

## How to Do CBT

Sometimes people who wish to practice CBT find therapists who train them in techniques for diagnosing and then altering their distorted thought patterns. In other cases, they simply read books about how to practice CBT. A book that American mental health professionals frequently recommend for treating depression is David Burns's best-seller, *Feeling Good: The New Mood Therapy*. Several studies have found that reading the book—yes, just reading the book—is an effective treatment for depression.<sup>1</sup> We also recommend Dr. Robert Leahy's excellent book *The Worry Cure: Seven Steps to Stop Worry from Stopping You*, which is more focused on anxiety, and is updated with the latest CBT techniques.

The beauty of CBT is how easy it is to learn: All you need is pen and paper (or a laptop, or a device with an app that lets you take notes). The specific details for practicing CBT differ from book to book and therapist to therapist, but the basic process is something like this:

1. When you are feeling anxious, depressed, or otherwise distressed, take a moment to write down what you are feeling.
2. Write down your level of distress. (For example, you could score it on a scale of 1 to 100.)
3. Write down what happened and what your automatic thoughts were when you felt the pang of anxiety or despair. (For example, "Someone I was interested in canceled our date. I said to myself, "This always happens. No one will ever want to go out with me. I'm a total loser.")
4. Look at the categories of distorted automatic thoughts below, and ask yourself: Is this thought a cognitive distortion? Write down the

cognitive distortions you notice. (For example, looking at the automatic thoughts in number 3 above, you might write, “personalizing, overgeneralizing, labeling, and catastrophizing.”)

5. Look at the evidence for and against your thought.
6. Ask yourself what someone might say who disagreed with you. Is there any merit in that opinion?
7. Consider again what happened, and reevaluate the situation without the cognitive distortions.
8. Write down your new thoughts and feelings. (For example, “I am sad and disappointed that a date I was excited about got canceled.”)
9. Write down again, using the same scale as before, how anxious, depressed, or otherwise distressed you feel. Chances are the number will be lower—perhaps a lot lower.

CBT takes discipline, work, and commitment. Many therapists recommend doing this type of exercise at least once or twice a day. With time and practice, you are likely to find that your distorted negative thoughts no longer have the grip on you that they once did. (Note that in some cases, your initial automatic thoughts may not be distorted. Sometimes they turn out to be entirely reasonable.)

As we’ve argued in this book, the practice of CBT and its principles are useful even for people who do not experience depression or anxiety. We encourage all readers to learn more about CBT. If you are interested in working with a CBT therapist, you can find a list of doctors near you at the Association for Behavioral and Cognitive Therapies (<http://www.findcbt.org>) and the Academy of Cognitive Therapy (<http://www.academyofct.org>).

Of course, anyone who is suffering from severe psychological distress should seek professional help.

On the next pages we reprint the full list of cognitive distortions from *Treatment Plans and Interventions for Depression and Anxiety Disorders*, Second Edition, by Robert L. Leahy, Stephen J. F. Holland, and Lata K. McGinn (reprinted with permission).

# Categories of Distorted Automatic Thoughts

1. **MIND READING:** You assume that you know what people think without having sufficient evidence of their thoughts. “He thinks I’m a loser.”
2. **FORTUNE-TELLING:** You predict the future negatively: Things will get worse, or there is danger ahead. “I’ll fail that exam,” or “I won’t get the job.”
3. **CATASTROPHIZING:** You believe that what has happened or will happen will be so awful and unbearable that you won’t be able to stand it. “It would be terrible if I failed.”
4. **LABELING:** You assign global negative traits to yourself and others. “I’m undesirable,” or “He’s a rotten person.”
5. **DISCOUNTING POSITIVES:** You claim that the positive things you or others do are trivial. “That’s what wives are supposed to do—so it doesn’t count when she’s nice to me,” or “Those successes were easy, so they don’t matter.”
6. **NEGATIVE FILTERING:** You focus almost exclusively on the negatives and seldom notice the positives. “Look at all of the people who don’t like me.”
7. **OVERGENERALIZING:** You perceive a global pattern of negatives on the basis of a single incident. “This generally happens to me. I seem to fail at a lot of things.”
8. **DICHOTOMOUS THINKING:** You view events or people in all-or-nothing terms. “I get rejected by everyone,” or “It was a complete waste of time.”
9. **SHOULDs:** You interpret events in terms of how things should be, rather than simply focusing on what is. “I should do well. If I don’t, then I’m a failure.”
10. **PERSONALIZING:** You attribute a disproportionate amount of the blame to yourself for negative events, and you fail to see that certain events are also caused by others. “The marriage ended because I failed.”
11. **BLAMING:** You focus on the other person as the source of your negative feelings, and you refuse to take responsibility for changing yourself. “She’s to blame for the way I feel now,” or “My parents caused all my problems.”

12. **UNFAIR COMPARISONS:** You interpret events in terms of standards that are unrealistic—for example, you focus primarily on others who do better than you and find yourself inferior in the comparison. “She’s more successful than I am,” or “Others did better than I did on the test.”
13. **REGRET ORIENTATION:** You focus on the idea that you could have done better in the past, rather than on what you can do better now. “I could have had a better job if I had tried,” or “I shouldn’t have said that.”
14. **WHAT IF?:** You keep asking a series of questions about “what if” something happens, and you fail to be satisfied with any of the answers. “Yeah, but what if I get anxious?” or “What if I can’t catch my breath?”
15. **EMOTIONAL REASONING:** You let your feelings guide your interpretation of reality. “I feel depressed; therefore, my marriage is not working out.”
16. **INABILITY TO DISCONFIRM:** You reject any evidence or arguments that might contradict your negative thoughts. For example, when you have the thought “I’m unlovable,” you reject as irrelevant any evidence that people like you. Consequently, your thought cannot be refuted. “That’s not the real issue. There are deeper problems. There are other factors.”
17. **JUDGMENT FOCUS:** You view yourself, others, and events in terms of evaluations as good–bad or superior–inferior, rather than simply describing, accepting, or understanding. You are continually measuring yourself and others according to arbitrary standards, and finding that you and others fall short. You are focused on the judgments of others as well as your own judgments of yourself. “I didn’t perform well in college,” or “If I take up tennis, I won’t do well,” or “Look how successful she is. I’m not successful.”