

Feeling Great!*

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Positive Reframing Tool*

Instructions. Review the negative feelings on Karen’s Daily Mood Log, one by one, and fill in the right-hand column. Some negative feelings may have advantages, some may have core values, and some will have both advantages *and* core values.

<p>Thought or Feeling List each negative thought or feeling you are analyzing here. Work on them one at a time.</p>	<p>Advantages and Core Values—Ask yourself: 1. What are some advantages, or benefits, of this negative thought or feeling? 2. What does this negative thought or feeling show about Karen and her core values that is beautiful, positive and awesome?</p>
<p>1. Karen’s sadness and depression</p>	
<p>2. Karen’s anxiety</p>	<p>3.</p>
<p>4. Karen’s feelings of inadequacy</p>	
<p>5. Karen’s guilt and shame</p>	

Continue on next page

Thought or Feeling	Advantages and Core Values
6. Karen's anger	
7. Karen's hopelessness	8.
9. Karen's fear of being judged by the people in the audience who are watching her therapy session.	
10.	
11.	

Melanie's Daily Mood Log*

Upsetting Event: Telephone call from a church member offering condolences after my ex-mother in law died.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, blue, depressed, down, unhappy	50%		0%	Embarrassed, foolish, humiliated, self-conscious	100%		10%
Anxious, worried, panicky, nervous, frightened	100%		8%	Hopeless, discouraged, pessimistic, despairing	25%		0%
Guilty, remorseful, bad, ashamed	100%		10%	Frustrated, stuck, thwarted, defeated	80%		0%
Inferior, worthless, inadequate, defective, incompetent	95%		5%	Angry, mad, resentful, annoyed, irritated, upset, furious	75%		0%
Lonely, unloved, unwanted, rejected, alone, abandoned	--		--	Other			

Negative Thoughts	Before	After	Distortions	Positive Thoughts	Belief
1. I'm a failure.	100%	0%	AON OG MF DP MAG LAB SB	I've successfully rebounded from past mistakes and unwise choices. I was successful in refraining from allowing adversity to rob me of my current happy eight-year marriage. Besides, no one has ever said I'm a failure because of my three marriages.	100%
2. She'll tell other people who will judge me.	100%	35%	AON OG MF DP MR FT MAG ER SB	Some people may judge me. Most people will see the beautiful parts of my personality. Those who judge me will make themselves look bad.	100% 100% 100%
3. I'm defective.	85%	10%	AON OG MF DP MAG ER LAB SB	All humans are imperfect so I must be normal in my imperfection. I'm from the <i>human</i> species.	95%
4. People will think I can't maintain a relationship.	95%	0%	AON OG MF DP MAG SB	I made a mistake with my first two choices. It is unhealthy to remain in a bad relationship. I am still married to my third husband for the last 8 years and We are both very, very happy and compatible. I maintain great relationships with my ex-in laws from both previous husbands. Now <i>that's</i> maintaining a relationship.	100%

Negative Thoughts	Before	After	Distortions	Positive Thoughts	Belief
5. My children will be humiliated at my funeral.	90%	5%	AON MF DP MR FT ER	They will be older and understand the complexity of relationships. Their grief will supersede their possible fleeting moments of shame. They love me and are proud of me for many things I have done. They are close to my third husband who has helped them in so many ways. They might even say, "Mom had it going on!"	100%
6. People will think I deserve to be punished.	95%	0%	AON OG MR FT DP ER	I was already punished when I was still in the unhappy marriages. I paid my dues in advance. I have been punished by the shame I have carried. People are more compassionate than cruel to divorced women.	100%
7. David, Jill, and Angela (my therapists) may be feeling shocked and holding back.	75%	0%	MF MR FT ER AON	They are therapists. What's a multiple marriage when they have heard many <i>mega</i> shockers from their clients? I feel connected and embraced by them. It feels sincere. It's not their style to hold back. They aren't phonies.	100%
8. That would mean the problem may be even worse—it would mean I really am defective.	100%	0%	AON LAB OG MF DP MR FT MAG ER LAB SB	If they were shocked it might mean they wonder how anyone would be crazy enough to loose a good wife like me.	95%
9. That would mean they're judgmental phonies.	100%	100% IF THEY DID BUT 0% BECAUSE THEY AREN'T	AON OG MR FT MAG LAB	This is true. If the helping professionals judge me they would be just that....phony! The fact is they are not!	100%
10. I might be abandoned.	100%	0%	AON MF MR FT MAG SB ER	No one has distanced from me yet because of it. In fact, I have kept many of my old friends from both marriages and made many new ones that are my third husband's friends. The handful that I'm not in contact with may have disappeared for other reasons.	100%
11. It's only safe to share my failures with others who've had failed marriages.	100%	0%	AON MF MR FT SS ER MAG	Some of my single friends who have never married say I am lucky or blessed. They did not condemn me despite the shame in my thoughts. In fact, no one who has been married only once has ever actually said anything condemning.	100%

Checklist of Cognitive Distortions*

1. All-or-Nothing Thinking. You view things in absolute, black-and-white categories.	6. Magnification and Minimization. You blow things out of proportion or shrink them.
2. Overgeneralization. You view a negative event as a never-ending pattern of defeat: "This <i>always</i> happens!"	7. Emotional Reasoning. You reason from your feelings: "I <i>feel</i> like an idiot, so I must really <i>be</i> one."
3. Mental Filter. You dwell on the negatives and ignore the positives.	8. Should Statements. You use shoulds, shouldn'ts, musts, oughts, and have tos.
4. Discounting the Positive. You insist that your positive qualities don't count.	9. Labeling. Instead of saying, "I made a mistake," you say, "I'm a jerk" or "I'm a loser."
5. Jumping to Conclusions. You jump to conclusions not warranted by the facts. <ul style="list-style-type: none"> • Mind-Reading. You assume that people are reacting negatively to you. • Fortune-Telling. You predict that things will turn out badly. 	10. Blame. You find fault instead of solving the problem. <ul style="list-style-type: none"> • Self-Blame. You blame yourself for something you weren't entirely responsible for. • Other-Blame. You blame others and overlook ways you contributed to the problem.

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Paradoxical Double-Standard Technique*

General Instructions

Work in dyads. Decide who will be the patient and who will be the therapist.

Use NTs from a Daily Mood Log

Therapist Instructions

1. Explain that you're a dear friend of the patient
 - Same gender
 - Ask the patient to give you a name
2. Explain that you are almost like a clone of the patient, or an identical twin
 - You might say, "Imagine that I went to the same schools that you attended, I got the same grades, and I have all the same strengths and weaknesses that you have. But I'm a different person."
3. Tell your patient that you have a problem, and you'd like to get some advice or feedback from the patient.
 - For example, if your patient is working on feelings of insecurity during the workshop, you might say, "I went to a workshop recently, and I was feeling very insecure about doing a role-play in front of the group. Is it okay if I tell you what I was thinking?"
4. Now verbalize your patient's NTs, using the first person
 - "I was telling myself that if I did a role play with Dr. Burns in the workshop, I'd probably screw up completely and make a fool of myself, and then everyone would laugh at me. Does that seem reasonable?"
5. When your patient comes up with an effective PT, play the Devil's Advocate
 - "Yes, but . . ."

You can also ask

- "Are you saying that to make me feel good, or because it's really true?"

Make sure you hold the patient's feet to the fire. If she or he can come up with a powerful and convincing Positive Thought, ask him or to write it down in the PT column.

- Ask the patient to indicate how much she or he believes it (0% to 100%)
- If it is 100%, now ask the patient to indicate how much she or he believes the NT

Externalization of Voices*

This is one of the most powerful cognitive therapy techniques. The goal is to transform intellectual understanding into profound emotional change at the gut level.

General Instructions

Work in dyads. Decide who will play the role of therapist and who will play the role of patient.

Select some negative thoughts that trigger depression or anxiety.

- You can use your own DML, or the list of generic negative thoughts in the handout

Therapist Instructions

1. Explain that you're going to play the negative voice in the patient's mind, and the patient will play the positive voice and try to defeat you
2. Ask your patient what his or her name is. Now ask your patient what your name is
 - Make sure you both have the same name, since you are both the same person!
3. Attack your patient with one NT, but speak in the second person, "You."
 - For example, if your patient's negative thought is "I'll never learn how to use all of these techniques," You can say, "Jim, I didn't mean to hurt your feelings, but I did want to remind you that you're *never* going to learn all these techniques!"

Ask your patient to try to defeat you, speaking in the first person, "I."

- For example, your patient might say, "I don't need to learn all of them, and they might not all be useful to me. But I can begin to learn a few of them, one at a time. In fact, I am starting to learn this technique right now!"
4. Now ask your patient who won the exchange. If the patient says that he or she won, ask if she or he won big, or won huge.
 - We are looking for a total defeat of the NT. Don't settle for anything less than that.
 5. If the patient did not hit the ball out of the park, or was unconvincing, do a role reversal so you can try to model a more powerful and effective response.

Tips on Defeating the Negative Voice

When you're attempting to defeat the negative voice

- You can use Self-Defense
- Or the Acceptance Paradox
- Or a combination of the two
- Or the Counter Attack Technique (the CAT)

If the Self-Defense Paradigm was ineffective, try the Acceptance Paradox, or vice versa. Sometimes, a combination of the two will be the most effective approach.

Feared Fantasy*

This is a form of Cognitive Exposure

- Some fears are not easily confronted in reality

General instructions

Work in dyads. Decide who will play the role of therapist and who will play the role of patient

- Use the performance anxiety example

Therapist Instructions

1. Explain that you're going to enter an Alice-in-Wonderland Imaginary world where there are two strange rules:

- If you think people are looking down on you, they really are.
- Furthermore, they get right up in your face and verbalize all their negative thoughts about you. They aren't at all nice. They try to humiliate.

2. Ask the patient which role she or he wants to play first. Explain that you'll do role-reversals, so the choice is not terribly important.

We'll assume that you've chosen the performance anxiety example, and that you, the therapist, will start out in the role of a rejecting, judgmental audience member or friend. Your patient will play the role of himself or herself.

Now criticize your patient, saying the things that he or she would be afraid to hear, such as:

- "Hey, I was in the audience when you did that role-play with Dr. Burns. You really looked foolish and I've been laughing at you ever since."

3. After your patient responds to each attack, ask who won the exchange. If the patient did not "win big," do a role-reversal and see if you can come up with a more powerful response.

Tips on Defeating the Imaginary Critic

When you're under attack, try to defeat the imaginary critic

- You can use Self-Defense, the Acceptance Paradox, or a combination of the two

If the Self-Defense Paradigm was ineffective, try

- The Acceptance Paradox
- Or a combination of Acceptance and Self-Defense

If the Acceptance Paradox was ineffective, try

- The Self-Defense Paradigm
- Or a combination of Acceptance and Self-Defense

You can also using Stroking, Be Specific, and Inquiry

Comparing the Paradoxical Double Standard, Externalization of Voices and Feared Fantasy*

Technique	Patient's Name	Your Name	Role-Reversals?
Paradoxical Double Standard Technique	His or her real name	The name of an imaginary dear friend of the same gender as the patient. Preferably, it is not someone the patient actually knows.	No
Externalization of Voices	His or her real name	Same name as the patient	Yes
Feared Fantasy	His or her real name	You play the role of some judgmental or critical person the patient is afraid of.	Yes

Comparing the Self-Defense Paradigm with the Acceptance Paradox*

Strategy	General Concept	Negative Thought	Example of How to Defeat the NT
Self-Defense Paradigm	You defeat the NT by arguing with it and insisting that it's distorted and <i>not</i> true.	A patient who suddenly relapses several weeks after recovery will often have this thought, "This shows that the therapy didn't work and that I really am a hopeless case."	"That's ridiculous. I had a fight with my wife last night, so it's not surprising that I'd be feeling upset. The therapy was very effective, and this would be a good time to pull out the tools I learned and get to work."
Acceptance Paradox	You defeat the NT by buying into it and insisting that it <i>is</i> true, but you do this with a sense of humor or inner peace.	During a moment of insecurity, a therapist may have the thought, "I'm not as good as I should be."	"As a matter of fact, I still have tons of flaws and a great deal to learn. Even when I'm 85 years old, there will still be tons of room for learning and improving, and that's kind of exciting."

The Self-Defense Paradigm is especially helpful for the types of NTs patients have during relapses, and it's a good idea to prepare them to talk back to these thoughts when they first recover, and *before* they actually relapse, using the Externalization of Voices.

The Acceptance Paradox is especially helpful for the types of NTs that lead to feelings of worthless, inferiority, or a loss of self-esteem.

Common Self-Defeating Beliefs*

Achievement	Depression
<p>1. Perfectionism. I must never fail or make a mistake.</p> <p>2. Perceived Perfectionism. People will not love and accept me as a flawed and vulnerable human being.</p> <p>3. Achievement Addiction. My worthwhileness depends on my achievements, intelligence, talent, status, income, or looks.</p>	<p>13. Hopelessness. My problems could never be solved. I could never feel truly happy or fulfilled.</p> <p>14. Worthlessness / Inferiority. I'm basically worthless, defective, and inferior to others.</p>
	Anxiety
Love	<p>15. Emotional Perfectionism. I should always feel happy, confident, and in control.</p> <p>16. Anger Phobia. Anger is dangerous and should be avoided at all costs.</p> <p>17. Emotophobia. I should never feel sad, anxious, inadequate, jealous or vulnerable. I should sweep my feelings under the rug and not upset anyone.</p> <p>18. Perceived Narcissism. The people I care about are demanding, manipulative, and powerful.</p> <p>19. Brushfire Fallacy. People are clones who all think alike. If one person looks down on me, the word will spread like brushfire and soon everyone will look down on me.</p> <p>20. Spotlight Fallacy. Talking to people feels like having to perform under a bright spotlight on a stage. If I don't impress people by being sophisticated, witty, or interesting, they won't like me.</p> <p>21. Magical Thinking. If I worry enough, everything will turn out okay.</p>
<p>4. Approval Addiction. I need everyone's approval to be worthwhile.</p> <p>5. Love Addiction. I can't feel happy and fulfilled without being loved. If I'm not loved, then life is not worth living.</p> <p>6. Fear of Rejection. If you reject me, it proves that there's something wrong with me. If I'm alone, I'm bound to feel miserable and worthless.</p>	
Submissiveness	
<p>7. Pleasing Others. I should always try to please others, even if I make myself miserable in the process.</p> <p>8. Conflict Phobia. People who love each other shouldn't fight.</p> <p>9. Self-Blame. The problems in my relationships are bound to be my fault.</p>	
Demandingness	
<p>10. Other-Blame. The problems in my relationships are the other person's fault.</p> <p>11. Entitlement. You should always treat me in the way I expect.</p> <p>12. Truth. I'm right and you're wrong.</p>	Other
	<p>22. Low Frustration Tolerance. I should never be frustrated. Life should be easy.</p> <p>23. Superman / Superwoman. I should always be strong and never be weak.</p>

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Cost-Benefit Analysis*

List the attitude, feeling or habit you want to change: People won't love or accept or respect me if I fail or make a mistake.

Advantages	Disadvantages

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Examine the Evidence*

List the attitude, feeling or habit you want to challenge: I'm a failure.

Evidence that Supports this Thought	Evidence that Contradicts this Thought
<p>I've had two failed marriages.</p> <p>I have other faults and flaws a well.</p>	<p>I've had a wonderful third marriage for eight years.</p> <p>I've won many awards for my civic work.</p> <p>I run a successful counseling program at a local college.</p> <p>I run a internship program for clinical social work students.</p> <p>I do couples counseling for troubled couples in our church, and seem to have helped many couples.</p> <p>I've learned from my failed marriages and I've grown as a therapist and as a person.</p> <p>Most people, perhaps everyone, has many failures along the way!</p>

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Relapse Prevention Daily Mood Log*

Upsetting Event: Having a sudden relapse several weeks from now and feeling anxious and depressed again.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, blue, depressed, down, unhappy	100			Embarrassed, foolish, humiliated, self-conscious	100		
Anxious, worried, panicky, nervous, frightened	100			Hopeless, discouraged, pessimistic, despairing	100		
Guilty, remorseful, bad, ashamed	100			Frustrated, stuck, thwarted, defeated	100		
Inferior, worthless, inadequate, defective, incompetent	100			Angry, mad, resentful, annoyed, irritated, upset, furious	90		
Lonely, unloved, unwanted, rejected, alone, abandoned	100			Other			

Negative Thoughts (NTs)	% Now	% After	Distortions	Positive Thoughts (PTs)	% Belief
1. The therapy didn't really work.	100				
2. Things are hopeless.	100				
3. My problems are real. Therapy couldn't possibly help.	100				
4. I was just fooling myself when I thought I was feeling better.	100				
5. I really am a worthless loser.	100				
6. I knew it could never last.	100				