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Cbt for ibs worksheet

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CBT Thought Record

Where were you? What were you doing?

Emotion or feeling (Rate strength 0-100%)

Negative Automatic Thought (NAT)

Evidence that supports the thought

Evidence that does not support the thought

Alternative thought

Emotion or feeling (Rate strength 0-100%)

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Functional gastrointestinal disorders (FGIDs), including IBS, are disorders of brain-gut interaction. This means that there is a problem with the way the central nervous system (the brain and spinal cord) and the enteric nervous system (the nervous system of the gut) communicate information back and forth about our digestion, appetite, thoughts, and emotions. The pathway between the brain and the gut is called the brain-gut axis, and it relies on chemical messengers, including serotonin, for communication. Indeed, 95% of your body's serotonin, a neurotransmitter (chemical messenger) which is often known for its impact on mood, sleep, appetite, and sex drive, can be found in your gut! Thus, our emotional state is closely linked to the functioning of our gastrointestinal (GI) tract. In other words, the functioning of our GI tract affects our emotions, and our emotions affect the functioning of our GI tract (Figure 1). Figure 1 - The brain-gut axis But My Symptoms are Real, Not in My Head! Individuals with FGIDs are more likely than people without GI disorders to have depression and anxiety, although these can be seen as both risk factors for, and outcomes of, FGIDs. However, even for individuals with FGIDs who do not meet the criteria for a psychological disorder, fears, and worries that are related directly to their symptoms, known as symptom-specific anxiety, can contribute greatly to the severity of their symptoms.

This is where cognitive behavioral therapy (CBT) can be a helpful tool to decrease GI symptoms and improve the overall quality of life. Figure 2 - The relationship between cognitions (thoughts), feelings, and behaviors. Cognitive Behavioral Therapy (CBT) CBT is a type of psychotherapy originally developed and used to treat mental health issues, such as depression and anxiety. CBT is grounded in the belief that our thoughts (cognitions), feelings, and behaviors are all related (Figure 2). More specifically, unhelpful thoughts negatively impact how we feel and these negative feelings can impact how we behave. By evaluating and modifying our thoughts and behaviors to make them more helpful, we can improve our emotional state. CBT as a treatment tends to be short-term and collaborative. You and your therapist work together to make a game plan to address your symptoms, which typically includes both in-session and at-home practice.

What Could Happen vs. What Will Happen

When you are worried about something, it's easy to imagine the worst thing that could possibly happen. In reality, these worries may never come true. What **could happen** isn't the same as what **will happen**.

🚩 **What is something you are worried about?**

Thinking about what **will happen**, instead of what **could happen**, can help you worry less. Whenever you start to worry, answer these questions:

🔍 **What are some clues that your worry will not come true?**

🌀 **If your worry does not come true, what will probably happen instead?**

👉 **If your worry does come true, how will you handle it? Will you eventually be okay?**

📌 **After answering these questions, how has your worry changed?**

CBT can be used to stop the harmful effects of the fight or flight response by instead turning on the "rest and digest" response. Practicing deep breathing, muscle relaxation, and using guided imagery can all help move the body into this relaxed state. These methods are called relaxation training and are an essential component of CBT. Fight or Flight Response When a person experiences a symptom like pain, they may have negative thoughts about the pain. Similar to fear or frustration, these negative emotions put the body into a "fight or flight" response, with an increase in stress hormones, blood pressure, and heart rate. Changes in the gut are part of this reaction to the danger that the body thinks it is facing and can include diarrhea, constipation, pain or discomfort. Stressful events that are not an actual threat can also trigger the fight or flight response. For example, it is not uncommon for most people to experience abdominal pain when they are feeling nervous before speaking in front of a crowd. Learn more about stress and IBS Negative Perceptions People who suffer with IBS might experience chronic pain or GI symptoms with no relief. Experiencing these chronic symptoms can impact the perception or view of what is happening. Over time, this distorted perception can worsen IBS symptoms. Below are two examples of distorted perceptions: • Catastrophizing: The belief that something is worse than it actually is, dwelling on the worst aspects of a situation and thinking that one is helpless. E.g., "My stomach pain ruins everything!" • Assuming the worst: Assuming we know the future and that the future is bleak. Sometimes it can be called mind-reading when we assume we know what others are thinking. farmville 2 country escape animals guide E.g., "I passed gas in my exercise class, and now everyone thinks I'm gross. These are just two examples of negative stories people tell themselves that can worsen symptoms. It is best to create a more positive mindset and consider how many things you can do, even when not feeling 100%. Also remember, people are not mind readers- they don't always know what other people are thinking and making assumptions about it doesn't help. Sometimes no one notices when we do something that we feel is obvious and embarrassing. Stressful Events are Either Controllable or Uncontrollable In life we experience all kinds of stressful events, both good and bad. printable circuit board template Many stressful events can be seen either as controllable, which we can prepare for before or repaired after, or uncontrollable, or out of our hands. There are two approaches for coping with stressful events: problem-focused/active coping: focus our attention on addressing the problem, sometimes through pros and cons lists or action plans. emotion-focused/passive coping: Divert attention away from the problem and towards our own emotional state, which includes activities such as reaching out to friends and family or relaxation strategies. Adaptive coping can help you choose the most effective coping strategy based on a stressor. Choosing problem-focused/active coping in the face of controllable stressors and emotion-focused/passive coping in the face of uncontrollable stressors is considered the most effective way to approach stressful events. CBT can help patients learn to adaptively cope with their symptoms by learning to strike the right balance. How Do I Know This Works? Research has shown CBT to be effective in improving bowel symptoms, psychological distress, and quality of life. A recent review and analysis of existing studies (meta-analysis) found that the number needed to treat for CBT in IBS is three, meaning that if three people are treated with CBT, one will clinically improve. This statistic is better than what is seen in several of the most effective FGID medications. Determine if CBT helps relieve GI symptoms The first step in learning about CBT is to make an appointment with a psychologist specializing in CBT and who has experience working with GI patients. After learning about a patient's GI symptoms, mood, health, and stress levels, the psychologist will recommend whether CBT could be helpful in managing symptoms. The therapist collaborates with gastroenterologists and other health professionals. Patients typically meet with their therapists for four to ten sessions. Adapted from IFFGD Publication #276: Cognitive Behavioral Therapy for IBS and Other FGIDs by Alyse Bedell, MS, Northwestern University Feinberg School of Medicine, and Laurie Keefer, PhD, Icahn School of Medicine, Mount Sinai, New York, NY. Adapted by Abigale Miller Last modified September 2021 Psychotherapy can be very effective in treating a wide range of problems, whether they be physical, emotional or behavioral.



One particular type of psychotherapy, cognitive-behavioral therapy (CBT), has been shown to be effective in reducing the symptoms of irritable bowel syndrome (IBS). CBT is a research-based, active therapeutic approach. In CBT, the therapist and patient work as a team in setting treatment goals, assigning homework, evaluating the effectiveness of techniques, and determining when to stop treatment. CBT targets problem areas through the use of specific cognitive and behavioral techniques. Cognitive techniques teach strategies for using the mind to deal with the world in a healthier manner. Some of these include: identifying and challenging irrational thoughts, visualization, calming self-talk, imaginal exposure (using the imagination to face a fear), thought-stopping. Behavioral techniques teach person-specific strategies for handling and reacting to situations in a way that reduces unwanted symptoms. Behavioral techniques include: There is a significant body of research that indicates that CBT is effective in reducing IBS symptoms of abdominal pain, diarrhea, and constipation. CBT for IBS usually involves teaching the individual specific strategies for calming the body, coping with unpleasant symptoms, and learning to face difficult situations. Any or all of the above techniques might be used, depending on the needs of the individual. organic chemistry alkanes alkenes alkynes worksheet In general, the symptom improvement seen following a course of CBT can be expected to continue after treatment has ended. In their latest research review, the American College of Gastroenterology recommends CBT as a viable treatment for IBS. nclex rn pharmacology study guide pdf As with any form of treatment, it is important to work with a well-trained, qualified therapist. The Association for Behavioral and Cognitive Therapies offers a find-a-therapist referral service. Verywell Health uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy. Blanchard, E. work quality evaluation phrases.pdf Irritable Bowel Syndrome: Psychosocial Assessment and Treatment. (2001) American Psychological Association Ford, A., et al. American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome and Chronic Idiopathic Constipation. farewell to manzanar full book pdf American Journal of Gastroenterology, 2014 109:S2-S26. Toner, B.B., Segal, Z.V., Emmott, S.D., & Myran, D. Cognitive-Behavioral Treatment of Irritable Bowel Syndrome: The Brain-Gut Connection. (2000) Guilford Press.