Appendix 1

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Limited License to Photocopy Appendix 1 Worksheets and Forms

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# Cognitive-Behavior Therapy Case Formulation Worksheet

<table>
<thead>
<tr>
<th>Patient Name:</th>
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<tbody>
<tr>
<td>Diagnoses/Symptoms:</td>
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<td>Formative Influences:</td>
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<td>Situational Issues:</td>
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<td>Biological, Genetic, and Medical Factors:</td>
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<td>Strengths/Assets:</td>
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<td>Treatment Goals:</td>
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<table>
<thead>
<tr>
<th>Event 1</th>
<th>Event 2</th>
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<tr>
<td>Automatic Thoughts</td>
<td>Automatic Thoughts</td>
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<tr>
<td>Emotions</td>
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<td>Emotions</td>
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<tr>
<td>Behaviors</td>
<td>Behaviors</td>
<td>Behaviors</td>
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</table>

## Schemas:

## Working Hypothesis:

## Treatment Plan:

What’s Happening to Me?
A Voice Hearing Pamphlet

The difficulties you have been having may be related to the stresses you have been facing. You may be having strange experiences that frighten or excite you. There may be problems with your family or at your work. You may be thinking that neither your family nor anybody else understands.

When someone is under stress, it can affect him or her in all sorts of ways. Sometimes the very fact that others don’t believe or understand can seem to be part of the problem.

Perhaps you are having trouble sleeping—lack of sleep can make you vulnerable. As an example, some people can start to hear people talking when nobody is around, or else the talking seems to come from places or directions where nobody seems to be. The conversation you hear might be about you, discussing or even criticizing you. There might even be commands telling you to do things—often things that you don’t want to do. The voices that you hear may be quite abusive and rude.

At some time or other, many people hear voices or see things when nobody’s around them. Surveys suggest that voice hearing can occur in one in six people at some time, and in even more people when put under certain sorts of stress. So voice hearing is not uncommon, but it can be very worrying, particularly if it keeps happening.

What Can I Do About It?

First, are you sure that nobody else can hear what is being said? Sometimes people speaking from outside a room, or machinery (for example, air conditioning), can be deceiving. If you need to, check with someone you trust—maybe a member of your family, a close friend, or the doctor, nurse, or psychologist whom you are seeing—whether they can hear the voices that you are hearing.

If they can’t hear the voices, you need to consider why that could be. Do you think there is some special method by which the voices are being transmitted to you? It is difficult to imagine what method there could be, but talk with your therapist about any ideas you have.

Finally, it might be worth considering the possibility that pressures you have been under have stimulated the voices and that your mind is “deceiving” you. These pressures might have occurred recently or been around at the time when you first heard the voices. Voices, or hallucinations, can come on when you are not sleeping properly or when you have been very isolated. They can occur when people are put in solitary confinement or held hostage. Very emotional events—like being in an accident or being assaulted—can produce images and sounds that are very vivid. These images and sounds can come on as flashbacks. These types of experiences can also occur during drug taking and after drugs have been abused. Some people have described hallucinating as being just like “dreaming awake.” Voice hearing and other hallucinations can happen with severe depression, schizophrenia, or nervous breakdowns.

What Can Help With Coping?

When voices seem to be caused by other people or agencies, it can be very frightening. Being able to understand them better can reduce some of that fear and can make the voices less intense and worrying.

Fortunately, there is also medication that can be useful. You will probably be offered medication by your doctor. Medication will be able to help you with sleeping—if that is a problem—and in more complex ways, help with worries and hallucinations. If you have any concerns about the medication you are taking, or are offered, ask your doctor or therapist. There is good information available about how medication works and what it does.

Sometimes when people are hearing voices, they find that developing ways of coping can help, like listening to the radio or to some music. Others have found assistance from physical exercise, such as going for a walk, or chatting with friends or family. If the voices persist, it is worth trying to work out ways to help you cope.

But most of all, find someone you can trust and let them know how you feel. Ask about the problems and worries you have. There are likely to be ways of helping you deal with the problems you are experiencing.

List of 60 Coping Strategies for Hallucinations

**Distraction**
1. Hum
2. Talk to yourself
3. Listen to modern music
4. Listen to classical music
5. Prayer
6. Meditation
7. Use a mantra
8. Painting
9. Imagery
10. Walk in the fresh air
11. Phone a friend
12. Exercise
13. Use a relaxation tape
14. Yoga
15. Take a warm bath
16. Call your mental health professional
17. Attend the day center/drop in
18. Watch TV
19. Do a crossword or other puzzle
20. Play a computer game
21. Try a new hobby

**Focusing**
1. Correct the cognitive distortions in the voices
2. Respond rationally to voice content
3. Use subvocalization
4. Dismiss the voices
5. Remind yourself that no one else can hear the voice
6. Phone a voice buddy and tell him or her the voice is active
7. Remember to take antipsychotic medication
8. Demonstrate controllability by bringing the voices on
9. Give the voices a 10-minute slot at a specific time each day
10. Play a cognitive therapy tape discussing voice control
11. Use a normalizing explanation
12. Use rational responses to reduce anger
13. List the evidence in favor of the voice content
14. List the evidence against the voice content
15. Use guided imagery to practice coping with the voices differently
16. Role-play for and against the voices
17. Remind yourself that voices are not actions and need not be viewed that way
18. Remind yourself that the voices don’t seem to know much
19. Remind yourself that you don’t need to obey the voices
20. Talk to someone you trust about the voice content
21. Use rational responses to reduce shame
22. Use rational responses to reduce anxiety
23. Use a diary to manage stress
24. Use a diary to manage your time
25. Plan your daily activities the night before
26. Use a voice diary in a scientific manner
27. Mindfulness
28. Try an earplug (right ear first if right-handed)

**Meta-cognitive Methods**

1. Use schema-focused techniques
2. Acceptance
3. Assertiveness
4. Use a biological model
5. Consider shamanistic views of voice hearing
6. Consider cultural aspects of voice hearing
7. Keep a list of daily behaviors to prove that you are not as bad as the voices say
8. Use a continuum relating your own worth to that of other people
9. List your positive experiences in life
10. List your achievements, friendships, etc.
11. Act against the voices (show them that you are better than they say)

# Thought Change Record

<table>
<thead>
<tr>
<th>Situation</th>
<th>Automatic thought(s)</th>
<th>Emotion(s)</th>
<th>Rational response</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Describe</td>
<td><strong>a.</strong> Write automatic thought(s) that preceded emotion(s).</td>
<td><strong>a.</strong> Specify sad, anxious, angry, etc.</td>
<td><strong>a.</strong> Identify cognitive errors.</td>
<td><strong>a.</strong> Specify and rate subsequent emotion(s), 0%–100%.</td>
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<td></td>
<td><strong>b.</strong> Rate belief in automatic thought(s), 0%–100%.</td>
<td><strong>b.</strong> Rate degree of emotion, 1%–100%.</td>
<td><strong>b.</strong> Write rational response to automatic thought(s).</td>
<td><strong>b.</strong> Describe changes in behavior.</td>
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<td><strong>c.</strong> Unpleasant physiological sensations.</td>
<td><strong>c.</strong> Rate belief in rational response, 0%–100%.</td>
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**Weekly Activity Schedule**

**Instructions:** Write down your activities for each hour and then rate them on a scale of 0–10 for mastery (m) or degree of accomplishment and for pleasure (p) or amount of enjoyment you experienced. A rating of 0 would mean that you had no sense of mastery or pleasure. A rating of 10 would mean that you experienced maximum mastery or pleasure.

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<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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## Schema Inventory

**Instructions:** Use this checklist to search for possible underlying rules of thinking. Place a check mark beside each schema that you think you may have.

### Healthy Schemas
- ___ No matter what happens, I can manage somehow.
- ___ If I work hard at something, I can master it.
- ___ I’m a survivor.
- ___ Others trust me.
- ___ I’m a solid person.
- ___ People respect me.
- ___ They can knock me down, but they can’t knock me out.
- ___ I care about other people.
- ___ If I prepare in advance, I usually do better.
- ___ I deserve to be respected.
- ___ I like to be challenged.
- ___ There’s not much that can scare me.
- ___ I’m intelligent.
- ___ I can figure things out.
- ___ I’m friendly.
- ___ I can handle stress.
- ___ The tougher the problem, the tougher I become.
- ___ I can learn from my mistakes and be a better person.
- ___ I’m a good spouse (and/or parent, child, friend, lover).
- ___ Everything will work out all right.

### Dysfunctional Schemas
- ___ I must be perfect to be accepted.
- ___ I’m invincible.
- ___ I’m stupid.
- ___ Without a woman (man), I’m nothing.
- ___ I’m a fake.
- ___ I always know the best way.
- ___ I’m unlovable.
- ___ I’m useless.
- ___ I’ll never be comfortable around others.
- ___ I’m damaged.
- ___ No matter what I do, I won’t succeed.
- ___ The world is too frightening for me.
- ___ Others can’t be trusted.
- ___ I must always be in control.
- ___ I’m unattractive.
- ___ Never show your emotions.
- ___ Other people will take advantage of me.
- ___ I’m lazy.
- ___ If people really knew me, they wouldn’t like me.
- ___ To be accepted, I must always please others.

Appendix 2

Cognitive-Behavior Therapy Resources

Books for Patients and Families


Personal Accounts of Mental Illness

Shields B: *Down Came the Rain*. New York, Hyperion, 2005
**Computer Programs**

*Beating the Blues* ([www.thewellnessshop.co.uk/products/beatingtheblues](http://www.thewellnessshop.co.uk/products/beatingtheblues))

*Good Days Ahead* ([www.mindstreet.com](http://www.mindstreet.com))

**Web Sites With Educational Information for Patients and Families**

**Academy of Cognitive Therapy** ([www.academyofct.org](http://www.academyofct.org))
   - How to find a cognitive therapist, recommended reading, new research

**Depression and Bipolar Support Alliance** ([www.dbsalliance.org](http://www.dbsalliance.org))
   - An advocacy and support group

**Gloucestershire Hearing Voices and Recovery Groups** ([www.hearingvoices.org.uk/info_resources11.htm](http://www.hearingvoices.org.uk/info_resources11.htm))
   - Over 20 examples of good advice on coping with voice hearing

**Good Days Ahead** ([www.gooddaysahead.com](http://www.gooddaysahead.com))
   - General information on cognitive-behavior therapy (CBT), demonstration of computer program for CBT for depression and anxiety

**Making Common Sense of Voices** ([www.peter-lehmann-publishing.com/articles/others/klaflki_making.htm](http://www.peter-lehmann-publishing.com/articles/others/klaflki_making.htm))
   - A normalizing essay on the subject of voice hearing that could be used as a homework exercise

**Mind** ([www.mind.org.uk/Information/Booklets/Other/The+voice+inside.htm](http://www.mind.org.uk/Information/Booklets/Other/The+voice+inside.htm))
   - A practical guide to understanding voice hearing, written by the Hearing Voices Network

**Mood Gym** ([http://moodgym.anu.edu.au](http://moodgym.anu.edu.au))
   - Self-help program for CBT of depression and anxiety

**National Alliance on Mental Illness** (NAMI; [www.nami.org](http://www.nami.org))
   - Education on severe mental disorders, support for patients and families, advocacy

**National Institute of Mental Health** ([www.nimh.nih.gov](http://www.nimh.nih.gov))
   - General information on research and treatment of severe mental disorders

**Paranoid Thoughts** ([www.iop.kcl.ac.uk/apps/paranoidthoughts/default.html](http://www.iop.kcl.ac.uk/apps/paranoidthoughts/default.html))
   - Helpful advice on coping with paranoia; based on the book *Overcoming Paranoid and Suspicious Thoughts* by Freeman, Freeman, and Garety (see “Recommended Readings” below)

**University of Louisville Depression Center** ([http://louisville.edu/depression](http://louisville.edu/depression))
   - Depression screening, educational programs with focus on CBT, general information on depression

**University of Michigan Depression Center** ([www.med.umich.edu/depression](http://www.med.umich.edu/depression))
   - Depression screening, educational programs, general information on depression

**Recommended Readings**


