



3 POSITIVE CBT EXERCISES

FOR HELPING PROFESSIONALS

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Welcome

It is a great pleasure to offer you this compilation of Positive CBT tools. During the past years, Positive Psychology has gained an increasing amount of attention, both from helping professionals and researchers. This attention has resulted in many valuable insights in what contributes to a happy, fulfilling life.

In addition, positive psychology has given us many tools not only to flourish, but also to cope with difficult times in life.

Since 2013, our aim with the Positive Psychology Program has been to contribute to this field by disseminating the science to psychology practitioners and educators alike.

We recently received a comment to our cornerstone piece on CBT saying:

“This website gave me more direction in 15 minutes than ten years of off-and-on weekly therapy appointments did. Here I found a list of practical actions to take versus just talking about my problems. Thank you so much.”

- K. Fernandez

It's feedback like this that reminds our team of why we are spending time and careers on building out this platform.

We hope that the tools presented here may inspire you too to increase your own wellbeing and the wellbeing of the people around you. Please feel free to print and share this document with others.

For those who like what they see, make sure to also check out our online searchable database with all kinds of practical positive psychology tools:

<https://positivepsychology.com/toolkit/>

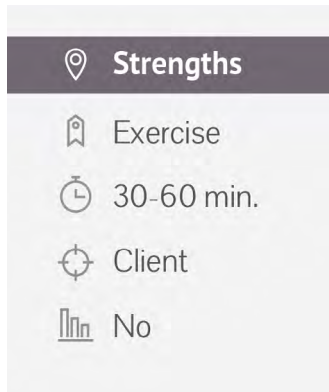
All the best!

Seph Fontane Pennock
Hugo Alberts, Ph.D.



Using the tools

This product contains 3 different positive CBT tools. Each tool is structured in the same way, consisting of a background section, a goal description, advice for using the exercise and suggested readings. On the first page of every tool, a legend is shown, consisting of several icons:



- The first icon displays the main category the tool belongs to.
- The second icon shows the type of tool. The following options are available:
 - » Exercise (a tool that describes an activity that is done once, during a session)
 - » Assessment (a tool that aims to assess a trait or characteristic of a person)
 - » Overview (a tool that provides an overview or list of something; research findings, facts, etc.)
 - » Advice (a tool that is directed at the helping professional providing advice on how to carry out a certain activity)
 - » Meditation (a tool that describes a form of meditation)
 - » Intervention (a tool that describes an activity that needs to be done more than once during a certain period)
- The third icon provides an estimation of the duration of the tool. In other words, how long it takes to complete the exercise. This is always an estimation of the total time it takes. Note that for some tool types, like overview, advice, protocol and intervention it is difficult if not impossible to provide an estimation of the duration. In these cases n/a (not available) is written.
- The fourth icon describes the intended audience for this tool; available options include client, coach or group.
- The last icon indicates whether this specific tool has been tested at least once in a scientific study and has been published in a peer reviewed journal (yes or no). Note that if there is a strong theoretical and scientifically tested basis underlying the tool, but the tool itself in its current form has not been directly addressed in research, the icon will still indicate “no”.

Important note

Please note that the tools in this give-away are not a substitute for a clinical or coaching certification program, which we recommend you take before you call yourself an official “therapist” or “coach” and before you see clients or patients.

Note that you are advised to use these tools within the boundaries of your professional expertise. For instance, if you are a certified clinician, you are advised to use the exercises within your field of expertise (e.g. clinical psychology). Likewise, a school teacher may use the exercises in the classroom, but is not advised to use the exercises for clinical populations. Positive Psychology Program B.V. is not responsible for unauthorized usage of these tools.

Strengths Spotting by Exception Finding

Strengths

Exercise

30-60 min.

Client

No

A key technique in Positive CBT is borrowed from solution-focused therapy, namely first identifying and then analysing times when a client's presenting complaint or problem did not happen. The practitioner invites the client to consider what was different when the problem was absent (Molnar and de Shazer, 1987). Rather than focusing on the who, what, when, and where of problems, exception finding about focusing on the who, what, when, and where of exception times. Consequently, clients become aware of their strengths relative to their goals, rather than their deficiencies relative to their problems.

Goal

The goal of this tool is two-fold. First, it can be used to assess a client's ability to deal with challenges and problems. Second, focusing on exceptions can increase the client's awareness of and confidence in his/her own ability to create solutions for him/herself. This process can therefore help to increase the client's sense of self-efficacy and generate hope for the future.

Advice

- If the client is unable to answer the questions of step 2 (he/she does not see pieces of the goals happening yet), it is advisable for the practitioner to communicate respectful recognition of the fact that this is indeed a difficult situation. Moreover, the practitioner may encourage the client to be curious about where change will emerge first.
- When the practitioner assists the client in translating his/her actions to strengths, it is advisable to explore/apply each strength at a time to the presenting problem. Often times, my clients have a hard time synthesizing too many strengths and applying them all at once.
- When the practitioner has reason to believe that exceptions are in fact happening but that the client minimizes or denies their presence, it is advisable to select wording for the "exceptions inquiry" that assumes that change is occurring. Instead of asking "Are there times that pieces of this are happening?" the practitioner may deliberately ask: "Tell me about the times when pieces of this are happening these days."
- It is possible that a particular exception is not related to the problem. This is important information, because focusing on using the strengths that underlie this exception may waste time and effort that would be better spent on searching for more relevant exceptions and strengths. To determine the importance of an exception of the solution, the practitioner can ask, "If this were happening more, how much difference would it make?"



Suggested Readings

McQuaide, S., & Ehrenreich, J. H. (1997). Assessing client strengths. *Families in Society*, 78, 201–212.

Molnar, A. and de Shazer, S. (1987) Solution-focused therapy: toward the identification of therapeutic tasks. *Journal of Marital and Family Therapy*, 13, 349–358.

Tool Description

Instructions

Step 1: Exceptions in the past

Was there a time when this problem was not a problem, or when it presented itself with less severity?

What was it like at that time?

What were you doing instead at that time?

If you have faced this problem before, have successfully overcome it before? If so, what do you suppose you did to make that happen?

If the client is unable to answer this specific problem-related question, the practitioner may decide to proceed with a more generally formulated questions:

When faced with an overwhelming obstacle, what's your "go to" way to overcome it?

What was the most successful project you ever tackled, and what made you successful?

Dealing successfully with challenges or difficulties can be considered a strength. Which of your personal strengths did you use to address the current difficulty or other problems in the past?

These are the strengths my client employed in the past to deal with the problem:

Strength #1

Strength #2

Strength #3

Strength #4

Strength #5

How can you use these strengths to get closer to your desired goal and cope with challenges that may arise?

Step 2: Exceptions in the present

Let's focus on the things you would like to change. Are there any parts of it –no matter how small- that are already happening these days?

How exactly did you make this positive change happen?

What were the specific steps that you took? Walk me through your thoughts and actions...

Which of your personal strengths did you use to make this positive change happen? Translate together with the practitioner the current actions to strengths.

These are the strengths my client currently employs to move closer to his/her goals:

Strength #1

Strength #2

Strength #3

Strength #4

Strength #5

How can you use these strengths to get closer to your desired goal and cope with challenges that may arise?

Step 3: Exceptions in the future (homework)

Between now and the next time we meet, pay attention to those times when the problems are non-existent, or when they appear to be less severe. Specifically, pay attention to what is different about these times. How are your thoughts or behaviours different leading up to them?

Next time, I would like for you to describe to me what was different and what actions you took. You may use the form on page 7 to describe the situation and the action you took.

In addition, try to name your actions in terms of strengths. For instance, if you were able to honor your personal needs by saying “no” to an offer, you may add the strength label “self-care or self-compassion” to this action.

Description of time when the problem was not happening or less severe. What was different?	What did I do to make this happen? What kind of actions did I take (or not take).	What strength was I possibly using here?

Reframing Critical Self-Talk

Compassion

Exercise

5-10 min.

Client

No

Self-criticism can be regarded as the opposite of self-compassion. Whereas self-compassion involves a positive and accepting relationship with the self, self-criticism can be construed as negative and punishing thoughts directed toward one's personal characteristics. Self-criticism typically concerns judgment and self-blame regarding shortcomings, such as the inability to accomplish personal goals or meet other people's expectations.

Self-criticism takes place in different forms. The inner critic (also referred to as the pathological critic) threatens ("If you don't work hard enough, you will lose your job"), monitors weaknesses or mistakes ("You messed this up again"), commands ("You should stop acting like a fool") and judges ("You look like a cow in this dress"). Obviously, self-criticism can be quite distressing and often results in negative emotions like fear, shame and guilt.

Self-criticism has been found to be a key process underlying many forms of psychopathology, including eating disorders (Lehman & Rodin, 1989; Steiger, Gauvin, Jabalpurwila, Seguin, & Stotland, 1999), substance abuse (Blatt, Rounsaville, Eyre, & Wilber, 1984), depression (Beck, 1987; Blatt, 1995), and social anxiety (Clark, Watson, & Mineka, 1994). Reducing self-criticism can therefore be regarded as an important goal.

Goal

The goal of this exercise is to increase the client's awareness of inner criticism and promote a more self-compassionate stance towards the self.

Advice

- Step 1 of this exercise aims to increase awareness of inner criticism. Some therapists have suggested that it can be useful for clients to name these self-critical voices (e.g. 'inner critic' or 'inner bully') to personify and create distance (Gilbert, 2000c; Greenberg, 1979; Stone & Stone, 1993). Awareness of inner criticism may be facilitated by using this naming technique.
- In Step 2, when clients rephrase what they are saying, it can be helpful for them to give self-loving gestures such as rubbing their own arm, stroking their hair, or giving themselves a massage. This physical gesture of affection can tap into their caring side and release oxytocin.
- It is important for clients to remember not to fight the inner critic. Replying to a negative inner voice with another negative voice is likely to increase frustration and inner conflict, strengthening the inner critic.
- Having a trigger can help remind clients to do this awareness exercise. The trigger could be a word, gesture, a physical reminder (e.g. a picture or quote) etc.



Suggested Readings

Beck, A. T. (1987). Cognitive models of depression. *Journal of Cognitive Psychotherapy: An International Quarterly*, 1, 5-37.

Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist*, 49, 1003-1020.

Blatt, S. J., Zuroff, D. C., Bondi, C. M., Sanislow C., & Pilkonis, P. (1998). When and how perfectionism impedes the brief treatment of depression: Further analyses of the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal of Consulting and Clinical Psychology*, 66, 423- 428.

Clark, L. A., Watson, D., & Mineka, S. (1994). Temperament, personality, and the mood and anxiety disorders. *Journal of Abnormal Psychology*, 103, 103-116.

Elliott, J.E. (1992). The use of anthetic dialogue in eticiting and challenging dysfunctional beliefs. *Journal of Cognitive Psychotherapy*, 6, 137-143.

Lehman, A. K., & Rodin, J. (1989). Styles of self-nurturance and disordered eating. *Journal of Consulting and Clinical Psychology*, 57, 117-122.

Steiger, H., Gauvin, L., Jabalpurwila, S., Seguin, J., & Stotland, S. (1999). Hyper- sensitivity to social interactions in bulimic syndromes: Relationship to binge eating. *Journal of Consulting and Clinical Psychology*, 67, 765-775.

Tool Description

Instructions

We are often very hard on ourselves unnecessarily. Most likely we would not speak to someone that we love the way that we speak to ourselves. Changing critical self-talk can be a challenge, but with motivation and practice, it can be done. The following two steps can help reduce self-criticism and cultivate a more compassionate relationship with the self.

Step 1: Increase awareness of self-criticism

In the upcoming week, try to become aware of self-critical talk as much as possible. When you notice that you are being self-critical:

- Pause and take three deep breaths.
- Notice what you say to yourself when you fail or have made a mistake.
- Are there key phrases that you say to yourself?
- What is the tone of your voice when talking to yourself?

Step 2: Take action, soften your critical voice

- After noticing self-critical talk, think about what you would say to a loved one in the same situation. Now use these words to rephrase what you say to yourself.
- Also pay attention to the tone of voice. How would you like to talk to yourself? Practice the tone that you want to use with yourself in the times when you are feeling great about yourself.
- Identify what you are criticizing yourself for. The inner critic can provide useful feedback but most often the way this feedback is presented is far from constructive. Try to take a “learning stance”: What can I learn from this feedback? How can I talk to myself as I would a young child who is learning about this for the first time? How can I use the inner critic’s feedback in a more motivating and constructive way?

Solution-Focused Guided Imagery

Coping

Exercise

40-45 min.

Client

Yes

Positive CBT stresses the strengths people possess and how these can be applied to the change process. Positive CBT practitioners assume that clients have the resources to resolve their issues (Bannink, 2012). Clients know themselves and their strengths better than anyone else. Recognizing client expertise is an essential process during interventions. In this exercise, clients rely on their own strengths for solving a problem they are encountering. This exercise enables clients to connect to personal strengths that they already possess to cope with a problem they are facing.

This exercise was tested in a study by Sklare, Sabella, and Petrosko (2003). Data from participant self-ratings showed that relative to the beginning of the activity, participants moved significantly closer to a solution by the middle, and then again by the end, of the intervention. Although the findings can best be considered preliminary, they are consistent with earlier findings on the effects of solution-focused counselling reported by Littrell et al. (1995) and DeJong and Berg (1998).

Author

This exercise was developed by Gerald Sklare, Russell Sabella and Joseph Petrosko. Permission to use this exercise was granted by Russell Sabella (<http://schoolcounselor.com/about/>).

Goal

The goal of this exercise is for the client to connect to personal strengths that they already possess to cope with a problem they are facing. The exercise can be an effective tool because it can help clients set goals even when they are in crisis and feel stuck.

Advice

- This exercise can be particularly valuable useful when a client does not know what a preferred future would look like.
- This exercise can be used with individuals to set the course for an intervention. It can help the client to formulate specific goals and action steps.
- It is advisable for clients to close their eyes during the imagery to experience the images more clearly.
- For some clients, visualization is difficult. The following advice may help these clients:
 - Clearly define what you mean by imagery.
 - Find out with your client why he/she finds it difficult to visualize. Some clients are reluctant to engage with imagery, because of fears about what the image represents. In this case, the practitioner may start with positive and neutral images to find out whether your client has access to visual imagery.
 - Engage your client in relaxation procedures prior to the imagery.

- Some clients may want to practice imagery at home. It is advisable for clients to:
 - Choose a time and place where they are least likely to be interrupted.
 - Turn off phones and other distractions.
 - Not drive while listening to or practicing guided imagery.
 - Let any thoughts or emotions that may arise during imagery pass through them without engaging or analysing them.



Suggested Readings

- Bannink, F. (2012). *Practicing positive CBT: From reducing distress to building success*. Chichester, UK: John Wiley & Sons
- DeJong, P., & Berg, I. K. (1998). *Interviewing for solutions*. Pacific Grove, CA: Brooks/Cole.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: Norton.
- Littrell, J. M., Malia, J. A., & Vanderwood, M. (1995). Single-session brief counseling in a high school. *Journal of Counseling and Development*, 73, 451-458.
- Sklare, G. (2005). *Brief counseling that works*. Thousand Oaks, CA: Corwin.
- Sklare, G., Sabella, R. & Petrosko, J. (2003). A preliminary study of the effects of group solution-focused guided imagery on recurring individual problems. *Journal for Specialists in Group Work*, 28, 370-381.
- Sklare, G. (2000). Solution-focused brief counseling strategies. In L. Sperry & J. Carlson (Eds.) *Brief therapy with individuals & couples*. Phoenix, AZ: Zeig, Tucker & Theisen, Inc.

Tool Description

Instructions

In the following exercise you will be asked to close your eyes and vividly imagine yourself thinking, feeling, and behaving in ways that would demonstrate that you were resolving your problems.

This exercise will consist of several steps. On completing each step, you will be asked to write what you had imagined. When asked to identify specific things or actions that you would be doing, I would like you to respond in concrete, observable, and detailed behaviours. That is, rather than saying “I will be friendly,” describe the behaviours you will be demonstrating to be friendly such as: “I will be smiling, saying hello, and shaking hands.” Moreover, always construct an image/picture of a behavioural action on your part. Do not describe things that you would not be doing (e.g., “I will not frown or grimace”).

Step 1: Identifying a recurring problem

Identify a recent recurring problem that you would like to overcome:

- a. something you would like to do
- b. something you want to stop doing or
- c. something you want to avoid doing

Write down a recent recurring problem that you would like to overcome:

Rate the severity of this problem from 0 (non-existent) - 10 (extremely high):

Scaled Score

Step 2: Describing the problem

- a. If your problem is something you would like to do, describe it below as if it were a video of what you would observe yourself doing behaviourally. (Do not describe what you would not be doing.)
- b. If your problem is something you want to stop doing, describe it below as if it were a video of what you would observe yourself start doing behaviourally instead. (Do not describe what you would not be doing.)
- c. If your problem is something you don't want to do, describe it below as if it were a video of what you would observe yourself doing behaviourally instead. (Do not describe what you would not be doing.)

Step 3

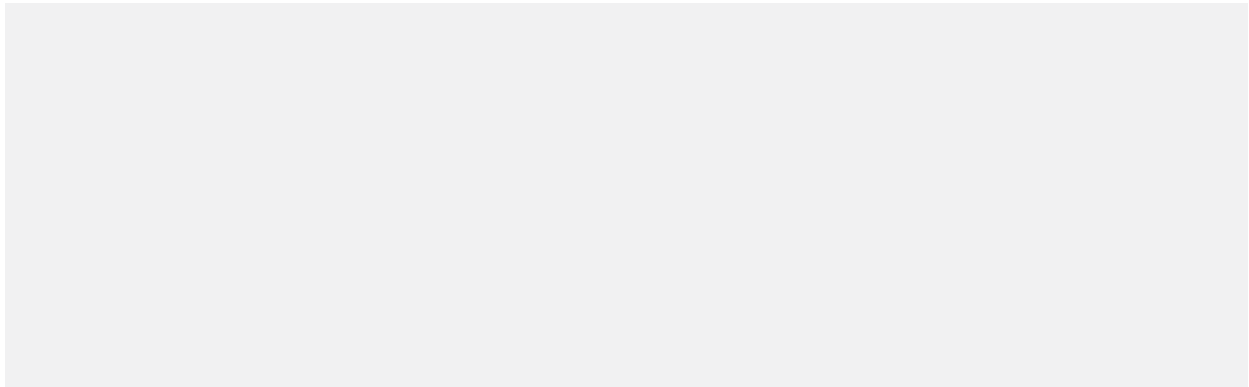
Suppose a miracle happened tonight while you were sleeping, and this miracle solved your problem and since you were sleeping you didn't know this miracle had occurred, and when you woke up you realized that you no longer had this problem. What would be the first small sign (specific observable behaviour) that would show you were doing something different the next day? Construct an image/picture of a behavioural action on your part. Do not describe something you would not be doing.

Step 4

Identify who would notice this different thing you would be doing and describe how you imagine they would act when they notice this different behaviour? Construct an image/picture of a behavioural action on their part. Do not describe something they would not be doing.

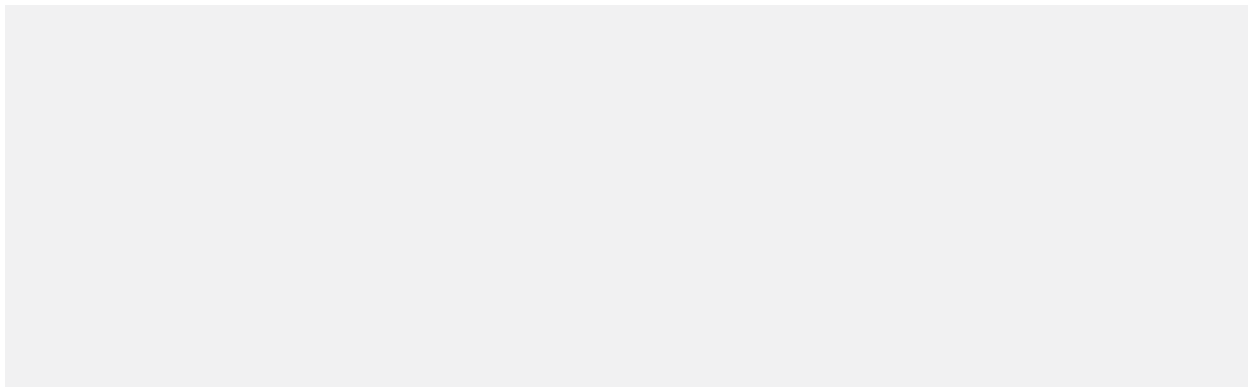
Step 5

Indicate what you would do (specific observable behaviour) in reply to the person's response described above.



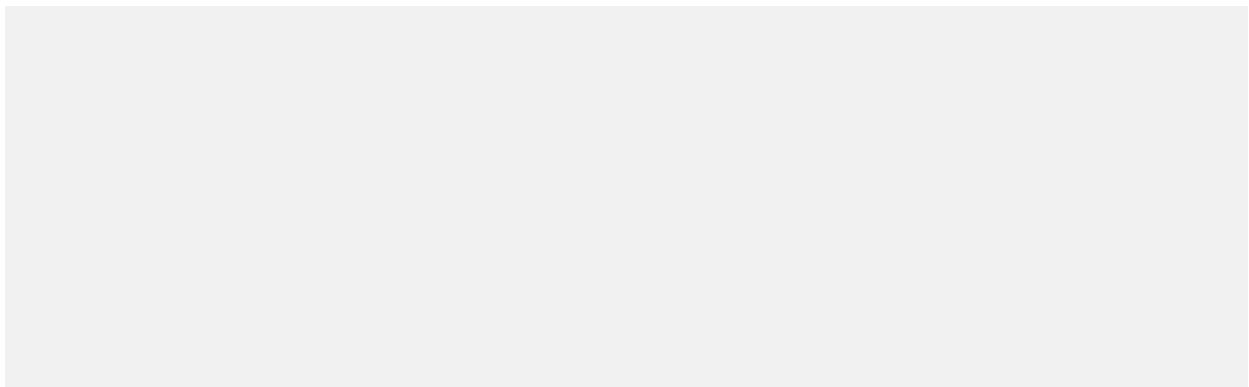
Step 6

What else would you notice that you would be doing (specific observable behaviour) differently after this miracle occurred? Construct an image/picture of a behavioural action on your part. Do not describe something you would not be doing.



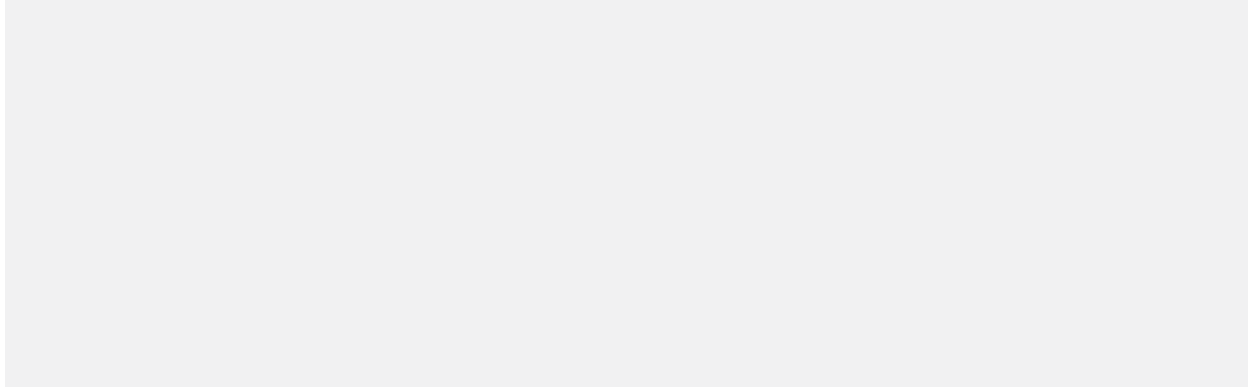
Step 7

Identify who else would notice this different thing you would be doing and describe how you imagine they would act when they notice this different behaviour? Construct an image/picture of a behavioural action on their part. Do not describe something they would not be doing.



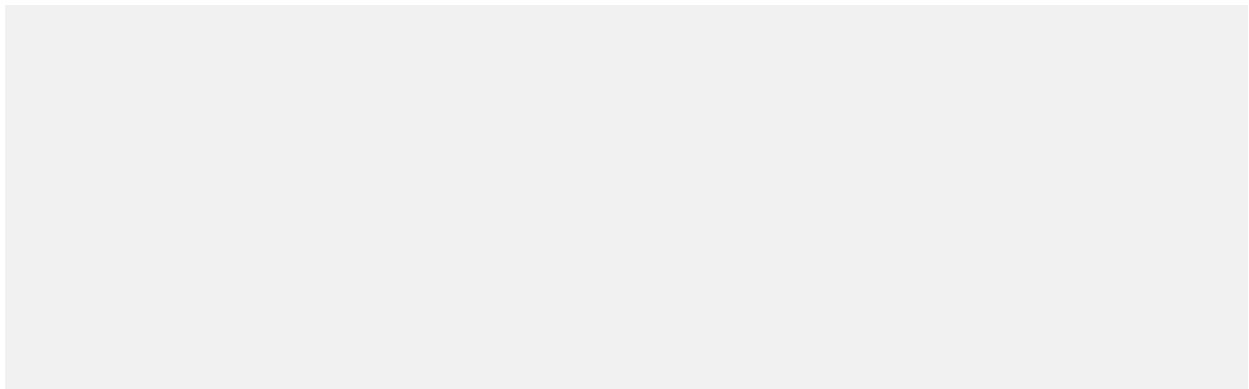
Step 8

Indicate what you would do in reply to the person's response described above. Construct an image of a behavioural action on your part. Do not describe something you would not be doing.



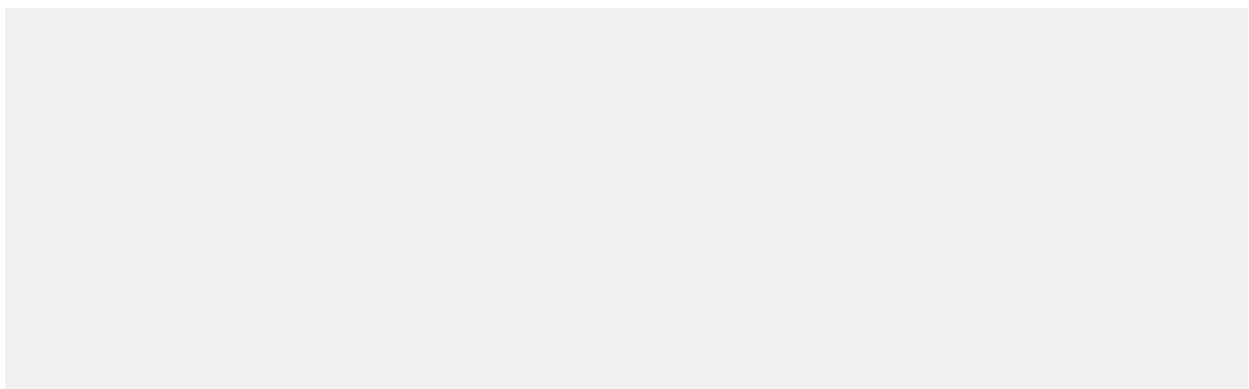
Step 9

Describe a time when some of this miracle has already happened, even if only a little bit, during problematic times.



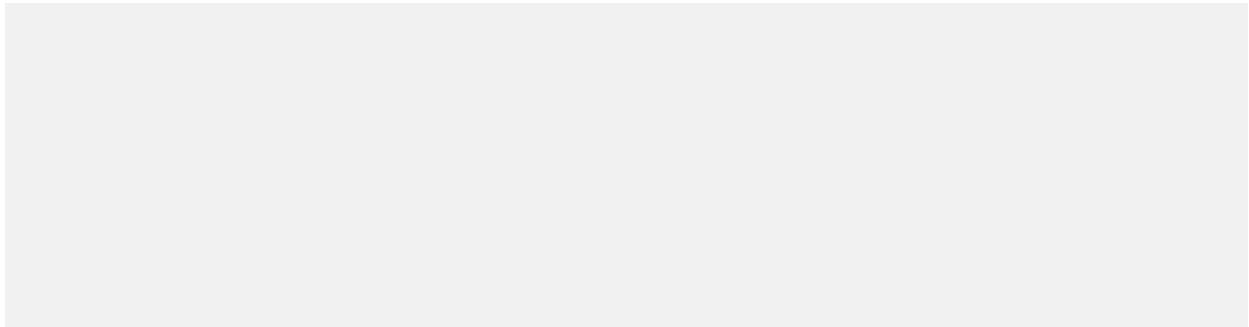
Step 10

How did you make this part of your miracle happen during this problematic time? Things you thought or did differently—commitments you made—new behaviour you tried, etc.



Step 11

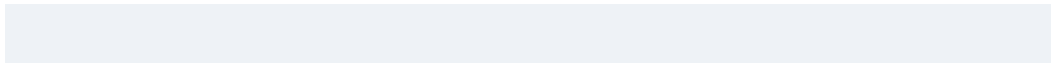
Recall your thoughts about how pleased you were with your efforts at the time.



Step 12

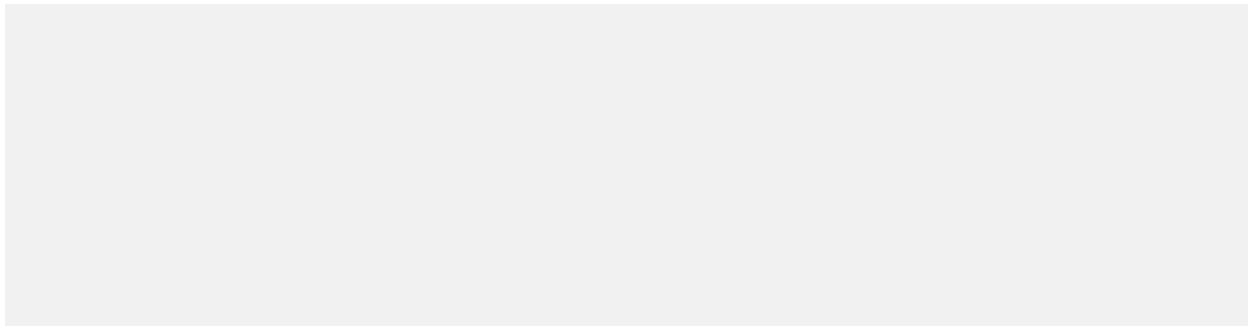
On a scale of 0 to 10 with 0 representing the non-existence of this problem and 10 being the worst this problem has ever been and, where do you think you are right now on the scale?

Scaled Score



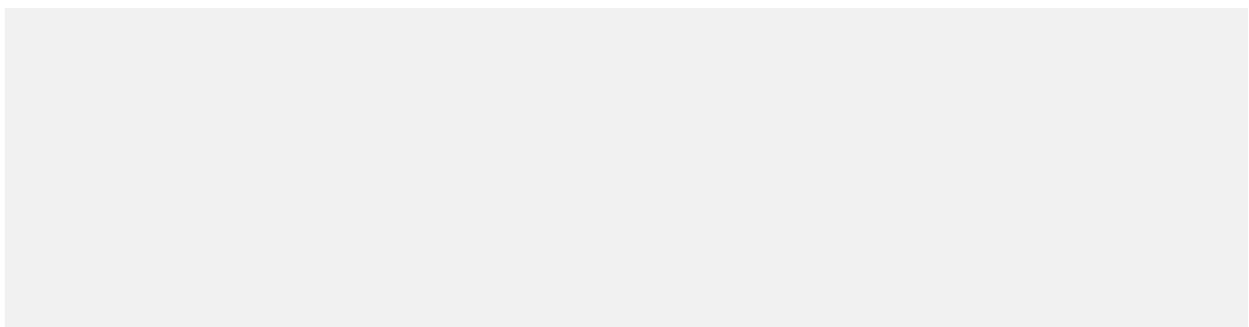
Step 13

Describe how you have gotten yourself to that number? Construct an image of a behavioural action on your part. Do not describe something you would not be doing.



Step 14

When you are one number lower, what will you and others see you doing (specific observable behaviour) differently that you're not doing now? Do not describe something you would not be doing.



Step 15

Write yourself a short note describing what you discovered or rediscovered about yourself and your situation. You can use the back of this sheet if needed. Rate the severity of this problem from 0 (non-existent) - 10 (extremely high):

Scaled Score

Short note: