
Intensive Training: Therapist Level

Day 2

The Deeper Dive into CBTp

Handout Packet

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NOTES



Clinical CBTp Handout List: Day 2

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Timeline

Age/Year	Experience Health, Family, Education/Job, Significant Life Events, etc.	Meaning What it meant to me at the time (e.g. I was alone, unloved, unfairly treated, others hurt me, rejected me...)
0 to 5		
6 to 10		
11 to 15		
16 to 20		

Timeline

Age/Year	Experience Health, Family, Education/Job, Significant Life Events, etc.	Meaning What it meant to me at the time (e.g. I was alone, unloved, unfairly treated, others hurt me, rejected me...)

What is Psychosis?

The word *psychosis* is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a *psychotic episode*.

A recent Australian study found that 4-7 adults out of every 1000 were experiencing a psychotic disorder at the time of the survey. Many more people will experience psychotic symptoms at some time in their lives. Some estimate that psychosis is more common than diabetes.

Many people make a full recovery from their first episode of psychosis but for others the psychotic symptoms can persist over time, even with medication.

Symptoms of Psychosis

There are three groups of psychotic symptoms – these are known as positive symptoms, disorganised symptoms, and negative symptoms.

Positive Symptoms

Hallucinations: People with psychosis may hear, smell, taste or see things that aren't there. The most common type of hallucination is when you hear voices talking to you or about you, that no-one else can hear. These voices can be comforting or frightening, scary or soothing – everyone's experience is different.

Delusional beliefs: Most people with psychosis will develop some unusual beliefs that don't fit with reality. You might believe that people are reading your thoughts or sending you messages through the radio, newspapers, or TV.

Distorted perception: This symptom refers to difficulties in making sense of what you see, hear, smell, touch, and taste. You might find that you are more sensitive to background noises, colours, or lights – distractions that you would normally be able to 'tune out'.

Disorganised Symptoms

Thinking, speech, and behaviour can become disorganised when a person is psychotic. This might mean that, when you are unwell, other people may find it hard to understand what you are saying, or you might find it difficult to think clearly or plan ahead. These experiences are sometimes called 'thought disorder'.

Negative Symptoms

People with psychosis also experience something called 'negative symptoms' because they describe the lack of things that used to be present. Negative symptoms include things like apathy or loss of interest, finding it hard to get motivated to do things, talking less, and changes in emotions so you feel flat or don't respond to something happening.

This information is based on the Expert Consensus Treatment Guidelines for Schizophrenia (1999)

TYPES OF PSYCHOSIS

There are a number of different psychotic illnesses that people can be diagnosed with. This diagnosis will depend on your individual pattern of symptoms and will require a careful assessment by your doctor. Often when a person first becomes psychotic, it is hard to work out what diagnosis should be given, so for some people their diagnosis may change over time.

A diagnosis is a label that helps your doctor decide how to treat your psychosis. However, it is also very useful to understand each person's unique pattern of symptoms and experiences.

These are the most common types of psychosis:

Schizophrenia

When people talk about psychosis, they are most often referring to the mental illness called schizophrenia. This diagnosis is given if a person experiences psychotic symptoms (like those described on page 1) for longer than 6 months. If you have experienced psychotic symptoms for less than 6 months, you may be given the diagnosis *schizophreniform psychosis*.

Schizo-affective Disorder

This is the diagnosis given when a person experiences psychotic symptoms and symptoms of a mood disorder (such as depression or mania) at the same time.

Other types of psychosis

Sometimes a psychotic episode can be triggered by the use of drugs or alcohol. While a drug induced psychosis is often relatively short lived, the symptoms can last longer for some people. This is a good example of how it can be hard to work out a person's diagnosis straight away.

Psychosis can also occur as part of a mood or affective disorder, such as bipolar disorder (manic depression) or when very severely depressed (this is called psychotic depression).

Psychotic symptoms can also be caused by injuries or illnesses affecting the brain such as long term alcoholism, encephalitis or Alzheimer's Disease. When a cause like this can be identified, the diagnosis would be *Organic Psychosis*.

If you are unsure about the diagnosis that your doctor has made or would like to discuss your diagnosis further, please talk to your GP or psychiatrist.

Further information

If you are interested in finding out more about psychosis, the following websites are a good place to start. If you don't have access to a computer you could go to your local public library:

- Early Psychosis Prevention and Intervention Centre (Victoria, Australia)
<http://www.eppic.org.au/>
- SANE Australia
<http://www.sane.org/>
- Schizophrenia Fellowship of NSW
<http://www.sfnsw.webcentral.com.au/>
- Rethink UK (formerly National Schizophrenia Fellowship)
<http://www.rethink.org/>
- Expert Consensus Guidelines Series
http://www.psychguides.com/gi-treatment_of_schizophrenia_1999.html
- US National Institute of Mental Health
<http://www.nimh.nih.gov/publicat/index.cfm>

There are also some good books and pamphlets available. You could ask your therapist, case manager, or doctor to recommend some to you.

WHAT IS PSYCHOSIS?

Note: Any discussion about psychosis will have to be paced and structured according to what you already know about the person's insight into their illness, and their understanding of their symptoms or diagnosis. If the person you are working with is highly sceptical that they have a mental illness at all it may be more effective to focus your attention on developing a personalised stress vulnerability model for their distressing symptoms or experiences.

Before starting to talk specifically about symptoms or diagnoses it might be helpful initially to begin the discussion by asking broader questions such as:

"If you had to describe this illness to someone who knows nothing about it what would you say?"

or

"What do you say about your symptoms to your close friends and family?"

Symptoms of Psychosis and Types of Psychosis

Start to ask some more specific questions about symptoms and diagnoses. For example:

"You mentioned that your doctor diagnosed you with schizoaffective disorder – what does that mean to you?" or

"What kinds of symptoms do you think someone with psychosis (or schizophrenia) experiences?"

The aim here is to review the patient's symptoms and relate them to the key symptoms or experiences of psychosis, through discussion and review of previously gathered information. This section of the module can be structured in different ways with different patients. Here are some examples...

- Write a list of the principle psychotic symptoms on a white board – as described on the 'What is Psychosis?' handout. Review this list of symptoms with the patient, asking them if they've had any similar experiences.
- Talk through the handout 'What is Psychosis?' with the patient – this outlines the main symptoms of psychotic illness and the different types of psychotic illnesses that a person could be diagnosed with. Invite feedback and discussion.
- Suggest that the patient look up some of the suggested web sites on the handout and bring the information they have found into the next session to discuss (this will only be appropriate for people with a degree of computer literacy and access to a computer)

As mentioned above, you may choose to spend more or less time on the diagnoses or types of psychosis depending on what you already know about the patient's understanding of or attitude to their diagnosis.

Discovery Through Socratic Dialogue Adequate Example (Stuart, Example 1)

- S: I'm a complete failure in every way.
- Th: You look defeated when you say that. Do you feel defeated?
- S: Yes. I'm no good.
- Th: You say you are no good. Is it true that you haven't done anything at all good?
- S: Nothing of importance.
- Th: How about for your children this week -- did you care for them at all?
- S: Of course, I helped my wife put them to bed and took them to soccer practice.
- Th: Do you think that was important to them?
- S: I suppose so.
- Th: And did you do anything to make your wife happy this week?
- S: She liked the fact that I came home from work on time.
- Th: Would a "complete failure" be able to respond to his wife's request in such a successful way?
- S: I guess not.
- Th: So is it really accurate to say you are a complete failure in every way?
- S: I suppose not.
- Th: So how do you feel now?
- S: I guess a little better.

Padesky, C. Keynote address delivered at the European Congress of Behavioural and Cognitive Therapies, London, September 24, 1993

Guided Discovery Through Socratic Dialogue Excellent Example (Stuart, Example 2)

- | | | |
|---|--|--|
| S: I'm a complete failure in every way. | Th: You also indicated this was a change in your thinking. You've been depressed many times. And you've seen your brother and his family many times. How did you think about this in the past? | Th: Would that feel better to you -- trying some new things as a father, rather than simply doing the same things? |
| Th: You look defeated when you say that. Do you feel defeated? | | |
| S: Yes. I'm no good. | | S: Yes. I think it would. But I'm not sure it would be enough if I'm still depressed. |
| Th: What do you mean when you say, "I'm no good?" | S: I guess I used to always think I was OK because I tried to be a good husband and father. But I see now that trying isn't enough. | Th: How could you find that out? |
| S: I've completely screwed up my life. I haven't done anything right. | Th: I'm not sure I understand. Why is trying not enough? | S: I guess I could try it for a week or so. |
| Th: Has something happened to lead you to this conclusion or have you felt this way for a long time? | S: Because no matter how hard I try, they still are not as happy as they'd be with someone else. | Th: And how will you evaluate whether or not these changes are making your children feel happier? |
| S: I think I see myself more clearly now. | Th: Is that what they say to you? | |
| Th: So this is a change in your thinking? | S: No. But I can see how happy my brother's kids are. | |
| S: Yes. (Pause) I went to that family reunion and I saw my brother and his kids and wife. They all looked so happy. And I realized that my family's not happy. And it's all my fault because of my depression. If they were in my brother's family, they'd be better off. | Th: And you'd like your kids to be happier. | |
| | S: Yes. | |
| | Th: What things would you do differently if you were less depressed or a better father in your own eyes? | |
| Th: And so, because you care about your family, you then decided you were a complete failure, that you've let them down. | S: I think I'd talk to them more, laugh more, encourage them like I see my brother do. | |
| S: That's right. | Th: Are these things you could do even when you are depressed? | |
| | S: Well, yes, I think I could. | |

Padesky, C. Keynote address delivered at the European Congress of Behavioural and Cognitive Therapies, London, September 24, 1993

Examples of Socratic Dialogue

- You look ... (describe an emotion, your sense of what the client might be experiencing)
- What do you mean when you say...(looking for their perception of what something means to them)
- Has anything happened to lead you to this conclusion/interpretation, or has this belief/though been there for a long time ...(getting time perception on how long a belief has been around)
- Has anything changed your thinking...(getting an idea of triggers; or long held beliefs – nothing has to trigger it; or less longstanding beliefs but can be triggered)
- Note the underlying concern client has for others (e.g. the client might say, “I have voices that tell me to hurt others, but that’s nothing I could do or ever have done” – the intervention is to notice the underlying belief and making that figural for the client, such as “I can tell that you care for others and want them to be safe)
- Have there been other times when you did not feel this way? What was happening then?
- Have there been times when you did feel this way about a particular issue, but didn’t see yourself as a total failure?
- What kind of things would you like to see in your life?...(family happier, less stressed, more social, less frightened, working, etc. then...”What would you be doing differently if these things existed in your life?”
- Can you do these things even though you are ...(hearing voices? When you are fearful? When you are depressed? Etc.)
- Would it be better or worse if ...(we came up with an [behavioral] experiment together?)
- If client doesn’t know something that might help them in their quest...(“How can you find that out?”
- How will you know when...(things are better, things are worse, you have reached your goal, etc)
- About how old were you when...(use your hand to indicate height, and let them tell you about how tall they were when...This is easier to answer when there is a visual aid)
-
- I wonder about...(your family, your friends, how it was when you were young, what was it like in school, how this has affected you...)

Short reminders of Socratic Question stems	
How much/little?	How could you discover if...
How high/low?	How will you know when...?
It sounds like you would like... what else would you add to that?	I'm interested in how this came to be?
How young/old?	How would you know if...
If you were (e.g. content), what would you be doing?	How could you do this while you are experiencing...(symptoms/diagnoses)...
What does that mean for you...	So your belief is...Would you add anything to that?

This reminder sheet is not exhaustive by any means.

Continue to explore on your own...

The Stress Bucket

Everyone experiences stress at some time in their lives. It's part of being human.

Sometimes, we will choose a path in life that is stressful, but we choose it because we believe that the decision is a good one for us. We believe it will keep us safe, well, and happy. Even good changes are stressful sometimes.

- Getting a new job
- Going back to school
- Moving to a new home
- Starting a new relationship
- Ending a toxic relationship
- Beginning counseling or treatment

Can you think of times when you have made a decision that was “good for you” to make, but was still stressful?



The Stress Bucket Model shows that too much stress is not good for our bodies, no matter who we are or what we struggle with. When we get overwhelmed with stress, symptoms begin to show up whether they are symptoms of depression, anxiety, diabetes, getting a cold, irritability, and the list could go on and on. This model shows that symptoms arise for anyone.

If you can imagine stress as water that flows into a bucket, it's easier to see how stress affects us. It's like water flowing into a bucket, and there's no where for all that stress to go.

Water (or stress) begins to fill the bucket, the bucket becomes full of stress (or water). After a while, there's no more room in the bucket and it begins to overflow. When that happens, we begin to have some symptoms related to that stress. This can include:

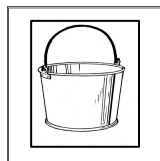
- Panic or anxiety
- Depression
- Hallucinations (auditory, visual)
- Sleep problems
- Headache, stomach ache, back pain
- Vulnerable to colds and flu
- Jittery or irritability



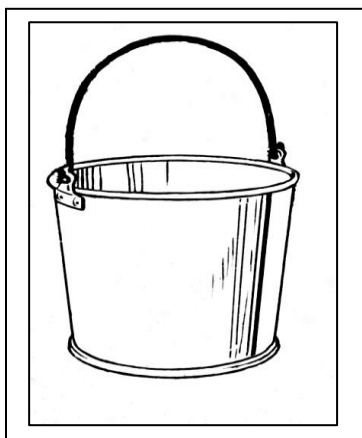
Vulnerabilities

Vulnerabilities can make our bucket leaky, and the water, or stress, begins to find another way out, but usually not in an effective way. These can increase our stress too.

Vulnerability can be thought of what makes us more fragile to stress. The more vulnerable we are, the more likely we are to feel the stress. Vulnerability can be thought of as the size of the bucket.



Some of us have a smaller bucket, which means that it won't take much stress before the bucket overflows.



Some of us have a big bucket, which means that it can take lots of stress before the bucket overflows.

Daily Practice

Interpersonal Stressors

General Stressors

Unhelpful coping strategies. What do you need to work on?

New Coping Skills

Resilience

Vulnerabilities



Symptoms

When we are not sure how best to manage the stress, we do whatever we can to cope with it. If we haven't learned healthy ways to deal with stress, we will use ineffective ways to cope, like...

- Drug or alcohol use
- Yelling or getting into fights
- Feeling so hopeless that we stay in bed
- Anxiety that is so high that we begin to fall into circular sinking thinking
- Miss appointments with therapist, case manager, or physician (avoiding because the transportation is hard, the doctor might not say what we hope they will say, not really feeling like sharing with my counselor or case manager).
- Just not paying the bills because we are afraid to look at them

Are you aware of ways of coping you use that haven't been very effective at reducing stress, and in fact, may increase your stress, adding more water to the already full bucket.

Using ineffective coping skills like drug use, alcohol use, avoidance, staying in bed all day, or watching TV, works in the short term, but not all the way, and after a while, our bucket begins to leak anyway. It's just like hooking a hose from the bucket, and putting it right back in at the top again. The hose doesn't even help with our vulnerabilities either.

But what we can do is to use some effective coping skills. That allows the stress to come out in a way that we choose.

Coping Skills

The faucets in the bucket represent coping skills. It's possible to learn to manage the amount of water (stress) that stays in the bucket in a variety of ways:

- Lower the number of stressors
 - Reduce your workload if possible
 - Ask for help around the house
 - Get some extra rest if you need to
 - Improve sleep (which is different than "get some extra sleep")

- Improve coping strategies
 - “Catch it, Check it, Change it”
 - Grounding
 - Mindful breathing, and other mindful activities
 - Taking medications regularly if that is on your treatment plan
 - Talk to your counselor or case manager if you need to
 - Monitor your emotions
 - Exercise
 - Build up resiliency – work with the strengths you already have. Think about some effective and healthy ways of behaving that you already demonstrate that have been helpful to you.
-
-

Daily Practice

[illegible][illegible]

Daily Practice

[illegible]

[illegible][illegible]

Making Sense Formulation Page

What Happened Before? <u>(Predisposing Factors)</u>	What Happened?(<u>Precipitating Factors</u>)	What Keeps it Happening? <u>(Perpetuating Factors)</u>	What Might Stop It? <u>(Protective Factors)</u>
<u>Target areas (goals or concerns)</u>		<u>Values</u>	
<u>Social Activity</u>	<u>Thoughts</u>		<u>Physiological Response</u>
<u>Moods/Feelings and emotional regulation methods</u>		<u>Behaviors- helpful and unhelpful</u>	
<u>Underlying Concerns/Core beliefs/schemas (show links where possible thoughts, feelings, behavior)</u>			

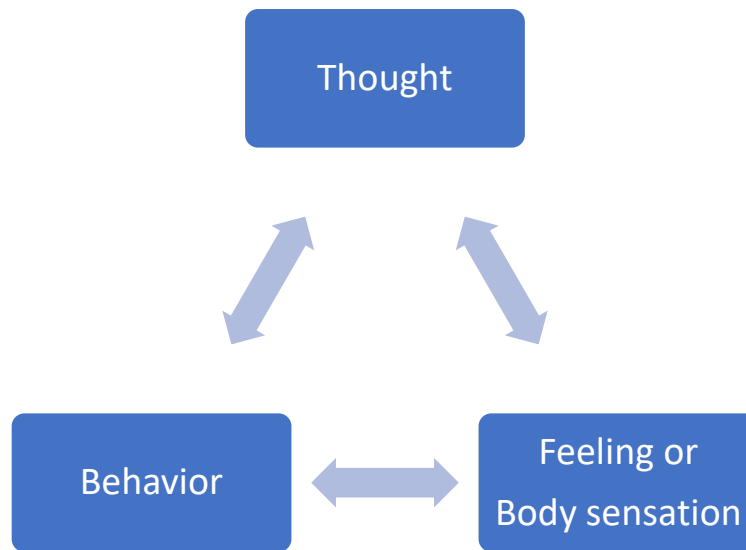
Making Sense Formulation Page

Session #	Session focus, Interventions, Response and Directions	Supervision Notes, Recommendations, Discussion
1		
2		
3		
4		
5		

How Cognitive Behavioral Therapy (CBT) Works

CBT is a way of looking at events in our life to see how our thoughts influence the way that we feel and what we do. By making changes in the way we think about events, we can feel better and have a better quality of life.

Situation (what happened): Waiting in line for a Roller Coaster



Situation: In line to ride a Roller coaster

Thought: _____

Feeling: _____

Behavior: _____

Situation: someone cuts in front of you in the store

Thought: That is rude and insulting

Feeling: Angry, upset

Behavior: Yell at person

Use your imagination:

Situation: Picture a beautiful lake, warm sun, sitting in a comfortable chair

Thought: _____

Feeling: _____

Behavior: _____

You pick a situation:

Thought: _____

Feeling: _____

Behavior: _____

What do we know about thoughts?

- Thoughts come and go
- Sometimes we think of things on purpose, other times thoughts just happen
- Thoughts represent ideas- they cannot hurt you
- Thoughts can be in words or in images
- Thoughts can be linked with distressing or uncomfortable feelings, sensations, and memories
- Some thoughts are inaccurate or come from misinterpreting events and we sometimes call these Automatic Negative Thoughts (ANTs)

So what are we to do? Check the Thoughts! Especially the ANTS!

Reasons to check thoughts:

1. _____
2. _____
3. _____

Daily Practice: Catching the thought:

Situation 1: "I am late for my appointment!!"

Thought: They will be so mad, I am irresponsible----→ Outcome: Feel anxious, tense, beat myself up

Thought: They may be upset, but will understand → Outcome: mildly nervous, prepare a reason for lateness.

The Three-Step Technique (3Cs- Catch, Check, Change)

STEP 1: What am I thinking that is upsetting or troubling me? (Catch it):

What is the Automatic Negative Thought (ANT)?

Where am I? (what is the situation?)

STEP 2: Is there a better way to think about this? (Check it):

- Reality check: Is this thought really true/accurate? Could I be miss-reading the situation? (What is the evidence?)
- Is this thought helping me or holding me back? Is the thought upsetting me? (What will happen if I keep thinking this way? Is there another way to think about this situation?)

STEP 3: Chose a better way to think and act (Change it):

- What other things could I say to myself (positive, balanced thoughts) that would be more helpful? How might a close friend advise me to change my thinking? Look at the situation and yourself in a kind and gentle way.

Practice Three Step Technique



Catch the thought



Check the thought



Change the thought

Situation: “No one said hi to me at the store”

Step 1: What am I thinking that is upsetting or troubling me? Catch it

List the ANTs (automatic negative thoughts): Nobody likes me; I’m always alone;
I should leave and go home

Step 2: Is there a better way to think about this? (Check it):

Reality check: That’s not true. There are people who like me, others in the store
may just be busy or focused on their own stuff.

Step 3: Chose a better way to think and act (Change it):

Better thought: I can smile and say hi to others and get my shopping done.

Practice Three Step Technique



Catch the thought



Check the thought



Change the thought

Situation: _____

Step 1: What am I thinking that is upsetting or troubling me? Catch it

List the ANTs (automatic negative thoughts):

Step 2: Is there a better way to think about this? (Check it):

Reality check:

Step 3: Chose an effective way to think and act (Change it):

Better thought:

Thoughts – Outcomes - Behaviors

Daily practice:

1. Think of one or two situations this week and practice identifying your thoughts in these situations (*Catch it practice!*)

Situation 1: _____

Thought: _____ → Outcome: _____

Thought: _____ → Outcome: _____

Situation 2: _____

Thought: _____ → Outcome: _____

Thought: _____ → Outcome: _____

2. Pick a situation that was distressing or difficult and practice the 3Cs method (use the Catch it, Check it, Change it Handout)

- Catch the thought: What thought is troubling? What is the situation?
- Check the thought: What would other people say about the thought? Is there another possible explanation? What facts do I have (remember fact is different from thought); When I thought this way before, was it helpful?
- Change the thought: What is another way to think about this situation?

Therapeutic Cognitive Restructuring

Now that you've been working with this for several weeks, you have some familiarity with your own thoughts, feelings, and behaviors and how they relate to and influence symptoms and distress. Awareness of your thoughts will help you discover any longstanding core beliefs (how you see yourself). Sometimes, we are not aware of these beliefs or how strongly they can influence how we feel and what we do. Let's explore...

What are the most common troubling thoughts you have?

Put a check mark next to the most troubling thoughts.

We can now use those thoughts to help us discover what our core beliefs are by considering the following questions.

1. Why is this thought so important or distressing?

2. What does it mean if the belief or thought is true?

- a. What does it mean about me? _____

- b. What does it mean about others? _____

3. How distressing would it be if the belief or thought were true? _____

On the next page, you will find a list of some common negative beliefs people often have about themselves. If you compare thoughts you check marked above with the list of common negative beliefs below, you might find that they tend to fit into one or more of the beliefs listed.

Common Negative Beliefs: Self-Critical Core Beliefs often develop due to the situation we are in. If we come from a chaotic home environment, or have had difficulty at school, it might make perfect sense that we feel not good enough, incompetent, or damaged. And, that does not make the belief true. It only means we received those messages.

Helpless	Incompetent
Inadequate	Weak
Powerless	Vulnerable
Trapped	Failure
Ineffective	Looser
Unlovable	Uncared for
Unattractive	Bad
Undesirable	Worthless
Rejected	Different
Nerd	Defective
Alone	Not Good Enough
Unwanted	Inferior

Common Realistic and Empowering Beliefs: It is possible to come to a more balanced and compassionate view of self. We can use the “Catch it, Check it, Change it” to begin to change our Self-Critical Core Beliefs to Compassionate-Self Core Beliefs!

I’m a good and loving person	I’m loyal
I’m fine as I am	I’m worthy
I can succeed	I am strong
I can learn from mistakes	I have significance
I can choose who to trust	I’m ok the way I am
I have intelligence	I can learn to take care of myself
I’m lovable	I deserve good things
I’m deserving	I can trust myself
I now have choices	I’m worthwhile
I am important	I can handle it
I’m in control	I deserve to be happy

PAST: List any Self-Critical Core Belief(s) that you held in the past?

How strongly did you believe them?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Complete Belief

PRESENT: List any Self-Critical Core Beliefs(s)
you currently hold.

How strongly do you currently believe this:

0 1 2 3 4 5 6 7 8 9 10

Not at all

Complete Belief

Is there any evidence that seems to support
that self-critical core belief? (*Imagine being your own inner lawyer arguing your own case and you
cannot lie*):

List any evidence to show that those messages/beliefs were not 100% accurate back then (*remember,
you are your own lawyer here, and you cannot lie*):

Core Belief Worksheet Example

Self Critical Belief: I'm a failure

How strong is that belief? 0 1 2 3 4 5 6 7 8 9 **10**
Not at all Complete Belief

Is there any evidence to suggest that suggests that belief is not 100% true?

I graduated high school with ok grades

My little sister wants to play with me a lot, though that gets annoying at times

My dad tells me I do well working in the yard

What would you like to believe about yourself? That I'm competent, that people can count on me
to do what I need to do

Is there a Compassionate Self Core Belief in the list above that might be a more realistic or balanced way to see yourself?

I'm fine as I am

How strong is that belief? 0 1 **2** 3 4 5 6 7 8 9 10
Not at all Complete Belief

List any evidence that supports the Compassionate Self Core Belief?

I know that I have a medical disorder and that I need treatment and I go to all my
appointments

I know that there are times when I feel good, and then I do stuff that's helpful to my family

I take my medication everyday

People in my group laugh at my jokes, and that makes me feel good

How strong is the old belief? 0 1 2 **3** 4 5 6 7 8 9 10
(I'm a failure) Not at all Complete Belief

How strong is the new belief? 0 1 2 3 4 5 6 7 **8** 9 10
(I'm fine the way I am) Not at all Complete Belief

Core Belief Worksheet

Self Critical Belief: _____

How strong is that belief?	0	1	2	3	4	5	6	7	8	9	10
	<div style="display: flex; justify-content: space-between; width: 100%;"> Not at all Complete Belief </div>										

Is there any evidence to suggest that suggests that belief is not 100% true?

What would you like to believe about yourself? _____

Is there a Compassionate Self Core Belief in the list above that might be a more realistic or balanced way to see yourself?

How strong is that belief?	0	1	2	3	4	5	6	7	8	9	10
	<div style="display: flex; justify-content: space-between; width: 100%;"> Not at all Complete Belief </div>										

List any evidence that supports the Compassionate Self Core Belief?

How strong is the old belief? (I'm a failure)	0	1	2	3	4	5	6	7	8	9	10
	<div style="display: flex; justify-content: space-between; width: 100%;"> Not at all Complete Belief </div>										

How strong is the new belief? (I'm fine the way I am)	0	1	2	3	4	5	6	7	8	9	10
	<div style="display: flex; justify-content: space-between; width: 100%;"> Not at all Complete Belief </div>										

CBT-p Strategies for Troubling Thoughts

Practice coming up with *Alternative Explanations* for the following examples:

You say “Hi” to someone at the store and they do not say “Hi” back.

Possible Interpretation	Likely Emotional Response
<i>They don't like me</i>	<i>Upset and sad</i>

The phone rings and when you answer, you hear the phone hang up.

Possible Interpretation	Likely Emotional Response
<i>Somebody is pranking me</i>	<i>Mad</i>

You hear a voice call you an “idiot.”

Possible Interpretation	Likely Emotional Response

After keeping track a while, we can become familiar with how we tend to interpret situations or thoughts, and we can begin to work with them in an effective way to help regulate our mood and behavior.

Hypothesis Chart

Hypothesis	Interpretation	Emotional response	% Belief	Alternative Explanation	% Belief	New Emotional Response

Critical Voice Thought Record

Situation	Critical Thoughts or Images	Feelings (Name the emotion/feeling)	Belief in Critical Thoughts (How much do I believe the thoughts)	Where has this voice come from? Is this something you think about yourself? Who has said these things to you? (e.g. parent, teacher, friend) Self-compassionate alternatives
<i>What, where, when, who with? What are/were you doing?</i>	<i>What critical thoughts came to mind? (e.g. "I'm worthless, I'm stupid, no one cares)</i>	<i>What emotions do you feel when you think these thoughts?</i>	<i>How much do you believe these thoughts (0% – 100%)</i> 0 _____ 100 <i>Not at all</i> <i>Totally believe</i>	<i>Who used to say this to me? Is there another way of looking at this? What would someone else see and make of this? What would I say to a friend in this situation? Is this fact or opinion?</i>

Homework Practice Sheet

HOMEWORK:			WHEN/HOW OFTEN?
DAY/DATE	WHAT I DID & HOW LONG DID I DO IT?	FEELINGS RATE 0 - 100	OUTCOMES & COMMENTS






















EMOTION CHART

Sad	Depressed	Disappointment	Apathy	Grief
Anger	Mad	Irritation	Frustration	Rage
Happy	Joyful	Glad	Cheerful	Loving
Fear	Anxious	Panic	Nervous	Shaky
Guilt/Shame	Embarrassment	Regret	Humiliation	Disgust
Jealous	Envious	Hurt	Discouragement	Lonely
Content	Calm	Compassionate	Grateful	Curious

EMOTION SELF MONITORING CHART

Day and Time	Activity or Situation	Emotion (See Chart)	How Strong was the Emotion
Saturday 10:00 am	Watching TV	Bored	1 2 3 4 5 6 7 8 9 10
Saturday 12:00 Noon	Going to the store	Nervous	1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10
			1 2 3 4 5 6 7 8 9 10

Mood Diary

Monday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Tuesday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Wednesday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Thursday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Friday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Saturday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Sunday	   <hr/> 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:

Voice Diary

Situation Where are you? When? Day and Time? What are you doing?	Voice Present Yes/No	Voice Content What did voice (s) say?	Distress Level 1(None)-10 (Extremely Distressed)	Response What did you do (behavior)?	Outcome What happened? Voices- stop or continue? Distress- go up or down? Re-rate (1-10)

Setting up the Investigation

We have learned that our thoughts are different from facts

- ✓ Remember: if I think “chair will break” does not mean that it will break

We have learned that there are many reasons why our thoughts may not be totally 100% accurate

- ✓ Remember: unhelpful thinking habits

We have also learned to identify the thoughts that bother us and to check those thoughts by

- Coming up with alternatives
- Using a pie chart to see how strongly we believe different thoughts
- De-center and see how other people see the situation.

Sometimes we may also need to get additional information to check our thoughts. It is like being a detective whose job it is to evaluate the accuracy of certain thoughts.

- Who is your favorite detective?
- How does that person get to the facts or what really happened?

See below for the most common ways we can address our thoughts by being our own “inner detective”.

Research: Look up information from a reliable source or take a survey of those you trust

Experiments: When a detective has a good theory, he or she may set up an experiment to check out his or her theory. See below for ways to investigate thoughts

The Investigation Analysis Worksheet 1

What is the troubling thought or experience?
What is important about this thought or experience?
How sure am I about the accuracy of my belief about the thought or experience? Is there another way to think about this situation?
What additional information would help me with this troubling thought? Where would I find information that I need or want?
Can I do research from resources that are objective?
Is it testable in some way? Can I take pictures? Can I make a recording? Can I ask questions with people I trust (taking a survey)? _____ _____
Write out your experiment.
What is the expected outcome of my experiment? What would it mean if your thought was confirmed or disconfirmed?
What is the actual outcome of the experiment?
What do you conclude from going through these steps?

Investigation Analysis Worksheet 2



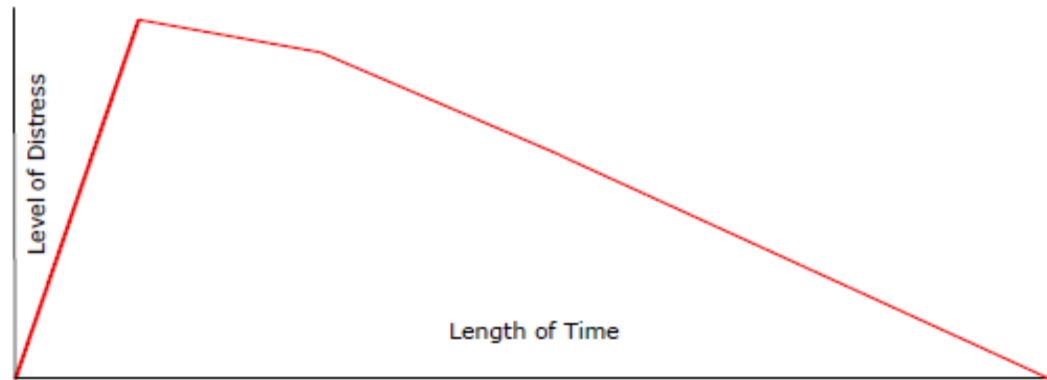
Thought	Belief %	Alternatives	Belief %	Investigation Research/Experiment	Expected Outcome	Actual Outcome	New Thought
People are monitoring me – I answer the phone and the other party hangs up.	90%	<p>Could be wrong number</p> <p>Could be an auto-dialer from a solicitor</p>	<p>10%</p> <p>10%</p>	<p><u>Research</u></p> <p>Look up info on telemarketing</p> <p>Look up info on auto-dialers</p> <p>Ask other people I trust if they get hang-up calls and what they think about them.</p>	Not sure what I will find with the research	Still get hang-ups, but I have new info on telemarketing and auto-dialers	Could be an auto-dialer 50%-50%
Things in my home have been moved since the last time I was here	90%	<p>Forgot where I left things</p> <p>Pets moved them or knocked them over</p> <p>Furnace air or wind from the window</p>	<p>10%</p> <p>10%</p> <p>10%</p>	<p><u>Experiment</u></p> <p>Set things in specific places</p> <p>Take a picture</p> <p>Cage the pets for a day</p> <p>GO OUT for period of time; return</p>	Things will be moved	Things didn't move	<p>Sometimes I just don't remember where I put things</p> <p>Maybe it was the pets</p>

Investigation Analysis Worksheet

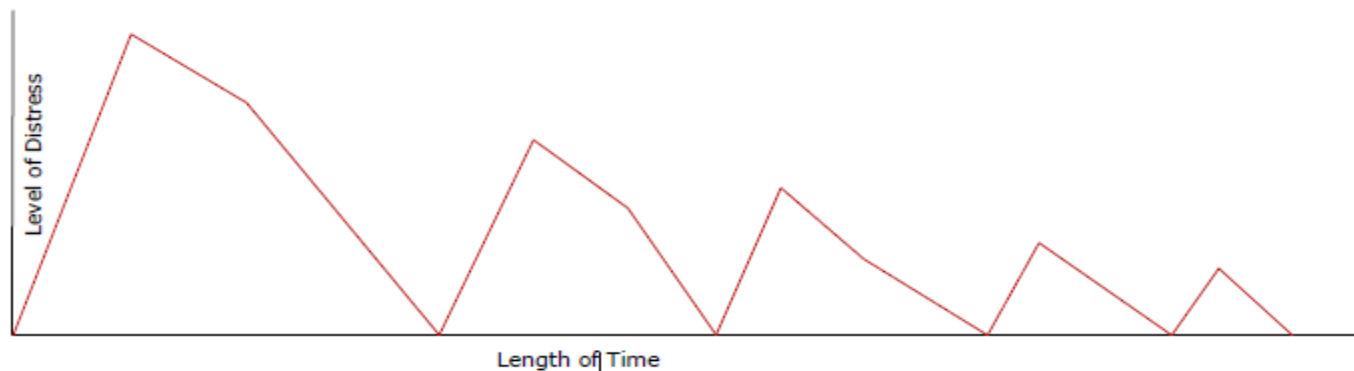
Thought	Belief %	Alternatives	Belief %	Investigation Research/Experiment	Expected Outcome	Actual Outcome	New Thought

EXPOSURE GRAPHS

When we avoid situations because we get too anxious or distressed, if we think about or find ourselves in those situations, our anxiety rises sharply, stays on a level for a while, then slowly starts to decrease gradually....



If we didn't avoid the situation, just do it anyway and stick with it, then the first time will be the worst. Each time after that, we'll find that we won't be quite so anxious as the time before, and the anxiety will start to pass a little quicker than the previous time, so the diagram might look something like:



Write down all the situations which distress you, then add them to the table below, in order of how distressing they are. In the last column, rate how distressed each one makes you, from 0 (no distress) to 10 (maximum distress).

[illegible]

Activity Monitor

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning (5-9)							
Late morning (9-12)							
Early afternoon (12-3)							
Mid- afternoon (3-6)							
Evening (6-9)							
Night (9- 12 am)							
Overnight (12 - 5)							

Dealing with Distress Worksheet

Prompting Event: What was happening? Where? When? Who with?
Interpretation: What meaning was I giving the situation? What opinions was I adding to the facts?
Body Sensations: What did I feel in my body? What emotions are connected with those body sensations?
Action Urge: What did I feel like doing? (running away, attack, threaten)
Emotion Name: Anger, Joy, Contentment, Guilt, Confused, Lonely, etc.
Choose Action: What will help the most? Is there anything I need or can do to change the situation? If not, how can I reduce the distress? What would be most effective and most appropriate?
Outcome: What helped? What didn't help? Should I do anything differently the next time?

Daily Schedule

For Negative Symptoms

Day/Time	Planned Activity	Actual Activity	How it Felt
			Pleasant 0-10: _____ Productive 0-10: _____
			Pleasant 0-10: _____ Productive 0-10: _____
			Pleasant 0-10: _____ Productive 0-10: _____
			Pleasant 0-10: _____ Productive 0-10: _____
Day/Time	Planned Activity	Actual Activity	How it Felt
			Pleasant 0-10: _____ Productive 0-10: _____
			Pleasant 0-10: _____ Productive 0-10: _____
			Pleasant 0-10: _____ Productive 0-10: _____
			Pleasant 0-10: _____ Productive 0-10: _____

Positive Data Log

[illegible]

360° Pros and Cons

	<u>Pros</u>	<u>Cons</u>
<u>Do</u> Behavioral Experiment		
<u>Don't do.....</u> Behavioral Experiment		

ADHERENCE SOLUTIONS CARD

Include dose and time of day that the medication is taken

Box 1

Things I need to talk to my doctor about at my next appointment:

Box 2: I would like the medicine to help me with:

So that I can reach my goal of:

Record strategies that will help me to remember to take medication (e.g., reminders- keep medication next to the coffee pot to remember to take morning medication) in the box below:

Box 3

Review the things that help me with taking medication (e.g., “the benefits of medication are...”) and record them in box below:

Box 4

Record ways that I can reward myself for taking medication and steps to goals:

Box 5

Keeping up the Good Work

(Maintaining Progress)

My Name: _____

I am at my best when I am doing the following:

My Values and Goals:

Values: The most important things in my life are...

Goals For Recovery: I would like medicine to help with these goals

Maintaining Progress

What have I learned?
What was most useful?
What can I continue to do to prevent a setback?
What are my high risk situations of this happening? What events / situations / triggers cause me to be more vulnerable?
What are the signs? Thoughts / feelings / behaviours
What can I do to avoid losing control? What could I do differently? What would work best? When I'm struggling or feeling bad, what could I do that will help?
What could I do if I did lose control? What has helped? What have I learned? Who can help?

In case of a setback...

How can I make sense of this?

What events / triggers led up to this setback? How did I react to this? What did I do? What did I think? What did I feel?

What have I learnt from it?

Was this a high-risk situation? Are there things that I can identify are difficult?
What helped and what didn't?

With hindsight, what would I do differently?

When I think / feel.....what could I do instead?

Suicide

- 50% suffer from comorbid substance use disorder
- 50% suffer from comorbid depression
- 10% suffer from comorbid anxiety disorder
- Childhood adversity (ACEs) can be a causative factor in onset of schizophrenia
- Odds of suicide attempts are 6xs higher among those with schizophrenia when compared with those w/o SZ; up to 15% commit suicide
- Substance use and depression resulted in higher rates of suicide attempts
- A comorbid anxiety disorder resulted in 70% less likely to attempt suicide (better problem solving, communication, better skills to negotiate the world)
- Highest risk post discharge and in the first 90 days

HOMICIDE

- Those who commit a homicide are more likely to have delusional beliefs at the time of the event
- Delusional beliefs have been reported in 33-95% of murderers with MMD
 - This has more to do with the fear for his/her own life that is provoked by the delusion – it is generally not about an intent to harm out of anger or revenge
- More likely to be committed when intoxicated at the time of the event
- Important to pay attention to patients who are fatigued, in despair, delusional, depressed, particularly when there is a lot of stress happening in client's life occurring
- Ask about
 - Depression, delusion, chronic stress
 - Thoughts of killing children (in women with schizophrenia)
 - Specific perceived perpetrators (in men with schizophrenia)

Crisis Planning

Among the treatment team and other caregivers,
including family:

- Decide how the plan will be triggered – What will that first person do?
- Have a contact list ready (names and phone numbers) – therapists, case managers, physicians, nurses
- Put together an emergency crisis card that includes the list of contacts
- Decide if a power of attorney needs to be identified
- Decide what will trigger a 911 call

Consider using the “Wellness Recovery Action Plan” by
Mary Ellen Copeland, PhD