

Cognitive Distortions in Veterinary Medicine

How unhelpful thinking patterns can sound on the floor - and how to challenge them with compassion

What are cognitive distortions?

Cognitive distortions are automatic thinking patterns that can make a situation feel more extreme, personal, permanent, or hopeless than it really is. They are common in all people, especially under stress. In veterinary medicine, they often show up after difficult client interactions, medical errors, euthanasia, conflict, low staffing, high caseloads, or compassion fatigue.

The goal is not to “think positive” or dismiss real problems. The goal is to think more accurately, respond more effectively, and support each other with less shame and blame.

A quick way to use this guide

- **Notice the thought:** What did my mind just say?
- **Name the pattern:** Is this all-or-nothing thinking, catastrophizing, mind reading, or something else?
- **Check the evidence:** What facts support this thought? What facts do not?
- **Replace it with a balanced thought:** What would I say to a teammate I respect?
- **Choose one helpful action:** Ask for help, clarify expectations, take a reset, document the plan, or follow up.

Language note: Cognitive distortions are not character flaws. Naming them is a tool for self-awareness, not a way to criticize a coworker.

Common cognitive distortions in veterinary settings

Distortion	What it means	How it may sound in veterinary medicine	How to combat it
All-or-nothing thinking	Seeing only two categories: perfect or failure, good or bad, successful or useless.	“If this pet does not improve today, I failed.” “This client is either happy or they hate us.”	Use a scale instead of a switch: “What went 60% right? What still needs adjustment?” Look for partial progress, not perfection.
Catastrophizing	Jumping to the worst-case outcome and treating it as likely or certain.	“This bad review will ruin the clinic.” “If I ask for help, everyone will think I am incompetent.”	Ask: “What is the most likely outcome? What would we do if the worst happened?” Make a practical next-step plan.
Mind reading	Assuming you know what someone else thinks without checking.	“The doctor thinks I am slow.” “The client thinks I do not care.”	Replace assumptions with curiosity: “Can I clarify what you need from me?” or “I want to make sure I explained that clearly.”

For education and team support only - not a substitute for mental health care.



Distortion	What it means	How it may sound in veterinary medicine	How to combat it
Fortune telling	Predicting a negative future as if it is fact.	“This appointment is going to be awful.” “We are never going to catch up.”	Use probability language: “This could be hard, and we have handled hard appointments before.” Identify one controllable step.
Personalization	Taking responsibility for outcomes that involve many factors.	“The patient declined because I missed something.” “The client is angry because I did something wrong.”	Separate responsibility from control: “What was my role? What was outside my control? What can I learn or escalate?”

Common cognitive distortions in veterinary settings, continued

Distortion	What it means	How it may sound in veterinary medicine	How to combat it
Should statements	Using rigid rules that create guilt, resentment, or pressure.	“I should be able to handle this without needing a break.” “Clients should understand how busy we are.”	Turn “should” into a value or request: “I value being reliable, and I need a reset.” “I can explain the wait time clearly.”
Overgeneralization	Using one event to make a sweeping conclusion.	“I always mess up blood draws.” “No one here communicates.”	Use precise language: “This draw was difficult today.” “Communication broke down during this case; what can we change?”
Mental filter	Focusing only on what went wrong and ignoring what went right.	“All I can think about is the one client who complained.” “That shift was a disaster.”	Name three facts: one hard thing, one thing that went okay, and one thing you will do differently next time.
Discounting the positive	Minimizing compliments, progress, or successful outcomes.	“They only said thank you because they felt bad.” “Anyone could have done that catheter.”	Practice receiving: “Thank you, I worked hard on that.” Track wins during rounds or shift change.
Emotional reasoning	Treating a feeling as proof that something is true.	“I feel anxious, so I must not be ready.” “I feel guilty, so I must have done something wrong.”	Validate the feeling, then check facts: “I feel anxious because this matters. What does the record, protocol, or teammate feedback show?”



Distortion	What it means	How it may sound in veterinary medicine	How to combat it
Labeling	Turning a behavior or moment into a fixed identity.	“I am a bad tech.” “That client is impossible.” “He is lazy.”	Describe behavior, not identity: “I missed a step.” “This client is distressed and needs clearer boundaries.” “We need to clarify expectations.”
Blame thinking	Making the problem entirely someone else’s fault, or entirely your fault.	“Front desk always overbooks us.” “The doctor never listens.” “This is all on me.”	Shift from blame to process: “Where did the handoff fail? What information was missing? What agreement do we need?”

Practical tools for challenging distorted thoughts

A SOAP note for your thoughts

Use the same structure the team already knows to move from reaction to response.

SOAP step	Quick check
S - Subjective thought	What is my mind telling me right now? Example: “I am terrible at this.” “The client hates me.” “This whole day is falling apart.”
O - Objective facts	What do we actually know? What can be observed, documented, or verified? Example: the room is 25 minutes behind, the client raised their voice, the patient is stable, or I asked for help.
A - Assessment of my response	How is this thought affecting my communication or next decision? Am I catastrophizing, mind reading, personalizing, or reacting from guilt, shame, or urgency?
P - Plan / next step	What is the most helpful next action? Clarify the treatment plan, ask for a second set of hands, take a reset, document the concern, or debrief after the appointment.

SOAP helps teams pause, separate the thought from the facts, assess the impact, and choose the next useful action.



Team scripts that reduce shame and defensiveness

Situation	Supportive phrase
When a teammate is spiraling	“I hear how heavy this feels. Can we separate the facts from the fear for a minute?”
After a client conflict	“That interaction was intense. What do we know, what do we need to document, and what support do you need before the next room?”
After a mistake or near miss	“Let’s focus on learning and prevention. What happened in the process, and what safeguard can we add?”
When someone says “I always mess this up”	“I know it feels that way right now. Can we name the specific skill and make a practice plan?”
When the team is overwhelmed	“We may not be able to solve the whole day at once. What are the next three priorities?”
When expectations are unclear	“Can we define what done looks like for this task?”

Mini worksheet: turn a distorted thought into a balanced response

Use this individually, during a debrief, or as a team training exercise. Keep it brief and nonjudgmental.

Situation	What happened? Use observable facts.
Automatic thought	What did my mind say first?
Feeling and intensity	Example: anxious 8/10, guilty 6/10, angry 7/10.
Distortion pattern	Which pattern fits: catastrophizing, mind reading, all-or-nothing, personalization, etc.?
Evidence check	What facts support this thought? What facts do not?
Balanced thought	What is a more fair and useful way to say this?
Next helpful action	What is one action I can take now?



Leader and mentor tips

- Model balanced thinking out loud: “I am frustrated, but I do not want to jump to conclusions. Let’s look at the facts.”
- Avoid using distortions as labels: do not say, “You are catastrophizing.” Try, “That sounds really scary. What evidence do we have right now?”
- Make debriefs process-focused: What happened? What helped? What got in the way? What will we change?
- Normalize breaks after emotionally heavy cases, euthanasia, conflict, or medical emergencies.
- Pair accountability with compassion: clear expectations, repair when needed, and learning without humiliation.
- Watch for signs someone needs more support: persistent hopelessness, withdrawal, panic, inability to function, talk of self-harm, or unsafe coping. Encourage professional help or crisis support when needed.

Key takeaway

In veterinary medicine, distorted thoughts often sound like urgency, guilt, certainty, or shame. The healthiest response is not forced positivity. It is compassionate accuracy: name the pattern, check the evidence, choose a useful action, and stay connected to the team.

Sources and further reading

- [American Psychological Association Dictionary of Psychology: “Cognitive distortion”](#)
- [Beck Institute: Testing Your Thoughts worksheet](#)
- [NHS Every Mind Matters: Reframing unhelpful thoughts](#)
- [Cleveland Clinic: Cognitive Distortions](#)

Important: This guide is for workplace education and peer support. It is not a diagnosis, therapy, or a replacement for professional mental health care. If someone may be at risk of harming themselves or others, seek immediate support through local emergency services or a crisis resource.