

Worksheet

Professional Version | US English

Thought Record (Evidence For And Against)



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. Cognitive therapy proposes 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 interpretations and responses 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 that they are 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 (1995)

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 proposes that people who are depressed are prone to excessive self-blame (personalizing). Beck (1963) and Burns (1980) have described common cognitive biases which are outlined in more detail in our information handout *Unhelpful Thinking Styles*.

'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, but 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' that helps your clients to identify and challenge their negative automatic thoughts.

Thought records exist in multiple variants, depending on the needs and abilities of the client. This *Thought Record (Evidence For And Against)* is a cognitive restructuring worksheet which encourages clients to consider the evidence for their automatic thoughts – what Beck called 'examining and reality testing automatic thoughts'. The principle underlying this worksheet can be summarized as "what do you believe, and why do you believe it?".

Description

This six-column thought record can be used to:

- Identify triggering events or situations.
- Identify strong emotional reactions or body sensations which are indicative of automatic thoughts.
- Identify automatic thoughts and images (sometimes referred to as negative automatic thoughts, or NATs).
- Examine the evidence for and against an automatic thought.
- Generate a considered response to the automatic thought (balanced appraisal) which takes into account the evidence for and against, and the presence of any cognitive biases.

Instructions

Suggested Question



CBT proposes that what we think affects the way we feel. Everyone has hundreds of 'automatic thoughts' every day. These are thoughts that 'pop' into your mind. Not everything that we think is 100% true. 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 mistakenly think CBT is about 'thinking happy thoughts' but actually it's about thinking accurately. 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, usually involving a sudden change in emotion. 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 an automatic thought by directing them to think about where and when the automatic thought 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?*
- *Can you think of one word that describes the emotion?*
- *How strong was that feeling on a scale from 0 to 100?*

Instructions

3. 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 automatic thoughts, record them all, but prompt the client to select one to work on at a time. 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 FOR. The fourth column is used to record facts, evidence, or experiences supporting the truthfulness of the automatic thought.



Suggested Questions

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

5. Evidence AGAINST. 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 were in the same situation and 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. Response.** In the sixth column, the client should be encouraged to write a new thought which synthesizes all of the information that they have gathered. The new thought may be considerably longer than the original thought, as it considers the balance of evidence. It may not necessarily be positive, but the aim is to counter the bias in the original negative automatic thought, and to think more realistically.

Suggested Questions



- *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?*
- *Knowing what you know now, what is your considered response to the automatic thought.*

Once the client has generated a considered response, they can be asked to rate how much they believe in this alternate position, and how they feel emotionally when they consider it.

References

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



Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: The Guilford Press.

Thought Record

Don't believe everything that you think.

• Thoughts and images can come to mind automatically.

• Not all thoughts are completely true: some might be facts, others could be opinions.

Situation Describe the event that triggered a strong response in you.	Emotion What did you feel? How strong was that feeling (0 – 100%)?	Automatic thought What went through your mind before, during and after the situation?	 Evidence FOR Record facts and experiences that indicate your automatic thought is accurate.	Response Write a considered response to your automatic thought, and record how you feel now.
<p>Situations or events can be:</p> <ul style="list-style-type: none"> • External: things that other people could notice. • Internal: things that only you notice. 	<ul style="list-style-type: none"> • What emotions or body sensations did you notice? • Rate how strong those feelings were from 0 – 100%. 	<ul style="list-style-type: none"> • What were you thinking when you noticed yourself feeling that way? • If you had an image or memory, what did it mean to you? • How much did you believe the thought? 	 Evidence AGAINST Record facts and experiences that suggest your automatic thought is not completely accurate.	<ul style="list-style-type: none"> • Write an alternative to your automatic thought that takes into account all of the evidence you have recorded (for and against). • How much do you believe this response? • Describe how you feel now.

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my partner has been sending a lot of messages on her phone all evening.	Anxious – 60% Jealous – 60%	She doesn't love me. She's going to leave me. I'm going to be alone forever. Belief – 70%	We haven't been intimate for longer than usual. Other girlfriends have broken up with me in the past. • What facts, experiences, or evidence support the truthfulness of your thought? • What reasons are there for thinking your thought is true?	I'm ill! my partner and I have joked in the past about how I catastrophize when I'm not feeling well. We haven't been intimate because I'm ill and gross. Of course I worry because I've been hurt in the past and because she is important to me. Belief – 80% Anxiety – 25% • Write an alternative to your automatic thought that takes into account all of the evidence you have recorded (for and against). • How much do you believe this response? • Describe how you feel now.
Situations or events can be: • External: things that other people could notice. • Internal: things that only you notice.	• What emotions or body sensations did you notice? • Rate how strong those feelings were from 0 – 100%.	• What were you thinking when you noticed yourself feeling that way? • If you had an image or memory, what did it mean to you? • How much did you believe the thought?	 Evidence AGAINST Record facts and experiences that suggest your automatic thought is not completely accurate. It's a busy time of year for her at work – it was like this last year. She came with me to watch football at the weekend even though she doesn't like it. I'm ill with flu and being ill often makes me anxious and worried. • What facts, experiences, or evidence contradict your thought? • What reasons are there for thinking your thought is not true?	

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