Worksheet
Professional Version | US English

Worry – Self-Monitoring Record

PSYCHOLOGY**TOOLS**®

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 *Worry – Self-Monitoring Record* worksheet is designed to help clients capture information about situations where they engaged in worry. Consistent with contemporary treatment approaches, this self-monitoring record deliberately focuses on worry process as well as worry content. It gives a concise definition of worry and includes columns to record information about: triggers and situational context; a brief summary of the content and the duration of the worry; consequences of the worry; and categorization of the worry as 'real' or 'hypothetical'. This process is sometimes described as 'worry awareness training' (Wilkinson, Meares & Freeston, 2011)

Instructions

Suggested Question

It can be easy to get caught up in worries – like getting swept away in the flow of a river. If we want to find out more about your worry, we need to step out of the river and watch it flow for a while. A great way of finding out more is to use a Self-Monitoring Record. It's like a diary that lets you record when a problem occurs, and any important details which could help us understand more about how it 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 yourself worrying", "Times when worrying about something makes you feel anxious"). Self-monitoring is most helpful when it is completed as soon after the target event as possible, while the client's memory is still clear.

Suggested Questions

- *When should you fill in your Self-Monitoring Record? What will your prompt be?*

- *Could you try setting an alarm for a few times during that day, and asking yourself "Am I worrying right now?" whenever the alarm goes off? If you are, fill in the rest of the self-monitoring record.*

- *If we're trying to understand more about your worry and what's causing it, what sort of situations do you think it might it be helpful to collect details about?*

Step 2: Situation

Whenever the client notices their prompt for completing a self-monitoring record, encourage them to start by recording information about the situation. 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).
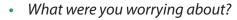
Suggested Questions

- *Were you particularly aware of anything just before you noticed yourself worrying?*

- *What do you think made you start worrying about that?*

- *Were you aware of any triggers being present when you started to worry?*

- *Who were you with?*

- *What were you doing?*

- *What was happening?*

- *Where were you?*

- *When did this happen?*

Step 3: Worry

Wilkinson et al. (2011) describe how second-generation treatments for GAD such as the Laval protocol emphasize a focus on the cognitive *process* rather than the cognitive *context*: "Because the focus of worry shifts in GAD, any techniques that work with a specific concern will have limited use." However, they make an exception for worry awareness training, and suggest that "attention to individual worries at this stage is helpful." 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 were you worrying about?*
- *What went through your mind when you became aware of <the trigger>?*
- *When <situation> happened, what did you think?*
- *When you noticed <the trigger>, what did you think was going to happen? (prediction)*
- *What mental images or memories did you notice when that happened? What do you think that image meant?*

Step 4: Consequences

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. Some clients may benefit from being shown the emotion wheel, or lists of emotions.

Suggested Questions

- *When you had those worrries, did you notice any feelings or sensations in your body? Can you describe them?*
- *Feelings are often best described with just one word, whereas thoughts often take a few words to be described. Which word best describes how you felt in that moment?*
- *How strong was that feeling at that moment? Could you rate it on a scale from 0 to 100?*
- *Was there anything good or helpful about worrying?*

Step 5: What type of worry was it?

Worries can be categorized into 'real event worries' – about actual problems that are affecting you right now – and 'hypothetical worries', which are about things that do not currently exist, but which might happen in the future. Wilkinson et al. (2011) suggest that these categories are not mutually exclusive, and that a client who begins worrying about an actual problem may – through a process or worry chaining – end up worrying about a hypothetical scenario.

Suggested Questions

- *What type of worry was that? Was it about a real event or a hypothetical event?*
- *Was that worry about something that was happening right now, or something that might happen in the future?*

References

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Worry – Self-Monitoring Record

Situation	Worry	Consequences	What type of worry was it?	
Describe the situation where your worry was triggered.	Describe what you were worrying about. Record thoughts and images.	How did the worry make you *feel*? What did you *do* as a result?	**Real problem** Affecting you right then and could be solved.	**Hypothetical problem** Might happen in the future, but not solvable now.
Who were you with? What were you doing? Where were you? When did it happen?	• If you had a chain of worries linked together, make a short list. • Record how long you were worrying for.	How intense was your anxiety? (0 – 100%)		

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Worry is:
- Thinking about problems that *might* happen in a way that leaves you feeling anxious or nervous.
- A chain of thoughts and images that can progress in ever more catastrophic and unlikely directions.

Situation Describe the situation where your worry was triggered.	Worry Describe what you were worrying about. Record thoughts and images.	Consequences How did the worry make you *feel*? What did you *do* as a result?	What type of worry was it? **Real problem** Affecting you right then and could be solved. **Hypothetical problem** Might happen in the future, but not solvable now.
Tuesday 8:00pm Partner goes to bed with a headache.	I started worrying about my partner's health, but ended up worrying about everyone dying and me being alone. Would I be able to cope? (All evening)	I felt miserable, anxious, and I couldn't concentrate on anything else. I went to bed early so I could keep an eye on him, but didn't sleep very well.	Hypothetical problem – I was worrying about hypothetical scenarios that haven't happened.
Tuesday 10:30pm Lying in bed, thinking about my daughter.	Chain of worries: • Worried about my daughter and her future. • Worried about how much I had let her down. • Worried about how much I worry. • Worried that I had messed up her life. (1 hour)	I was feeling guilty, anxious, ashamed. I messaged my friend and she reassured me that what I'm feeling is normal, and that I'm being hard on myself. Got up for a glass of water, but was alright after that.	I was worrying about hypothetical scenarios. There was nothing to 'solve' at this time.
Thursday 8:00am Notice a really loud noise coming from the back of my car.	What if I break down while I'm on the highway? What if it blows up? What if I'm late for work? (5 minutes)	It was a bit of shock when it made a loud noise and I felt nervous. I stopped by the side of the road and called the breakdown service. They said it was a problem with the engine and that I did the right thing.	Real problem – it needed to go to a garage right away.
Who were you with? What were you doing? Where were you? When did it happen?	• If you had a chain of worries linked together then make a short list • Record how long you were worrying for	How intense was your anxiety? (0 – 100%)	

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