

**The Cognitive Distortion Starter Kit**

**David D. Burns, M.D.**  
Adjunct Clinical Emeritus  
Professor of Psychiatry and  
Behavioral Sciences, Stanford  
Medical School

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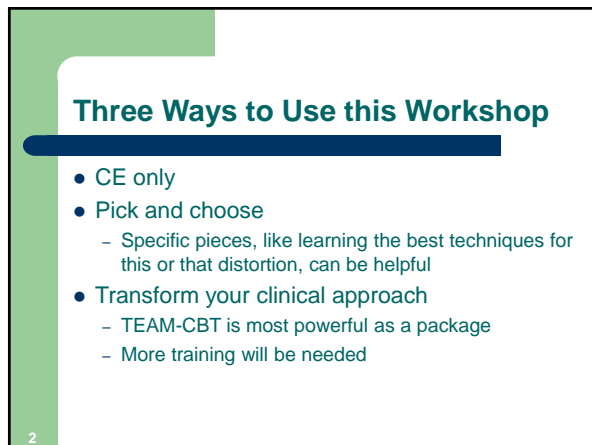
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**Three Ways to Use this Workshop**

- CE only
- Pick and choose
  - Specific pieces, like learning the best techniques for this or that distortion, can be helpful
- Transform your clinical approach
  - TEAM-CBT is most powerful as a package
  - More training will be needed

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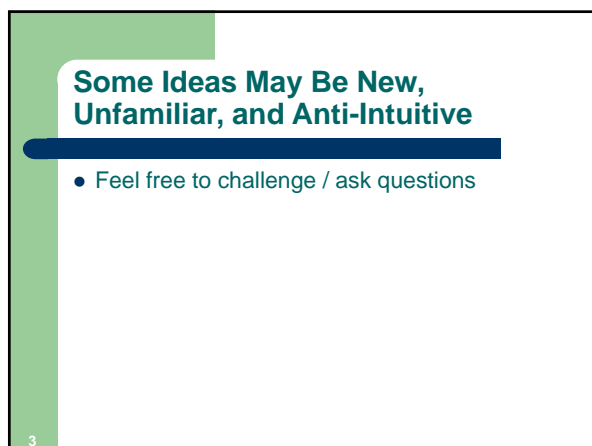
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**Some Ideas May Be New, Unfamiliar, and Anti-Intuitive**

- Feel free to challenge / ask questions

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### What is Cognitive Therapy?

- You FEEL the way you THINK
  - Epictetus
- Your negative thoughts are distorted
  - Depression and anxiety are the world's oldest cons
- You can CHANGE the way you FEEL
  - The very moment you stop believing your negative thoughts, your negative feelings will change

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### Four Important Hypotheses

1. A change in negative feelings can *only* result from a reduction in your belief in the negative thoughts that trigger those feelings.  
This is true in *all* forms of therapy
2. A reduction in your belief in your negative thoughts will always cause a reduction in the negative feelings that are triggered by the thoughts.

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### Four Hypotheses (cont'd)

3. Valid negative thoughts trigger healthy negative feelings, like sadness and fear.
4. Distorted negative thoughts trigger unhealthy negative feelings, like clinical depression or a panic attack.

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### The 10 Cognitive Distortions (from *Feeling Good: The New Mood Therapy*)

- All-or-Nothing Thinking
- Overgeneralization
- Mental Filter
- Discounting the Positive
- Jumping to Conclusions
  - Mind-Reading
  - Fortune-Telling
- Magnification / Minimization
- Labeling
- Emotional Reasoning
- Should Statements
- Blame
  - Self-Blame
  - Other-Blame

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### What is TEAM-CBT?

- T= Testing
- E = Empathy
- A = Agenda Setting
- M = Methods

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### What is TEAM-CBT? (cont'd)

- It is not a new school of therapy
- It is a structure / model for how all therapy works
  - Science-based
  - Data-driven

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### When Do You Crush the Patient's Distorted Thoughts?

- T= Testing
- E = Empathy
- A = Agenda Setting
- **M = Methods**

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### M = Methods

- TEAM uses > 100 methods
  - Drawn from > 12 schools of therapy
- How do you know which methods to use with each patient?

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### Your Distortion Toolkit (pp 15 - 17)

- Some M = Methods can be helpful for any cognitive distortion
  - Positive Reframing
  - Explain the Distortions
  - Double Standard Technique
  - Externalization of Voices
    - Acceptance Paradox
    - Self-Defense Paradigm
    - CAT (Counter-Attack Technique)

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### Distortion Toolkit (cont'd)

- Some M = Methods are especially useful for specific cognitive distortions
  - All-or-Nothing Thinking: Thinking in Shades of Gray
  - Overgeneralization: Be Specific and Worst, Best, Average
  - Mental Filter / Discounting the Positive: Examine the Evidence

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### Distortion Toolkit (cont'd)

- Examples:
  - Fortune-Telling: The Experimental and Hidden Emotion Techniques
  - Magnification and Minimization: The Experimental and Semantic Techniques
  - Emotional Reasoning: Examine the Evidence
  - Labeling: Let's Define Terms

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### Distortion Toolkit (cont'd)

- Examples:
  - Should Statements: The Semantic and Socratic Techniques
  - Self-Blame: Reattribution and the Double Standard Technique
  - Other-Blame: The Blame Cost-Benefit Analysis and Forced Empathy

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### Disclaimer

- These are guidelines, not formulas
  - Any method, in theory, can be helpful for any distortion
- You must *always* address resistance before trying to challenge any distorted thought

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### In TEAM, TEA Comes Before M

- Before using M = Methods, it is *crucial* to do
  - **T = Testing**
    - Your perceptions may not be accurate
  - **E = Empathy**
    - A warm alliance is necessary, but not sufficient
  - **A = Assessment of Resistance**
    - Melt away the patient's resistance

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### Why TEA Comes First

- Prevents resistance and makes rapid recovery possible
- Enhances teamwork

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### Why TEA Comes First (cont'd)

- The failure to address resistance is the main cause of therapeutic failure
  - You may have to slow down in order to speed up!

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### Clinical Example

- The Story of Christine
  - "I must be defective."

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### T = Testing

- Brief Mood Survey
  - before and after session
- Can use Daily Mood Log
  - within session

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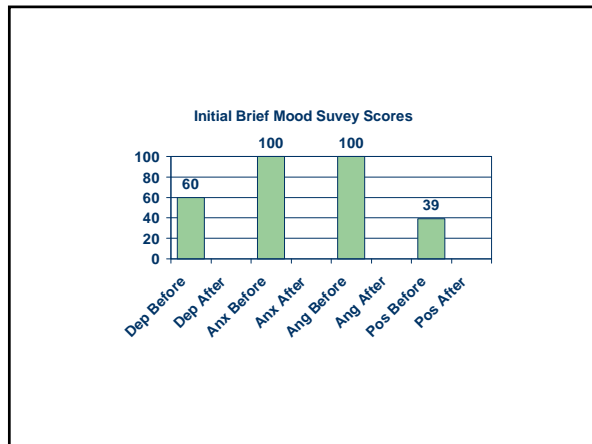
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**Daily Mood Log (pp 3 – 4)**

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90			Humiliated, self-conscious	100		
Worried, panicky, frightened	100			Discouraged, pessimistic	90		
Remorseful, ashamed	80			Stuck	90		
Inadequate, defective	95			Mad, resentful, enraged	90		
Unwanted, rejected, alone	90						

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				

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**Daily Mood Log (cont'd)**

NT	% Now	% After	Dist	PT	% Belief
4. I should have stopped the abuse.	90				
5. I victimized myself.	100				
6. I was cowardly.	100				
7. I was too afraid of him.	100				
8. I lived a lie and shouldn't have.	100				
9. The therapists in the audience will judge me.	100				
10. They'll ask, "How can she be a therapist when she can't help herself?"	100				

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### How Does the Daily Mood Log Help?

- Facilitates accurate empathy
  - Can see all of Christine's negative feelings
  - Can see the exact thoughts that trigger her feelings
- Provides a specific focus for the session
  - Fractal psychotherapy

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### How Does the Daily Mood Log Help? (cont'd)

- Individualizes the treatment
  - Treat the person, not the diagnosis
- Makes the therapist and patient accountable

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### How Does the Daily Mood Log Help? (cont'd)

- Allows you to focus on one Negative Thought at a time and generate Positive Thoughts using a variety of strategies

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### The Necessary and Sufficient Conditions for Emotional Change

- The Necessary Condition
  - The Positive Thought (PT) must be 100% true
- The Sufficient Condition
  - The PT must drastically reduce the patient's belief in the Negative Thought (NT)

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### E = Empathy



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### A = Assessment of Resistance

- T = Testing
- E = Empathy
- **A = Assessment of Resistance**
- M = Methods

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## Two Types of Resistance

- Outcome Resistance
  - Patient has mixed or negative feelings about a good outcome
- Process Resistance
  - Patient may want a good outcome, but doesn't want to engage in the hard work of therapy

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## Four Types of Outcome Resistance

- Depression
  - Attachment vs. Acceptance
- Anxiety
  - Magical thinking
- Relationship Problems
  - Getting close
- Habits and Addictions
  - Pleasure / gratification

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## Four Types of Process Resistance

- Depression
  - Psychotherapy homework
- Anxiety
  - Exposure
- Relationship Problems
  - Giving up blame
- Habits and Addictions
  - Deprivation and discipline

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### Techniques to Reduce Outcome Resistance

- Invitation Step
- Miracle Cure Question
- Magic Button
- Positive Reframing
- Pivot Question
- Magic Dial

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### The Magic Button

- Will you press it?



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### Invitation, Miracle Cure Question, Magic Button

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### Techniques to Reduce Outcome Resistance

- Invitation Step
- Miracle Cure Question
- Magic Button
- **Positive Reframing**
- Pivot Question
- Magic Dial

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### Positive Reframing

- Advantages
  - What are some advantages, or benefits, of Christine's negative thoughts and feelings? How will they help and protect her?
- Core Values
  - What do Christine's negative thoughts and feelings show about her that is positive, beautiful, and awesome?

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### Positive Reframing Exercise

- Use the Positive Reframing Chart on pp 5 - 6 of your handout

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### Tips on Positive Reframing

- Focus on one negative thought or feeling at a time
- The positives must be embedded in or directly implied by the negative thought or feeling
  - Requires a re-wiring of the therapist's brain!

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### Example: Hopelessness

- What are some benefits of hopelessness?
  - Put your ideas in the chat
- What does your hopelessness show about you that's positive and awesome?
  - Put your ideas in the chat

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### Tips on PAS (cont'd)

- Do NOT List
  - General compliments
    - You're "a good person"
  - Positive buzzwords
    - You're "a fighter."
    - You're "resilient."
    - You're "a survivor."
- This is called "cheerleading"

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### Positive Reframing vs Cheerleading

- Cheerleading
  - You are trying to cheer the person up
  - This is nearly always irritating
- Positive Reframing
  - You are trying to convince the patient NOT to change
  - Paradoxically, this usually reduces shame and resistance

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### Positive Reframing: Feelings

- Work on one specific feeling at a time
  - For example, Christine is incredibly anxious.
    - Can you think of some advantages, or benefits of her anxiety?

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### Positive Reframing: Thoughts

- Work one specific thought at a time
- For example, Christine is tremendously self-critical, and says, "I must be defective."
  - What does this negative thought show about Christine and her core values that is positive and even awesome?

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### Positive Reframing Tips

- Everything you list must be positive and flattering to the patient
  - “Your depression allows you to get attention from people.”
    - This is the “secondary gain” theory of resistance
    - This message not positive or valid. It sounds like a put-down and will not be helpful to the patient.

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### Close the Printed PowerPoint Booklet Now

- And turn to the Positive Reframing Chart on page 5 - 6 of your handout

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### Positive Reframing: Christine's Sadness and Depression

- My sadness
  - Is totally appropriate, given all the time I have lost and the suffering I've endured.
  - Shows my passion for life.

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### Positive Reframing: Christine's Anxiety

- My anxiety
  - Keeps me safe.
  - Is an expression of self-love.

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### Positive Reframing: Christine's Shame

- My shame shows that I
  - Have strong values.
  - Respect the opinions of others.

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### Positive Reframing: Christine's Loneliness

- My loneliness shows that
  - I care about people
  - I want meaningful and loving relationships with others.

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### Positive Reframing: Christine's Hopelessness

- My hopelessness
  - Is like an armor that protects me from disappointments.
  - Shows that I am honest and realistic about the fact that I've had many years of failed therapy for my depression.
  - Shows that I am a critical, skeptical thinker.

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### Positive Reframing: Christine's Anger

- My anger
  - Shows that I recognize injustice and am willing to stick up for myself.
  - Is justified. My ex-husband has sociopathic tendencies.
  - Gives me energy.
  - Shows that I have a moral compass.

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### Positive Reframing: "I must be defective."

- My self-critical thoughts show that
  - I am willing to be accountable, rather than blaming others.
  - I have high standards.
  - My high standards have motivated me to accomplish a lot.
  - I am humble.
  - I am honest and realistic, since I have many flaws.

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**Positive Reframing:****"The therapists in the audience may judge me."**

- My fear of being judged shows that
  - I respect my colleagues.
  - I want good relationships with them.

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**The Three Summary Questions**

- Are these positives
  - Real?
  - Powerful?
  - Important?

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**The Pivot Question**

- Given all these positives, why in the world would you want to press that Magic Button?
  - If you do, then all these positives will disappear right along with your negative thoughts and feelings.

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## Resolving the Patient's Paradox

### • Magic Dial



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### Daily Mood Log

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90	5		Humiliated, self-conscious	100	0	
Worried, panicky, frightened	100	2		Discouraged, pessimistic	90	10	
Remorseful, ashamed	80	0		Stuck	90	0	
Inadequate, defective	95	10		Mad, resentful, enraged	90	10	
Unwanted, rejected, alone	90	5					
NT	% Now	% After	Dist	PT	% Belief		
1. I'm not safe.	100						
2. I can't trust men.	95						
3. I must be defective.	90						

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## M = Methods

- The goal is to crush Christine's Negative Thoughts
- Focus on one thought at a time
  - Patient selects the thought
- Crushing that thought will usually lead to a sudden change
  - The other changes will be much easier

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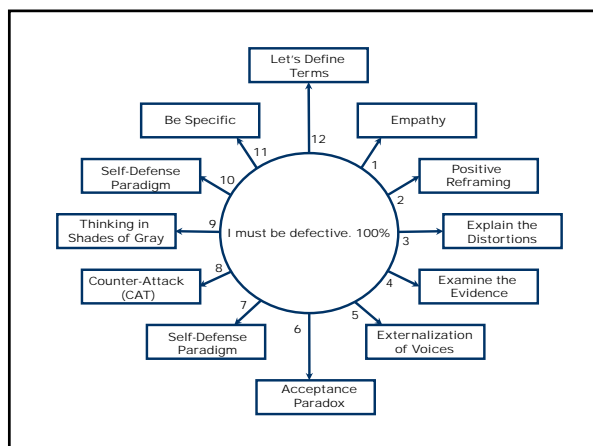
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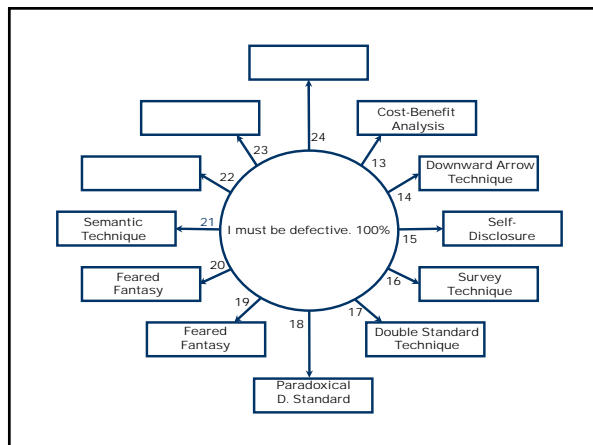
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**“I must be defective.” What are the distortions?**

- All-or-Nothing Thinking
- Overgeneralization
- Mental Filter
- Discounting the Positive
- Jumping to Conclusions
  - Mind-Reading
  - Fortune-Telling
- Magnification / Minimization
- Labeling
- Emotional Reasoning
- Should Statements
- Blame
  - Self-Blame
  - Other-Blame

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### Explain the Distortions: “I must be defective.” 100%

- After each distortion she identifies, you can ask her
  - Why is this thought a classic example of that distortion?
  - Why is this distortion a thinking error?
  - Why might this distortion be self-defeating?

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### Explain the Distortions: I must be defective. 100%

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### Explain the Distortions: “I must be defective.” 100%

- Discounting the Positive
  - Examine the Evidence
- Labeling
  - Semantic Technique
- Mind-Reading
  - Reattribution / Survey Technique

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### Explain the Distortions: “I must be defective.” 100%

- Ask the patient to
  - record Positive Thoughts in the right-hand column
  - Indicate how strongly s/he believes it
  - Now re-rate the belief in the Negative Thought

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#### Daily Mood Log

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90	5		Humiliated, self-conscious	100	0	
Worried, panicky, frightened	100	2		Discouraged, pessimistic	90	10	
Remorseful, ashamed	80	0		Stuck	90	0	
Inadequate, defective	95	10		Mad, resentful, enraged	90	10	
Unwanted, rejected, alone	90	5					

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I must be defective.	90				
			AON: OG; MF: DP; MR: FT; ER: LAB; SH: SB	I survived. I have a good education, and I help others. I raised two good sons. I am a human being with strengths and weaknesses. I may have made some mistakes but I have done a lot of good things in the world as well.	100

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#### Daily Mood Log

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90	5		Humiliated, self-conscious	100	0	
Worried, panicky, frightened	100	2		Discouraged, pessimistic	90	10	
Remorseful, ashamed	80	0		Stuck	90	0	
Inadequate, defective	95	10		Mad, resentful, enraged	90	10	
Unwanted, rejected, alone	90	5					

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100				
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## Humor

- Can be a form of empathy
- Can accelerate healing
  - “Laughing enlightenment” is a Buddhist concept
- Is difficult to teach
- Must be used with thoughtfulness / caution
  - A two-edged sword

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## M = Methods Video Excerpt

- Externalization of Voices with role reversals
  - Self-Defense Paradigm
  - Acceptance Paradox
  - Semantic Method
- Can be used with any distortion

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## Externalization of Voices



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### Externalization of Voices

- Negative Self speaks in Second-Person, "You"
- Positive Self speaks in first-person, "I"
- Both "selves" must have the same name

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### Externalization of Voices (cont'd)

- After each exchange ask, "Who won?"
  - Small, big, or huge
  - Huge is the goal
- Do continued role-reversals until you get to "huge"

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### Externalization of Voices (cont'd)

- Strategies for Positive Self
  - Self-Defense
  - The Acceptance Paradox
  - CAT: the Counter-Attack Technique

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### M = Methods Video Excerpt

- “The therapists in the audience will judge me.”
  - Mind-Reading
  - Used the Survey / Experimental Technique

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### The Survey Technique

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### End of Session T = Testing

- Internal Testing
  - Daily Mood Log
- External Testing
  - Brief Mood Survey

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**Daily Mood Log**

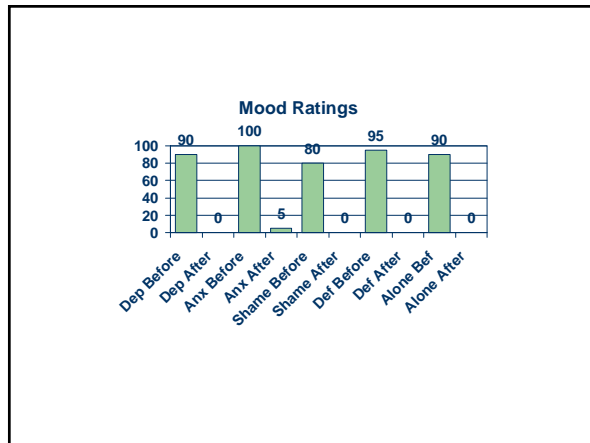
Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Unhappy	90	5	0	Humiliated, self-conscious	100	0	5
Worried, panicky, frightened	100	2	5	Discouraged, pessimistic	90	10	0
Remorseful, ashamed	80	0	0	Stuck	90	0	0
Inadequate, defective	95	10	0	Mad, resentful, enraged	90	10	0
Unwanted, rejected, alone	90	5	0				

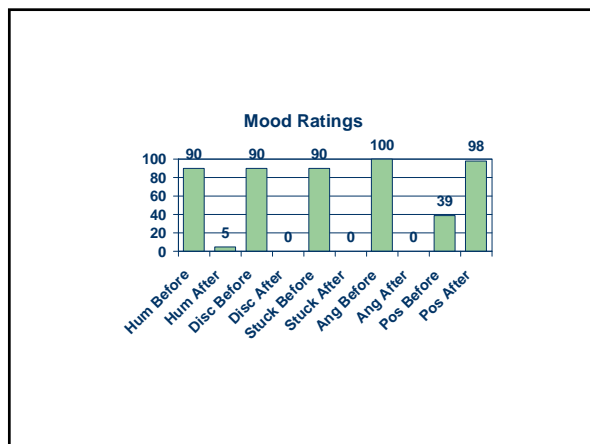
  

NT	% Now	% After	Dist	PT	% Belief
1. I'm not safe.	100	0	OG: MF: FT: ER	I got away. I'm powerful, and I survived. He lives far away.	100
2. I can't trust men.	95	5	AON: OG: MF: DP: M/M: LAB: OB	I've know some trustworthy men.	100
3. I must be defective.	90	5	AON: OG: MG: DP: MR: FT: ER: LAB: SH: SB	I survived. I have a good education, and I help others. I raised two good sons. I am a human being with strengths and weaknesses. I may have made some mistakes but I have done a lot of good things in the world as well.	100

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### Teaching Points

- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- M = Methods

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### T = Testing

- Provides a tremendous opportunity for therapist learning and growth
  - An emotional X-Ray machine

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### E = Empathy

- Is not enough to bring about recovery
- Makes the use of powerful methods possible

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**A = Assessment of Resistance**

- Helps patients see that their suffering is an expression of their deepest values
  - And NOT the result of an "illness" or brain disorder
- New paradigm in psychiatry / psychology

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**M = Methods**

- The Recovery Circle allows you to select many methods to challenge a negative thought
  - You can select the most effective methods, based on the distortions in the negative thought

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**M = Methods**

- Your success rate will double if you've done skillful TEA first.
  - Nearly all therapeutic failure results from resistance that has not been skillfully addressed
  - No matter how many methods you use, failure is inevitable if you and the patient are not on the same TEAM

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### Relapse Prevention Training (RPT) is Mandatory

- Can be done in about 30 minutes
  - Do not do RPT until patient has recovered completely
  - Patient may need brief “tune-ups” following the initial recovery

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### Methods Specifically Helpful for All-or-Nothing Thinking

- Thinking in Shades of Gray
  - Advertising executive who was convinced he was “over the hill”
  - David’s workshop with Aaron Beck
- The world becomes far more colorful when you learn to Think in Shades of Gray

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### More on All-or-Nothing Thinking

- Relapse and Relapse Prevention Training

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### Methods Specifically Helpful for Overgeneralization

- Depression is impossible without Overgeneralization
- Be Specific
  - I'm unloveable

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### Methods Specifically Helpful for Overgeneralization

- Worst, Best, Average (page 13)
  - Involves a combination of
    - Be Specific
    - Acceptance Paradox
    - Thinking in Shades of Gray

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### Example: "I'm a bad therapist."

- What are the qualities of a "good" therapist
  - Warm and caring
  - Empathy skills
  - Technical skills in treating anxiety, depression, etc.
  - Trustworthy, ethical
  - Session by session tracking
  - Initial evaluation skills
  - Etc.

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**“I’m a bad therapist.” (cont’d)**

- Rate yourself in each category
  - When you are at your worst
  - When you are at your best
  - On average

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**Worst, Best, Average**

Quality	At My Worst	At My Best	On Average
1. Empathy Skills	5%	95%	85%
2. Compassion	15%	95%	90%
3. Anxiety Skills	5%	65%	40%
4. Testing Skills	10%	30%	15%

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**Worst, Best, Average**

- If needed, make a plan for improving in one specific area. For example
  - I could learn more about the use of exposure techniques in the treatment of anxiety.

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### Methods Specifically Helpful for Mental Filter / Discounting the Positive

- Examine the Evidence
  - Suicidal Latvian immigrant
    - "I've never accomplished anything worthwhile."
- Straightforward / Paradoxical Double Standard Technique (page 9)
  - What would you say to a dear friend who was just like you?

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### Methods Specifically Helpful for Mind-Reading

- Survey Technique
  - Christine discovered that the people in the audience were NOT judging her
  - "Low level solution"

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### Methods Specifically Helpful for Mind-Reading

- Feared Fantasy (page 11)
  - "She'll tell others who will judge me."
  - High level solution
- You discover that the monster has no teeth

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**Methods Specifically Helpful for Fortune-Telling**

- The Experimental Technique
  - Depressed and anxious attorney
  - Woman with terrifying panic attacks

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### Methods Specifically Helpful for Fortune-Telling

- The Hidden Emotion Technique
  - Woman with > 50 years of failed therapy for Generalized Anxiety Disorder
    - Constant fantasies of terrible things that might happen to her sons and husband

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### Methods Specifically Helpful for Magnification / Minimization

- The Experimental Technique
  - Woman with elevator phobia
    - 20 years of psychoanalysis
  - Handsome man with intense fears of sweating
    - "If women see how sweaty I am, they'll be grossed out."

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### Methods Specifically Helpful for Emotional Reasoning

- Examine the Evidence
  - "Things will never change. I'll be depressed forever."

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### Methods Specifically Helpful for Labeling

- Let's Define Terms
  - "I'm a failure."
- What's the definition of "a failure" or "a loser"?

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### Methods Specifically Helpful for Labeling

- Semantic Technique
  - "I'm a lazy human being so I deserve to die."

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### Methods Specifically Helpful for Labeling

- CBA / Semantic Technique
  - "I'm a defective human being."

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### Methods Specifically Helpful for Should Statements

- Woman with son with learning disability
  - "I *shouldn't* feel ashamed of my son."
  - "I *shouldn't* get angry with him."
  - "He *shouldn't* get so frustrated and fly off the handle."

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### Methods Specifically Helpful for Should Statements (cont'd)

- Socratic Technique
  - Do parents sometimes get angry with their kids?
  - What are you?
  - What follows?

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### Methods Specifically Helpful for Should Statements (cont'd)

- Semantic Technique
  - You can substitute
    - I really wish . . .
    - I would prefer it if . . .

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### Methods Specifically Helpful for Self-Blame

- Reattribution
  - “If she shoots me down it will prove that I’m a loser.”
  - “I must be defective.” (Christine)
- Straightforward or Paradoxical Double Standard Technique
  - Woman with terminal ovarian cancer

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### Methods Specifically Helpful for Other-Blame

- Blame Cost-Benefit Analysis (page 18)
- Forced Empathy

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### What Do You Do When a Method Doesn’t Work?

- Recovery Circle
  - Fail as Fast as You Can
- Go back to A = Assessment of Resistance
- Have I done the method correctly?
- Have I assessed and conceptualized the problem correctly?

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### Additional Resources

- [www.feelinggood.com](http://www.feelinggood.com)
  - Dr. Burns' Feeling Good Podcasts
    - > 3 million downloads
    - For you and your clients
    - Includes dramatic live therapy sessions
      - With extensive commentary / show notes
  - Free testing and classes
    - Depression and anxiety

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### Additional Resources (cont'd)

- Unlimited free weekly psychotherapy training
  - Tuesdays, for California Therapists
  - Wednesdays, for therapists from anywhere in the world

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### Additional Resources for You

- Tools, Not Schools, of Therapy
- Therapist's Toolkit
- The Easy Diagnostic System
  - All can be ordered at my shop at [www.feelinggood.com](http://www.feelinggood.com)
  - 25% discount for workshop participants
    - Time-limited

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### Resources for Your Patients (and for you)

- Books
  - *Feeling Good*
  - *Feeling Good Together*
  - *The Feeling Good Handbook*
  - ***Feeling Great (the latest)***
  - *When Panic Attacks*
  - *Intimate Connections*
  - *Ten Days to Self-Esteem*,

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### Additional Resources (cont'd)

- [www.feelinggoodinstitute.com](http://www.feelinggoodinstitute.com) (Feeling Good Institute, Mt. View, Ca)
  - T.E.A.M. Certification program
  - Training, including free and paid workshops
  - Weekly online seminars (outstanding!)
  - Treatment, including intensives

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### Thank You!

- For coming to this workshop!
  - I hope you had fun and learned something useful.

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Thank You, Jack!

- It is *always* a pleasure to work with you!

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# **Cognitive Distortion Starter Kit\***

**by David D. Burns, M.D.**

**Sponsored by Jack Hirose and Associates**

**May 5, 2021**

Dr. Burns' email: [david@feelinggood.com](mailto:david@feelinggood.com)

Website: [www.feelinggood.com](http://www.feelinggood.com), includes many free resources

- Weekly Feeling Good Podcasts (>3 million downloads)
- Free weekly training for mental health professionals
- Feeling Good Blogs
  - Ten Worst Errors Therapists Make
- Free classes (for you and your patients)
  - depression
  - anxiety
  - relationship problems
- Free unpublished chapters on new, revolutionary treatment methods for habits and addictions
- Free depression, anxiety, and relationship assessment

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**Christine's Initial Daily Mood Log\*****Upsetting Event:** Long-term sexual abuse culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, blue, depressed, down, unhappy	90			Embarrassed, foolish, humiliated, self-conscious	100		
Anxious, worried, panicky, nervous, frightened	100			Hopeless, discouraged, pessimistic, despairing	90		
Guilty, remorseful, bad, ashamed	80			Frustrated, stuck, thwarted, defeated	90		
Worthless, inadequate, defective, incompetent	95			Angry, mad, resentful, annoyed, irritated, upset, furious	100		
Lonely, unloved, unwanted, rejected, alone	90			Other			

Negative Thoughts	% Now	% After	Distortions	Positive Thoughts	% Belief
1. I'm not safe.	100				
2. I can't trust men.	95				
3. I should have stopped the abuse.	90				
4. I victimized myself.	100				
5. I must be defective.	90				
6. I was cowardly.	100				

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## Christine's Initial Daily Mood Log, page 2\*

7. I was too afraid of him.	100				
8. I am nothing without an important man.	80				
9. I lived a lie and I shouldn't have.	100				
10. The therapists in the audience will judge me and think I let myself be a victim and should have left long before I did.	100				
11. They'll ask, "How can she be a therapist and help others when she can't help herself?"	100				

## Checklist of Cognitive Distortions\*

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

**Christine's Positive Reframing Table\***

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

<b>Thought or Feeling</b>	<b>Advantages and Core Values—Ask yourself:</b>
List each negative thought or feeling you are analyzing here. Work on them one at a time.	<ol style="list-style-type: none"> <li>1. What are some advantages, or benefits, of this negative thought or feeling?</li> <li>2. What does this negative thought or feeling show about me and my core values that is beautiful, positive and awesome?</li> </ol>
1. Sad, unhappy	
2. Anxious	
3. Remorseful, ashamed	
4. Inadequate, defective	

**Continue on Next Page**

Thought or Feeling	Advantages and Core Values
5. Rejected, alone	
6. Hopeless, discouraged	
7. Mad, resentful	
8. I must be defective.	
9. The therapists in the audience will judge me.	
10. I can't trust men.	

**Christine's Completed Daily Mood Log\*****Upsetting Event:** Long-term sexual abuse by husband culminating in violent rape.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
<b>Sad</b> , blue, depressed, down, unhappy	90	5	0	<b>Embarrassed</b> , foolish, humiliated, self-conscious	100	0	5
<b>Anxious</b> , worried, panicky, nervous, frightened	100	2	5	<b>Hopeless</b> , discouraged, pessimistic, despairing	90	10	0
<b>Guilty</b> , remorseful, bad, ashamed	80	0	0	<b>Frustrated</b> , stuck, thwarted, defeated	90	0	0
<b>Worthless</b> , inadequate, defective, incompetent	95	10	0	<b>Angry</b> , mad, resentful, annoyed, irritated, upset, furious	100	10	0
<b>Lonely</b> , unloved, unwanted, rejected, alone	90	5	0	<b>Other</b>			

Negative Thoughts	% Now	% After	Distortions	Positive Thoughts	% Belief
1. I'm not safe.	100	0	OG; MF; FT; ER	I got away. I'm powerful, and I survived. He lives far away.	100
2. I can't trust men.	95	5	AON; OG; MF; DP; M/M; LAB; OB	I've know some trustworthy men.	100
3. I should have stopped the abuse.	90	5	MF; DP; SH; LAB; M/M; SB	To stop the abuse, I had to leave, but I felt I couldn't leave until my sons were grown.	100
4. I victimized myself.	100	5	OG; MF; DP; M/M; ER/ SH; SB	I fought hard to minimize the damage to me and my sons.	100
5. I must be defective.	90	10	AON; OG; MF; DP; MR; FT; ER; LAB; SH; SB	I survived. I have a good education, and I help others. I raised two good sons. I am a human being with strengths and weaknesses. I may have made some mistakes but I have done a lot of good things in the world as well.	100
6. I was cowardly.	100	0	MF; AON; OG; DP; LAB; M/M; ER; SB	I was very brave while afraid. I kept protecting my sons.	100

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## Christine's Completed Daily Mood Log, page 2\*

7. I was too afraid of him.	100	5	OG; MF; SH; SB	I should have been afraid. He was dangerous.	100
8. I am nothing without an important man.	80	0	MF; DP; FT; M/M; ER; SH; LAB; SB	I am a very successful woman and I always have been.	100
9. I lived a lie and I shouldn't have.	100	5	AON; OG; MF; DP; M/M; ER; SH; SB	I now see the value in telling the truth about abuse.	100
10. The therapists in the audience will judge me and think I let myself be a victim and should have left long before I did.	100	10	MF; DP; MR; FT; M/M; ER; SH; SB	I was brave for staying until my sons were old enough to be safe. I was a good mother and I left when I could support myself. I have no evidence that they are judging me, but I could ask!	100
11. They'll ask, "How can she be a therapist and help others when she can't help herself?"	100	0	MF; DP; MR; M/M; ER; SB	I have learned a lot about helping others in similar situations. I am a caring person and I think of others. I have a unique understanding of abuse. This gives me greater empathy and experience to help others.	100

## Checklist of Cognitive Distortions\*

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

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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?
<b>Paradoxical Double Standard Technique</b>	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
<b>Externalization of Voices</b>	His or her real name	Same name as the patient	Yes
<b>Feared Fantasy</b>	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
<b>Self-Defense Paradigm</b>	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."
<b>Acceptance Paradox</b>	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.

### Worst, Best, Average

Select one of the Negative Thoughts (NTs) below, or use a similar NT that contains All-or-Nothing Thinking, Overgeneralization, or Labeling,

- “I’m a bad mom” (or dad, therapist, teacher, etc.)
- My marriage was a failure because it ended in divorce. (Or, “I’m a failure because my marriage ended in divorce.”)
- I’m a lousy therapist.
- I should be better than I am.
- I’m defective.

Record your Negative Thought here: \_\_\_\_\_

List at least 5 qualities of a "good" marital partner, therapist, parent, or human, etc.	Rating (0 to 100) when you're		
	at your worst	at your best	on average
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Now focus on one SPECIFIC quality / characteristic you'd like to improve, and list several specific steps could you take to improve in that area.

Description of quality or characteristic: \_\_\_\_\_

Steps I can take to improve in this specific area:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 50 Ways to Untwist Your Thinking\*

Basic Techniques	Role-Playing	Exposure Techniques
1. Empathy 2. Agenda Setting 3. Identify the Distortions 4. Straightforward Technique	19. Externalization of Voices 20. Feared Fantasy <b>Plus:</b> Double Standard, Acceptance Paradox, Devil's Advocate, and many of the Interpersonal Techniques	<b>Classical Exposure</b> 36. Gradual Exposure and Flooding 37. Response Prevention 38. Distraction
Cognitive Techniques	Philosophical / Spiritual	Cognitive Exposure
<b>Compassion-Based</b> 5. Double Standard Technique	<b>Visual Imaging</b> 22. Time Projection	39. Cognitive Flooding 40. Image Substitution
<b>Truth-Based</b> 6. Examine the Evidence 7. Experimental Technique 8. Survey Technique 9. Reattribution	23. Humorous Imaging 24. Cognitive Hypnosis	<b>Plus:</b> Worry Breaks, Feared Fantasy, and Acceptance Paradox
<b>Logic-Based</b> 10. Socratic Method 11. Thinking in Shades of Gray	Uncovering Techniques	Interpersonal Exposure
<b>Semantic</b> 12. Semantic Method 13. Let's Define Terms 14. Be Specific	25. Individual Downward Arrow 26. Interpersonal Downward Arrow 27. What-If Technique 28. Hidden Emotion Technique	42. Smile and Hello Practice 43. David Letterman Technique 44. Self-Disclosure 45. Flirting Training 46. Rejection Practice <b>Plus:</b> Rejection Feared Fantasy and Shame-Attacking Exercises
<b>Quantitative</b> 15. Self-Monitoring 16. Negative Practice / Worry Breaks	Motivational Techniques	Interpersonal Techniques
<b>Humor-Based</b> 17. Paradoxical Magnification 18. Shame-Attacking Exercises	29. Straightforward and Paradoxical Cost-Benefit Analysis (CBA) 30. Devil's Advocate Technique 31. Stimulus Control 32. Decision-Making Form 33. Daily Activity Schedule 34. Pleasure Predicting Sheet 35. Anti-Procrastination Sheet	47. Relationship Cost-Benefit Analysis (CBA) 48. Revise Your Communication Style 49. Five Secrets of Effective Communication 50. One-Minute Drill <b>Plus:</b> Interpersonal Decision-Making

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## Your Cognitive Distortion Starter Kit\*

by David D. Burns, MD\*

Some techniques will be effective for any distortion:

- Positive Reframing
- Explain the Distortions
- Externalization of Voices / Acceptance Paradox
- The Straightforward and Paradoxical Double Standard Techniques

This table lists techniques that can be especially helpful for each distortion.

Distortions	Examples	Specific Techniques for this distortion	Comments
1. AON	I've blown my diet completely. I've relapsed. This proves the therapy didn't work. I'm deeply and permanently damaged.	Thinking in Shades of Gray	This distortion causes <ul style="list-style-type: none"> <li>• Perfectionism</li> <li>• Depression</li> <li>• Performance anxiety</li> <li>• Public speaking anxiety</li> <li>• Shyness</li> <li>• Relapses</li> </ul>
2. OG	I'm a loser. I'm a failure as a father. I'm a bad mom. This is <i>always</i> happening to me! I'll be alone forever. I'm unloveable.	Be Specific Let's Define Terms Examine the Evidence	There are two forms of OG: <ul style="list-style-type: none"> <li>• generalizing from this failure to the future.</li> <li>• generalizing from this failure to the "self." And you can generalize to your total self ("I'm worthless") or to one of your roles in life ("I'm a bad mom.")</li> </ul>
3. MF/ DP	<b>MF:</b> Rhonda focusing on some error during a podcast: "I said that diagnostic labels were meaningless."	Paradoxical Double Standard Technique Socratic Technique Examine the Evidence	This distortion contributes to burnout and procrastination. You think about everything you <i>haven't</i> done, and



	DP: The people who praised me were just being nice.		minimize the value of things you <i>have</i> done.
4. JC: Mind-Reading	People would judge me if they knew about my flaws, or how insecure I am!	Survey Technique Feared Fantasy Interpersonal Exposure Techniques: 1. Shame-Attacking Exercises 2. Smile and Hello Practice 3. Self-Disclosure 4. Survey Technique 5. Talk Show Host	MR causes <ul style="list-style-type: none"> <li>• Shyness</li> <li>• Performance Anxiety</li> <li>• Loneliness</li> <li>• Relationship conflicts</li> </ul>
5. JC: Fortune Telling (anxiety)	I just know I'll screw up when I give my talk.	Cost-Benefit Analysis Paradoxical Double Standard Let's Define Terms Experimental Technique Exposure / Response Prevention <ul style="list-style-type: none"> <li>• Classical</li> <li>• Cognitive</li> <li>• Interpersonal</li> <li>• Virtual</li> </ul>	FT causes <ul style="list-style-type: none"> <li>• Anxiety—you cannot feel anxious without FT</li> </ul>
6. JC: Fortune Telling (hopelessness)	I'm a hopeless case and will never recover.	Cost-Benefit Analysis Paradoxical Double Standard Experimental Technique	FT causes <ul style="list-style-type: none"> <li>• hopelessness and suicidal urges</li> </ul>
7. Mag / Min	I'm about to die! I'm about to lose my mind and crack up!	Experimental Technique Examine the Evidence Semantic Method	Mag and Min cause panic as well as procrastination
8. ER	I feel scared, so I must be in danger. I feel worthless, so I must be worthless. I feel hopeless, so I must be hopeless.	Examine the Evidence	This distortion traps you in your negative thoughts and feelings because you think your NTs are true
9. Lab	I'm defective. I'm worthless.	Semantic Method Let's Define Terms	There are two kinds of labeling: <ul style="list-style-type: none"> <li>• Self: I'm a loser.</li> </ul>

	I'm a failure. I'm a bad (teacher, mom, dad, therapist, daughter, father, etc.)	Thinking in Shades of Gray Be Specific / Thinking in Shades of Grey	<ul style="list-style-type: none"> <li>Others: You're a loser / jerk.</li> </ul>
<b>10. Shoulds</b>	I shouldn't have let my daughter go out and play. I should have known my brother was suicidal, so his death is my fault. A mother <i>shouldn't</i> feel ashamed of his / her son (who has a disability).	Semantic Method Acceptance Paradox Socratic Technique Double Standard Technique	There are four types of Shoulds: <ul style="list-style-type: none"> <li>Self</li> <li>Others</li> <li>Universe</li> <li>Hidden Shoulds</li> </ul>
<b>11. Blame / Self-Blame</b>	It's all my fault. I've ruined my daughter's childhood.	<ul style="list-style-type: none"> <li>Reattribution</li> <li>Paradoxical Double Standard</li> </ul>	Self-Blame often goes hand in hand with Self-Directed Shoulds
<b>12. Blame / Other Blame</b>	This is <i>your</i> fault. I'm right and you're wrong!	<ul style="list-style-type: none"> <li>Reattribution</li> <li>Forced Empathy</li> <li>Paradoxical CBA</li> <li>Relationship Journal</li> </ul>	Blame often goes hand in hand with Other-Directed Shoulds

## Blame Cost-Benefit Analysis\*

Advantages of Blaming the Other Person	Disadvantages of Blaming the Other Person

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### Blame Cost-Benefit Analysis\*

Advantages of Blaming the Other Person	Disadvantages of Blaming the Other Person
<ol style="list-style-type: none"> <li>1. It's easy. I won't have to change.</li> <li>2. I can feel self-righteous and morally superior.</li> <li>3. I won't have to get close to the other person. I can keep them at a distance.</li> <li>4. I'll feel powerful.</li> <li>5. I'll be convinced that the problem <i>really is</i> the other person's fault. This lets me off the hook.</li> <li>6. TRUTH will be on my side. I'll feel like I'm right and the other person is wrong.</li> <li>7. I can play the role of victim.</li> <li>8. I won't have to feel vulnerable. It feels safe.</li> <li>9. Blaming the other person will protect my self-esteem and pride.</li> <li>10. I won't have to feel guilty.</li> <li>11. I can hide my faults and deny my own role in the problem.</li> <li>12. I won't have to experience the pain and humiliation of self-examination. I won't have to feel ashamed.</li> <li>13. I'll show that I can't be pushed around or taken advantage of.</li> <li>14. I can fantasize about getting revenge on the other person.</li> <li>15. I can do mean and petty things and tell myself that she or he deserves it.</li> </ol>	<ol style="list-style-type: none"> <li>1. Nothing will change.</li> <li>2. This attitude will turn the other person off.</li> <li>3. We won't be able to develop a better relationship.</li> <li>4. I'll be powerless to resolve the conflict.</li> <li>5. The other person will be equally convinced that the problem is all my fault. We'll blame each other endlessly, and no one will give in.</li> <li>6. The other person will be equally convinced that I'm wrong and that she or he is right.</li> <li>7. The role of victim can get tiresome. I may get addicted to self-pity.</li> <li>8. I'll hide my feelings and the other person won't see how I really feel inside.</li> <li>9. I'll deprive myself of any chance for love or intimacy.</li> <li>10. I may feel guilty anyway.</li> <li>11. I'll be blind to my role in the problem and may have an overly positive view of myself.</li> <li>12. I won't grow or learn anything new.</li> <li>13. I'll give the other person the power to control me by pushing my buttons.</li> <li>14. The other person may fantasize about getting revenge on me.</li> <li>15. The other person may retaliate.</li> </ol>

(continue on next page)

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### Blame Cost-Benefit Analysis (cont'd)\*

- |   |  |
|---|--|
| <p><b>16.</b> I can get back at the other person and do nasty things behind their back.</p> <p><b>17.</b> I can tell myself that I have <b>every right</b> to be angry.</p> <p><b>18.</b> The anger will give my life purpose and meaning.</p> <p><b>19.</b> Life will seem dramatic and exciting. The conflict will make me feel special and important.</p> <p><b>20.</b> I can gossip about what a loser the other person is and get sympathy from other people.</p> <p><b>21.</b> I can scapegoat the other person and look down on them.</p> <p><b>22.</b> I can tell myself that the other person is a jerk and that they're not worth the effort.</p> <p><b>23.</b> I can put up a wall and take pot shots at the other person.</p> <p><b>24.</b> I can reject the other person.</p> <p><b>25.</b> I can comfort myself by overeating, drinking or using drugs.</p> | <p><b>16.</b> I may hurt them.</p> <p><b>17.</b> I also have the right to feel happy.</p> <p><b>18.</b> I may get trapped in my anger.</p> <p><b>19.</b> The constant fighting can be exhausting, demoralizing and a waste of time.</p> <p><b>20.</b> People may get tired of my complaining.</p> <p><b>21.</b> This may set a bad example for friends and family members.</p> <p><b>22.</b> This mindset may function as a self-fulfilling prophecy.</p> <p><b>23.</b> I may keep smashing into the wall that I've created.</p> <p><b>24.</b> I'll lose the chance to solve the problem and get close to him or her</p> <p><b>25.</b> The constant resentment may lead to headaches, fatigue, or high blood pressure.</p> |
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