

CBTm

COGNITIVE BEHAVIOUR THERAPY WITH MINDFULNESS
THÉRAPIE COGNITIVO-COMPORTEMENTALE DE LA PLEINE CONSCIENCE

Class 5 Handouts

Mindfulness Exercise - *Engaging Your Senses*

Thinking Traps about Stressful Experiences

Testing Your Thoughts

Mental Health Continuum Model

Wellness Planning

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ENGAGING YOUR SENSES

Sit in a comfortable upright position with your feet planted flat on the ground. Rest your hands on your thighs. Begin to notice your breath. It's time to engage each of your 5 senses, one at a time, for at least one minute each.

Hearing: Begin to relax by just noticing all of the sounds around you. Give yourself permission to suspend your judgment of the sounds. They are not good or bad, they just are. Are you now hearing more than you were before you started? Subtle sounds may have previously gone unnoticed. Can you hear them now?

Smell: Now shift your concentration to noticing the smells of your environment. Is somebody cooking lunch in your building? Can you detect the electronics smell of your computer or fresh air coming in through your window? Try closing your eyes so you can focus on the subtlest of scents.

Sight: If you closed your eyes a moment ago, open them to notice the colours, shapes and textures of your surroundings. If you really look, just about everything has colour variation and texture that may have gone unnoticed. How many shades of blue or red? Any colour missing?

Taste: You can do this one regardless of whether or not you have food to put in your mouth. Just notice your tongue in your mouth, your saliva, and your breath as you exhale. Most of us have tastes in our mouth at all times. Run your tongue over your teeth and cheeks - what do you notice?

Touch: Where did you place your hands when you first started this exercise? Notice the sensation of where your hands meet something solid like the fabric of your clothes or the surface of your desk. Notice the pressure between your feet and the floor. Try feeling the textures that you noticed by sight a moment ago. To fully ground yourself in the room and bring the exercise to a close, feel several objects on your desk and perhaps even stand up from your chair to bring energy and sensation to all parts of your body.

Thinking Traps

Stressful Experience Examples

Overgeneralizing

Thinking that a difficult situation is part of a constant cycle of bad things that happen. People who overgeneralize often use words like "always" or "never".

Last time I drove downtown I made stupid errors. This always happens to me! I never manage this stuff well.

All or Nothing Thinking

Seeing things as only right or wrong, good or bad, perfect or terrible. People who think in all or nothing terms see a small mistake as a total failure.

I can never let my guard down. People are bad. Nobody can be trusted.

Fortune Telling

Predicting that something bad will happen, without any evidence.

If I'm not in full control, people will get hurt.

Emotional Reasoning

Believing that bad feelings or emotions reflect the truth of a situation.

I feel guilty about what happened, so it must have been my fault/I must be to blame.

Labeling

Saying only critical things about yourself or other people.

My organization does not support me! My supervisor is a jerk! I made a mistake therefore I'm incompetent!

Thinking Traps

Stressful Experience Examples

'Should' Statements

Telling yourself how you "should" or "must" act. "Should" statements about ourselves lead to guilt. "Should" statements about others lead to anger and resentment.

I should be able to handle this without getting upset/sad/angry/scared! I shouldn't let this affect me!

Mind Reading

Jumping to conclusions about what others are thinking, without any evidence.

If I take a few days off to deal with this, my coworkers will think I'm weak.

Mental Filter

Focusing only on the challenging parts of a situation and ignoring everything else.

I've driven for 20 years but had one serious accident. I am a horrible driver.

Catastrophic Thinking

Exaggerating the importance of distressing things, believing the worst-case scenario, or thinking something is unbearable or impossible when it isn't.

Because I feel stressed/overwhelmed now, I won't ever be able to drive again.

Personalization

You see yourself as the cause of some upsetting external event for which, in fact, you were not primarily responsible.

The family looks grief-stricken. They must blame me for what happened.

TESTING YOUR THOUGHTS

Stressful Experience Example

What is the situation? I was involved in a car accident where a woman was taken to the hospital.

What am I thinking or imagining? It's my fault that she's hurt.

How much do I believe it? a little medium a lot (or rate 0-100) 85

How does it make me feel? angry sad nervous other guilty

How strong is the feeling? mild moderate very strong (or rate 0-100) 90

What makes me think the thought is true?

I tried to do first aid, but I don't think it helped.

What makes me think the thought is not true or not completely true?

I did not cause the accident. I did everything I could think of to do.

What's another way to look at this?

I tried my best to help her, but she was hurt.

What's the worst that could happen? Would I still live through it? The family may blame me.

It'd be difficult, but I'd live through it. I know they're trying to make sense of things too.

What's the best that could happen?

The family could tell me that I did all I could and thank me for helping.

What will probably happen?

The family will not focus on me, but on their own worry.

What will happen if I keep telling myself the same thought?

I will not be able to continue driving.

What could happen if I changed my thinking?

I might be able to cope better and put this into perspective.

What would I tell my friend if this happened to them?

That they did the right thing by trying to help the woman and did everything they could.

What should I do now?

Talk to my friend/partner, go for a walk, listen to music, etc.

How much do I believe the negative thought now?

a little medium a lot (or rate 0-100) 50

How strong is my negative feeling now?

mild moderate very strong (or rate 0-100) 45

TESTING YOUR THOUGHTS

What is the situation? _____

What am I thinking or imagining? _____

How much do I believe it? a little medium a lot (or rate 0-100) _____

How does it make me feel? angry sad nervous other _____

How strong is the feeling? mild moderate very strong (or rate 0-100) _____

What makes me think the thought is true?

What makes me think the thought is not true or not completely true?

What's another way to look at this?

What's the worst that could happen? Would I still live through it?

What's the best that could happen?

What will probably happen?

What will happen if I keep telling myself the same thought?

What could happen if I changed my thinking?

What would I tell my friend if this happened to them?

What should I do now?

How much do I believe the negative thought now?
 a little medium a lot (or rate 0-100) _____

How strong is my negative feeling now?
 mild moderate very strong (or rate 0-100) _____

Mental Health Continuum Model



Healthy	Reacting	Injured	Ill
<ul style="list-style-type: none"> • Normal mood fluctuations • Calm & takes things in stride 	<ul style="list-style-type: none"> • Irritable/Impatient • Nervous • Sadness/ Overwhelmed 	<ul style="list-style-type: none"> • Anger • Anxiety • Pervasively sad/ Hopeless 	<ul style="list-style-type: none"> • Angry outbursts/ aggression • Excessive anxiety/ panic attacks • Depressed/ Suicidal thoughts/Numb
<ul style="list-style-type: none"> • Good sense of humour • Performing well • In control mentally 	<ul style="list-style-type: none"> • Displaced sarcasm • Procrastination • Forgetfulness 	<ul style="list-style-type: none"> • Negative attitude • Poor performance/ Workaholic • Poor concentration • Poor decision-making 	<ul style="list-style-type: none"> • Cannot concentrate • Can't perform duties, control behaviour or make decisions
<ul style="list-style-type: none"> • Normal sleep patterns • Few sleep difficulties 	<ul style="list-style-type: none"> • Trouble sleeping • Intrusive thoughts • Nightmares 	<ul style="list-style-type: none"> • Restless disturbed sleep • Recurrent images/ nightmares 	<ul style="list-style-type: none"> • Can't fall asleep or stay asleep • Sleeping too much or too little
<ul style="list-style-type: none"> • Physically well • Good energy level 	<ul style="list-style-type: none"> • Muscle tension • Headaches • Low energy 	<ul style="list-style-type: none"> • Increased aches and pains • Increased fatigue 	<ul style="list-style-type: none"> • Physical illnesses • Constant fatigue
<ul style="list-style-type: none"> • Physically and socially active 	<ul style="list-style-type: none"> • Decreased activity/ socializing 	<ul style="list-style-type: none"> • Avoidance • Withdrawal 	<ul style="list-style-type: none"> • Not going out or answering phone
<ul style="list-style-type: none"> • No/ limited alcohol or drug use/ gambling 	<ul style="list-style-type: none"> • Regular but controlled alcohol or drug use/ gambling 	<ul style="list-style-type: none"> • Increased alcohol or drug use/ gambling - hard to control 	<ul style="list-style-type: none"> • Frequent alcohol or drug use/ gambling - inability to control with severe consequences
<ul style="list-style-type: none"> • Use support systems • Rely on skills 	<ul style="list-style-type: none"> • Recognise limits/ take breaks/ identify problems early/ seek support 	<ul style="list-style-type: none"> • Tune into signs of distress, make self-care a priority • Seek support 	<ul style="list-style-type: none"> • Seek professional help • Follow recommendations

WELLNESS PLAN

STEP 1: Warning signs (thoughts, images, moods, behaviours) that indicate I'm feeling overwhelmed by stress

1. _____
2. _____
3. _____

STEP 2: Three coping strategies - things I can do myself to take my mind off my problems

1. _____
2. _____
3. _____

STEP 3: Three people I can call (just to hang out or talk to) or social settings where I can go for distraction

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

STEP 4: Three people I can ask for help

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

STEP 5: Professionals I can contact if I need more help

1. Name _____ Phone _____
2. Mobile Crisis Unit - (204) 940-1781
3. Crisis Response Centre - 817 Bannatyne Avenue (24/7 walk-in crisis support)
4. Work resources: _____