SESSION 3

SESSION OBJECTIVES:

- More emphasis on the techniques used in diaphragmatic breathing.
- Introduction to Progressive Muscle Relaxation.
- Introduction to link between activating event, thoughts and feelings.
- Identifying and challenging dysfunctional beliefs (stuck thoughts).
Therapist’s
Notes
Welcome group members.

In this program, the therapist, SUDS ratings are taken before and after the session. This gives the group members familiarity with the technique and within session feedback. Throughout the manual, we talk about the Check-In and Check-Out SUDS Rating.

Check-In SUDS Rating (5 minutes)
This rating is done quickly before the review. Clients may experience difficulty in rating their levels of anxiety. Due to the importance of these ratings, it may be necessary to remind clients of the anchor points which were decided upon in the previous session. It is important that anchor points have been established at this point in treatment.

Review (20 minutes)

STUNT Diary #1 h/o (W/S: D):
It may be useful to ask each member of the group to provide personal examples of social situations which involve anxiety. It is preferable to focus on examples of situations involving actual or upcoming social contact. Often examples involving other emotions (depression, agitation, frustration) may be used by group members as examples. It is important to validate this as an accurate recording, yet for this group’s primary objective, social anxiety will be used. If questions such as, “is this the right kind of anxiety”, arise, it is important to clarify the form of anxiety being addressed within session. This allows a degree of consistency and a maintenance of the social anxiety theme within the group.

Additionally, a potential rule of thumb is to use a level of greater than ‘30’ on the SUDS rating scale as indicative of the need to implement active strategies.

It is useful to determine whether breathing rate monitoring is occurring.

Some potential questions to ask clients include: (1) “have you been practicing monitoring your breathing rate since the last session?” and (2) “what were the difficulties you have experienced?”

It is important to check breathing rate recordings during the subsequent sessions. This will help to establish the importance of this exercise and
homework completion in general. Lack of homework completion will be noticeable at this point, due to the perceived simplicity surrounding breathing monitoring.

Prior to the attainment of awareness of breathing patterns, the importance of modification (rate and location) may be perceived by some group members as unimportant. In order to counter this, it may be useful to reinforce the concept of practice and the initial uncomfortableness and scepticism of learning this and other new skills.

### Calming Technique (20 minutes)

**Breathing Exercise / Breathing Monitoring:**
In addition to the content of session two, in which the primary focus was on the rationale and awareness of appropriate breathing, the focus in this session is developing the strategy for appropriate diaphragmatic breathing.

**Timing:**
In the previous session, minimal emphasis was placed on the timing aspects associated with diaphragmatic breathing. An additional direction could include the: ‘2 seconds in... hold...and three seconds out’ strategy. It is useful to include the additional discussion point of approximating 12 to 15 breaths per minute.

**Progressive Muscle Relaxation Introduction.**
(this can be adapted for the group members):
- Relaxation is voluntarily letting go of tension
- When relaxed, nerves in muscles change the type of signals sent to brain.
- Tension eventually becomes ‘normal’
- Tension can cause irritability, jumpiness, nervousness or apprehension.
- Small amounts of tension are useful, yet in larger doses it interferes with performance.
- If too much tension exists an individual may become slightly apprehensive the majority of the time and worry about things unnecessarily. Learning to relax allows someone with too much tension to gain control over these difficulties.

Do Progressive Muscle Relaxation technique

Engage in PMR exercise

**Breathing rate monitoring**

**Emphasis on timing**

**PMR introduction**
**Detailed Contents**

*Daily Record of Your Breathing Rate* h/o (W/S: C)

**Break Time** (5-10 minutes)

**Discussion** (40 minutes)

- **Cognitive Therapy Introduction**
  (this could be used with group members):

  "Let me read you something that describes a large part of what we will be doing…. The Basic Rule of Realistic Thinking: Our feelings and emotions are not directly caused by the things going on outside of us. Our feelings and emotions are directly caused by our thoughts, attitudes and beliefs - in other words, by what goes on inside our heads."

  The purpose of this component is to provide group members with an introduction into how an activating event (social situation), automatic thoughts (beliefs) and the consequences (emotions, feelings and behaviour) are linked.

- **Automatic Thoughts**
  (this could be used with group members):

  "The brain is turning over thoughts and ideas all the time, although we are not consciously aware of most of them, because it happens relatively fast and we are not accustomed to slowing them down."

  1. "It is useful for the brain to do this since it helps us to consider several possibilities. This includes: a) possible explanations for the situation, b) possible responses (e.g. staying or avoiding the situation) and also, c) the possible results of making those responses."

  2. "It is the job of the brain to select the most useful ideas and bring them to conscious awareness so that we are able to think about them more carefully."

  3. "Because the brain is throwing up these different ideas so rapidly it is not surprising that some of them are poorly formed or even completely wrong."

  4. "The unhelpful and poorly formed ideas normally fall out of the thought system right away before we know they are there, but every once in a while our brain will jump on one of them and give it more importance than it is worth."
5 "Automatic thoughts often reflect worries and concerns, however they can be about anything at all, anything we have ever seen, heard or learned. Additionally, it can be anything we know about from any source at all.”

6 "It is not possible to control automatic thoughts from occurring, as if it were like switching an on-off electric switch to control whether there was a light on within a room.”

It is advantageous to engage in the following exercise so as to provide concrete information with regards to automatic thoughts (this question could be asked of group members):

“Does anyone believe it is possible to turn on / off your thoughts:

If group members answer ‘yes’ to the previous question, it may be useful to engage in one of the following exercises:

a) “Try to think of nothing at all for 30 seconds. Remember, a yoga master may be able to do this, yet they have spent many years perfecting this skill.”

b) “Try not to think about the pressure of the chair on your legs; think about anything else but not that.”

These exercises will likely demonstrate to group members that it is difficult to control the occurrence of our automatic thoughts.

Link Between Activating Event, Thought and Consequence:
In order to help group members become familiar with the link between the activating event, automatic thought and consequence, it may be useful to provide the following description. This would involve providing the example of three individuals waiting for a bus and the three separate emotional reactions to the bus not arriving on time for each person (the following description could be used with group members):

“Person (1): happy, since they have an excuse for missing a class at school, person (2) sad, since this is one of many events which has ‘gone wrong’ since getting out of bed this morning, and person (3) angry, since a movie he was planning to go to, will be missed.”
It may be useful to have group members think of a similar ABC example and have them work on this with the therapist facilitating the example by using a white board.

**Socially Anxious Thought Styles**
(this can be adapted for the group members):
Excessively shy people tend to think about social situations in two general ways, which results in them being excessively anxious. Firstly, they tend to overestimate the likelihood that bad things will happen in social situations. For example in a group of people, a shy person may decided not to speak since, “it is very likely I will say only stupid things”. The second way shy people tend to think is, that they overestimate the consequence of negative events occurring in social situations. So with this same person, they may think that if they do begin to talk, others’ will almost definitely think of them as the most boring person they ever met.

**Message for Group Members**
(this could be used with group members):
“If we can learn to control our beliefs, attitudes, and thoughts, then we can learn to have better control of our feelings.”

**General Ideas About Thoughts**
(this could be used with group members):

1. Strong thoughts lead to strong emotions. We may not be able to remove those thoughts, yet we can reduce the strength of the emotion.

2. Realistic thinking is not positive thinking. With positive thinking the world is colored rosy, yet in reality, most of the time, this is not the case. Also, for effective changes to occur, you must believe your thoughts and not purely repeat positive statements over and over again.

**Identifying Unrealistic Thoughts**
(this can be adapted for group members):
1. Be honest about the thoughts which are being examined. In order to get the most benefit from unsticking stuck thoughts, it is necessary to be honest about what the thought is. Sometimes this might be somewhat embarrassing, and yet, when someone is working at unsticking stuck thoughts, ‘honesty is the best policy’.
### Detailed Contents

2. Try not to focus on thoughts that include feelings (e.g., “I think I am quite anxious about going to the party”)

3. Don’t phrase thoughts in the form of questions, as this is difficult to sort out. Instead of writing, “Why is everyone looking at me?”, it would be more useful to put it in the form of; “I think everyone is looking at me”.

- It is important to ensure the group members understand the primary concept of the ABC link.
- Ask individual member for their conceptualization (take home message)...Write on white board.

### Equipment/Activity

- **Thoughts are different than feelings**
- **Thoughts not questions**
- **Confirm accurate A-B-C understanding**

#### Goal Setting for Week (5 minutes)

- **STUNT Diary #1 h/o (W/S: D)**
- **Daily Record of Your Breathing Rate h/o (W/S: C)**
- **Situations where I feel Shy, Nervous or Embarrassed h/o (W/S: E)**

- The previous h/o is designed to introduce group members to confronting situations in which moderate to high levels of anxiety are experienced. It is a precursor to the construction of hierarchies designed to break a feared situation into manageable sub-sections.

- **Review material contained in folder**

#### My Journal – Session 3

It is advantageous to have clients first complete list of homework assignments, then allow them five minutes to write down points which relate to ‘some important points I leaned today’.

- **End group with, ‘Check-Out SUDS Rating’**

#### SUDS Rating

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**Session 3: Overview of Schizophrenia and Social Anxiety Treatment Protocol**
Handouts & Worksheets
Situations where I Feel: 
Shy, Nervous or Embarrassed

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•
•
•
•
•
•
•
This sheet is to be used to record how you feel each time you are in a social situation. It can be a public place, travelling somewhere, any time you come in contact with other people or you are thinking of a social situation. Please bring this sheet to our next group.

The number scale *below* can be used to help you record how nervous and anxious you felt in that situation.

<table>
<thead>
<tr>
<th>Date &amp; time</th>
<th>Situation or place</th>
<th>Stuck Thoughts or Worries</th>
<th>Level of nerves or anxiety</th>
</tr>
</thead>
</table>

1. What am I thinking?
2. What do I expect is going to happen?

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>High</td>
<td>Extreme</td>
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Centre for Clinical Interventions

- Psychotherapy
- Research
- Training
SESSION OBJECTIVES:

- Discussion of difficulties encountered in relaxation.
- Differentiating between thoughts, feelings and situations.
- Introduction to challenging negative automatic thoughts (stuck thoughts).
**DETAILED CONTENTS**

- Welcome group members.
- Begin with ‘Check-in SUDS Rating’, and then move to Calming Technique.

**Calming Technique** (15 minutes)

- **Breathing Exercise:**
  Review the basics of the breathing exercise with 40 cycles of breathing practice in-vivo. Inquire as to whether practice has been occurring. Ask group members to continue monitoring their breathing (no handout provided).

- **Progressive Muscle Relaxation Difficulties**
  Before doing the relaxation exercises, discuss some of the difficulties which occasionally occur in the initial stages of learning relaxation exercises. (this can be adapted for the group members):
  a. **Fear of losing control:**
     Explain that relaxation is within our control, and can be stopped at any time. It is important to remind oneself that we are in control of our mind, body and feelings.
  b. **Unusual bodily sensations:**
     Some people feel tingling or hot and/or cold sensations, ‘jumping’ muscles or heaviness in the limbs. These are all normal sensations which are experienced as we loosen up and become more aware of the different muscles in the body.
  c. **Limited success in beginning:**
     Relaxation is a skill like any other. It is learned with continual practice, so encourages the group members to persevere.
  d. **A wandering mind:**
     When an individual begins practising relaxation exercises, they may have difficulty concentrating or focusing on the instructions contained on the tape. This may be frustrating. Encourage the group member to allow the thought to pass by, and gently bring their attention back to the relaxation exercise.

- Complete PMR exercise
- At this point ask the group members for feedback about their relaxation practice.
- Provide members with a copy of a PMR tape for use between sessions, and with a **Monitoring**

**EQUIPMENT/ACTIVITY**

- Welcome
- SUDS rating
- Brief breathing practice
- Common problems with relaxation
- Fear of losing control
- Unusual bodily sensations
- Limited success in beginning
- Wandering mind
- PMR exercise
- Question: similar difficulties?
Detailed Contents

Your Relaxation Level h/o (W/S: G), so as to facilitate the use of the taped relaxation outside of the group sessions. Encourage to engage in PMR exercise, daily if possible.

Review (20 minutes)

- Situations Where I Feel Shy, Nervous or Embarrassed h/o (W/S: E), reviewed:
  This is to ensure all clients are actively attending to situations which are being avoided or experienced with high levels of distress.

- STUNT Diary #1 h/o (W/S: D), review:
  The majority of the second half of the session is spent on this segment. This component may be extended until after the break, so as to further educate group members into the A-B-C link. It may be useful to elicit examples from each group member and ensure that examples provided are accurate recordings of cognitions.

- Cognitive Therapy -Continued (a)
  Provide: Our Thinking (thoughts and feelings) h/o (H/O: 3). Go over handout which summarises the discussion concerning the role, automatic thoughts have on our emotions. Each group member is to read a portion of the handout. As with the previous handout on the components of the treatment program, each group member is confronting a form of social anxiety by reading the handout aloud.

Break Time (5-10 minutes)

Discussion (30 minutes)

- Activating Event, Beliefs and Emotions
  (this can be adapted for the group members):
  - Until now, time has been spent discussing the link between thoughts, emotions and the situation. By separating these components from each other, we are better able to make changes to the way we think and feel.
  - Feelings are best described in one word. Of course there are different feelings beside anxiety. This program is about anxiety management, therefore elicit from group members a range of words they use to express anxiety.
  - The situation is best thought of as and activating event captured by a video camera. That is, record the situation in the same way that a video camera

Equipment/Activity

Provide: PMR Tape

Provide: Monitoring Your Relaxation Level h/o (W/S: G)

Use of: Situations Where I Feel Shy, Nervous or Embarrassed h/o (W/S: E)

Use of: STUNT Diary (1) h/o (W/S: D)

Provide: Our Thinking (thoughts and feelings) h/o (H/O: 3)

Break Time

Differentiating between activating event, belief and emotions

Feelings

Situation
might record it, ‘simply the facts’. This may be either an actual event or situation leading to unpleasant feelings. It may also be a mental picture or recollection, leading to unpleasant feelings.

- **Thoughts** are best described as self-talk. Remember not to fall into the trap of recording your thoughts in the form of a question, as it is difficult to question a question! Instead it is better to ask yourself what you expect is going to happen.

- Provide: **Is it a Situation, Emotion, Thought** h/o (W/S: H), and break participants into dyads, and carry out the activity.

- **Cognitive Therapy – Continued (b)**

  **Challenging Stuck Thoughts:**
  Until now, the group members have been practising distinguishing between thoughts and feelings. It is now time to teach the group participants how to challenge their unhelpful thinking. What follows are the steps necessary for unsticking stuck thoughts (this can be adjusted for the group members):

  **Steps involved in changing unhelpful thinking:**

  1. **Identify the thoughts:**
     Identifying our thoughts has been covered previously.

  2. **Assess the thoughts:**
     This involves taking a step back from the situation and looking at it without letting the anxiety experienced wrongly colour the real assessment of the situation.

  3. **Use of Evidence Testing Questions:**
     This involves questioning and thinking of alternative ways to think about the situation using questions which help us unstick thoughts.

- **Evidence Testing**
  (this can be adjusted for the group members):
  People who tend to be excessively shy and therefore highly anxious are inclined to believe and therefore ‘tune’ in to information that supports that the object/situation/event is threatening. By tuning into this information their anxiety holds on and won’t let go easily. An important skill which is useful in overcoming and reducing the anxiety which is
**Detailed Contents**

experienced, is to change what is tuned in to. The key to reducing this level of anxiety, lies in what is called **Evidence Testing**.

- **Certainty About Thoughts**
  (this can be adapted for group members):
  This involves attempting to be **sure** about our thoughts. It is about seeing if we are tuning out valuable information that may make us feel less anxious. Evidence testing is about asking yourself questions that will help you look for other information around you and make a decision with accurate information about your thoughts instead of just accepting them.

- It is suggested that the following evidence testing questions are to be written on the board with an example of how to put into practice these questions with relation to the STUNT diary with the addition of the evidence testing questions.

  The four main evidence testing questions are:

  1. Past Experience:
     'How much has this happened before?'
  2. General Rules:
     'Is this something that generally happens?'
  3. Alternative Explanations:
     'What other explanations are there?'
  4. Role Reversal:
     'How would I feel if I was to “step” into the other person’s shoes?"

**Equipment/Activity**

- **Being sure about our thoughts**

- **Evidence testing questions**

- Provide: **STUNT Diary (2) Completed h/o (H/O: 4)**

- Work through this h/o, and answer questions which arise. In most instances the handout is self-explanatory. Yet, after each of the group members has read aloud the handout in segments, it may be important for each group members to provide a summary of the information discussed.

- Provide, **STUNT Diary (2) h/o (W/S: F)**

**Session 4: Overview of Schizophrenia and Social Anxiety Treatment Protocol**
Goal Setting for Week (5 minutes)

- STUNT Diary (2) h/o (W/S: F)
- Monitoring Your Relaxation Level h/o (W/S: G)
- Continue breathing exercises
- Complete Situations where I Feel: Shy, Nervous or Embarrassed h/o (W/S: E)
- Listen to PMR Tape
- Review material contained in folder.

Complete, ‘My Journal - Session 4’ (5 minutes)
It is suggested to have group members first complete a list of homework assignments. Then allow them five minutes to write down points which relate to ‘Some important points I learned today’. It is important that group members are not merely providing a verbatim copy of the information conveyed in the session. Rather, this section is designed to be information related to the session AND points pertinent to the individual.

End session with, ‘Check-out SUDS Rating’  

Provide, STUNT Diary (2) h/o (W/S: F)
Handouts & Worksheets
MONITORING YOUR RELAXATION LEVEL

As explained it’s important to practice relaxation to achieve the best results, this is a new skill you’re learning. It is useful to monitor your own progress by keeping a relaxation diary that records the when, where and how of your practice. You’ll also be able to identify particular situations and / or times of the day when you are most tense.

The following table is an example of a recording method that might be useful. On this scale:

10 represents the most tense or anxious you have ever been.
0 represents the most relaxed and calm you have ever been

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Comments / Reactions</th>
<th>Relaxation Level 0-10</th>
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Comments / Reactions:
What parts of your body relaxed easily?
What sensations were you aware of in your body?
Was your mind relaxed?
What sorts of images were most relaxing for you?
Our Thinking (thoughts and feelings)

Basic Rule of Realistic Thinking: Our feelings and emotions are not directly caused by the things going on outside of us. Our feelings and emotions are directly caused by our thoughts, attitudes and beliefs - in other words, by what goes on inside our heads.

1. Something Happens (or we think of something happening)
2. Automatic Thinking
3. Emotion and Acting (e.g. Anxiety & Avoidance)

- All of the time, our brains are turning over thoughts and ideas. This is why they are called *automatic thoughts*.
- Our brain's job is to select the most useful ideas and bring them into conscious awareness so we can think about them more carefully.
- Since our brains work so quickly it is not surprising that some of our thoughts are poorly formed, or even completely wrong.
- Every once in a while our brain will jump on one of those poorly formed thoughts and give it more importance than it is worth.
- There are three kinds of automatic thoughts:
  1. **Neutral thoughts** → e.g. "I think I will buy some bread today"
  2. **Positive thoughts** → e.g. "This is something I can do really well"
3. **Negative thoughts**→ e.g. "I must look like a fool, I bet everyone thinks I am acting stupid"

- We cannot control our automatic thoughts, but we can certainly *question* them.

- People who are very shy, usually have two main types of negative thoughts which happen over and over again:
  a) They over-estimate the chance of bad things happening in social situations. e.g. "I will make no sense when I speak to a group of people".
  b) They over-estimate the cost of negative events in social situations. e.g. "If I am boring at a party, everyone will hate me".

- If we can learn to challenge our beliefs, attitudes, and thoughts, then we can learn to change our feelings of high anxiety to lower anxiety.

- When people start off, it is sometimes difficult to *catch* their automatic thinking, yet after a while it becomes easier to report them!

- **To help you identify your negative automatic thoughts:**
  1. As soon as you feel anxious, ask yourself: "*what just went through my mind?*
  2. If you are still having difficulty slowing down your thoughts, so that you can know what they are, ask yourself, "*What do I expect is going to happen?*"
  3. Make sure you are not confusing your thoughts and your feelings. Remember your feelings are usually best described in only one word...e.g. 'nervous', 'anxious', 'tense'. Whereas, your thoughts are usually in the form of a sentence...e.g. "*Everyone must think I look really stupid*".
<table>
<thead>
<tr>
<th></th>
<th>Is it a Situation, Emotion or Thought?</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nervous</td>
</tr>
<tr>
<td>2.</td>
<td>Talking to my friend on the phone</td>
</tr>
<tr>
<td>3.</td>
<td>Something terrible is going to happen</td>
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<tr>
<td>4.</td>
<td>Sitting in a restaurant</td>
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<tr>
<td>5.</td>
<td>Shopping for my groceries</td>
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<tr>
<td>6.</td>
<td>Panic</td>
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<tr>
<td>7.</td>
<td>I'm sure this won't work out</td>
</tr>
<tr>
<td>8.</td>
<td>Anxious</td>
</tr>
<tr>
<td>9.</td>
<td>They think I’m silly</td>
</tr>
<tr>
<td>10.</td>
<td>Fearful</td>
</tr>
</tbody>
</table>
This sheet is to be used to record how you feel each time you are in a social situation. It can be a public place, travelling somewhere, any time you come in contact with other people or you are thinking of a social situation. Please bring this sheet to our next group.

The number scale below can be used to help you record how nervous and anxious you felt in that situation.

<table>
<thead>
<tr>
<th>Level of nerves or anxiety (0-100)</th>
<th>Situation or place</th>
<th>Thoughts or Worries</th>
<th>Evidence Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>Standing in line at supermarket and someone begins talking to me.</td>
<td>A. I will sound stupid if I talk to them.</td>
<td>1A. I can remember coming to this supermarket in the past, and no one said I was stupid.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. They will notice that I look a 'nervous wreck'.</td>
<td>2A. I usually sound fine in situations like this.</td>
</tr>
</tbody>
</table>

1. What am I thinking?
2. What do I expect is going to happen?
3. What other explanations are there for my feelings, besides this stuck thought?
4. If someone I cared about had experienced this, what advice would I give them?

1A. I can remember coming to this supermarket in the past, and no one said I was stupid.
2A. I usually sound fine in situations like this.
3A. I might not have a lot to talk about, but that does not mean I am stupid.
4A. You are just feeling anxious, and it's unlikely you sound stupid when you speak to other people.

1B. I have been here before and been anxious, yet no one made any comments about my anxiety.
2B. Other people don't usually notice I am anxious, they are usually concerned about their own things.
3B. They might think I am wondering about my shopping list.
4B. The other people in the supermarket are most likely so concerned about buying all of the important things they need, that they are not really concerned about how uncomfortable you look.
This sheet is to be used to record how you feel each time you are in a social situation. It can be a public place, travelling somewhere, any time you come in contact with other people or you are thinking of a social situation. Please bring this sheet to our next group.

The number scale below can be used to help you record how nervous and anxious you felt in that situation.

<table>
<thead>
<tr>
<th>Level of nerves or anxiety (0-100)</th>
<th>Situation or place</th>
<th>Thoughts or Worries ‘Stuck Thoughts’</th>
<th>Evidence Testing ‘Un-sticking’</th>
</tr>
</thead>
<tbody>
<tr>
<td>0      10  20  30  40  50  60  70  80  90  100</td>
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</tr>
<tr>
<td>None   Mild Moderate High Extreme</td>
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</tr>
</tbody>
</table>

1. What am I thinking?
2. What do I expect is going to happen?
3. What past experiences show this stuck thought is not completely true all the time?
4. What generally happens in situations like this?
5. What other explanations are there for my feelings, besides this stuck thought?
6. If someone I cared about had experienced this, what advice would I give them?

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