Worksheet Professional Version | US English

Thought Distortion Monitoring Record



Description

Cognitions (interpretations) regarding situations and events are a fundamental part of CBT and thought monitoring is an essential skill for clients to develop. Thought monitoring can be used to:

- Identify negative automatic thoughts (NATs), images, or memories.
- Notice associations between events and cognitions.
- Help clients understand the links between thoughts, emotions, and body sensations.
- Begin to identify distortions / biases in their thinking.

This *Thought Distortion Monitoring Record* is designed to help clients to better understand biases / distortions in their thinking which contributes to distress.

Instructions

Clients should be instructed to record specific instances in which they noticed significant emotions, or significant changes in how they were feeling.

- In the first column (Situation), clients should be instructed to record what they were doing when they started to notice a significant change in how they were feeling. Training clients to record specific details (such as who they were with, where they were, and what had just happened) is often helpful when later elaborating a memory for an event, or simply in understanding the reasons for subsequent thoughts and responses.
- 2. In the second column (Automatic thoughts), clients should be directed to record any automatic cognitions. They should be reminded that cognitions can take the form of verbal thoughts, but can also take the form of images, or memories. If a recorded cognition is an image (e.g. "I had a picture in my mind of him smiling as he pushed in") clients should be directed to question what that image means to them (e.g "It means he knows that he's taking advantage, that he thinks I'm weak") and to record that idiosyncratic meaning.
- In the third column (Emotions & body sensations), clients should be instructed to record their emotional and physiological reactions in that moment. Emotions can typically be described using single words (e.g. anxious, miserable, humiliated). Clients should be encouraged to rate the intensity of these sensations on 0–100% scale.

4. In the fourth column (Unhelpful thinking styles), clients should be instructed to record whether their automatic thought could be categorized as belonging to any of the common cognitive biases including: all or nothing thinking, catastrophizing, over-generalizing, filtering, disqualifying the positive, jumping to conclusions, minimization, emotional reasoning, making demands, labeling, personalization, or low frustration tolerance.

References

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

Leahy, R. L. (1996). *Cognitive therapy: Basic principles and applications*. Jason Aronson, Incorporated.

Thought Distortion Monitoring Record

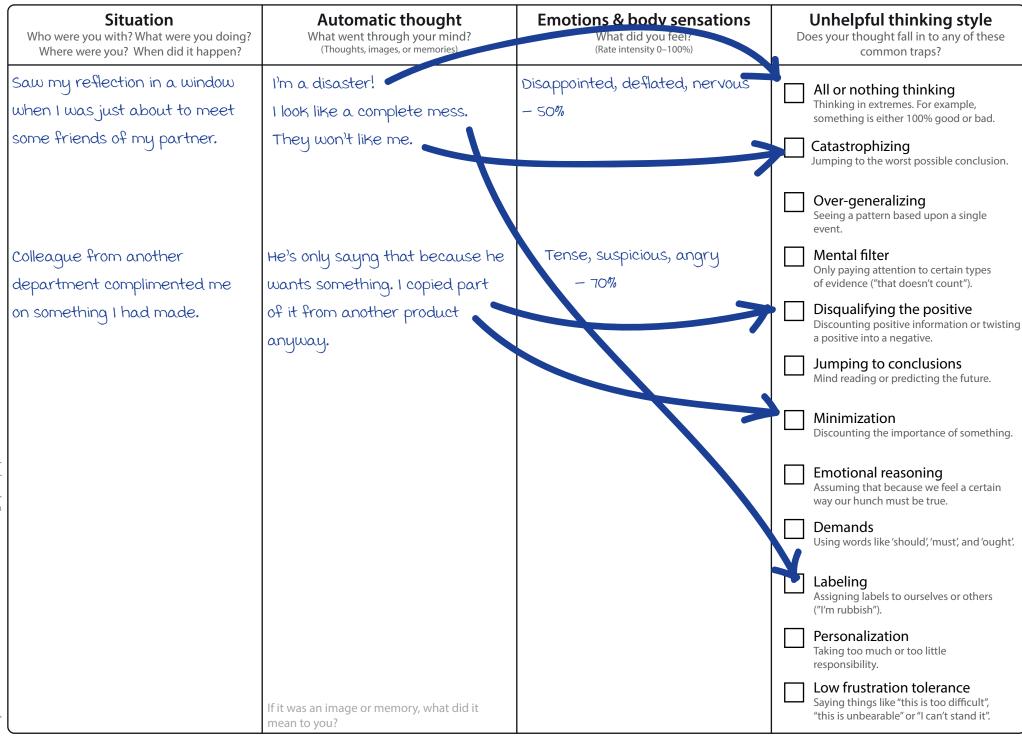
	•		
Situation Who were you with? What were you doing? Where were you? When did it happen?	Automatic thought What went through your mind? (Thoughts, images, or memories)	Emotions & body sensations What did you feel? (Rate intensity 0–100%)	Unhelpful thinking style Does your thought fall in to any of these common traps?
			All or nothing thinking Thinking in extremes. For example, something is either 100% good or bad.
			Catastrophizing Jumping to the worst possible conclusion.
			Over-generalizing Seeing a pattern based upon a single event.
			Mental filter Only paying attention to certain types of evidence ("that doesn't count").
			Disqualifying the positive Discounting positive information or twisting a positive into a negative.
			Jumping to conclusions Mind reading or predicting the future.
			Minimization Discounting the importance of something.
			Assuming that because we feel a certain way our hunch must be true.
			Demands Using words like 'should', 'must', and 'ought'.
			Assigning labels to ourselves or others ("I'm rubbish").
			Personalization Taking too much or too little responsibility.
	If it was an image or memory, what did it mean to you?		Low frustration tolerance Saying things like "this is too difficult", "this is unbearable" or "I can't stand it".

an on 2023-11-10 at 19:53:15. Customer ID cus_Oq8EDzpNqi2edn

ō

õ

Thought Distortion Monitoring Record



About us

Psychology Tools develops and publishes evidence-based psychotherapy resources. We support mental health professionals to deliver effective therapy, whatever their theoretical orientation or level of experience.

Our digital library encompasses information handouts, worksheets, workbooks, exercises, guides, and audio skillsdevelopment resources.

Our tools are flexible enough to be used both in-session and between-session, and during all stages of assessment, formulation, and intervention. Written by highly qualified clinicians and academics, materials are available in digital and printable formats across a wide range of languages.



Resource details

Title: Thought Distortion Monitoring Record Type: Worksheet Language: English (US) Translated title: Thought Distortion Monitoring Record URL: https://www.psychologytools.com/resource/thought-distortion-monitoringrecord/ Resource format: Professional Version: 20230721 Last updated by: EB

Terms & conditions

This resource may be used by licensed members of Psychology Tools and their clients. Resources must be used in accordance with our terms and conditions which can be found at: https://www.psychologytools.com/terms-and-conditions/

Disclaimer

Your use of this resource is not intended to be, and should not be relied on, as a substitute for professional medical advice, diagnosis, or treatment. If you are suffering from any mental health issues we recommend that you seek formal medical advice before using these resources. We make no warranties that this information is correct, complete, reliable or suitable for any purpose. As a professional user, you should work within the bounds of your own competencies, using your own skill and knowledge, and therefore the resources should be used to support good practice, not to replace it.

Copyright

Unless otherwise stated, this resource is Copyright © 2023 Psychology Tools Limited. All rights reserved.