BECK

COGNITIVE BEHAVIOR THERAPY

CBT WORKSHEET PACKET

2017 Edition

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Introduction

A more detailed description and further examples of each worksheet can be found in Beck, J. S. Cognitive Behavior Therapy: Basics and Beyond, 2nd ed. (2011), and Beck, J. S. Cognitive Therapy for Challenging Problems (2005). As noted in these books, the decision to use any given worksheet is based on the therapist's conceptualization of the client. The worksheets are inappropriate for some clients, especially those who are not intellectually equipped to understand them, who become easily confused, who do not read or write well, or who have an aversion to filling out forms. In reality, many experienced cognitive therapists do not use these forms as they are presented here; they adapt them to meet the needs of their individual clients.

Cognitive Conceptualization Diagram

INSTRUCTIONS

The Cognitive Conceptualization Diagram allows the therapist to extract a great deal of information about clients' most central beliefs and key behavioral patterns; it helps the therapist understand the connections between clients' childhood experiences, the development of core beliefs about the self, world, and future, and the ways in which clients compensate for their fixed, global, negative beliefs.

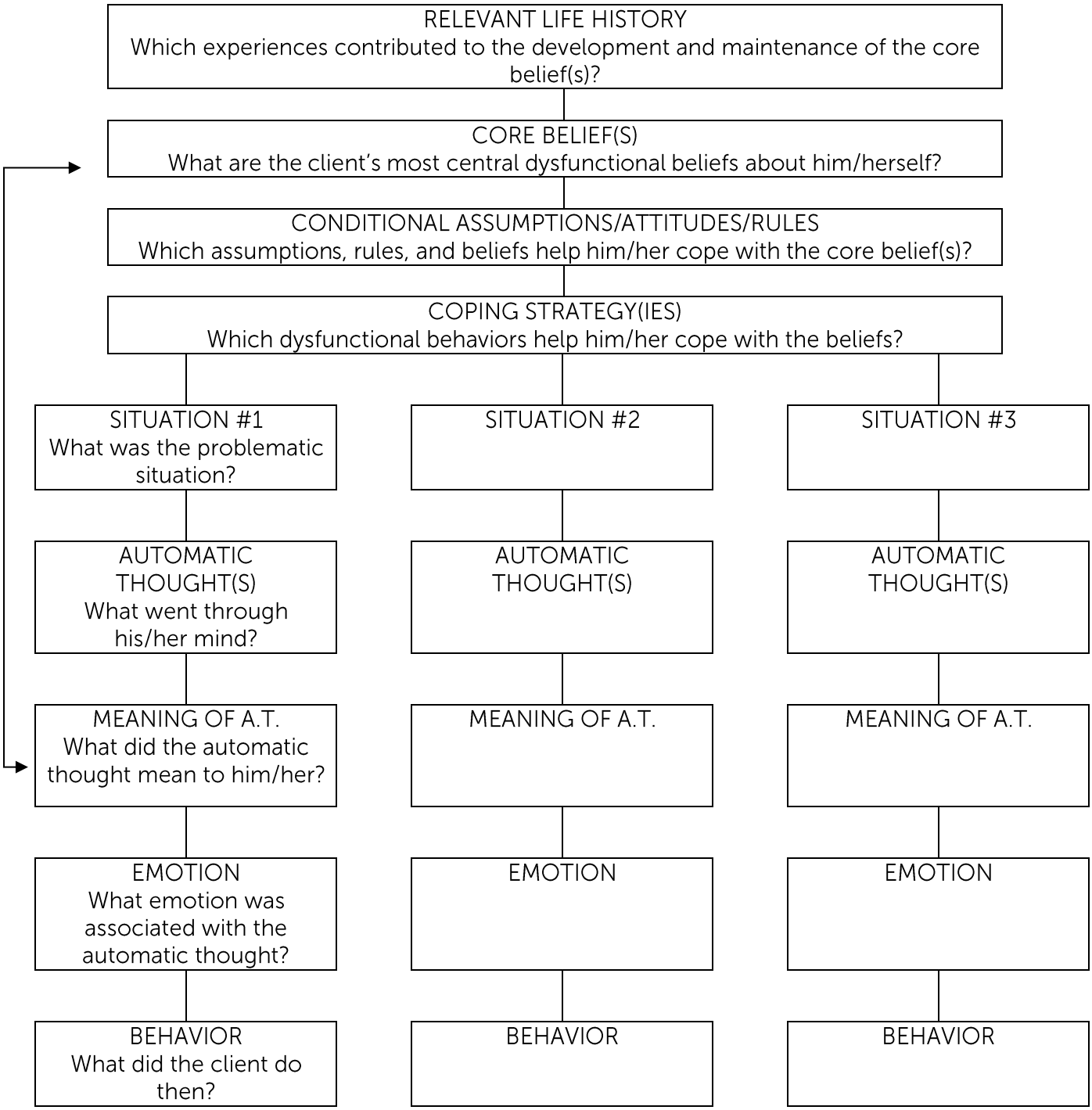
Therapists should begin completing the cognitive conceptualization diagram between sessions as soon as they have collected pertinent data. The diagram is based on specific data that clients provide. Therefore, when therapists make hypotheses, they should indicate so (with a question mark, for example) and regard their hypotheses as tentative until directly confirmed by the client.

Generally, it is best to start midway down the page, recording problematic situations that are quite typical for the client. (It is important to note that three situations are insufficient to understand the complexity of some clients. Therapists should add additional boxes across the bottom of the diagram, particularly when clients have several core beliefs.) Choose situations in which the clients' automatic thoughts show common themes. If there is more than one theme, make sure you include a situation that reflects it. Ascertaining the meaning of clients' automatic thoughts across representative situations should lead to hypotheses about their core beliefs. Using the questions on the next page, the therapist can fill in the rest of the diagram.

This diagram is designed to help therapists conceptualize clients; it is too confusing for most clients. Therapists can, however, draw simplified versions of it. In some cases, it may be appropriate to present the client with a blank diagram to complete with the therapist. Again, it is generally best to fold the diagram in half and start with the lower portion. Developing the diagram with clients helps them to understand why they react (often dysfunctionally) in characteristic ways across situations.

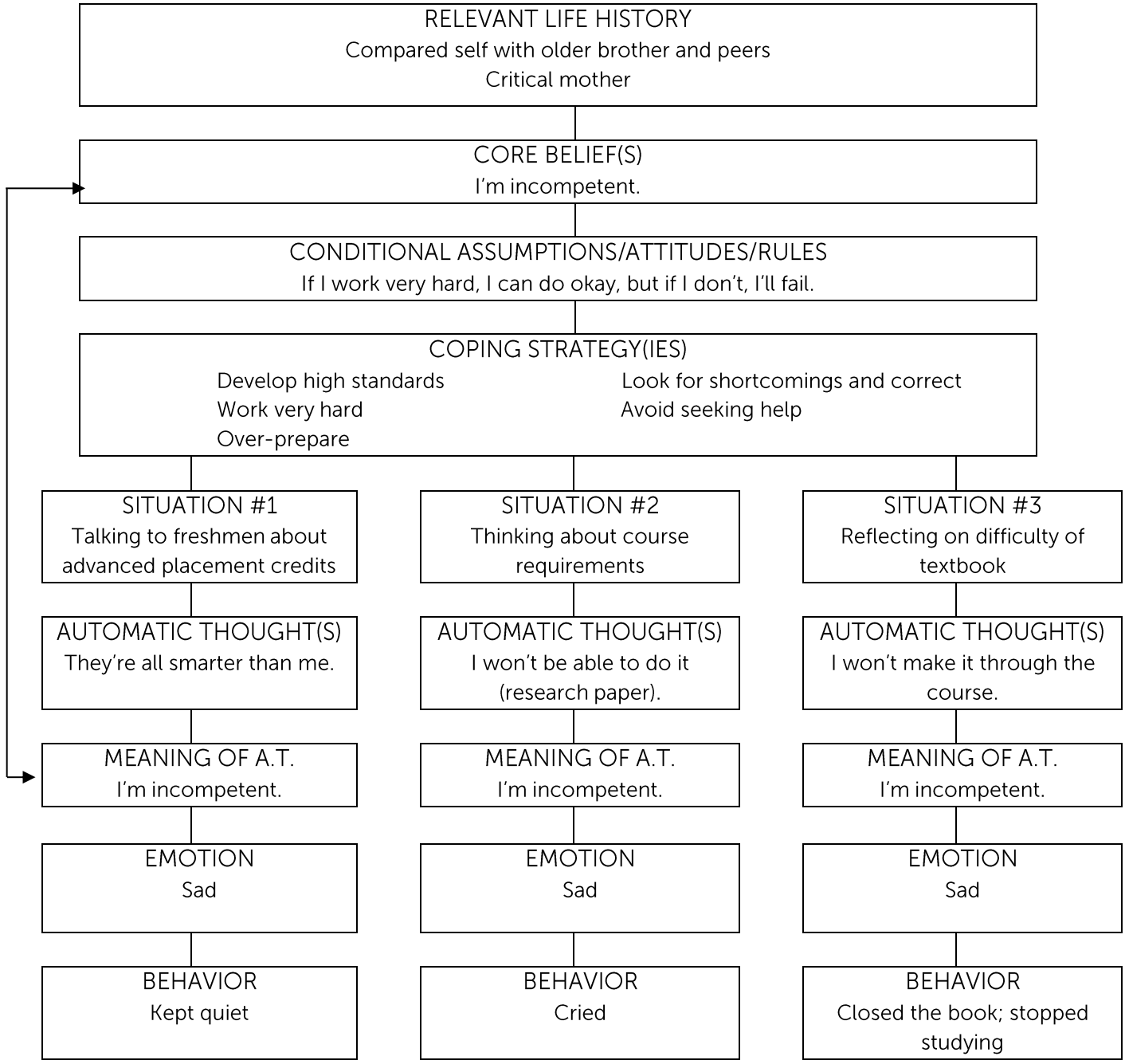
Cognitive Conceptualization Diagram

INSTRUCTIONS



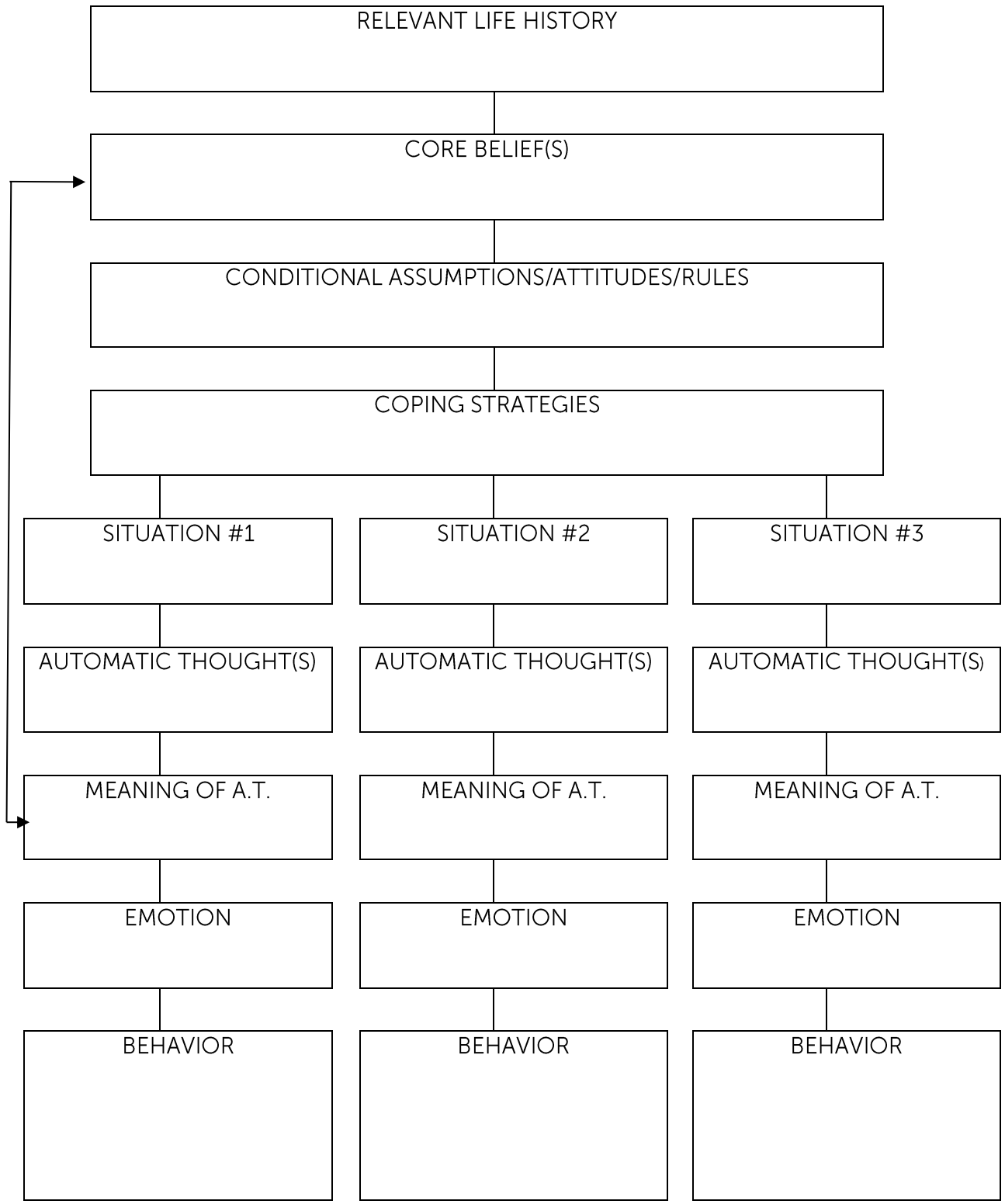
Cognitive Conceptualization Diagram

EXAMPLE



Cognitive Conceptualization Diagram

WORKSHEET



Case Write-Up

EXAMPLE

The Case Write-Up is a conceptualization tool designed to help therapists formulate cases. It is not designed for client use.

I. CASE HISTORY

A. **Identifying Information**: Sally is an 18-year-old Caucasian female college student, living in a freshman dorm with one roommate.

B. **Chief Complaint**: Sally sought treatment for depression and anxiety.

C. **History of Present Illness**: Several months after starting her freshman year of college, Sally developed symptoms of depression and anxiety. At intake, her symptoms included the following:

- **Emotional symptoms**: sadness, anxiety, guilt, loss of pleasure and interest, hopelessness, loneliness
- **Cognitive symptoms**: pessimism, difficulty concentrating and making decisions, mild catastrophizing, self-criticism
- **Behavioral symptoms**: social withdrawal, avoiding situations perceived as challenging (talking to professor, roommate, persisting in schoolwork)
- **Physiological symptoms**: loss of energy, fatigue, lowered libido, crying, restlessness, inability to relax, decreased appetite, disturbed sleep

Sally faced the usual stressors of a college freshman: especially being away from home for the first time and encountering academic challenges. She fit in well socially but after she became symptomatic, she began to isolate herself somewhat.

D. **Psychiatric History**: Sally has no prior psychiatric history.

E. **Personal and Social History**: Sally is the younger of two children in an intact family. Her brother is 5 years older than she and achieves more highly academically. Her mother was always highly critical of Sally. Her father was more supportive of Sally, but was away from a home a great deal due to a demanding job. Her parents argued a considerable amount, but Sally doesn't believe that unduly affected her. Growing up, Sally feared harsh teachers and was anxious about her grades. She has long been critical of herself for not measuring up to her brother, although her relationship with him has been fine. Sally has always had several close friends and dated throughout high school. She has maintained a good academic record.

F. **Medical History**: Sally did not have any medical problems which influenced her psychological functioning or the treatment process.

G. **Mental Status Check**: Sally was fully oriented, with depressed mood.

H. **DSM Diagnoses**:
Sally presents with Major Depressive Disorder, Single Episode, Moderate, with a Phase of Life Problem (leaving home for first time to enter school), Mild.

II. CASE FORMULATION

A. **Precipitants**:
Sally's depressive disorder was precipitated by leaving home for college and experiencing some initial difficulty in her courses. Anxiety probably interfered with efficient studying; Sally then became quite self-critical and dysphoric. As she withdrew from activities and friends, the lack of positive input contributed to her low mood, as did her failure to solve academic difficulties.

B. **Cross-Sectional View of Current Cognitions and Behaviors**:
A typical current problematic situation is that Sally has difficulty studying. While attempting to study, Sally has the automatic thoughts: "I can't do this; I'm such a failure; I'll never make it here." She also has an image of herself, weighed down by a heavy backpack, trudging aimlessly, looking downtrodden. These thoughts and images lead to feelings of sadness. In another situation, as she's studying for a test, she has the automatic thoughts: "This is too hard. What if the teaching assistant won't help me? What if I flunk?" and she feels anxious and then has difficulty concentrating. She has the automatic thoughts: "I should be doing more." She then feels guilty. In all of these situations, she stops studying, lies on her bed, and sometimes cries.

C. **Longitudinal View of Cognitions and Behaviors**:
Sally always had a mild tendency to see herself as incompetent. While her school performance was above average, she was never among the most successful students in her classes. Academic success was very important to her and she developed certain assumptions: "If I work very hard, then maybe I'll do okay but if I don't, I'll fail:' "If I hide my weaknesses, I'll be okay [for the moment] but if I ask for help, I'll expose my incompetence." Her coping strategies included working excessively hard to live up to her potential and a tendency to avoid asking for help so she would not expose her weaknesses. Once she became depressed, she often used avoidance (of schoolwork, of confronting challenges, of social opportunities). For the most part, Sally's beliefs about other people were positive and functional; she tended to see others as well intentioned, although she was sometimes cowed by authority figures. She also believed that her world was relatively safe, stable, and predictable.

D. Strengths and Assets:
Sally had high psychological mindedness, high objectivity, and adaptiveness. She was intelligent and before depression set in, very hard working. She was motivated for therapy. She had the ability to form good, stable relationships with others.

E. Working Hypothesis (Summary of Conceptualization):
For much of her life, Sally saw herself as reasonably competent, worthwhile, and likeable. She was always vulnerable, however, to perceiving herself as incompetent, for at least three reasons: (1) her mother was highly critical of her growing up; (2) her supportive father was often not at home; and (3) she had a tendency to compare herself unfavorably to her brother, who (because he was 5 years older) could do almost everything better than she could. Instead of recognizing that she would likely be able to meet his accomplishments when she reached the same age, she interpreted the vast differences between what she was able to accomplish at a given time with what he accomplished during that same time as signs of her incompetence. She also compared herself to the best students in the class and found herself lacking.

Sally historically was vigilant for signs of incompetence in herself and sometimes discounted or failed to recognize signs of competence. She developed certain rules to ensure that her incompetence would not be exposed (e.g., "I must work very hard;" "I must live up to my potential;" "I must always do my best.") As a result, she developed the following compensatory strategies: she holds high expectations for herself, works very hard, is vigilant for shortcomings, and avoids seeking help. Until she reached college, her life was guided by related assumptions: "If I achieve highly, it means I'm okay." If I hide my weaknesses, others will view me as competent."

Throughout high school, Sally was able to achieve highly enough (in her estimation), but in her freshman year of college, she started to struggle with her studies. She became quite anxious. Her core belief of incompetence became activated. She started to have fearful automatic thoughts about failure. Her anxiety interfered with effective studying and problem solving. She also began to withdraw from others and avoid schoolwork and other challenges. Then the corollary to her underlying assumptions dominated her thinking: "If I don't achieve highly, it means I'm incompetent." "If I ask for help, I'll be seen as incompetent." As she began to perform more poorly, she became convinced of her incompetence. Failing to be productive and failing to gain social support from others probably contributed to the onset of her depression.

III. TREATMENT PLAN

A. Problem List:
1. Studying and writing papers
2. Volunteering in class and taking tests
3. Social withdrawal
4. Lack of assertiveness with roommate, professors
5. Spending too much time in bed

B. Treatment Goals:
1. Decrease self-criticism
2. Teach basic cognitive tools, Thought Record, etc.
3. Decrease time in bed
4. Find healthier ways to have fun
5. Do problem-solving around studying, papers, tests
6. Build assertiveness skills

C. Plan for Treatment:
The treatment plan was to reduce Sally's depression and anxiety through helping her respond to her automatic thoughts (especially those connected with inadequacy and incompetence), increase her activities through activity scheduling, problem-solve difficulties with studying and build assertiveness through roleplaying and modifying interfering beliefs.

IV. COURSE OF TREATMENT

A. Therapeutic Relationship: Sally easily engaged in treatment. She saw her therapist as competent and caring.

B. Interventions/Procedures:
1. Taught client standard cognitive tools of examining and responding to her automatic thoughts (which allowed the client to see her dysfunctional distorted logic and thus significantly reduced depressive and anxious symptoms.)
2. Had Sally conduct behavioral experiments to test her assumptions. This resulted in reduced avoidance and increased assertiveness.
3. Helped Sally schedule and increase pleasurable activities.
4. Did straightforward problem solving.
5. Roleplayed to teach assertiveness.

C. Obstacles: None

D. Outcome: Sally's depression gradually reduced over a 3-month period after we started therapy, until she was in full remission.

Case Write–Up

CASE HISTORY

Identifying Information:

Chief Complaint:

History of Present Illness:

Emotional symptoms:

Cognitive symptoms:

Behavioral symptoms:

Physiological symptoms:

Psychiatric History:

Personal and Social History:

Medical History:

Mental Status Check:

DSM Diagnoses:

CASE FORMULATION

Precipitants:

Cross-Sectional View of Current Cognitions and Behaviors:

Longitudinal View of Cognitions and Behaviors:

Strengths and Assets:

Working Hypothesis (Summary of Conceptualization):

TREATMENT PLAN

Problem List:

Treatment Goals:

Plan for Treatment:

COURSE OF TREATMENT

Therapeutic Relationship:

Interventions/Procedures:

Obstacles:

Outcome:

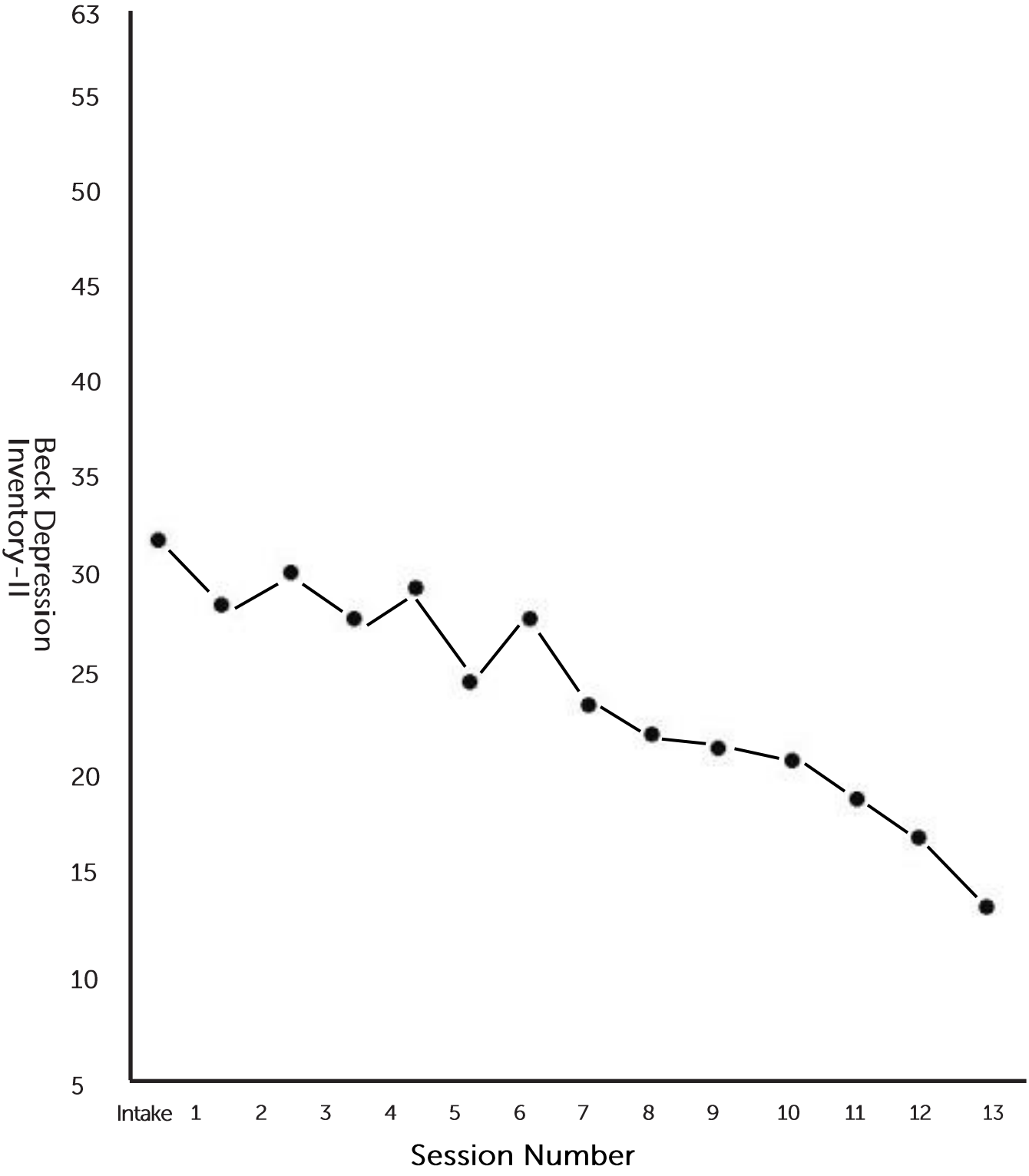
Graph for Objective Scores

INSTRUCTIONS

In addition to subjective reports of clients' progress in therapy, it is helpful to obtain weekly measures of depression, anxiety, hopelessness, etc. (Beck Depression Inventory-II, Beck Anxiety Inventory, and Beck Hopelessness Scales can be ordered from Pearson Assessment: www.beckscales.com). Some clients like the idea of graphing their scores on these measures; it can also be helpful for therapists to have a visual depiction of how scores vary over time, especially for longer- term clients. This graph, like the other diagrams and worksheets in this packet, is optional.

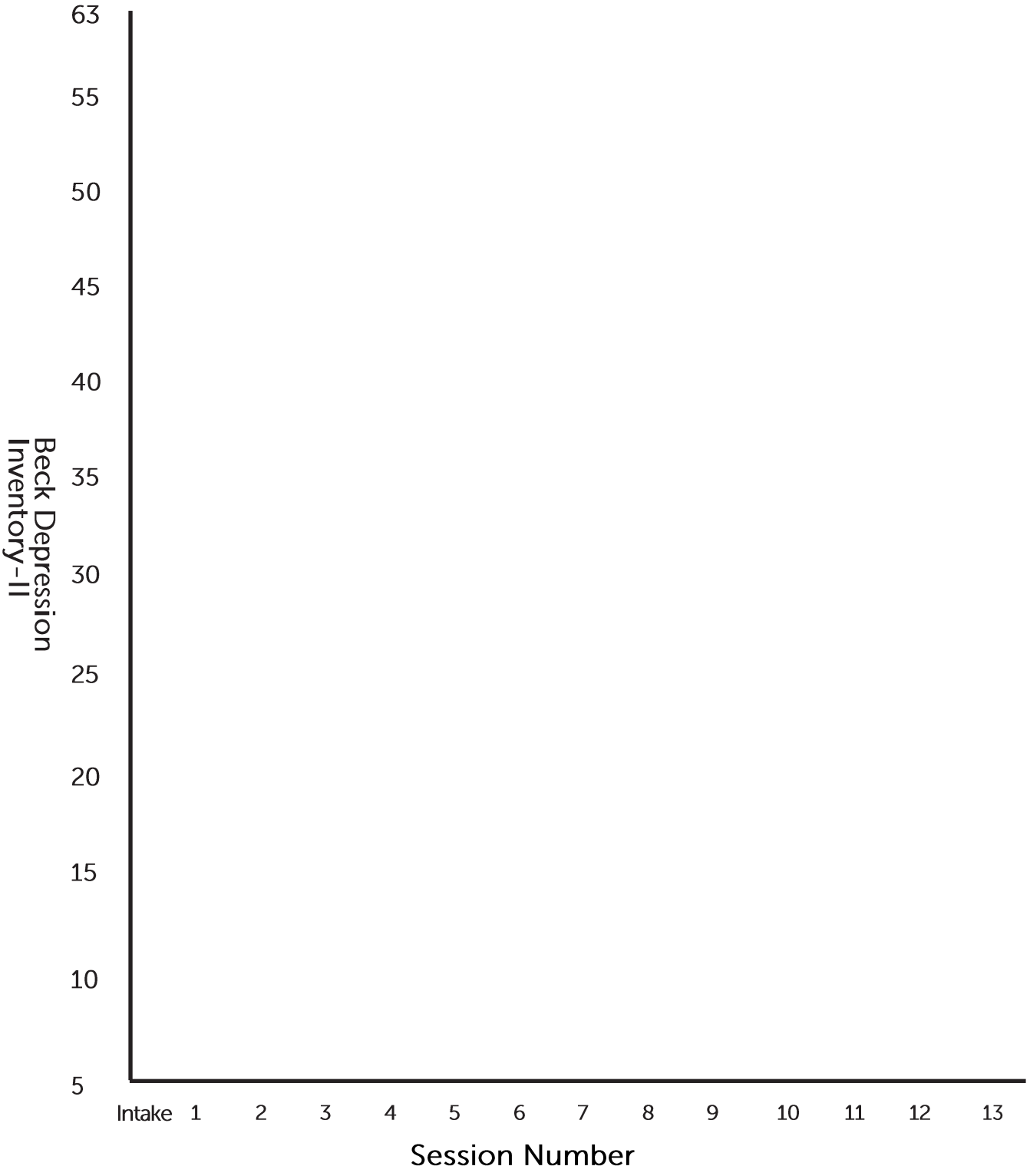
Graph for Objective Scores

EXAMPLE



Graph for Objective Scores

WORKSHEET



Activity Chart

INSTRUCTIONS

The activity chart can be used for either monitoring or scheduling. Therapists and clients can complete it together in session or clients can complete it at home.

As a monitor, the chart allows therapists and clients to collect important data. For example, the chart can help gauge how clients are spending their time and assess which activities they are spending too much and/or too little time. It is also useful for some clients to predict, then measure, their sense of pleasure and/or mastery they receive from various activities.

The chart can facilitate monitoring in other ways as well:

1. Clients can record their activities and measure the degree of a specific mood (for example, anxiety) during each activity.

2. Or they can record only those instances in which they experience more intense emotion, for example, writing down activities during which their anger was above a 5 on a 0-10 point scale.

3. Alternatively, clients can record only positive events or behaviors, such as identifying when their partner does or says something nice or when they begin a task without procrastinating.

As a monitor, the activity chart can reveal important information. With depressed clients, it may be important to identify activities in which they experienced little mastery or pleasure, as a prelude to eliciting their dysfunctional thinking in these situations. For many clients, it is helpful to identify the kinds of situations in which they experience a high level of negative emotion, again aiding them in identifying important cognitions and/or behaviors to work on in therapy. A review of the chart may also reveal that a client has been avoiding important activities or, conversely, that a client's schedule is too demanding.

As a schedule, the chart can be used to help clients commit to specific times and days to engage in important activities. For example, depressed clients often need to schedule several activities per day which have the potential for increasing their sense of mastery or pleasure. Procrastinating clients may need schedule "must-do" activities.

Pleasure and Mastery Rating Scale

EXAMPLE

PLEASURE SCALE (P)		MASTERY SCALE (M)	
0	Paying bills	0	Bouncing a check
1		1	
2		2	
3		3	
4		4	
5	Having lunch with a friend	5	Cleaning the kitchen
6		6	
7		7	
8		8	
9		9	
10	Trip to the beach with husband	10	Finishing a major work project

Note: 0 - 10 ratings of pleasure and mastery recorded on the activity chart on the next page are represented by P = ___ and M = ___

Activity Chart

EXAMPLE 1

		MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Morning	6 - 7	Morning routine P= 0 M= 2						
	7 - 8	Prepare breakfast Kitchen clean up P= 1 M= 4						
	8 - 9	TV newspaper P= 5 M= 2						
	9 - 10	Call sister P= 6 M= 3						
	10 - 11	Rest P= 5 M= 0						
	11 - 12	Prepare lunch P= 0 M= 5						
Afternoon	12 - 1	Straighten apartment P= 1 M= 7						
	1 - 2	Rest P= 1 M= 0						
	2 - 3	TV P= 4 M= 0						

cont.

Activity Chart

EXAMPLE 2

		MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Afternoon	3 - 4	Rest P= 1 M= 0						
	4 - 5	Prepare dinner P= 2 M= 5						
	5 - 6	Kitchen clean-up P= 0 M= 5						
	7 - 8	Call friend P= 8 M= 3						
Evening	8 - 9	Email Facebook P= 6 M= 3						
	9 - 10	Read Get in bed P= 3 M= 1						
	10 - 11	Sleep						
	11 - 12	Sleep						
	12 - 1	Sleep						

Pleasure and Mastery Rating Scale

WORKSHEET

PLEASURE SCALE (P)	MASTERY SCALE (M)
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Note: 0 - 10 ratings of pleasure and mastery recorded on the activity chart on the next page are represented by P = ___ and M = ___

Activity Chart

WORKSHEET 1

		MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Morning	6 - 7							
	7 - 8							
	8 - 9							
	9 - 10							
	10 - 11							
	11 - 12							
Afternoon	12 - 1							
	1 - 2							
	2 - 3							

cont.

Activity Chart

WORKSHEET 2

		MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Afternoon	3 - 4							
	4 - 5							
	5 - 6							
	7 - 8							
	8 - 9							
Evening	9 - 10							
	10 - 11							
	11 - 12							
	12 - 1							

Preparing for a Therapy Session

INSTRUCTIONS

It is important to collect a significant amount of data early in the session to set a full agenda and prioritize items. When asked for agenda items, clients do not necessarily name the most important problems on which to work (i.e., the problems they need help with in order to progress). If they think about the questions on this sheet before they enter the therapist's office, they will be much better able to quickly supply the information the therapist needs to set goals and plan a strategy for the session. Clients can be asked to complete this sheet either mentally or in writing immediately before a therapy session (or during the previous day). While helpful for most clients, this worksheet is particularly helpful for clients who avoid thinking about therapy between sessions or who have difficulty summarizing the gist of their week.

Preparing for a Therapy Session

EXAMPLE

1. What did we talk about last session that was important? What do my therapy notes say?
    - Relationship with Jen: She'll understand if I open up to her
    - Problems with procrastination: When I'm tempted to procrastinate, remind myself the time before I start and the very beginning of the task are the hardest, and I'll feel better if I do it.

2. What has my mood been like, compared to other weeks?

    A little less depressed but more anxious

3. What happened (positive and negative) this week that my therapist should know?
    - Procrastinated working on paper
    - My friend forgot about going to the movies with me
    - Watched football with dad
    - Got invited to dinner with friend from high school

4. What problems do I want help in solving? What is a short name for each of these problems?

    Work assignment
    Feeling lonely

5. Which Action Plan assignments did I do? (If I didn't do them, what got in the way?) What did I learn?
    - TR [Thought Record] after friend forgot about movie
    - Read therapy notes every morning
    - Called Jim
    - Went for a walk on 3 days

    Doing these things did help me feel better. I should keep doing them.

Preparing for a Therapy Session

WORKSHEET

1. What did we talk about last session that was important? What do my therapy notes say?

2. What has my mood been like, compared to other weeks?

3. What happened (positive and negative) this week that my therapist should know?

4. What problems do I want help in solving? What is a short name for each of these problems?

5. Which Action Plan assignments did I do? (If I didn't do them, what got in the way?) What did I learn?

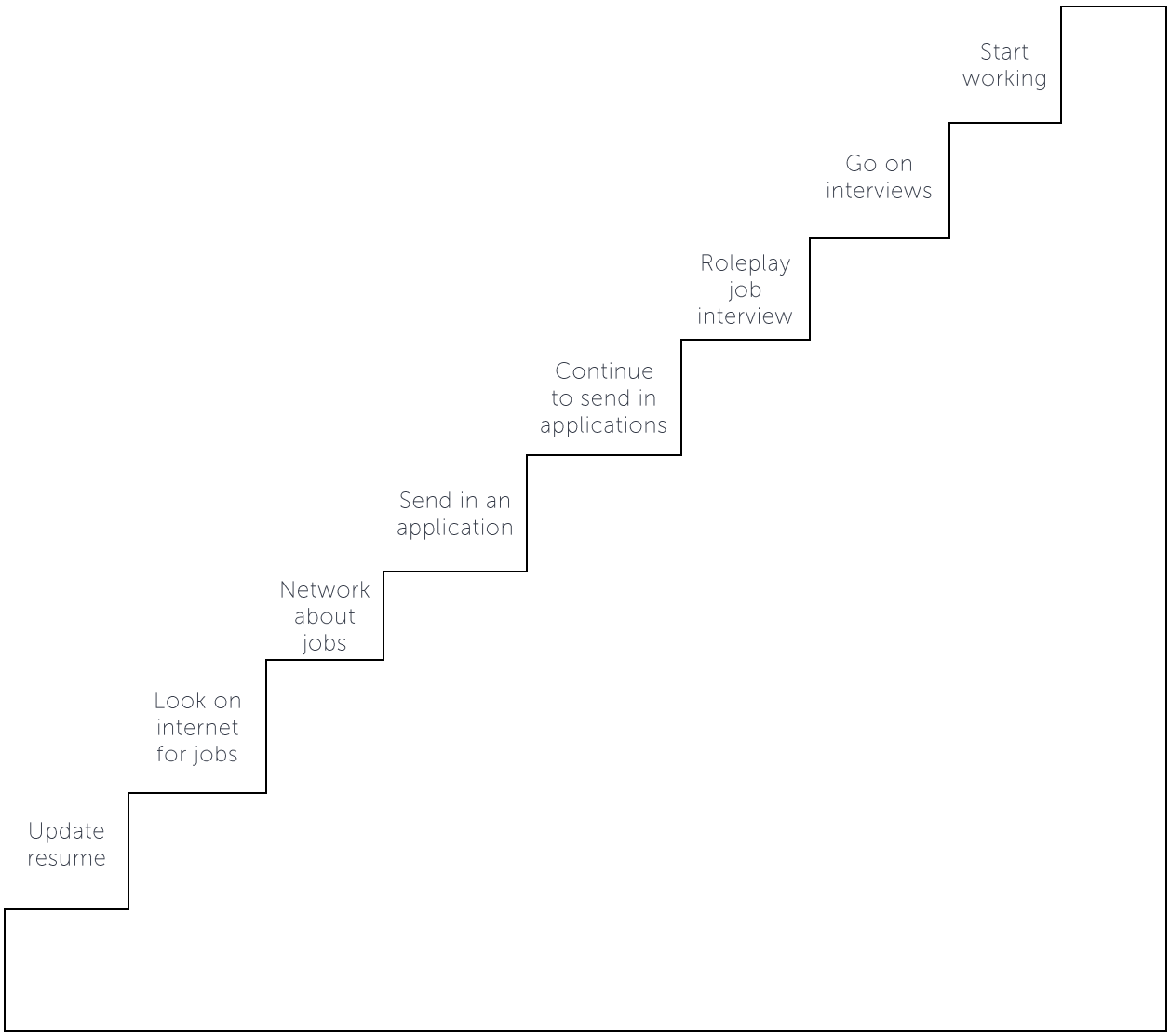
Graded Task Assignments

INSTRUCTIONS

To reach a goal, it is usually necessary to accomplish a number of steps along the way. Clients tend to become overwhelmed when they focus on how far they are from a goal, instead of focusing on their current step. A graphic depiction of the steps is often reassuring. Therapist can use the form provided or draw, free-hand, the graphic depiction on the following page. While it is not necessary to label each step, therapists should label the first few steps and the second to last step and last step.

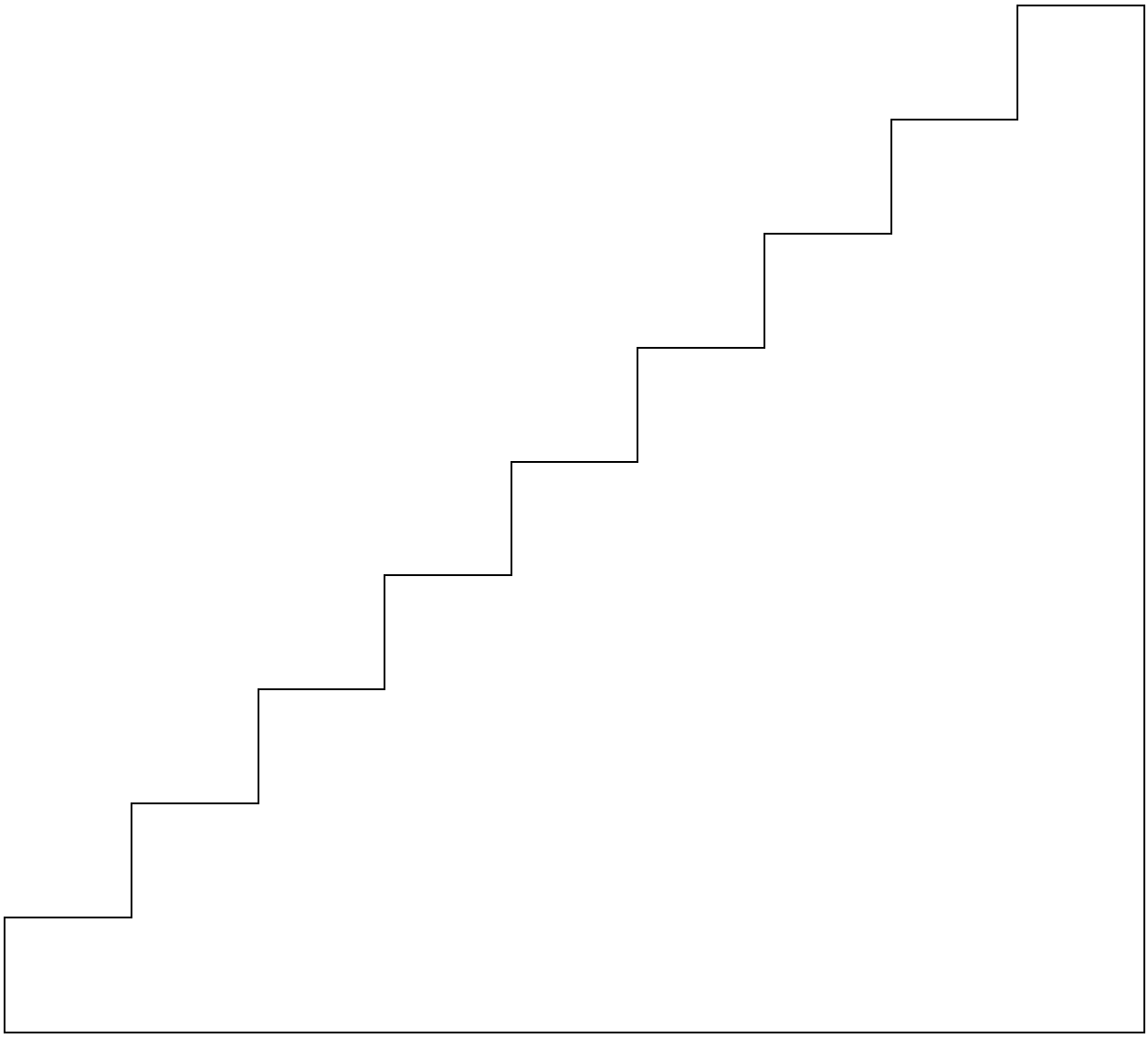
Graded Task Assignments

EXAMPLE



Graded Task Assignments

WORKSHEET



Thought Records

INSTRUCTIONS

Thought Records provide a structured format for clients to monitor their thoughts and emotions, evaluate their thinking, and respond in an adaptive way. They should be introduced after clients firmly grasp that their thinking in specific situations affects their mood and behavior and that at times their thinking is distorted. Otherwise it doesn't make sense to clients to use such a form. Also, the worksheet is inappropriate for clients who would find it too confusing or who have an aversion to worksheets.

The therapist should introduce just the first four columns initially and make sure clients understand the differences among situations, automatic thoughts, and emotions and can successfully record them in the session with the therapist before collaboratively setting an assignment to complete these columns at home when they notice their mood changing.

When clients demonstrate good ability with the first part of the Thought Record (TR), the therapist should explain the final two columns. The therapist should again ensure that clients understand how to use the questions at the bottom of the TR to develop an alternative response and can re-measure the intensity of their belief in the automatic thought and of their emotion in session before they try to do so at home.

The therapist should alert clients that TRs may appear deceptively simple but may be more difficult than they appear in session. Any problems, however, can be solved at the subsequent session.

Thought Record

EXAMPLE

Directions: When you notice your mood getting worse, ask yourself **"What's going through my mind right now?"** and as soon as possible, jot down the thought or mental image in the Automatic Thought Column.

DATE & TIME	SITUATION 1. What actual event or stream of thoughts, or daydreams, or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have?	AUTOMATIC THOUGHT(S) 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	EMOTION(S) 1. What emotion(s) (sad, anxious, angry, etc.) did you feel at the time? 2. How intense (0-100%) was the emotion?	ALTERNATIVE RESPONSE 1. (optional) What cognitive distortion did you make? (e.g., all-or-nothing thinking, mind-reading, catastrophizing, etc.) 2. Use questions at bottom to compose a response to the automatic thought(s). 3. How much do you believe each response?	OUTCOME 1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do? (or did you do?)
	Thinking about arriving late for important presentation at work.	How could I be late? I might get fired. (75%) I'm an idiot. (90%)	Anxious (80%) Sad (70%)	I did arrive late for the presentation, but this is the first time this has happened. I was late because of unforeseen road work, and had even left early that morning. My boss seemed understanding. The worst that could happen is I'll receive a written warning at work and I would be pretty upset about that, but if I focus on my work, I'll feel better. Best is my boss will reward me for my presentation, even though I was late. Most realistically, my boss will be okay with my presentation and he'll get over my lateness. Believing that I might get fired and that I'm an idiot makes me feel sad and anxious. Realizing that my boss will probably be okay will make me feel better—more confident in my job security. I'd tell Jim that it's ridiculous to consider himself an idiot for something that wasn't within his control. I should stop blaming myself and accept that my lateness was out of my control.	A.T. = 40% Anxious = 40% Sad = 30%

Questions to help compose an alternative response:

1. What is the evidence that the automatic thought is true? Not true?
2. Is there an alternative explanation?
3. What's the worst that could happen and how could I cope? What's the best that could happen? What's the most realistic outcome?
4. What's the effect of my believing the automatic thought? What could be the effect of changing my thinking?
5. If _____ (friend's name) was in the situation and had this thought, what would I tell him/her?
6. What should I do about it?

Thought Record

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Questions to help compose an alternative response:

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5. If _____ (friend's name) was in the situation and had this thought, what would I tell him/her?
6. What should I do about it?

Testing Your Thoughts

INSTRUCTIONS

The Testing Your Thoughts Worksheet is similar to the Thought Record, but the questions are more simply worded and it's easier to record responses. This worksheet also provides a structured format for clients to monitor their thoughts and emotions, evaluate their thinking, and respond in an adaptive way. It should be introduced after clients firmly grasp that their thinking in specific situations affects their mood and behavior and that at times their thinking is distorted. Otherwise it doesn't make sense to clients to use such a form. As with all worksheets, make sure clients can complete it in session with you before suggesting it as a self-help item on their Action Plan.

Also, this worksheet, too, is inappropriate for clients who would find it too confusing or have an aversion to worksheets. Alert clients that the worksheet can be difficult. If they do run into any problems, they should bring it back to the next session so you can help them with it.

Testing Your Thoughts

EXAMPLE

What is the situation?

I was very late in mailing an important document for my boss.

What am I thinking or imagining?

He is going to think I am a complete idiot! I'll lose my job.

What makes me think the thought is true?

This was a very important document that I forgot.

What makes me think the thought is not true or not completely true?

I rarely forget to do things; Since I started this job two years ago, my boss has praised my work.

What's another way to look at this?

I made a mistake. My boss knows that I'm not perfect, and he's generally fine when I've made a mistake.

What's the worst that could happen? What could I do then?

I'd lose my job. I would find a new job.

What's the best that could happen?

The document will arrive on time even though I mailed it so late, and my boss will be really happy.

What will probably happen?

The document will arrive late, but my boss will recognize that my work is usually good and that my forgetting was an honest mistake.

What will happen if I keep telling myself the same thought?

I'll continue to feel anxious and upset.

What could happen if I changed my thinking?

I'll feel better.

What would I tell my friend Laura if this happened to him or her?

Don't worry; you've been a good worker for two straight years. Your boss will know it was just a mistake.

What should I do now?

Tell my boss what happened.

Testing Your Thoughts

WORKSHEET

What is the situation?

What am I thinking or imagining?

What makes me think the thought is true?

What makes me think the thought is not true or not completely true?

What's another way to look at this?

What's the worst that could happen? What could I do then?

What's the best that could happen?

What will probably happen?

What will happen if I keep telling myself the same thought?

What could happen if I changed my thinking?

What would I tell my friend _____ (think of a specific person) if this happened to him or her?

What should I do now?

Advantage/Disadvantage Analysis

INSTRUCTIONS

Clients may find it helpful to learn the skill of analyzing the advantages and disadvantages in a variety of contexts:

1. In decision making

a. Weighing attributes (Should I take job A or job B?)

b. Deciding whether to take a certain step. (Should I leave my partner? Go back to school? Take medication?)

c. Determining whether this is a reasonable time to take a certain step. (Given that I'll eventually have to change jobs, should I do so now or later?)

2. In changing certain beliefs

a. What are the advantages and disadvantages of continuing to hold this belief?

b. What might be the advantages and disadvantages of changing the belief?

3. In motivating the client

a. What are the advantages and disadvantages [of engaging in this behavior]?

b. What are the advantages disadvantages [of not engaging in this behavior]?

Advantage/Disadvantage Analysis

EXAMPLE

Advantages of **keeping** my core belief that I'm weak	Advantages of **changing** my core belief that I'm weak
1. Don't have to face anxiety 2. Don't have to try new things	1. Could feel better about myself 2. Could try new things more easily 3. Could be less hard on myself when I'm not perfect 4. Could keep a better mood more often
Disadvantages of keeping my core belief that I'm weak	**Disadvantages of changing my core belief that I'm weak**
1. Won't reach my goals 2. Will continue to feel stuck 3. Will never really know what I'm capable of 4. Won't feel significantly better than I do now	1. Might feel anxious 2. Might not feel like the real me 3. Might try a few things that I'm not good at

Advantage/Disadvantage Analysis

WORKSHEET

Advantages of	Advantages of
Disadvantages of	**Disadvantages of**

Problem Solving Worksheet

EXAMPLE

1. Problem

   Boyfriend says he's going away to California to visit his aunt for a week.

2. Special meaning: Automatic thoughts and beliefs

   He doesn't care about my feelings.

3. Response to special meaning

   Not necessarily true. He often shows that he cares. His aunt is getting up in age and she's always been like a second mother to him— he ought to spend some time with her.

4. Possible solutions
   1. Arrange to call and text him or have him call and text me several times when he's away.
   2. Spend the weekend together when he gets back, even if it's just catching up on errands and chores together.
   3. Explain to him that I acted angry toward him because I felt hurt but now I realize he does care about my feelings.

Problem Solving Worksheet

WORKSHEET

1. Problem

2. Special meaning: Automatic thoughts and beliefs

3. Response to special meaning

4. Possible solutions

Core Belief Worksheet

INSTRUCTIONS

The core belief worksheet is designed for clients to use once they begin evaluating and modifying a core belief, so that they can do so in a continual, consistent manner. The therapist first helps clients identify their most central core beliefs and hypothesizes that they quickly process negative data consistent with the core belief but disregard or discount positive data inconsistent with it.

Together therapist and clients measure the strength of the old dysfunctional belief and of the new, more functional belief at the beginning of each session. Throughout the session and throughout the week, clients monitor their interpretations of events to fill out the bottom half of the form.

Core Belief Worksheet

EXAMPLE

Old Core Belief: *I'm a failure.*

New Belief: *I'm competent, though with both strengths and weaknesses.*

Evidence against old belief	Evidence for new belief
Did well on literature paper Asked a question in statistics Understood this worksheet Made decisions about next year Arranged to switch phones, bank accounts, insurance, etc. Got together all the references I need for econ paper Understood most of Chapter 6 in statistics book Explained statistics concept to a guy down the hall	I didn't understand econ concept in class but I hadn't read about it and I'll probably understand it later. At worst, it's an incompetency but maybe it's actually her fault for not explaining it well enough. I didn't go to the teaching assistant for help but that doesn't mean I'm incompetent. I was nervous about going because I think I should be able to figure these things out for myself and I thought he'd think I was unprepared. I got a B on my literature paper, but it's an okay grade. If I were really incompetent, I wouldn't even be here.

Core Belief Worksheet

WORKSHEET

Old Core Belief: _____

New Belief: _____

Evidence against old belief	Evidence for new belief

Historical Review and Modification of Core Belief

INSTRUCTIONS

This worksheet is used when present-oriented interventions to modify the core belief are insufficiently effective. The therapist often needs to ask many questions covering the scope of developmental areas (such as events or functioning at home, in the neighborhood, at school, or other institutions; relationships with family members, extended family, neighbors, peers, school personnel, etc.) in order to identify relevant data for the first two questions. To answer question three on the worksheet, it is often helpful for therapists:

1. To educate clients who don't recognize that their behavior may have been developmentally appropriate for their age.
2. To help clients compare how they interpreted negative events that happened to them in childhood versus how they would interpret the same events happening to another (specific) child.
3. To pursue lines of questioning that help clients discover that certain events were more attributable to problems in other people than in themselves.
4. To investigate the possibility that certain events might indicate a specific flaw or failing of the child without indicating that the child was wholly flawed.

Some clients may be able to continue working on this worksheet at home, having been introduced to it during the session. Other clients, however, experience too much distress as they selectively recall only negative events whose meanings they are unable to re-attribute without assistance from their therapist.

Historical Review and Modification of Core Belief

EXAMPLE

Core Belief: I'm unacceptable.

Period: Elementary School (by school - [pre-school years, elementary school, etc.] and/or by age - [0-5 years old, 5-10, 10-15, etc.])

1. What made me think the core belief was true?

   Dad criticized me; called me stupid.
   Dad didn't do that to my sister.
   Dad always said I was bad.
   Mom never defended me.
   I did poorly in Math.
   Kids at school made fun of me.

2. What evidence is there that the core belief was not true, or not completely true?

   Kids next door befriended me.
   My cousins cared about me.
   Teachers seemed to like me.
   I tried hard in school.
   I tried to help mom.
   I helped younger kids at school.
   I always did my action plan.
   I didn't start fights with my sister.

3. For each item in number 1 above, what's another explanation? You may need another piece of paper.

   Dad was abusive, but he was also alcoholic, unhappy, and he took it out on me.

4. Looking over all the evidence, how do I now view the accuracy of my core belief during this time period?

   Maybe I was a normal kid.

Historical Review and Modification of Core Belief

WORKSHEET

Core Belief: _____

Period: _____(by school - [pre-school years, elementary school, etc.] and/or by age - [0-5 years old, 5-10, 10-15, etc.])

1. What made me think the core belief was true?

2. What evidence is there that the core belief was not true, or not completely true?

3. For each item in number 1 above, what's another explanation? You may need another piece of paper.

4. Looking over all the evidence, how do I now view the accuracy of my core belief during this time period?

Therapy Notes

INSTRUCTIONS

Therapists take notes during sessions to refine their conceptualization, to keep track of what is being covered in session, and to plan for future sessions. It is useful, even for experienced therapists, to note the problem(s) discussed, dysfunctional thoughts and beliefs written verbatim (and the degree to which the client initially believed them), interventions made during session, newly restructured thoughts and beliefs (and the degree of belief in them), the Action Plan (formerly called homework), and potential topics for the agendas of future sessions.

Therapy Notes

EXAMPLE

Client's name:_____Date: _____ Session #:_____

Objective scores: _____

Client's agenda:

Problem with English paper
Problem with roommate

Therapist's objectives:

Continue to modify perfectionist thinking
Decrease anxiety and avoidance around participating in class

Session highlights:

1. Feeling less depressed and anxious this week
2. Situation → Automatic Thought → Emotion
   Paper due tomorrow → It's not good enough. → Anxious
   Intervention—Thought Record (attached)
   Outcome—Anxiety (reduced)

3. Old Belief: If I don't get an A, it means I don't have what it takes to be a success.
   90% (strength of belief)
   Intervention: Advice to Rebecca (friend)
   Outcome: 80% [rerating strength of belief]

   Intervention 2: Intellectual—emotional roleplay
   Outcome: 60% [rerating strength of belief]

   New Belief: I don't need all A's to succeed now or in the future. 80%

4. Coping card about asking questions after class (attached)
5. Roommate problem—too noisy at night
   Intervention: roleplayed how to approach roommate

Action plan:

Thought record and credit lists; think about old and new beliefs about success; read coping cards in the morning and as needed; ask 1 or 2 questions after class; spend one more hour to edit English paper; ask roommate to be quieter at night.

Future Sessions:

See how perfectionism affects other parts of life.

Therapy Notes

Client's name:_____Date: _____ Session #:_____

Objective scores: _____

Client's agenda:

Therapist's objectives:

Session highlights:

Action plan:

Future Sessions:

Therapy Report

INSTRUCTIONS

The final element of each therapy session, at least initially, is feedback. Eliciting feedback strengthens rapport by providing the message that the therapist cares about what the client thinks. It also provides clients with an opportunity to express, and for the therapist to resolve, any misunderstandings. Asking clients whether there was anything that bothered them gives them the opportunity to state and then to test their conclusions. In addition to verbal feedback, therapists may decide to have clients complete a written Therapy Report.

Therapy Report

EXAMPLE

1. What did we cover today that's important to you to remember?

   That I don't have to be perfect to succeed.

   That I can talk to my roommate about a problem.

2. How much did you feel you could trust your therapist today?

   A lot.

3. Was there anything that bothered you about therapy today? If so, what was it?

   No

4. How much of the Action Plan had you done for therapy today?

   90%

5. How likely are you to do the new Action Plan?

   90%

6. What do you want to make sure to cover at the next session?

   Talking to my roommates about other things

   Worry about school

Therapy Report

WORKSHEET

1. What did we cover today that's important to you to remember?

2. How much did you feel you could trust your therapist today?

3. Was there anything that bothered you about therapy today? If so, what was it?

4. How much of the Action Plan had you done for therapy today?

5. How likely are you to do the new Action Plan?

6. What do you want to make sure to cover at the next session?

Self-Therapy Session

INSTRUCTIONS

Many clients benefit from a structured plan to continue therapy work on their own while therapy is being tapered to less frequent sessions and after termination. This guide is designed for clients to read and reflect on, jotting just a few notes. Providing written answers to each question would probably be too laborious and unproductive. The therapist should review this guide in session, predict with clients how long a self-therapy session might take (about 5 minutes), and ask them to say their answers aloud and motivate them to implement their plan at home (which they can do at their leisure, without charge or traveling inconvenience) to assess the degree to which it is beneficial.

Self-Therapy Session

WORKSHEET

1. Review of past week(s)
   - What positive things have happened? What do I deserve credit for?
   - What problems came up? What did I do? If the problem recurs, what, if anything, should I do differently?

2. Review of Action Plan
   - Did I do what I had planned? If not, what got in the way (practical problems; automatic thoughts), and what can I do about that next time?
   - What should I continue to do this week?

3. Current problematic issues/situations
   - Am I viewing this problem realistically, or have I been overreacting? Is there another way of viewing this?
   - What should I do?

5. Prediction of future problems
   - What problems may come up in the next few days or weeks, and what should I do about them?

6. Set new Action Plan
   - What action plan would be helpful? Should I consider:
     - Doing Thought Records?
     - Scheduling pleasure or mastery activities?
     - Reading therapy notes?
     - Practicing skills such as relaxation?
     - Doing a credit list?

7. Schedule the next Self-Therapy appointment

Guide to Booster Sessions

INSTRUCTIONS

Ideally, therapy is gradually tapered from weekly sessions to sessions that are held every two, three, and then four weeks, with clients doing their own self-therapy between sessions. Booster sessions are advisable even after therapy is terminated, for example, after three, six, and twelve months. Clients are encouraged to consider whether a booster session could be advantageous, even if they are feeling relatively well, in order to ensure that they are maintaining their progress.

The guide to booster sessions is designed to help clients take responsibility for the productive use of these sessions. Clients should read and reflect on the questions, with brief notes to remind them of what would be helpful to discuss in session with their therapist.

Guide to Booster Sessions

WORKSHEET

1. Schedule ahead -- make definite appointments, if possible, and call to confirm.

2. Consider coming as a preventative measure, even if you have been maintaining your progress.

3. Prepare before you come. Decide what would be helpful to discuss, including:

    a. What has gone well for you?

    b. What problems arose? How did you handle them? Was there a better way of handling them?

    c. What problems could arise between now and your next booster session? Imagine the problems in detail. What automatic thoughts might you have? What beliefs might be activated? How will you deal with the automatic thoughts/beliefs? How will you problem-solve?

    d. What CBT work did you do?

    e. If you didn't use your CBT skills, what got in the way?

    f. What further goals do you have for yourself? How will you achieve them? How can the things you learned in CBT help?

CBT Resources

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