

CBT Resources *for* **Therapists**

*Handouts, Worksheets, and Forms to
Enhance Your Practice*

JOHN W. LUDGATE, PHD



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*This book is dedicated to Aaron T. Beck,
who inspired my initial interest in CBT and
nourished and developed it over several decades by his work;
and to the many clients and trainees whose feedback and
encouragement reinforced my desire to produce helpful resources
for CBT practice.*

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to download or listen to the audio recordings.

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reproducible materials and audio recordings at**

https://(download link available in purchased book)

for personal use, or for use with individual clients.

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REPRODUCIBLE MATERIALS

- 01 - A Guide to Cognitive Behavior Therapy (Handout)
- 02 - Treatment Goals (Checklist)
- 03 - Need for Change Questionnaire
- 04 - No Change Benefits/Costs Worksheet
- 05 - Change/Modifying Benefits/Costs Worksheet
- 06 - Session Outline (Guide for client)
- 07 - CBT Session Notes (Progress notes for chart)
- 08 - Session Feedback (Questionnaire)
- 09 - Homework Summary (Questionnaire)
- 10 - Homework Record (Form)
- 11 - Homework Difficulties (Checklist)
- 12 - Therapy Preparation Sheet (Form)

REPRODUCIBLE MATERIALS *(continued)*

- 13 - Negative Automatic Thoughts (Handout)
- 14 - Identifying Thoughts (Worksheet)
- 15 - Reviewing the Evidence (Worksheet)
- 16 - Generating Alternatives (Worksheet)
- 17 - Nine Ways to Make Yourself Miserable; Recognizing Distortions (Handout)
- 18 - Recognizing Distortions in Thinking (Worksheet)
- 19 - Analyzing the Effects of Thoughts/Beliefs (Worksheet)
- 20 - Questioning Thoughts (Worksheet)
- 21 - Answering Negative Thoughts (Worksheet)
- 22 - Ruminations (Handout)
- 23 - Rumination Diary (Worksheet/chart)
- 24 - Costs and Benefits of Rumination (Worksheet)
- 25 - Response to Ruminations (Worksheet)
- 26 - Activating Yourself (Handout)
- 27 - Mood and Activity Record (Chart)
- 28 - Activity Scheduling (Chart)
- 29 - Accomplishment and Pleasure Chart
- 30 - Increasing Pleasurable Activities (Form)
- 31 - Pleasurable Activities Checklist
- 32 - Setting Up a Plan for Increasing Fun or Pleasurable Activities (Handout)
- 33 - Graded Task Assignment (Worksheet)
- 34 - General Problem-Solving Procedure (Form)
- 35 - Recovery and Relapse (Handout)
- 36 - Goal Setting and Review of Therapy (Worksheet)
- 37 - Early Warning Signs of Relapse (Checklist)
- 38 - My Plan for Recognizing and Dealing with Setbacks (Worksheet)
- 39 - The Benefits of Learning Relaxation Techniques (Handout)
- 40 - Progressive Muscular Relaxation (Handout/Instructions to accompany audio recording)
- 41 - Tips for Getting the Most Out of Your Relaxation Practice (Handout)
- 42 - Relaxation Record (Chart)
- 43 - Breathing Exercises to Create Calm and Relaxation (Handout)
- 44 - Visualization Exercises (Handout)
- 45 - Applying Relaxation Strategies in 1 to 2 Minutes (Handout)
- 46 - Worry Control (Worksheet)
- 47 - De-catastrophizing (Worksheet)
- 48 - Guidelines for Dealing with Anger (Handout)
- 49 - Early Warning Signs of Anger (Worksheet)
- 50 - Anger Diary (Chart)

REPRODUCIBLE MATERIALS *(continued)*

- 51 - Answering Negative Thoughts (Worksheet)
- 52 - Coping with Anger: Your Personal Plan (Worksheet)
- 53 - Guidelines to Assertive Behavior (Handout)
- 54 - Self-Esteem Assessment Questionnaire
- 55 - Self-Description (Form)
- 56 - Checklist of Strengths
- 57 - Improving Self-Worth (Form)
- 58 - Positive Daily Log (Chart)
- 59 - Changing Your Negative or Prejudiced View of Yourself (Handout)
- 60 - Keys to Self-Compassion (Handout)
- 61 - Steps to Self-Compassion (Handout)

AUDIO RECORDINGS

- 1 - Progressive Muscular Relaxation
- 2 - Mindfulness Practice
- 3 - Compassion and Acceptance Practice

INTRODUCTION

For many years I have had an affinity for lists, forms, and tables that make ideas and concepts clear. I can clearly remember as a child having index cards I would write prompts and reminders on. Since training to be a CBT therapist more than 3 decades ago, I have applied this mindset to the arena of CBT practice. I have found it gratifying when I can follow up with a client, concerning a specific issue, with the appropriate handout or worksheet to facilitate further practice of a skill or increase understanding of a concept in between sessions. It is also rewarding to me to be able to direct a colleague or trainee/supervisee to a published resource that will help them with a specific disorder or particular issue emerging in their therapy work.

Following the skill-development focus of CBT, homework assignments are an intrinsic part of CBT practice. These homework assignments facilitate learning and generalization of skills that are helpful in reducing distress or changing behaviors. While many CBT books (especially self-help guides written for consumers/clients) include excellent handouts, forms, and worksheets, it is not always possible to reproduce these easily for financial or copyright reasons. Additionally, some are not specific enough to the nuances of a specific client's experience. As a result, I started generating my own handouts and forms many years ago, some totally original and some adaptations of existing resources. My clients benefited greatly from these and, in some cases, the fact that the therapist they had a relationship with was the writer of what they read or the voice on the audio they listened to, may have accentuated the benefits.

In providing training in CBT I have also found that any and all handouts and forms supplied are always welcomed eagerly. In fact, one of the participants in an intensive CBT training suggested I put together a book of handouts and forms as she was sure this would have great appeal to clinicians. This was an idea that had been percolating in my mind for quite a while. What put me off was realizing that, while I had dozens of these developed over the years, they were in no one place (organization not being one of my more-developed skills). These handouts and forms probably did not look very professional given that I had typed most of them (badly) myself. But then another light appeared in that famous tunnel. Another trainee took some handouts I had supplied in the training, retyped and reformatted them, and sent them to me. I saw what was possible and decided to locate any relevant forms, handouts, and worksheets I had come up with in my decades of practice that could be resources to therapists and clients alike. The last important piece was the positive reception to this idea and the marvelous editing of Laurie Girsch at Professional Resource Press. Due to her hard work, you now have a resource book to assist your CBT practice that I hope is of immediate practical benefit.

Each section in this book (including the handouts, worksheets, and forms) has an introductory part describing who the resource is applicable to, when in therapy it might be introduced, how to introduce it to clients, and how to deal with common problems encountered with each procedure or tool. Additionally, further supporting resources for therapists and clients including books, apps, DVDs, or audio files are listed.

Section 1 focuses on handouts and worksheets for general CBT practice and is relevant to setting up CBT therapy. Section 2 contains handouts and worksheets relevant to using cognitive interventions with clients.

Section 3 includes handouts and worksheets related to behavioral interventions with clients. (Sections 2 and 3 largely are related to standard CBT interventions relevant to the treatment of depression and anxiety.) Lastly, Section 4 includes handouts and worksheets that are relevant to other interventions and common problems where CBT is used.

Throughout the book there are more than 60 reproducible handouts, worksheets, and forms, which for ease of reproduction have been made downloadable to the purchasers of this book. There are also three audio recordings I created to facilitate practice in relaxation, mindfulness, and compassion (see Table of Contents for more information).

The complete information for the references, apps, and so forth, from the "supporting resources for clinicians" and the "supporting resources for clients" mentioned in each section of the book are listed in the Appendix or References at the back of the book.

SECTION 1

Handouts and Worksheets for General CBT Practice

Orientation to Cognitive Behavior Therapy

Clients this resource is applicable to:

All clients with a variety of disorders can be introduced to CBT using this handout.

When this resource might be introduced in therapy:

At the start of CBT to facilitate socialization or orientation to this model of therapy.

Purpose:

To introduce the CBT model of therapy and its main characteristics.

Procedure:

Therapist customarily will introduce the CBT model in the first or second session giving simple examples (often using a whiteboard to make the psychoeducation visual). The clients are instructed to read the handout **A Guide to Cognitive Behavior Therapy** (p. 4) and/or sections of the supporting resources for clients (listed below) as a homework assignment.

Problems and solutions:

1. Clients may report not understanding sections of the handout despite an attempt to make it simple and comprehensible. The therapist will check in with the client during the next session inquiring if they had a chance to read this and if anything was confusing or not clear.
2. Less often, clients may have beliefs that are opposed to this model. The therapist and client can have a discussion about using the CBT model on a future agenda.

Supporting resources for clinicians:

Robert Leahy, Steve Holland, & Lata McGinn (2011) - *Treatment Plans and Interventions for Depression and Anxiety Disorders (2nd ed.)*. (This book has a series of short introductions to CBT for Anxiety and Mood Disorders.)

Leslie Sokol & Marci Fox (2019) - *The Comprehensive Clinician's Guide to Cognitive Behavioral Therapy*. (Chapter 1).

Supporting resources for clients:

David Burns (1999) - *Feeling Good: The New Mood Therapy*. (Chapter 3).

Denis Greenberger & Christine Padesky (2015) - *Mind Over Mood: Change the Way You Feel by Changing the Way You Think (2nd ed.)*. (Chapter 3). This book is also available in Spanish.

The Academy of Cognitive Therapy (www.academyofct.org) and the Association for the Advancement of Behavioral and Cognitive Therapy (www.abct.org). Both have pamphlets for clients explaining the CBT approach to a number of disorders.

A Guide to Cognitive Behavior Therapy

Cognitive Behavior Therapy (CBT) is a form of short-term, problem-focused therapy which has been successfully used since the 1960s. CBT has helped people with a number of psychological and emotional problems, including depression, anxiety, and addictive behaviors.

CBT aims to help clients identify and change thinking and behavior patterns that cause distress. The CBT approach suggests the following:

- Thoughts play a major role in the emotional and behavioral problems experienced by individuals. While situations (a friend not returning a telephone call) can elicit some feelings (irritation or anxiety), the way we think about this situation ("Something is wrong" or "This person doesn't care") can make the emotional reaction more severe or intense.
- Behaviors can also be part of the problem. For example, if the individual (who is feeling bad waiting for a return call from a friend) calls repeatedly leaving angry messages for the other person, it is likely the situation will be made worse.
- Exploring the connection between situations, thoughts, feelings, and behavior will be helpful in revealing maladaptive thinking or behavioral patterns. These patterns can then be changed, leading to less emotional distress.

CBT therapy sessions tend to:

- be structured (there is a clear plan for each session).
- be focused largely on present problems that are causing distress.
- be collaborative (client and therapist work together to find solutions).
- be skill-building (clients learn skills that can help them deal better with problem situations, and they can practice them within and between sessions).
- emphasize thinking and behavior patterns that may be more effective than those currently in operation.
- look at thinking that causes distress.
- be focused on practical ways to change all of the above.

Techniques which may be used:

- Evidence reviewing (Is there a good reason to believe what is assumed?)
- Generating alternatives (Is there another way one could look at this?)
- Reviewing the usefulness of thoughts (Does it help to think this way?)
- De-catastrophizing (How likely is it that something bad will happen and what could be done, if it did?)
- Action planning (What can be done to check things out or to improve the situation?)

These strategies will be explained in greater detail and practiced during CBT sessions.

There will be a plan or agenda for each session where one or two problems will be focused on. Discussion and identification of the problem related to that day's issues will proceed systematically. Possible solutions will be considered and then selected. The therapist, in collaboration with you, may assign "homework" for both of you to work on in the intervening period until the next session. Feedback regarding the session and the therapy in general will also be sought in a systematic way and any arising issues will be discussed.

The aim is for you to ultimately become your own therapist using the improved skills you have learned on your own in between sessions and after CBT (which is usually short-term) ends.

Establishing Treatment Goals

Clients this resource is applicable to:

All clients receiving CBT.

When this resource might be introduced in therapy:

In the first or second session of CBT when clients are being helped to identify their problems and establish specific achievable treatment goals.

Purpose:

To elucidate very concrete goals for CBT. This will both facilitate the selection of interventions that should be matched to the targets or goals (e.g., if the goal is to reduce excessive worrying, then the intervention might be **Worry Control** or **De-catastrophizing**; see pp. 95-97). In addition, the list of treatment goals can be reviewed with the client at regular intervals to assess progress or decide if new goals need to be added. This can keep therapy on track and prevent "drift."

Procedure:

The therapist may first ask a series of questions to assess what the client wants to work on:

- What brings you to therapy?
- Why did you feel you need help and what would the help be for?
- What problems are you experiencing?
- What would you like to change?
- If this therapy was successful for you what would be different?

Some clients may be quite vague about what their issues are (and therefore their goals for therapy). Giving them the **Treatment Goals** list on page 6 as a homework assignment will be helpful in that it gets them to reflect and indicate more precisely what they might wish to change. The closed-ended nature of this exercise (the client only has to check what is relevant) helps clients who have difficulty expressing themselves regarding psychological issues. Even if clients in the initial interview can articulate clearly what they wish to work on, the **Treatment Goals** list can be given to them with the rationale that this will make sure nothing important is forgotten (given that later the client may realize there was something that slipped their mind or occurred to them). The last section of the form allows the therapist to deal more urgently to the client's prioritized items.

Problems and solutions:

1. The client has difficulty understanding the items on the list. The therapist may give examples or explain the items in greater detail.
2. The client has a hard time deciding which items are higher priorities. The therapist can ask how much distress or dysfunction is associated with each.
3. The client feels the items on the list do not exactly mirror their problems. The therapist helps the client to complete item #51 with a concrete description of what they want to change exactly.

Supporting resources for clinicians:

Robert Leahy, Steve Holland, & Lata McGinn (2011) - *Treatment Plans and Interventions for Depression and Anxiety Disorders (2nd ed.)*.

Leslie Sokol & Marci Fox (2019) - *The Comprehensive Clinician's Guide to Cognitive Behavioral Therapy*. (Chapter 3).

Supporting resource for clients:

Denis Greenberger & Christine Padesky (2015) - *Mind Over Mood: Change the Way You Feel by Changing the Way You Think (2nd ed.)*. (Chapter 5).

Treatment Goals

Check all that apply

- | | |
|---|--|
| <p><input type="checkbox"/> 1. Reducing a fear</p> <p><input type="checkbox"/> 2. Doing more pleasurable activities</p> <p><input type="checkbox"/> 3. Improving communications with my (circle):
<i>Spouse Children Friends Coworkers Others</i></p> <p><input type="checkbox"/> 4. Expressing myself more assertively</p> <p><input type="checkbox"/> 5. Learning how to relax</p> <p><input type="checkbox"/> 6. Better at managing my health</p> <p><input type="checkbox"/> 7. Better at tolerating my mistakes</p> <p><input type="checkbox"/> 8. Better at tolerating others' mistakes</p> <p><input type="checkbox"/> 9. Feeling less guilt</p> <p><input type="checkbox"/> 10. Feeling less depressed</p> <p><input type="checkbox"/> 11. Better at accepting a loss/death</p> <p><input type="checkbox"/> 12. Increasing my conversational skills</p> <p><input type="checkbox"/> 13. Learning how I come across to others</p> <p><input type="checkbox"/> 14. Not taking disappointments so hard</p> <p><input type="checkbox"/> 15. Doubting myself less</p> <p><input type="checkbox"/> 16. Thinking more positively</p> <p><input type="checkbox"/> 17. Improving my sexual relationship</p> <p><input type="checkbox"/> 18. Controlling my eating or weight</p> <p><input type="checkbox"/> 19. Controlling my alcohol use</p> <p><input type="checkbox"/> 20. Changing a habit</p> <p><input type="checkbox"/> 21. Controlling my drug use</p> <p><input type="checkbox"/> 22. Better at managing my pain</p> <p><input type="checkbox"/> 23. Learning how to improve friendships</p> <p><input type="checkbox"/> 24. Reducing uncomfortable thoughts</p> <p><input type="checkbox"/> 25. Learning more effective parenting skills</p> <p><input type="checkbox"/> 26. Improving my sleep</p> <p><input type="checkbox"/> 27. Reducing my sensitivity to possible criticism</p> <p><input type="checkbox"/> 28. Talking out a pending decision</p> <p><input type="checkbox"/> 29. Learning problem-solving/
decision-making techniques</p> <p><input type="checkbox"/> 30. Reducing panic attacks</p> <p><input type="checkbox"/> 31. Increasing self-esteem</p> | <p><input type="checkbox"/> 32. Reducing family difficulties</p> <p><input type="checkbox"/> 33. Reducing job difficulties</p> <p><input type="checkbox"/> 34. Better at managing my temper</p> <p><input type="checkbox"/> 35. Taking initiative more often</p> <p><input type="checkbox"/> 36. Receiving medication help</p> <p><input type="checkbox"/> 37. Decreasing procrastination</p> <p><input type="checkbox"/> 38. Better at managing time</p> <p><input type="checkbox"/> 39. Decreasing the need to be perfect</p> <p><input type="checkbox"/> 40. Not reacting so emotionally</p> <p><input type="checkbox"/> 41. Allowing myself to express feelings more</p> <p><input type="checkbox"/> 42. Feeling more self-confident</p> <p><input type="checkbox"/> 43. Discussing my thoughts of harming myself</p> <p><input type="checkbox"/> 44. Discussing my thoughts of harming others</p> <p><input type="checkbox"/> 45. Adjusting better to a past or recent change/incident</p> <p><input type="checkbox"/> 46. Adjusting better to a past incident</p> <p><input type="checkbox"/> 47. Becoming more optimistic</p> <p><input type="checkbox"/> 48. Improving my self-awareness</p> <p><input type="checkbox"/> 49. Adopting a more healthy attitude</p> <p><input type="checkbox"/> 50. Worrying less</p> <p><input type="checkbox"/> 51. Other (specify):

_____</p> |
|---|--|

Now please review your list and decide which 3 goals you wish to discuss/change at this time. My 3 most important goals are (write in the goal numbers):

First _____ Second _____ Third _____