

CBT Self-Help Module 1

How to Identify Automatic Thoughts, Evaluate Their Distortions, and Begin to Challenge Them

The essence of cognitive behavioral therapy (CBT) is to:

- Identify patterns of thinking that are associated with painful feelings and self-defeating behavior.
- Examine such thinking for its accuracy and helpfulness.
- Construct new patterns of thinking that reduce needless pain and promote valued behavior.

The first step: identify the key thoughts that occur alongside your emotional pain. We call these automatic thoughts (ATs) because they just “pop up” in your mind without any effort or deliberation. ATs are usually brief, concise, negative thoughts that seem plausible. They may be in the center of your awareness or on the edge of your awareness.

The primary strategy to “catch” these thoughts is to simply bring your attention to what is going through your mind in the following circumstances:

- When you notice a shift in your mood, particularly toward a more painful state
- When you are facing a situation that elicits distress
- When you are stuck in a painful mood
- When you are avoiding a challenging situation

It is best to jot down your ATs as soon as you can in order to pinpoint the precise thought or image that goes through your mind before you forget it. You can use the thought monitoring form at the end of this module.

At times you may notice a painful feeling but not any thoughts that accompany it. When that happens, you can use the Fill In the Blank Technique to elicit the relevant thoughts for the situation.

In this technique you pose the following question: “I am in this particular situation (or avoiding this particular situation) and I am feeling ___ (e.g. anxious, sad, angry, etc); therefore, I am probably thinking_____.” Repeat this statement a few times, notice the thoughts that pop up, and jot them down.

Over the years cognitive theorists have developed lists of the ways in which your thinking can be distorted. A useful first step to shift your thinking in a more accurate direction is to identify the possible distortions in your thinking.

To help you get started, some of the typical cognitive distortions are explained below. Each explanation contains:

- **A definition of the distortion**
- **Examples of the distortion**
- **Ways to question your thinking that might help untwist the distortion**
- **A CBT technique that might be particularly helpful with that distortion**

With this material you can execute a basic step in cognitive restructuring, which is

1. Identify ATs and emotions they cause
2. Identify the distortion in the AT
3. Use the disputing questions to challenge the ATs
4. Develop a rational response to combat the ATs when they occur

Key Cognitive Distortions

1. Fortune-Telling (also referred to as forecasting or negative predicting or jumping to conclusions)

Definition: You predict that a situation will turn out badly without fairly looking at all the possible outcomes.

Examples;

- “ I will never find a suitable partner - it’s hopeless.”*
- “ If I get really anxious on the subway, I may lose control and do something crazy.”*
- “ If I don’t do a great job on this report, I will get fired.”*
- “ I just know we are going to get the short end of the stick.”*
- “ If I try to start a conversation with her, I won’t know what to say.”*
- “ If I have to use that public restroom, I will contract a serious illness.”*

Questions to challenge this distortion:

- What prediction (specifically) are you making?
- What evidence do you have this will happen? What is the evidence to suggest it might not happen?
- Do you know for certain this will happen?
- What is the quality of your evidence, particularly the evidence to support your negative prediction?
- Would everyone agree with your prediction, given the current facts?
- What are five less negative predictions you could make? What is the best possible outcome?
- Are you mistakenly thinking the negative outcome you worry about has actually already come true when, in fact, it has not?
- Would you be willing to test out your negative prediction by collecting more information or acting against it?

CBT Technique: Examine the Evidence and Develop Realistic Odds

This technique, which is particularly helpful in dealing with worries, panic and OCD, involves developing realistic thoughts by examining all the evidence regarding probability judgements. The first step is to ask questions to evaluate the evidence.

The key question is “What are the real odds of this happening? Has this ever happened before? What is the evidence it will or will not happen?” Force yourself to list the facts and evidence to support or not support X happening. Other useful questions to help develop realistic odds include:

- What is the quality of your evidence, particularly the quality of the evidence that seems to support the negative prediction?
- Is it possible to collect more information to help develop more realistic odds?
- Consider whether you are confusing low probabilities with high probabilities, or acting and feeling as if negative results are guaranteed to occur, as opposed to being just possible.

The next step, after considering all the facts and evidence, is to develop alternative predictions or, when appropriate, alternative explanations for your prediction.

2. Catastrophizing (also known as awfulizing)

Definition: Catastrophizing is believing that something that has happened or might happen will be so awful and unbearable that you can't stand it.

Examples:

- “ *If I don't get this promotion, I will always feel ashamed!*”
- “ *If I display my anxiety during this talk, I will never live it down!*”
- “ *If she breaks up with me, I can't go on.*”
- “ *It will be awful if I fail this test.*”

Questions to challenge this distortion:

- Exactly what will happen that is so awful? What is the probability it will happen?
- Does _____ have to lead to _____?
- Is it possible to look at this event as very undesirable rather than awful or catastrophic?
- How might you cope if this event happened?
- How do you imagine you might feel about this event (a month, a year, five years) from now?
- Have other people gone through this before? How have they survived?

CBT Technique: Facing the worst and putting things in perspective

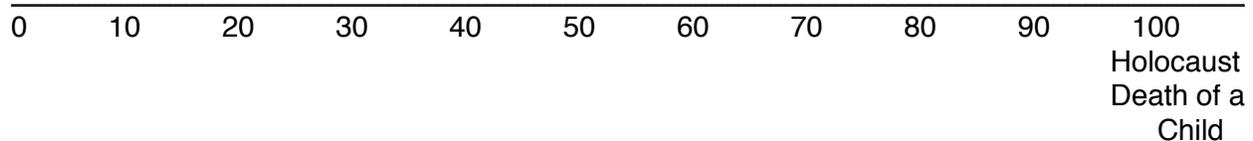
This strategy involves shifting your focus from “ *how awful it would be if...*” to considering “ *how can I deal with...*”

After you have developed realistic odds about the unfortunate event happening (see fortune-telling and developing realistic odds above), you brainstorm ways to deal with the event. Thus, you face the possibility of the negative event happening (e.g. not getting the job you want; suffering a financial setback; dealing with an unexpected breakup) and problem solve ways to cope with it.

It is also useful to ask yourself if opportunities and new meanings might be possible outcomes from a significant loss or conflict.

You can also facilitate putting things in perspective by using the Continuum Scale. When we evaluate an event as “awful” we basically think and experience it as “100% Godawful”. The Continuum Scale method involves rating the event on a scale of 0-100, where 100 represents the most devastating event and associated feeling you can imagine. You are encouraged to rate some negative events that have occurred in your life or that you heard about, and then compare the current event or worry on this scale, in order to see if you can shift the current event out of the “Godawful” end point.

Continuum Scale



Current Worry? _____

3. “Should” statements (also referred to as “must” or “ought” statements)

Definition: You have a precise, fixed idea of how you or others should behave and you overestimate how bad it is that these expectations are not met. You interpret events in terms of how things should be rather than simply focusing on what is.

This is a fairly common way of thinking that involves putting demands on yourself or others which, when not met, leads to pressure and criticism. If the “shoulds” are directed at yourself, the result is usually guilt or shame: If the “shoulds” are directed against others, the result is usually anger.

Examples:

“I shouldn’t feel so shy and nervous.”

"I should always give 100%."
"I shouldn't be so upset with my husband."
"He shouldn't be so stubborn."

Questions to ask:

"Where is it written that you should or must do X?"
"Can you accept that you or others might not always meet your standards?"
"Can you just try to observe the difference between what is or has happened and what should happen?"
"Does your thinking sound harsh or punishing? If so, is this the way you really want to treat yourself or others?"
"What would you say to a good friend or loved one who is having these critical thoughts?"
"Can you substitute the word "prefer" for "should"?"

CBT Technique: Identify and Then Challenge the Underlying Rule Behind Your "Should" Statement

Behind almost every "should" or "must" statement in a particular situation, there is a demanding, harsh and inflexible rule that applies to all situations. To identify the underlying rule, simply ask "What is the implicit assumption I'm making when I say I should _____. Typical answers might be:

"I should never be late."
"I shouldn't ever feel competitive with my friends."
"I should always fight through feelings of fatigue."

Once you have identified the rule, question it. Some useful questions include:

"Is this rule realistic?"
"Do you apply this rule to others? Why not?"
"How would you want loved ones to treat themselves if they didn't always comply with the rule?"
"Can you consider turning this inviolable rule into a rule of thumb i.e. from a demand to be or not be a certain way into a preference?"
"Don't you allow others to have the right to break the rule periodically, especially if not acting with malice or cruelty?"

4. Personalizing (also referred to as self-blame)

Definition: You hold yourself personally responsible for an event not entirely under your control. You attribute a disproportionate amount of blame for negative events to yourself; and fail to credit other factors for such events. You criticize yourself relentlessly when you make a mistake.

Examples:

“It’s my fault my daughter did not get good marks in school.”

“it’s my failure we got a divorce.”

“I must make sure the house is perfectly safe. If I don’t, and something bad happens, I couldn’t live with myself.”

Questions to Ask:

“What behaviors did you and others engage in that contributed to the problem?”

“Make a pie chart. Divide up the possible causes of the negative event, assigning percentages of responsibility as follows: yourself, others, luck, and unknown causes.”

“Can you learn anything from the negative event that you can use in the future? Can you engage in constructive self-correction rather than self-blame.”

CBT Technique: Double Standard Strategy

You probably hold one standard of responsibility for yourself, but another more realistic, tolerant and compassionate one for other people.

In order to identify and try to reduce the double standard, ask yourself the following:

“Would you think a friend of yours was totally responsible in the same situation? For example, what if John was in the situation? Would you condemn him in the same way?”

“If you heard him tearing himself to shreds, what might you say to him?”

“If you were more tolerant and realistic of him, why would you be less compassionate with yourself?”

“Can you try to talk with yourself about this situation as if you were talking to a close friend?”

“What might a good friend say to you about your self-blame?”

5. Labelling (also referred to as overgeneralization)

Definition: Labelling is where you summarize your feelings about yourself or another with a negative, fixed label. You focus on shortcomings of character or personality and use harsh and inflammatory descriptors against yourself or another.

Examples:

Some of the more frequent labels include:

- *loser*
- *idiot*
- *hopeless*
- *incompetent*
- *jerk*

- *boring*
- *disgusting*

Questions to Ask:

“Does the negative label accurately describe a significant percentage of your actual behavior?”

“Do you ever do anything that is not (negative label)? What evidence do you have to contradict (negative label)?”

“What does (negative label) mean? Does (evidence to support negative label) really mean you are (negative label)?”

“Have other people made the same kind of mistakes? Does that make them (negative label)?”

“Are you applying perfectionist standards?”

“Would you be better off or worse off accepting limitations in yourself?”

CBT Technique: Using the Continuum Technique to Re-rate Negative Labels

Negative labels usually refer to global personality or character traits. The labels often flow from harsh and perfectionistic standards. To make your thinking more realistic and compassionate, it is helpful to define a continuum of standards related to the trait (e.g. intelligence, social skills) with at least three points:

1. Best (perfect, flawless or right)
2. Average (usual, typical, intermediate)
3. Worst (defective, flawed or wrong)

Then list relevant behaviors you have observed in yourself and others. Try to find relevant behaviors for each standard. Then re-rate the intensity of the negative label.

Negative Label e.g. I'm a jerk,

Degree of belief in negative label _____%

Behaviors that go along with label _____

Best _____ Average _____ Worst

Re-rate the negative label _____%

6. Disqualifying Positives (also referred to as mental filter)

Definition: You tell yourself your positive experiences, deeds and qualities do not count. The negative more easily occurs to you. You focus on the most upsetting and threatening aspects of a situation.

Examples:

“I never rise to the occasion at work.”

“No one at the party talked to me.”

“How could I get a C in one of my classes?”

“I think about all the ways I have failed my children.”

Questions to Ask:

“Is it 100% true that _____?”

“What is the evidence to support this particular thought? What is the evidence to contradict it?”

“What would an impartial and objective observer say?”

“What information is consistent with the negative view? What information is not consistent with the negative view?”

CBT Technique: Performing Ju-Jitsu on Schematic Processing

I have some sobering news for you: our minds evolved to think negatively. Furthermore, research shows that a significant percentage of our thoughts often revolve around core beliefs or stories we have about ourselves and life. Particularly if someone is suffering from depression or anxiety, these stories are often negative and might have titles like “I’m defective,” “I can’t cope,” “No one likes me.” etc.

The mind also evolved to engage in what cognitive psychologists call “schematic processing”. This is where the mind — automatically — selectively attends to, searches for and privileges information that is consistent with the core belief or story. We call this “confirmation bias” and it appears to be hard-wired into human nature. Everyone does it.

This technique does not try to change this predisposition in our human nature, but cope with it by performing a series of (Ju-Jitsu) steps, as follows:

1. Accept that your mind will have a tendency to automatically seek out information consistent with your central stories about yourself and life.
2. Give a name to the story (e.g, I’ll never be happy” “I’m too scared to be independent, etc.”)
3. Notice and even highlight how your mind finds information to “confirm” your story. When you notice your mind doing this, add phrases to your thoughts such as:
“I notice my mind is _____”
“I see how creative my mind is by _____”
“I notice how relentless and persuasive my mind is by _____”

Paradoxically, when you engage in this counterintuitive strategy of noticing the negative thoughts: (1) You get some distance from the “same old story.” (2) You appreciate that *you*

are the storyteller and can have some say in re-writing the story, and (3) Your mind becomes more open and attentive to information that doesn't simply confirm the same old story.

Thought Monitoring Sheet

Negative Automatic Thoughts

1. _____

2. _____

3. _____

4. _____

Cognitive Distortions
