Introducing the CBT Journal

In This Chapter

- A brief introduction to what CBT is all about
- The purpose of keeping a journal
- Using this book to help you make the most of CBT

This book's chief aim is to be your companion in using cognitive behavioural therapy (CBT) to help improve your emotional and psychological well-being. What follows is a short introduction (or refresher course for some readers) to the basics of cognitive behavioural therapy. We also outline the merits of keeping a journal, especially alongside using the principles and techniques of CBT.

CBT: A Brief Introduction

CBT is an approach to psychological therapy that is most strongly associated with helping people change the way they think and behave. CBT practitioners see emotions as interconnected with thoughts and behaviours, so it follows that if these thoughts and behaviours are targeted for change, a change in emotions will result. CBT therapists over the years have been told 'it's a lot more complicated than that!' by a great many psychotherapists, biologists, neurologists, geneticists and sociologists (we could go on). To their criticism we say 'Er, yes of course it is . . . it's just that we're mostly focused on keeping the

process simple enough that people can use it. Oh, and by the way, have you seen all the research studies that show how effective CBT is?'

Of course our biology, genetics, personal history, environment, and brain influence how we feel, think, and act. Thankfully we don't need to change all of those elements to give our emotional health a serious lift. Your beliefs, thoughts (and how you relate to them), mental activities, and behaviour all have a powerful effect on your emotions, especially when you combine them as a shift in attitude or *mode* (a connected pattern of thoughts, feeling and behaviour).

The cognitive behavioural therapies

One of the more reasonable questions asked of CBT therapists is 'What exactly is CBT?' The founding father of CBT, Aaron T. Beck, famously used to answer 'anything that works!' or 'anything that helps get the patient from problem to goal'. As psychological therapy grows as a field, these broad definitions seem in some ways more apt than ever. CBT is very much a 'school of therapies' rather than a single approach, and some of these therapies overlap considerably. Here are some of the current 'types' of CBT, in no special order:

- **Behaviour therapy (BT):** Most often associated with 'exposure', the therapeutic use of facing your fears. Another key contribution is to understand the *function* and consequences of our behaviour in the context of emotional problems.
- **Cognitive therapy (CT):** Founded by Aaron T. Beck, and using thought diaries and behavioural experiments, CT focuses upon uncovering unhelpful

thoughts, rules and assumptions or beliefs, aiming to replace them with more helpful alternatives.

- **Rational emotive behaviour therapy (REBT):** Developed by Albert Ellis, REBT is philosophical, promoting flexible thinking, high frustration tolerance, and self-acceptance. Behaviour change is seen as acting upon, and therefore strengthening, healthy beliefs.
- **Acceptance and commitment therapy (ACT):** Conceived by Steven Hayes, ACT tends to focus more upon acceptance of your current reactions, mindfulness of the present moment, identifying your valued directions (what you're really 'about' as a person) and committed action.
- **Mindfulness-based cognitive therapy (MBCT):** The founders of this perspective are Jon Kabat-Zinn, Zindel Segal, Mark Williams, and John Teasdale. MBCT is a blend of CT with mindfulness techniques associated with Buddhism. MBCT can involve mindfulness meditation practice, alongside learning to practise detached, non-judgmental, observation of events and one's inner reactions to them.
- **Metacognitive therapy (MCT):** MCT was founded by Adrian Wells and Gerald Matthews. MCT focuses upon the thoughts we have *about* our mental processes, such as dwelling on the past, focusing on future threats, confidence in our memory, and where we focus our attention. MCT also tackles practices that are 'backfiring' as coping strategies and which therefore keep the problem going.
- **Compassionate mind training (CMT):** Developed by Paul Gilbert, CMT focuses upon the importance of shame and self-criticism in emotional problems. It encourages people to become warmer and more

compassionate to themselves by using a variety of imagery, and attention and behavioural strategies.

- **Behavioural activation (BA):** Most often associated with Christopher Martell, BA is a treatment for depression. BA helps patients 'activate' themselves out of the patterns of inactivity and avoidance driven by depression. The key is that the patterns targeted are those that will increase the person's reward and range of activities, or at least make the person's environment less unpleasant.

Using what works

In this and our other books based on CBT techniques and principles, we try to bring you some of the techniques from these various CBT approaches that we've found to be most useful in real-world clinical practice. Many of the techniques don't belong to a particular approach, not least because so many of them draw from the same pool of literature, conferences, training and studies, but also because many approaches are extensions and developments of earlier approaches. Crucially a good CBT approach (and CBT therapist) will help you feel like you understand your problem better, and that you have a clearer idea of what you need to do in order to overcome it. We've also drawn from other research on mental health and happiness, such as Martin Seligman's work on *positive psychology*, where there's evidence that it can further assist your growth and recovery.

Keeping the CBT Journal

This is (as far as we know) a unique book. It offers a mix of advice and techniques alongside free space in which to keep your own personal journal.

The inspiration for this journal has been the numerous people we've seen for therapy who take notes and keep a record of things they have learned from their CBT. Our observation is that people who take notes on what they have learned tend to make their recovery more efficiently. Furthermore, 'expressive writing' has been shown in research to help people improve emotional problems.

Our hope is that you will be able to relate material that you generate during emotionally focused writing to your CBT. Writing down your thoughts and feelings each day on your road to recovery can help you get better all the faster.

Assessing your actions

We're including in this section the way you do things in your head, since mental activities can be just as powerful as behavioural activities in driving your emotional problems. A critical phrase to bear in mind when you're establishing what's keeping your problem going is *the solution is the problem.* This means that the strategies you are using to cope with your existing emotional problem may very well be what are keeping it going. (These strategies are sometimes referred to as *safety behaviours.*)

In particular, the kinds of strategies that may be causing you problems are those aimed at controlling or avoiding your emotions, thoughts or bodily sensations. Your mind is very much like your body in that it makes good sense to take care of it and keep it in overall good shape, and to allow it to carry out most of its key functions on autopilot. Just as you don't try to control the blood that flows through your veins, you may need to check that you're not over-controlling your mind and emotional system.

The kinds of strategies you may be using to cope with problems include:

- Avoiding situations that trigger anxiety
- Withdrawing and isolating yourself
- Compulsions (for example to check, clean, or wash)
- Dwelling upon and reviewing past events
- Repeatedly seeking reassurance
- Criticising yourself or others in your mind
- Comparing yourself with other people
- Analysing what people have said to you
- Reviewing interactions with other people
- Using alcohol or non-prescribed drugs as a 'treatment' for your problems
- Over-planning and preparing for future events in your mind

Other more subtle safety behaviours include:

- Gripping a cup tightly to try to stop people seeing you shake (in social phobia)
- Holding onto something for fear of collapse due to anxiety (in panic with agoraphobia)
- Avoiding bright lighting (in body dysmorphic disorder)

These lists are by no means exhaustive. If your mood has become low, you may also notice that you have become less good at looking after your home, have neglected your personal grooming, have changed your eating patterns, or have irregular sleep patterns.

One of the ways to identify potentially unhelpful strategies is to imagine waking up tomorrow morning to find that your emotional problems have completely gone and you feel considerably better. Now consider how you might feel, think, and act differently. Later in this book we'll give you the opportunity to write down some of the strategies that are connected to the maintenance of your problems.

Writing and recording

CBT combines four main factors:

- Gaining a new perspective on your emotions
- Rehabilitating and healing your mind
- Acquiring some new skills in managing your mind and behaviour
- Helping yourself to grow and develop

All of the information from CBT, plus that generated by your own real-world experiments and experiences, is a lot for your brain to remember, especially while it's busy helping you to go through change. The most straightforward response to this potential overload is to write down what you learn! The kinds of things you may choose to record are:

- Observations about your own thoughts, beliefs and mental activities, and the emotions that are triggered by them, so that you can consider making them targets for change.
- Key points that you are learning from going through the process of using CBT.

- Notes and learning points that have arisen from your observations of and interactions with other people that may help you to change. An example may be the way a person coped with a particular problem, or an attitude they possess that you think may help you to become more balanced in your range of responses.
- 'Data' from your behavioural experiments designed to help test key thoughts and theories.
- Plans for future experiments or activities to further your growth and recovery.
- Notes from other books or from therapy sessions. Use this journal to help consolidate all that you are learning in one place, so that you can return to it when you need to.

Feeling what to write

You can use the 'writing and reflecting' space in the book (indicated by the icon) to help process and track your feelings. Rather than keeping a diary full of to-do's and appointments you can use the space to write your thoughts and feelings. Writing things down has been proven by research to help people cope better with painful emotions.

Imagine that you are disclosing how you feel to an utterly trusted and non-judgmental person, and that the pages are a safe place to share your most personal inner experiences. Writing can help make your personal reflections more productive. It can also help you to limit to a few minutes a day how long you self-focus on your feelings and thoughts, so that you can keep 'out of your mind' and focused on the outside world for the majority of the rest of the day.

Working through the 12 weeks

Each day over the 12 weeks outlined in the book aims to guide you through constructive self-help. Most days will have either a key point for you to consider or a short exercise to complete. We hope you will find the points and exercises of value, but more importantly we hope that your commitment to CBT over the next 12 weeks really helps you achieve your goals for your psychological wellbeing.

We hope this book will help you to:

- Set aside some time each day to focus upon your CBT.
- Get in the habit of writing down things about your emotional health, just as you would for any other important project.
- Plan for change, put the plan to the test, and step back to review the results.
- Persevere and see change as a matter of repeated practice that is best taken step by step, one day at a time.
- Record your progress.
- Brainstorm solutions to any obstacles that arise along the road to recovery.

We also strongly encourage you to recruit some support, whether it's a therapist who can act like a coach, or friends or family members who can be your cheerleaders. Think of yourself as an athlete embarking on some serious 'brain training' and ask other people to give you a bit of support. Having an emotional problem is extremely common, affecting at least half of us to some degree or another during the

course of our lives. Sharing your problem with someone can be very liberating in its own right. If the other person can't understand, that's their problem; move on and find someone who can. Chances are most people will either have had some form of emotional problem themselves or will know someone close to them who has.

Monitoring your progress

Keeping an eye on your progress as you go through therapy is a central component of CBT. Keeping a record can be rewarding, because you see your symptoms improve. Also, CBT therapists don't assume that particular techniques are going to be one hundred per cent effective, one hundred per cent of the time. Therapy is like life – an experiment. If you notice that your problems are not improving after the first few weeks (and it often can take four to six weeks to see results), it may be useful to step back and consider whether you need to introduce a different amount or type of change.

At the end of each week of the 12 weeks, this journal invites you to record your progress using the chart shown in Table 1. You'll notice that there are three major emotional states to rate from 0 (meaning that this is not a problem) to 10, the worst you can possibly imagine a person may ever feel. Be careful not to let any 'all or nothing thinking' drag you into rating symptoms at the extreme ends of the scale if, in fact, you feel better or worse. You need a good, straight yardstick against which to measure your change.

The two rows marked *personalised measure* in the table are for key examples of your emotions or behaviours, that you feel represent your problems, and would provide a good measure of your personal change. A personalised measure might be an emotion we haven't listed (hurt, jealousy or shame, for example) or it might be a

behaviour such as avoidance of something, spending too much time in bed, excessively checking something, worrying or ruminating, and so on. The key is to focus upon what might be a useful measure of improving psychological health for you as an individual. Keep the same personalised measures throughout the 12 weeks,

What would you consider those key emotions or behaviors to be? Please write them down here:

1. _____

2. _____

Table 1: Rating Your Symptoms

Anxiety or nervousness	0-10
Depression or sadness	0-10
Anger or irritability	0-10
Personalised measure 1 (please write here)	0-10
Personalised measure 2 (please write here)	0-10

Remember to use a scale in which

0 = No problem at all

10 = Very severe and extreme problem

Your turn: Starting on your plan for recovery

What follows is some free space for you start out on your journey towards improving your emotional health, by writing out your initial plan. This book (probably alongside working with a therapist or using other self-help resources) will help you to think about this further, but to start:

What would you like CBT to help you achieve over the next twelve weeks?

What is your gut feeling about what you need to change about yourself, your lifestyle or your circumstances to achieve the differences you've written about above?

What obstacles can you foresee to making these changes, and how do you plan to overcome them?