

**The Little Book of CBT:
An Introduction to Cognitive
Behaviour Therapy**



By

Kevin M O'Doherty

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About the Author



I am a Health Psychologist, Author and Cognitive Behaviour Therapist. Part of my role as a Psychologist involves acting as an Expert Witness (Medico Legal) on behalf of UK based Law Firms.

I am also Co Founder and Director of [Calibre Gold Training Ltd](#), a company providing a range of training and consultancy services to the Health and Social Care sectors.

My private CBT practice is based in Central London, where I continue to see clients on a regular basis. I also have a

number of international clients for whom I provide CBT consultations via telephone and Skype webcam.

This is my second introductory book on CBT (the first one being: *The Little Book of Thinking Errors; A Self-Help Guide to Changing Unhelpful Thoughts*)

My private practice website is:

www.cgforensicmentalhealth.com

I am always very happy to take comments and questions from readers and clients alike. You will also find on this website lots of CBT resources that are free to download.

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Foreword

Cognitive Behaviour Therapy (hereinafter referred to as ‘CBT’) is more often than not, the preferred treatment option for people experiencing psychological disorders and/or emotional problems. General Practitioners and Medical Physicians are becoming increasingly aware of the very real clinical value of referring their clients to a CBT practitioner. There is a great deal of clinical evidence to support CBT as an effective intervention for issues such as: anxiety, depression, worry, low self-esteem, obsessive compulsive disorder, phobias, sexual difficulties, alcohol related problems, and various addictions. It is with this impressive empirical evidence that CBT has moved to the forefront of psychological interventions

for these and many other problems. But what is CBT? And how does it work?

It is perhaps useful at this point to briefly explore the historical developments that have shaped contemporary psychotherapy, and brought CBT to the forefront of psychological interventions for the alleviation of distress and unhappiness.

Sigmund Freud; often referred to as the 'Father of Psychoanalysis' pioneered psychoanalytic psychotherapy for the alleviation of psychological distress, and practiced as a therapist for much of his life. Psychoanalysis dominated the field of psychotherapy for the first half of the 20th century. Psychoanalysis is often a long term treatment (some clients undergo treatment for several years) that conceptualises psychological distress as

having its roots in childhood trauma. There was (and continues to be) a lack of clinical evidence to support psychoanalysis as an effective intervention for psychological distress. A culmination of factors including: the expense of psychoanalysis, the long term commitment needed by the client and the lack of empirical evidence to support its efficacy, lead to its gradual decline towards the end of the 1950's.

As psychoanalysis declined in popularity, behaviour therapy began to emerge with a fresh approach to the treatment of psychological distress. This was a short term treatment that focused on client issues in the 'here and now' rather than delving into childhood experiences. Typically a behaviour therapist would use an understanding of the way that people learn, and apply that understanding to help

the client 'un-learn' their unhelpful response to everyday situations. For example, one of the techniques used in the treatment of anxiety would be to encourage the client to expose themselves regularly, in a hierarchical fashion to the stimulus that causes the anxiety (shops, elevators, dogs etc) Over time, the client would be helped to see that these situations are not threatening, and that the physical response to these situations (shortness of breath, shaking, feeling dizzy) declined with repeated exposure on a regular basis. Behaviour therapy showed signs of success in the treatment of anxiety disorders and various phobias, but began to decline in popularity by the late 1960's and early 1970's for a number of reasons. The main reason being that behaviour therapy failed to appreciate the importance of thought processes, in the development and maintenance of

psychological disorders. It became more apparent that between the stimulus (event that the client had experienced) and the response (anxiety etc) there was the all-important cognitive aspect (what the client thought or believed about the event) that needed to be fully taken account of.

Aaron Beck, the American psychiatrist (himself practicing for a number of years as a psychoanalyst) pioneered the development of 'cognitive therapy' in the late 1960's, which focused on the thoughts, beliefs and thinking styles of the client experiencing emotional distress. Initially, whilst exploring the causes of depression, Beck found that some clients had depressed styles of thinking, and made a number of 'thinking errors' that made them susceptible to depression (for a comprehensive overview of thinking errors; see 'The Little Book of Thinking

Errors: a Self-Help Guide to Changing Unhelpful Thoughts' by the current author) Beck found that some of these 'errors' included: focusing on the negatives whilst filtering out the positives, predicting the future negatively and using self criticism/put downs. Over time, Cognitive Therapy began to take on more and more techniques used by behaviour therapists, and gradually became known as Cognitive Behaviour Therapy (CBT)

Since its beginnings in the 1960's, CBT has developed into a very effective form of intervention for a wide range of psychological problems (aforementioned) One of the real strengths of CBT, lies in the wealth of empirical evidence, supporting it as an effective intervention, but also its ability to evolve over time and to take on new tried and tested techniques

that also have evidence to support their effectiveness.

In the here and now then, individuals often want help, support and therapy that has clinical evidence to support its use. No longer are people willing to attend therapy for many years to help them feel better about who they are and more confident in the world around them (and nor should they!) Health Departments also want to employ therapies that have plenty of clinical evidence to support their effectiveness in a relatively short space of time. These are just 2 reasons why CBT has become the most popular form of psychological intervention. The third reason is because CBT just makes so much sense (although I am biased of course!)

Finally, I would like to thank you very much for your purchase. I wish you well on your life journey, wherever it may lead you.

Kevin M O'Doherty

Who is this Book Suitable For?

- The Little Book of CBT is primarily suitable for anyone who is interested in better understanding the link between what they think and how they feel. No prior knowledge of psychology or Cognitive Behaviour Therapy is assumed, or needed.
- People undergoing Cognitive Behaviour Therapy, or any other form of counselling or psychotherapy will find this book a very useful resource.
- CBT Therapists in training will find this book a very useful introductory learning tool.
- Practicing CBT Therapists can use the book (and hopefully recommend it to their clients!) in their therapeutic work as a clinical aid/adjunct.

- The book will prove especially valuable in group CBT Therapy.
- Finally, this book will prove to be a very valuable resource for other Health, Welfare, and Social Care professionals, who engage in one to one work with clients.

Part 1: What is CBT?

It may help at this point to refer to a personal example in order to illustrate what CBT is. When I was undergoing teacher training (some years ago) I recall being sent to an FE College to teach Psychology for 2 days per week. This was to be the practical, experiential part of the training, to help me acquire the all important skills of a teacher in a real teaching environment. At the time I had a very good grasp of educational theory; how people learn and the methods that a teacher can use to help facilitate and encourage that learning process. As I entered the college for the very first time with all my lesson plans, books and handouts etc, I began to have a range of thoughts pass through my mind:

'What if the students don't like me?'

'What if they are badly behaved?'

'What if they ask questions that I cannot answer?'

'They will see that I am nervous and will think I am a bad teacher'

'If the teaching does not go well today, my career will be on the line!'

How do you think I felt as I was walking along the corridor to the very first class of my day (and of my career)...yes you've guessed it...I was very anxious and worried! Understandably so...with those thoughts going through the mind, most people would be experiencing anxiety.

These thoughts then, are what we refer to as the 'cognitive' aspects of the problem. The 'cognitive' therefore relates to the

thoughts and beliefs that go through our mind at any given time. It has been said that: ‘what we think about we bring about’. The thoughts that were going through my mind in the above example helped to create and maintain a high level of anxiety for me. I was committing some of the well known thinking errors, (explained more fully in the section on thinking errors):

- Assuming that students might not like me (even though they have never met me before!)
- Assuming that I should have all the answers for all of the possible questions a student might or might not ask (I have never met a teacher who has all of the answers!)
- Equating nervousness with being a ‘bad teacher’ rather than viewing nervousness

as being an entirely natural human emotion.

- And finally catastrophising: imagining that my whole career depends on how those first few lessons went.

The teaching experience actually went very well for me and I thoroughly enjoyed the experience (contrary to my anxiety provoking predictions!) I have enjoyed teaching and training ever since.

Thousands of thoughts go through our complex minds every day of our lives, whilst we are awake and whilst we are sleeping. The process is never ending (whilst we are alive...and possibly hereafter!) The way we think has a direct bearing on the way that we feel and it is for this reason that a Cognitive Behaviour Therapist will want to help you understand this all important relationship

in the early days of treatment. The idea being that you will then learn a range of techniques and strategies for getting to understand your thoughts, how they affect your feelings and what you can do to begin changing the way you think in order to change the way you feel.

It is important at this stage to point out that there are no 'right' or 'wrong' ways to think. Rather, there is a range of helpful and unhelpful ways of thinking about things. The use of the term 'thinking errors' in CBT is unfortunate because it can seem to imply that some thoughts are 'right' and others are 'wrong'. But thinking errors relate to thoughts that do not follow the rules of logic. In my teaching scenario above for example, my thinking that students might not like me (event though they had never met me before) was not logical. Assuming that

the students would not like me was not logical because it is not possible for me to predict the future (negatively or otherwise)

What is the 'Behaviour' in CBT about?

The 'Behaviour' in CBT basically refers to anything that we do. In the teaching example above, if, on the basis of the anxiety I felt, I had avoided the classroom and teaching in general, the problem of anxiety would reduce in the short term, but in the longer term would have persisted and most likely have gotten worse. Avoidance is a common 'behaviour' that people use to try and help them avoid unpleasant emotions, but as you will see later on in this book, avoidance often makes matters worse.

The 'Behavioural' aspects of a CBT session can help you to understand

how some behaviours may be unhelpful or counter-productive for you. A range of behavioural strategies and techniques are covered in CBT sessions so that you can apply them outside of therapy in a range of different circumstances, both now and in the future.

CBT then (Cognitive Behaviour Therapy) is a form of psychotherapy that helps us to explore the emotional problem/s we are experiencing (for example anxiety) in a number of different ways. Initially the therapist will often ask you to describe:

- How the anxiety feels?
- When do you feel anxious?
- How often do you feel anxious?
- In what situations do you feel anxious?
- When did the anxiety first begin?

How is the anxiety affecting your work, social life and relationships?

Once the therapist has a good understanding of the anxiety (or any other emotional problem) you have been experiencing, they will then work with you using a range of Cognitive and Behavioural strategies to help you understand, manage and reduce the anxiety that you experience.

FAQ's About CBT:

How Long Does CBT Last for?

Individual CBT sessions will usually take place once per week for about 50 minutes. Most often, CBT will last for anything between 6 and 16 sessions, though this varies from individual to individual. CBT is often a relatively short-term intervention that does not go on and on for

many years. In your final CBT session, your therapist may agree to meet with you at fixed points in the future for one or more ‘booster’ sessions. These sessions are to help you revise and practice the skills that you will have learnt in sessions. The therapist will also be keen to check in with you on how things have progressed since the end of therapy and to offer any additional advice, support and guidance that you may need.

Does CBT Focus on My Past?

On the whole, CBT tends to focus on the here and now, looking at aspects of your life that you would like to change. Experiences from an earlier period in your life may be examined within session/s if it is felt that they have a direct bearing on how you feel in the here and now.

The CBT therapist will often ask you for recent experiences of anxiety that are still fresh in your mind. Together then, the CBT therapist will work with you to help you understand those experiences.

Is CBT the same as Positive Thinking?

No...Although CBT sessions may encourage you to think more positively about yourself, the world and the future, it is not purely about positive thinking. CBT is often referred to as 'realistic' thinking; in that it will help you to take realistic, evidence based look at the issue you are experiencing. It would not be realistic to expect the world to be perfect and for our lives to be free from any form of distressing or challenging experience. How we interpret our experiences in the world however, can have a direct impact on how we feel.

Is CBT Scientific?

CBT is scientific in two main respects. It is scientific in the fact that there is lots of scientific research that supports CBT as a very effective intervention for a whole range of emotional difficulties. CBT is also scientific in the way that clients are encouraged to take a scientific approach to the way they feel, by for example looking at the evidence for and against their thoughts.

What happens in a Typical CBT Session?

The first session of CBT will often involve a thorough assessment of the problem that prompted you to attend sessions. The therapist will want to gather information on the main problem/s that you have been experiencing (e.g. depression). This first session will also help you to clarify in your own mind, the nature of the

problem/s and how they impact on your life, reassuring you that change is possible. The therapist will also give you a full explanation of how CBT works, what is expected of you, what you can expect of the therapist, when and where sessions will take place, cancellation policy and costs etc.

Is CBT for Everybody?

Although there is lots of clinical evidence to support CBT as an effective intervention for a range of emotional problems, it is perhaps not the choice of therapy for everyone. The relationship between the therapist and client is almost like a 50/50 partnership where both you and the therapist will agree to certain responsibilities. The therapist works with you on the issues that you are experiencing and will help guide, support

and facilitate you in implementing helpful changes. Some clients may prefer a more analytical or client centred approach and it is important that the therapy feels right for you.

Does CBT Work in Groups?

Yes, CBT has been shown to be very effective as a group based intervention. One of the main benefits of Group CBT is that members can help and support each other towards recovery. It is always reassuring to know that we are not the only one who experiences anxiety, depression or panic attacks for example. In my own experience of facilitating Group CBT, it can also be lots of fun (for myself as well as group members).

Does CBT infer that Emotional Problems are all in my Mind?

Emotional problems can have many causes including: environmental, biological, social and financial. These factors can have a very real influence on the way that we think, feel and behave. However, CBT argues that we can minimise psychological distress by beginning to change the way we think, thereby having a very real impact on the way we feel.

What if I am Taking Medication?

If you are taking prescribed medication for anxiety, depression or any other mental or physical health issue/s, you should continue to take this as advised by your Doctor. CBT works very well alongside medication for mental health issues, and some people find that over time, they can begin to reduce their medication as the benefits of CBT begin

to take hold. Remember that any reduction or changes to your medication should only be carried out with the advice and guidance of your Doctor.

How Do I Access CBT?

If you are based in the UK, your first point of call should be your GP or Primary Care centre. They can usually refer you to a CBT Therapist in your local community, although there may be a waiting list. Alternatively you can access a private CBT Therapist via one of the national governing bodies such as BABCP (in the UK) or the (ABCT in USA) Be sure to check the credentials of the CBT Therapist to ensure they have adequate expertise and training. Also, take a look at the organisations listed at the end of this book for further advice and guidance.

Please feel free to contact me if you would like more information about CBT. In addition to face to face sessions in London, I work with clients all over the world via Web cam or telephone:

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Part 2: What are Thinking Errors?

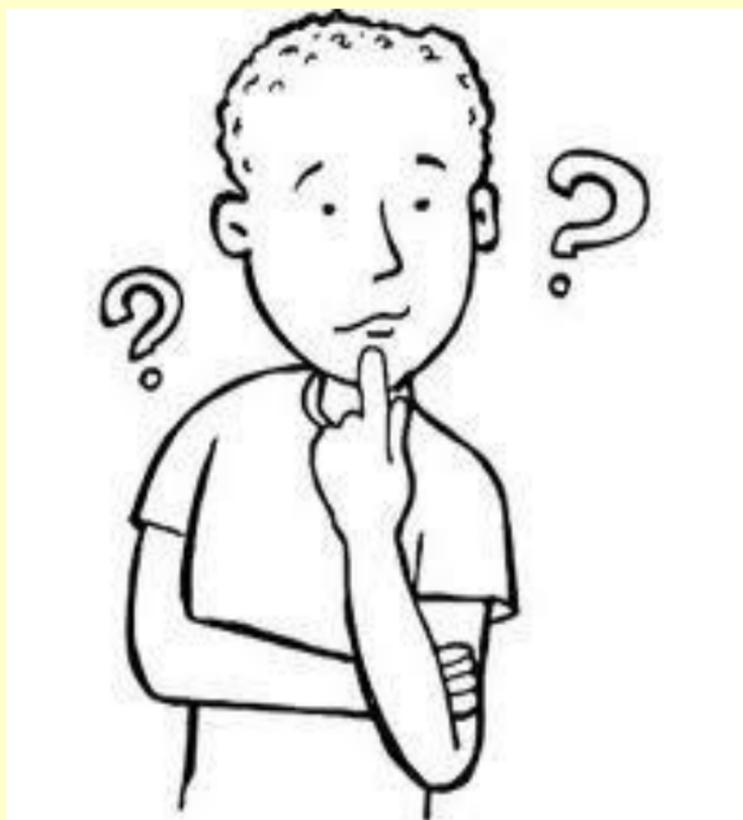
Have you ever found yourself feeling sad about what happened yesterday? Or worrying about what may happen tomorrow? Do you sometimes notice a whole range of disturbing thoughts going round and around in your mind? It was the psychiatrist Aaron Beck in the 1960's who first coined the term 'thinking errors' to describe some of the mistakes we can sometimes make in our thinking, which can play a part in emotional distress. Beck found a close relationship between these thinking errors and depression. Since then, a great deal of research has taken place, confirming the link between the way we think and how we feel.

For Cognitive Behaviour Therapists, helping you to review and amend unhelpful thinking is viewed as being of central importance in the alleviation of emotional distress. Thus, when you begin

to work with a CBT therapist, they will help you to develop a deeper understanding of your thought processes, with a view to replacing the unhelpful thoughts, with more constructive and realistic views, that are more conducive to psychological health and wellbeing.

This part of the book lists and describes many of the thinking errors that can play a part in psychological distress and unhappiness. Each thinking error is described using fictitious examples and lots of useful suggestions for challenging the thinking errors are outlined.

Thinking Errors



***1. Am I Predicting
the Future
Negatively?***

How many times have you caught yourself thinking, or saying things like; “I know I won’t get that job.” “The date I have on Tuesday will be a disaster.” “It is bound to rain on my birthday”? Put your crystal ball away! Contrary to popular belief, it is not, and never has been possible to predict the future (negatively or otherwise)

Whenever Ian began to form a relationship with a potential partner, he would begin to predict the future negatively, thinking to himself, ‘This is bound to fail.’, ‘She will meet somebody else who is more interesting.’, ‘My relationships will never work out.’ You can imagine the barriers that this negative predicting often put between Ian and a successful relationship. Over time, Ian began to replace these negative

predictions with more helpful and realistic views, such as ‘Nobody can predict the future.’, ‘I will make the most of the relationship however long it lasts.’ and ‘It is better to live and play with the present than try to predict the future.’

We can plan and prepare for the future certainly, but when we predict the future negatively, we begin to create a range of negative emotions such as anxiety, worry and sadness. Sometimes there are situations that we can be aware of, such as a job interview, or a meeting with the bank manager perhaps. Plan for it, prepare for it, do your homework, then deal with it as it happens...Don't try to predict the outcome!

2. Am I Trying to Mind-Read?

Pop psychology programmes and magazines would sometimes have us believe that telepathy works...It doesn't! The ability to read people's minds has been tested time and time again under scientific conditions, and has never been proven. We can sometimes guess what another person might be thinking about if we observe their body language etc., but that's all it is, a guess, or a hunch and will probably be inaccurate.

Jane was very upset, after she waved at her friend Mary on the way to work, but Mary didn't respond. Jane thought; "She doesn't like me; she thinks I am stupid; she has taken offence at something I must have done.etc, etc. Jane ruminated about the reasons for Mary not waving or saying hello to her, and became more and more distressed. Finally she phoned Mary and

asked if everything was ok. It turned out that Mary had broken up with her partner and was very sad and deep in thought that morning.

Remember to check your thoughts for the evidence to support them; don't accept your guess or hunch as factual. Think of it as one possible interpretation of the situation. Remember there are many possible alternatives.

In mindreading situations, ask yourself:

1. Where is the evidence that X is thinking A, B, and C
2. Just because I assume something, does that mean I am right?
3. How can I know what other people are thinking unless I ask them?

***3. Am I
Catastrophising?***

Sometimes referred to as ‘making a mountain out of a mole hill’ catastrophising involves over-estimating the negative impact of a situation, perhaps thinking of, or referring to it, as ‘absolutely dreadful, terrible or awful’

James was in the university library when he dropped a pile of books on the floor in the quiet reading room. After picking the books up and laying them on a nearby table, he quickly left the library and made his way home. On the way home he imagined all the people in the library laughing at him, and perhaps thinking that he was so very clumsy and annoying. This is a prime example of ‘catastrophising’. There was no evidence that people in the Library had laughed at James, the reading room remained silent after he had dropped the pile of books. There was also no

evidence that people thought he was clumsy and annoying; he was not able to read their minds and know this information.

When you find yourself catastrophising, remember to take a few minutes to look for the hard evidence of how bad a situation seems to be. Ask yourself:

1. Is this really as bad as I imagine it to be?
2. What can I do to help or change the situation?
3. How is thinking about the situation in this way making me feel?
4. Am I being helpful, supportive and compassionate towards myself?
5. Am I over-estimating the importance of this event/situation?

The answer to catastrophising is to de-catastrophise!

***4. Am I
Personalising?***

During times of stress or worry, we can sometimes take somebody else's comments or behaviour personally, when in fact it has very little to do with us.

Jack's boss at work was very quiet one morning; he appeared to be grumpy and self absorbed. Jack took this personally, and thought that he must have somehow offended or upset his boss. He began to think that, by his actions, he had ruined the very constructive relationship he had developed with his boss. Jack began to feel quite anxious and worried about the situation, affecting his ability to concentrate on the work. At the end of the day, Jack's boss called him into the office for a 'chat'. He explained that he was worried about a very large order he had received from a customer, and whether or not the company would be able to meet the

deadline. Jack was relieved that the behaviour of his boss earlier in the day was nothing to do with him. It was now clear that his boss had been worried about something totally unrelated.

If you find yourself taking somebody's comments or behaviour personally, stop and ask yourself:

1. Where is the evidence that this is anything to do with me?
2. What is an alternative explanation for this person's comment or behaviour?
3. How do I feel when I imagine that someone else's behaviour means something about me personally?

From time to time, there are instances where another person may say or do something on purpose to upset or offend

us. Remember, this says a lot more about them, than it does about you! If there is very clear evidence that another person has deliberately said or done something to upset you, be assertive but diplomatic. Explain to them how you feel, and explain to them how you expect to be treated in future.

*5. Am I
Demanding
Perfection of
Myself or Others?*

Remember that, like every other person in the world, you are a fallible, imperfect human being prone to making the occasional mistake. If you or I live to be 130 we will never be perfect, such is our plight as human beings. We will sometimes fall short of the mark, in a variety of ways, and so will the people around us, whether they admit it or not. If you tell yourself that you (or others) should be perfect, you will be sadly disappointed, time and again. It's fine to strive for perfection, as long as you realise that you will never attain it! Whatever you or I do in life, it will never be perfect; it can always be improved upon. If we demand perfection, we will very often beat ourselves up when we don't attain it, leading to a sense of unhappiness, stress and anxiety.

Try to assure yourself that you have done your best, given the knowledge, skills, experience, support and resources that you have. Think about some of the influential people in your life and ask yourself:

1. How often do they make mistakes?
2. How often do they fall short of the mark?
3. Ask them if there are any aspects of their life that they would like to improve. (If they are honest, they will probably tell you about a whole list of things they would like to improve on.)

Remember the proverb: “The person who didn’t make mistakes, didn’t do anything.”

***6. Am I
Demanding
Certainty?***

The world is characterised by a certain degree of uncertainty! We can never really know for sure what's around the next corner, or what may happen tomorrow. People change, the world changes, stock markets rise and fall, adversity can seem to strike at the most inopportune moment. Demanding certainty in the world is certain to lead to disappointment at some point when the world falls short of our demands.

Dave set off for work at the normal time of 08.15, arriving at 08.55. He made coffee and began reading his to-do list for the day. He was called to the manager's office, and by 09.45, was informed that the bank he had been employed by for fifteen years, had to make him and many of his colleagues redundant. Dave had, for many years felt comfortable in his job and

was sure he would be working for the same company until he retired at the age of 65. The news of his imminent departure obviously came as a big shock for him initially. However, upon reflection, his experience reminded him that nothing is certain in life, except a degree of uncertainty. Dave began to view life as an adventure, with lots of interesting and unexpected twists and turns.

Dave decided to train for a new career after taking some time out of the 9-5 routine. After a twelve month break to travel across America, Dave began his new training as a Cognitive Behaviour Therapist!

We develop many of our greatest coping skills and strategies, by experiencing

uncertainty, and dealing with the unexpected. By taking uncertainty in our step, and developing our coping resources for dealing with the unexpected, we strengthen our resilience, fortitude and individuality. Begin to view uncertainty as an opportunity to learn, grow, change and develop.

Accept the world (and all of the people in it) as being, to an extent, unpredictable.

***7. Am I
Demanding
Justice?***

We all want to live in a just world, where we feel we are treated equally and fairly all of the time. From our childhood days, we will have developed a sense of right and wrong, of fairness and injustice. There may be occasions, however, when the world seems to fall short of our desires for fairness and justice. On such occasions, we do well to remember that justice needs to be a preference, rather than a demand. A preference about the way you would like the world to be, rather than demanding it be a certain way. Try to think more flexibly about the world and the way that it sometimes works. Become more accepting of the fact that the world is to a certain extent unpredictable. Try to change the things you can, whilst accepting the things that can't be changed.

***8. Am I Thinking
in Black and
White?***

Black and white thinking is thinking in extreme ways, which understandably leads to extreme emotions. I'm either successful or a total loser, either they love me or they hate me, either I am rich or I am poor, the essay I did for the University course is either perfect or complete rubbish, etc, etc. Black and white thinking tends to be harsh and unrealistic; things in life are very rarely as clear cut as we imagine them to be. The world is full of grey areas.

Greg was trying to give up smoking, and had been cigarette-free for several weeks. One evening he gave into temptation and had a cigarette from a friend. He said to himself afterwards: "I've totally blown it; the past 6 weeks have been a total waste of time; I'm destined to smoke for the rest of my life, and I've got absolutely no will

power”. Thinking in this way made Greg feel very low and fatalistic.

If you find yourself thinking in black and white terms, try this exercise: Take a sheet of paper and write the sentence across the top of the page, that seems to be an example of black and white thinking (For example: My essay is complete rubbish.) Now draw a line across the middle of the page. At the left end of the line write: ‘My essay is complete rubbish.’ Now at the right end of the line write: ‘My essay is the best ever.’ Now divide the line into another four points. For each point along the line write a comment, ranging from the best ever to complete rubbish. For example, the next point to ‘best ever’ could be: ‘a very good essay that is sure to get a decent grade’ the next point might be: ‘an average essay that will pass the

grade' next to that might be 'I could add to this essay and improve it' and so on. Now have a think about these comments, ranging from one end of the spectrum to the other...Which one is correct? Can you see that it is a matter of opinion? Whether or not people might view this book as excellent or complete rubbish depends on personal opinion. The book is most likely to be very interesting, helpful and informative to some people, in some parts, some of the time. But then, that is my biased opinion of course!

Remember to be realistic and flexible, remind yourself that life is very rarely clear cut, allow yourself to make mistakes, to perform at less than your very best once in a while.

***9. Am I Using
Should, Must and
Have To?***

Ultimatums are ultimately unhelpful! Making demands of yourself or others can lead to worry and anxiety. Instead of using statements such as *I should*, *I must*, *I have to*, etc, try to use:

I aim to...

I prefer to...

I hope to...

I choose to...

I will...

I shall endeavour to...

In this way we turn our demands and ultimatums into preferences, thereby helping to alleviate worry and anxiety. When we think in terms of should, must and have to, we imply that there is a big

book of standards somewhere, which lays down all the rules regarding what should and should not be the case. This book, sadly, does not exist.

When you find yourself talking or thinking in ultimatum terms, ask yourself:

1. Why 'should' x be the case?
2. What is the effect of viewing things in this way?
3. How might I feel differently if I began thinking in terms of preferences instead of ultimatums?

Try this exercise: Take a sheet of paper and draw a line down the middle of the page. Label the left hand column 'Must and Should' and the right hand column 'Aims and Preferences'. Now in the left hand column, write down all of the

‘Should’ and ‘Must’ statements that come to mind. Now write beside those statements in the right hand column the equivalent preference statements. For example ‘I should wash the car.’ becomes ‘I aim to wash the car.’ and ‘I should not feel anxious.’ becomes ‘I would prefer not to be anxious’. ‘I have to complete my to-do list at work today.’ becomes: ‘I will endeavour to complete the items on my to-do list.’

Notice how, just by changing a few simple words and thoughts, we can help bring about a whole new way of feeling about a situation.

10. Am I Over- generalising?

‘All men are bad, relationships never work out, people are not nice, work is always boring, I am never lucky’, etc. Does any of this sound familiar? Over-generalising is where we take our experiences from one or two isolated events and make broad, general assumptions about groups of people or future experiences. It is easy to see the distress and unhappiness that can be caused by over-generalising. Be aware of when you use words like never, always, everybody...you could be over-generalising.

Whilst in therapy, Jenny was helped to see that the two unsuccessful relationships she had experienced recently, with men who did not value and respect her, said something about those two individual men. She began to realise that her recent experiences said nothing about men in general because men are all individuals with a whole range of

characteristics. We all have some characteristics that are very likeable (even loveable hopefully!) then there will be aspects of our persona or behaviour that others may find annoying.

For Jenny then: ‘All men are bad.’ became: ‘Men are all individuals.’ and ‘Some men will have characteristics that I am not attracted to.’ Jenny began to feel more empowered in her approach to relationships and realised that she has choice with whom she entered a relationship.

Part 3: Rules for Living

(Dysfunctional Assumptions')

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What are Rules for Living?

Imagine for a moment if you will, that it's your very first day of working for a new company. Through conversations with your colleagues in the office, you begin to understand that your boss is very mean and harsh in the way that he deals with individual members of staff. He makes unreasonable and excessive demands on everyone who works in the office; it appears that he is rigid and uncompromising. When he feels that the quality of work falls below his impeccably high standards he would become very negative and critical towards the individual concerned. On the wall in the office were the rules of the company (written by the boss himself!) to which, everyone must comply:

RULES THAT MUST BE OBEYED!!!

1, IF YOU ARE LATE, IT MEANS THAT YOU ARE A BAD EMPLOYEE AND CAN'T BE RELIED ON **(DON'T BE LATE!)**

2, IF COMPANY PROFITS DECLINE, IT IS A SIGN THAT YOU ARE NOT WORKING HARD ENOUGH **(WORK HARD!)**

3, IF YOU LAUGH IN THE OFFICE, IT IS A SIGN THAT YOU ARE NOT TAKING YOUR JOB SERIOUSLY **(DON'T LAUGH!)**

4, IF YOU MISS A DEADLINE, IT MEANS YOU ARE TOTALLY DISORGANISED **(DON'T MISS DEADLINES!)**

5, IF YOU ENGAGE IN SO CALLED 'FRIENDLY CONVERSATION' WITH

COLLEAGUES, IT IS A SIGN OF LAZY
UNPROFESSIONALISM **(DON'T CHAT!)**

Reflect for a few moments, on how you might feel if you were working in such an environment and had to obey such a set of harsh, negative and critical rules every day. You would probably feel very anxious on your way to work each morning, worrying about whether today might be the day when you break one of the rules and reap the consequences. Whilst you were at work, you might feel quite lonely and isolated, as you were not allowed to have conversations with colleagues, laughter was frowned upon by the boss, and there was the general atmosphere of working in a harsh regime. Adhering to such a set of rules, would leave you quite despondent and exhausted at the end of each working day. In the longer term you might begin to experience a range of physical and psychological problems affecting your quality of life.

‘Rules for Living’ work in much the same way as the ‘RULES THAT MUST BE OBEYED’ in the fictitious office outlined above. Through a whole range of influences and experiences (see Part 1B for a more detailed overview of where our rules for living come from) we develop our own set of rules for living that help us to make sense of, to understand and cope with the world. It is helpful to imagine these set of rules for living, as a kind of template that hangs on the wall in our mind. We refer to this template (often without even realising it) in a range of situations for guidance on how to think, feel and behave. Many of the rules for living that we have may be very realistic, flexible, understanding, compassionate and supportive to us as we make our way in the world. Some rules however, may not be so supportive, compassionate and realistic, thereby creating problems for us. Just like

the rules in the fictitious office mentioned earlier, if we have a set of rules for living that are harsh, uncompromising, negative, critical and self defeating, we are likely to experience a range of negative emotions that can impinge on our psychological health wellbeing and happiness.

Where do our Rules come from?

We were not born with a set of ‘Life Rules’ but rather we picked them up from either what we were told along the way, or by the way we interpreted our experiences. Life Rules develop from:

- Childhood Experiences
- Cultural Influences
- Economic Climate

- Friendships and Relationships
- Parents
- Teachers
- Political and Religious Leaders
- Partners
- Employers
- Mass Media
- Family Mottos and Sayings

In terms of family mottos and sayings; some clients have recalled the following Life Rules that they had picked up along the way:

‘Cleanliness is next to Godliness’

‘Hard work is good for the soul’

‘Children should be seen and not heard’

‘Idleness should only be tolerated in the grave’

‘Life is not a bowl of cherries or a bunch of roses’

‘I want never gets’

‘Waste not-want not’

‘Life is a struggle’

‘Life is a bitch and then you die’

‘Stupid is as stupid does’

‘You are what you earn’

Some rules that we develop, may have seemed to make perfect sense at the time. Also it is worth considering that, when these rules were presented to us we may not have been in a position to question or reject them for various reasons. But now (in the light of more knowledge and experience) we need to ask ourselves:

- Are these rules still serving us?

- Are they helping us get what we want from life?
- Do they help us to feel the way we want to feel?
- Are these rules fair, accurate, balanced and compassionate for me?
- Do we feel empowered and liberated by the rules we are adhering to?

Perhaps the most pertinent question for us to consider in the here and now is:

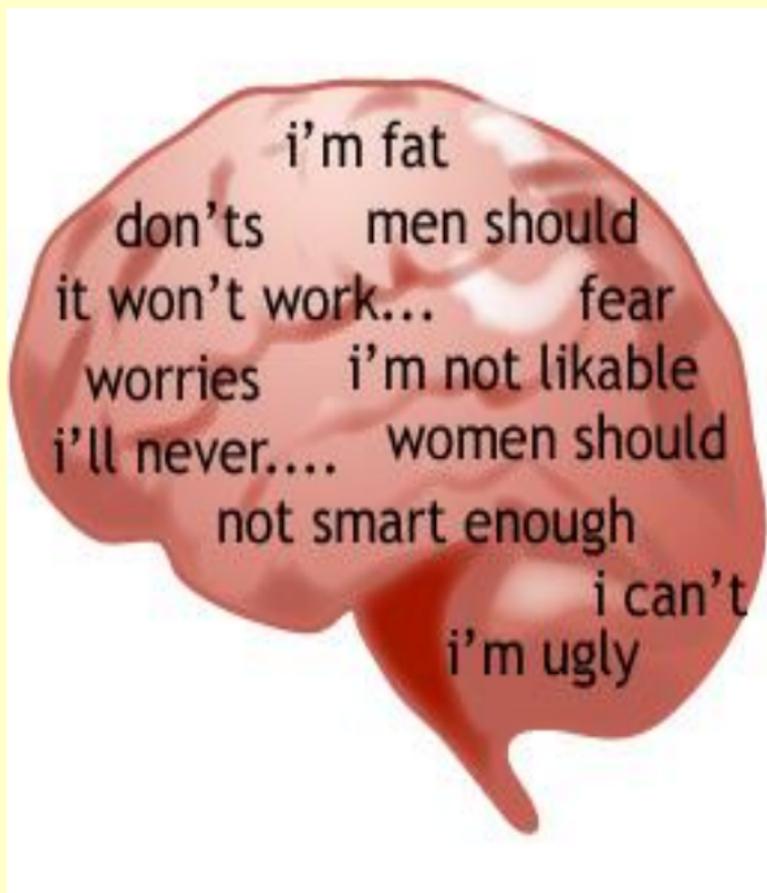
If these rules are not helpful for me, what are the alternatives that I can begin to consider and implement?

It is beyond the scope of this introductory book to take you through the process of

identifying and changing your Life Rules; you may want to enlist the help of a CBT Therapist for this. But a step in the right direction would be to use the same methods used for questioning the Thinking Errors outlined earlier in this book (the process is further explained in *The Little Book of Thinking Errors*)

Remember that the personal rules we live by are not fixed in stone, but rather they can be amended and adapted over time to reflect who we are and what we want from life!...ultimately we get to choose.

Part 4: Core Beliefs



What are Core Beliefs?

Core Beliefs are often long term, strongly held beliefs that are often (but not exclusively) held about about ourselves, the world and the future. Core Beliefs (according to the CBT model) are assumed to be at the heart of psychological distress because they form the basis for the Life Rules by which we live and in turn the thoughts that go through our mind on a daily basis. Core Beliefs are often termed:

- *I am...*
- *The World is...*
- *Men are...*
- *My Future is...*
- *My Past is...*
- *Relationships are...*

Many of the Core Beliefs that we will have developed over time will hopefully be helpful, constructive, compassionate and flexible. Where our Core Beliefs are not helpful or constructive however, the seeds are sown for psychological distress and unhappiness. Just like any other thought processes however, Core Beliefs are not fixed in stone...they can be changed and the power to change unhelpful Core Beliefs lies within us!

How Does it all Fit together?

The CBT Model of Psychological Distress:

Negative Automatic Thoughts (NATS):

“My work is not very good”



Rules for Living:

“If I don’t perform brilliantly at work all of the time, I will never be a success”



Core Beliefs

“I am not good enough”

Additional Help and Support

This book is not designed or intended as a diagnostic tool, or a treatment manual for psychological difficulties, rather it is an Introduction to CBT, combined with a self help guide to understanding and replacing some of the thinking errors that can play a part in psychological distress.

If you feel that you need professional help with your thoughts or feelings, please consult one of the many organisations offering professional help and support, listed below. The organisations listed are based in the United Kingdom and the United States respectively. If you do not live in one of these countries, please consult your Medical Practitioner or your local advice and information centre, for further help, advice and information.

I work with clients internationally via Skype Webcam or Telephone, if this is of interest to you, please see my website:

www.cgforensicmentalhealth.com

Help and Support in the UK

Alcoholics Anonymous

PO Box 1, Stonebow House, Stonebow
York, YO1 2NJ. Tel: 01904 644 026

Anxiety UK, Zion Community Resource

Centre, 339 Stretford Rd, Hulme,
Manchester M15 4ZY. Tel: 0870
7700 456 Web:
www.anxietyuk.org.uk

Association of Post-Natal Depression

25 Jerdan Place, Fulham, London,
SW6. Tel: 0207 836 0868

*(BABCP) British Association for
Behavioural and Cognitive
Psychotherapies*, The Globe Centre PO
Box 9, Accrington, BB5 OXB. Tel:
01254 875 277, Web: www.babcp.org.uk

Depression Alliance PO Box 1022,
London, SE1 7GR. Tel: 0207 721 7672

Manic Depressive Fellowship
8-10 High Street, Kingston Upon Thames
London, KT1 1EY. Tel: 0208 974 6550

*MIND, The National Association for
Mental Health*, Granta House, 15-19
Broadway, Stratford, London, E15 4BQ.
Tel: 0208 519 2122, Web:
www.mind.org.uk

No Panic, 93 Brands Farm Way
Telford, TF3 2JQ. Tel: 01952 590 005
Web: www.nopanic.org.uk

OCD Action, Aberdeen Centre
22-24 Highbury Grove London, N5 2EA.
Tel: 0808 808 054, Web:
www.ocdaction.org.uk

Help and Support in the United States

American Mental Health Foundation
2, East 86th Street, New York, NY 1008

Anorexia Nervosa and Related Eating Disorders, Inc, PO Box 5102
Eugene, or 97405. Tel: 541 344 1144
Web: www.anred.com

Anxiety Disorders Association of America
8730 Georgia Avenue, Suite 600, Silver
Spring, MD 20910. Tel: 240 485 1001
Web: www.adaa.org

Kidscope, Obsessive Compulsive Foundation, PO Box 70, Milford, CT
06460-0070

National Alliance for the Mentally Ill, 200
N. Glebe Rd, Suite 1015, Arlington
VA 22203-3754. Tel: 800 950 6264

National Anxiety Foundation, 3135 Custer
Drive, Lexington, KY 40517-4001.
Tel: 606 272 7166

National Foundation for Depressive Illness,
PO Box 2257, New York, NY 10116.
Tel: 800 248 4344

National Mental Health Association, 1201
Prince Street, Alexandria, VA 22314-
2971. Tel; 703 684 7722

Useful Websites for Online CBT

www.moodgym.com

www.beatingtheblues.co.uk

www.firefighter.com

The Author's Private Practice Website

www.cgforensicmentalhealth.com

Our Training Company Website:

www.calibregold.com

Further Reading

Padesky, C. A and Greenberger, D. (1995) *Mind Over Mood; Change How You Feel by Changing the Way You Think*. Guildford Press, London.

Fennell, M. (1999) *Overcoming Low Self Esteem; A Self-help guide using Cognitive Behavioural Techniques*.

Robinson, London.

Wilson, R. And Branch R. (2006) *Cognitive Behavioural Therapy for Dummies*. John Wiley and Sons, London.

Gilbert, P. Overcoming Depression: A Self-help guide using Cognitive Behavioural Techniques.

Robinson, London.

Tricket, S. (1996) Overcoming Anxiety and Depression: Robinson, London