WORKSHEET 61 · FOR THE PSYCHOLOGIST

The thought record

Examining an automatic thought and finding a more balanced one

AIM

Learn to spot the automatic thoughts linked to an emotion, examine them against the facts and come up with a more balanced alternative thought.

WHO IT IS FOR

Anxiety, sadness, anger, self-criticism. A core CBT tool. Adults and adolescents.

DURATION

15 min in session; then after difficult situations

HOW TO RUN IT

1. Start from a recent, specific situation and the emotion felt (intensity 0-100).
2. Identify the “hottest” automatic thought (the one that best explains the emotion).
3. Look for the facts that support it and those that don’t, without interpreting.
4. Come up with a realistic alternative thought, then rate the emotion again.

POINTS TO WATCH

> The aim is not to think positively but more accurately. If the person doesn’t “believe” the alternative thought, work on it further rather than imposing it.

REFERENCES

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

PSYCHOLOGIST’S NOTES

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WORKSHEET 61 · WORKSHEET TO HAND OUT

My thought record

Our emotions often depend on how we interpret a situation. This record helps you spot your thought, examine it against the facts and find a more balanced way of seeing things.

1. The situation: where, when, with whom.
2. My emotion and its intensity (0 to 100).
3. The thought that came to me, and the facts for and against.
4. A more balanced thought, and the intensity of the emotion afterwards.

Situation	Emotion /100	Automatic thought	Facts for / against	More balanced thought	Emotion afterwards /100

What do I notice about the way I interpret situations?

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WORKSHEET 62 · FOR THE PSYCHOLOGIST

The downward arrow

Going down from a thought to the belief underneath it

AIM

Identify the intermediate and core beliefs that sustain recurring automatic thoughts, by asking what the thought would mean if it were true.

WHO IT IS FOR

Thoughts that come back in different situations, self-criticism, after several thought records.

DURATION

20 min in session

HOW TO RUN IT

1. Start from a frequent automatic thought.
2. Ask: “If that were true, what would it mean for you?”, and repeat the question on the answer.
3. Stop when the answer is a general statement about oneself, others or the world.
4. Gently explore the history of that belief and its consequences today.

POINTS TO WATCH

> This exercise touches beliefs that are often painful: go slowly, validate the emotion and don’t try to “correct” the belief in the same session.

REFERENCES

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

Fennell, M. J. V. (1997). Low self-esteem: A cognitive perspective. Behavioural and Cognitive Psychotherapy, 25(1), 1-26.

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WORKSHEET 62 · WORKSHEET TO HAND OUT

My downward arrow

Best done with your psychologist

Some thoughts come back in very different situations. They often rest on a deeper belief. This exercise helps you find it, step by step.

1. Write down a thought that often comes back.
2. Ask yourself: “If that were true, what would it mean for me?”
3. Write the answer and ask the same question again.
4. Stop when you reach a general sentence about yourself, others or the world.

Thought	If it were true, it would mean that…	And if that were true…	My underlying belief

Where does this belief come from, and is it fair today?

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WORKSHEET 63 · FOR THE PSYCHOLOGIST

Questions that help you think

Questioning a thought without fighting it

AIM

Offer a list of questions (Socratic dialogue) for examining a thought openly and finding a broader perspective.

WHO IT IS FOR

A complement to the thought record; people who "can't" find an alternative thought.

DURATION

10 min

HOW TO RUN IT

1. Present the questions as a way of investigating, not of proving the person wrong.
2. Choose together two or three questions that resonate most with them.
3. Apply them to a recent thought.
4. Encourage them to save the questions on their phone.

POINTS TO WATCH

> Ask the questions with genuine curiosity: a "trick" interrogation reinforces defensiveness. Respect the person's pace.

REFERENCES

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 63 · WORKSHEET TO HAND OUT

Questions that help you think

When a thought makes you suffer, you can question it like a curious investigator. These questions help you see the situation from other angles.

1. What are the facts? What shows it is true and what shows the opposite?
2. Is there another way of seeing it? What would a friend say?
3. What is the worst, the best and the most likely? Could I cope with the worst?
4. What does thinking this do to me? What would help me more?

My thought	The question that helped me	What I found

My three favourite questions:

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WORKSHEET 64 · FOR THE PSYCHOLOGIST

Real or hypothetical worry?

Sorting worries: solving what can be solved, letting go of the rest

AIM

Help the person distinguish worries about current, changeable problems (to be worked on with problem solving) from hypothetical worries ("what if…?"), to be approached with exposure to uncertainty or defusion.

WHO IT IS FOR

Generalised anxiety, numerous scattered worries.

DURATION

15 min in session; daily sorting for one or two weeks

HOW TO RUN IT

1. List the week's worries.
2. For each one: is it about a current problem that can be acted on? Or about a hypothetical, distant event?
3. Real worries: point towards worksheet 65 (problem solving).
4. Hypothetical worries: work on tolerating uncertainty (worksheet 13) or defusion (worksheet 01).

POINTS TO WATCH

> Some worries mix the two: separate the part that can be acted on from the "what if…?" part.

REFERENCES

Dugas, M. J. & Robichaud, M. (2007). Cognitive-Behavioral Treatment for Generalized Anxiety Disorder: From Science to Practice. Routledge.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 64 · WORKSHEET TO HAND OUT

Real or hypothetical worry?

Not all worries are the same. Some are about a real problem you can act on. Others are “what ifs” that don’t exist yet. Sorting them helps you know what to do with them.

1. Write down your worries for the day.
2. For each one: is it a real, current problem I can act on?
3. If so: what is the next action (worksheet 65)?
4. If not (“what if…?”): I notice it and let it pass (worksheets 01 and 13).

Worry	Real or hypothetical?	What I do

What proportion of my worries is hypothetical?

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WORKSHEET 65 · FOR THE PSYCHOLOGIST

Solving a problem step by step

A simple method for moving from worry to action

AIM

Teach a structured problem-solving method: defining the problem, generating solutions, evaluating them, choosing, planning and evaluating the outcome.

WHO IT IS FOR

Concrete problems that cause anxiety or rumination; a sense of helplessness.

DURATION

20 min in session; putting it into practice over one or two weeks

HOW TO RUN IT

1. Define the problem precisely and concretely (who, what, when).
2. List all possible solutions without judging them (brainstorming).
3. Weigh up the pros and cons of each one and choose one.
4. Plan the steps, carry them out, then evaluate and adjust if needed.

POINTS TO WATCH

> A poorly defined problem makes all the solutions vague: spend time on step 1. If the problem has no solution (grief, illness), point towards acceptance.

REFERENCES

D'Zurilla, T. J. & Nezu, A. M. (2010). Problem-solving therapy. In K. S. Dobson (Ed.), Handbook of Cognitive-Behavioral Therapies (3rd ed., pp. 197-225). Guilford.

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WORKSHEET 65 · WORKSHEET TO HAND OUT

Solving a problem step by step

When a problem keeps going round in your head, putting it on paper in steps helps you move into action. Take one step at a time.

1. The problem, precisely (who, what, when): _____
2. All the possible solutions, even if they seem odd (in the table).
3. For each one, the pros and cons. I choose: _____
4. My steps, and when I will review: _____

Possible solution	Pros	Cons	Rating /10

How did it go, and what needs adjusting?

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WORKSHEET 66 · FOR THE PSYCHOLOGIST

For and against changing

Looking honestly at what I gain and lose by changing

AIM

Explore ambivalence about a change (decisional balance): the pros and cons of changing and of not changing, in the short and long term.

WHO IT IS FOR

Hesitation about changing a behaviour (avoidance, substance use, a habit), motivation that comes and goes.

DURATION

15-20 min in session

HOW TO RUN IT

1. Choose the change being considered, phrased concretely.
2. Fill in the four boxes: pros and cons of changing, and of not changing.
3. Look at the short and long term: often the benefits of not changing are immediate and their costs long term.
4. Ask what the person takes away from it, without pushing towards an answer.

POINTS TO WATCH

> Respect ambivalence: it is normal. Pushing too hard towards change often strengthens the arguments against.

REFERENCES

Miller, W. R. & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd ed.). Guilford.

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WORKSHEET 66 · WORKSHEET TO HAND OUT

For and against changing

Changing, even when you want to, has pros and cons. So does not changing. Looking honestly at all four sides helps you decide with full knowledge.

1. The change I am thinking about: _____
2. Fill in the four boxes in the table, without judging yourself.
3. Circle what matters most to you in the long term.
4. What I decide, for now: _____

Pros of changing	Cons of changing	Pros of not changing	Cons of not changing

What weighs most for me, in the long term?

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WORKSHEET 67 · FOR THE PSYCHOLOGIST

Stopping putting things off

Getting started with a 5-minute first step

AIM

Understand procrastination as a way of avoiding immediate emotional discomfort and practise getting started with very small steps.

WHO IT IS FOR

Procrastination, studies, work, paperwork, perfectionism.

DURATION

10 min in session; daily practice

HOW TO RUN IT

1. Identify the task being put off and the emotion it triggers (boredom, fear of failing, confusion).
2. Show the cycle: putting it off brings immediate relief, but the task and the guilt grow.
3. Break the task down into a very concrete 5-minute first step.
4. Start the step with the discomfort and note what happens after 5 minutes.

POINTS TO WATCH

> Procrastination isn’t laziness: avoid judging. If it goes with a general lack of energy, consider low mood.

REFERENCES

Steel, P. (2007). The nature of procrastination: A meta-analytic and theoretical review of quintessential self-regulatory failure. Psychological Bulletin, 133(1), 65-94.

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WORKSHEET 67 · WORKSHEET TO HAND OUT

Stopping putting things off

We rarely put things off out of laziness: we put them off to avoid discomfort (boredom, fear of doing it badly, confusion). The hardest part is starting. The secret: a first step so small it is almost laughable.

1. The task I am putting off: _____
2. What I feel when I think about it: _____
3. My very concrete 5-minute first step: _____
4. I do it now, with the discomfort. After 5 minutes I decide whether to carry on.

Task	5-min first step	Done? (yes/no)	What happened next

What helps me most to get started?

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WORKSHEET 68 · FOR THE PSYCHOLOGIST

The panic cycle

Understanding how a sensation turns into a panic attack

AIM

Explain the cognitive model of panic disorder: a bodily sensation is interpreted catastrophically ("I'm having a heart attack"), which increases anxiety and, with it, the sensations.

WHO IT IS FOR

Panic attacks, fear of bodily sensations. After a medical cause has been ruled out.

DURATION

20 min in session

HOW TO RUN IT

1. Reconstruct a recent attack: trigger, first sensation, interpretation, rising fear, other sensations.
2. Draw the cycle using the person's own words.
3. Identify the catastrophic interpretation and the safety behaviours (sitting down, leaving, avoiding coffee…).
4. Introduce the next step: testing the interpretation (worksheet 69) and reducing safety behaviours.

POINTS TO WATCH

> Check that a medical check-up has been done if the symptoms are new or atypical. Explain that the sensations are unpleasant but not dangerous in a healthy person.

REFERENCES

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 68 · WORKSHEET TO HAND OUT

The cycle of my panic

A panic attack often starts with an ordinary sensation (a racing heart, dizziness). It is the interpretation ("I'm going to die", "I'm going mad") that sets off the fear, and the fear increases the sensations. Understanding this cycle is the first step out of it.

1. The trigger (place, time, situation).
2. The first sensation I noticed.
3. What I thought was going to happen to me.
4. What I did to protect myself, and what really happened.

Trigger	Sensation	What I thought	What I did	What really happened

What do I fear most when I have these sensations?

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WORKSHEET 69 · FOR THE PSYCHOLOGIST

Bringing on the sensations on purpose

Learning that the sensations of anxiety are not dangerous (interoceptive exposure)

AIM

Deliberately bring on, in a controlled way, sensations similar to those of panic (dizziness, breathlessness, racing heart) to learn that they are bearable and not dangerous.

WHO IT IS FOR

Panic disorder, fear of bodily sensations. With a psychologist, after the work on the panic cycle (worksheet 68).

DURATION

20-30 min in session; repetitions at home

HOW TO RUN IT

1. Check there is no medical contraindication (heart problem, asthma, epilepsy, pregnancy, back or neck problems).
2. Try out a few exercises in session: spinning in a chair, breathing fast for 30 seconds, climbing stairs, breathing through a straw.
3. For each exercise: intensity of the sensations, similarity to panic, anxiety (0-10).
4. Repeat the most similar exercises until anxiety goes down, without safety behaviours.

POINTS TO WATCH

> Check medical contraindications before any exercise; seek medical advice if in doubt. Voluntary hyperventilation is not recommended with asthma, epilepsy or heart problems.

REFERENCES

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T. & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23.

Barlow, D. H., Sauer-Zavala, S., Farchione, T. J. et al. (2018). Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (2nd ed.). Oxford University Press.

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WORKSHEET 69 · WORKSHEET TO HAND OUT

Bringing on the sensations on purpose

Best done with your psychologist

When you fear your sensations, you try to avoid them. Bringing them on deliberately, in small doses and safely, teaches your body and mind that they pass and are not dangerous. Do it with your psychologist.

1. With my psychologist, I check that I have no medical contraindication.
2. I choose an exercise (spinning in a chair, breathing fast, climbing stairs…).
3. I do it, without protecting myself, and note my sensations and my anxiety.
4. I repeat it until the anxiety goes down.

Exercise	Sensations /10	Similar to panic /10	Anxiety /10

What do I learn about my sensations?

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WORKSHEET 70 · FOR THE PSYCHOLOGIST

Social anxiety: where does my attention go?

Self-focused attention and safety behaviours

AIM

Help the person spot, in social situations, the excessive attention focused on themselves and the safety behaviours that maintain social anxiety, and test the effect of reducing them.

WHO IT IS FOR

Social anxiety, shyness that holds you back, fear of other people's judgement.

DURATION

20 min in session; experiments between sessions

HOW TO RUN IT

1. Explore a recent social situation: what was the person paying attention to (their face, their voice, their hands)?
2. List the safety behaviours (preparing sentences, avoiding eye contact, saying little, hiding behind the phone).
3. Show how they maintain the anxiety and may even come across as cold to others.
4. Suggest an experiment: the same situation with attention directed outwards and without safety behaviours, and compare.

POINTS TO WATCH

> Go step by step and choose low-stakes situations. Intense social anxiety deserves structured support, which is usually very effective.

REFERENCES

Clark, D. M. & Wells, A. (1995). A cognitive model of social phobia. In R. G. Heimberg, M. R. Liebowitz, D. A. Hope & F. R. Schneier (Eds.), Social Phobia: Diagnosis, Assessment, and Treatment (pp. 69-93). Guilford.

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WORKSHEET 70 · WORKSHEET TO HAND OUT

Where does my attention go in company?

In social anxiety, attention turns inwards ("I'm blushing, I must look stupid") and you protect yourself (preparing sentences, avoiding eye contact). Those protections keep the anxiety going. You can test what happens when you turn your attention towards other people.

1. The social situation: _____
2. What I was paying attention to (in myself): _____
3. What I did to protect myself: _____
4. The experiment: the same situation, attention outwards, without protection. What happened.

Situation	Attention on myself /10	Protections used	Anxiety /10	What I noticed

What changes when I look at others instead of at myself?

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WORKSHEET 71 · FOR THE PSYCHOLOGIST

My activity and mood log

Seeing the link between what I do and how I feel

AIM

Observe activities and mood throughout the day to spot the link between the two, the basis of behavioural activation.

WHO IT IS FOR

Low mood, withdrawal, lack of energy, rumination. Before worksheet 23.

DURATION

5 min a day for a week

HOW TO RUN IT

1. Explain what it is for: mood depends partly on what we do.
2. For a week, the person notes their activities by time slot, with their mood (0-10), pleasure and sense of achievement.
3. At the review, identify the activities linked to better mood and the most difficult moments.
4. Use these observations for planning (worksheet 23).

POINTS TO WATCH

> Filling it in can be tiring if mood is very low: simplify (three moments a day). If mood is very low or there are suicidal thoughts, assess the risk.

REFERENCES

Martell, C. R., Dimidjian, S. & Herman-Dunn, R. (2010). Behavioral Activation for Depression: A Clinician's Guide. Guilford.

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

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WORKSHEET 71 · WORKSHEET TO HAND OUT

My activity and mood log

What we do influences how we feel. By noting your activities and your mood for a week, you will see what helps you and what weighs you down.

1. Note what you are doing at a few moments during the day.
2. Note your mood from 0 to 10.
3. Note pleasure (P) and the sense of having achieved something (A), from 0 to 10.
4. At the end of the week, circle the activities that did you good.

Day / moment	Activity	Mood /10	Pleasure /10	Achievement /10

Which activities improve my mood, even a little?

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WORKSHEET 72 · FOR THE PSYCHOLOGIST

My qualities and achievements

Rebalancing the way you see yourself (self-esteem)

AIM

Counter the attentional bias towards one's flaws by actively looking, every day, for concrete qualities and achievements, however small.

WHO IT IS FOR

Low self-esteem, self-criticism, perfectionism.

DURATION

10 min in session; 5 min every evening for two or three weeks

HOW TO RUN IT

1. Explain the bias: low self-esteem makes you focus mainly on what goes wrong and forget the rest.
2. Help the person list qualities with concrete examples; ask what their loved ones would say.
3. Every evening, note at least one thing done or one quality put into practice, however small.
4. Reread the list every week and observe the effect.

POINTS TO WATCH

> At first the person may reject their qualities ("that doesn't count"): accept this without arguing and ask for concrete examples rather than global judgements.

REFERENCES

Fennell, M. J. V. (1997). Low self-esteem: A cognitive perspective. Behavioural and Cognitive Psychotherapy, 25(1), 1-26.

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

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WORKSHEET 72 · WORKSHEET TO HAND OUT

My qualities and achievements

When self-esteem is low, we mostly see our flaws and forget the rest. This exercise trains your eye to also notice what goes well, every day, even the small things.

1. Write three qualities you have, with a concrete example of each.
2. What would the people who care about you say about you?
3. Every evening, note at least one thing achieved or one quality used, however small.
4. Reread your list every week.

Day	What I did or achieved	The quality it shows

What do I discover when I reread my list?

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WORKSHEET 73 · FOR THE PSYCHOLOGIST

More flexible rules

Loosening perfectionism: from “I must” to “I would like to”

AIM

Identify the rigid rules of perfectionism, examine their costs and benefits and come up with more flexible rules, to be tested through experiments.

WHO IT IS FOR

Perfectionism that causes anxiety, procrastination, exhaustion or self-criticism.

DURATION

20 min in session; experiments over two weeks

HOW TO RUN IT

1. List the person’s rules (“I must always…”, “I must never…”).
2. For each one: real benefits and costs (time, stress, relationships, health).
3. Come up with a more flexible rule (“I would like to do it well, and doing it well enough is acceptable here”).
4. Test it with an experiment (handing in work that is “good enough”, sending a message without rereading it three times) and observe.

POINTS TO WATCH

> Don’t try to eliminate high standards, which often have benefits: the aim is flexibility. Intense perfectionism is a transdiagnostic factor and deserves in-depth work.

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Egan, S. J., Wade, T. D. & Shafran, R. (2011). Perfectionism as a transdiagnostic process: A clinical review. Clinical Psychology Review, 31(2), 203-212.

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WORKSHEET 73 · WORKSHEET TO HAND OUT

More flexible rules

Perfectionism runs on rigid rules: “I must”, “I must never”. They push you to do well, but they come at a high price. You can loosen them without giving up your standards.

1. My rules: “I must…”, “I must never…”.
2. What they give me and what they cost me.
3. A more flexible rule: “I would like…, and… is acceptable.”
4. An experiment to test my new rule: _____

Rigid rule	What it costs me	More flexible rule	What happened when I tested it

What happened when I did it “well enough”?

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WORKSHEET 74 · FOR THE PSYCHOLOGIST

Saying what I need

Expressing yourself assertively, simply and respectfully

AIM

Practise assertive communication: expressing a need, a request or a refusal clearly and respectfully towards oneself and the other person, neither passive nor aggressive.

WHO IT IS FOR

Difficulty saying no, asking or disagreeing; social anxiety, exhaustion.

DURATION

20 min in session; practice

HOW TO RUN IT

1. Distinguish three styles: passive (keeping quiet), aggressive (imposing), assertive (saying it clearly while respecting the other person).
2. Prepare a request with this structure: the facts, what I feel, what I am asking for, what it would bring.
3. Rehearse it in a role play, also working on tone of voice and eye contact.
4. Choose a real, low-stakes situation for the week.

POINTS TO WATCH

> Being assertive doesn't guarantee getting what you ask for. In a violent or controlling relationship, safety comes first: refer to specialist help.

REFERENCES

Speed, B. C., Goldstein, B. L. & Goldfried, M. R. (2018). Assertiveness training: A forgotten evidence-based treatment. Clinical Psychology: Science and Practice, 25(1), e12216.

Linehan, M. M. (2015). DBT Skills Training Manual (2nd ed.). Guilford.

PSYCHOLOGIST'S NOTES

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WORKSHEET 74 · WORKSHEET TO HAND OUT

Saying what I need

Being assertive is neither keeping quiet nor imposing yourself: it is saying clearly what you need, respecting the other person and yourself. It can be learnt, starting with small situations.

1. The facts, without judging: “When…”
2. What I feel: “I feel…”
3. What I am asking for, clearly: “I would like you to…”
4. What it would bring: “That way…”. And I listen to the answer.

Situation	What I said	How I felt /10	What happened

What helps me dare to say what I need?

These exercises do not replace therapy. If you are in distress or having suicidal thoughts: 112 (European Union), 3114 (France) or the emergency number of the country where you live.

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