Worksheet
Professional Version | US English

Self-Criticism –
Self-Monitoring Record

Description

Self-monitoring is a technique in which clients learn to systematically observe and record specific targets such as their own thoughts, body feelings, emotions, and behaviors. The aim is to improve clients' awareness of their experiences and the contexts in which they occur, in order to help them gain insight into their symptoms and difficulties. Self-monitoring supports collaboration between the therapist and client, and creates opportunities to formulate and test hypotheses about these difficulties. Self-monitoring is usually introduced early in therapy, and provides an inexpensive and continuous measure of problem symptoms and behaviors throughout treatment.

Psychology Tools self-monitoring records have been carefully designed to focus on particular targets. In most instances, there are:

- **Regular** versions of each form which focus on collecting essential data about the target.

- **Extended** versions of each form, which allow additional data to be collected about the consequences of client behaviors, and which can be used to form hypotheses about reinforcing factors.

What is self-monitoring?

Self-monitoring functions as both an assessment method and an intervention (Korotitsch & Nelson-Gray, 1999; Proudfoot & Nicholas, 2010). Routinely used in cognitive behavioral therapy (CBT), it contributes to a wide variety of evidence-based treatments (Persons, 2008; Korotitsch & Nelson-Gray, 1999), and is comprised of two parts – discrimination and recording (Korotitsch & Nelson-Gray, 1999).

Discrimination consists of identifying and noticing the target phenomena. This can be challenging for clients. It may be the first time that they have brought attention and awareness to their symptoms, thoughts and emotions, and some clients express concern about 'doing it right'. Therapists can simplify the exercise by asking the client to record only whether the targets are present or absent, or by varying the questions they use to probe these thoughts and feelings. For example, instead of focusing on more difficult-to-capture thoughts and mental images, clients might be instructed to monitor more salient body sensations or behaviors (Kennerley, Kirk & Westbrook, 2017).

Recording is the process of documenting occurrences, usually through some kind of written record. Using a record allows clients to self-monitor: to discriminate the target (e.g. a feeling of anxiety), record it (e.g. when it occurred, how long it lasted, where they were, and what they were doing), and review it (e.g. how often did it happen in a week, what was common across different episodes).

Self-monitoring can be accomplished using many different tools:

- **Diaries** can be used to record information about when events occur, such as activity, sleep, or pain.

- **Logs** can be used to record the frequency of events, behaviors, thoughts, or emotions.

- **Records** can be used to record information about thoughts, memories, symptoms, or responses.

In practice, much of this terminology is interchangeable. For the purposes of this and other Psychology Tools resources, the term 'Self-Monitoring Record' will be used.

Description

Why practice self-monitoring?

Clients are encouraged to actively participate in cognitive-behavioral treatment, so that they will develop the skills and knowledge to help them to address their difficulties. Introducing clients to self-monitoring is a straightforward way to begin this process.

Self-monitoring supports client engagement and motivation by fostering a sense of self-control and autonomy (Bornstein, Hamilton & Bornstein, 1986; Proudfoot & Nicholas, 2010). It helps clients to understand how and why these difficulties developed, and how they are maintained. This lays the foundation for intervention. Self-monitoring records can also be invaluable in helping therapists and clients identify controlling or influential contextual factors, which may not be immediately apparent during therapy sessions, or in the therapy room (Korotitsch & Nelson-Gray, 1999).

Data from self-monitoring records will often form the basis of case formulation and intervention planning (Cohen et al, 2013; Proudfoot & Nicholas, 2010). Different forms of self-monitoring provide different kinds of information, which can serve different purposes. For example:

- Self-monitoring data can help to define a problem hierarchy by identifying which problems occur most frequently, or which most severely affect a client's wellbeing.

- Data from self-monitoring can be used to identify unhelpful patterns or styles of thinking (e.g. rumination, catastrophizing), or to examine the domains of a client's preoccupation.

- Self-monitoring can be used to explore the context or triggers for a particular thought, feeling, or behavior.

- Self-monitoring can highlight specific coping or avoidance behaviors that the client uses to manage their feelings.

When should self-monitoring be practiced?

Self-monitoring is often taught early, during the assessment stage of therapy. It can be particularly useful when the target phenomenon is covert and cannot be observed by anyone but the clients themselves (Cohen et al, 2013). Examples of covert targets include rumination, self-criticism, or self-harm.

Early in therapy, clients may be asked to complete simple self-monitoring tasks, such as noting the frequency of particular behaviors or emotions. This can then develop into more sophisticated records that explore the triggers, thoughts, and consequences linked to specific events. As the intervention progresses, self-monitoring can be used to track adherence (e.g. how often a client uses a new strategy or adaptive coping technique) and the effectiveness of an intervention (e.g. how often the client now experiences problem symptoms, or implements new responses).

How is self-monitoring conducted?

Self-monitoring should be completed by the client during or shortly after an event. If the client finds it difficult to access their thoughts or emotions, self-monitoring can begin by focusing on more tangible experiences, such as body sensations or overt behaviors (Kennerley, Kirk & Westbrook, 2017). The target of self-monitoring should be discussed and agreed with the client using specific definitions and examples, with discrimination and recording first practiced in-session until the client feels confident.

"Formal monitoring is distinct from casual observation. It requires a commitment on the part of the therapist and the patient to think through what monitoring is needed and to consistently assess a variable or variables, collect the data, and use the data to inform the formulation and treatment plan"

(Persons, 2008, p.183)

Description

Effective training uses clear and simple instructions that can be easily revisited. It has been shown that the accuracy of self-monitoring decreases when individuals try to monitor more than one behavior, or complete concurrent tasks (Korotitsch & Nelson-Gray, 1999). Therefore, the therapist and client should identify a single, well-defined target for monitoring, model and practice completion of the record, and emphasize the importance of repeated practice (Korotitsch & Nelson-Gray, 1999).

Accuracy also improves when clients are aware that what they record will be compared with therapist observation or checked in some way (Korotitsch & Nelson-Gray, 1999). To support this, self-monitoring records should be reviewed in each session and the data should contribute to client-therapist collaboration, formulation and intervention planning.

If a client experiences repeated difficulty with completing self-monitoring, the therapist should consider the following (Korotitsch & Nelson-Gray, 1999):

- What is the client's understanding about why they are being asked to practice self-monitoring? Do they see value in self-monitoring?

- Is there anything about the client's current situation and environment that could be interfering with self-monitoring?

- Are too many targets being monitored?

- Does the client need additional in-session practice?

- Would a different type of assessment or recording be more suitable for this client?

- Is the client avoidant of particular experiences?

- Does the client hold beliefs which might interfere with self-monitoring? (e.g. beliefs about doing things 'perfectly')?

The *Self-Criticism – Self-Monitoring Record* worksheet is designed to help clients capture information about situations where they engaged in self-critical thinking. It includes columns to record information about: situational context; self-critical thoughts and images; emotional and physiological reactions; and coping responses. An additional 'extended' version of the form includes a column for recording the consequences of these coping responses, which may help therapists to generate hypotheses about how the client's existing coping strategies contribute to the maintenance of their self-criticism.

Instructions

Suggested Question

A great way of finding out more about your experiences of these difficult thoughts, feelings, and reactions is to use a Self-Monitoring Record. It's like a diary that lets you record when problems happen, and any important details which could help us understand more about how your self-criticism works. Would you be willing to go through one with me now?

Step 1: Choosing a focus, purpose, and prompt for data collection

Self-monitoring records are best used to capture information about specific categories of event that are of interest to the client, or related to a presenting problem. The accuracy of self-monitoring decreases when individuals try to monitor for more than one target, so therapist and client should identify a single well-defined target (e.g. "Times when you notice that you are being hard on yourself", "Times when you notice a sudden change in how you are feeling", "Times when you notice that you have called yourself a name"). Self-monitoring is most helpful when it is completed as soon after the target event as possible, while the client's memory of what happened is still clear.

Suggested Questions

- *If we're trying to understand more about your self-criticism, what kind of situations might it be helpful to collect some data about?*
- *When will you fill in this self-monitoring record? What will your prompt or cue be?*

Step 2: Situation

Whenever the client notices their individual prompt for completing a self-monitoring record, they should be encouraged to start by recording information about the situation which has given rise to that experience. Relevant contextual information might be factual (e.g. date, time, location), externally focused (e.g. things that they could see, hear, touch, smell, taste), or internally focused (e.g. thoughts, images, memories).

Suggested Questions

- *Who were you with? What were you doing? What was happening? Where were you? When did it happen?*
- *Were you aware of anything just before you noticed <the prompt for you to complete the self-monitoring record>?*
- *What made you start <thinking/feeling/ experiencing> that?*

Step 3: Self-critical thoughts

A core tenet of the cognitive behavioral approach is that people's emotional and behavioral reactions to an event are driven by their appraisals of that situation ("what you think affects the way you feel"). It is important to help clients notice and identify their automatic thoughts, interpretations, and predictions. Any automatic images or memories that clients experience can also be probed for meaning:

Suggested Questions

- *What went through your mind when you became aware of <the trigger>?*
- *When you noticed <the trigger>, what did you say to yourself? Or about yourself?*
- *You said that when that happened, you had a picture in your mind of <e.g. your face going very red>. What do you think that image meant?*

Step 4: Emotions and body feelings

Self-monitoring records provide opportunities to educate clients about the cognitive behavioral model, and specifically the links between thoughts, emotions, physiology, and behavior. Clients can be helped to explore their emotional response to their interpretation of what happened, and to the events themselves.

Suggested Questions

- *How did you feel emotionally when you had that thought?*
- *How did you feel just before you criticized yourself in that way? And just after?*
- *How strong was that feeling at that moment? Could you rate it on a scale from 0 to 100?*

Step 5: Responses

The final step is to explore how the individual responded to the situation, their appraisal of what was happening, and to their emotional and physiological responses. Behavior can often be helpfully framed as 'coping responses' or 'things you did to cope with feeling that way'.

Suggested Questions

- *What did you do to cope when you <thought/felt> that?*
- *How did you respond after you thought and felt that?*
- *What did you avoid?*
- *What did you do to manage how you were feeling?*
- *How did you react to feeling that way?*

Step 6: Consequences (Optional)

The extended version of the *Self-Criticism – Self-Monitoring Record* worksheet includes an additional column for clients and therapists to explore the consequences of the client's coping strategies. This step is not recommended when clients are in the early stages of practicing self-monitoring, as it introduces unnecessary complexity. However, exploring the consequences of an action can aid understanding of why particular patterns of behavior persist. Some behaviors might lead to positive feelings (e.g. self-denial can make you feel virtuous), some might lead to the removal of an unwanted feeling (e.g. escaping from a situation can lead to a reduction in unwanted feelings), and others might have positive short-term consequences and negative long-term consequences (e.g. self-criticism may feel corrective or motivating in the short-term, but may have negative long-term effects).

Suggested Questions

- *What was helpful or unhelpful about responding in that way?*
- *How did you feel when you did that? (emotionally and in your body)*
- *How did other people react when you did that?*
- *How did you feel (a) right away and (b) later?*

References

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Self-Criticism – Self-Monitoring Record

Situation Describe the situation that triggered your self-criticism	Self-critical thoughts What went through your mind? (Thoughts, images, or memories)	Emotions & body feelings What did you feel? How strong was that feeling? (0–100%)	Responses What did you do? How did you cope with those feelings?
Who were you with? What were you doing? Where were you? When did it happen?	If it was an image or memory, what did it mean to you?		

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monday 5:00pm my boss criticized me in front of my colleagues.	I'm terrible. I shouldn't be doing this job. I'm never going to be good at anything.	Shame – 80% my face felt hot. Humiliated – 80%	Swallow back tears. Try to avoid my colleagues. Try harder on my next piece of work.
Wednesday 8:00pm my team lost after I let in two goals.	I'm useless. I wasn't concentrating. We lost because of me.	Deflated – 90% Hopeless Disappointed	Didn't go for a drink to commiserate with the rest of the team. Went home early. Kept going over what I could have done differently.
Friday 7:00pm my girlfriend was unfaithful to me. I found out from a friend.	Image of myself alone. I don't deserve love and I'm always going to be alone.	Anxious – 100% Sadness – 100% Shame – 100%	Cried. Started eating ice cream and couldn't stop.
Who were you with? What were you doing? Where were you? When did it happen?	If it was an image or memory, what did it mean to you?		

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monday 5:00pm My boss criticized me in front of my colleagues.	I'm terrible. I shouldn't be doing this job. I'm never going to be good at anything.	Shame – 80% My face felt hot. Humiliated – 80%	Swallow back tears. Try to avoid my colleagues. Try harder on my next piece of work.	Felt glad that I didn't break down in front of my colleagues. Felt worse later and kept worrying about what my colleagues were thinking of me. Felt anxious about how my boss would treat me.
Wednesday 8:00pm My team lost after I let in two goals.	I'm useless. I wasn't concentrating. We lost because of me.	Deflated – 90% Hopeless Disappointed	Didn't go for a drink to commiserate with the rest of the team. Went home early. Kept going over what I could have done differently.	Felt easier not to be around people, less awkward. Couldn't sleep that night. Felt ashamed to go back to soccer practice the next time.
Friday 7:00pm My girlfriend was unfaithful to me. I found out from a friend.	Image of myself alone. I don't deserve love and I'm always going to be alone.	Anxious – 100% Sadness – 100% Shame – 100%	Cried. Started eating ice cream and couldn't stop.	Eating distracted me a bit and felt comforting. I felt sick afterwards.
Who were you with? What were you doing? Where were you? When did it happen?	If it was an image or memory, what did it mean to you?			

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