

Your Ultimate CBT Toolbox to Overcome Cognitive Distortions





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Introduction

Even if you're relatively unfamiliar with psychology, chances are you've heard of cognitive-behavioral therapy, commonly known as CBT.

It's an extremely common type of talk therapy practiced around the world.

If you've ever interacted with a mental health therapist, a counselor, or a psychiatry clinician in a professional setting, it's likely you've participated in CBT.

CBT is one of the most frequently used tools in the psychologist's toolbox. Though it's based on simple principles, it can have wildly positive outcomes when put into practice.

In this guide, we'll explore what CBT is, how it works, and how you can apply its principles to improve your own life or the lives of your clients.



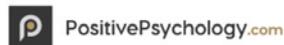
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What is Cognitive Behavioral Therapy?



Cognitive behavioral therapy is a psycho-social intervention that focuses on changing unhelpful thoughts, beliefs, attitudes and behaviors, improve emotional regulation and create a suite of coping strategies to solve problematic issues.



“This simple idea is that our unique patterns of thinking, feeling, and behaving are significant factors in our experiences, both good and bad. Since these patterns have such a significant impact on our experiences, it follows that altering these patterns can change our experiences” (Martin, 2016).

Cognitive-behavioral therapy aims to change our thought patterns, our conscious and unconscious beliefs, our attitudes, and, ultimately, our behavior, in order to help us face difficulties and achieve our goals.

Psychiatrist Aaron Beck was the first to practice cognitive behavioral therapy. Like most mental health professionals at the time, Beck was a psychoanalysis practitioner.

While practicing psychoanalysis, Beck noticed the prevalence of internal dialogue in his clients and realized how strong the link between thoughts and feelings can be. He altered the therapy he practiced in order to help his clients identify, understand, and deal with the automatic, emotion-filled thoughts that regularly arose in his clients.

Beck found that a combination of cognitive therapy and behavioral techniques produced the best results for his clients. In describing and honing this new therapy, Beck laid the foundations of the most popular and influential form of therapy of the last 50 years.

This form of therapy is not designed for lifelong participation and aims to help clients meet their goals in the near future. Most CBT treatment regimens last from five to ten months, with clients participating in one 50- to 60-minute session per week.

CBT is a hands-on approach that requires both the therapist and the client to be invested in the process and willing to actively participate. The therapist and client work together as a team to identify the problems the client is facing, come up with strategies for addressing them, and creating positive solutions (Martin, 2016).

Cognitive Distortions



FILTERING

Focussing on the negative
Ignoring the positive



CATASTROPHIZING

Expecting the worst case scenario
Minimizing the positive



POLARIZED THINKING

All-or-nothing thinking
Ignoring complexity



HEAVEN'S REWARD FALLACY

Expecting self-sacrifice
to be rewarded



CONTROL FALLACIES

Assumes only others to blame
Assumes only self to blame



ALWAYS BEING RIGHT

Being wrong is unacceptable
Being right supercedes everything



FALLACY OF FAIRNESS

Assumes life should be fair



PERSONALIZATION

Always assuming self responsible



OVERGENERALIZATION

Assumes a rule from one
experience



JUMPING TO CONCLUSIONS

Makes assumptions based on
little evidence



EMOTIONAL REASONING

"If I feel it, it must be true."



BLAMING

Assumes everyone else at fault



FALLACY OF CHANGE

Expects others to change



GLOBAL LABELLING

Extreme generalization



"SHOULD"

Holds tight to personal rules of behaviour
Judges self and others if rules broken

Many of the most popular and effective cognitive-behavioral therapy techniques are applied to what psychologists call “cognitive distortions,” inaccurate thoughts that reinforce negative thought patterns or emotions (Grohol, 2016).

There are 15 main cognitive distortions that can plague even the most balanced thinkers.

1. Filtering

Filtering refers to the way a person can ignore all of the positive and good things in life to focus solely on the negative. It’s the trap of dwelling on a single negative aspect of a situation, even when surrounded by an abundance of good things.

2. Polarized Thinking / Black-and-White Thinking

This cognitive distortion is all-or-nothing thinking, with no room for complexity or nuance—everything’s either black or white, never shades of gray.

If you don’t perform perfectly in some area, then you may see yourself as a total failure instead of simply recognizing that you may be unskilled in one area.

3. Overgeneralization

Overgeneralization is taking a single incident or point in time and using it as the sole piece of evidence for a broad conclusion.

For example, someone who overgeneralizes could bomb an important job interview and instead of brushing it off as one bad experience and trying again, they conclude that they are terrible at interviewing and will never get a job offer.

4. Jumping to Conclusions

Similar to overgeneralization, this distortion involves faulty reasoning in how one makes conclusions. Unlike overgeneralizing one incident, jumping to conclusions refers to the tendency to be sure of something without any evidence at all.

For example, we might be convinced that someone dislikes us without having any real evidence, or we might believe that our fears will come true before we have a chance to really find out.

5. Catastrophizing / Magnifying or Minimizing

This distortion involves expecting that the worst will happen or has happened, based on an incident that is nowhere near as catastrophic as it is made out to be. For example, you may make a small mistake at work and be convinced that it will ruin the project you are working on, that your boss will be furious, and that you’ll lose your job.

Alternatively, one might minimize the importance of positive things, such as an accomplishment at work or a desirable personal characteristic.

6. Personalization

This is a distortion where an individual believes that everything they do has an impact on external events or other people, no matter how irrational that may be. A person with this distortion will feel that he or she has an exaggerated role in the bad things that happen around them.

For instance, a person may believe that arriving a few minutes late to a meeting led to it being derailed and that everything would have been fine if they were on time.

7. Control Fallacies

This distortion involves feeling like everything that happens to you is either a result of purely external forces or entirely due to your own actions. Sometimes what happens to us is due to forces we can't control, and sometimes what it's due to our own actions, but the distortion is assuming that it is always one or the other.

We might assume that difficult coworkers are to blame for our own less-than-stellar work, or alternatively assume that every mistake another person makes is because of something we did.

8. Fallacy of Fairness

We are often concerned about fairness, but this concern can be taken to extremes. As we all know, life is not always fair. The person who goes through life looking for fairness in all their experiences will end up resentful and unhappy.

Sometimes things will go our way, and sometimes they will not, regardless of how fair it may seem.

9. Blaming

When things don't go our way, there are many ways we can explain or assign responsibility for the outcome. One method of assigning responsibility is blaming others for what goes wrong.

Sometimes we may blame others for making us feel or act a certain way, but this is a cognitive distortion. Only you are responsible for the way you feel or act.

10. "Shoulds"

"Shoulds" refer to the implicit or explicit rules we have about how we and others should behave. When others break our rules, we are upset. When we break our own rules, we feel guilty. For example, we may have an unofficial rule that customer service representatives should always be accommodating to the customer.

When we interact with a customer service representative that is not immediately accommodating, we might get angry. If we have an implicit rule that we are irresponsible if we spend money on unnecessary things, we may feel exceedingly guilty when we spend even a small amount of money on something we don't need.

11. Emotional Reasoning

This distortion involves thinking that if we feel a certain way, it must be true. For example, if we *feel* unattractive or uninteresting in the current moment, we think we *are* unattractive or uninteresting. This cognitive distortion boils down to:

"I feel it, therefore it must be true."

Clearly, our emotions are not always indicative of the objective truth, but it can be difficult to look past how we feel.

12. Fallacy of Change

The fallacy of change lies in expecting other people to change as it suits us. This ties into the feeling that our happiness depends on other people, and their unwillingness or inability to change, even if we demand it, keeps us from being happy.

This is a damaging way to think because no one is responsible for our own happiness except ourselves.

13. Global Labeling / Mislabeling

This cognitive distortion is an extreme form of generalizing, in which we generalize one or two instances or qualities into a global judgment. For example, if we fail at a specific task, we may conclude that we are a total failure in not only that area but all areas.

Alternatively, when a stranger says something a bit rude, we may conclude that he or she is an unfriendly person in general. Mislabeling is specific to using exaggerated and emotionally loaded language, such as saying a woman has abandoned her children when she leaves her children with a babysitter to enjoy a night out.

14. Always Being Right

While we all enjoy being right, this distortion makes us think we must be right, that being wrong is unacceptable.

We may believe that being right is more important than the feelings of others, being able to admit when we've made a mistake or being fair and objective.

15. Heaven's Reward Fallacy

This distortion involves expecting that any sacrifice or self-denial will pay off. We may consider this karma, and expect that karma will always immediately reward us for our good deeds. This results in feelings of bitterness when we do not receive our reward (Grohol, 2016).

Many tools and techniques found in cognitive behavioral therapy are intended to address or reverse these cognitive distortions.

9 Essential CBT Techniques and Tools

There are many tools and techniques used in cognitive behavioral therapy, many of which can be used in both a therapy context and in everyday life. The nine techniques and tools listed below are some of the most common and effective CBT practices.



JOURNALING
Self-reflection
Identifying thought patterns



**NIGHTMARE EXPOSURE
AND RESCRIPTING**
Treats nightmares
Develops new responses



RELAXED BREATHING
Supports range of issues
Calms and focusses



**PLAY THE SCRIPT
UNTIL THE END**
Treats fear and anxiety
Reflects on worst case scenario
Improves feeling of coping



**UNRAVELING
COGNITIVE DISTORTIONS**
Identifying faulty
thinking
Challenging faulty
thinking



**PROGRESSIVE
MUSCLE RELAXATION**
Calming
Mindful focus on
physical relaxation



**COGNITIVE
RESTRUCTURING**
Exploring causes
of faulty thinking
Reframing and
restructuring them



**INTEROCEPTIVE
EXPOSURE**
Treats panic and anxiety
Purposeful exposure to
sensations of panic
Instils understanding that
sensations not dangerous



**EXPOSURE AND
RESPONSE PREVENTION**
Purposefully exposing
self to trigger
Mindfully controlling
the response

1. Journaling

This technique is a way to gather about one's moods and thoughts. A CBT journal can include the time of the mood or thought, the source of it, the extent or intensity, and how we reacted, among other factors.

This technique can help us to identify our thought patterns and emotional tendencies, describe them, and change, adapt, or cope with them.

2. Unraveling Cognitive Distortions

This is a primary goal of CBT and can be practiced with or without the help of a therapist. In order to unravel cognitive distortions, you must first become aware of the distortions from which you commonly suffer.

Part of this involves identifying and challenging harmful automatic thoughts, which frequently fall into one of the 15 categories listed earlier.

3. Cognitive Restructuring

Once you identify the distortions you hold, you can begin to explore how those distortions took root and why you came to believe them. When you discover a belief that is destructive or harmful, you can begin to challenge it.

For example, if you believe that you must have a high-paying job to be a respectable person, but you're then laid off from your high-paying job, you will begin to feel bad about yourself.

Instead of accepting this faulty belief that leads you to think negative thoughts about yourself, you could take an opportunity to think about what really makes a person "respectable," a belief you may not have explicitly considered before.

4. Exposure and Response Prevention

This technique is specifically effective for those who suffer from obsessive-compulsive disorder (OCD). You can practice this technique by exposing yourself to whatever it is that normally elicits a compulsive behavior, but doing your best to refrain from the behavior.

You can combine journaling with this technique, or use journaling to understand how this technique makes you feel.

5. Interoceptive Exposure

This technique is intended to treat panic and anxiety. It involves exposure to feared bodily sensations in order to elicit the response. Doing so activates any unhelpful beliefs associated with the sensations, maintains the sensations without distraction or avoidance, and allows new learning about the sensations to take place.



It is intended to help the sufferer see that symptoms of panic are not dangerous, although they may be uncomfortable.

6. Nightmare Exposure and Rescripting

Nightmare exposure and rescripting are intended specifically for those suffering from nightmares. This technique is similar to interoceptive exposure, in that the nightmare is elicited, which brings up the relevant emotion.

Once the emotion has arisen, the client and therapist work together to identify the desired emotion and develop a new image to accompany the desired emotion.

7. Play the Script Until the End

This technique is especially useful for those suffering from fear and anxiety. In this technique, the individual who is vulnerable to crippling fear or anxiety conducts a sort of thought experiment in which they imagine the outcome of the worst-case scenario.

Letting this scenario play out can help the individual to recognize that even if everything he or she fears comes to pass, the outcome will still be manageable.

8. Progressive Muscle Relaxation

This is a familiar technique to those who practice mindfulness. Similar to the body scan, this technique instructs you to relax one muscle group at a time until your whole body is in a state of relaxation.

You can use audio guidance, a YouTube video, or simply your own mind to practice this technique, and it can be especially helpful for calming nerves and soothing a busy and unfocused mind.

9. Relaxed Breathing

This is another technique that will be familiar to practitioners of mindfulness. There are many ways to relax and bring regularity to your breath, including guided and unguided imagery, audio recordings, YouTube videos, and scripts. Bringing regularity and calm to your breath will allow you to approach your problems from a place of balance, facilitating more effective and rational decisions (Megan, 2016).

These techniques can help those suffering from a range of mental illnesses and afflictions, including anxiety, depression, OCD, and panic disorder, and they can be practiced with or without the guidance of a therapist. To try some of these techniques without the help of a therapist, see the next section for worksheets and handouts to assist with your practice.

Cognitive-Behavioral Therapy Worksheets (PDFs) To Print and Use

If you're a therapist looking for ways to guide your client through treatment or a hands-on person who loves to learn by doing, there are many cognitive behavioral therapy worksheets that can help.

1. Coping Styles Worksheet

This PDF **Coping Styles Formulation Worksheet** (see **Appendix A**) instructs you or your client to first list any current perceived problems or difficulties – “The Problem”. You or your client will work backward to list risk factors above (i.e., why you are more likely to experience these problems than someone else) and triggers or events (i.e., the stimulus or source of these problems).

Once you have defined the problems and understand why you are struggling with them, you then list coping strategies. These are not solutions to your problems, but ways to deal with the effects of those problems that can have a temporary impact. Next, you list the effectiveness of the coping strategies, such as how they make you feel in the short- and long-term, and the advantages and disadvantages of each strategy.

Finally, you move on to listing alternative actions. If your coping strategies are not totally effective against the problems and difficulties that are happening, you are instructed to list other strategies that may work better.

This worksheet gets you (or your client) thinking about what you are doing now and whether it is the best way forward.

2. ABC Functional Analysis

One popular technique in CBT is *ABC functional analysis*. This technique helps you (or the client) learn about yourself, specifically, what leads to specific behaviors and what consequences result from those behaviors.

In the middle of the worksheet is a box labeled “Behaviors.” In this box, you write down any potentially problematic behaviors you want to analyze.

On the left side of the worksheet is a box labeled “Antecedents,” in which you or the client write down the factors that preceded a particular behavior. These are factors that led up to the behavior under consideration, either directly or indirectly.

On the right side is the final box, labeled “Consequences.” This is where you write down what happened as a result of the behavior under consideration. “Consequences” may sound inherently negative, but that's not necessarily the case; some positive consequences can arise from many types of behaviors, even if the same behavior also leads to negative consequences.

This **ABC Functional Analysis Worksheet** (see **Appendix B**) can help you or your client to find out whether particular behaviors are adaptive and helpful in striving toward your goals, or destructive and self-defeating.

3. Case Formulation Worksheet

In CBT, there are 4 “P’s” in *Case Formulation*:

- Predisposing factors;
- Precipitating factors;
- Perpetuating factors; and
- Protective factors

They help us understand what might be leading a perceived problem to arise, and what might prevent them from being tackled effectively.

In this worksheet, a therapist will work with their client through 4 steps.

First, they identify predisposing factors, which are those external or internal and can add to the likelihood of someone developing a perceived problem (“The Problem”). Examples might include genetics, life events, or their temperament.

Together, they collaborate to identify precipitating factors, which provide insight into precise events or triggers that lead to “The Problem” presenting itself. Then they consider perpetuating factors, to discover what reinforcers may be maintaining the current problem.

Last, they identify protective factors, to understand the client’s strengths, social supports, and adaptive behavioral patterns.

Download this **Case Formulation Worksheet** as a PDF (also see **Appendix C**).

4. Extended Case Formulation Worksheet

This worksheet builds on the last. It helps you or your client address the “Four P Factors” described just above—predisposing, precipitating, perpetuating, and protective factors. This formulation process can help you or your client connect the dots between core beliefs, thought patterns, and present behavior.

This worksheet presents six boxes on the left of the page (Part A), which should be completed before moving on to the right-hand side of the worksheet (Part B).

1. The first box is labeled “The Problem,” and corresponds with the perceived difficulty that your client is experiencing. In this box, you are instructed to write down the events or stimuli that are linked to a certain behavior.

2. The next box is labeled “Early Experiences” and corresponds to the *predisposing* factor. This is where you list the experiences that you had early in life that may have contributed to the behavior.
3. The third box is “Core Beliefs,” which is also related to the *predisposing* factor. This is where you write down some relevant core beliefs you have regarding this behavior. These are beliefs that may not be explicit, but that you believe deep down, such as “I’m bad” or “I’m not good enough.”
4. The fourth box is “Conditional assumptions/rules/attitudes,” which is where you list the rules that you adhere to, whether consciously or subconsciously. These implicit or explicit rules can *perpetuate* the behavior, even if it is not helpful or adaptive. Rules are if-then statements that provide a judgment based on a set of circumstances. For instance, you may have the rule “If I do not do something perfectly, I’m a complete failure.”
5. The fifth box is labeled “Maladaptive Coping Strategies” This is where you write down how well these rules are working for you (or not). Are they helping you to be the best you can be? Are they helping you to effectively strive towards your goals?
6. Finally, the last box is titled “Positives.” This is where you list the factors that can help you deal with the problematic behavior or thought, and perhaps help you break the perpetuating cycle. These can be things that help you cope once the thought or behavior arises or things that can disrupt the pattern once it is in motion.

On the right, there is a flow chart that you can fill out based on how these behaviors and feelings are perpetuated. You are instructed to think of a situation that produces a negative automatic thought and record the emotion and behavior that this thought provokes, as well as the bodily sensations that can result. Filling out this flowchart can help you see what drives your behavior or thought and what results from it.

Download our PDF [Extended Case Formulation Worksheet](#) (see Appendix D).

5. Dysfunctional Thought Record

This worksheet is especially helpful for people who struggle with **negative thoughts** and need to figure out when and why those thoughts are most likely to pop up. Learning more about what provokes certain automatic thoughts makes them easier to address and reverse.

The worksheet is divided into seven columns:

1. On the far left, there is space to write down the date and time a dysfunctional thought arose.
2. The second column is where the situation is listed. The user is instructed to describe the event that led up to the dysfunctional thought in detail.
3. The third column is for the automatic thought. This is where the dysfunctional automatic thought is recorded, along with a rating of belief in the thought on a scale from 0% to 100%.

4. The next column is where the emotion or emotions elicited by this thought are listed, also with a rating of intensity on a scale from 0% to 100%.
5. Use this fifth column to note the dysfunctional thought that will be addressed. Example maladaptive thoughts include distortions such as over-inflating the negative while dismissing the positive of a situation, or overgeneralizing.
6. The second-to-last column is for the user to write down alternative thoughts that are more positive and functional to replace the negative one.
7. Finally, the last column is for the user to write down the outcome of this exercise. Were you able to confront the dysfunctional thought? Did you write down a convincing alternative thought? Did your belief in the thought and/or the intensity of your emotion(s) decrease?

Download this **Dysfunctional Thought Record** as a PDF (see **Appendix E**).

6. Fact-Checking

One of my favorite CBT tools is this **Fact Checking Thoughts Worksheet (Appendix F)** because it can be extremely helpful in recognizing that your thoughts are not necessarily true.

At the top of this worksheet is an important lesson:

Thoughts are not facts.

Of course, it can be hard to accept this, especially when we are in the throes of a dysfunctional thought or intense emotion. Filling out this worksheet can help you come to this realization.

The worksheet includes 16 statements that the user must decide are either fact or opinion. These statements include:

- I'm a bad person.
- I failed the test.
- I'm selfish.
- I didn't lend my friend money when they asked.

This is not a trick—there is a right answer for each of these statements. (In case you're wondering, the correct answers for the statements above are as follows: opinion, fact, opinion, fact.)

This simple exercise can help the user to see that while we have lots of emotionally charged thoughts, they are not all objective truths. Recognizing the difference between fact and opinion can assist us in challenging the dysfunctional or harmful opinions we have about ourselves and others.

7. Cognitive Restructuring

This worksheet employs the use of Socratic questioning, a technique that can help the user to challenge irrational or illogical thoughts.

The first page of the worksheet has a thought bubble for “What I’m Thinking”. You or your client can use this space to write down a specific thought, usually, one you suspect is destructive or irrational.

Next, you write down the facts supporting and contradicting this thought as a reality. What facts about this thought being accurate? What facts call it into question? Once you have identified the evidence, you can use the last box to make a judgment on this thought, specifically whether it is based on evidence or simply your opinion.

The next page is a mind map of Socratic Questions which can be used to further challenge the thought. You may wish to re-write “What I’m Thinking” in the center so it is easier to challenge the thought against these questions.

- One question asks whether this thought is truly a black-and-white situation, or whether reality leaves room for shades of gray. This is where you think about (and write down) whether you are using all-or-nothing thinking, for example, or making things unreasonably simple when they are complex.
- Another asks whether you could be misinterpreting the evidence or making any unverified assumptions. As with all the other bubbles, writing it down will make this exercise more effective.
- A third bubble instructs you to think about whether other people might have different interpretations of the same situation, and what those interpretations might be.
- Next, ask yourself whether you are looking at all the relevant evidence or just the evidence that backs up the belief you already hold. Try to be as objective as possible.
- It also helps to ask yourself whether your thought may be an over-inflation of a truth. Some negative thoughts are based in truth but extend past their logical boundaries.
- You’re also instructed to consider whether you are entertaining this negative thought out of habit or because the facts truly support it.
- Then, think about how this thought came to you. Was it passed on from someone else? If so, is that person a reliable source of truth?
- Finally, you complete the worksheet by identifying how likely the scenario your thought brings up actually is, and whether it is the worst-case scenario.

These Socratic questions encourage a deep dive into the thoughts that plague you and offer opportunities to analyze and evaluate those thoughts. If you are having thoughts that do not come from a place of truth, this **Cognitive Restructuring Worksheet (Appendix G)** can be an excellent tool for identifying and defusing them.

Some More CBT Interventions and Exercises

Read on for additional useful and effective exercises.

1. Behavioral Experiments

These are related to thought experiments, in that you engage in a “what if” consideration. Behavioral experiments differ from thought experiments in that you actually test out these “what ifs” outside of your thoughts (Boyes, 2012).

In order to test a thought, you can experiment with the outcomes that different thoughts produce. For example, you can test the thoughts:

“If I criticize myself, I will be motivated to work harder” versus “If I am kind to myself, I will be motivated to work harder.”

First, you would try criticizing yourself when you need the motivation to work harder and record the results. Then you would try being kind to yourself and recording the results. Next, you would compare the results to see which thought was closer to the truth.

This **Behavioral Experiments to Test Beliefs Worksheet (Appendix H)** can help you learn how to achieve your therapeutic goals and how to be your best self.

2. Thought Records

Thought records are useful in testing the validity of your thoughts (Boyes, 2012). They involve gathering and evaluating evidence for and against a particular thought, allowing for an evidence-based conclusion on whether the thought is valid or not.

For example, you may have the belief “My friend thinks I’m a bad friend.” You would think of all the evidence for this belief, such as “She didn’t answer the phone the last time I called,” or “She canceled our plans at the last minute,” and evidence against this belief, like “She called me back after not answering the phone,” and “She invited me to her barbecue next week. If she thought I was a bad friend, she probably wouldn’t have invited me.”

Once you have evidence for and against, the goal is to come up with more balanced thoughts, such as, “My friend is busy and has other friends, so she can’t always answer the phone when I call. If I am understanding of this, I will truly be a good friend.”

Thought records apply the use of logic to ward off unreasonable negative thoughts and replace them with more balanced, rational thoughts (Boyes, 2012).

Here’s a helpful **Thought Record Worksheet (Appendix I)** to download.

3. Pleasant Activity Scheduling

This technique can be especially helpful for dealing with depression (Boyes, 2012). It involves scheduling activities in the near future that you can look forward to.

For example, you may write down one activity per day that you will engage in over the next week. This can be as simple as watching a movie you are excited to see or calling a friend to chat. It can be anything that is pleasant for you, as long as it is not unhealthy (i.e., eating a whole cake in one sitting or smoking).

You can also try scheduling an activity for each day that provides you with a sense of mastery or accomplishment (Boyes, 2012). It's great to do something pleasant, but doing something small that can make you feel accomplished may have more long-lasting and far-reaching effects.

This simple technique can introduce more positivity into your life, and our **Pleasant Activity Scheduling Worksheet (Appendix J)** is designed to help.

4. Imagery-Based Exposure

This exercise involves thinking about a recent memory that produced strong negative emotions and analyzing the situation.

For example, if you recently had a fight with your significant other and they said something hurtful, you can bring that situation to mind and try to remember it in detail. Next, you would try to label the emotions and thoughts you experienced during the situation and identify the urges you felt (e.g., to run away, to yell at your significant other, or to cry).

Visualizing this negative situation, especially for a prolonged period of time, can help you to take away its ability to trigger you and reduce avoidance coping (Boyes, 2012). When you expose yourself to all of the feelings and urges you felt in the situation and survive experiencing the memory, it takes some of its power away.

This **Imagery Based Exposure Worksheet (Appendix K)** is a useful resource for this exercise.

5. Graded Exposure Worksheet

This technique may sound complicated, but it's relatively simple.

Creating a situation exposure hierarchy involves listing situations that you would normally avoid (Boyes, 2012). For example, someone with severe social anxiety may typically avoid making a phone call or asking someone on a date.

Next, you rate each item on how distressed you think you would be, on a scale from 0 to 10, if you engaged in it. For the person suffering from severe social anxiety, asking someone on a date may be rated a 10 on the scale, while making a phone call might be rated closer to a 3 or 4.



Once you have rated the situations, you rank them according to their distress rating. This will help you recognize the biggest difficulties you face, which can help you decide which items to address and in what order. It's often advised to start with the least distressing items and work your way up to the most distressing items.

Download our **Graded Exposure Worksheet (Appendix L)**.

5 Final Cognitive Behavioral Activities

There are a few more CBT activities and exercises that may be helpful for you or your clients that we'd like to cover.

1. Mindfulness Meditation

Mindfulness can have a wide range of positive impacts, including helping with depression, anxiety, addiction, and many other mental illnesses or difficulties.

Mindfulness can help those suffering from harmful automatic thoughts to disengage from rumination and obsession by helping them stay firmly grounded in the present.

2. Successive Approximation

This is a fancy name for a simple idea that you have likely already heard of: breaking up large tasks into small steps.

It can be overwhelming to be faced with a huge goal, like opening a business or remodeling a house. This is true in mental health treatment as well, since the goal to overcome depression or anxiety and achieve mental wellness can seem like a monumental task.

By breaking the large goal into small, easy-to-accomplish steps, we can map out the path to success and make the journey seem a little less overwhelming.

3. Writing Self-Statements to Counteract Negative Thoughts

This technique can be difficult for someone who's new to CBT treatment or suffering from severe symptoms, but it can also be extremely effective (Anderson, 2014).

When you (or your client) are being plagued by negative thoughts, it can be hard to confront them, especially if your belief in these thoughts is strong. To counteract these negative thoughts, it can be helpful to write down a positive, opposite thought.

For example, if the thought "I am worthless" keeps popping into your head, try writing down a statement like "I am a person with worth," or "I am a person with potential." In the beginning, it can be difficult to accept these replacement thoughts, but the more you bring out these positive thoughts to counteract the negative ones, the stronger the association will be.

4. Visualize the Best Parts of Your Day

When you are feeling depressed or negative, it is difficult to recognize that there are positive aspects of life. This simple technique of bringing to mind the good parts of your day can be a small step in the direction of recognizing the positive (Anderson, 2014).

All you need to do is write down the things in your life that you are thankful for or the most positive events that happen in a given day. The simple act of writing down these good things can forge new associations in your brain that make it easier to see the positive, even when you are experiencing negative emotions.

5. Reframe Your Negative Thoughts

It can be easy to succumb to negative thoughts as a default setting. If you find yourself immediately thinking a negative thought when you see something new, such as entering an unfamiliar room and thinking “I hate the color of that wall,” give reframing a try (Anderson, 2014).

Reframing involves countering the negative thought(s) by noticing things you feel positive about as quickly as possible. For instance, in the example where you immediately think of how much you hate the color of that wall, you would push yourself to notice five things in the room that you feel positively about (e.g., the carpet looks comfortable, the lampshade is pretty, the windows let in a lot of sunshine).

You can set your phone to remind you throughout the day to stop what you are doing and think of the positive things around you. This can help you to push your thoughts back into the realm of the positive instead of the negative.



A Take-Home Message

In this booklet, we offered many techniques, tools, and resources that can be effective in the battle against depression, anxiety, OCD, and a host of other problems or difficulties.

However, as is the case with many treatments, they depend on both therapist and client putting in the work.

Additionally, both parties must go into the sessions with the conviction (or at least open to the possibility) that CBT will help. When we approach a potential solution with the assumption that it will not work, that assumption often becomes a self-fulfilling prophecy. By contrast, when we approach a potential solution with an open mind and the belief that it just might work, it has a much better chance of succeeding.

So if you are struggling with negative automatic thoughts, please consider these tips and techniques and give them a shot. Likewise, if your client is struggling, encourage them to make the effort, because the payoff can be better than they can imagine.

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Appendix A

Coping Styles Formulation

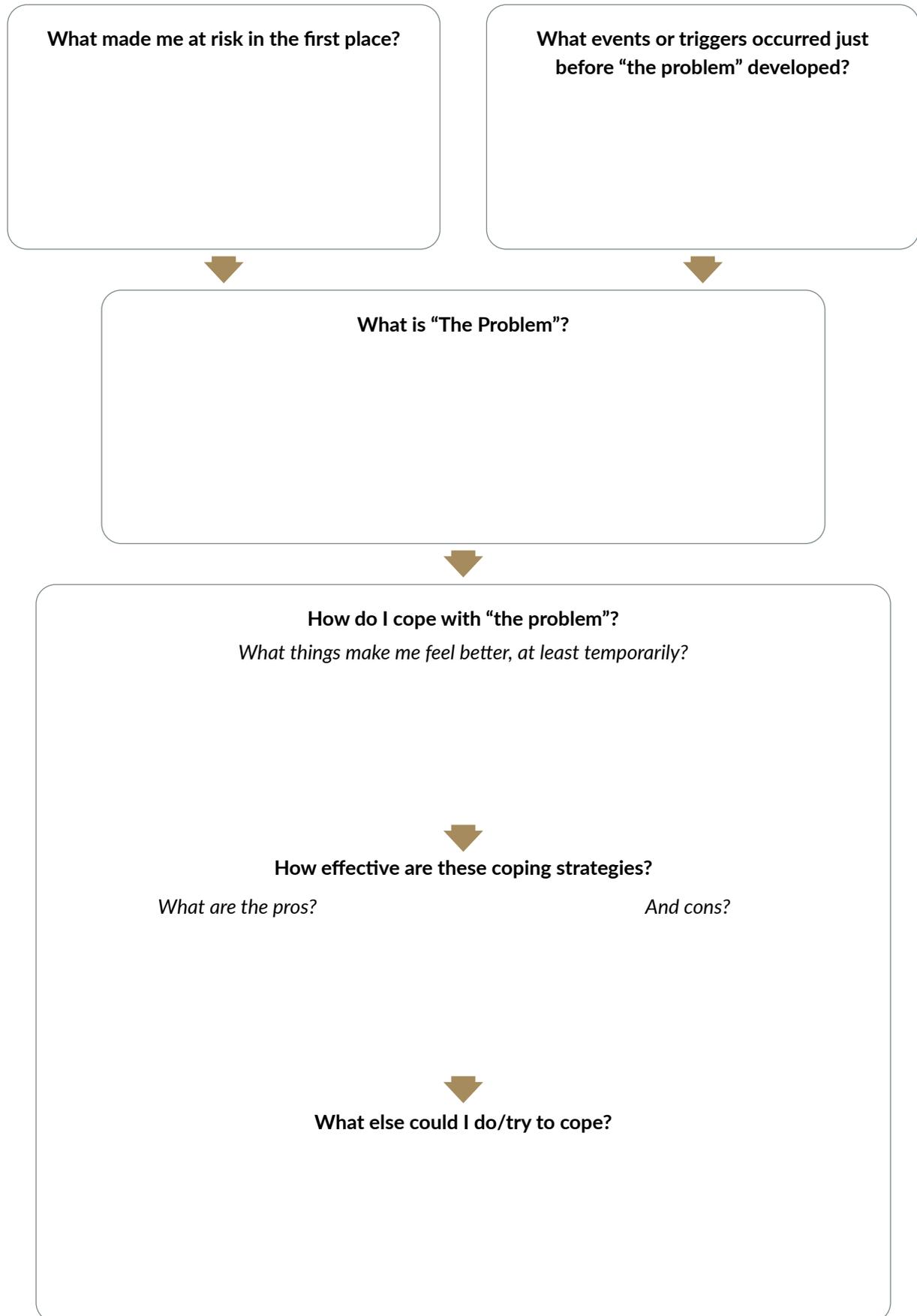
The *Coping Styles Formulation* is a CBT case conceptualisation worksheet that is designed to help therapists and clients come to a shared understanding of the presenting problem and develop more adaptive coping strategies.

This worksheet includes 6 steps:

1. Clarifying the presenting problem(s)
2. Identifying the client's vulnerabilities by considering why the client more likely to experience this problem(s) than another person
3. Identifying the client's triggers by considering the stimulus or source of the presenting problem(s)
4. Exploring coping strategies by considering the ways in which the client deals with the effects of the presenting problem(s)
5. Listing the effects of current coping strategies, including how they make the client feel in the short-term and long-term, along with the advantages and disadvantages of each strategy
6. Exploring alternative (more adaptive) coping strategies



How Do I Cope with “The Problem”?





Appendix B

ABC Functional Analysis Worksheet

Functional analysis explores the causes and effects of behavior. Within CBT, a classic functional analysis method is the ABC technique. The ABC technique is designed to collect information about what factors lead to a specific problematic behavior (antecedents) and what factors result (consequences) from that behavior.

This *ABC Functional Analysis* worksheet includes 3 steps:

1. In the column labelled **Behavior**, the client writes down the problematic behavior (or any behavior he/she wishes to analyze).
2. In the column labelled **Antecedents**, the client writes down the factors that preceded the identified behavior.
3. In the column labelled **Consequences**, the client writes down the outcome of the identified behavior. *Note, 'Consequences' need not all be negative; it may be the case that there emerge positive outcomes from the identified behavior in addition to negative outcomes.*

This worksheet helps to determine how adaptive (or destructive) particular behaviors are in working toward client goals.



ABC Functional Analysis

Worksheet

A	B	C
Antecedents <i>What factors preceded the problematic behavior?</i>	Behavior <i>What is the problematic behavior?</i>	Consequences <i>What was the outcome of the problematic behavior?</i>

Appendix C

Case Formulation Worksheet

This *Case Formulation* is a CBT case conceptualization worksheet. In psychological treatment, a case formulation allows therapist and client to come to a shared understanding of the client's presenting problem.

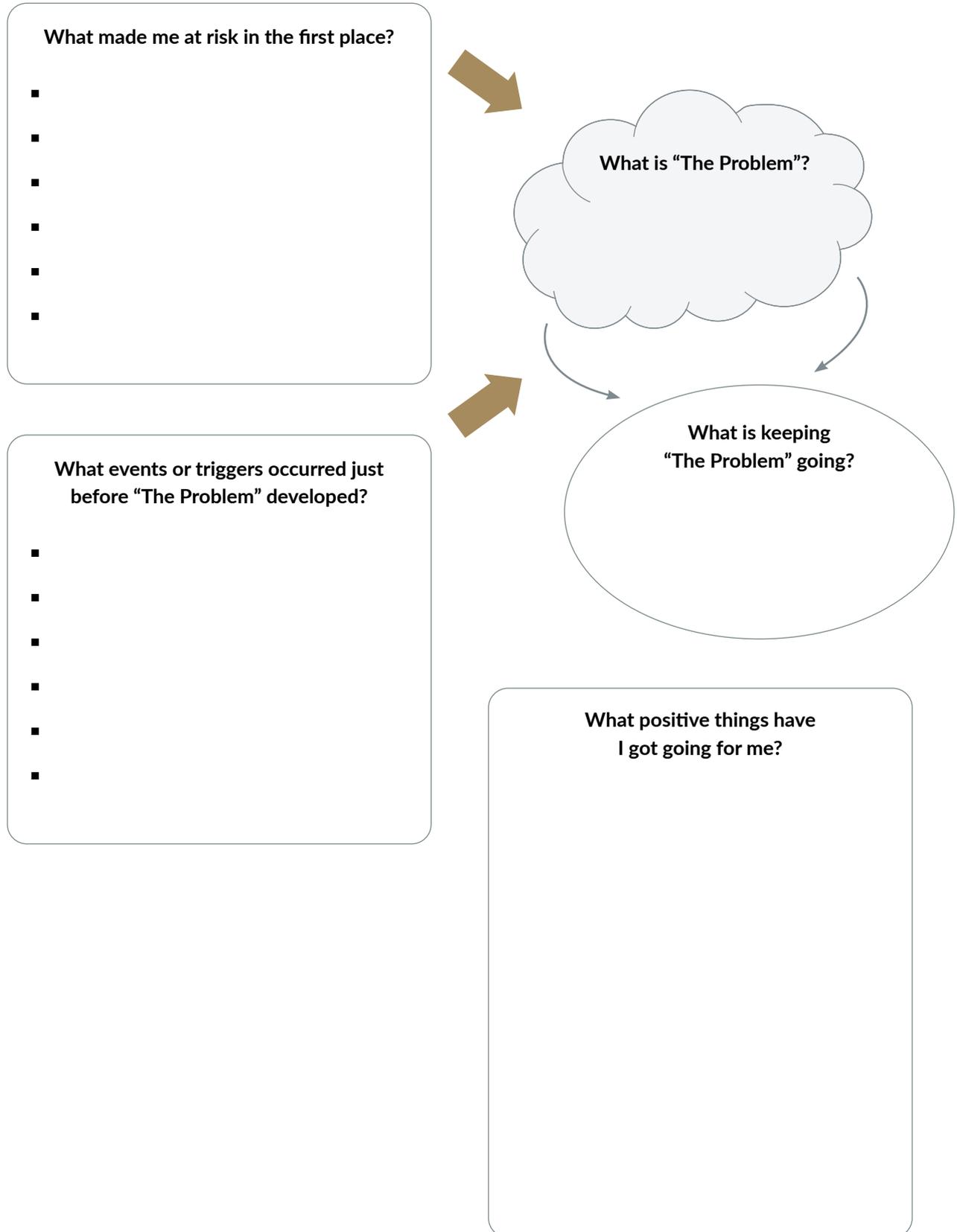
The four "P's" of case formulation (**P**redisposing, **P**recipitating, **P**erpetuating, and **P**rotective factors) provide a useful framework for organizing the factors that may be contributing to the development and maintenance of the problem. This worksheet is designed for therapist and client to complete together in session.

This worksheet includes 4 steps:

1. **Identifying predisposing factors**, which are those factors that increase an individual's risk of developing a problem (e.g., genetics, life events, temperament).
2. **Identifying precipitating factors**, to gain an understanding of a specific event or trigger to the onset of the current problem
3. **Identifying perpetuating factors**, to understand what mechanisms may be maintaining the current problem
4. **Identifying protective factors**, to understand the client's strengths, social supports, and adaptive behavioral patterns

How Did “The Problem” Develop?

Worksheet



Appendix D

Extended Case Formulation Worksheet

The *Extended Case Formulation* is a CBT case conceptualisation worksheet. In psychological treatment, a case formulation allows therapist and client to come to a shared understanding of the client's presenting problem.

The four "P's" of case formulation (**predisposing, precipitating, perpetuating, and protective factors**) provide a useful framework for organising the factors that may be contributing to the development and maintenance of the problem.

This worksheet is an extended version of the *Case Formulation* worksheet. as well as identifying the four "P's" of the presenting problem, an analysis of the client's thoughts, feelings, behaviors, and physical sensations associated with a specific here-and-now situation is included.

This allows for a more comprehensive case formulation that helps the therapist connect the dots between the clients' childhood experiences, the development of core beliefs, and the ways in which clients cope with their negative beliefs.

This worksheet is designed to be completed by the therapist only, based on information provided by the client in session.

This two-part worksheet includes 9 steps. Part A is designed to gather data on problematic situations that are quite typical for the client, and Part B is designed to explore the mechanisms underlying these problematic situations.

Part A should be repeated at least three times using different problematic situations so that the therapist can begin to understand the client's dysfunctional patterns of thinking and behaving.

Part A (X3)

1. **Identify a problematic situation**
2. **Identify automatic thoughts.** Note that according to CBT, it is the interpretation of a situation (rather than the situation itself), often expressed in automatic thoughts, influences one's subsequent emotion, behavior, and physiological response.
3. **Identify the meaning of those automatic thoughts**
4. **Identify what emotion(s) was associated with the automatic thought**
5. **Identify accompanying physical sensations**
6. **Explore how the client behaved as a result**



Part B

7. **Clarify the presenting problem**
8. **Identify which early experiences may have contributed to the development and maintenance of the presenting problem**
9. **Identify the client's most central dysfunctional beliefs about him/herself related to the presenting problem**
10. **Identify which assumptions, rules, and attitudes help him/her cope with these core belief(s).** These implicit or explicit beliefs can perpetuate the behavior, even if it is not helpful or adaptive. Rules are if-then statements that provide a judgment based on a set of circumstances. For instance, you may have the rule "If I do not do something perfectly, I'm a complete failure."
11. **Identify the client's maladaptive coping strategies, and determine if they helping him/her to effectively pursue personal goals.**
12. **List the factors that can help the client deal with the problematic behavior, and perhaps help him/her break the perpetuating cycle.** This can be things that help you cope once the thought or behavior arises or things that can disrupt the pattern once it is in motion.



Extended Case Formulation

Worksheet

PART A

"The Problem"

Early Experiences

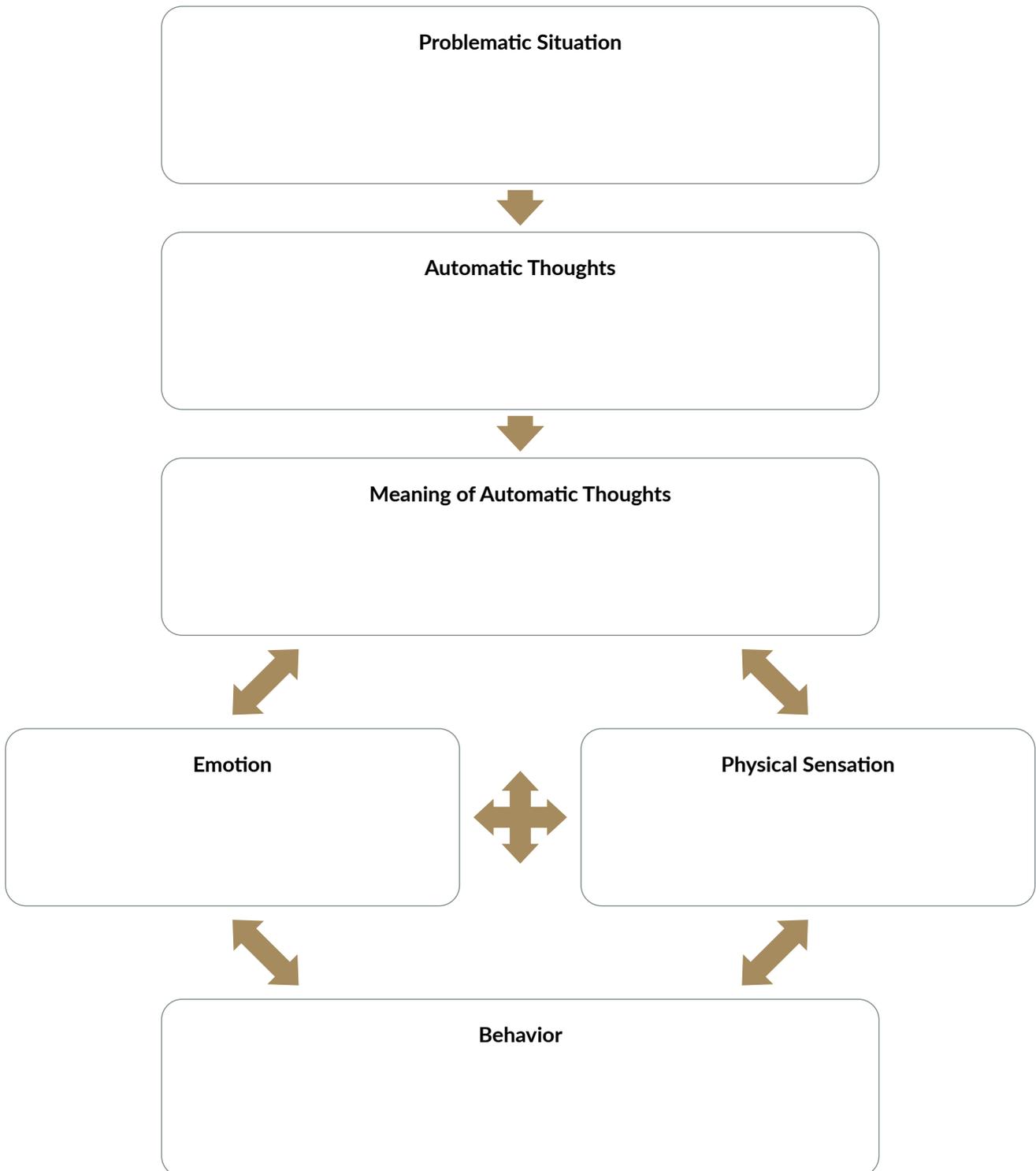
Core Belief(s)

Conditional assumptions/rules/attitudes

Maladaptive coping strategies

Positives

PART B





Appendix E

Dysfunctional Thought Record

This worksheet is especially helpful for people who struggle with negative thoughts and need to figure out when and why those thoughts are most likely to pop up. Learning more about what provokes certain automatic thoughts makes them easier to address and reverse.

This Dysfunctional Thought Record Worksheet is divided into 7 columns:

1. On the far left, there is space to write down the **Date and Time** a dysfunctional thought arose.
2. The second column is where the **Situation** is listed. The user is instructed to describe the event that led up to the dysfunctional thought in detail.
3. The third column is for the **Automatic Thought**. This is where the dysfunctional automatic thought is recorded, along with a rating of belief in the thought on a scale from 0% to 100%.
4. The next column is where the **Emotion** or emotions elicited by this thought are listed, also with a rating of intensity on a scale from 0% to 100%.
5. The fifth column is labeled “**Cognitive Distortion**.” This column is where the user will identify which cognitive distortion(s) they are suffering from with regard to this specific dysfunctional thought, such as all-or-nothing thinking, filtering, jumping to conclusions, etc.
6. The second-to-last column is for the user to write down **Alternative Thoughts** that are more positive and functional to replace the negative one.
7. Finally, the last column is for the user to write down the **Outcome** of this exercise. Were you able to confront the dysfunctional thought? Did you write down a convincing alternative thought? Did your belief in the thought and/or the intensity of your emotion(s) decrease?



Dysfunctional Thought Record

Worksheet

Date & Time	Situation	Automatic Thought	Emotion	Cognitive Distortion	Alternative Thought	Outcome
When did the thought occur?	What was the context? What was happening at the time and prior to the thought?	Describe the thought. Rate how much you believed it out of 100%	What feelings came to you at the time? How intense were they out of 100%?	E.g. filtering, personalization, catastrophizing	What is a more adaptive alternative? Is there another potential solution?	Now re-rate how much you believe the original thought, and your emotions, out of 100%.

Appendix F

Fact Checking Thoughts Worksheet

The *Fact Checking Thoughts* worksheet helps clients to recognise that their thoughts are not necessarily true. The key take-home message from this worksheet is:

Thoughts are not facts.

It can be difficult to accept the idea that thoughts are not facts at first, especially when we are in the throes of an emotion. However, completing this worksheet will help you come to this realisation.

The worksheet contains 15 statements that the client must decide are either fact or opinion. These statements include:

- *"I'm not good enough"*
- *"I failed the test."*
- *"This will be a disaster."*
- *"I'm overweight."*

Note, there is a correct answer for each statement. (In case you're wondering, the right answers for the statements above are as follows: opinion, fact, opinion, fact).

This simple exercise can help clients see that while we have lots of emotionally charged thoughts, they are not all absolute truths. Recognising the difference between fact and opinion can assist us in challenging the dysfunctional or harmful opinions we have about ourselves and others.

Fact Checking Thoughts Worksheet

Worksheet

We tend to believe each and every thought we have is true; however, thoughts are not facts. While some thoughts we have may be factual (e.g. "I failed the test"), others may not (e.g., "I am dumb").

These non-factual thoughts are *opinions*. This worksheet is designed to help you practice differentiating between factual thoughts and opinions (i.e., thoughts that are not necessarily fact).

Statement	Fact	Opinion
I'm dumb		
I'm unattractive		
I failed the exam		
I have no friends		
Nobody likes me		
I'm a selfish person		
This will be a disaster		
I will fail this test		
I'm not good enough		
I'm overweight		
I am single		
I will be single forever		
My family is disappointed in me		
I dislike my job		
I'm not good at my job		

Appendix G

Cognitive Restructuring Worksheet

This worksheet employs the use of Socratic questioning, a technique that can help the user to challenge irrational or illogical thoughts.

The top of the worksheet describes how thoughts are a continuing mental narrative. Because they are so fleeting, we don't often get a chance to challenge them. This worksheet aims to help us capture one or two of these thoughts and analyze them.

1. The first bubble to be filled out is **"What I'm Thinking."** This is where clients write down a specific thought, usually one they suspect is destructive or irrational.
2. Next, **write down the supporting facts for and against this thought.** What proof is there that this thought is accurate? What proof exists that calls it into question?
3. They can then **make a judgment on this thought**, specifically whether it is based on evidence or opinion.

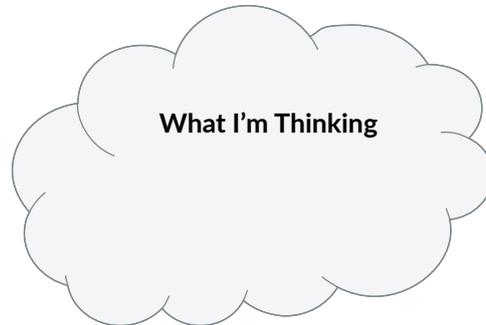
Once clients have explored the objective support, they will find a mindmap with more Socratic questions.

1. First, they will decide whether this thought is truly an either/or situation, or whether in reality there are shades of gray. Instruct clients to think about whether they are using all-or-nothing thinking, or making things unreasonably simple when they are truly complex.
2. Another bubble invites clients to consider whether they could be misinterpreting the evidence or making any unverified assumptions.
3. Then, whether other people might have different perspectives on the same situation, and what those perspectives might be.
4. Next, ask yourself whether you are looking at all the relevant facts or just the those that back up the belief you already hold. Try to be as objective as possible.
5. The next bubble asks you whether your thought may be overinflating the reality. Some negative thoughts are based in truth but extended past their logical boundaries.
6. Next, you are instructed to consider whether you are entertaining this negative thought out of habit or because the facts truly support it.
7. Once you have decided whether the facts support this thought, you are encouraged to think about how this thought came to you. Was it passed on from someone else? If so, are they a reliable source for truth?
8. Finally, complete the worksheet by identifying how likely the scenario your thought brings up actually is, and whether it is the worst case scenario.



Cognitive Restructuring

Worksheet



Facts Supporting The Thought

Facts Contradicting The Thought

It this thought based on evidence or opinion?



Cognitive Restructuring



Appendix H

Behavioral Experiments to Test Beliefs Worksheet

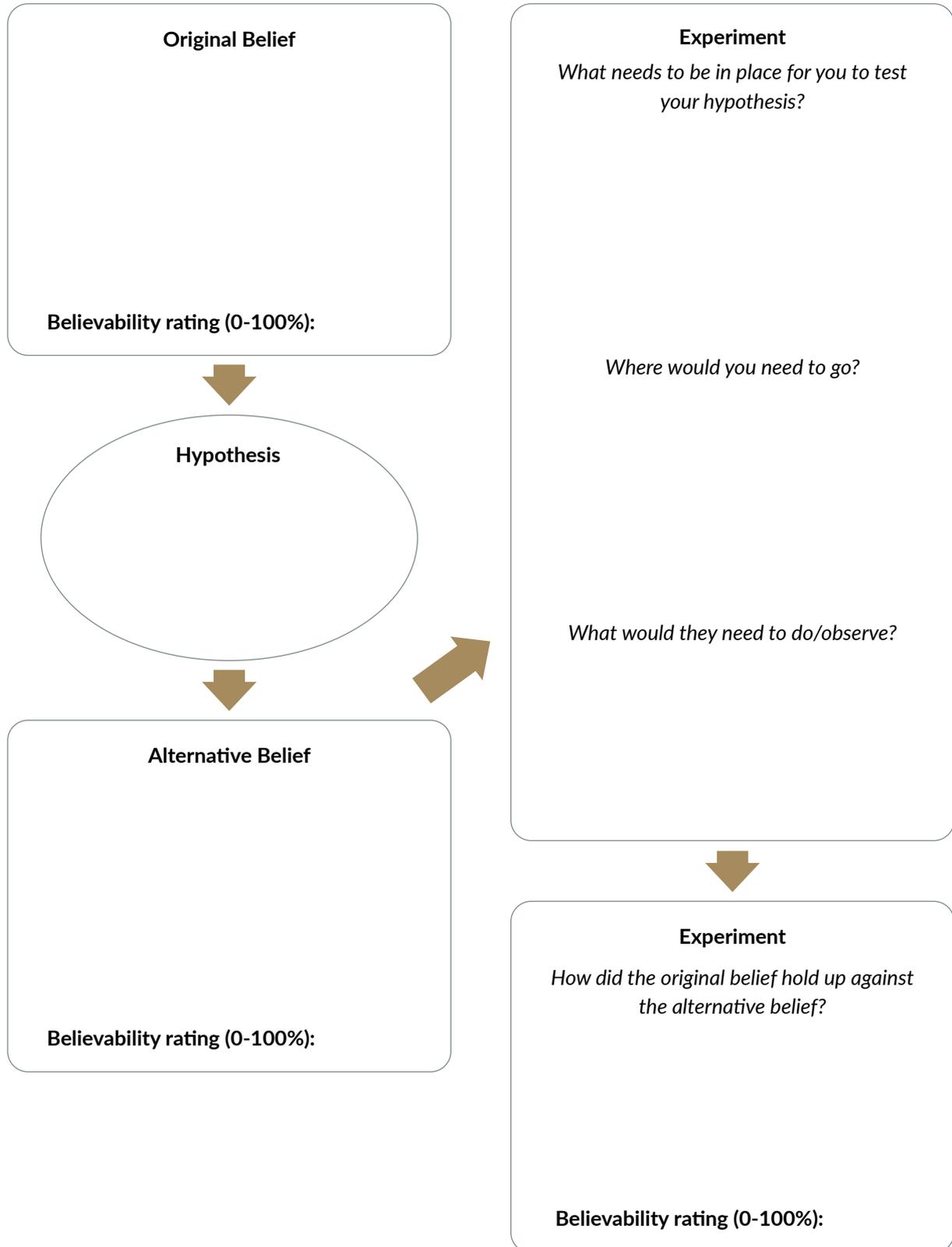
A behavioral experiment is a CBT technique that involves testing negative automatic thoughts and re-evaluating underlying beliefs and assumptions. This technique encourages people to view negative thoughts objectively rather than as absolute truths. First, therapist and client identify a belief they want to test. Then, a specific hypothesis is derived from this general rule, and an experiment is formulated to test this hypothesis.

This *Behavioral Experiment* worksheet includes 6 steps:

1. **Clarifying the client's original dysfunctional belief** (e.g., "I can't enjoy my life being single"), and rate how strongly he/she believes this will happen
2. **Deriving a hypothesis from this belief to come up with an alternative belief** (e.g., "I may be able to enjoy some things as a single person"), and rate how strongly he/she believes this will happen
3. **Designing an experiment to test this alternative belief.** To do this, consider what circumstances need to be in place for the hypothesis to be tested: where would the client need to go? What would they need to do or observe?
4. **Carrying out the experiment**
5. **Recording your observations**
6. **Reflecting upon those observations.** How did the dysfunctional belief hold up against the alternative belief?

Behavioral Experiments to Test Beliefs

Worksheet



Appendix I

Thought Record Worksheet

The Thought Record worksheet provides a template for clients to monitor their thoughts and emotions, evaluate their thinking, and explore adaptive responding. It is particularly helpful for those clients who are experiencing negative or dysfunctional thoughts and feelings.

The worksheet has 7 steps:

1. On the far left column, there is space to write down the date and time a dysfunctional thought arose.
2. The second column is where the situation is listed. Instruct the client to describe - in detail - the event that led up to the dysfunctional thought.
3. The third column is for the automatic thought. This is where the dysfunctional automatic thought is recorded, along with a rating of belief in the thought on a scale from 0% to 100%.
4. The next column is where the emotion(s) elicited by this thought are listed, also with a rating of intensity on a scale from 0% to 100%.
5. The fifth column is where the client will identify which cognitive distortion(s) they are experiencing with regards to this specific dysfunctional thought, such as all-or-nothing thinking, filtering, jumping to conclusions, etc.
6. The second to last column is for the user to write down alternative thoughts, more positive and functional thoughts that can replace the negative one.
7. Finally, the last column is for the user to write down the outcome of this exercise.
Were you able to confront the dysfunctional thought? Did you write down a convincing alternative thought? Did your belief in the thought and/or the intensity of your emotion(s) decrease?



Thought Record

Worksheet

Directions: When you notice your mood drop, take a moment to notice what thoughts are passing through your mind, and then jot these down in the Automatic Thoughts column. Then, complete the rest of the row (i.e., date & time, situation, and so on).

Date & time	Situation	Automatic thought(s)	Emotion(s)	Alternative thought(s)	Outcome
	What were you doing?	What exactly were you thoughts at the time? And how much did you believe each thought (0-100%)?	How did you feel at the time? And how intense was the emotion (0-100%)?	What evidence is there that the automatic thought is true? Is there an alternative explanation?	How much do you believe in the original automatic thought now (0-100%)? How do you feel now (0-100%)? What can you do now?



Appendix J

Pleasant Activity Scheduling Worksheet

The *Pleasant Activity Scheduling* worksheet is designed to help clients schedule enjoyable activities in the near future which they can look forward to.

Clients are instructed to write down at least one activity per day that they will engage in over the next week. This can be as simple as watching a particular movie or calling a friend to chat. Activities can be anything that the client finds to be enjoyable or pleasant, so long as it's not unhealthy (i.e., eating a whole cake in one sitting or smoking).

You can also try scheduling an activity for each day that provides you with a sense of mastery or accomplishment. It's great to do something pleasant, but doing something small that can make you feel accomplished has beneficial effects as well.

This worksheet helps clients to begin to design their life in a way that increases everyday positivity and pleasure. The first two columns (Activity and Time) are to be completed in session, and the last column (Post-Activity Emotion Rating) is to be completed by the client throughout the week.



Pleasant Activity Scheduling

Worksheet

	Activity (Pleasure/Mastery)	Time (AM/PM)	Post-Activity Emotion Rating (0-100% pleasure or sense of mastery)
Monday	<i>E.g. Call a friend to chat (P)</i>	5 PM	70%
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



Appendix K

Imagery Based Exposure Worksheet

The *Imagery Based Exposure* worksheet is designed to guide clients through exposing themselves to strong negative emotions produced by a recent difficult past event. Through exposure to the memory, clients learn to sit with their discomfort until it begins to subside, thereby learning and practicing acceptance. Through exposing oneself to all of the feelings and urges felt in a particular situation and surviving this experience, the power the situation or memory holds reduces.

The *Imagery Based Exposure* worksheet includes 7 steps:

1. Bring to mind a recent memory that provokes a strong negative emotion(s). Try to remember the situation in as much detail as possible.
2. Rate your level of distress (0-100% on personal stress scale).
3. Observe the thoughts, emotions, and behavioral urges that show up in response to this memory.
4. Sit with the difficult thoughts, emotions and urges tied to this memory.
5. Re-rate your level of distress (0-100% on personal stress scale).
6. Continue to sit with the discomfort and re-rate level of distress until the client's personal stress rating has reduced to half that of his/her original rating (Step 4).



Imagery Based Exposure

Worksheet

Imagine

Bring to mind a recent difficulty.

Distress level

Rate your current level of distress.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Observe

What thoughts showed up in response to this memory?

What feelings and emotions showed up in response to this memory?

What did you feel like doing in response to this memory?

Exposure

Sit with the difficult thoughts, emotions and urges tied to this memory.

Distress level

Re-rate your current level of distress.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Appendix L

Graded Exposure Worksheet

Graded Exposure is a CBT technique that is designed to help people confront and overcome their fears. When people are fearful of something, they tend to avoid it.

While this avoidance may help in reducing feelings of fear in the short term, over the long term it can make the fear even worse.

Graded exposure involves creating a safe environment in which clients can become “exposed” to the things they fear and avoid. The exposure to the feared objects, activities or situations in a safe environment helps reduce fear and decrease avoidance.

The Graded Exposure worksheet includes 4 steps:

1. **Make a list of feared situations that you tend to avoid.** For example, someone with social anxiety may typically avoid making a phone call or asking someone on a date.
2. **Rate each item** according to how distressed you would feel if you encountered that situation, on a scale from 0 to 100% (0 = not at all distressed and 100 = extremely distressed). For the person suffering with severe social anxiety, asking someone on a date may be rated a 10 on the scale, while making a phone call instead might be rated closer to a 3 or 4.
3. **Rank items from most-feared** (i.e., highest distress rating) at the top of the staircase to least-feared (i.e., lowest distress rating) at the bottom of the staircase.
4. **The staircase can now be used to guide a process of the graded exposure.** Clients can be guided to start exposing themselves to the least-feared items, building up as more confidence is gained. Key principles of exposure should be discussed (e.g. stay in situation without escaping, attempt multiple repeats of each exposure to encourage extinction).

Graded Exposure Worksheet

Worksheet

Construct a staircase with situations you tend to avoid because of fear or anxiety, with most-feared items at the top and least-feared items at the bottom. Rate each item according to how distressed you would feel if you encountered that situation, on a scale from 0 to 10 (0 = not at all distressed and 10 = extremely distressed).

