Appendix 1

Worksheets and Checklists

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Limited License to Photocopy Appendix 1 Worksheets and Forms

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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

Outcome	 a. Specify and rate subsequent emotion(s), 0%-100%. b. Describe changes in behavior. 	
Rational response	 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%. 	
Emotion(s)	 a. Specify sad, anxious, angry, etc. b. Rate degree of emotion, 1%-100%. 	
Automatic thought(s)	 a. Write automatic thought(s) that preceded emotion(s). b. Rate belief in automatic thought(s), 0%-100%. 	
Situation	Describe a. Actual event leading to unpleasant emotion or b. Stream of thoughts leading to unpleasant emotion or c. Unpleasant physiological sensations.	

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. Praver
- 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

2. Acceptance

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

Metacognitive Methods

- 1. Use schema-focused techniques
- 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)

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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