Appendix 1

Worksheets and Checklists

Contents

Cognitive-Behavior Therapy Case Formulation Worksheet
Weekly Activity Schedule
Thought Change Record
Definitions of Cognitive Errors
Automatic Thoughts Checklist
Brief Checklist of Adaptive Core Beliefs
Sleep Diary
List of 60 Coping Strategies for Hallucinations
List of Self-Report Symptom Rating Scales

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# Cognitive-Behavior Therapy Case Formulation Worksheet

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Diagnoses/Symptoms</td>
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<td>Formative Influences</td>
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<td>Situational Issues</td>
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<td>Biological, Genetic, and Medical Factors</td>
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<td>Strengths/Assets</td>
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<td>Treatment Goals</td>
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<thead>
<tr>
<th>Event 1</th>
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<tbody>
<tr>
<td>Automatic Thoughts</td>
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<td>Emotions</td>
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<tr>
<td>Behaviors</td>
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**Schemas:**

**Working Hypothesis:**

**Treatment Plan:**

**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.

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<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
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# Thought Change Record

<table>
<thead>
<tr>
<th>Situation</th>
<th>Automatic thought(s)</th>
<th>Emotion(s)</th>
<th>Rational response</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td><strong>Describe</strong></td>
<td>a. Write automatic thought(s) that preceded emotion(s).</td>
<td>a. Specify sad, anxious, angry, etc.</td>
<td>a. Identify cognitive errors.</td>
<td>a. Specify and rate subsequent emotion(s), 0%–100%.</td>
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<td>b. Rate belief in automatic thought(s), 0%–100%.</td>
<td>b. Rate degree of emotion, 1%–100%.</td>
<td>b. Write rational response to automatic thought(s).</td>
<td>b. Describe changes in behavior.</td>
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<td>c. Unpleasant physiological sensations.</td>
<td>c. Rate belief in rational response, 0%–100%.</td>
<td>c. Rate belief in rational response, 0%–100%.</td>
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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).

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<th>Day</th>
<th>Time fell asleep</th>
<th>Hours asleep</th>
<th>Sleep breaks</th>
<th>Wake-up time</th>
<th>Naps?</th>
<th>Quality of sleep</th>
<th>Alcohol/medications?</th>
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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 Depression Inventory
  www.pearsonassessments.com/pai

- Patient Health Questionnaire–9
  www.mapi-trust.org/test/129-phq

- Penn State Worry Questionnaire

- Psychotic Symptom Rating Scales

- Quick Inventory of Depressive Symptomatology
  www.ids-qids.org
Appendix 2

CBT Resources for Patients and Families

Books

Managing Mood and Anxiety Disorders

Burns DD: Feeling Good. New York, Morrow, 1999

Personal Accounts of Mental Illness

Shields B: Down Came the Rain. New York, Hyperion, 2005

Improving Sleep

Managing Psychosis


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