

Worksheet

Professional Version | US English

CBT Thought Record (Portrait)



Description

Beck's cognitive model (Beck et al, 1979) proposes that events are not directly responsible for the way we feel. Rather, it is the interpretation of those events – our appraisals, thoughts, or cognitions – that trigger our emotional responses. The model implies that we can change how we feel by changing how we think.

The CBT cognitive model describes different levels of cognition that underpin how we think about ourselves, other people and the world, shaping our interpretation and response to events. Moving from the deepest to the most superficial, these are:

- **Core beliefs.** These are understood as generalized statements that shape how an individual understands themselves, other people, and the world (e.g. "I'm competent", "I'm unlovable", "No one can be trusted", "The world is dangerous and unpredictable", "I'm adaptable").
- **Intermediate beliefs.** These are understood as a set of assumptions that guide behavior across different situations. They can often be stated in a conditional if-then format (e.g. "If someone is nice to me, it's because they don't know the real me").
- **Automatic thoughts.** These arise quickly and without any apparent effort throughout our day to day lives, often in response to specific events (or in response to other thoughts or memories). Automatic thoughts are not facts, but they are so immediate and familiar that we often assume them to be true (e.g. your parent asks to speak to you and you think "It's bound to be bad news").

"Automatic thoughts... are situation specific and may be considered the most superficial level of cognition"

– Beck & Beck, 1995, p. 34

Automatic thoughts that result in negative emotions (e.g. sadness, anxiety, anger) are commonly described as Negative Automatic Thoughts (NATs). Some negative thoughts are accurate representations of the world (e.g. thinking "He could hurt me too" after seeing an acquaintance act violently would be both negative and accurate). However, automatic thoughts are often inaccurate – biased in characteristic ways – and there is considerable evidence that different mental health problems are associated with particular biases in thinking. For example, people who suffer from certain types of anxiety often 'catastrophize', and people who are depressed often discount positive information. Beck (1963) and Burns (1980) have described common cognitive biases which are outlined in more detail in our information handout *Unhelpful Thinking Styles*.

Description

The *CBT Thought Record* is a cognitive restructuring worksheet. 'Cognitive restructuring' describes the category of techniques that cognitive therapists use to help their clients to overcome their cognitive biases and think differently. The aim of these techniques is not to 'think happy thoughts' or to replace negative thoughts with positive ones, rather, it is to overcome biases and think accurately. CBT therapists use a variety of techniques to help their clients to develop cognitive restructuring skills, but a mainstay is the 'thought record'. Thought records exist in multiple variants, depending on the needs and abilities of the client.

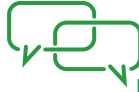
This worksheet is designed to help your clients to identify and challenge their negative automatic thoughts. The principle underlying this worksheet can be summarized as "what do you believe, and why do you believe it?".

This seven-column CBT thought record can be used to:

- Identify Negative Automatic Thoughts (NATs).
- Identify the thought most strongly related to the client's emotional reaction (the 'hot' thought).
- Help clients to understand the links between thoughts and emotions.
- Examine the evidence for and against a selected NAT.
- Generate more realistic alternatives to a NAT (balanced appraisals) which take into account the evidence for and against.
- Examine how the new thought makes the client feel.

Instructions

Suggested Question



The way CBT works is that what we think affects the way we feel. Everyone has hundreds of 'automatic thoughts' every day. These are thoughts that just 'pop' into your mind. Sometimes the thoughts that we have are facts, but other times they are opinions: sometimes they are accurate and helpful, and sometimes they are inaccurate and unhelpful. People often mistake CBT as being about 'thinking happy thoughts' but actually it's about thinking accurate thoughts. A good way of catching and examining your negative automatic thoughts is to use a thought record. Would you be willing to practice one with me now?

- 1. Situation.** Thought records are completed with respect to specific situations. Clients can be instructed to complete a thought record when they notice a change in how they are feeling. If a therapist and client are completing a thought record in session the therapist can start by cueing the client's memory for a NAT by directing them to think about where and when the NAT occurred. Record this in the first column. Enough information about the situation should be recorded so that the event can be recalled and discussed when the thought record is reviewed.

Suggested Questions



- *Can you think of a recent time when you felt a sudden change in how you were feeling?*
- *Describe what was happening. Who was there? Where were you? When did it happen? What were you doing?*

- 2. Emotion or feeling.** In the second column record the emotion felt and its subjective intensity. Clinicians can explain that emotions can often be described using one word (whereas more than one word may be needed to describe a thought). Recording how strongly the client feels the emotion is an important step, as their emotional reaction is re-rated at the end of the form.

Suggested Questions



- *How did you feel in that moment?*
- *What did you feel in your body?*
- *Try to think of one word that describes the emotion.*
- *How strong was that feeling on a scale from 0 to 100?*

Instructions

3. Negative automatic thought. Automatic thoughts can be described as thoughts which 'pop' involuntarily and effortlessly into our minds. They are often concerned with judgments about a situation, other people, or ourselves, or they might be predictions about what will happen in the future. It is important to remember that automatic cognitions can be images or memories as well as thoughts. Prompts to help clients to complete the third column include:



Suggested Questions

- *What was going through your mind as you started to feel that way?*
- *What memories or images were in your mind?*

If the client reports multiple NATs write them all down but have the client select one to work on. In the case of an image, ask the client to reflect on what the image means to them. For example, if the client has an image of themselves frozen to the spot it may have an idiosyncratic meaning such as "I'm weak" or "I'm useless".

4. Evidence that supports the thought. The fourth column is used to record evidence supporting the selected NAT.



Suggested Questions

- *What facts or evidence support the truthfulness of this thought or image?*
- *What makes you think that <NAT> is true?*

5. Evidence that does not support the thought. Once the client has collected evidence supporting the truthfulness of their thought they can be encouraged to record evidence that suggests the thought may not be 100% accurate. Clients may initially find this process difficult and they may need help to overcome their 'blind spots'. Helpful prompts include:



Suggested Questions

- *If a good friend had this thought, what would I tell them?*
- *What experiences (even if they seem insignificant) indicate that this thought is not completely true, all of the time?*

Instructions

6. Alternative thought. In the sixth column, the client should write a new thought which synthesizes all of the information in columns four and five. The new thought may be considerably longer than the original thought, as it considers the balance of evidence. It may not necessarily be a positive, but the aim is to counter the bias in the original negative automatic thought and to think more realistically.

Suggested Question

- *Knowing what you know now about <evidence for the thought> and <evidence against the thought>, what would be a more accurate way of responding to that triggering event?*

7. Emotion or feeling. In the final column re-rate the client's emotional state in light of the updated thought. Clients should be encouraged to reflect on how they feel about the triggering situation in the light of this reconsideration.

Suggested Questions

- *With this new thought in mind, how do you feel about that situation now?*
- *How strong is that feeling on a scale of 0 to 100?*

References

Beck, A.T. & Beck J.S. (1995). *Cognitive Therapy: Basics and Beyond*. New York: Guilford.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Greenberger, D., Padesky, C. (1995). *Mind over mood: Change how you feel by changing the way you think*. New York: The Guilford Press

CBT Thought Record

Situation

Where were you?
What were you doing?

Emotion or feeling

Rate strength 0-100%

Negative automatic thought

What thought or image went through your mind?

Evidence that supports the thought

What makes you believe the thought is true?

Evidence that does not support the thought

What makes you believe the thought is false?

Alternative thought

Weighing up the evidence for & against, what do you believe now?

Emotion or feeling

Rate strength 0-100%

CBT Thought Record

Situation

Where were you?

What were you doing?

At home alone with no plans.
(Saturday night 7pm)

Emotion or feeling

Rate strength 0-100%

Hopeless – 80%

Dejected – 80%

Negative automatic thought

What thought or image went through your mind?

I'm a loser.

I'm such a failure.

I'm pathetic.

Evidence that supports the thought

What makes you believe the thought is true?

I didn't ask out that person I like at work even though I had an opportunity.

I'm 32 and living alone.

I haven't had a proper relationship for five years.

I'm working in a job I don't like.

Evidence that does not support the thought

What makes you believe the thought is false?

my friends would tell me not to be so hard on myself.

Relationships aren't everything - I've had to concentrate on other areas of my life like my mom's illness so haven't had much time for them.

I've got a job which is better than some of my friends - and even though I don't like it I am good at it and it pays the bills.

Alternative thought

Weighing up the evidence for & against, what do you believe now?

When I'm feeling low I often judge myself really harshly. Life isn't going how I want it to at the moment but these feelings tell me that I need to make some changes. It's obvious to me now that I really value being in a relationship so that's what I'm going to focus on.

Emotion or feeling

Rate strength 0-100%

Hopeful – 20%

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