

Appendix 1

Worksheets and Checklists

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Cognitive-Behavior Therapy Case Formulation Worksheet

Patient Name		Date
Diagnoses/Symptoms:		
Formative Influences:		
Situational Issues:		
Biological, Genetic, and Medical Factors:		
Strengths/Assets:		
Treatment Goals:		
Event 1	Event 2	Event 3
Automatic Thoughts	Automatic Thoughts	Automatic Thoughts
Emotions	Emotions	Emotions
Behaviors	Behaviors	Behaviors
Schemas:		
Working Hypothesis:		
Treatment Plan:		

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Weekly Activity Schedule

Instructions: Write down your activities for each hour and then rate them on a scale of 0–10 for mastery (m) or degree of accomplishment and for pleasure (p) or amount of enjoyment you experienced. A rating of 0 would mean that you had no sense of mastery or pleasure. A rating of 10 would mean that you experienced maximum mastery or pleasure.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 A.M.							
9:00 A.M.							
10:00 A.M.							
11:00 A.M.							
12:00 P.M.							
1:00 P.M.							
2:00 P.M.							
3:00 P.M.							
4:00 P.M.							
5:00 P.M.							
6:00 P.M.							
7:00 P.M.							
8:00 P.M.							
9:00 P.M.							

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Thought Change Record

Situation	Automatic thought(s)	Emotion(s)	Rational response	Outcome
<i>Describe</i> a. Actual event leading to unpleasant emotion <i>or</i> stream of thoughts leading to unpleasant emotion <i>or</i> unpleasant physiological sensations.	a. <i>Write</i> automatic thought(s) that preceded emotion(s). b. <i>Rate</i> belief in automatic thought(s), 0%–100%.	a. <i>Specify</i> sad, anxious, angry, etc. b. <i>Rate</i> degree of emotion, 1%–100%.	a. <i>Identify</i> cognitive errors. b. <i>Write</i> rational response to automatic thought(s). c. <i>Rate</i> belief in rational response, 0%–100%.	a. <i>Specify and rate</i> subsequent emotion(s), 0%–100%. b. <i>Describe</i> changes in behavior.

Source. Reprinted from Beck AT, Rush AJ, Shaw BF, et al: *Cognitive Therapy of Depression*. New York, Guilford, 1979, p. 403. Copyright © 1979 The Guilford Press. Reprinted with permission of The Guilford Press.

Definitions of Cognitive Errors

- **Ignoring the evidence**

When you ignore the evidence, you make a judgment (usually about your shortcomings or about something you think you cannot do) without looking at all the information. This cognitive error has also been called the *mental filter* because you filter, or screen out, valuable information about topics such as 1) positive experiences from the past, 2) your strengths, and 3) support that others can give.

- **Jumping to conclusions**

If you are depressed or anxious, you might jump to conclusions. You might immediately think of the worst possible interpretations of situations. Once these negative images come into your mind, you might become certain that bad things will happen.

- **Overgeneralizing**

Sometimes you might let a single problem mean so much to you that it colors your view of everything in your life. You can give a small difficulty or flaw so much significance that it seems to define the entire picture. This type of cognitive error is called overgeneralizing.

- **Magnifying or minimizing**

One of the most common cognitive errors is magnifying or minimizing the significance of things in your life. When you are depressed or anxious, you might magnify your faults and minimize your strengths. You also might magnify the risks of difficulties in situations and minimize the options or resources that you have to manage the problem.

An extreme form of magnifying is sometimes called *catastrophizing*. When you catastrophize, you automatically think that the worst possible thing will happen. If you are having a panic attack, your mind races with thoughts such as these: “I’m going to have a heart attack or stroke” or “I’m going to totally lose control.” Depressed persons may think they are bound to fail or that they are about to lose everything.

- **Personalizing**

Personalizing is a classic feature of anxiety and depression in which you get caught up in taking personal blame for everything that seems to go wrong. When you personalize, you accept full responsibility for a troubling situation or problem even when there is no good evidence to back your conclusion. This type of cognitive error undermines your self-esteem and makes you more depressed.

Of course, you need to accept responsibility when you have made mistakes. Owning up to problems can help you start to turn things around. However, if you can recognize the times that you are personalizing, you can avoid putting yourself down unnecessarily, and you can start to develop a healthier style of thinking.

- **All-or-none thinking**

One of the most damaging of the cognitive errors—all-or-none thinking—is demonstrated by the following types of thoughts: “Nothing ever goes my way”; “There’s no way I could handle it”; “I always mess up”; “She’s got it all”; “Everything is going wrong.” When you let all-or-none thinking go unchecked, you see the world in absolute terms. Everything is all good or all bad. You believe that others are doing great and you are doing just the opposite.

All-or-none thinking also can interfere with your working on tasks. Imagine what would happen if you thought that you had to achieve 100% success or you should not even try at all. It is usually better to set reasonable goals and to realize that people are rarely complete successes or total failures. Most things in life fall somewhere in between.

Automatic Thoughts Checklist

Instructions: Place a check mark beside each negative automatic thought that you have had in the past 2 weeks.

- I should be doing better in life.
- He/she doesn't understand me.
- I've let him/her down.
- I just can't enjoy things anymore.
- Why am I so weak?
- I always keep messing things up.
- My life's going nowhere.
- I can't handle it.
- I'm failing.
- It's too much for me.
- I don't have much of a future.
- Things are out of control.
- I feel like giving up.
- Something bad is sure to happen.
- There must be something wrong with me.

Brief Checklist of Adaptive Core Beliefs

Instructions: Place a check mark beside each core belief that you have.

- I'm a solid person.
- If I work hard at something, I can master it.
- I'm a survivor.
- Others trust me.
- I care about other people.
- People respect me.
- If I prepare in advance, I usually do better.
- I deserve to be respected.
- I like to be challenged.
- I'm intelligent.
- I can figure things out.
- I'm friendly.
- I can handle stress.
- I can learn from my mistakes and be a better person.
- I'm a good spouse (and/or parent, child friend, lover).

Sleep Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bedtime							
Time fell asleep							
Hours asleep							
Sleep breaks							
Wake-up time							
Naps?							
Quality of sleep							
Alcohol/ medications?							

Source: Wright JH, Sudak DM, Turkington D, et al: *High-Yield Cognitive-Behavior Therapy for Brief Sessions: An Illustrated Guide*. Washington, DC, American Psychiatric Publishing, 2010.

List of 60 Coping Strategies for Hallucinations

- Distraction**
1. Hum
 2. Talk to yourself
 3. Listen to modern music
 4. Listen to classical music
 5. Prayer
 6. Meditation
 7. Use a mantra
 8. Painting
 9. Imagery
 10. Walk in the fresh air
 11. Phone a friend
 12. Exercise
 13. Use a relaxation tape
 14. Yoga
 15. Take a warm bath
 16. Call your mental health professional
 17. Attend the day center/drop in
 18. Watch TV
 19. Do a crossword or other puzzle
 20. Play a computer game
 21. Try a new hobby

- Focusing**
1. Correct the cognitive distortions in the voices
 2. Respond rationally to voice content
 3. Use subvocalization
 4. Dismiss the voices
 5. Remind yourself that no one else can hear the voice
 6. Phone a voice buddy and tell him or her the voice is active
 7. Remember to take antipsychotic medication
 8. Demonstrate controllability by bringing the voices on
 9. Give the voices a 10-minute slot at a specific time each day
 10. Play a cognitive therapy tape discussing voice control
 11. Use a normalizing explanation
 12. Use rational responses to reduce anger
 13. List the evidence in favor of the voice content
 14. List the evidence against the voice content
 15. Use guided imagery to practice coping with the voices differently
 16. Role-play for and against the voices
 17. Remind yourself that voices are not actions and need not be viewed that way
 18. Remind yourself that the voices don't seem to know much
 19. Remind yourself that you don't need to obey the voices
 20. Talk to someone you trust about the voice content
 21. Use rational responses to reduce shame
 22. Use rational responses to reduce anxiety
 23. Use a diary to manage stress
 24. Use a diary to manage your time
 25. Plan your daily activities the night before
 26. Use a voice diary in a scientific manner

List of 60 Coping Strategies for Hallucinations (*continued*)

Focusing

(*continued*)

27. Mindfulness
28. Try an earplug (right ear first if right-handed)

Meta-cognitive Methods

1. Use schema-focused techniques
2. Acceptance
3. Assertiveness
4. Use a biological model
5. Consider shamanistic views of voice hearing
6. Consider cultural aspects of voice hearing
7. Keep a list of daily behaviors to prove that you are not as bad as the voices say
8. Use a continuum relating your own worth to that of other people
9. List your positive experiences in life
10. List your achievements, friendships, etc.
11. Act against the voices (show them that you are better than they say)

List of Self-Report Symptom Rating Scales

- Beck Anxiety Inventory
www.pearsonassessments.com/pai
Beck AT, Epstein N, Brown G, et al: An inventory for measuring clinical anxiety: psychometric properties. *J Consult Clin Psychol* 56:893–897, 1988
- Beck Depression Inventory
www.pearsonassessments.com/pai
Beck AT, Ward CH, Mendelson M, et al: An inventory for measuring depression. *Arch Gen Psychiatry* 4:561–571, 1961
- Patient Health Questionnaire–9
www.mapi-trust.org/test/129-phq
Kroenke K, Spitzer RL, Williams JB: The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med* 16:606–613, 2001
- Penn State Worry Questionnaire
Meyer TJ, Miller ML, Metzger RL, et al: Development and validation of the Penn State Worry Questionnaire. *Behav Res Ther* 28:487–495, 1990
- Psychotic Symptom Rating Scales
Haddock G, McCarron J, Tarrier N, et al: Scales to measure dimensions of hallucinations and delusions: the Psychotic Symptom Rating Scales (PSYRATS). *Psychol Med* 29:879–889, 1999
- Quick Inventory of Depressive Symptomatology
www.ids-qids.org
Rush AJ, Trivedi MH, Ibrahim HM, et al: The 16-item Quick Inventory of Depressive Symptomatology (QIDS) Clinician Rating (QIDS-C) and Self-Report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. *Biol Psychiatry* 54:573–583, 2003

Appendix 2

CBT Resources for Patients and Families

Books

Managing Mood and Anxiety Disorders

- Antony MM, Norton PJ: *The Anti-Anxiety Workbook: Proven Strategies to Overcome Worry, Phobias, Panic, and Obsessions*. New York, Guilford, 2009
- Basco MR: *Never Good Enough*. New York, Free Press, 1999
- Basco MR: *The Bipolar Workbook*. New York, Guilford, 2006
- Burns DD: *Feeling Good*. New York, Morrow, 1999
- Craske MG, Barlow DH: *Mastery of Your Anxiety and Panic, 3rd Edition*. San Antonio, TX, Psychological Corporation, 2000
- Foa EB, Wilson R: *Stop Obsessing! How to Overcome Your Obsessions and Compulsions*. New York, Bantam Books, 1991
- Greenberger D, Padesky CA: *Mind Over Mood*. New York, Guilford, 1995
- Jamison KR: *Touched With Fire: Manic-Depressive Illness and the Artistic Temperament*. New York, Simon & Schuster, 1996
- Kabat-Zinn J: *Full Catastrophe Living: Using the Wisdom of Your Body to Face Stress, Pain, and Illness*. New York, Hyperion, 1990
- Last CG: *When Someone You Love Is Bipolar: Help and Support for You and Your Partner*. New York, Guilford, 2009
- Miklowitz DJ: *The Bipolar Survival Guide: What You and Your Family Need to Know*. New York, Guilford, 2002
- Williams M, Teasdale J, Segal Z, et al: *The Mindful Way Through Depression*. New York, Guilford, 2007
- Wright JH, Basco MR: *Getting Your Life Back: The Complete Guide to Recovery From Depression*. New York, Touchstone, 2002

Personal Accounts of Mental Illness

- Duke P: *Brilliant Madness: Living With Manic Depressive Illness*. New York, Bantam Books, 1992
- Jamison KR: *An Unquiet Mind*. New York, Knopf, 1995
- Nasar SA: *A Beautiful Mind: The Life of Mathematical Genius and Nobel Laureate John Nash*. New York, Touchstone, 1998
- Shields B: *Down Came the Rain*. New York, Hyperion, 2005
- Styron W: *Darkness Visible: A Memoir of Madness*. New York, Random House, 1990

Improving Sleep

- Edinger J, Carney C: *Overcoming Insomnia: A Cognitive Behavioral Approach—Therapist Guide*. New York, Oxford University Press, 2008
- Hauri P, Linde S: *No More Sleepless Nights*. Hoboken, NJ, Wiley, 1996
- Jacobs G, Benson H: *Say Good Night to Insomnia: The Six-Week, Drug-Free Program Developed at Harvard Medical School*. New York, Owl Books, 1999
- Morin CM: *Relief From Insomnia: Getting the Sleep of Your Dreams*. New York, Doubleday, 1996

Managing Psychosis

Freeman D, Freeman J, Garety P: Overcoming Paranoid and Suspicious Thoughts. London, Robinson, 2006

Mueser KT, Gingerich S: The Complete Family Guide to Schizophrenia. New York, Guilford, 2006

Romme M, Escher S: Understanding Voices: Coping with Auditory Hallucinations and Confusing Realities. London, Handsell, 1996

Turkington D, Kingdon D, Rathod S, et al: Back to Life, Back to Normality: Cognitive Therapy, Recovery and Psychosis. Cambridge, UK, Cambridge University Press, 2009

Web Sites

General Information on Psychiatric Treatment and/or CBT

- Academy of Cognitive Therapy
www.academyofct.org
- Depression and Bipolar Support Alliance
www.dbsalliance.org
- Depression and Related Affective Disorders Association
www.drada.org
- Massachusetts General Hospital Mood and Anxiety Disorders Institute
www2.massgeneral.org/madiresourcecenter/index.asp
- National Alliance on Mental Illness
www.nami.org
- National Institute of Mental Health
www.nimh.nih.gov
- University of Louisville Depression Center
www.louisville.edu/depression
- University of Michigan Depression Center
www.depressioncenter.org

Psychoeducation for CBT

- MoodGYM Training Program
www.moodgym.anu.edu.au

Helping Persons With Psychosis

- Hearing Voices Network
www.hearing-voices.org
Provides practical advice for understanding voice hearing.
- Gloucestershire Hearing Voices & Recovery Groups
www.hearingvoices.org.uk/info_resources11.htm
Provides examples of coping skills for voice hearing.
- Paranoid Thoughts
www.paranoidthoughts.com
Gives helpful advice on coping with paranoia.

Improving Sleep

- www.cbtforinsomnia.com
Provides interactive CBT Web-based program.
- www.helpguide.org/life/insomnia_treatment.htm
Provides psychoeducation about insomnia, cognitive-behavior therapy and relaxation tips, sleep diary, and links to other sites.
- www.sleepfoundation.org
Has available podcasts, videos, print materials about different types of sleep disorders, and online sleep store.

Online Support Groups

- Depression and Bipolar Support Alliance
www.dbsalliance.org
- Walkers in Darkness (for people with mood disorders)
www.walkers.org

Computer-Assisted CBT Programs

- Beating the Blues
www.beatingtheblues.co.uk
- FearFighter: Panic and Phobia Treatment
www.fearfighter.com
- Good Days Ahead: The Multimedia Program for Cognitive Therapy
www.mindstreet.com
- Virtual reality programs by Rothbaum and associates
www.virtuallybetter.com

Resources for Relaxation Training and Practice

- Benson-Henry Institute for Mind Body Medicine (audio CD)
www.massgeneral.org/bhi
- Letting Go of Stress: Four Effective Techniques for Relaxation and Stress Reduction (audio CD by Emmett Miller and Steven Halpern)
Available from various music vendors
- Progressive Muscle Relaxation (audio CD by Frank Dattilio, Ph.D.)
www.dattilio.com
- Time for Healing: Relaxation for Mind and Body (audio set by Catherine Regan, Ph.D.)
Bull Publishing Company
www.bullpub.com/healing.html