the Problem is Maintained</u>	65	<u>Graded Exposure</u>
20	<u>Exercise 8 – The Longitudinal Assessment – How the Problem Developed</u>	67	<u>Exercise 30 – Graded Hierarchy of Anxiety Provoking Situations</u>
23	<u>How Negative Thinking Works</u>	68	<u>Behavioural Experiments:</u>
24	<u>Exercise 9 – Layers of Cognition</u>	69	<u>Exercise 31 – The Behavioural Experiment</u>
30	<u>Problems With Thinking Processes</u>	72	<u>Exercise 32 – ACT Exposures Exercise</u>
31	<u>Exercise 10 – Cognitive Distortions</u>	73	<u>How Worry Works</u>
32	<u>Problems with Perspective Taking</u>	73	<u>Exercise 33 Worry – Thinking Time</u>
34	<u>Changing Negative and Unhelpful Thinking Patterns</u>	75	<u>Exercise 34 – Submissive, Assertive & Aggressive Communication</u>
34	<u>Theory A – Theory B</u>	77	<u>Sleep Well Assessment</u>
35	<u>Exercise 11 – Theory A-B Exercise</u>	78	<u>Exercise 35 – Sleep Hygiene Factors</u>
38	<u>Using CBT Thought Records</u>	80	<u>Mindfulness Micro Exercises</u>
39	<u>Exercise 12 – The CBT Thought Record</u>	80	<u>Exercise 36 – Abdominal Breathing</u>
41	<u>Exercise 13 – Cognitive Disputation “Putting Your Thoughts on Trial”</u>	81	<u>Exercise 37 – Aware Breathing</u>
42	<u>Exercise 14 – The CBT Continuum</u>	81	<u>Exercise 38 – The Five-Minute Daily Recharge Practice</u>
43	<u>Example CBT Continuum Exercise</u>	82	<u>Emotions and Feelings</u>
44	<u>Exercise 15 – The Self Perception Continuum – How do you value yourself?</u>	83	<u>Exercise 39 – Wheel of Emotions</u>
45	<u>CBT Pie Charts</u>	85	<u>Exercise 40 – Linking Feelings and Appraisals</u>
46	<u>Exercise 16 – The CBT Responsibility Pie Chart</u>	86	<u>Exercise 41 – Personal Resilience Plan</u>
48	<u>Cognitive Defusion and Acceptance Techniques</u>	87	<u>Exercise 42 – CBT Learning Log</u>
48	<u>Exercise 17 – Noticing the Thought</u>	89	<u>The Chain Metaphor</u>
49	<u>Exercise 18 – Four Layers of Abstraction</u>	90	<u>References</u>
50	<u>Exercise 19 – Semantic Satiation</u>		

An Introduction to the Think CBT Workbook

This workbook provides a Cognitive Behavioural Therapy (CBT) primer and self-help guide to support individuals working through the CBT process. The workbook can be used as a companion text during therapy or as a self-development manual to support individual learning.

The workbook is organised around the key stages of the CBT process and provides a sequential approach to assessment, goal setting, formulation, Cognitive and Behavioural change and resilience planning.

CBT resources and exercises have been selected to apply to a range of problems and the content flexibly draws on material from a number of different CBT models.

The exercises in this workbook can be freely downloaded as separate worksheets from www.thinkcbt.com/worksheets.

Name of Registered User: www.thinkcbt.com - info@thinkcbt.com

Copyright notice:

This document is the copyright property of Think CBT Limited. Material from this document must not be copied or redistributed without the express permission of the copyright owner.

The Think CBT workbook may be used free of charge by Think CBT clients, individuals undertaking therapy via the NHS or individuals receiving support via registered UK charities.

Other private users may download a licenced copy by visiting www.thinkcbt.com/cbt-workbook



According to the Royal College of Psychiatrists, CBT is “The most effective psychological treatment for moderate and severe depression,” “It is as effective as anti-depressant medication” and “It is one of the most effective treatments where anxiety and depression is the main problem.” CBT is endorsed by the Department of Health, National Institute of Health and Clinical Excellence (NICE), British Psychological Society, Royal College of Psychiatrists, Royal College of General Practitioners and the UK Council for Psychotherapy (UKCP)

Selecting the Right Cognitive Behavioural Therapist

The first step involves selecting a Cognitive Behavioural Therapist with the right qualifications, professional accreditation and experience. The title “Cognitive Behavioural Therapist” is not a protected term in the UK and it can be difficult to understand the jargon and work out precisely what the different letters and credentials mean in practice.

Whilst there are many general counsellors and psychotherapists with limited CBT training, psychotherapists accredited by the British Association of Behavioural and Cognitive Psychotherapy (BABCP) have demonstrated the relevant master’s level specialist qualifications in CBT, clinical supervision and observed clinical practice. Some counsellors and psychologists from other psychological disciplines have completed advanced training in CBT; however, it is often difficult to determine the depth and extent of their CBT knowledge and expertise if they have not achieved professional accreditation with the BABCP.

If your CBT psychotherapist has the letters BABCP (Accred), this means that they have demonstrated the UK gold standard in Cognitive Behavioural Therapy. All psychotherapists at www.thinkcbt.com have achieved BABCP accreditation as a minimum standard.

You can find professionally accredited CBT experts by visiting www.cbtpages.com

You can also check your Cognitive Behavioural Therapist’s credentials by visiting www.cbtregisteruk.com/

Please Note: The BACP looks very similar to the BABCP, however this is a counselling professional body which does not specialise in CBT.

Selecting The Right Therapist Check-list

1. *Is the therapist CBT qualified and professionally accredited?*
2. *Does the therapist have specific experience of working with the problem?*
3. *Will there be a structured therapy plan and timescales?*
4. *Will the therapy plan follow the published research evidence?*
5. *Are there follow-up arrangements after the completion of therapy?*
6. *Do I feel confident and comfortable enough to work with the therapist?*

At Think CBT we deliver the above criteria without compromise.

About Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a field of therapy that provides a highly structured, time focused and practical approach to overcoming a wide range of psychological, emotional and behavioural problems. CBT is not just a single approach but includes a number of recognised and well-researched models including CT, REBT, ACT, DBT, CFT and MBCT. Each of these models are recognised by the British Association of Behavioural and Cognitive Psychotherapy (BABCP) and offer a family of evidence based psychological models that take a practical and scientific approach to therapeutic change.

CBT involves understanding and working on the links between our cognitions; thinking patterns and processes, our behaviours; the things we do and avoid doing, our feelings; such as anxiety, anger or depression and Physiological Reactions; including tension, dizziness or pain.

CBT has been found to be a highly effective approach for a wide range of problems including anxiety, depression, eating disorders, insomnia, OCD, panic attacks, phobias, relationship problems, social anxiety, trauma and low self-esteem. You can find out more about the different problems that CBT is used to treat by visiting www.thinkcbt.com.

How Does CBT Work?

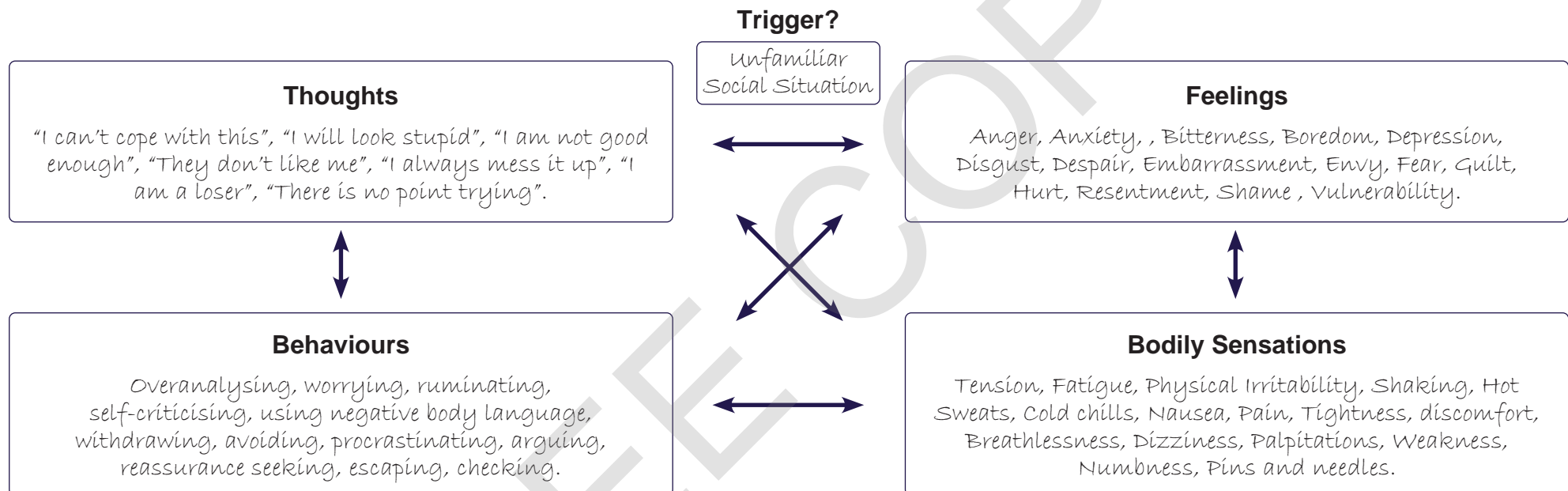
All models of CBT work by identifying and altering the interconnections between negative thinking patterns, unhelpful behaviours, distressing feelings and physiological symptoms. This involves focusing on two main areas:

- Cognitive approaches: learning how to identify, change, reframe and let go of negative or unhelpful thinking patterns.
- Behavioural approaches; learning how to change and improve unhelpful behaviours or patterns of avoidance.



Research shows that online CBT is highly effective for a wide range of psychological, behavioural and emotional problems. You can organise a free initial call with one of our BABCP accredited CBT specialists by calling 01732 808626 or by emailing info@thinkcbt.com

The basic premise behind CBT is that we can overcome a wide range of problems by changing how we think and what we do. This has been rigorously tested in numerous research trials and CBT is consistently acknowledged as the recommended treatment of choice for a wide range of anxiety and mood disorders. The causal relationship between thoughts, behaviours, feelings and physiological reactions can be illustrated using the examples in the following simple CBT model:



This simple model demonstrates how thoughts and behaviours are hard-wired to emotional and physiological feelings. The key point from this model, is that whilst our thoughts, behaviours, feelings and sensations are all interconnected, negative or self-defeating cycles can be interrupted and changed by altering our thinking and behavioural patterns.

These causal relationships are not just psychological. Neuro-Imaging studies have demonstrated that changing thinking and behavioural patterns leads to structural and architectural changes in the brain itself.

This shows that cognitive and behavioural change leads directly to physiological changes in the body as well as emotional changes to our feelings. The CBT model therefore illustrates how thoughts, behaviours, feelings and physical symptoms are all deeply intertwined.

Tip: Practise consciously noticing your thoughts, feelings and behaviours - the more you practise stepping back from and noticing the differences and links between what you do, think and feel, the more you will be able to make effective changes in your life.

What Does Undertaking CBT Involve?

Undertaking CBT usually involves completing an initial assessment, producing a clear therapy plan and attending weekly sessions where you will learn new techniques to tackle the problem. Your Cognitive Behavioural Therapist will help you to set specific goals, develop a clear understanding of the problem, produce a structured therapy plan, teach you how to apply CBT techniques and monitor your progress on a weekly basis. In addition to attending your therapy sessions, you will be asked to undertake CBT assignments between appointments. These assignments can involve learning about CBT approaches, thought monitoring / change exercises, planned exposures to difficult or challenging tasks, simple experiments to test out how you think and act in certain situations and exercises to improve emotional wellbeing and resilience.

Through the course of the CBT process, you will gain an insight into the causes and maintenance factors for the problem, you will learn new techniques to change the way you think, act and feel and you will develop an increased level of personal resilience to manage difficult and challenging situations as they arise. Whilst you will explore and learn new approaches using the exercises in this workbook and your structured CBT sessions, the most effective changes will take place through personal dedication and consistent practise in your daily life.

There is a wealth of self-help CBT material freely available, however the most effective and long-lasting changes are achieved by working with a professionally accredited Cognitive Behavioural Psychotherapist. Visit the independent UK CBT Registry at www.cbtpages.com

Assessment

This section of the workbook focuses on the identification of a clear problem list, goals for therapy, personal values to guide your approach, your existing strengths and the skills that will help you through the process. Each of these areas are described below and CBT templates with examples are provided to help you to complete the exercises before moving on to the next section of the workbook.

Exercise 1 – Problem Statements

The problem list is the starting point for the CBT process. People often start therapy without a clear articulation of the specific problems that they want to work on. Whilst we usually recognise distressing feelings as a first indication that we are struggling to cope effectively, the problem list pinpoints the specific factors that maintain this distress or cause impairment in our personal or professional life.

The problem is not the distressing feeling itself, but the factors that keep the distressing feeling going. For this reason, it is helpful to express the problem in terms of unhelpful thinking patterns and behaviours, knowledge or skills gaps. It is these factors that CBT will focus on during the treatment process.

Use the first column to identify the problems that you want to work on. In the second column describe the unhelpful or unworkable thinking patterns and behaviours. In the third column, outline any skills or knowledge gaps that limit your understanding of the problem. Examples of problem statements are outlined below:

The Problem	Unhelpful / Unworkable Behaviours	What I Don't Know or Understand
Panic attacks and anxiety	Avoiding groups, public transport, social events, exercise, situations where I am in the spotlight or far from home. Continuously asking for reassurance, looking things up on the internet, visiting the GP, worrying that I will faint or collapse, Worrying about my health.	Why panic attacks are happening. Why I can't stop them. Why I feel physically weak and unwell. What I need to do to prevent them from happening.
Low Personal Confidence	Submissive and passive behaviour with work colleagues, friends and my partner at home. Working excessive hours. Sacrificing my own needs to please other people. Constantly comparing my achievements with other people's situations. Criticising myself, procrastinating	Why I try to please or prove myself to others. Not knowing how to be assertive. Not knowing how to communicate my own needs without disappointing other people.
Depressed mood	Avoiding and withdrawing from activities. Disengaging from family and friends. Negatively comparing myself with other people. Continuously criticising myself for my past decisions. Thinking about the things that have gone wrong in my life.	Not knowing why I feel so low and upset. Not knowing what to do to lift my mood. Not understanding what causes the depression or why I feel this way.

Now try to identify your own problem statements following the examples shown above:

The Problem	Unhelpful / Unworkable Behaviours	What I Don't Know or Understand

Exercise 2 – Goals for Therapy

Goals are an essential part of the assessment phase in CBT. Having clear goals helps to structure treatment and track progress through the CBT process. Your goals are an expression of what you want to achieve or change in your life. For this reason, it is helpful to express your goals as “Start” rather than “Stop” goals. Start goals take you towards what you want, whereas Stop goals typically focus on attempting to prevent, avoid or control what you don’t want. Stop goals generally don’t work; they can cause a rebound effect and paradoxically shift the focus to worrying about failure. Examples of stop goals include “To be less anxious”, “To stop worrying” or “To avoid arguments”. Avoiding what you don’t want is not the same as moving towards what you do want. Examples of Start goals include “to improve emotional resilience”, “To replace worry with problem solving” and “to learn how to be more assertive”.

Start goals are often expressed using the SMART acronym – Specific, Meaningful, Adaptive, Realistic and Timebound. Well defined goals are consistent with the following SMART criteria:

- S** Specific – Expressed in concrete terms.
- M** Meaningful – Consistent with personal values – who you are and how you want to act.
- A** Adaptive – Helpful and relevant to the problem.
- R** Realistic – Proportionate and achievable.
- T** Timebound – Clear timescales or a frequency measure.

Use this exercise to identify three concrete goals for therapy. Use the first column to identify the high level goal, the second column to identify small practical steps to achieve the goal and the third column to identify any new skills to support the changes that you want to make. The following examples can be used to model your own goals:

Goal	Small Steps to Achieve the Goal	New Skills and Learning
To learn how to manage my panic attacks and re-engage in travel, exercise, work and social activities within a three month period.	To take a 30 minute walk from home each day. To go to the Gym for 30 minutes twice weekly. To increase the number of stops on my tube journey from 1-4 within a four-week period. To sit in a busy coffee shop on my own for 30 minutes. To take over the family shopping on Saturdays and stand in busy shopping queues.	To understand why my anxiety attacks happen when I am on my own or away from home. To learn techniques to handle negative thoughts when I am anxious. To learn how to ground myself when I feel physically weak or faint.
To improve resilience and assertiveness when dealing with difficult situations.	To make eye-contact when talking in meetings. To take the initiative to say hello to unfamiliar work colleagues each morning. To organise a feedback meeting with my boss every two weeks. To ask my partner to help with two hours of housework per week. To organise shared childcare to allow me to go to the gym and socialise once per week.	To understand why I feel so inadequate. To learn how to replace self-critical thoughts with a balanced and respectful perspective. To develop assertive communication skills. To learn negotiating skills for resolving disagreements and conflict.
To re-engage in meaningful family relationships at home and at work.	To contact named family members or friends by email, phone or SKYPE twice weekly. To organise lunch with a friend on Wednesdays. To walk the dog three evenings after work with the kids. To book cinema tickets or organise an evening out with my partner. To commit to an exercise class once weekly. To plan the menu for the week with my partner.	To understand why I feel this way. To learn how to challenge or let go of negative thoughts. To replace worry with new problem-solving skills. To understand how my negative feelings are triggered and maintained.

Now try to identify your own goals for therapy using the same approach outlined in the examples.

Goal	Small Steps to Achieve the Goal	New Skills and Learning

It's important to update the small steps as you work through the CBT process. This will help maintain momentum towards your high-level goals and keep the CBT process on track. Your Cognitive Behavioural Psychotherapist can help you to set SMART goals. You can download new goal worksheets from www.thinkcbt.com/worksheets

Exercise 3 – Personal Strengths / Resources

Identifying and capitalising on your strengths and personal resources is an important part of achieving change and overcoming problems. Think about your personal skills or qualities; what you see in yourself and what other people see in you.

Personal Skills / Qualities I Can Acknowledge in Myself	Skills / Qualities That Other People Recognise in Me

Exercise 4 – Costs / Benefits of Change

Use this exercise to identify the costs and benefits of committing to the changes that you want to make. On the cost side of this balance sheet, include the short-term difficulties, personal challenges and avoidance behaviours that you are prepared to let go of or tolerate to achieve your goals. On the benefits side, identify the advantages and opportunities that committing to change will provide.

Costs	Benefits

Exercise 5 – Personal Values

The next part of the initial assessment phase in the CBT process involves exploring and specifying your personal values. Clients often say that they have lost contact with their values or their sense of identity in attempts to cope with their problems. We often get so caught up in attempting to prevent, avoid or stop what we don't want, that we lose sight of who we are and what we do want.

Identifying values provides a basis for reconnecting with identity, for focusing on the areas of our life that are important to us and for re-establishing a sense of personal integrity in the choices we make. If our goals are the "What", our values provide the "Why".

The statements in the following exercise are not a definitive list of all human values, however they may provide a prompt to help identify the things that are important to you now and the values that will be instrumental in supporting how you want to be in the future.

Value Description	Highly Important	Moderately Important	Less Important
Accepting: Open to and willing to experience thoughts and feelings without resistance or judgement.			
Affectionate: Displaying and expressing love or strong feelings for others.			
Aspiring: Actively seeking opportunities and striving for success.			
Assertive: Respectfully standing up for my rights and balancing my needs with the needs of others.			
Authentic: Being genuine, honest and true to myself.			
Caring: Helpful and considerate to myself and others.			
Challenging: Willing to examine and challenge unhelpful or unworkable patterns of behaviour.			
Compassionate: Recognising and acting to alleviate suffering for myself and others.			
Conforming: Respectful and obedient of helpful rules and obligations.			
Cooperating: Working collaboratively and harmoniously with others.			
Courageous: Brave and persistent in the face of fear, threat or difficulty.			

Value Description	Highly Important	Moderately Important	Less Important
Creative: Imaginative, resourceful and innovative.			
Curious: Open-minded, exploratory and interested in new and alternative approaches.			
Emotionally aware: Receptive to my own feelings and the feelings of others.			
Encouraging: Promoting and rewarding behaviour that I value in myself and others.			
Equality: Treating others fairly, consistently and equally.			
Fairness: Just, rational and reasonable.			
Fitness: Maintaining or improving my physical, psychological and emotional wellbeing.			
Flexible: Adjusting and adapting readily to changing circumstances.			
Forgiving: Coming to terms with or letting go of negative feelings towards myself and others.			
Friendliness: Friendly and companionable towards others.			
Generosity: Sharing and offering time, attention and resources to myself and others.			
Gratitude: Appreciative and valuing of the things that I have in my life.			
Honesty: Truthful and sincere with myself and others.			
Humility: Modest about my contributions whilst allowing my achievements to speak for themselves.			
Humour: Seeking out and engaging in the humorous side of life; not taking myself too seriously.			
Independent: Self-directive, contained and able to support myself.			
Industrious: Hard-working and productive with my time and resources.			
Open-minded: Approaching issues from an objective position, listening and considering other views.			

Value Description	Highly Important	Moderately Important	Less Important
Orderly: Planning, prioritising and being organized in my life.			
Patient: Waiting calmly and in line for what I want or need.			
Respectful: Polite, considerate and showing positive regard to others.			
Safe: Acting in a secure, protective and stable manner.			
Self-aware: Aware of my own thoughts, feelings and actions, considering how I come across to others.			
Self-disciplined: Acting according to my values and commitments, over my mood or vulnerabilities.			
Tenacious: Persisting despite problems and difficulties and without giving up.			
Tolerant: Coming to terms with, acknowledging and respecting things that clash with my own opinions.			
Trusted: Discrete, loyal, faithful, sincere and reliable.			
Other:			
Other:			

Priority	Which of the above values will be instrumental in the achievement of my personal goals?
1.	
2.	
3.	
4.	
5.	
6.	

Exercise 6 – The CBT Junction Model

Use this exercise to set direction and make choices that are helpful, workable and sustainable. Use the left side of the model to identify unhelpful thoughts, behaviours and avoidance patterns that you get caught up in or struggle with. Use the right side of the model to identify action that is consistent with your sense of purpose, goals, values and opportunities for change.

Acting according to my mood, vulnerabilities or self-limitations

Unhelpful thoughts that I get caught up in, emotions that I struggle with, counter-productive behaviours and patterns of avoidance.

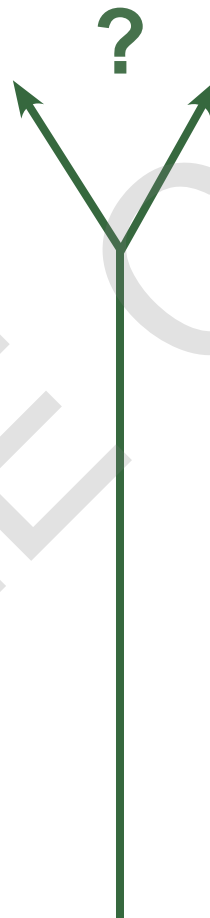
Acting according to my purpose, values, goals and opportunities

My purpose, values, goals, strengths, opportunities to try a different approach, things I can do to improve the situation and my personal wellbeing.

Unhelpful / Unworkable / Unsustainable

Helpful / Workable / Sustainable

Trigger



CBT Formulation

Now that you have completed the initial sections on problems, goals, strengths and values, it's time to map out the problem using a CBT formulation. This is done in two parts. Firstly, a maintenance formulation illustrates how the current problem is psychologically maintained by thoughts, behaviours, feelings and sensations. The second stage involves producing a longitudinal explanation of how the problem developed over time.

Exercise 7 – The Cross-Sectional Assessment – How the Problem is Maintained

The Cross-sectional Assessment is frequently used in Cognitive Behavioural Therapy to map out and show how changing thoughts and behaviours can lead to changes in our feelings and physical symptoms. This can help to break the vicious cycles of negative thinking, unhelpful behaviour, distressing emotions and unwanted physical sensations. Whilst the following guidance takes each of these four areas in turn, it's important to note that the cycle can start at any point and that the interconnections between the different areas (illustrated by the arrows) can be complicated and repetitive. To help simplify this process, we will take each area in turn and attempt to identify the connections and cycles that maintain the overall problem.

A key principle with this model, is that whilst everything is interconnected, it's only by altering our thoughts and behaviours that we can change our emotional and physical reactions. Think of thoughts and behaviours as the gateway into the problem. Whilst we can't switch emotions and body sensations on and off, we can alter the thoughts and behaviours that maintain and reinforce feelings and physiological reactions.

It's difficult to be your own therapist. Sometimes we need a guiding hand from somebody we can trust. If you want to work with a fully qualified and professionally accredited Cognitive Behavioural Psychotherapist, call 01732 808 626, email info@thinkcbt.com or visit our website at www.thinkcbt.com.

How to Use the Cross-sectional CBT Model

The Trigger: Start by identifying the trigger. This could be a difficult situation or event, something that someone says or does, an internal feeling like pain or discomfort or an old memory or image. In CBT we work on the basis that it is generally not the trigger, but the way we think and react to the trigger that causes our distress. Once you have the trigger, write this in the box provided.

Thoughts: Try to identify any negative, unrealistic or unwanted thoughts in response to the trigger. Examples could include “I can’t cope with this”, “I will look stupid”, “I am not good enough”, “They don’t like me”, “I must avoid mistakes”, “There is no point trying”.

It’s important to distinguish between thoughts and feelings. We might say something like “I felt like she didn’t want to talk to me”. In this example the thought is “She didn’t want to talk to me” and the associated feeling might be embarrassment, anxiety, anger or hurt. The thought is usually the words that we use in our mind and the feeling is the emotional response to the thought.

Once you have identified the negative thoughts, – what your mind says – write them down in the box provided.

Feelings: These include our emotional responses to our thoughts and can include anxiety, depression, anger, jealousy, resentment, hurt, guilt or shame.

Try to identify the feelings that are linked to the negative thoughts and write them down in the box provided.

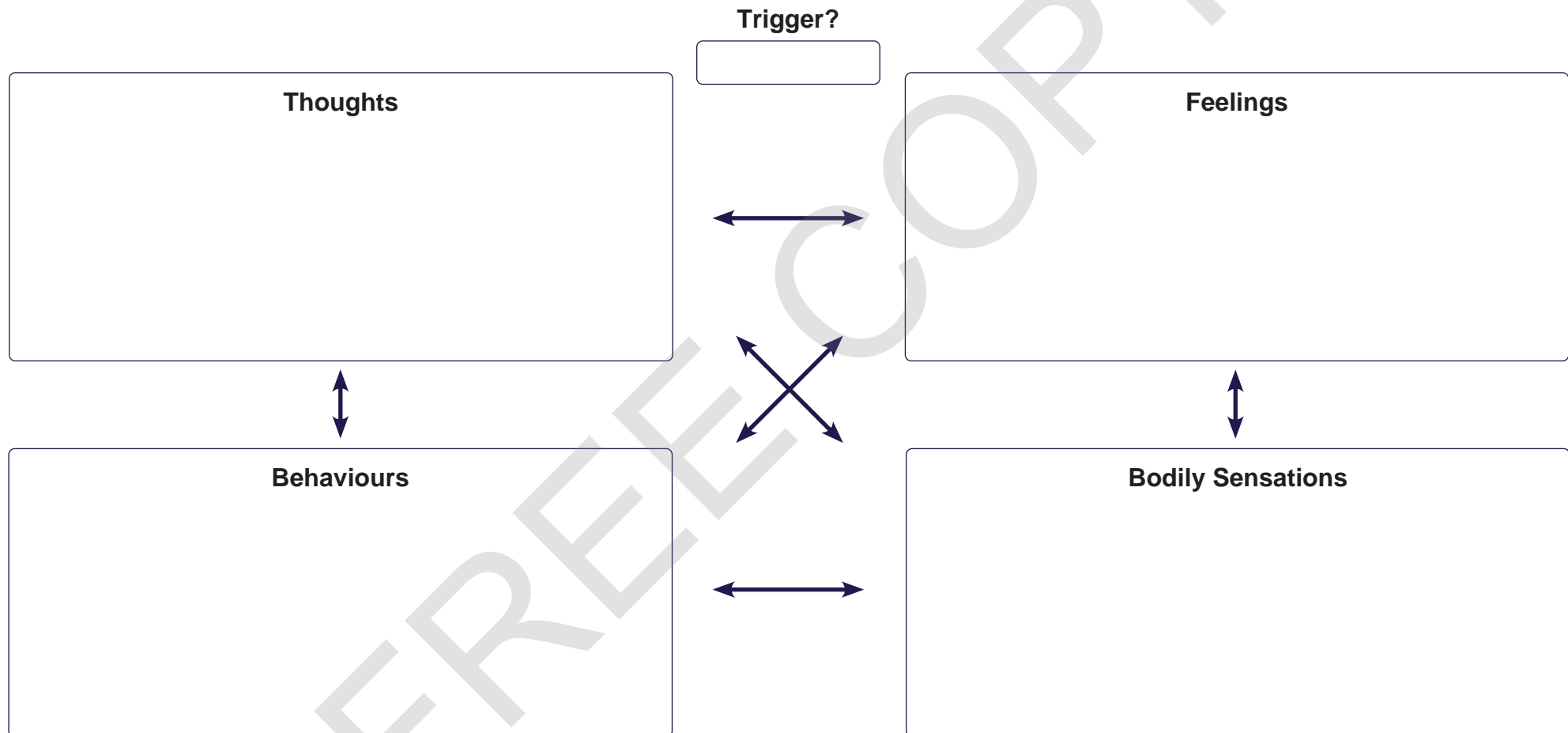
Behaviour: This involves anything that we do or avoid doing. We sometimes distinguish between external and internal behaviours. External behaviours are often easier to identify and include visible reactions or observable behaviours such as using our body language, withdrawing, avoiding, procrastinating, arguing, reassurance seeking and checking. Internal behaviour can include the things we do in our mind such as overanalysing, worrying and ruminating.

Once you have identified the behaviours linked to the negative thoughts and feelings, write them down in the box provided.

Physical Sensations: We often notice unpleasant or uncomfortable feelings in the body. This can include tension, fatigue, physical irritability, shaking, feeling nauseous or pain. Body sensations can arise from distressing thoughts and feelings as well as causing negative thoughts, unhelpful behaviours and distressing emotional feelings in turn.

Write down any body sensations or symptoms in the box provided.

Once you have identified the thoughts, behaviours, feelings and physical sensations, map them out in the following boxes, showing the links or interconnections between them by drawing arrows between the boxes. Notice how thoughts and behaviours can influence the nature and intensity of the feelings. Ask yourself, how might changing my thoughts and behaviours alter my emotional and physiological response?



This simple model demonstrates how thoughts and behaviours are hard-wired to emotional and physiological feelings. The key point in this model, is that whilst our thoughts, behaviours, feelings and sensations are all inter-connected, negative or self-defeating cycles can be interrupted and changed by altering our thinking and behavioural patterns.

Exercise 8 – The Longitudinal Assessment – How the Problem Developed

This exercise can be used to illustrate how background factors influence our thoughts and behaviours. This includes the interaction between our core beliefs, rules for living, assumptions, negative automatic thoughts (NATs), coping behaviours and emotional reactions. You can read through the following section on “How Negative Thinking Works” to help understand and complete this exercise. This exercise requires objective perspective taking and is best completed with the support of a Cognitive Behavioural Psychotherapist.

The exercise is divided into two parts. Part 1 deals with early experiences (usually from childhood) and shows how our beliefs, rules, assumptions and coping strategies are linked together. This is technically known as a Cognitive Schema. Part 2 shows how our thoughts, behaviours, emotions and physical reactions are maintained by difficult situations and in turn reinforce the internal schema itself.

The point of this formulation exercise is to understand how deeply held psychological patterns and coping strategies influence how we react in difficult or challenging situations. This helps us to create a blueprint of the problem. If we can understand and map the factors behind the problem, we can develop new thinking and coping strategies to improve psychological flexibility and choice.

Whilst the exercise is presented in chronological order, in practice it is often easier to start by completing part 2 first and then working back to the background factors and underlying thinking / coping patterns in part 1.

This is a relatively complex process and should be ideally supported by a qualified and experienced CBT specialist.

Part 1

This section of the cognitive behavioural formulation relates to early experiences and details how the different levels of thinking in our cognitive schema initially develop. The schema is like an internal filing cabinet of the mind. As children we start to understand and organise the world around us by opening and labelling files according to our early experiences. We subsequently spend our adult lives updating our internal filing system with new material. Where our new experiences are healthy and adaptive, we update the filing system to organise, classify and interpret new experiences in a helpful and rational manner. Where earlier life experiences are challenging or disruptive, we file and interpret new experiences according to the old filing categories. This can reinforce the problem and lead to negative or disorganised thinking.

The idea behind the filing cabinet metaphor is that our underlying beliefs and thinking processes are initially influenced by our early childhood experiences. This can include relationships with parents, the environment we grew up in, the demands or expectations that shaped our attitudes, our school years, social factors and significant early events involving loss or trauma. It's important to emphasise that unhelpful thinking patterns in adulthood are often rooted in ordinary experiences perceived and interpreted through the eyes of a child. It's not just what happened, it's about how we interpreted what happened that often determines how we label our files. For example, if we interpreted the behaviour of an anxious parent as distant, insecure or unloving, then this could lead to a file labelled unwanted, unsafe or rejected. As a child we do not have the intellectual or emotional insight to objectively understand and interpret our early experiences. This can lead to filing errors and a disorganised filing system when it comes to understanding our future experiences.

Whilst negative and traumatic life events can profoundly influence our early schema, unhelpful beliefs about ourselves or how other people view us, are often rooted in the misinterpretation of early or challenging life experiences. The residue of old thinking patterns continues to influence how we see things in the here and now.

So why is this important? If we can understand how our early maladaptive schema were formed, we can find new ways of interpreting old experiences with the power of hindsight and a more objective adult perspective. This process is known as “Cognitive Restructuring” and is best undertaken with the support of a psychologically trained CBT expert. Cognitive restructuring of core beliefs, rules and assumptions involves testing, altering and updating these deeply rooted thinking patterns to find a more realistic, healthy and adaptive way of interpreting the schema. This can include content change in which we challenge and change the content of our thoughts, process change, where we identify and alter distorted thinking patterns and cognitive defusion where we apply a helpful reframe or different perspective about the thought itself.

Note: Where early experiences include traumatic or abusive events, this can lead to deeply rooted and enduring psychological health problems. In these cases, the process of cognitive restructuring is highly specialised and should be supported by a trained Cognitive Behavioural Psychotherapist or Psychologist.

Part 2

This section relates to the cycles of thinking and behaviour that keep the problem going. This part of the model illustrates how the factors developed in Part 1 are triggered and maintained by difficult or challenging situations and events. The dotted line between the “Core Beliefs” and “Meaning of Automatic Thoughts” boxes, show how continuing life experiences or daily situations can reinforce the underlying schema on the left side of our model. In this way, negative or unrealistic interpretations continue to be influenced by and in turn reinforce the old filing system.

PART 1

The Problem

Early Experiences

Core Belief(s)

Irrational Rules

Dysfunctional Assumptions

Unhelpful Coping Strategies

PART 2

Difficult Situation

Automatic Thoughts

Meaning of Automatic Thoughts

Emotion

Physical Sensation

Behaviour

How Negative Thinking Works

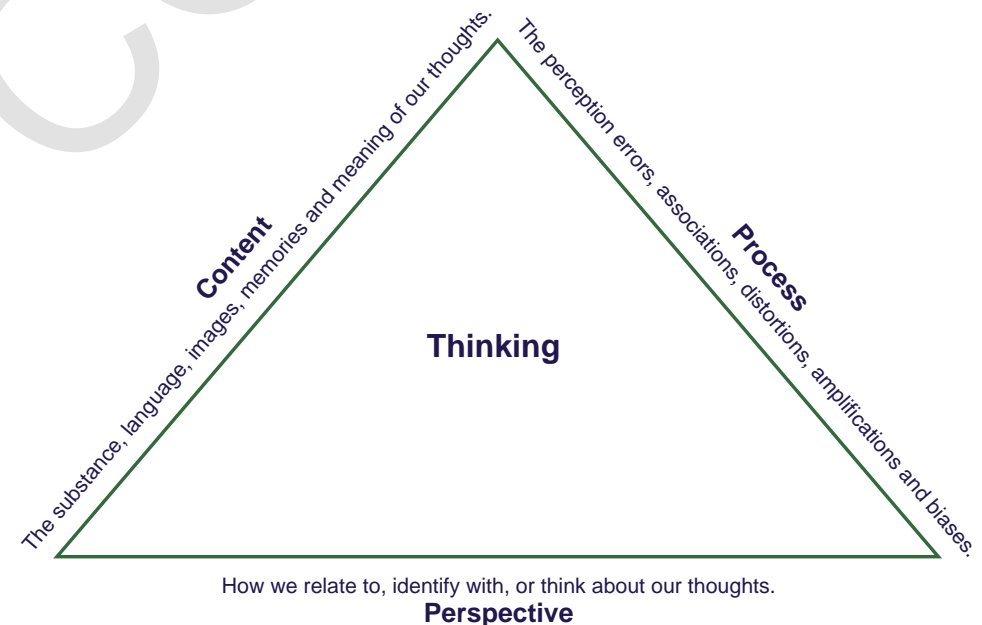
Now that we have explored a cognitive and behavioural formulation of the problem, the next step in the CBT process is to understand how unhelpful thoughts and behaviours are maintained. This section of the workbook is primarily focused on thoughts and thinking. We use the general term “Cognition” to describe three aspects of thinking; the negative content of thoughts, faulty thinking processes and our perspective or relationship with thoughts.

The “Cognitive Tritangle” illustrates how we are influenced by the content of our thoughts, how we can fall into distorted thinking processes, and how our relationship with our thoughts can get tangled up with our self-perspective. We will briefly look at each of these factors in turn before exploring some of the key CBT tools and techniques that have been tried and tested to change the impact of negative or unhelpful thinking on mood and behaviour.

Cognitive Content; the content of our thoughts means the raw materials of thoughts. This includes the untested subject matter or assumptions that we make about ourselves, the world around us and the future. Where the content is inaccurate, negative, unhelpful or irrational, it can profoundly shape our feelings and behaviours.

Cognitive Processes; are the mental programmes that we use to perceive, interpret, judge and learn from our relationship with our environment. Like all complex programmes cognitive processes are subject to a range of distortions and thinking errors. These process errors can distort, filter, minimise, amplify, alter and weaponise thoughts. These process distortions can result in biased, mistranslated or, exaggerated ways of thinking.

Cognitive Perspective; this describes how we relate to thoughts. When we are fused with thoughts, we lose the distinction between the thought and the thinker. We merge thoughts with facts, reality and our sense of personal identity. We become our thoughts rather than the container of our thoughts. We attribute literal meaning to thoughts rather than seeing thoughts as something we do.

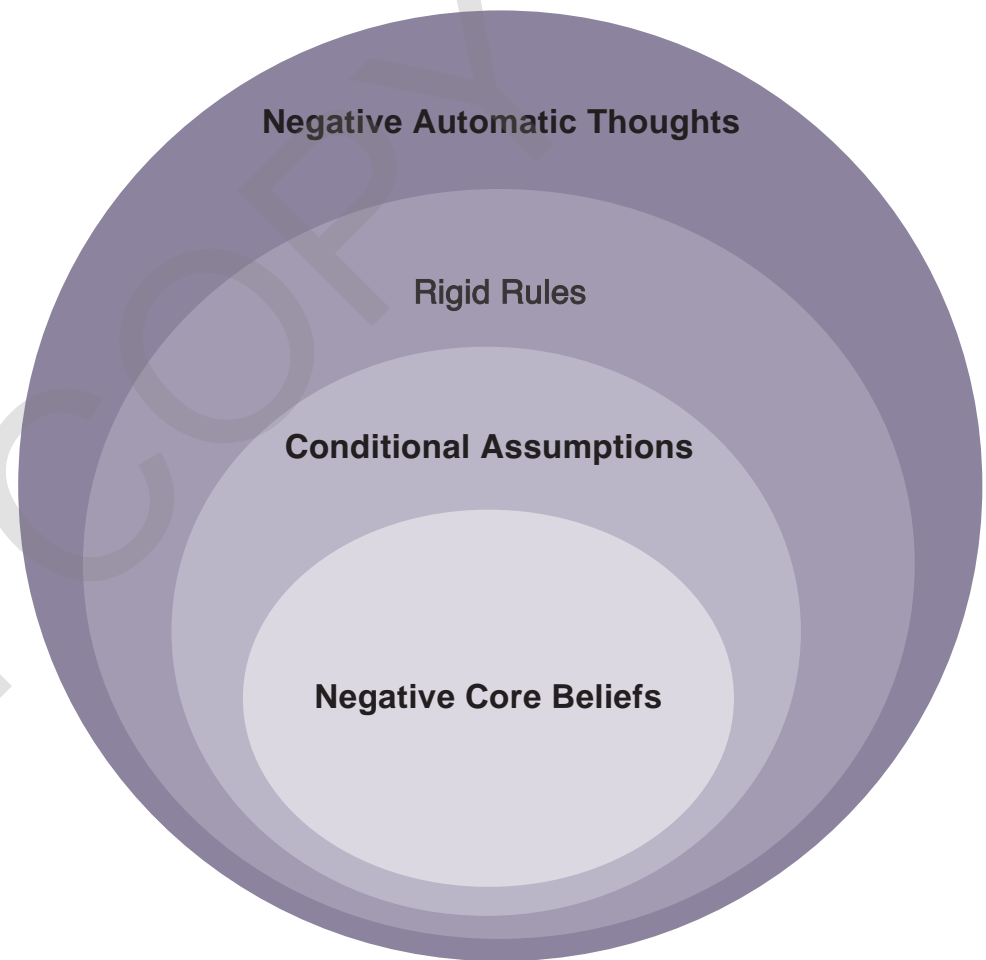


Exercise 9 - Layers of Cognition

We can describe negative thoughts also called cognitions on four levels. These are Core Beliefs, Rigid Rules, Conditional Assumptions and Negative Automatic Thoughts.

These four layers of thinking influence how we view ourselves, the world and the future. This can lead to distressing feelings and unhelpful behaviours, if we act out or avoid situations based on unrealistic or negative perceptions.

Challenging and changing the content of our thoughts can profoundly shape the way we feel and behave. This is known as cognitive restructuring. Each of the four layers of thinking are outlined below:



Negative Automatic Thoughts (NATS)

NATS are fleeting automatic thoughts that can be explicit or at the very edge of our conscious awareness. They form an internal monologue that can negatively influence how we automatically interpret situations, react and feel. Some typical examples include:

- I can't cope.
- They don't like me.
- I am stupid.
- I always mess up.
- It's not fair.
- I hate it.

Use this box to make a list of some of your own NATs; the content of your thoughts; things you catch your mind saying by default:

NATs -

Rigid Rules

Rigid rules are irrational thinking principles that are automatically applied and rarely challenged in daily life. They are often expressed as “musts” and “shoulds” and usually based on inflexible expectations or demands. Rigid Irrational rules are often formed in childhood when following simple rules was important, however they can often provide rigid and unhelpful demands in later life. Examples include:

- I must always work hard.
- People can't be trusted.
- I should always be strong.
- There is no point trying.
- I will ultimately fail.
- I should not be anxious.

Use this box to make a list of some of your own Rigid Rules:

Irrational Rules -

Conditional Assumptions

Conditional assumptions are deeply rooted, dysfunctional and engrained thinking reflexes. They operate like knee-jerk reactions and are often expressed as conditional “if then” statements. Examples include:

- If I am criticised, then I am no good.
- If I don't deliver 100%, then it proves I am a failure.
- If I don't get attention, I am unwanted or disliked.
- If I can't think of something interesting to say, people will think I am boring.
- If I always work hard, I will be a success.
- If I am not in control, then something bad will happen.

Use this box to write down some of your own conditional assumptions using the “if then” method:

Dysfunctional Assumptions -

Negative Core Beliefs

Negative core beliefs are fundamental, absolutist and generalised beliefs that we hold about ourselves, other people, the world and the future. Negative core beliefs develop in response to early life experiences and can be divided into three categories covering helplessness, lovability and worthlessness. Examples include:

Helplessness Beliefs

- I am vulnerable, weak, needy, a victim, likely to be hurt.
- I am stupid, ineffectual, incompetent, can't cope.
- I am inferior, a failure, a loser, defective, not good enough.

Unlovability Beliefs:

- I am unlikable, unwanted, will be rejected or abandoned, always be alone.

- I am undesirable, unattractive, boring, have nothing to offer.
- I am different, flawed, weird, not normal.

Worthlessness Beliefs:

- I am worthless, unacceptable, crazy, broken, nothing.
- I am dangerous, toxic, bad, evil,
- I deserve punishment, pain, suffering.

Although negative core beliefs are often difficult to identify, use this box to record any core beliefs that may have influenced your wider thinking patterns:

Negative Core Beliefs -

Compensatory Strategies

Whilst compensatory strategies are not strictly cognitions, they form the link between our thoughts and the action or behaviours we take. These strategies basically tell us how to behave when our negative cognitions are activated. Compensatory strategies can be under-developed leading to patterns of avoidance, or over-developed, leading to strategies of control. Examples include:

- Attend to the problem by worrying about it.
- Seek approval, ask for reassurance or people please.
- Continuously check or examine things to reduce uncertainty.
- Procrastinate, avoid or withdraw.
- Over prepare / apply perfectionist standards.
- Blame criticise or attack.

Use this box to identify unhelpful coping strategies:

Unhelpful Coping Strategies -

The important point to note when working through this section of the workbook, is that thoughts are not facts, they are internal judgements and subjective evaluations. Whilst we know that NATs, rules, assumptions and beliefs are often distorted and bias perceptions, they can profoundly influence our behaviours and feelings and lead to a range of psychological problems.

Problems With Thinking Processes

Now that we have explored the content of thoughts through the layers of thinking, the next exercise provides a list of thinking process errors also known as cognitive distortions.

These unhelpful thinking processes create thinking traps, perception errors, unrealistic attributions and distortions which automatically cause unhelpful or negative interpretations. Identifying your own cognitive distortions or thinking traps can help to pre-empt, flag up and reappraise negative interpretations. You can use the following exercise to identify and label the automatic thinking traps that you fall into.



Think CBT brings together a talented and experienced team of Psychiatrists, Psychologists and Psychotherapists, all qualified to the highest standards and professionally accredited by the British Association of Behavioural and Cognitive Psychotherapy (BABCP). To organise an appointment with a CBT specialist, call 01732 808 626 or email info@thinkcbt.com.

Exercise 10 - Cognitive Distortions

The following list of common cognitive distortions can help you to identify, label and pre-empt your own thinking process errors:

1	Catastrophising: Automatically assuming the worst possible outcome. <input type="checkbox"/>	10	Blaming: Automatically attributing personal blame or responsibility to self or others. <input type="checkbox"/>
2	Polarised Thinking: Viewing things in absolute or black and white terms. <input type="checkbox"/>	11	Perfectionistic Thinking: Demanding unhelpful standards of exactitude and viewing anything less than 100% as failure. <input type="checkbox"/>
3	Over-generalising: Making sweeping inferences based on a single negative event. <input type="checkbox"/>	12	Comparing: Devaluing self-worth by negative comparison with others. <input type="checkbox"/>
4	Negative Filter: Focusing on the negatives and ignoring or discounting the positives. <input type="checkbox"/>	13	Change Fallacy: Assuming that things should always change to make us happy or suit our needs. <input type="checkbox"/>
5	Jumping to Conclusions: Drawing conclusions without checking the facts. <input type="checkbox"/>	14	Control Fallacy - Assuming we are powerless / victimised if we are not in control. <input type="checkbox"/>
6	Mind-Reading: Deciding what people are thinking and feeling without any real evidence. <input type="checkbox"/>	15	Fairness Fallacy – Expecting everything to be measured in fairness and showing resentment when it doesn't work out. <input type="checkbox"/>
7	Emotional Reasoning: Interpreting feelings as factual judgments. <input type="checkbox"/>	16	Reward Fallacy – Expecting sacrifice and self-denial to pay off and feeling bitterness when the reward doesn't happen. <input type="checkbox"/>
8	Musts / Shoulds: Expressing wishes and preferences as rigid demands. <input type="checkbox"/>		
9	Labeling: Using global labels to describe a person based on a single characteristic or situation. <input type="checkbox"/>		

Make a note of the common thinking errors that apply to you, so that you can readily spot them when you are caught up in unhelpful thinking processes. The following section of the workbook completes our trip around the Cognitive Triangle by looking at perspective taking and how we relate to our thoughts.

Problems with Perspective Taking

So far in this section of the workbook, we have looked at approaches for identifying, challenging and changing unhelpful thoughts and thinking patterns. A key principle in the CBT process is that we can change how we feel and what we do by challenging and changing the content of our thoughts and the way that we think. Testing the logic, evidence, relevance and proportionality of our thoughts is therefore an essential skill in managing our mood and behaviour.

Challenging and Changing the content and process of thinking is however not the only way to alter the impact of our thoughts. We can also change our perspective about thoughts; the way we relate to or connect with our thoughts. This involves two important processes known as “Acceptance” and “Defusion”.

If we look at the Thought Tritangle again, we can see that there are three ways to alter the overall impact of thoughts. We can challenge the content, we can alter the process of thinking and we can change our perspective or relationship with the thought.

Acceptance means a willingness to acknowledge thoughts and feelings for what they are without over analysis, resistance, judgement or criticism. It does not mean approving of, being resigned to or liking the thought or feeling.

If we think about how distress works, we often have a primary unwanted thought or feeling, which in turn is compounded or amplified by other thoughts and feelings in the same chain. For example, we may start by feeling anxious, which may lead to thoughts like “I can’t cope with my anxiety”. This can cause feelings of anxiety about anxiety. We may then feel frustrated with our anxiety; “I hate the way I feel”. If we experience frustration over a prolonged period we can start to think “This anxiety will never go, this is how it’s always going to be”. I now feel hopeless, about my frustration, about my anxiety about my anxiety.

It is this cumulative effect of struggling with thoughts and feelings that amplifies the problem, causing it to feel overwhelming and life defining.

Acceptance does not mean that we are giving into or approving of the problem, it just means that we are willing to see the experience for what it is without getting into a fight or a struggle with our own thoughts and feelings.

Acceptance is therefore a perspective that involves a willingness to experience unwanted thoughts and feelings without resistance, in the service of focusing on the things that are important to us in life.

This concept is brilliantly explained in a short animation by Dr Russ Harris from his book “The Happiness Trap”. This is called “The Struggle Switch” and you can watch the animation at <https://www.youtube.com/watch?v=rCp1I16GCXI>

Defusion means disentangling or unhooking from the literal meaning of thoughts. It involves a number of cognitive techniques designed to loosen up or unstick ourselves from the content of our thoughts. When we fuse with thoughts, we become so closely tangled up in our thoughts that we start to view them as our reality or identity. Defusion describes the process for disentangling or unhooking from our thoughts so that we can see the difference between who we are and what we are thinking.

To illustrate this let's look at the thought "I am stupid". This thought is highly judgemental, evaluative and loaded with negative meaning. You can also notice that it is self-defining. "I" am stupid. When we get caught up in thoughts like "I am stupid" we start to blur the differences between who we are as a person and how the thought defines us. In this example, we are not just having the thought, we are literally identifying as "stupid". We are not seeing the thought, we are being the thought; we are not looking at the thought, we are looking through the thought. In this sense we are connecting with the thought so closely that we are subsumed by its meaning.

The psychological process of fusion is complex and based on an approach known as Relational Frame Theory. In a nutshell, this states that thoughts are constructed from language. Language is highly subjective and carries deeply inferred meaning. Our ability to use language to express complex relationships between different objects, situations and experiences is a key advantage in human cognition and learning.

The problem arises when we fuse with the language of unhelpful thoughts in such a close way that we treat the thought with literal meaning. This process can become so automatic and reflexive overtime, that thoughts can carry a high emotional charge. Fusion therefore involves the conflation of internal verbal processes with direct external experiences, in such a way that it is difficult to discriminate between the two. Over time this results in a substitution of verbal thoughts for direct experiences and the entrenchment of thinking processes that become automatically associated with distressing emotions.

To illustrate how this works, let's look at the thought "I am stupid" again, but this time in Hungarian. "Hulye Vagyok". Unless you speak fluent Hungarian, you will notice that the "thought" carries less impact, even though the literal meaning is the same. Try this yourself by taking a painful or distressing thought and converting it using a tool such as Google Translate. Try another language such as Icelandic or Portuguese and then speak the thought out loud to compare its impact with the English version of the same thought. Do this now before moving onto the next section of the workbook.

What did you notice about the strength, meaning and impact of the thought? You can see logically that the thought means exactly the same thing in another language, so why does it feel different?

This illustrates how language provides the medium for thinking and how thinking leads to emotional distress.

So why is this complicated theory of language and cognition so important? If we acknowledge that language forms the building blocks of our thoughts, then disrupting or violating the rules of language can help defuse from the literal meaning of the unhelpful thought itself.

We can become the thinker of the thought rather than fused with the thought itself. We can notice thoughts rather than being carried along by the tide of our own thinking. We can gain perspective over our thoughts rather than being defined by the thoughts.

Cognitive defusion does not involve stripping thoughts of all meaning, but it can help us to uncouple the automatic negative associations between internal language and external experience.

There are many ways to defuse thoughts by undermining or violating the rules of language in thinking. This includes translating into another language, altering the sequence of thoughts, changing the pace or pitch of the thought, setting the thought to music, using metaphors rather than literal descriptions and even repeatedly saying the thought out loud over 60 seconds.

Having viewed thoughts through the Cognitive Triangle, we can see that thoughts and thinking are affected by a number of factors that involve the negative content of our thoughts, distorted thinking processes and the perspective or relationship we have with our thoughts.

In the next section of the workbook we will look at exercises for catching, challenging and changing negative or unhelpful thinking patterns

Changing Negative and Unhelpful Thinking Patterns

Having explored how negative and unhelpful thoughts and thinking patterns are maintained by the three factors of content, process and perspective taking, the next section of the Think CBT Workbook focuses on some key techniques for changing or altering our relationship with negative thoughts. The techniques in this section of the workbook only provide an initial introduction to some of the key approaches and the reader is therefore directed to www.thinkcbt.com for access to a more comprehensive range of CBT exercises.

Theory A - Theory B

This approach is used to improve cognitive flexibility by identifying two ways of thinking about the problem. In Theory A we state the negative belief about the problem and Theory B we identify a plausible alternative. In the following version of the Theory A-B exercise, we focus on the impacts of rumination, self-doubt and worry:

Exercise 11 - Theory A-B Exercise

Use this exercise to record your fears and assumptions about the problem under “Theory A”. Use “Theory B” to decide whether the problem is actually maintained by rumination, worry or self-doubt:

Theory A	Theory B
The problem is... <ul style="list-style-type: none"> “I am a fraud and people will judge and reject me if they find out”. 	The problem is self-doubt/ rumination / worry that... <ul style="list-style-type: none"> “I am a fraud and people will judge and reject me if they find out”.
What is the hard evidence that this is true? <ul style="list-style-type: none"> People don't know everything about me. I haven't disclosed everything about myself. I have exaggerated my achievements in the past. I have sometimes lied about things. 	What is the hard evidence that this is true? <ul style="list-style-type: none"> I spend several hours each day worrying about what other people think about me. I continuously ask friends for reassurance. I avoid situations where I feel exposed or uncomfortable. I feel very anxious about not knowing what people think. My sleep and concentration is frequently disrupted by worry or rumination about other people's judgements.
What do I need to do if Theory A is true? <ul style="list-style-type: none"> Stay on guard and prepare for the worst. Over-prepare to avoid feeling out of control. Check with friends to make sure everything is OK. Avoid situations where I feel exposed. Stay in control and avoid disagreements. Replay past situations to make sure that I didn't mess up. 	What do I need to do if Theory B is true? <ul style="list-style-type: none"> Notice when I am getting caught up in worry or rumination. Focus on the facts rather than subjective feelings. Acknowledge that I can't always be in control or know everything. Stay in the present rather than dwelling on the past or future. Replace worry with problem solving. Suspend worry until a time when I can properly concentrate. Choose to tolerate and normalise my anxious feelings.

Theory A	Theory B
<p>The problem is...</p>	<p>The problem is self-doubt/ rumination / worry that...</p>
<p>What is the hard evidence that this is true?</p>	<p>What is the hard evidence that this is true?</p>
<p>What do I need to do if Theory A is true?</p>	<p>What do I need to do if Theory B is true?</p>

In the above example, the problem is “I am a fraud and people will judge and reject me if they find out”. In Theory B, the problem is “I worry that I am a fraud and people will judge and reject me if they find out”.

Notice how the problem in Theory A relates to an absolute personal judgement; the problem is treated as if it is a material fact. A key skill in CBT is separating facts from thoughts. We sometimes get so caught up in our thoughts that we identify with the thoughts as if they are facts or personal characteristics.

In Theory B the problem is worry. Worry is an example of an internal behaviour. Worry involves repetitive negative thinking about hypothetical situations or outcomes. We sometimes call this “What Ifing”.

To test the validity of Theory A and B, we look for concrete evidence. This means that it must be factual evidence, not subjective judgements or feelings.

Theory A - What is the actual evidence that I am a fraud? What is the evidence that people will judge and reject me?

Theory B – What is the observable evidence that I worry?

The exercise concludes by asking the question, what do I need to do if Theory A is True? What do I need to do if Theory B is true?

There are two important things to note when completing this exercise.

Firstly, that whilst the Theory A and Theory B problems are completely different issues, they look and sound remarkably similar.

Secondly, the evidence for Theory B is similar to the action in Theory A. This means that we sometimes misread the tangible evidence for Theory B, as action that we have to take to avoid or control the problem in Theory A. It's therefore quite easy to fall into the trap of treating worries as if they are facts.

The Theory A / Theory B exercise reminds us that there are two possible explanations for the cause of our distressing emotions and unhelpful behaviour. It's either factually true, or we worry that it's factually true. The purpose of the exercise is to test which explanation is valid.

Read through the example and complete the exercise identifying your own Theory A / Theory B statements.

Using CBT Thought Records

The Thought Record is a key tool in the treatment of almost all anxiety conditions and depressive disorders. CBT Thought Records usually involve identifying the trigger, the negative thought, the distressing reaction, the factors that support or oppose the thought and a balanced alternative thought. In our version of the Thought Record, we have also incorporated key learning points to pre-empt future situations.

Learning how to use the Thought Record is a key skill in CBT. The following exercise will require regular practice until you are able to work through the process without the aid of the exercise itself. Review the example and follow the guidance in each of the boxes as you complete this exercise. You can download a printable copy of this exercise from www.thinkcbt.com/worksheets

To prepare for this exercise, start by reading through the following definitions in relation to the headings in the CBT Thought Record.

Situation / Trigger: This could be a situation or event, internal feeling, a memory, a body sensation, something you see or notice, a comment or action taken by another individual. The situation / trigger is the thing that happens just before the distressing feelings, reaction or negative thoughts occur.

Initial Reaction: This is typically the first thing you notice in reaction to the trigger. This could be feelings like anger, anxiety, depression. Behaviours such as shouting, shutting down, reassurance seeking, avoidance or withdrawal.

Negative Automatic Thoughts (NATs): NATs are the chain of negative or unhelpful thoughts about the situation. The task in column three is to identify the “Hot Thought” that is causing the reaction in column two. Remember a key premise in CBT, is that it is not the situation that causes the distressing reaction, it’s our thoughts, inferences, interpretations or assumptions that lead to the distressing reaction; It’s not the situation, it’s the way we think about the situation.

Supporting Evidence: This involves identifying specific and concrete examples that provide direct evidence in support of the “Hot Thought”.

Opposing Evidence: This involves identifying specific and concrete examples that either contradict or provide an alternative explanation to the “Hot Thought”.

Balanced Alternative Thoughts (BATs): Taking all of the evidence into account, the BAT provides a realistic, plausible or helpful interpretation.

Outcome / Learning: The final column identifies the outcome to the exercise; Upon reflection, what is different and what can you learn from this to pre-empt future triggers?

After reviewing the example, complete the blank template using a typical or highly distressing example of your own. It’s important to practise this exercise with good discipline until this shapes your thinking routines. You can download blank copies of this exercise from www.thinkcbt.com/worksheets

Exercise 12 – The CBT Thought Record

Situation / Trigger	Initial Reaction	Negative Automatic Thoughts ↓	Supporting Evidence	Opposing Evidence	Balanced Alternative Thought	Outcome / Learning
This could be an event, initial thought, feeling, memory or image.	How did I feel emotionally and physically – what did I do in the moment? (Rate intensity 0-100%)	What negative or unhelpful thoughts did I notice; what is the “hot thought”?	What hard evidence supports the “hot thought”?	What hard evidence opposes the “hot thought”?	What is a more helpful and realistic way of thinking about this?	What can I learn from this to pre-empt the situation in future? (Re-rate intensity 0-100%)
Didn't get the job I wanted after putting in a lot of time and effort preparing for the interview.	Angry 80% Hopeless - 90%	This job should have been mine - 100%	I didn't get the job.	I was encouraged to apply for the job.	I am disappointed that I didn't get the job, but I can accept that this is just one situation - 80%	Feeling disappointed, but calmer and more reflective about the experience - 20%.
		It's not fair and I have been cheated - 85%	Somebody else was appointed.	I received positive feedback following the interview.	Interviews are tricky and it's difficult to know what they are looking for - 85%	I noticed that my initial reaction was to automatically feel rejected, unfairly treated and to assume that the world is against me.
		There is no point even trying - 80%	I received feedback about what I had not done well in the interview.	I have been appointed to jobs in the past.	The other person may have been better suited - 85%	I can pre-empt my tendency to blame myself / others when things don't turn out as expected.
		I am completely useless - 95%		I am respected, well paid and valued in my current role.	I gained some valuable experience and I am glad that I took the chance to apply - 90%	
		There is no point trying again and I should just accept that I am stuck - 75%				

What do I notice about my thoughts? Is this a factually accurate, logical and helpful interpretation? What is a more realistic and helpful assessment? How would I objectively judge this if it was affecting somebody else? Will I see this differently in one day/week/month? Is the real problem the situation or the way that I am thinking about the situation?

The CBT Thought Record

Situation / Trigger <small>This could be an event, initial thought, feeling, memory or image.</small>	Initial Reaction <small>How did I feel emotionally and physically – what did I do in the moment? (Rate intensity 0-100%)</small>	Negative Automatic Thoughts <small>What negative or unhelpful thoughts did I notice; what is the “hot thought”?</small>	Supporting Evidence <small>What hard evidence supports the “hot thought”?</small>	Opposing Evidence <small>What hard evidence opposes the “hot thought”?</small>	Balanced Alternative Thought <small>What is a more helpful and realistic way of thinking about this?</small>	Outcome / Learning <small>What can I learn from this to pre-empt the situation in future? (Re-rate intensity 0-100%)</small>

What do I notice about my thoughts? Is this a factually accurate, logical and helpful interpretation? What is a more realistic and helpful assessment? How would I objectively judge this if it was affecting somebody else? Will I see this differently in one day/week/month? Is the real problem the situation or the way that I am thinking about the situation?

Exercise 13 – Cognitive Disputation “Putting Your Thoughts on Trial”

In this exercise you will test the evidence for and against your thoughts. Evidence must be presented in factual or logical terms and interpretations or suppositions are not admissible. The exercise is presented in five parts. Start by briefly outlining the situation that led to the negative or distressing thought. The “Prosecution” box provides facts that support the negative interpretation. The “Defence” box answers with a positive interpretation. The “Witness” box offers an objective and neutral perspective and the final “Judgement” offers a fair, balanced and justified summing up.

The Situation / Trigger What happened or triggered the problem?	The Prosecution What facts support a negative interpretation?	The Defence What facts support a positive interpretation?	The Neutral Witness What would an independent observer say?

The Balanced Judgement – Having assessed the evidence, what is a balanced, realistic and fair interpretation?

Continuum Exercises

Continua can be used to identify and test negative beliefs or assumptions about yourself and other people. The CBT continuum provides a systematic process for challenging unhelpful or irrational beliefs and identifying an adaptive and realistic interpretation. The following examples include an exercise for testing and normalising negative self-assumptions and an exercise to help with low self-esteem.

Exercise 14 – The CBT Continuum

Use this exercise to test polarised beliefs or assumptions about yourself or another person. You can follow the explanatory notes and worked example on the next page to guide your approach:

Initial Belief:	Revised Belief:
------------------------	------------------------

0% 50% 100%

Criteria:

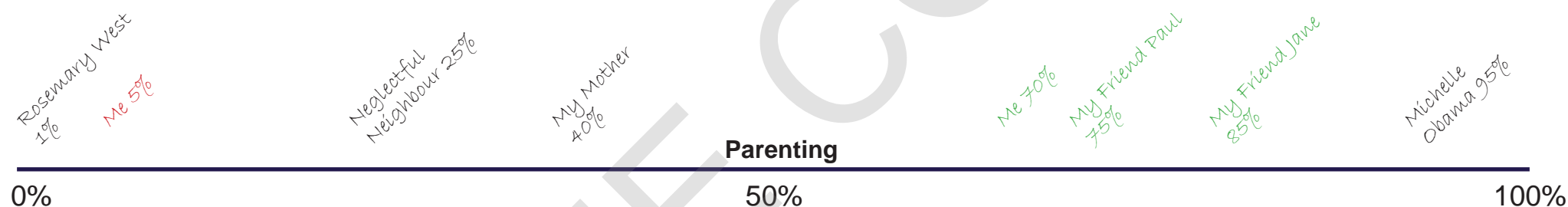
Criteria:

Example CBT Continuum Exercise

1. Identify the belief or assumption that you are testing. 2. Rate yourself by placing a mark on the continuum where 0% is worst possible and 100% best possible. 3. Define the criteria for worst possible - 0% and best possible - 100%. 4. Identify three people who would be excellent, good and acceptable against the criteria that you have defined. 5. Identify 3 people who would be inadequate, poor or unacceptable using the criteria that you have defined. 6. Review your relative position on the continuum. 7. Identify an alternative belief that reflects this assessment.

Initial Belief: I am not fit to be a parent.

Revised Belief: I am a caring parent who sometimes makes mistakes



Criteria:

Criteria:

Ignores the child's emotional and material needs	Prioritises the child's emotional and material needs
Neglectful, absent and detached.	Emotionally present and nurturing.
Cold, critical or aggressive.	Positive, constructive, encouraging and disciplined when necessary.
Criticises, insults or attacks the child.	Listens, supports and encourages learning.
Rejects, abandons or places child at risk of harm.	Protects, supports and safeguards the child's needs.
Physically, sexually or emotionally abusive.	Models healthy, bonded and respectful behaviours.

Exercise 15 - The Self Perception Continuum – How do you value yourself?

Totally Worthless	Totally Worthwhile
0%	100%
Insulting	Respectful
Selfish	Kind
Lazy	Productive
Spiteful	Gracious
Cold	Warm
Taking	Giving
Biased	Fair
Cruel	Compassionate
Abusive	Supportive
Avoidant	Willing
Callous	Sensitive
Indifferent	Caring
Deceitful	Honest
Neglectful	Attentive
Hostile	Receptive

CBT Pie Charts

CBT pie charts are highly effective tools for identifying and testing beliefs about responsibility, blame and guilt. They can be used to assess responsibility for problems or the importance of a single factor in the success or failure of a situation, event or relationship.

CBT pie charts can be used to identify and test beliefs in a wide range of situations including:

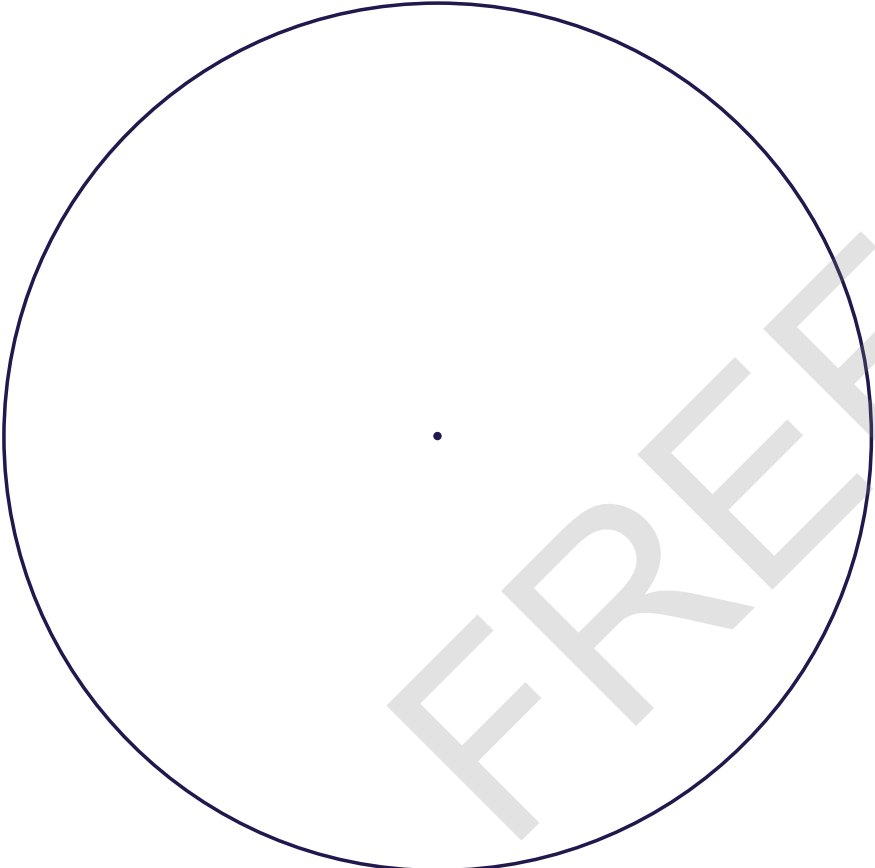
- Responsibility for preventing harm to others.
- Blame for errors or mistakes.
- The probability of a single predicted outcome.
- The importance of a single factor or characteristic when assessing the whole person.
- Different factors to be considered when making important judgements or decisions.
- The overall value of relationships or friendships.
- In the following exercise, the CBT pie chart was used to assess responsibility for causing a traffic accident.

Think CBT provides access to free Cognitive Behavioural Therapy information and resources. We operate as a commercially ethical private provider of specialist CBT services and we are committed to supporting our clients to live enriched and fulfilling lives. To talk to a professionally accredited CBT expert, contact us at info@thinkcbt.com.

Exercise 16 – The CBT Responsibility Pie Chart

The Responsibility Pie chart helps to challenge unrealistic or distorted thinking about feared events or responsibility for situations that have already happened. You can use the instructions and worked example on the next page to guide your approach to this exercise.

Initial Belief:	Revised Belief:
------------------------	------------------------



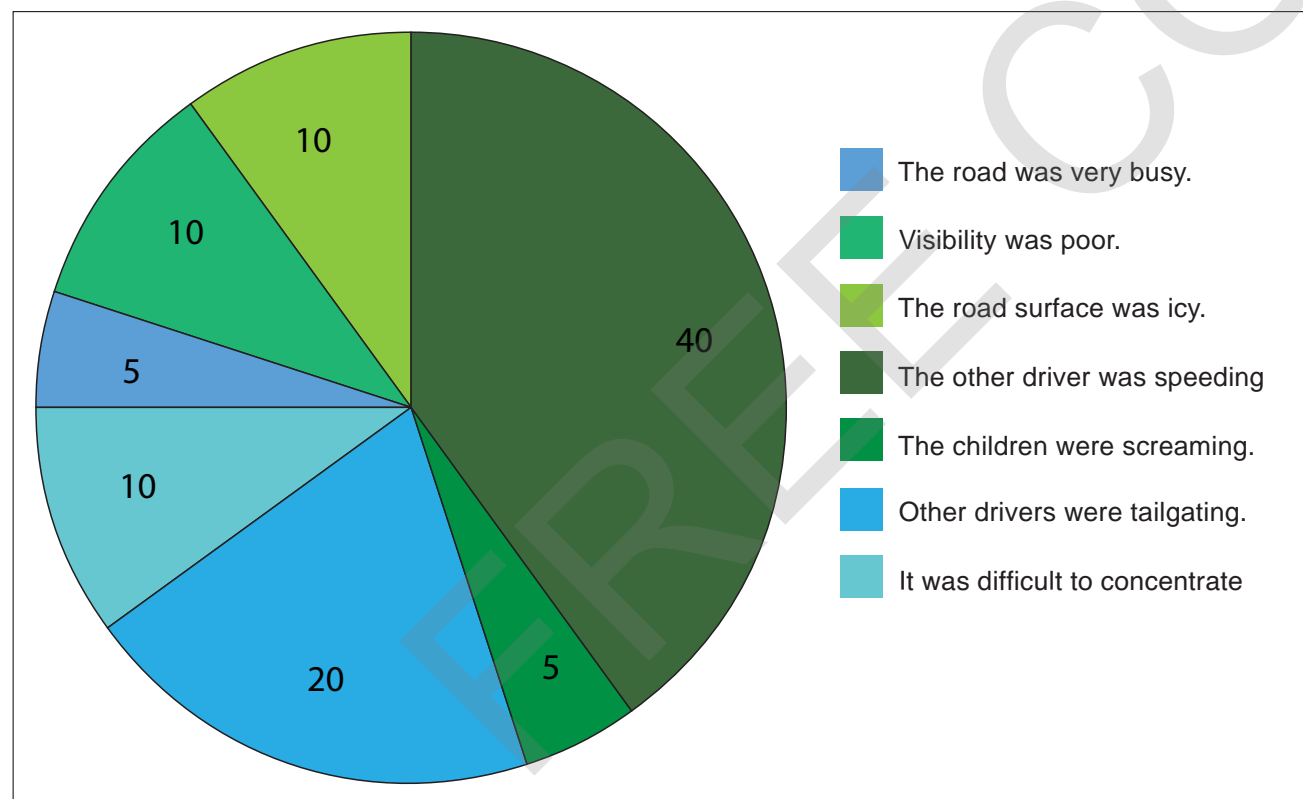
Causal Factors	%

Example CBT Responsibility Pie Chart

Instructions: 1. State how strong the initial belief is in percentage terms. In the following example personal responsibility / blame was originally 99%. 2. Identify all of the different factors. In the example provided, there were seven different factors that contributed to the road accident. 3. Weight each factor in percentage terms. In the example, each factor was ranked according to its likely contribution. 4. Plot the different factors on the pie chart indicating each percentage. 5. Identify a revised belief and percentage rating to accurately reflect the overall picture.

Initial Belief: I am to blame for the car accident - 99%

Revised Belief: I cannot control what happens on the road - 97%



Causal Factors	%
The road was very busy.	5%
visibility was poor.	10%
The road surface was icy.	10%
The other driver was speeding	40%
The children were screaming.	5%
Other drivers were tailgating.	20%
It was difficult to concentrate	10%

Cognitive Defusion and Acceptance Techniques

The following techniques can be used to support cognitive acceptance and defusion; however, it should be noted that not every technique will feel relevant or appropriate for every situation. As some of the techniques outlined below can feel quite irreverent, these approaches should be sensitively applied with the intention of loosening up the thought rather than devaluing the nature of the distressing experience.

Exercise 17 - Noticing the Thought

The first step in acceptance and defusion involves just noticing your thoughts as thoughts. Tune into your thoughts and write down any negative or distressing thoughts in the thought bubbles. Notice the difference between the thinker and the thoughts. “Noticing” thoughts without judgement or criticism is the first step in fostering acceptance, defusing from thoughts and gaining perspective.



Exercise 18 - Four Layers of Abstraction

This exercise is used to create a sense of distance and perspective over our thoughts. Write down a distressing thought in box 1. Now read the thought out in reverse order from 4-1.

1.
↑
2. I am having the thought that
↑
3. I have noticed
↑
4. I am aware that

Notice how this provides an observer's sense of distance or perspective over the thought. It also makes the process of thinking the thought quite clunky and awkward to say. This helps to break the automatic impact of the thought. It is important to note that this is not about avoiding the thought, as trying to avoid thoughts usually backfires and increases the frequency or intensity of the unwanted thought. This defusion technique is about altering your relationship or perspective over the thought itself.

Exercise 19 - Semantic Satiation

This complicated psychological phrase means wearing down the associated meaning of the thought by repeating the thought over and over again until it starts to sound and feel like a detached word or sequence of words. To illustrate this, start by saying the words “I am a creep”. Notice the feelings, images and sensations that are associated with the words “I am a creep”.

Now say the words repeatedly for two minutes without pausing.

After two minutes of repeating the words “I am a creep”, what did you notice about the actual sound or structure of the words? How did the process of repeating the words in this way alter the impact or feelings associated with the words? We thought it sounded a bit like “Pie amacree”.

When we repeat words or thoughts in this way, we break the normal rules of language. A word like “creep” can have a loaded meaning and carry negative feelings. Repeatedly saying the word for two minutes violates the normal rules of language usage. This breaks the association and returns the word “creep” to its component sounds.

Write a negative or unwanted thought in the box. Now repeat the thought as often as you can for two minutes.

Thought	Meaning	Feeling	Physical Sensations

How did repeating the thought for two full minutes alter the meaning, feelings and sensations associated with the thought?

Exercise 20 - The Characterisation Game

This involves using different voices, accents or pronunciations to break the rules of language and alter the impact of thoughts.

Try the following characterisations with an unwanted or distressing thought. Start by writing the thought down in the first row and then repeat the exercise with each of the different characterisations:

My Thought	Meaning	Feeling	Physical Sensations
Micky Mouse - Now again with your hands on your head like big mouse ears			
Boris Johnson – Now again with more pomp and bluster			
Hip-Hop style or rapping – Now again with a serious gangster rap face.			
Strong Scottish accent – Now again whilst performing a quick Scottish jig			
Operatic soprano style – Now again in a deep baritone whilst puffing out the chest			

Exercise 21 - Speed Up / Slow Down

The pace of language can also have a significant influence over the impact of the thought. Write down another distressing or unwanted thought in the following box.

My Thought	Meaning	Feeling	Physical Sensations
4 X Normal Speed			
0.25 X Normal Speed			

Repeat the thought at four times the normal speed and then again at one quarter of the normal speed. Do each exercise for 60 seconds.

What did you notice about the impact of the thought?

A good example of this can be viewed by following this link. In this clip - the great late Freddie Star performs a speed-up and slow-down version of The Unchained Melody which completely changes the original intention behind the song. <https://www.youtube.com/watch?v=CaelfGWMbvg>

Warning! This approach can draw unwanted attention when used in public. Avoid packed places including public transport, the office or a library when using this technique.

Back on a serious note, the point of this exercise is to break the rules of language by changing the tone, delivery and context of the thought. This exercise and other defusion techniques are not intended to invalidate feelings. They are designed to alter the way that thoughts are framed as negative evaluations or highly subjective associations. These associations are violated when we change the way the thought is delivered.

Exercise 22 - Word Translation

We used an example of the translate technique approach at the beginning of this section on cognitive defusion. Google Translate provides a useful tool for converting unwanted thoughts into another language.

Translate –Start by visiting [www.https://translate.google.co.uk](https://translate.google.co.uk)

Type your thought in your native language into the first box and then randomly choose an unfamiliar language to translate the thought.

My Thought in My Native Language	My Thought After Translation

What did you notice about the strength, meaning and impact of the thought? Having consciously translated the thought, you can see logically that the thought literally means the same thing in another language, so knowing this, why does it feel so different? Should changing the language alter the impact or meaning of the thought? Is the problem the thought itself, or the string of words through which the thought is expressed? What would happen if you were to logically acknowledge and respond to your thoughts in the same way that you respond to the thought in another language?

Exercise 23 - The Time-Traveller's Log

Past	Present	Future
Loss	Vitality	Threat

Instructions: The purpose of this exercise is to consciously notice the temporal location of our thoughts and bring our attention back to the here and now. Start by tuning into your mind and noticing your thoughts and feelings. Notice whether the thoughts are in the past, future or present. Touch the timeline to indicate where your thoughts are located. Feel the sensation of the paper sliding under your fingertip. Track your thoughts on the timeline until they return to the present.

Fusion with distressing thoughts can often involve a form of psychological time-travel. We can get caught up in negative ruminations about the past and worries about what might go wrong in the future. Time-travelling between the past and the future can lead to distressing emotions and temporal displacement; we spend our time in rewind or fast forward and lose sight of what is happening in the here and now.

Dwelling in the past usually involves reliving, replaying or post-mortemming. It can be associated with themes of perceived loss, failure and trauma. Slipping into the future involves scanning, calculating and rehearsing. It can be associated with themes of perceived threat and insecurity.

Time-travelling can happen unconsciously and automatically. we could find ourselves reliving a past mistake, leading to real-time feelings of failure, despair or depression. We could slip into a scenario about an imagined future conflict, experiencing real-time feelings of anxiety, anger or vengefulness.

When we tune into and observe our thoughts, we shift our attention to the here and now. The act of observation itself can only happen in the present. Noticing, observing and tracking thoughts therefore has a centripetal effect on attention and shifts our focus back to the present.

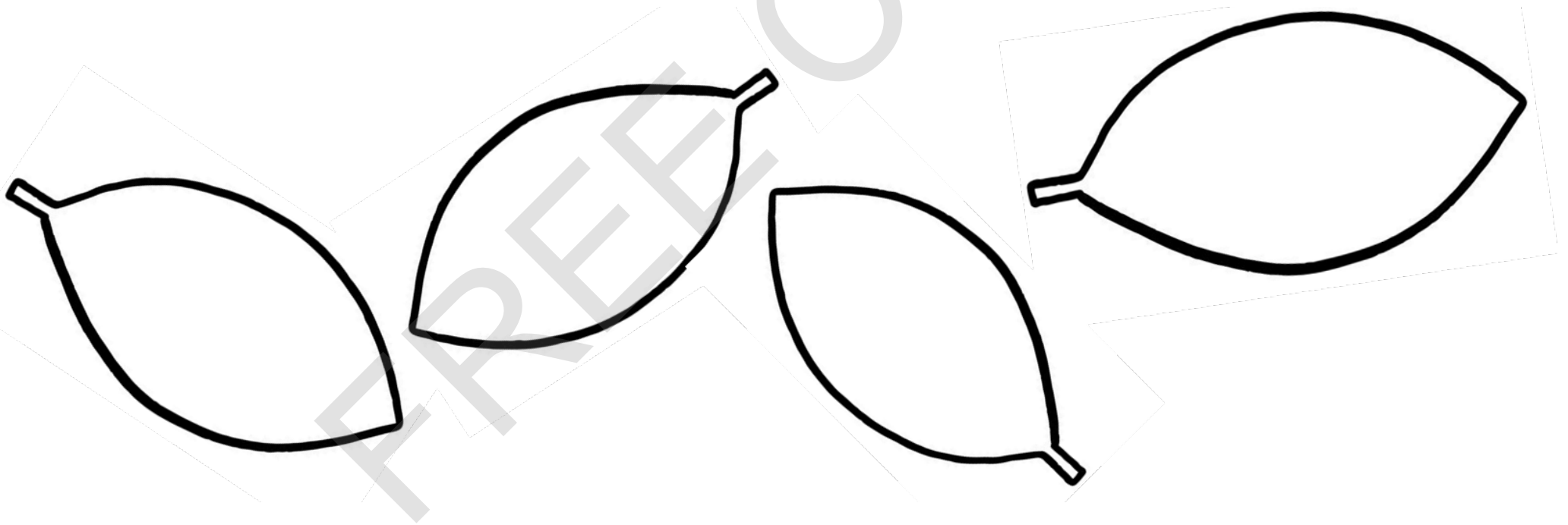
Attending to the present involves tuning into and noticing our moment to moment experiences, It is often associated with improved attention, concentration and feelings of vitality. This attention to the present moment is also known as Mindfulness.

Mindful Visualisation

Mindfulness techniques have become ubiquitous across all fields of therapy. This section does not attempt to reduce or subjugate such an important therapeutic approach to a few simple points; however, the following exercises are relevant to the processes of acceptance and defusion:

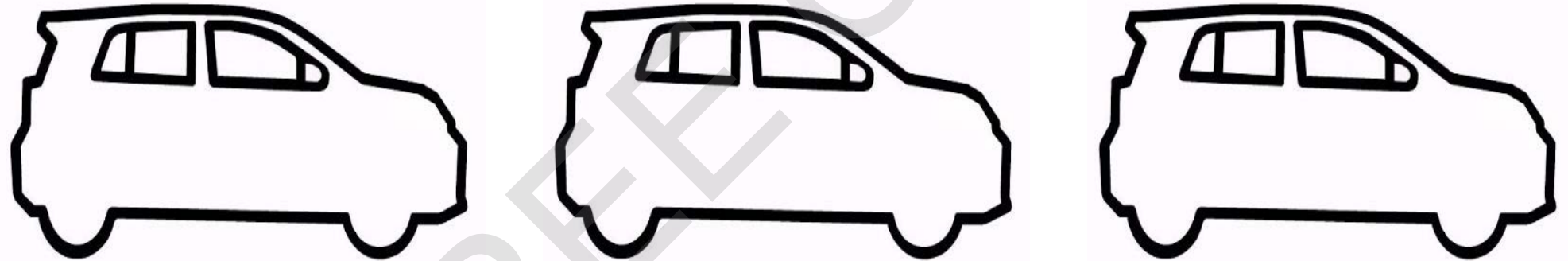
Exercise 24 - Leaves on a stream

Start by placing your thoughts on the leaves in this exercise. Once you have captured your thoughts, close your eyes and imagine a gentle babbling stream. Picture placing your thoughts on the leaves in the stream and watching them slowly drifting by and out of sight. Notice the river is consistent but the leaves continuously pass by.



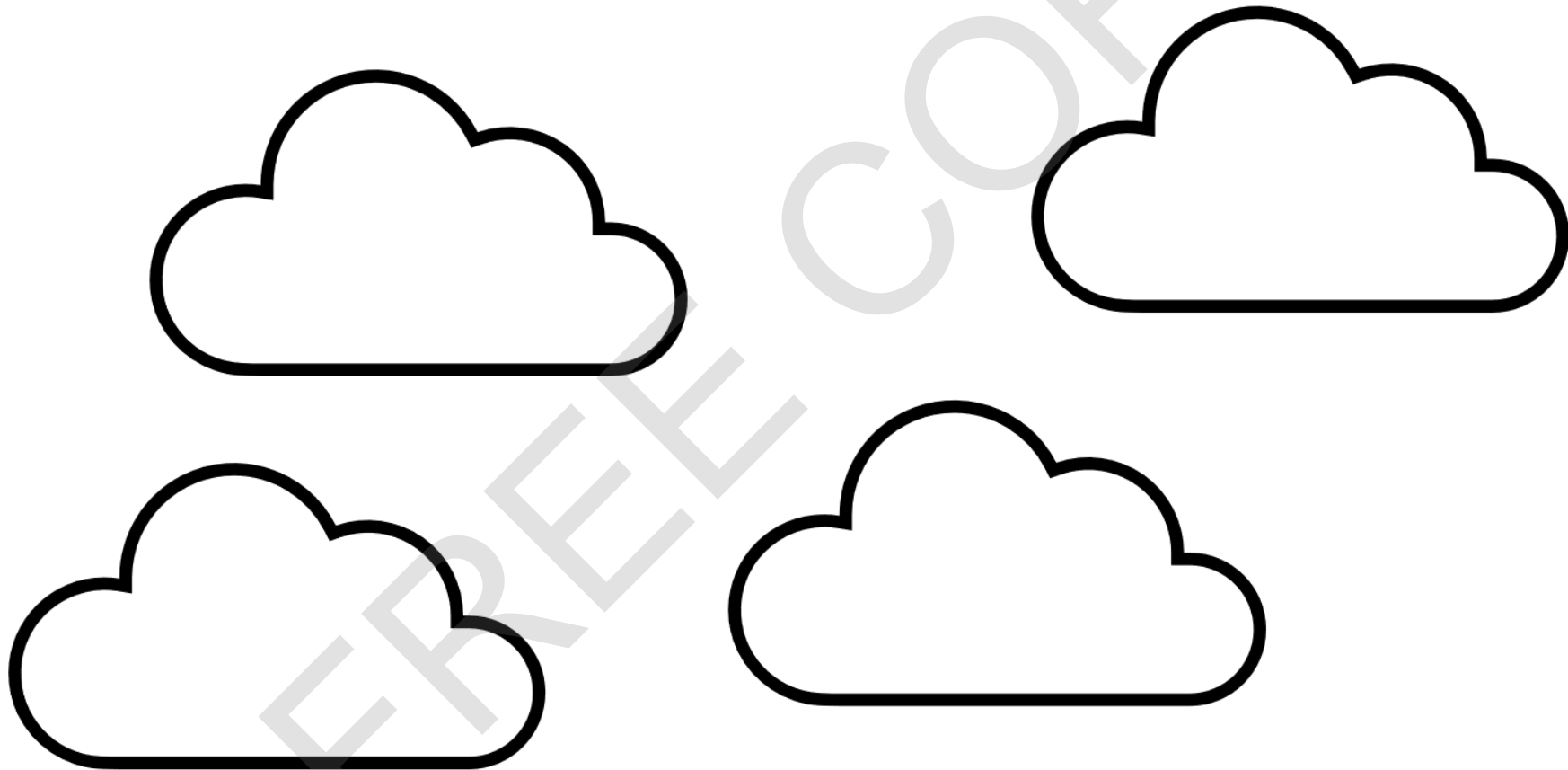
Exercise 25 - The Traffic

Noticing and acknowledging your thoughts as you might notice passing traffic. You don't need to step into a busy road to engage the traffic.



Exercise 26 - Clouds in the Sky

Notice your thoughts like the different clouds in the sky. Clouds come in all shapes and sizes. Sometimes stormy and dark and sometimes light and fluffy. Your thoughts and mood can change like the clouds in the sky, but the sky remains unchanged, a constant that provides continuity and perspective.



Exercise 27 - Taming the APE – An Anchoring Exercise

The following exercise is used to promote emotional stability, anchor and ground yourself in the present moment.



A

Acknowledge - thoughts, images, memories, impulses and emotions.

P

Physicalise - where are the thoughts and feelings held in my body? Colour, temperature, texture, size, shape, movement and weight.

E

Engage - shift my focus from the mind and body to the external environment. What can I see, hear, feel, taste and smell?

Behavioural Change

Behavioural change is crucially important to sustained psychological resilience and emotional wellbeing. If we want to change how we feel, we often have to start by changing what we do. Changes in behaviour are directly associated with our emotional, cognitive and physiological state. Our tendency to get caught up in unhelpful behaviours, self-destructive habits and patterns of avoidance are at the root of many anxiety and mood problems.

This section of the workbook will provide a brief insight into how changing behaviour can improve resilience and contribute to the alleviation of long-term suffering.

In this section of the Think CBT workbook, we will introduce Functional Analysis, the PACE exercise for establishing a balanced behavioural repertoire, Graded Exposure as a technique to systematically alter unhelpful patterns of avoidance and Behavioural Experiments to show how committed action can influence our beliefs and assumptions. The remainder of this section of the workbook will focus on other important behavioural strategies including managing worry, assertive communication and maintaining a healthy sleep – wakefulness cycle.

Functional Analysis

Functional Analysis is an important CBT technique for assessing, understanding and changing behaviour. It works on the basis that all human behaviour is a learned response with a specific reason or function. Functional Analysis helps to plot the causal and reinforcing factors for unhelpful behaviours so that we can understand how the behaviour is triggered and maintained.

The ABC model of Functional Analysis was originally developed in the field of applied behavioural psychology. This provides a model for understanding the relationship between “Antecedents”, “Behaviours” and “Consequences”. Each of these areas is briefly outlined and a worked example of the ABC Exercise is provided at the end of this section.

Antecedents are the things that happen immediately before the unhelpful behaviour. This includes situations, events or environmental factors that set the stage or act as a precursor for the unhelpful behaviour to happen.

Behaviours are the unhelpful or unwanted responses that we want to change. Behaviours can be external such as acting in an aggressive manner, or internal such as worrying or overthinking about something.

Consequences are the reinforcing outcomes or things that happen immediately following the behaviour. Again they can include internal and external factors such as gaining attention, relief, stimulation, escape or avoidance.

We often classify consequences under the headings of positive / negative reinforcement and punishment. The differences between the four resulting combinations are important to understanding and altering unwanted behaviours.

Positive Reinforcement happens when a motivating, desired or rewarding stimulus occurs immediately after the behaviour, making the behaviour more likely to happen again in future. This can include receiving reward, praise, attention or feeling high. E.g. helping with the housework because you receive praise for contributing.

Negative Reinforcement happens when an aversive or distressing stimulus is reduced immediately after the behaviour, making the behaviour more likely to happen in future. This can include reducing discomfort or gaining relief from a negative situation or feeling. E.g. Being the last one to finish at work to avoid feelings of exclusion or paranoia.

Positive Punishment happens when an aversive consequence happens immediately after the behaviour, making the behaviour less likely to happen in future. This can include physical or emotional pain or criticism. E.g. Criticism for expressing your own opinion.

Negative Punishment happens when a reinforcing stimulus or consequence is withdrawn, making the behaviour less likely to happen in future. This can include a loss of praise, reputation, standing or self-value. E.g. Losing privileges for disruptive behaviour.

Positive and negative reinforcements involve increasing the frequency of a behaviour, whereas positive and negative punishments involve reducing the frequency of the behaviour.

Research shows that reinforcement is typically more effective than punishment and that punishment only works where the aversive stimulus or loss of reinforcement is immediately contingent on the behaviour. For this reason Functional Analysis usually involves work on positive and negative reinforcements in a CBT context.

Example ABC Form

Antecedent What Happens Immediately Before the Unhelpful Behaviours?	Behaviour What are the Unhelpful Behaviours that I Want to Change?	Consequence What are the Positive / Negative Reinforcing Factors for these Behaviours?
Noisy, Busy, loud or unfamiliar situations where I don't know people or where I feel under pressure to perform.	Getting drunk, behaving in an aggressive manner, shouting or overcompensating by throwing money around.	Positive - Gain attention and praise for buying the drinks or paying for the meal. Negative - distracts me from feeling awkward or vulnerable.
	Helpful Behaviours Listening, being quietly assertive, acting with good financial and social boundaries.	Positive Reinforcement - valued for who I am rather than what I spend. Negative Reinforcement - Feeling less like a fraud or feeling less exploited.

Exercise 28 –The ABC Form in Functional Analysis

Antecedent What Happens Immediately before the Unhelpful Behaviours?	Behaviour What are the Unhelpful Behaviours that I Want to Change?	Consequence What are the Positive / Negative Reinforcing Factors for these Behaviours?
	Helpful Behaviours	

Exercise 29 - PACE Activity Exercise (Part 1)

Our mood, concentration, motivation and wellbeing are significantly influenced by how we behave, what we do and when we engage in different activities. We can use the acronym “**PACE**” to identify and organise activities that can help to create and sustain improvements in emotional wellbeing and motivation.

Physical	Achievement	Connection	Enjoyment
Exercise, healthy eating / drinking, rest and sleep.	Work, study, domestic tasks and caring for dependents.	Friends, family, social groups and community.	Play, fun, interest, relaxation and pleasure.

Depression is often maintained by avoidance or withdrawal from activities that provide a sense of physical wellbeing, achievement, connection or enjoyment. Stress can be experienced when we are solely focused on achievement at the expense of undertaking enjoyable or relaxing activities and connecting with others. Anxiety is maintained by avoidance of tasks, activities, places or people that reinforce beliefs about not coping.

Neurotransmitters

The way we act and engage in different activities directly influences our brain chemistry by causing the release of neurotransmitters, promoting emotional wellbeing and providing a natural anti-anxiety and anti-depressant affect. These neurotransmitters include Glutamate, GABA, Dopamine, Epinephrine, Oxytocin, Serotonin and Acetylcholine. Whilst the brain science is complex, committing to and engaging in activities that promote **Physical**, **Achievement**, **Connection** and **Enjoyment** related activities directly influences the levels and performance of these important brain chemicals.

Use the table on the next page to plan out and commit to activities that promote a healthy emotional balance. Feelings continuously change according to daily experiences. Remember that an overall improvement in mood first requires a shift in the balance of behaviour. *If you want to change how you feel, you have to start by changing what you do.*

PACE Weekly Activity Planner (Part 2)

Week	Physical Exercise, Healthy Eating and Sleep	Achievement Work, Study, Chores and Domestic Tasks	Connection Family, Friends, Colleagues and Community	Enjoyment Play, Interests, Relaxation and Pleasure	Satisfaction (Rate 0-100%)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Graded Exposure

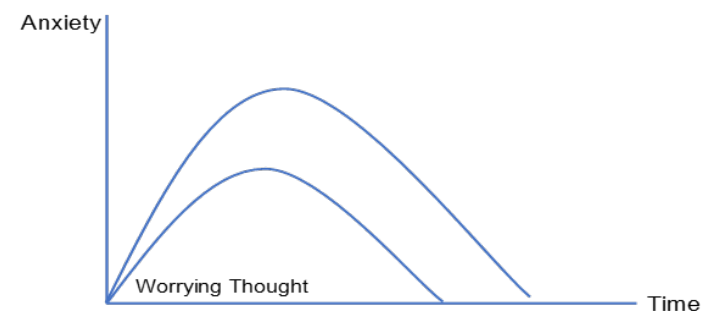
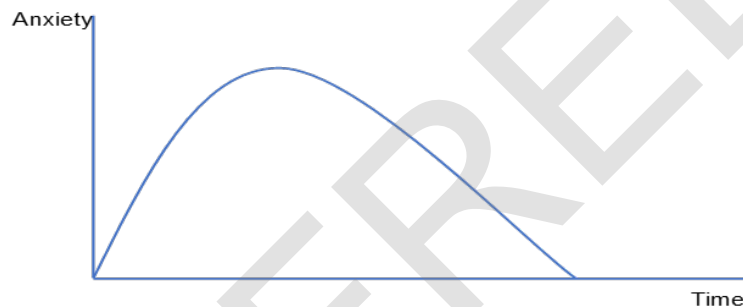
Graded exposure is a key strategy in managing almost all anxiety problems. It's based on the principle that our anxiety levels increase when we are first confronted by the distressing situation. After continued exposure to the stressful or anxiety provoking situation, our anxiety starts to level out and eventually normalises.

The mechanisms for this are complex and involve two behavioural processes known as Respondent and Operant learning. Respondent learning also known as classical conditioning uses something called behavioural habituation to break the association between the feared situation and the anxiety response. This is achieved through repeated exposure to the feared situation until the anxiety response is weakened. This is sometimes known as behavioural extinction.

Operant learning works through another process known as inhibitory learning. This allows us to challenge our beliefs and assumptions about the feared situation through continued exposure. As we approach the feared situation, we challenge our negative assumptions and develop new coping skills.

The key to graded exposure is to develop a systematic plan and approach the problem in small steps. The anxiety response is normalised through repeated exposure and by dropping or suspending safety, avoidance and distraction behaviours.

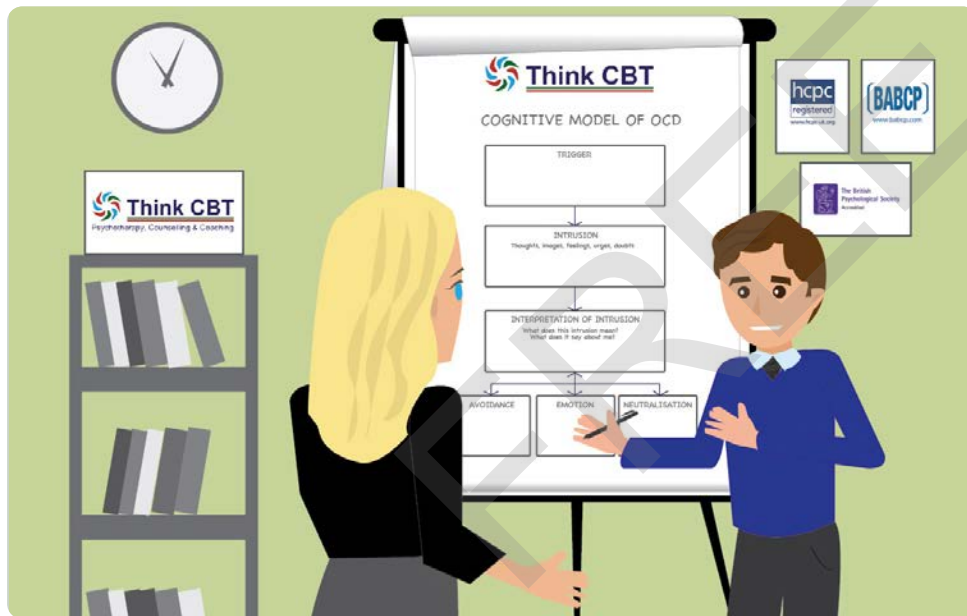
The following two diagrams illustrate how anxiety levels respond through the process of graded exposure. The first curve shows how the anxiety habituation process works. The second diagram shows how repeated exposure leads to a lowering of the anxiety response.



Now that you understand the relationship between exposure and distress, it's time to plan and undertake a programme of graded exposures to normalise your anxiety response. This approach can be used for a wide range of problems including phobias, social anxiety, panic attacks and learning how to cope with worries or uncertainty.

Some key principles include:

- Choose exposure activities that are in the same theme or cluster. So, if you are anxious about social situations, start with low level social activities such as meeting a friend in a coffee shop before moving on to other more challenging social activities.
- Always start the exposure exercise at the lower end of the hierarchy to facilitate habituation and operant learning. Ideally this means choosing activities that are between 3-5 on the 0-10 anxiety scale.
- Repetition is important. Graded exposure should not feel like running the gauntlet. Repeat the activity until the anxiety falls below 2 on the 0-10 scale. Once the situation feels manageable move on to the next level on your graded exposure plan.
- The purpose of graded exposure is not to prove that you can undertake the activity without feeling anxious. The goal is to bring on manageable levels of anxiety so that you can normalise your response to the feelings. This is similar to the inoculation process in the human body. By exposing yourself to manageable levels of anxiety, you will develop a form of anxiety immunity and build improved personal resilience.



Behavioural Analysis, Graded Exposure, Behavioural Activation, Systematic Desensitisation, Behavioural Experiments, Modelling / Shaping and Exposure Response Prevention are key strategies in CBT. To talk to a Cognitive Behavioural Therapy expert, call 01732 808626 or email info@thinkcbt.com

Exercise 30 – Graded Hierarchy of Anxiety Provoking Situations

First write down the situations which you find anxiety provoking. Secondly, add them to the table below in rank order. Identify any “safety” or “avoidance” behaviours in the third column. In the fourth column, rate how distressed you normally feel in each of the situations from 0 (no distress) to 10 (maximum distress). In the final column rate your actual level of distress when completing the task.

Rank Order	Feared Situation / Event	Safety / Avoidance Behaviours	Predicted Distress 0–10	Actual Distress 0–10

Behavioural Experiments:

Behavioural experiments are a technique used in CBT to identify, test and alter negative or unhelpful assumptions about how we cope in difficult or challenging situations. Strictly speaking, Behavioural Experiments are a cognitive technique as they are focused on challenging and altering negative beliefs and assumptions. We have included the exercise in this section as it involves behavioural change as a basis for developing and expanding our cognitive repertoire and behavioural coping skills.

The following exercise can be used to set up and manage behavioural experiments. These experiments can be used as a basis for approaching the distressing situations or tasks identified on the hierarchy shown on page 66. Behavioural Experiments can also be used to test and change our assumptions about situations where we normally use avoidance or act in an unhelpful manner.



There are many counsellors, therapists and private companies offering CBT without the necessary qualifications and professional credentials. At Think CBT we only employ fully qualified and BABCP accredited Cognitive Behavioural Psychotherapists. You can be confident that your Think CBT therapist has demonstrated the UK gold standard in CBT. www.thinkcbt.com

Exercise 31 – The Behavioural Experiment

Use this worksheet to test your predictions about how you cope in challenging or stressful situations. The purpose of the experiment is to see how beliefs and assumptions about the situation can be influenced by changes in your behaviour.

Target Belief / Assumption: What is the belief or assumption that you are testing? (Rate strength of belief 0%-100%)

Alternative Belief / Assumption: What is a plausible and helpful alternative to the target belief? (Rate strength of belief 0%-100%)

Situation: What situation or scenario will you choose to test this belief or assumption?

Predictions: What do you predict will happen? (Behaviours, Feelings, physical reactions)

Preparation / Coping Strategies: What preparations and Helpful Coping strategies can you use to manage the situation without engaging in avoidance or withdrawal behaviours?

Outcome: What happened during the experiment?

Evaluation: How did this compare with your original predictions about the situation?

Learning: What did you learn from the experiment?

Revised Beliefs / Assumptions: How does this affect the strength of the original target and alternative beliefs? (Rate the original target and alternative beliefs (0%-100%))

Next Steps: What comes next? What can you do to continue to test and change negative and unhelpful beliefs and assumptions?

Exercise 32 – ACT Exposures Exercise

Use this worksheet to identify exposure activities that you will commit to in the service of your values and personal goals.

<p>What is the exposure exercise that I am committing to undertake?</p>	<p>How will this move me towards my values and goals?</p>	<p>What safety / avoidance behaviours am I willing to suspend in the service of my values and goals?</p>	<p>What uncomfortable thoughts and feelings am I willing to make room for when completing the exposure?</p>
---	---	--	---

Record the exposure activity in the first column and the date / time in the second. In the third column rate how difficult (0-10) the activity is and in the final column rate how rewarding it felt (0-10) to complete this without reverting to safety or avoidance behaviours:

Exposure Activity	Date / Time	Difficulty (0-10)	Rewarding (0-10)

How Worry Works

Worry involves repeatedly scanning for, thinking about and predicting negative future situations or events. When we worry, we focus on the potential threats or risks associated with hypothetical situations or events and we tend to prepare for the worst. This “better to be safe than sorry” way of thinking leads to high levels of anxiety, interferes with rational problem solving and limits our ability to think creatively and productively about the potential solution.

Although we tend to assume that worry means that we are attending to the problem, statistical analysis shows that worry does not change the outcome and increases our intolerance of uncertainty. Research into worry has demonstrated that approximately 85% of the things we worry about never actually happen. Of the remaining 15%, approximately 11% of outcomes are less severe than predicted. This leaves approximately 4% where worrying does not change the outcome. By continuously worrying about negative things that typically do not happen, we prevent the disconfirmation of our negative predictions and increase our reliance on worry as a proxy for problem solving.

So why do we worry? The answer is rooted in the evolution of the human brain. Early humans were evolved to continuously focus on potential risks and threats from their environment. This included risk of physical attack and starvation. Although modern humans do not typically face the same physical threats to safety and survival, the same brain circuitry can be activated by perceived threats to identity, reputation, social judgements, loss of control and uncertainty. We can activate this hypervigilant mode of thinking by overanalysing and amplifying hypothetical negative interpretations.

The key to interrupting worry is to notice this primitive alarm system and switch to either problem solving where the outcome can be influenced or letting go where it is hypothetical or outside our control.

Exercise 33 Worry – Thinking Time

Start by setting a regular daily time aside as a dedicated worry-thinking time. e.g. 4:30pm (not just before going to bed). Once you have identified your daily worry-thinking time, use the following two-part exercise to capture, suspend and manage worrying

Part 1 – Worry Suspension

What is the specific worry?	
What consequences am I predicting?	
What distressing feelings am I experiencing (Rate 0-10)	
What time am I suspending this worry for later consideration? (00:00:00)	

Part 2 – Worry - Thinking Time

What is the hard evidence supporting my predicted worry?	
What is the hard evidence against my predicted worry?	
What is the worst that could happen?	
What is the best that could happen?	
What is the most likely / realistic outcome?	
What are the consequences of worrying about this?	
What is a helpful way of thinking about this; what would I say to a friend?	
Can I trust myself to let go of this worry now?	<i>Yes – Rerate worry 0-10 No – Continue to next questions</i>
What practical problem-solving options are open to me?	
What is the most helpful / effective course of action?	
What, where, who and when?	
How have my thoughts about the initial worry changed?	
How distressing is this issue now? (Re-rate 0-10)	

Exercise 34 - Submissive, Assertive & Aggressive Communication

Use this exercise to distinguish between the three Behavioural styles and practise assertively communicating your needs. This approach can be used at home, at work and in personal relationships:



Submissive Communication – You Win – I Lose

During submissive communication, we prioritise the needs and feelings of others at our own personal cost. We do not effectively express our own needs and default to self-sacrifice, avoidance, submissive agreement or people pleasing. This can lead to being taken for granted, inequality in relationships, being treated unfairly and exploitation by others.

Aggressive Communication – You Lose – I Win

During aggressive communication we prioritise our own needs, preferences and feelings over the needs of other people. This can be perceived as selfish, arrogant or self-centred. Other people can feel ignored, criticised or bullied. Aggressive communication ultimately leads to inequality in relationships and a sense of alienation.

Assertive Communication – I Win – You Win

During assertive communication the needs, wishes and feelings of both sides are considered in a balanced and respectful manner. This involves clearly presenting what we need and listening carefully to the needs of others. Assertive communication involves taking the initiative to strike the deal; achieving what we want by giving something in return. It involves clarity of purpose, confidence and a willingness to flexibly compromise.

Practice Exercises

Identify the submissive, aggressive and assertive responses for each of the following scenarios:

Situation	Your boss asks you to take on additional work even though you are already stretched.
Submissive	
Aggressive	
Assertive	

Situation	Your partner or housemate leaves a mess in the kitchen again without offering to help clean up.
Submissive	
Aggressive	
Assertive	

Situation	You are served cold or poor standard food at a busy restaurant.
Submissive	
Aggressive	
Assertive	

Situation	Your friend asks to borrow money when you have your own financial constraints or goals.
Submissive	
Aggressive	
Assertive	

Situation	Your partner / friend continuously makes decisions without consulting you first.
Submissive	
Aggressive	
Assertive	

Sleep Well Assessment

To feel good and ready for the day we need to sleep well. For some people that's a solid 7 or 8 hours every night. For others, 5 hours is sufficient to feel ready for whatever the day might bring. Do you sleep well? Take this quick test to find out:

- ☐ I get to sleep within 30 minutes of going to bed.
- ☐ I spend 85% of my time in bed asleep.
- ☐ I only wake once in the night for over 5 minutes.
- ☐ If I wake in the night, I am back to sleep within 20 minutes.

If you can answer "Yes" to these four questions, and you feel rested when you wake, you are probably sleeping well. If you answered "No" to any or all these questions, then the next exercise may help you.



Exercise 35 - Sleep Hygiene Factors

To sleep well we need to get the basics right. “Sleep Hygiene” is the basics of a good night’s sleep and means the things we do in the day and at bedtime to prepare ourselves for a restful night’s sleep.

The following exercise looks at “lifestyle factors”, the things we do in the day to put our bodies and minds in the right position to sleep well. The factors that have the most marked impact on our ability to sleep well include caffeine, alcohol, nicotine, exposure to daylight, the amount of exercise we take, relaxation time, bed comfort, noise, light and temperature. The following exercise can help to identify and record what you are doing now and anything you may need to change to improve your pattern of consistent and restful sleep. You can find out more about how CBT is used to manage insomnia and other sleep problems by visiting www.thinkcbt.com/sleepwell.

Sleep Hygiene Factor	What I Do Now	What I Want to Change
How do you wind down for bed? A good wind-down routine includes relaxing activities and avoids caffeine, alcohol and nicotine.		
Screens can keep us awake – do you avoid staring at screen before bedtime?		
Do you get exercise during the day? Exercise just before bedtime should be avoided but, exercise during the day can help us feel rested and ready for sleep.		
Do you get daylight in the morning and have the lights dimmed in the evening? This can help set our body clock to know when it should be getting ready to sleep.		

Sleep Hygiene Factor	What I Do Now	What I Want to Change
Do you only go to sleep when tired? This will maximise the chance of your going to sleep and staying asleep.		
Bed is best kept for sleep and intimacy – are there things that happen in the bedroom that could happen elsewhere?		
Do you clock-watch? Paying too much attention to what time it is can make you worry and can keep you awake.		
Are you comfortable in bed? A comfortable bed and a quiet, tidy, dark, cool bedroom can help us sleep well.		
Do you lay in bed awake at night? If you are struggling to get to sleep or back to sleep, try getting out of bed until you are feeling sleepy again so that your mind connects your bed with sleep.		

Mindfulness Micro Exercises

Mindfulness is a way of paying open attention to the present moment, on purpose and without external interference, judgement or criticism. It involves bringing one's complete attention to the present experience on a moment to moment basis. Research has consistently demonstrated that Mindfulness can contribute to enhanced emotional resilience, lower levels of depression and anxiety, improved working memory and concentration skills, reduced worry and rumination, increased focus of attention and reduced physiological arousal.

You can practise mindfulness by simply paying close attention to daily tasks such as feeling the temperature of the water on your hands when washing up, by walking with a physical awareness of your legs and posture, or just using your five senses to tune into what you can see, smell, hear, feel and taste in the situation. You can also take five-ten minutes each day to try the following simple exercises or visit www.thinkcbt.com to find out about Mindfulness training programmes:

Exercise 36 - Abdominal Breathing

Abdominal breathing, sometimes called “Belly Breathing” is one of the first steps in beginning to relax the mind and body. This works by tuning into the natural rhythm of the breath. The immediate benefits of this breathing are that it quiets the mind, reduces distress and relaxes the body by balancing the nervous system. The long-term benefits are improved emotional control, enhanced perceptual sensitivity and increased mental clarity. Practise this exercise twice daily:

- Sit quietly and comfortably in a chair, settle in, and feel the sense of gravity running down your spine and into your pelvic bones.
- Lengthen your spine. Lift, release, and relax your shoulders.
- Feel your feet flat on the floor.
- Place your hands on your belly.
- Tune into the natural rhythm of the breath.
- Follow the gentle rise and fall of the breath.
- Let the belly rise on the in breath and fall on the out breath.
- Allow the sides of your rib cage to gently expand and contract with each breath.
- Allow the breath to flow in and out by itself.
- Let go of any tension on the out breath.
- Remember that every out breath is an opportunity to let go and relax.
- Enjoy the feeling of emotional release and physical calmness.

Exercise 37 - Aware Breathing

Breath-awareness improves the ability to reduce stress and improve emotional resilience. When we are centred during breath-awareness, we are open and receptive to our feelings. Practise the following steps:

- Begin by bringing attention to the feeling of the breath.
- Feel the breath as it flows in and out of the nostrils.
- Notice there is a slight sensation of coolness on the inhalation.
- Notice a slight sensation of warmth on the exhalation.
- Allow your breathing to be even and relaxed; maintaining an even breath.
- As your mind wanders, gently bring it back to the breath.
- Breathe comfortably in and out through the nostrils.
- Throughout the practice of breathing, become aware of sensations in your body.
- Stay with these observations with openness and curiosity.
- Notice when your thoughts wander and come back to your breath.
- Enjoy the sensation of breathing with awareness.

Exercise 38 - The Five-Minute Daily Recharge Practice

Find a place of quiet and silence and then lie down and get comfortable:

- Start with yawn breathing; open your jaw and make some fake yawns.
- Allow the mind to wander and relax.
- Let your eyes close and soften.
- Relax and do some soft belly breathing; notice the rise and fall of the belly as you relax.
- Let go of any tension in the body and worries in the mind with each out-breath.
- Shift your focus onto your senses, feeling your body move as you breathe.
- Shift or stretch your body.
- Shift from actively thinking to noticing thoughts, feelings or sensations.
- Notice the wave or rhythm of the breath.
- Allow gravity to hold you as you relax deeply.

Emotions and Feelings

Whilst the terms emotions and feelings are often used interchangeably, we can differentiate between lower level emotions and complex feelings. Basic emotions are linked to automatic changes in our physical state and originally evolved as survival responses. They include anger, disgust, fear, happiness, sadness and surprise. The basic emotions originate in the subcortical areas of the brain including the Amygdala and the Ventromedial Prefrontal Cortex. These areas are also important in emotional regulation, decision-making, memory, socialisation and self-perception.

Complex emotions or feelings originate in the advanced neocortical areas of the brain and are subjectively influenced by learnt associations, beliefs, thinking patterns, memories and experiences. Feelings are reflexive responses that provide implicit meaning to our emotional state.

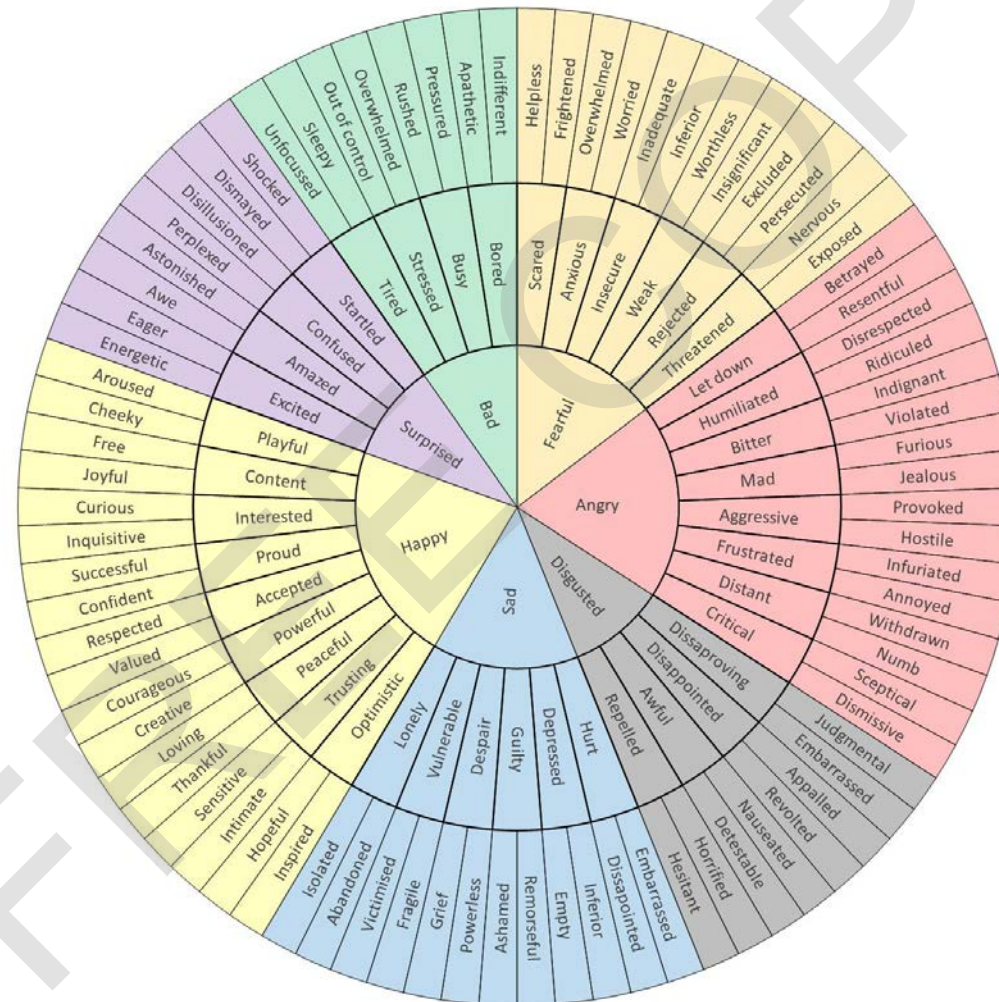
This distinction between basic emotional responses and complex feelings is important for two reasons. Firstly, it reminds us that emotional reactions are evolved automatic responses rather than conscious choices. Secondly it explains how we can alter our feelings by changing the way we think and behave.

Whilst human emotions evolved as an evolutionary survival response, most of the threats that we experience as modern humans are perceived or existential threats or based on misinterpretations. It is by altering our thinking and behavioural patterns that we can influence our response to basic emotions and change our feelings. Emotions and feelings cannot be switched on and off like a lightbulb, however we can improve the way we respond to, balance or regulate our emotional reactions.

For this reason, we do not classify emotions as “good” and “bad”. We describe emotional responses as helpful or unhelpful, healthy or unhealthy and workable or unworkable. The reason for this is that the same emotional response can be judged differently in different situations or contexts.

Exercise 39 – Wheel of Emotions

Use the “Wheel of Emotions” to identify strong emotions or feelings that you have struggled with. Outline the associated thoughts and behaviours using the table on the next page:



Strong Feelings	Thoughts / Beliefs	Unhelpful Behaviours

Exercise 40 – Linking Feelings and Appraisals

The following exercise helps us to identify the association between feelings and perceived meanings.

Try to fill in the blanks by identifying alternative healthy emotional responses:

Situation	Meaning	Feeling	Alternative Meaning	New Feeling
Friend doesn't reply to my message	I have offended her	Rejected	It's not personal - She is disorganised	
Boss sends a directive email	He doesn't show any respect	Anger	He has his own stresses	
I make an error at work	I will be outed	Anxious	Everyone makes mistakes occasionally	
I shout at the kids	I am a terrible parent	Ashamed	I lost my temper and I will learn from this	

Now identify an alternative meaning to match the new feeling:

Situation	Meaning	Feeling	Alternative Meaning	New Feeling
My partner doesn't consult me	My opinions don't count	Worthless		Assertive
A colleague blanks me at work	They think I am weird	Embarrassed		Courageous
I criticise a friend	I am a bad person	Disgusted		Regretful
I am not invited to a party	I should have said something	Disappointed		Vengeful

Exercise 41 – Personal Resilience Plan

Use this exercise to capture the key learning points from the CBT process, identify action required to protect against future setbacks and reinforce your levels of flexibility and resilience.

1. What did I learn about the old problem?

2. What are my Triggers and high-risk situations?

3. What are the key signs that I am slipping into old and unhelpful habits? - (Thoughts / Feelings / Behaviours / Symptoms)

4. What CBT Strategies will I use in case of a relapse?

5. What CBT Strategies will I continue to apply to improve resilience and psychological flexibility?

Exercise 42 – CBT Learning Log

Use this table to record the most important learning points from each CBT session and describe how you will implement the changes.

Session	Key Learning Points	CBT Assignment	Change Commitments
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Session	Key Learning Points	CBT Assignment	Change Commitments
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

The Chain Metaphor

Now that you have completed the workbook or ended your Cognitive Behavioural Therapy process, the following metaphor is offered as a basis for consolidating the key insights and CBT approaches outlined in this workbook:



"I was carrying a terrible load at the end of a long and heavy chain. This got in the way and dragged me down. It was cumbersome, exhausting and embarrassing.

People said why don't you just let go of that old and heavy chain? But I was worried that there was something important at the end of the chain and that letting go might cause loss or harm.

Over time my chain became my habit, my normality, my sense of security and control

When I finally found the courage to examine what was at the end of my old chain, I realised it was just the weight of the chain itself. The links in the chain were my memories, beliefs, rules, misinterpretations, worries, unhelpful and unwanted thoughts.

When I understood that I was bearing the weight of my own chain, I was finally willing to acknowledge my suffering and let go of the struggle.

I sometimes notice that old chain as a validation of my life's experiences and a reminder of my choice to let go".

References

- Andrews, G. (2016).** Treatment of generalized anxiety disorder: Therapist guides and patient manual. Oxford: Oxford University Press.
- Beck, A. T. (1979).** Cognitive therapy of depression. New York: The Guilford press.
- Beck, A. T., Emery, G., & Greenberg, R. L. (2005).** Anxiety disorders and phobias: A cognitive perspective New York: The Guildford Press.
- Beck, A., Rush, A., Shaw, B., & Emery, G. (1979).** Cognitive therapy of depression. New York: The Guildford Press.
- Beck, J. S. (2011).** Cognitive behavior therapy: Basics and beyond. New York. The Guildford Press.
- Bennett-Levy, J. (2006).** Therapist skills: A cognitive model of their acquisition and refinement. Behavioural and Cognitive Psychotherapy, 34(01), 57-78.
- Borkovec, T., Hazlett-Stevens, H., & Diaz, M. (1999).** The role of positive beliefs about worry in generalized anxiety disorder and its treatment. Clinical Psychology & Psychotherapy, 6(2), 126-138.
- Burns, D. D., & Auerbach, A. (1996).** Therapeutic empathy in cognitive-behavioral therapy: Does it really make a difference? In P.M.Salkovskis (Ed.), Frontiers of cognitive therapy (pp.135-164). New York: Guildford Press.
- Chorpita, B. F., & Barlow, D. H. (1998).** The development of anxiety: The role of control in the early environment. Psychological Bulletin, 124(1), 3.
- Dugas, M. J., & Robichaud, M. (2007).** Cognitive-behavioral treatment for generalized anxiety disorder: From science to practice London: Taylor & Francis.
- Farmer, R. F., & Chapman, A. L. (2008).** Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action. Washington, DC: American Psychological Association.
- Fennell, M, Bennett-Levy, J. & Westbrook, D. (2004).** Depression. In J., Bennett-Levy, G., Butler, M., Fennell, A., Hackmann, M., Mueller, & D., Westbrook (Eds) Oxford guide to behavioural experiments in cognitive therapy (p.205-224) Oxford: Oxford University Press.
- Greenberger, D. (2016).** In Padesky C. A. (Ed.), Mind over mood: Change how you feel by changing the way you think (2nd edition. ed.). New York, NY: Guildford Press.
- Harris, R. (2009).** ACT Made Simple an easy-to-read primer on acceptance and commitment therapy.Oakland, CA; New Harbinger.
- Hayes S, C., Barnes-Holmes, D., & Roche B. (2001).** Relational Frame Theory: A post-skinnerian Account of Human Language and Cognition. New York: Plenum.
- Leahy, R. L. (2012).** In Holland S. J., McGinn L. K. (Eds.), Treatment plans and interventions for depression and anxiety disorders (2nd ed.. ed.). New York: The Guildford Press.
- Martell, C. R., Addis, M. E., & Jacobson, N. S. (2001).** Depression in context: Strategies for guided action. WW Norton & Co.
- National Institute for Health and Clinical Excellence. (2009).** Depression in adults: Treatment and management of depression in adults. London: National Institute for Health and Clinical Excellence.
- Schulte, D., & Eifert, G. H. (2002).** What to do when manuals fail? the dual model of psychotherapy. Clinical Psychology: Science and Practice, 9(3), 312-328.
- Simmons, J., & Griffiths, R. (2013).** CBT for beginners. London: Sage.
- Tee, J., & Kazantzis, N. (2011).** Collaborative empiricism in cognitive therapy: A definition and theory for the relationship construct. Clinical Psychology: Science and Practice, 18(1), 47-61.
- Wells, A. (1997).** Cognitive therapy of anxiety disorders: A practice manual and conceptual guide. New York: John Wiley.
- Westbrook, D., Kennerley, H., & Kirk, J. (2011).** An introduction to cognitive behaviour therapy: Skills and applications. London: Sage Publications.
- Wright, J. H., Basco, M. R., & Thase, M. E. (2006).** Learning cognitive-behavior therapy: An illustrated guide London: American Psychiatric Pub.

Written by William Phillips
Principal Cognitive Behavioural Psychotherapist

(C) Think CBT Ltd. Company Number: 08214671

+44 1732 808626 – info@thinkcbt.com - <https://thinkcbt.com>

V.12.01.2021