



I'm not robot

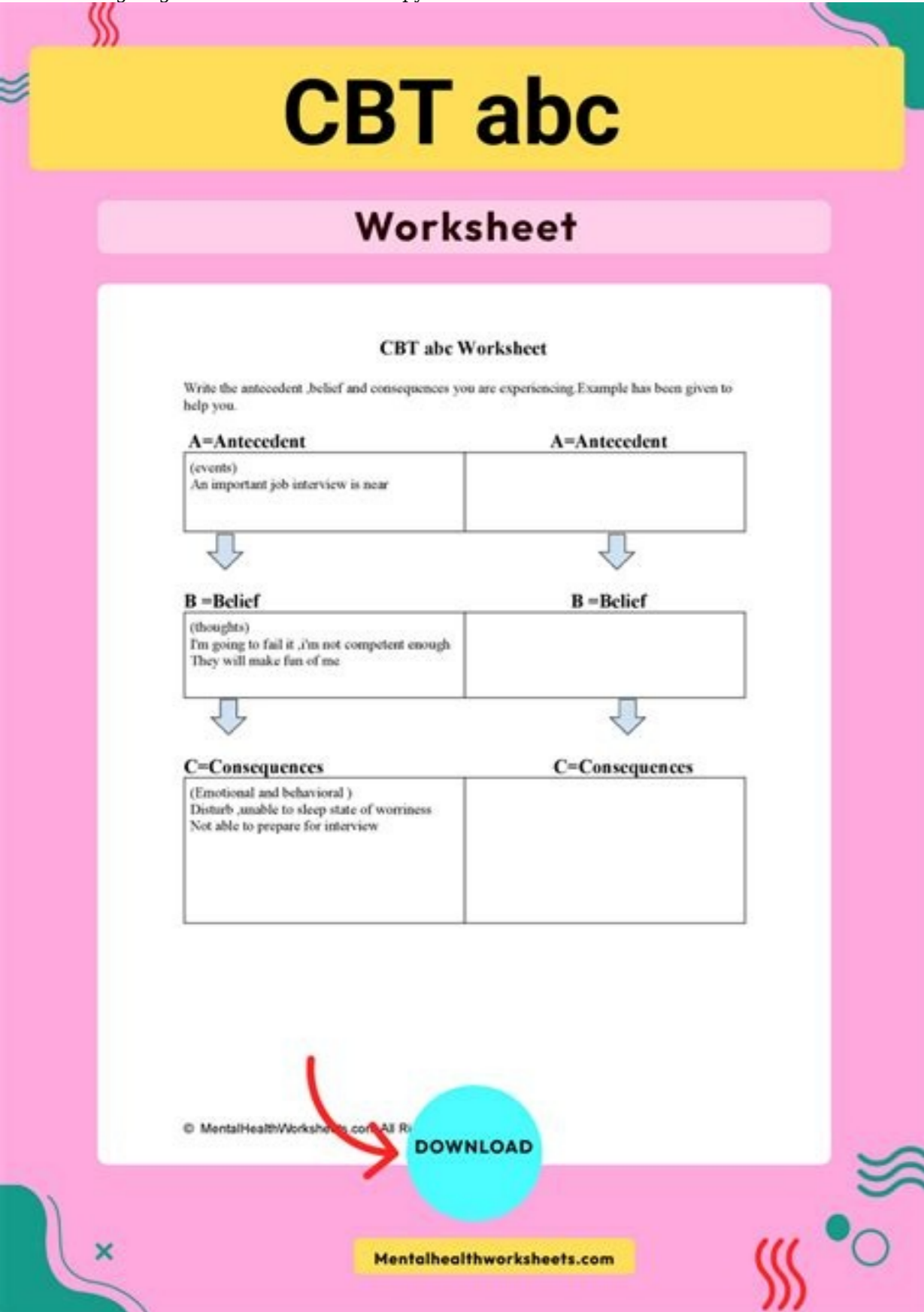


**Continue**

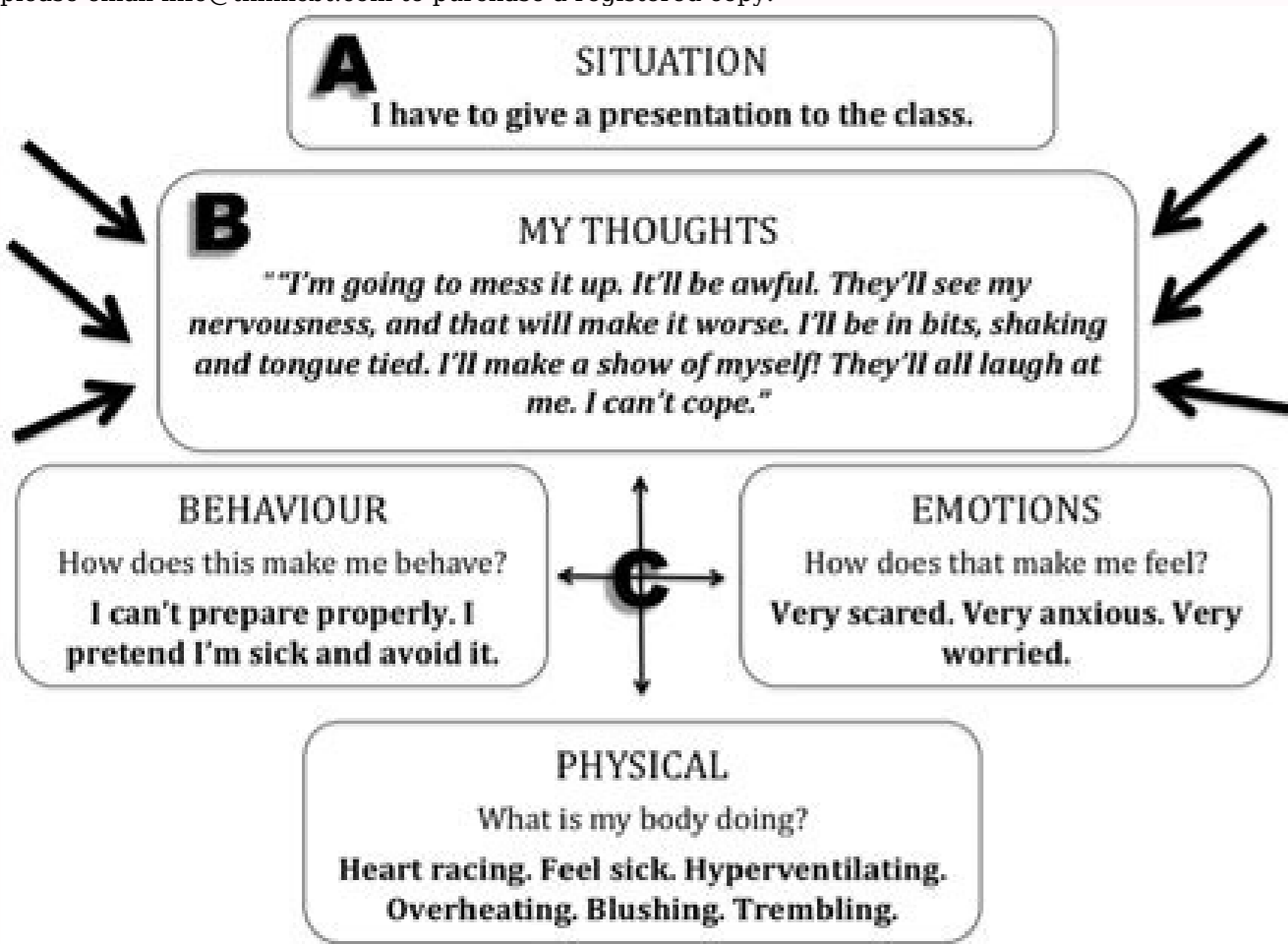
# Abc cbt worksheet pdf

Cbt worksheet examples. Abc worksheets cbt examples. Abc cbt examples. What is cbt worksheet.

The following Cognitive Behavioural Therapy - CBT worksheets and exercises can be downloaded free of charge for use by individuals undertaking NHS therapy or by NHS practitioners providing CBT in primary or secondary care settings.



These worksheets form part of the Think CBT Workbook, which can also be downloaded as a static PDF at the bottom of this page. Please share or link back to our page to help promote access to our free CBT resources. The Think CBT workbook and worksheets are also available as an interactive/dynamic document that can be completed using mobile devices, tablets and computers. The interactive version of the workbook can be purchased for single use only for £25. All Think CBT clients receive a free interactive/dynamic copy of the workbook and worksheets free of charge. Whilst these worksheets can be used to support self-help or work with other therapists, Cognitive Behavioural Therapy is best delivered with the support of a BABCP accredited CBT specialist. If you want to book an appointment with a professionally accredited CBT expert, call (01732) 808626, complete the simple contact form on the right side of this page or email info@thinkcbt.com Please note: if you are a private business or practitioner and wish to use our resources, please email info@thinkcbt.com to purchase a registered copy.



This material is protected by UK copyright law. Please respect copyright ownership. Exercise 1 - Problem Statements Download Here Exercise 2 - Goals for Therapy Download Here Exercise 3 - Personal Strengths / Resources Download Here Exercise 4 - Costs / Benefits of Change Download Here Exercise 5 - Personal Values Download Here Exercise 6 - The CBT Junction Model Download Here Exercise 7 - The Cross-sectional CBT Model Download Here Exercise 8 - The Longitudinal Assessment Download Here Exercise 9 - Layers of Cognition Download Here Exercise 10 - Cognitive Distortions Download Here Exercise 11 - Theory A-B Exercise Download Here Exercise 12 - The CBT Thought Record Download Here Exercise 13 - Cognitive Disputation "Putting your Thoughts on Trial" Download Here Exercise 14 - The CBT Continuum Download Here Exercise 15 - The Self-perception Continuum Download Here Exercise 16 - The CBT Responsibility Pie Chart Download Here Exercise 17 - Noticing the Thought Download Here Exercise 18 - Four Layers of Abstraction Download Here Exercise 19 - Semantic Satiation Download Here Exercise 20 - The Characterisation Game Download Here Exercise 21 - Speed Up / Slow Down Download Here Exercise 22 - Word Translation Download Here Exercise 23 - The Time-Traveller's Log Download Here Exercise 23A - The Time-Traveller's Log Continued Download Here Exercise 24 - Leaves on a Stream Download Here Exercise 25 - The Traffic Download Here Exercise 26 - Clouds in the Sky Download Here Exercise 27 - Taming the APE - An Anchoring Exercise Download Here Exercise 28 - The ABC Form in Functional Analysis Download Here Exercise 29 - PACE Activity Exercise Download Here Exercise 30 - Graded Hierarchy of Anxiety Provoking Situations Download Here Exercise 31 - The Behavioural Experiment Download Here Exercise 32 - ACT Exposures Exercise Download Here Exercise 33 - Worry - Thinking Time Download Here Exercise 34 - Submissive, Assertive & Aggressive Communication Download Here Exercise 35 - Sleep Hygiene Factors Download Here Exercise 36 - 38 (Abdominal Breathing, Aware Breathing & The Five-Minute Daily Recharge Practice) Download Here Exercise 39 - Wheel of Emotions Download Here Exercise 40 - Linking Feelings and Appraisals Download Here Exercise 41 - Personal Resilience Plan Download Here Exercise 42 - CBT Learning Log Download Here ACT With Choice Exercise Download Here Angels and Devils Worksheet Download Here Transdiagnostic Model of OCD Worksheet Download Here Tuning In Exercise Download Here Penguin-Based Therapy (PBT) Download Here Big Picture Exercise Download Here Post-Therapy Journal Download Here Catch it-Check it-Change it Exercise A brief cognitive change exercise for identifying and altering negative thinking Download Here Download The Think CBT Workbook Here To get a free copy of the 90 page Think CBT Workbook and Skills Primer, click on the download button and save the PDF document to your personal drive or device. The free version of the Think CBT Workbook is presented as a static PDF, so that you can read the document on your device and print worksheets to complete by hand. In return for a free copy of the workbook, please help us to promote best practice in CBT by sharing this page or linking back to your website or social media profile. Download a copy Skip to main content Psychology Tools ABC is an acronym for Antecedents, Behavior, Consequences. The ABC Model is used as a tool for the assessment and formulation of problem behaviors. It is useful when clinicians, clients, or carers want to understand the 'active ingredients' for a problem behavior (Yomans, 2008). The ABC model helps practitioners and clients to carefully consider what happens in the individual and the environment before a target behavior (the Antecedents) and afterwards (the Consequences); these are also known as the contingencies that shape the behavior. Once these contingencies are understood, interventions can be designed to shape or modify the target behavior. "Individuals are typically unaware of the contingencies controlling their behaviour" (p.43, Persons) One powerful feature of the ABC Model is that it focuses on the relationship between an observable behavior and the environment in which it occurs.

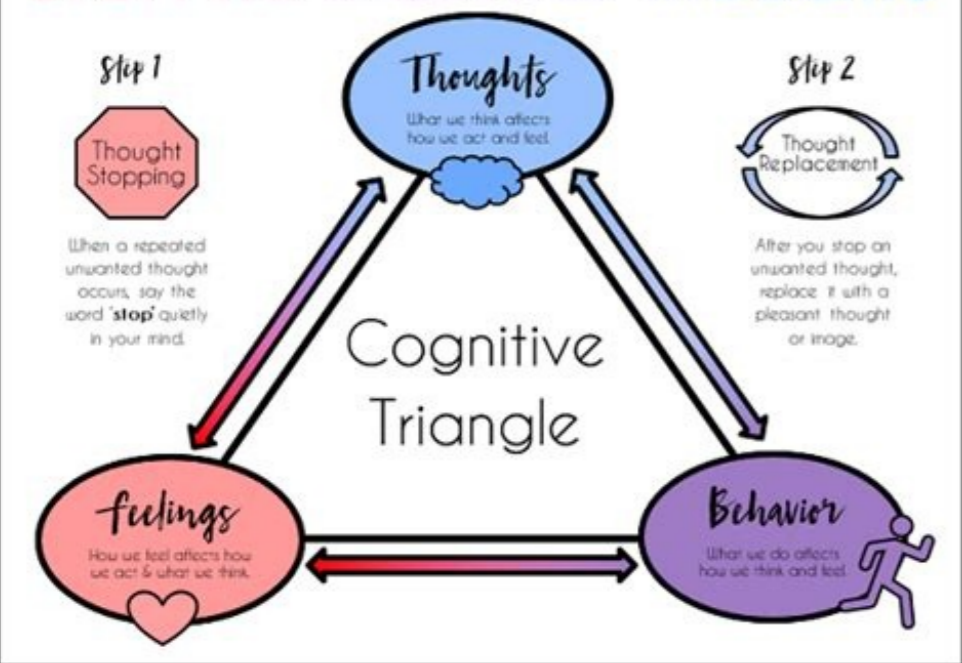
## The Cognitive Model Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SITUATION</b> Write the situation that triggered the behavior. Be as specific as possible.		
<b>THOUGHT</b> Write the thought that occurred. Be as specific as possible.	<b>MY ACTUAL THOUGHT</b>	<b>ALTERNATE THOUGHT</b>
<b>FEELING</b> Write the feeling that occurred. Be as specific as possible.		
<b>BEHAVIOR</b> Write the behavior that occurred. Be as specific as possible.		

This moves the focus away from an individual's particular diagnosis or history, and towards making changes that can address a problem behavior in the here and now. By providing concrete descriptions of what triggers or reinforces a behavior, the ABC model can be used to help clients or their carers understand what is happening, why a behavior occurs, and how the consequences of (or reactions to) a behavior may be serving to maintain a problem (Kuyken, Padesky & Dudley, 2009). Ultimately, the ABC Model can be used to develop interventions that change or modify the antecedents and consequences of a problem behavior in order to treat it (Carr & LeBlanc, 2003; Kuyken, Padesky & Dudley, 2009; Yoman, 2008). The ABC technique is used across a wide variety of settings. These include clinicians working with verbally capable adult clients, carers working in a residential settings, parents who want to better understand their child's behavior, and teachers trying to understand problem behavior in the classroom. It can be a useful starting point when there isn't enough evidence for a treatment intervention, when working with clients who are unresponsive or resistant to manualized treatment, have multiple diagnoses, limited verbal skills, or are unable to reflect on their own behavior (e.g. young people, clients with acquired brain injuries, learning disabilities, or dementia). When working with clients who are able to engage with talking therapies and reflect on their behavior, the ABC Model is a helpful tool for building the client's awareness of the triggers for their behavior (the antecedents), and the short and long-term consequences of their behavior. When working more cognitively, some clinicians choose to adapt the model slightly to explore the sequence: Antecedents > Beliefs (Thoughts) > Consequences. Conceptually, this mirrors other techniques such as the CBT Appraisal Model or Cross-Sectional Formulation, which can achieve similar results. Theoretical background The ABC Model originated from approaches applying the principles of behaviorism to the assessment and treatment of problem behaviors (Haynes & Hayes O'Brien, 2000; Carr & LeBlanc, 2003). Behavioral approaches focus on how an individual's behaviour is shaped by their environment as they associate objects, events and experiences (stimuli) with their behavior. Classical and operant conditioning offer a means to understand how behavior is supported and maintained by its antecedents, and how consequences work to reinforce and maintain the behaviour (Yoman, 2008; Haynes & Hayes O'Brien, 2000). The ABC model allows psychologists to determine what makes a particular stimulus an effective trigger (antecedent), and which consequences effectively reinforce and maintain the behavior (Haynes & Hayes O'Brien, 2000). Classical conditioning explains how things that normally don't evoke a response (objects or occurrences with no emotional significance, e.g. shoes) can become linked to an already existing trigger for a certain response or behavior (such as a family member leaving home). For example, a child may become upset every time their parent puts on shoes. This is because they have come to associate the shoes with the parent leaving. The shoes have become a conditioned stimulus that triggers the same behavior as the parent actually leaving. "Organisms learn not only what behaviours bring rewarding consequences, but they also learn something about the conditions, or stimuli, that indicate a reward is available" (Persons, 2008) Operant conditioning explains how voluntary behavior is affected by its consequences. Operant Conditioning provides the theoretical grounding for functional analysis (Carr & LeBlanc, 2003; Iwata et al, 1994). Behavior that is reinforced becomes more likely to be repeated. Reinforcement could be something positive - a reward (e.g. eating chocolate after tidying) or the removal of something aversive or negative (e.g. a feeling of anxiety that goes away once you have tidied). Voluntary behavior that is punished becomes less likely to be repeated. Punishment can be the presence of something unpleasant or bad (e.g. being berated for breaking the rules) or the removal of something positive (e.g. being grounded for throwing food). Thus, the consequences following the behavior make the future occurrence of the behavior more or less likely. Functional analysis has its origins in work treating problem behavior in people with developmental disabilities. In 1977, Carr hypothesized that self-injury in these clients may be a learned behavior that is maintained through reinforcement - for example, receiving attention from other people following the behavior, or as a means to escape an activity or stimulus that they found aversive. Iwata and colleagues (e.g. 1994; Lerman & Iwata, 1993) used single-subject experiments to test whether self-injury could be modified by changing these hypothesized reinforcers. Functional analysis then developed into a systematic method for investigating problem behaviors - usually with client groups who had limited verbal abilities and/or cognitive impairments (Carr & LeBlanc, 2003). It takes its name from the focus on understanding the function that the behavior performs (Persons, 2008). There is an emphasis on psychometrically valid measures or at the least, quantitative measures (Haynes & Hayes O'Brien, 2000) that can include the frequency of a behavior, its strength or intensity, and its duration. Wherever possible, behaviors are measured through multiple means such as therapist observation, client observation and report, or observations from a multidisciplinary team. Repeated measurements are encouraged in order to gather more reliable data to understand the contingencies that trigger, reinforce and maintain the behavior of interest. When working with non or low-verbal client groups, ABC is completed by direct observation of the client by a trained professional. For clients able to reliably report on their internal states, covert behaviors (behaviors that are hidden from others, but which are nonetheless sensed by, and observable to, the individual experiencing them - including thoughts, feelings, and physiological changes) can be documented and monitored using the ABC model. The ABC Model worksheet can be used to identify the triggers for a behavior by monitoring environmental (e.g. location, company, time of day, visual & auditory stimuli) and internal circumstances (e.g. emotions, body states, thoughts, memories) which occur before the behavior.

# STOPPING UNWANTED THOUGHTS



Attention is also then drawn towards the consequences of the behavior: both short-term and long-term, intended and unintended. Clinicians should ask "what is the function of the behavior?", "What does it achieve?", and "How is it rewarded?". "When we want to know more about a particular problem, we can use a tool called the ABC model to understand more about it. First, we will think about the behavior we want to know more about, and then we will think about some specific times that it has happened." 1. Identify the target behavior about which you want to understand more.



## ABC Functional Analysis Worksheet

Functional analysis explores the causes and effects of behavior. Within CBT, a classic functional analysis method is the ABC technique. The ABC technique is designed to collect information about what factors lead to a specific problematic behavior (antecedents) and what factors result (consequences) from that behavior.

This ABC Functional Analysis worksheet includes 3 steps:

1. In the column labelled **Behavior**, the client writes down the problematic behavior (or any behavior he/she wishes to analyze).
2. In the column labelled **Antecedents**, the client writes down the factors that preceded the identified behavior.
3. In the column labelled **Consequences**, the client writes down the outcome of the identified behavior. *Note: 'Consequences' need not all be negative; it may be the case that there emerge positive outcomes from the identified behavior in addition to negative outcomes.*

This worksheet helps to determine how adaptive (or destructive) particular behaviors are in working toward client goals.

This behavior might be something the client finds problematic or distressing. Where the client is a young child or has reduced mental capacity, it can be a behavior that is problematic for their carers, loved ones, or those around them. Identifying the target behavior is not always straightforward, and it is common for there to be multiple related problem behaviors.

The behaviors targeted should be a high priority for the client rather than the symptoms defined by their diagnosis. The behavior can be effectively selected using a prioritization process that focuses on 'ultimate outcomes': what kind of long-term goals or consequences does the client (or their carer) want? When long term outcomes are established, discussions can begin to identify what behaviors will work positively towards those outcomes and what behaviors might be preventing them. Target behaviors should be described in concrete terms, ideally with a specific definition of the selected behaviors so that they can be measured (e.g. "Child's yelling behavior", or "Strong feeling of anxiety that is self-rated to be 8 out of 10 or higher"). As well as identifying the problem behavior that is targeted to be reduced, it is helpful to identify adaptive behaviors that could be increased. Each ABC form should focus on one target behavior.

Helpful categories for behaviors might include: Observable behaviors, e.g. eating, hitting, seeking reassurance, using substances, self-harm. Inhibiting or suppressing an urge or a feeling or a thought, e.g. distracting oneself so as to avoid an urge to self-harm, suppressing an intrusive thought. Thoughts or cognitions that the client is able to report or record, e.g. worry, rumination, self-criticism, self-distraction, compulsive counting or post-morteming, reviewing memories in an attempt to be certain. Feelings that can be reported and rated, e.g. anxiety, sadness, anger. Physiological responses that can be reported and rated, e.g. heart racing, nausea, temperature change, dry mouth. 2. Explore the antecedents to develop an awareness of triggers for a behavior. The ABC model focuses in on the behavior itself and the immediate antecedents. It is useful to think about antecedents in the broadest possible sense: as contingencies in the environment or the person. Antecedents can be internal (feelings, thoughts) or external (environmental changes, social interactions, events). It can help to train clients and to record as many details as possible when the behavior occurs.

When designing an intervention, this can aid both the reduction of the problem behavior (by changing or removing antecedents) and the increase of adaptive behaviors (by introducing new antecedents that will make a different, helpful behavior more likely). Helpful prompts are given below. Environment: What is the setting? What has happened in their environment? Who are they with? Who else is present? What interactions have taken place? Time of day, month, year, or special dates/days. Sensory stimulation: Consider ambient temperature, light, noise. Events: what has just happened? Person: What is happening for the individual just prior to the behavior?

What might they be thinking and feeling? Consider unmet needs, for example, hunger, thirst, cold, lack of connection, anxiety-soothing, boredom. Thoughts: verbal or mental images. You may have already worked on catching 'hot thoughts' and making links to feelings and behavior. Feelings or absence of feelings. Memories (voluntary & involuntary). Explore the consequences to develop an awareness of what might be acting to maintain the behavior, and the impact that the behavior has over the short and long term. Helpful lenses through which to view consequences are: Timescale: short term and long term. Utility: Helpful and unhelpful. Intention: Intended and unintended. It is often the case that short-term changes immediately after the behavior are intended: a need may be met, or the client may experience a positive feeling. This consequence then acts as a reinforcer for the behavior. Longer term consequences of the behavior are often unintended and unhelpful, because they do nothing to address the root cause of the problem and they can lead to additional problems. Some prompts to consider consequences are given below. Short term Environment and people: Does the person change their place or location due to the behavior? What is the significance of this if so? What happens to the people present? Does the person attract attention to themselves through the behavior?

Ambient temperature, light, noise, sensory stimulation. Are these changed, improved, or avoided? Are particular events or interactions initiated or interrupted by the behavior? Person: Is an unmet need resolved in the short term? (hunger, thirst, cold, lack of connection, anxiety-soothing, boredom and so on). What thoughts and mental images occur immediately after the behavior? What body feelings occur immediately after the behavior? What emotions occur immediately after the behavior? Long term A central question for the long term is "How do the short-term consequences affect the likelihood of similar situations happening in the future?"

Consider the days, weeks and months following the behavior. Environment and people: Are there any long-term changes or does the environment stay the same? (e.g. triggers that are not addressed or resolved) Does the environment get worse because of the problem behavior? What impact does the behavior have on key relationships? How are friends, family, carers, and colleagues affected? Person What are the long-term impacts on the individual's health and wellbeing? When they reflect on the behavior, what do they feel? What thoughts do they have about the behavior? Future antecedents - maintenance Are there consequences of the behavior that make the same behavior more likely in the future? Consequences can become future antecedents in another round/chain of ABC. For example, binge eating may mean the client is more likely to restrict eating the next day, leading to hunger and another round of binge eating. Developing interventions. The ABC Model will be most useful when used repeatedly to monitor the behavior to gain a baseline, and alongside more general event logs and diaries to create a detailed picture of antecedents and consequences. The therapist's goal is to create a formulation for the behavior that gives a description of its function and answers the questions "What does this behavior achieve?" and "How is it being maintained?". Once a behavior is understood in these terms, interventions can be generated which focus on changing the ABCs. Helpful prompts include: Can antecedents be replaced or removed? Can helpful behavior be triggered instead?

What helpful behaviors can be substituted for the problem behavior? Can reinforcing consequences be replaced or removed? Can helpful behavior be reinforced instead? Experiments can be devised where changes to the ABCs are implemented, and the frequency, intensity and duration of the behavior can then be monitored. If some of these are successful in reducing the problem behavior, intervention can then focus on maintaining these changes.

Carr, E. G. (1977). The origins of self-injurious behavior: A review of some hypotheses. Psychological Bulletin, 84, 800-816. Carr, J.E. & LeBlanc, L.A. (2003) Functional Analysis of Problem Behaviour, Ch. 28 in W. O'Donohue, J.E. Fisher, S.C.Hayes (Eds) Cognitive Behaviour Therapy: Applying Empirically Supported Techniques in Your Practice. John Wiley & Sons, New Jersey. Haynes, S.N. & Hayes O'Brien, W. (2000) Principles and Practice of Behavioural Assessment. Kluwer Academic / Plenum Publishers: Applied Clinical Psychology Series, London. Iwata, B. A., Pace, G. M., Dorsey, M. F., Zarcone, J. R., Vollmer, T. R., Smith, R. G., et al. (1994). The functions of self-injurious behavior: An experimental epidemiological analysis. Journal of Applied Behavior Analysis, 27, 215-240. Kuyken, W., Padesky, C.A., Dudley, R. (2009) Collaborative Case Conceptualization: Working Effectively with Clients in Cognitive-Behavioral Therapy. The Guildford Press, London.

Lerman, D. C., & Iwata, B. A. (1993). Descriptive and experimental analyses of variables maintaining self-injurious behavior. Journal of Applied Behavior Analysis, 26, 293-319. Persons, J.B. (2008) The Case Formulation Approach to Cognitive-Behavior Therapy. The Guildford Press, New York. Yoman, J. (2008) A Primer on Functional Analysis. Cognitive and Behavioural Practice, 15, 325-340. Thought Challenge Sheet: 6 column Thought Challenge Sheet. 7 column STOPP Thought Challenge Sheet in 5 columns STOPP Worksheet Worksheets in Alphabetical order 5 Aspects with Prompts 30 day Challenge ABC Worksheet. REBT style ACE Log Sheet Activity Diary Activity & Rest Diary Activity: Weekly Planner ACT Worksheet

Anger Thought Record Sheet Angry Cogs Anorexia Thought Record Sheet Anxiety Thought Record Sheet Avoidance worksheet Avoidance: FACE BACE Daily Activity Diary / Planner BACE Weekly Activity Diary / Planner BACE Weekly Activity Diary / Planner with split cells Behavioural Activation Worksheet Behavioural Experiment Worksheet. Behavioural Experiment Record Sheet: James Bennett-Levy Bipolar Mood Management Body Dysmorphia Thought Record Sheet Budgeting Worksheet Card pack: 56 cards for self help (to purchase) Change: advantages & disadvantages Commitment to Life Contract Coping Thoughts Worksheet Coping: what will help? Pictorial Court Case Worksheet: alternative thought challenge Cravings Diary Crisis Management Plan Critical Voice Thought Record Sheet Dealing with Distress 5 column DBT worksheet Dealing with Distress 8 step DBT worksheet Delay, Distract, Decide Depression Thought Record Sheet 3 Questions ERP Practice Record Exposure Homework Sheet FACE: Avoidance FACE: Problem Solving Feared Situation Hierarchy Finding Meaning in Life Food Diary Food Diary 2 GAD: Worry Thought Record Sheet GAD: Beliefs about Worry Thought Record Sheet GAD: Worry Record Thought Record Sheet Goal Setting Worksheet Graded Exposure worksheet Health Anxiety Thought Record Sheet Healthy Balance: Personal Scale 5

column Healthy Balance: Personal Scale 3 column Helicopter Worksheet Hierarchy of Feared Situations Hindsight Bias worksheet Holidays: Happy or Horrible? Homework Practice Record Judge: Thought Challenge Mood Diary 3 columns Mood Diary with picture cues OCD Checklist: could this be OCD? OCD: ERP Practice Record OCD Obsessions & Compulsions Thought Record Sheet OCD Perfectionism Thought Record Sheet OCD Rituals Diary Pain / Fatigue Diary Panic Thought Record Sheet Panic Diary Panic SAEB Perfection Scale Personal Recovery and Maintenance Plan for Psychosis Pictorial: Coping: what will help? Pictorial: Emotion Picker Pictorial: Mood diary Pictorial: Thought Record Sheet Pictorial: Vicious Cycle Positive Data Log 2 column Positive Data Log 2 column with brief introduction Positive Data Log with 3rd "meaning" column Positive Personal Qualities 3 columns Positive Personal Qualities Survey: describe me in 3 words Positive Personal Qualities Diary Positive Self Talk coping thoughts worksheet Preventing Setbacks: relapse prevention blueprint