

Based on
**TCU Mapping-Enhanced Counseling
Manuals for Adaptive Treatment**

As Included in NREPP



UNLOCK YOUR THINKING OPEN YOUR MIND

A collection of materials for leading counseling sessions that address thinking patterns that can hamper behavior change.

N. G. Bartholomew and D. D. Simpson
TCU Institute of Behavioral Research
(August 2005)

TCU Mapping-Enhanced Counseling manuals provide evidence-based guides for adaptive treatment services (included in National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Although best suited for group work, the concepts and exercises can be directly adapted to individual settings.

When accompanied by user-friendly information about client assessments that measure risks, needs, and progress over time, *TCU Mapping-Enhanced Counseling* manuals represent focused, time-limited strategies for engaging clients in discussions and activities on important recovery topics. These materials and related scientific reports are available as Adobe PDF® files for free download at <http://www.ibr.tcu.edu>.

© Copyright 2005 Texas Institute of Behavioral Research at TCU, Fort Worth, Texas 76129. All rights reserved. Permission is hereby granted to reproduce and distribute copies of this manual (except reprinted passages from copyrighted sources) for nonprofit educational and nonprofit library purposes, provided that copies are distributed at or below costs and that credit for authors, source, and copyright are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the expressed written permission of Texas Christian University.

TCU MAPPING-ENHANCED COUNSELING MANUALS
FOR ADAPTIVE TREATMENT
Unlock Your Thinking
Open Your Mind

Table of Contents

Part 1: Feelings, Thoughts, and Mind Traps 1
Description: Leader guide for group with topic notes, worksheets, handouts, and discussion questions
Source: TCU / Institute of Behavioral Research. From *Straight Ahead: Transition Skills for Recovery* Contact: IBR at <http://www.ibr.tcu.edu>

Part 2: Roadblocks to Healthy Thinking 13
Description: Leader guide for group with topic notes, worksheets, handouts, and discussion questions
Source: TCU / Institute of Behavioral Research. Contact: IBR at <http://www.ibr.tcu.edu>

Part 3: Thinking and Behavior Cycles 29
Description: Leader guide for group with topic notes, worksheets, handouts, and discussion questions
Source: TCU / Institute of Behavioral Research. Contact: IBR at <http://www.ibr.tcu.edu>

Part 4: Mapping Worksheets 39
Description: A set of activity worksheets for use in group discussions or individual counseling
Source: TCU / Institute of Behavioral Research. From *TCU Guide Maps: A Resource for Counselors* Contact: IBR at <http://www.ibr.tcu.edu>

Links of Interest 52
Description: Links to Web sites featuring materials on Thinking Errors

© Copyright 2004; 2005 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.

Part 1:

Feelings, Thoughts, and Mind Traps

Feelings, Thoughts, and Mind Traps was developed as ancillary material to the *Straight Ahead: Transition Skills for Recovery* treatment manual developed at TCU. This session features a leader's script, with notes, worksheets, and handouts for leading a discussion on the interplay of feelings, thoughts, and "mind traps" (i.e., cognitive distortions) that can threaten recovery. Participants are invited to think about how they know the difference between what they are feeling and thinking, and how feeling-based distortions can get in the way of productive communication. Materials for a "mini-lecture" highlight common mind traps and introduce ideas for recognizing them and changing thinking patterns.

Source: TCU / Institute of Behavioral Research. From ancillary materials for *Straight Ahead: Transition Skills for Recovery*

Feelings, Thoughts, and Mind Traps

Step 1

Introduce the session topic.

For some people, the decisions that lead to relapse often are preceded by negative or troubling feelings. It can sometimes “feel” as though feelings have a life of their own. We may believe it’s impossible to understand, predict, or control our emotional responses to people or events. However, feelings and emotions aren’t magical. They are part of being human and we can learn how to “think” about our feelings in a way that makes it less likely that we will be ruled by what we feel.

Recovering people often are told by counselors, family members, and friends that they must learn to “deal” with their feelings in order to make progress. “Dealing” with our feelings means (1) accepting that feelings are normal; (2) understanding that thoughts or ideas may influence certain feelings; and (3) talking about our feelings productively (without blaming ourselves or others for what we feel). So, the key to “dealing” with feelings is to accept, understand, and talk about them.

Most people will gladly express their opinions and thoughts on a subject. However, feelings and emotions are rarely discussed openly and honestly. We seem to have learned early in our lives that feelings and emotions should be suppressed and denied. As children, we may have heard messages such as “*Don’t get mad at your brother;*” “*There’s no reason for you to get so upset;*” “*Don’t be a cry baby!;*” “*Calm down and quit being so excited;*” or “*You shouldn’t feel that way.*” We enter adulthood having learned certain feelings are not acceptable, we shouldn’t feel them, and if we do, we shouldn’t talk about them.

The inability to recognize and identify our feelings, and to express them in appropriate ways causes problems. First, our ability to communicate honestly and assertively with people we care about suffers. This results in relationship difficulties and deprives us of the support we need. Second, when we don’t have an avenue for dealing with our feelings openly, we may attempt to “medicate” those feelings so they won’t trouble us. Some people use drugs and alcohol, others may use food or gambling, and so on. As you are aware, however, once the medication wears off, the feelings are still there. A vital part of recovery is learning to recognize and communicate about feelings.

Step 2

Lead a discussion on the characteristics of feelings and emotional states.

Begin by asking participants to help brainstorm a definition for “feelings” and

Feelings, Thoughts, and Mind Traps

“emotions” and discuss the response. Use some of the following ideas to build the discussion:

The questions “*what are feelings*” or “*what are emotions*” are difficult to answer simply. Emotions are a component of everything we experience as human beings. A specialized area of our brain is used for processing our own feelings and analyzing the clues we pick up about other people’s feelings. Everything that happens in our lives involves an emotional response at some level.

Discuss awareness issues related to how we respond to emotions:

Physical Responses

- ★ One way in which emotions are experienced is physical. When we experience certain feelings, we may also experience bodily sensations such as sweaty palms and increased blood pressure. Intense feelings actually cause changes in adrenaline secretions and blood sugar levels. Some of these physical changes are linked to survival mechanisms. For example, the surge of adrenaline we may experience when we are frightened sharpens our reflexes and prepares our muscles to run or to fight.
- ★ Many emotions have similar physical characteristics. For example, we may experience a pounding heart and a red face when we are angry. We may also have the same physical sensations when we are embarrassed. Noticeable physical sensations are a clue we can use. By learning to ask “*What am I feeling right now?*” when we are aware of a physical response to a situation, we can better recognize and identify our feelings.

Ask the group to discuss some of the physical sensations associated with the following feelings: *anger, excitement, fear, jealousy, embarrassment, relief.*

Nonverbal Responses

- ★ We communicate much of what we are feeling nonverbally. That is, we communicate what we are feeling through gestures, facial expressions, tone and loudness of voice, eye contact, and the physical distance we place between ourselves and others. This is also referred to as “body language.” In some situations, we may be unaware of the feelings we communicate nonverbally or the impact of our nonverbal communication on others. In some situations, we may purposefully use nonverbal communication to send a message. For example, glaring and waving your fist at someone who just snatched a parking space you were waiting for.

Feelings, Thoughts, and Mind Traps

Ask participants to describe how the following feelings may be communicated nonverbally: *happiness, anger, sadness, nervousness, compassion*. Encourage specific examples from their observations of others (“*How can you tell when your husband is angry?*” or “*What clues do you get when you know your son is nervous?*”). Alternatively, clip photos of people from magazines and ask participants to comment on the feelings suggested by the subjects’ body language.

Matching Words and Feelings

- ★ In order to communicate effectively, it’s important to be aware of how we communicate nonverbally. Keep in mind nonverbal communication is often more powerful than words for communicating feelings, and may be interpreted and believed more often than words.
- ★ For example, suppose someone asks you if you are upset, and you say “*No, I’m not,*” in an angry tone of voice, with a glare in your eyes, and your arms folded across your chest. The person who asked will very likely assume that you are upset, even though your words deny it. When there is confusion between the words and the feelings expressed nonverbally, most people will believe the nonverbal message.

Ask participants to share personal experiences in which there was confusion between what someone said to them and the feelings they understood from the nonverbal message.

Summarize

Feelings and emotions are an important part of being human. Feelings have a physical side, in that we can actually feel them in our bodies. We also communicate feelings with our bodies, whether we are aware of doing so or not. Nonverbal communication is one of the most important ways in which we communicate. Awareness of these things is a first step in learning to use our feelings constructively. Pay attention to what your body tells you, especially when it comes to uncomfortable feelings like anger, jealousy, resentment, anxiety. Developing body awareness gives you a tool to use for taking some deep breaths and calming down when needed. Also pay attention to the things you do to communicate your feelings without words. And develop awareness about how other people communicate their feelings to you. Awareness is the first step. How we think about feelings is the next step.

Feelings, Thoughts, and Mind Traps

Step 3

Introduce the topic of the link between thoughts and feelings:

It is important to realize the impact that certain thoughts and ideas may have on our feelings and emotional states. It is especially important to learn to recognize ideas and thinking patterns that lead to negative or uncomfortable feelings. These thinking patterns may occur regularly for some people, and the result is usually more troubling feelings. It's a kind of "mind trap" we have learned to trap ourselves with. Over time, these patterns or ways of thinking, these *mind traps*, can wear us down and keep us emotionally upset. Often we may not even realize our thinking is causing the bad feelings.

For example, if I create a *mind trap* that says I must always be liked by everyone I meet in life, then I have set myself up for a lot of negative and unhappy feelings. It's not realistic to think everyone in the world must like me. And as long as I carry that idea around in my head (build myself a *mind trap*), I'll be disappointed and unhappy on a regular basis.

Mind traps, or unrealistic thinking patterns, can threaten recovery efforts because of the emotional turmoil they produce. One solution is to learn to challenge these thinking patterns. In order to challenge these *mind traps*, we must first become aware of what the thoughts sound like when they run through our heads. Once we are aware of these thoughts, we can "catch" ourselves thinking them and redirect our thinking in a more positive direction.

Distribute *A Guide to Mind Traps* handout (page 9) and use the following points outlined in the handout to lead a discussion.

Emphasize that *mind traps* are learned ways of reacting to events in life, much like other patterns or habits. It is possible for us to learn new ways of thinking that help us avoid many of the emotional upheavals caused by our own *mind traps*.

THE BLAME TRAP: We get caught in the *Blame Trap* when we refuse to take responsibility for our decisions and our actions. Instead we try to make others responsible. The thoughts sound like: "He's making me mad." "She made me do it." "It's not my fault I slipped up, he's the one who brought the dope home." "It's your fault things are not working out."

CHALLENGE WITH: I am responsible for my feelings and my actions. Blaming others keeps me from having to look at my part. I may have an emotional reaction to someone's behavior, but I am responsible for how I respond. Others may ask me to do things, or offer me opportunities, but no one is responsible for my decisions except me.

Feelings, Thoughts, and Mind Traps

THE HELPLESS TRAP: We get caught in the *Helpless Trap* when we think and act like we are victims of circumstance and there's nothing we can do to solve our problems. The thoughts sound like: "*I can't handle this hassle.*" "*There's nothing I can do about all my problems.*" "*I'll never be able to get out of this mess.*"

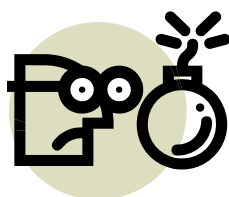
CHALLENGE WITH: I am capable. I can handle this. I can figure out what will work. There is no good reason why I can't manage this situation, even if it is frightening and difficult. The solution will take time, effort, patience, and hard work, and I'm up to it.

THE CATASTROPHE TRAP: We get caught in the *Catastrophe Trap* when we exaggerate even our smallest troubles, turning them into major crises. In another version of this trap, we convince ourselves that everything we attempt will be doomed to failure or catastrophe. The thoughts sound like: "*I can't cope with this, it's just too awful!*" "*I'll never get over this.*" and "*There's no way I can change, so why bother.*" "*Even if I apply for the job, I probably won't get it.*" "*I don't see why I should stay in treatment, I'll probably not make it.*"

CHALLENGE WITH: What has happened is unfortunate (or annoying, irritating, unpleasant, frustrating), but it is not the end of the world.. I don't like it, but I can handle it. I know this will pass with time. On a scale of 1 to 10, how large is this problem, really? What are my options for handling this problem? Just because I've been disappointed in the past doesn't mean I can never succeed. If I don't at least try, I'll never know what could have been.

THE GUILT TRAP: We get caught in the *Guilt Trap* when we have thoughts that are unfairly harsh and critical about ourselves. We may think we are responsible for external events or for other people's feelings and actions. Or we may think anything we do that is short of perfection makes us a bad person. The thoughts sound like: "*I should have done a better job.*" "*If I were a better person I'd call my mother more often.*" "*It's my fault my husband is so unhappy.*" "*I'm so stupid! I should have remembered my appointment.*"

CHALLENGE WITH: I am a human being. Human beings make mistakes and are not perfect. I am not obligated to be perfect, only to do the best I can. I will not call myself harsh, critical names, instead I will say "I'm imperfect and I make mistakes, just like everyone else. I am not responsible for every thing that goes wrong."



Feelings, Thoughts, and Mind Traps

THE ALL OR NOTHING TRAP: We get caught in the *All or Nothing Trap* when we overreact to people or events by assuming they are totally one way or totally the other. We label things as good-bad, black-white, yes-no, success-failure, either-or, and ignore the full range of possibilities in between. The thoughts sound like: “*He’s always late.*” “*She never can get it right.*” “*I’m always in a hurry.*” “*The whole dinner is ruined because I burned the rolls!*”

CHALLENGE WITH: Am I being honest? Am I being fair? Am I overreacting? I know he often is late, but that’s different than always. I know she sometimes makes mistakes, but that’s different than never getting it right. Am I really always in a hurry? Just because one thing is not quite right, that doesn’t mean the whole thing is wrong.

Review these steps for challenging *mind traps*:

1. Realize that some of your negative or uncomfortable feelings and emotional states are caused by how and what you think.
2. Recognize and keep track of what you are thinking, and how you are feeling.
3. If your thoughts sound like *mind traps*, challenge them. Remember, it’s possible to get caught up in more than one *mind trap* at a time.
4. Challenge your thoughts by disputing them. Learn to talk back to the little voice inside your head. You’ll find suggestions on your handout.
5. Talk it out! Share your thoughts and feelings with someone you can trust and who supports your recovery such as your counselor, AA or NA sponsor, partner, or a close friend or family member.

Step 4

Distribute copies of *Mind Traps* worksheets (page 11). Ask participants to complete their worksheets, using the following directions:

1. In the boxes labeled FEELINGS, list a few feelings you have experienced as a result of each *mind trap* discussed (see *Mind Traps* handout). For example, if Joe is constantly blaming other people for things that happen to him (*The Blame Trap*), how do you think he usually feels most of the time?

Feelings, Thoughts, and Mind Traps

2. In the boxes labeled IMPACT ON RECOVERY, describe how these feelings might impact your recovery, including relationships with supportive people, attendance at self-help meetings, coming to counseling, staying clean, etc. For example, if *The Blame Trap* leaves Joe feeling angry at his partner, he may be tempted to spend more time on the street and less time at home, which could impact his recovery efforts.
3. In the space under the boxes labeled CHALLENGE, describe how you would challenge the kind of thinking described for each *mind trap*. For example, Joe might challenge *The Blame Trap* by catching himself every time he begins to think that someone **made him** feel angry and therefore relapse. One simple challenge may be “*No matter what other people do, I am still responsible for my own decisions.*”
4. Complete these steps (Feelings-Impact-Challenge) for each *Mind Trap* on the handout.

Process the exercise by asking participants to discuss the feelings, impacts on recovery, and challenge statements they wrote for each of the *mind traps*. Use some of the following process questions:

In what ways is it useful to recovery to think about these so-called “mind traps” or thinking patterns that fuel stress?

Are there any examples of *mind traps* that you don’t understand?

Give examples of the *mind traps* you get caught in most often.

Give examples of the *mind traps* that you have noticed other people getting caught in. What advice would you give them based on what you learned today?

Which *mind trap* will be the most difficult for you to recognize and challenge in yourself?

Which *mind trap* do you believe is the most dangerous for your own recovery?

Summarize:

The concept of *mind traps* is one way to consider and discuss the unhelpful and unproductive thinking patterns that we all get caught up in from time to time. As we have discussed, self-awareness is the first step in changing things about ourselves that we want to change. Because *mind traps* can lead to emotional roller coasters and breakdowns in communication (e.g., arguments, power plays, hurt feelings), learning to recognize how often we get caught up in them can help recovery. Likewise, once we learn to recognize when are blaming, playing helpless, catastrophizing, etc., we are better able to challenge those thoughts with more balanced and logical thinking.

Thank participant for their input and participation.

A Guide to Mind Traps



THE BLAME TRAP: We get caught in the *Blame Trap* when we refuse to take responsibility for our decisions and our actions. Instead we try to make others responsible. The thoughts sound like: “*He’s making me mad.*” “*She made me do it.*” “*It’s not my fault I slipped, he’s the one who brought the dope home.*” “*You hurt my feelings.”*

CHALLENGE WITH: I am responsible for my feelings and my actions. Blaming others keeps me from having to look at my part. I may have an emotional reaction to someone’s behavior, but I am responsible for how I respond. Others may ask me to do things, or offer me opportunities, but no one is responsible for my decisions except me.



THE HELPLESS TRAP: We get caught in the *Helpless Trap* when we think and act like we are victims of circumstance and there’s nothing we can do to solve our problems. The thoughts sound like: “*I can’t handle this hassle.*” “*There’s nothing I can do about all my problems.*” “*I’ll never be able to get out of this mess.*”

CHALLENGE WITH: I am capable. I can handle this. I can figure out what will work. There is no good reason why I can’t manage this situation, even if it is frightening and difficult. The solution will take time, effort, patience, and hard work, and I’m up to it.



THE CATASTROPHE TRAP: We get caught in the *Catastrophe Trap* when we exaggerate even our smallest troubles, turning them into major crises. In another version of this trap, we convince ourselves that everything we attempt will be doomed to failure or catastrophe. The thoughts sound like: “*I can’t cope with this, it’s just too awful!*” “*I’ll never get over this.*” and “*There’s no way I can change, so why bother.*” “*Even if I apply for the job, I probably won’t get it.*” “*I don’t see why I should stay in treatment, I’ll probably not make it.*”

CHALLENGE WITH: What has happened is unfortunate (annoying, irritating, unpleasant, frustrating), but it is not the end of the world.. I don’t like it, but I can handle it. I know this will pass with time. On a scale of 1 to 10, how large is this problem, really? What are my options for handling this problem? Just because I’ve been disappointed in the past doesn’t mean I can never succeed. If I don’t at least try, I’ll never know what could have been.

Feelings, Thoughts, and Mind Traps



THE GUILT TRAP: We get caught in the *Guilt Trap* when we have thoughts that are unfairly harsh and critical about ourselves. We may think we are responsible for external events or for other people's feelings and actions. Or we may think anything we do that is short of perfection makes us a bad person. The thoughts sound like: "*I should have done a better job.*" "*If I were a better person I'd call my mother more often.*" "*It's my fault my husband is so unhappy.*" "*I'm so stupid! I should have remembered my appointment.*"

CHALLENGE WITH: I am a human being. Human beings make mistakes and are not perfect. I am not obligated to be perfect, only to do the best I can. I will not call myself harsh, critical names, instead I will say "I'm imperfect and I make mistakes, just like everyone else. I am not responsible for everything that goes wrong."



THE ALL OR NOTHING TRAP: We get caught in the *All or Nothing Trap* when we overreact to people or events by assuming they are totally one way or totally the other. We label things as good-bad, black-white, yes-no, success-failure, either-or, and ignore the full range of possibilities in between. The thoughts sound like: "*He's always late.*" "*She never can get it right.*" "*I'm always in a hurry.*" "*The whole dinner is ruined because I burned the rolls!*"

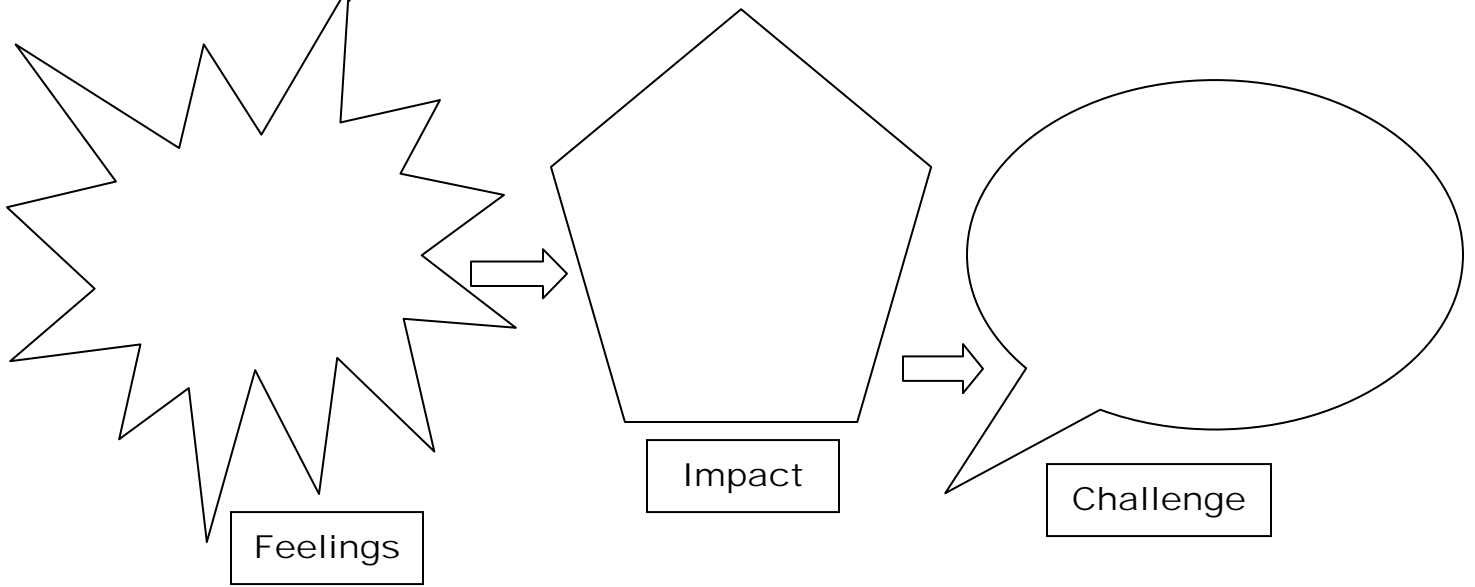
CHALLENGE WITH: Am I being honest? Am I being fair? Am I overreacting? I know he often is late, but that's different than always. I know she sometimes makes mistakes, but that's different than never getting it right. Am I really always in a hurry? Just because one thing is not quite right, that doesn't mean the whole thing is wrong.

Remember these steps for challenging *mind traps*:

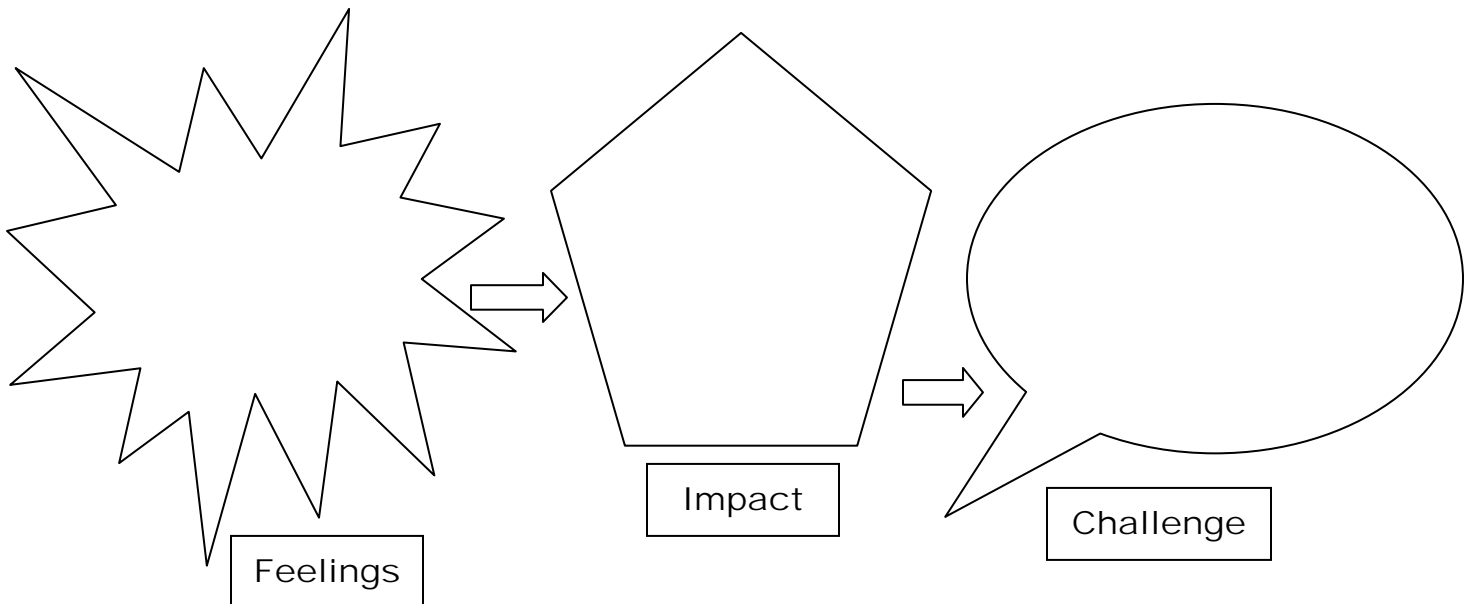
1. Realize that some of your negative or uncomfortable feelings and emotional states may be caused by how and what you think.
2. Recognize and keep track of what you are thinking, and how you are feeling.
3. If your thoughts sound like *mind traps*, challenge them. Remember, it's possible to get caught up in more than one *mind trap* at a time.
4. Challenge your thoughts by disputing them. Learn to talk back to the little voice inside your head. You'll find suggestions on your handout.
5. Talk it out! Share your thoughts and feelings with someone you can trust and who supports your recovery such as your counselor, AA or NA sponsor, partner, or a close friend or family member.

Mind Trap Worksheets

Blame Trap

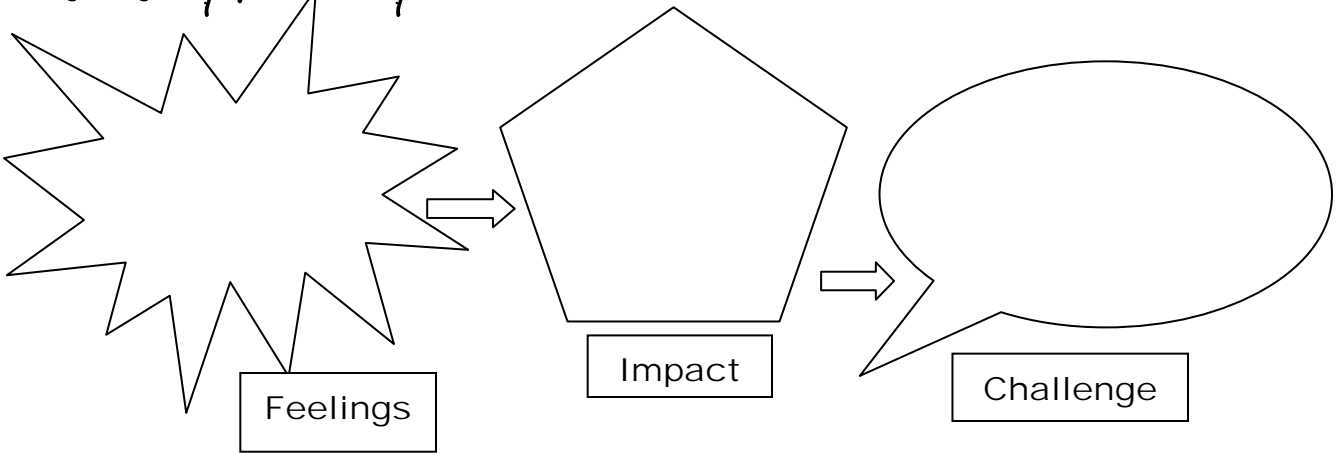


Helpless Trap

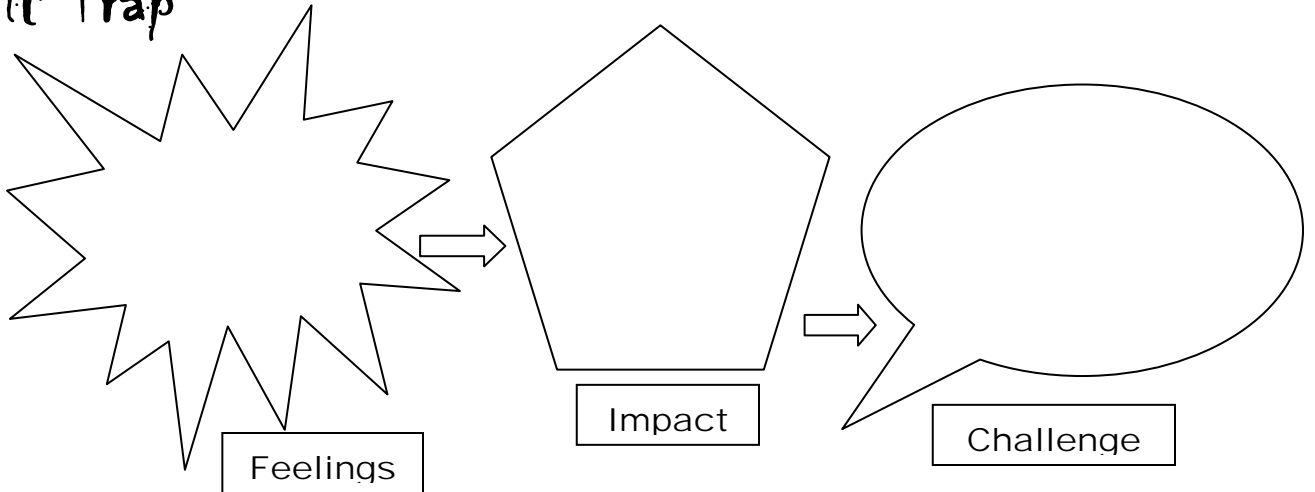


Feelings, Thoughts, and Mind Traps

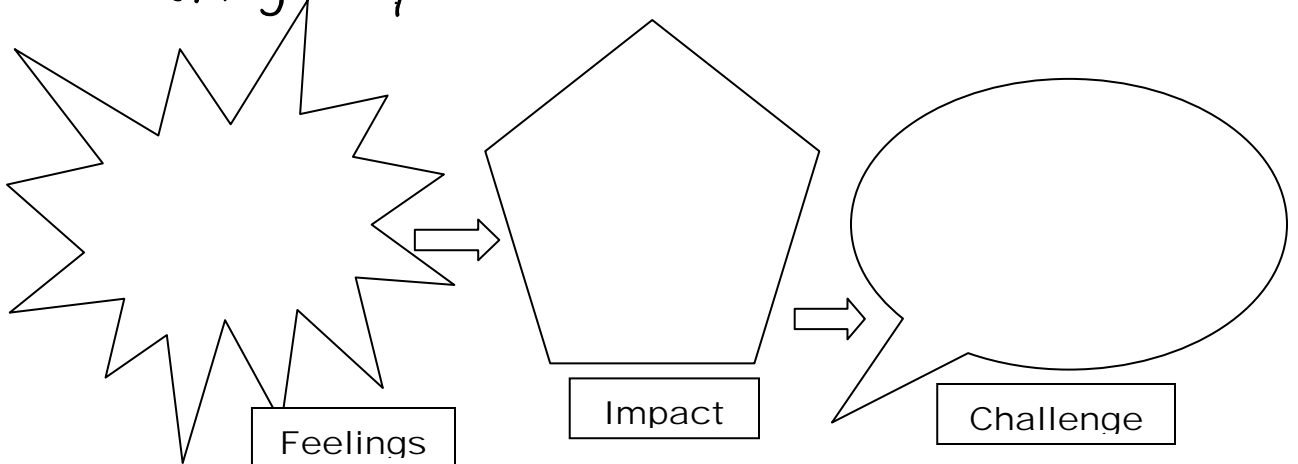
Catastrophe Trap



Guilt Trap



All or Nothing Trap



Part 2:

Roadblocks to

Healthy Thinking

Roadblocks to Healthy Thinking was developed as ancillary material for the *Straight Ahead: Transition Skills for Recovery* manual developed at TCU. This session features a leader's script, with notes, worksheets, and handouts for leading a discussion about how the use of thinking errors ("cognitive distortions") can interfere with healthy thinking if left unchecked. Participants are introduced to common thinking patterns that lead to frustration, distortion, and avoidance of personal responsibility. Materials for a "mini-lecture" highlight healthy and unhealthy "ways of thinking" (WOT) and teach participants strategies for recognizing and challenging thinking errors.

***Improving Our WOT* handout in the session was adapted from the following article: Roberts, E. (Fall, 2001). Motivation for change and the addiction/offender cycle. *Treatment Tribune*, Texas Department of Criminal Justice Substance Abuse Treatment Program.

Source: TCU / Institute of Behavioral Research. From ancillary materials for *Straight Ahead: Transition Skills for Recovery*

Roadblocks to Healthy Thinking

Step 1

Introduce the topic of thinking patterns or “ways of thinking” (WOT) that can interfere with change and contribute to relapse. Write W-O-T on board or flip chart, and identify it:

WOT = Ways of Thinking. *WOT you think is WOT you become.*

Our WOT, our ways of thinking about things in life, plays a big part in our emotional health, but more importantly, it is often the driving force behind how we behave, how we make decisions, and how well we get along with other people.

Generally, we all have many thinking habits or patterns of thinking—some of them healthy and helpful, and others not so helpful or healthy, in terms of our decisions, behavior, and relationships.

For example—if I have a general WOT that sounds something like this: “People deserve to be treated with kindness and respect,” then it can be expected that most of the time I will make decisions and choose how I will act based on respecting others. However, if I have a WOT that plays this message: “People are scum and no one can be trusted,” then my decisions and actions towards others will be very different.

Ask participants for examples. Encourage participants to give specific examples of how these two different ways of thinking might influence decisions, behavior, and relationships.

Step 2

Distribute *WOT To Avoid* handout (page 23). Review each WOT with participants. Encourage discussion and provide examples of how these thinking errors interfere with treatment progress:

One way to learn more about the *Ways of Thinking* that usually interfere with making good decisions, behaving wisely, and getting along with others is to discuss some of the most common ones.

Roadblocks to Healthy Thinking

● *“But...everybody was doing it...”*

Rationalization – Rationalization is what we do when we try to excuse ourselves from full responsibility for our actions. We think of explanations that seem to fit or that seem to “logically” explain our decisions or behaviors. We look at the outcome of our actions or at a conclusion we have reached, then we pull evidence out of the air that we think will explain everything while allowing us to “look good” in the eyes of others. We often use rationalization as an attempt to justify our bad behavior.

● *“Someone’s gotta pay...”*

Blaming – Blaming begins with an error in how we think about things that happen in the world and things that happen involving other people. We try to convince ourselves that all bad events are caused by somebody or that somebody intentionally set out to cause the bad event that has caused us a problem. This makes us want to “point the finger” instead of finding a solution. By blaming someone else, we don’t have to consider our own actions or responsibility. Let’s face it, blaming others often is a back-handed way of trying to excuse our own behavior.

● *“I just don’t understand...”*

Confusion – When we don’t want to face a situation, we may think that if we appear puzzled and confused to others, they will let us off the hook. For example, we may say we just don’t understand the question or an assignment, then not pay attention when someone tries to help us out. This way of thinking allows us to pretend to be “confused” about assignments, rules, requirements, expectations, or facts. If we are “confused” then we think we can blow off meeting obligations or taking responsibility for ourselves. We may also use confusion when we want to avoid taking full responsibility for things we did in the past. For example, someone claims to not remember or to be confused about how drugs came to be in his/her possession.

Roadblocks to Healthy Thinking

● *“He did that just to piss me off...”*

Assuming – Making assumptions about other people’s thoughts, feelings, or motives is a way of thinking that allows us to justify our resentments, insecurities, and paranoia. Rather than checking out the facts by asking others about their feelings or intentions, we go with our own assumptions, which are usually negative and blaming. The pay-off is that we can “righteously” overreact or behave badly without being bothered by the truth of a situation. We use assumptions to justify our behavior and to avoid taking responsibility for jumping to conclusions.

● *“It was just one lousy beer...”*

Minimizing – This way of thinking can be summarized as “trying to make a molehill out of a mountain.” When we minimize, we attempt to make others believe that what was, in fact, a pretty big screw-up was really “no big deal.” Usually, the words “just” and “only” will be part of our attempts to minimize our actions. When we minimize we are usually attempting to avoid or reduce the consequences of our behavior. The payoff is if we believe our own minimizing then we don’t have to feel remorse or make amends for our actions.

● *“I should be given another chance...”*

Entitlement – This way of thinking allows us to feel that we are somehow “better than” or more deserving of special treatment than the other guy. In other words, we allow ourselves to believe that the rules just don’t apply to us because we are unique and therefore *entitled* to special consideration. We may further believe that everything should be made easy for us, and that we should not have to put forth any effort toward our goals. Most of all, when our thinking involves entitlement, we believe that we should not have to pay the consequences for our mistakes, poor decisions, or lack of effort.

Roadblocks to Healthy Thinking

● ***“I never had sexual relations with that woman...”***

Lying – This is the one way of thinking that doesn’t require a lot of definition for most of us—we all know what lying is. We use lying to distort the truth or to confuse or make fools of other people. Sometimes we lie because we fear the consequences of the truth. A lie of **commission** is when we make up a falsehood on purpose—a regular old lie. A lie of **omission** is when we tell part of the truth, but leave out important details (for example, telling your wife that you had lunch with an old girlfriend, but leaving out the part where you went to the motel after lunch!). Interestingly, many people refuse to believe that this second type of lie really is a form of lying.

● ***“Poor, poor pitiful me...”***

Victim Stance – Sometimes we think we can fool or control others by getting them to feel sorry for us. When we use this way of thinking, we attempt to present ourselves as the “true victim” of a situation so that others will see us as powerless and not responsible for our own behavior. The payoff is that if we can trick others into seeing us as some kind of “victim” of circumstance, we don’t have to be accountable or responsible for our behavior or choices. In this way, the problems that we usually end up causing for ourselves can be blamed on our past, our family, the system, or on the cruel, hard world.

● ***“I don’t need this stupid class, I already know this stuff.”***

Grandiosity – This thinking error involves the belief that we are superior to others, that we should never be questioned or challenged, and that we are right about everything (which means everyone else is wrong). No one can teach us anything because we believe we are smarter, better, more capable, or more “in the know” than other people, even if the facts don’t support it. We think that our lives, experiences, knowledge, needs, problems, concerns, and opinions are the only ones that really matter.

Roadblocks to Healthy Thinking

● *“That’s an interesting question, but the real issue is...”*

Hop Over – Sidetracking is another way to describe this thinking error. We use it to control the conversation, change the subject, and shift the focus away from a topic that makes us uncomfortable. When we use a hop over, we are trying to distract people from the real issue being discussed. We think that by throwing people off the subject, we can avoid being confronted by the facts of our behavior. Here’s a classic example: “Why did you start dealing drugs?” Response: “Well, the drug laws in the U.S. are really screwed. People in Amsterdam can smoke pot whenever they want. The U.S. needs to wise up and change its laws.” See how it works? We are asked an important question that we really should consider, and instead of staying focused, we lead the other person on a verbal “wild goose chase.”

● *“Aw, man, this is so lame! Boring...”*

Boredom – Boredom is used as a thinking error when we want to give ourselves permission to not stay focused, to avoid participation or study, or to avoid taking responsibility for our own learning. It involves the belief that if we label something as “boring” or “stupid” or “lame,” we don’t have to deal with it. Instead, we can complain, whine, act out, waste time, and otherwise try to control the situation, while at the same time hide from issues and problems we need to address. When we label something as boring, we are actually trying to blame someone else (the teacher, the group leader, the program) for our own resistance to learn something new.



Roadblocks to Healthy Thinking

Step 3

Distribute *WOT Worksheet* (page 26). Ask participants to complete them by writing down examples of using WOT thinking errors in the previous month. Refuse to accept protestations from participants who claim to not have used these ways of thinking by pointing out that almost ALL of us use these thinking errors from time to time, in big and small ways. Provide personal examples to help normalize the tendency to use these ways of thinking (for example, thinking errors about driving over the speed limit, going off your diet, procrastinating, etc.)

Allow time to complete worksheets. Be available to help participants who get stuck.

Ask for volunteers to talk about their use of thinking errors.

Alternatively, run through each of the WOT thinking errors, one at a time, by going around the room and asking participants to talk about how they have used that error.

Process the activity with some of the following questions:

What do all of these unproductive ways of thinking (WOTs) seem to have in common?

Which of these ways of thinking do you think you use most frequently?

How did most of us learn to use some of these ways of thinking?

Why do we keep on using them?

What impact do these thinking errors have on recovery?

What impact do they have on our relationships with others?

How can we learn to change these ways of thinking?

Step 4

Introduce the topic of changing unproductive ways of thinking:

There are some simple steps we can all use to help replace poor thinking habits with good ones. The first step is awareness. That involves monitoring ourselves, paying attention

Roadblocks to Healthy Thinking

to how we react to things and what thinking errors we commonly use. In order to do this, we have to understand the ways of thinking that we call thinking errors. Keep studying the list that we just reviewed so that recognizing a thinking error (in yourself and others) becomes second nature to you.

The next step is to learn to be brutally honest with yourself. Using a lot of thinking errors is a habit that can be changed, but we have to remember that we are responsible for our own habits. It can be helpful to think back over the past to see how thinking errors have operated in your life.

Give yourself the job and responsibility to begin monitoring yourself, and identifying your thinking errors as soon as they happen (or shortly thereafter). When you catch yourself in a thinking error, pay attention to what was going on in the situation and how you might have thought about it differently or handled it differently. Some people find it helpful to keep a daily log. Some find it helpful to spend some time at the end of the day, thinking back over everything that happened, and identifying the thinking patterns that were involved in how they reacted or behaved.

Distribute *Improving Our WOT* handouts (page 28). Review and discuss the suggestions in the handout with participants:

PRACTICE OPEN THINKING – Be open to ideas, views and perceptions of others. If you react defensively or in anger when you hear or read something that challenges your beliefs, you may overlook an idea that could help to set you free, in spirit if not physically. Practice acceptance of positive criticism. When you listen with interest to the ideas of others, you validate a person’s ideas and perceptions as valuable. This may help you develop a better understanding of both others and yourselves. If faced with taunts, it isn’t too hard to tell when someone is trying to “goad you into anger.” Rather than “going off on them” (which may be what they are trying to provoke), consider why they are saying or doing what they are. If you respond to taunts not in a fit of anger, but as logical and controlled adults, you take the “fun” out of their game, while reinforcing your own abilities of self-control and positive behaviors. Once you stop responding in anger (which may be what they want to see), those who taunted you will tire of the game—since you have stopped playing it and won’t act out for them again, despite their efforts.

ACCEPT PERSONAL RESPONSIBILITY VERSUS TAKING A “VICTIM STANCE” – Accepting responsibility for your thoughts and actions. If you own up to your mistakes in thinking and behaviors rather than dodging them—saying you were falsely accused and victimized/trying to lay them off on someone else, you can grow. You can lie to yourself only so long. Others aren’t as gullible as you might think. Once you overcome your defensiveness, stop compulsively lying, and actively accept the truth, admitting mistakes in thinking and action, then you are on the road toward changing your life for the better and becoming a responsible adult in thought, word, and deed.

Roadblocks to Healthy Thinking

DEVELOP A REALISTIC RATHER THAN A GRANDIOSE SELF- VIEW – You know you have made mistakes. If you admit them, analyze why you made them, and learn the lessons they offer, you improve your chances not to repeat them. You recognize that mistakes do not make you “worthless.” When you take action to prevent repeating mistakes, you have grown. Taking purposeful action rather than going through life aimlessly—you set achievable goals for yourself and put forth an honest effort to work toward those goals. Even if you don’t achieve each and every goal, working toward them enhances your sense of self-worth. This helps you grow in healthy and beneficial ways, and develops an “I can do it” attitude.

ANALYZE YOUR PERFORMANCE RATHER THAN BLAMING PROBLEMS ON OTHERS – You actively examine your performance in working toward the goals you set for yourself. Your emphasis on making yourself accountable to yourself for diligently working toward the goals you set helps you to advance in your willingness to be responsible in your work efforts.

CONSIDER CONSEQUENCES RATHER THAN THINKING YOU CAN CONTROL THEM – Some folks see “normal” jobs as boring and want “excitement” in their lives. Sometimes people who think this way find crime and drugs exciting. When you “catch” yourself thinking about drinking or drugging, about criminal activities, or doing things that would hurt others, or yourself, you need to stop and get a picture in your mind of the consequences suffered by yourself and others in the past. By tying the likely consequences directly to these thoughts, you can stop the “fantasy” occurring as part of something called “euphoric recall.” That’s where your mind automatically associates drugs or crime with “fun” or as a way to cope with life’s challenges.

FACE UP TO FEAR RATHER THAN CUTTING YOUR FEARS OFF – Everyone fears something. False bravado in the face of fears doesn’t remove them, it only limits the ways you feel you can respond. You can learn to identify and face fears. You can analyze fears, eliminating irrational ones. Then you can decide how to rationally deal with any real fears. By analyzing your fears, eliminating the unreal, and considering how to reduce or eliminate those that are real, you improve feelings of self-worth and self-esteem. Addressing fears puts them in proper perspective and in many cases eliminates the fear as having no truth in fact.

LET GO RATHER THAN NEEDING TO CONTROL – Recognize that you do not need total power and control over every event and every person. Stop trying to “con” or force others into doing what you want. You can learn to share your frustrations, fears, and feelings of powerlessness, as well as learning to ask for help when you need it. These actions reduce “power thrusting,” which is the effort to control every situation and everyone. Twelve step groups often utilize the serenity prayer to remind themselves of this: **“God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”**

Roadblocks to Healthy Thinking

Summarize the discussion using some of the following points:

The thinking patterns or ways of thinking (WOTs) that can get in the way of recovery or cause setbacks can be thought of as “habits.” We learn to use these bad thinking habits or “thinking errors” for a variety of reasons—for personal advantage, to avoid taking responsibility for our shortcomings, to feel accepted and respected by others by putting up a false front, and sometimes out of simple laziness.

The first step in learning new ways of thinking is to be able to identify and challenge the old ways of thinking. By putting names to these ways of thinking (e.g., blaming, victim stance, hop overs, grandiosity), we have a shorthand way of recognizing them in ourselves and challenging them. We challenge poor thinking habits by slowly learning to replace them with more honest and responsible ways of thinking.

Like all habits, giving up thinking errors takes time and personal effort. Old ways of thinking may “feel” right or comfortable to you now, but with awareness and practice you can begin to replace those old thinking patterns with ways of thinking that will move you forward rather than keep you held back.

Thank participants for their work and attention.

WOT TO AVOID

Ways of Thinking That Keep You Stuck

● *“But...everybody was doing it...”*

Rationalization – Rationalization is what we do when we try to excuse ourselves from full responsibility for our actions. We think of explanations that seem to fit or that seem to “logically” explain our decisions or behaviors. We look at the outcome of our actions or at a conclusion we have reached, then we pull evidence out of the air that we think will explain everything while allowing us to “look good” in the eyes of others. We often use rationalization as an attempt to justify our bad behavior.

● *“Someone’s gotta pay...”*

Blaming – Blaming begins with an error in how we think about things that happen in the world and things that happen involving other people. We try to convince ourselves that all bad events are caused by somebody or that somebody intentionally set out to cause the bad event that has caused us a problem. This makes us want to “point the finger” instead of finding a solution. By blaming someone else, we don’t have to consider our own actions or responsibility. Let’s face it, blaming others often is a back-handed way of trying to excuse our own behavior.

● *“I just don’t understand...”*

Confusion – When we don’t want to face a situation, we may think that if we appear puzzled and confused to others, they will let us off the hook. For example, we may say we just don’t understand the question or an assignment, then not pay attention when someone tries to help us out. This way of thinking allows us to pretend to be “confused” about assignments, rules, requirements, expectations, or facts. If we are “confused” then we think we can blow off meeting obligations or taking responsibility for ourselves. We may also use confusion when we want to avoid taking full responsibility for things we did in the past. For example, someone claiming to not remember or to be confused about how drugs came to be in his/her possession.



Roadblocks to Healthy Thinking

● *“He did that just to piss me off...”*

Assuming – Making assumptions about other people’s thoughts, feelings, or motives is a way of thinking that allows us to justify our resentments, insecurities, and paranoia. Rather than checking out the facts by asking others about their feelings or intentions, we go with our own assumptions, which are usually negative and blaming. The pay-off is that we can “righteously” overreact or behave badly without being bothered by the truth of a situation. We use assumptions to justify our behavior and to avoid taking responsibility for jumping to conclusions.

● *“It was just one lousy beer...”*

Minimizing – This way of thinking can be summarized as “making a molehill out of a mountain.” When we minimize, we attempt to make others believe that what was, in fact, a pretty big screw-up was really “no big deal.” Usually, the words “just” and “only” will be part of our attempts to minimize our actions. When we minimize we are usually attempting to avoid or reduce the consequences of our behavior. The payoff is if we believe our own minimizing then we don’t have to feel remorse or make amends for our actions.

● *“I deserve get another chance...”*

Entitlement – This way of thinking allows us to feel that we are somehow “better than” or more deserving of special treatment than the other guy. In other words, we allow ourselves to believe that the rules just don’t apply to us because we are unique and therefore *entitled* to special consideration. We may further believe that everything should be made easy for us, and that we should not have to put forth any effort toward our goals. Most of all, when our thinking involves entitlement, we believe that we should not have to pay the consequences for our mistakes, poor decisions, or lack of effort.

● *“I never had sexual relations with that woman...”*

Lying – This is the one way of thinking that doesn’t require a lot of definition for most of us—we all know what lying is. We use lying to distort the truth or to confuse or make fools of other people. Sometimes we lie because we fear the consequences of the truth. A lie of *commission* is when we make up a falsehood—a regular old lie. A lie of *omission* is when we tell part of the truth, but leave out important details (for example, telling your wife that you had lunch with an old girlfriend, but leaving out the part where you went to the motel after lunch!). Interestingly, many people refuse to believe that this second type of lie really is a form of lying.

Roadblocks to Healthy Thinking

● *“Poor, poor pitiful me...”*

Victim Stance – Sometimes we think we can fool or control others by getting them to feel sorry for us. When we use this way of thinking, we attempt to present ourselves as the “true victim” of a situation so that others will see us as powerless and not responsible for our own behavior. The payoff is that if we can trick others into seeing us as some kind of “victim” of circumstance, we don’t have to be accountable or responsible for our behavior or choices. In this way, the problems that we usually end up causing for ourselves can be blamed on our past, our family, the system, or on the cruel, hard world in general.

● *“I don’t need this stupid class, I already know this stuff.”*

Grandiosity – This thinking error involves the belief that we are superior to others, that we should never be questioned or challenged, and that we are right about everything (which means everyone else is wrong). No one can teach us anything because we believe we are smarter, better, more capable, or more “in the know” than other people, even if the facts don’t support it. We think that our lives, experiences, knowledge, needs, problems, concerns, and opinions are the only ones that really matter.

● *“That’s an interesting question, but the real issue is...”*

Hop Over – Sidetracking is another way to describe this thinking error. We use it to control the conversation, change the subject, and shift the focus away from a topic that makes us uncomfortable. When we use a hop over, we are trying to distract people from the real issue being discussed. We think that by throwing people off the subject, we can avoid being confronted by the facts of our behavior. Here’s a classic example: “Why did you start dealing drugs?” Response: “Well, the drug laws in the U.S. are really screwed. People in Amsterdam can smoke pot whenever they want. The U.S. needs to wise up and change its laws.” See how it works? We are asked an important question that we really should consider, and instead of staying focused, we lead the other person on a verbal “wild goose chase.”

● *“Aw, man, this is so lame! Boring...”*

Boredom – Boredom is used as a thinking error when we want to give ourselves permission to not stay focused, to avoid participation or study, or to avoid taking responsibility for our own learning. It involves the belief that if we label something as “boring” or “stupid” or “lame,” we don’t have to deal with it. Instead, we can complain, whine, act out, waste time, and otherwise try to control the situation, while at the same time hide from issues and problems we need to address. When we label something as boring, we are actually trying to blame someone else (the teacher, the group leader, the program) for our own resistance to learn something new.

Roadblocks to Healthy Thinking

WOT WORKSHEET

Complete this by filling in details about the last time you used each of these WOTs

Rationalization

Blaming

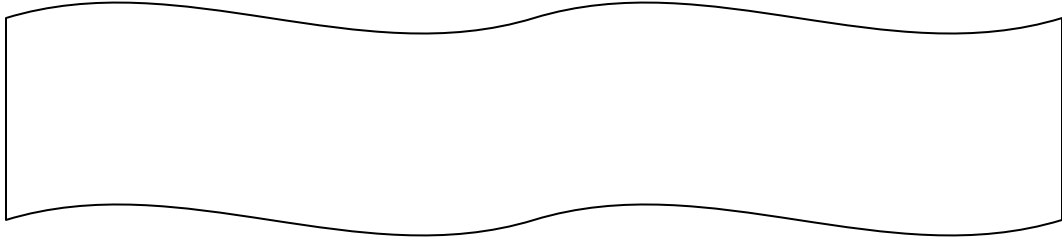
Confusion

Assuming

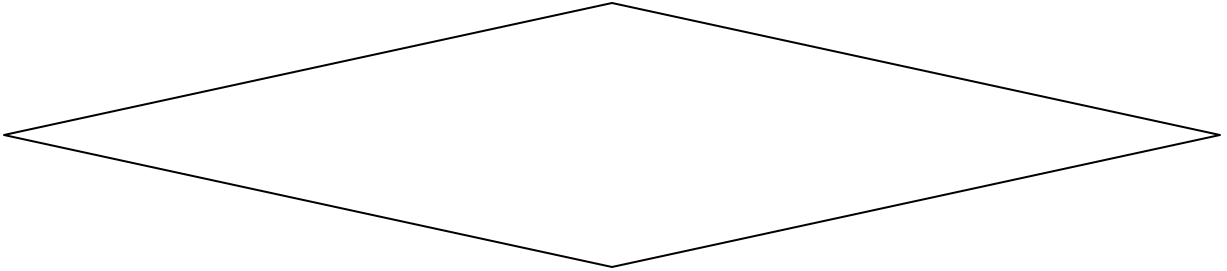
Minimizing

Roadblocks to Healthy Thinking

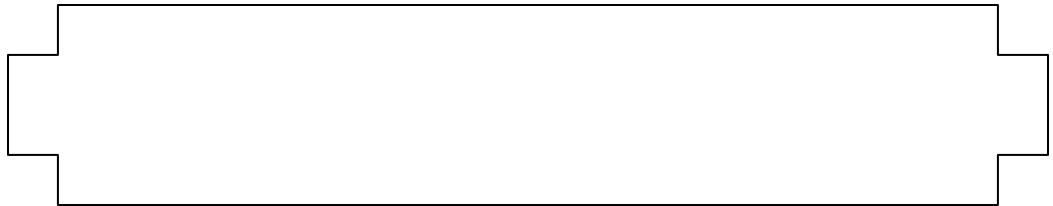
Entitlement



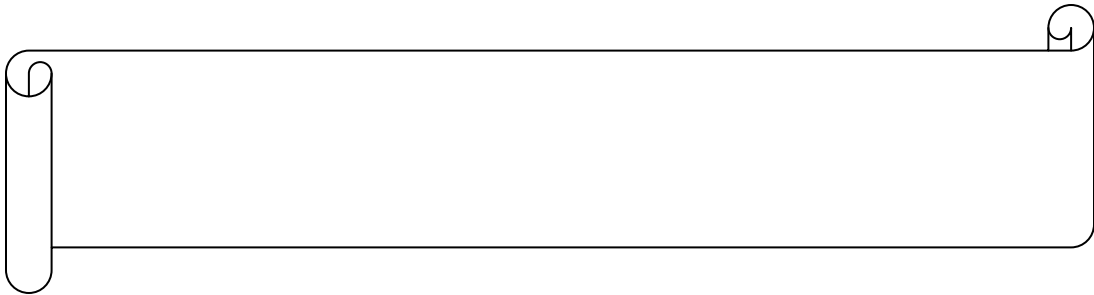
Lying



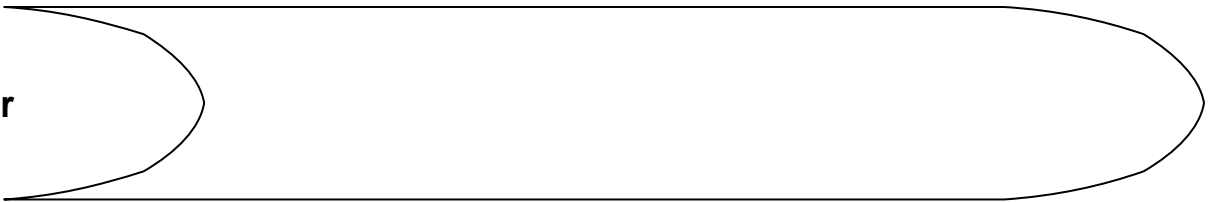
Victim Stance



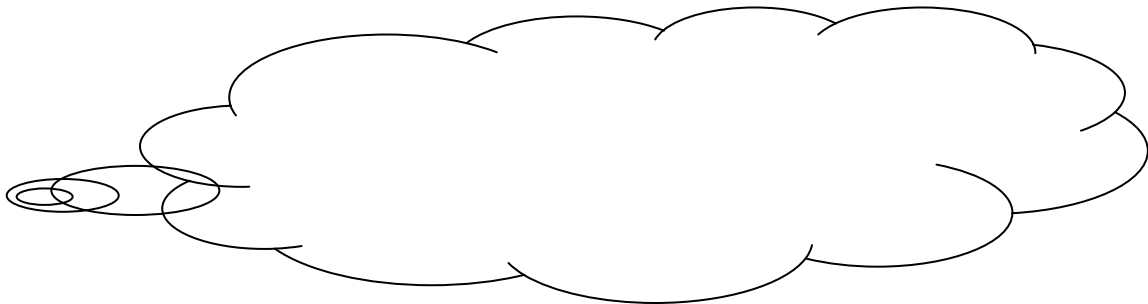
Grandiosity



Hop Over



Boredom



Roadblocks to Healthy Thinking

IMPROVING OUR WOT *Developing New Thinking Habits*

PRACTICE OPEN THINKING – Be open to ideas, views and perceptions of others. If you react defensively or in anger when you hear or read something that challenges your beliefs, you may overlook an idea that could help you. Practice acceptance of positive criticism. When you listen with interest at the ideas of others, you may learn something.

ACCEPT PERSONAL RESPONSIBILITY VERSUS TAKING A “VICTIM STANCE” – Accepting responsibility for your thoughts and actions. If you own up to your mistakes in thinking and behaviors rather than dodging them—saying you were falsely accused and victimized/trying to lay them off on someone else, you can grow. Once you are able to do this you are on the road toward changing your life for the better and becoming a responsible adult.

DEVELOP A REALISTIC RATHER THAN A GRANDIOSE SELF- VIEW – You know you have made mistakes. If you admit them, analyze why you made them, and learn the lessons they offer, you improve your chances not to repeat them. You recognize that mistakes do not make you “worthless.” When you take actions to prevent repeating mistakes, you grow.

ANALYZE YOUR PERFORMANCE RATHER THAN BLAMING PROBLEMS ON OTHERS – Learn to actively examine your performance in working toward the goals you set for yourself. Your emphasis on making yourself accountable for diligently working toward the goals you set helps you to advance in your willingness to be responsible in your work efforts.

CONSIDER CONSEQUENCES RATHER THAN THINKING YOU CAN CONTROL THEM – Some folks see “normal” jobs as boring and want “excitement” in their lives. Sometimes people who think this way find crime and drugs exciting. When you “catch” yourself thinking about drinking or drugging, about crime activities, or doing things that would hurt others, or yourself, you need to stop and get a picture in your mind of the consequences suffered by yourself and others in the past.

FACE UP TO FEAR RATHER THAN CUTTING YOUR FEARS OFF – Everyone fears something. False bravado in the face of fears doesn’t remove them, it only limits the ways you feel you can respond. You can learn to identify and face fears. You can analyze fears, eliminating irrational ones. Addressing fears puts them in proper perspective and in many cases eliminates the fear as having no truth in fact.

LET GO RATHER THAN NEEDING TO CONTROL – Recognize that you do not need total power and control over every event and every person. Stop trying to “con” or force others into doing what you want. Twelve step groups often utilize the serenity prayer to remind themselves of this: **“God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”**

Part 3:

Thinking and

Behavior Cycles

Thinking and Behavior Cycles was developed at TCU for the CJ-DATS project. This session features a leader's script, with notes, worksheets, and handouts for leading a discussion on the nature of behavior cycles and the interplay of thoughts and feelings that fuel cycles of unwanted behaviors or relapse. Materials highlight the structure of many types of "cyclical" behaviors and participants are invited to identify the thinking patterns associated with their own previous cycles of drug abuse and/or criminal activity and to plan strategies for interrupting future cycles before they begin.

Source: TCU / Institute of Behavioral Research.

Thinking and Behavior Cycles

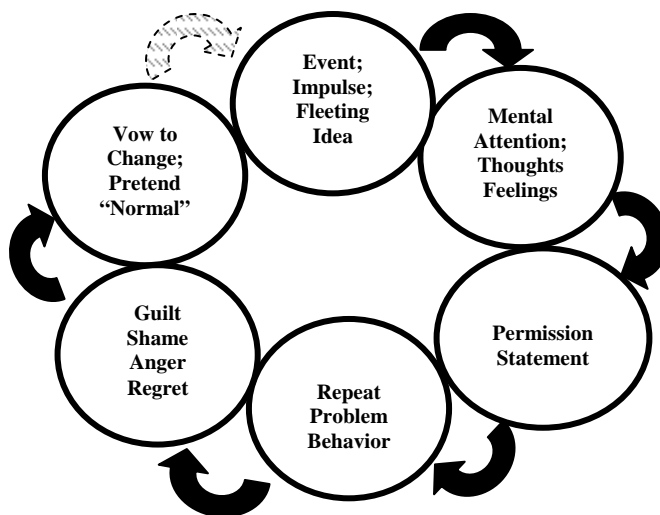
Step 1

Introduce the topic. Invite participants to discuss how some behaviors and ways of doing things become “habits” “rituals” or “cycles,” and are often below the radar of conscious thought. Point out that most situations we consider to be “problems” very often involve cycles. In other words, a “difficulty” can be thought of as “one damn thing after another.” But a “problem” is usually “the same damn thing over and over again.”

Give an example. Describe one of your own problematic cycles to get the ball rolling, or use this script.

When I was in school, I was frequently late to class. It went something like this: The alarm would go off and I would hit the snooze. I’d usually do this for about 30 minutes, then run to the shower. If one of my room-mates was there first, I’d curse and pace around until the shower was free. I’d then race to school, probably driving a lot faster than I should have...no, definitely driving faster than I should have. I’d then park and race to class, all the while cursing myself for oversleeping, and feeling disgusted and ashamed of myself for my lack of discipline and for disrupting the class when I walked in late. I’d spend the rest of the morning in a rush, trying to catch up, and would promise myself... swear to myself... make a mental oath to myself that I would do better tomorrow. That I would get up in plenty of time, not hit the snooze, not oversleep, etc. Sometimes that worked for a day or two, I’d tell myself I was “okay” and in control of things. But, there I would be again, hitting that snooze button, being late for class.

Distribute *The Cycle* handout (page 36). Draw your example as a cycle on an eraser board or flip chart, as show below:



Thinking and Behavior Cycles



Explain how the parts of the example fit into the cycle:

Most cycles or habitual patterns of problem behavior work in the same way. They usually begin with an *event*, and / or an *impulse*, or *fleeting thought*. Instead of choosing to ignore or override this initial thought/impulse, we give it some more *mental attention*, inviting *thoughts* and *feelings* that influence the decision about what to do. At some point in this thinking, we give ourselves a *permission statement* that helps us justify the problem behavior. We then repeat the *problem behavior*. Afterwards, however, we usually feel really bad about stepping back into the cycle (*guilt, shame, anger, regret*). We then tell ourselves that it won't ever happen again, or that we will change next time (*vow to change*). Or we try to fool ourselves and others by acting like nothing ever happened (*pretend normal*). However, we remain at-risk for jumping right back into the cycle of problem behavior in the future.

Explain the transitional arrows. 🌀 Review and discuss *Mind Traps* and *WOT to Avoid* handouts:

Cycles are “driven” by many of the overriding thinking errors that were discussed in earlier sessions. In drawing a picture of a cycle, we use the arrows to represent the “mind traps” and WOTs (ways of thinking) that push people to follow an impulse and end up repeating a problem behavior. For instance, things like minimizing, justifying, blaming, entitlement, playing helpless.

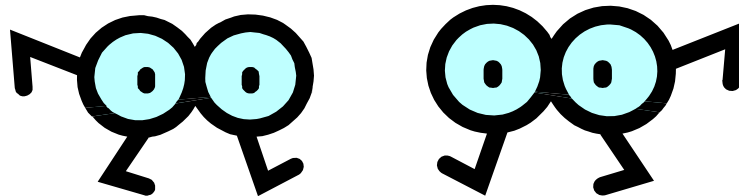
Thinking and Behavior Cycles

Staying with the example used, summarize how a typical behavior cycle operates, plugging in examples of thinking errors that drive the process:

In my example, the whole thing looks something like this. The alarm rings, and I have an impulse to stay in bed. A sleepy little thinking error voice tells me “I shouldn’t have to get up when I feel so tired” (entitlement). This helps me focus mental attention and begin to develop strong feelings/thoughts toward the impulse to stay in bed. Another thinking error “It’s just not fair” (victim stance) moves me toward a permission statement, “I’ll just give myself another 15.” And yet another thinking error, “It’s just 15 minutes” (minimizing), allows me to hit the snooze button. Later, as reality sets in and I realize I did the very thing I was trying to stop doing, thinking errors help fuel the bad feelings I now have about myself, “I’m a loser” (helpless), “I can’t do anything right” (all-or-nothing). Of course, these bad feeling also keep other thinking errors active – minimizing, justifying, etc. Guilt helps fuel all the mental promises I make to myself to not do it again, to change, to reform. I tell myself I’ll stop oversleeping and that it is “No big deal”(lying, minimizing). However, since I was “driving in the dark,” in the sense that I was not aware of the way my cycle operated, I had no real plan beyond mental promises to change the problem behavior, so I was at risk for it to happen again, and again, and again.

Transition

Events, impulses, thoughts, feelings, and behavior are all at work in the behavior cycles that cause us problems. Often, the impulses, thoughts, and feelings have been operating together for so long, they are out of our conscious awareness. We end up doing the same damn thing over and over, but remain truly clueless about “how come” it keeps happening. Using the mental picture of a “cycle” is a good first step for gaining awareness and learning to break or interrupt the problem behavior. It forces us to take the time to look at all the parts—the urges and impulses, the mental justification and other thinking errors that we use to repeat the behavior, and the feelings that come from yet another failure to change. It can be tough work, and it requires a lot of honesty and courage. Bothering to take a really close look at ourselves is one of the most courageous things we ever do.



Thinking and Behavior Cycles

Step 2

Distribute *One of My Cycles* worksheets (page 37). Ask participants to think about a problem behavior they struggle with that seems to keep on cycling in their lives. Encourage them to think about current behavior cycles that are causing problems. Prompt them to focus on general types of problem behavior cycles (diet, exercise, getting in trouble, problems with other people, procrastination, breaking rules).

Allow time to complete the worksheets. Be available to guide individual participants who get stuck.

Ask for volunteers to describe their problem behavior cycle from the first (general) worksheet. Use a flip chart or eraser board with a cycle template and fill in and label the parts of cycle as the participant describes them. Stay with the volunteer and ask:

Has there ever been a time when, despite the same activating event or impulse, you didn't "cycle through?" In other words, a time when you interrupted the cycle, didn't repeat the problem behavior?

(If yes)

What did you do to stop the thoughts and not give a "permission statement?"

How did you make yourself do that?

How might you make yourself do it more often?

(If no)

Based on what you know about yourself, what would be the best way to interrupt one of your cycles, once the impulse has happened?

How might you make yourself do that?

What else might help you interrupt a cycle?

Those sound like practical ideas – Would you be willing to try them next time you find a cycle starting, and report back to us?

Complete this process with two or more volunteers, as time allows.

Thinking and Behavior Cycles

Distribute another *One of My Cycles* worksheets (page 37). Ask participants to use it to map out how their drug use cycles operated in the past. Encourage them to focus on a specific drug/alcohol use episode that they remember from the past or their most recent drug use episode (relapse).

As before, allow time to complete the worksheets. Be available to guide individual participants who get stuck.

Ask for volunteers to describe the cycle they chose to describe on the second (drug use) worksheet. Use a flip chart or eraser board with a cycle template and fill in and label the parts of cycle as the participant describes them.

Process the worksheet activities with some of the following questions:

What similarities are there between your “bad habit” cycles and your drug using cycles?

What are the differences between the two examples of behavior cycles you recognize in yourself?

Based on what you know about yourself, what works best to help you interrupt a drug cycle once it’s started?

Who can help with this? What would your closest person (friend, spouse, family) advise you based on what they know about you?

How might you remember to do “what works” more often?

Step 3

Distribute *Tips for Breaking a Cycle* handout (page 38). Review points with participants:

Awareness

Awareness is the first step toward stopping a behavior cycle that keeps you doing things that you really don’t want to do. The more you learn about cycles, the more control you will have over them. Today’s lesson has given you that first step.

Thinking and Behavior Cycles

Honesty

Once you are aware of how cycles work in your life, you must be willing to admit it when you recognize the risk factors (events, impulses) and thinking errors that set you up to go into a cycle.

Motivation

Awareness and honesty are good steps. But awareness and honesty alone won't stop you from lighting that cigarette, failing to do an assignment, or getting involved in another drug deal. You need motivation and dedication to using strategies that interrupt the cycle, before it starts (resisting impulses) or after it starts (challenging thinking errors).

Thought Stopping

Your awareness, honesty, motivation come into play when you begin to use strategies to stop the cycle. Thought stopping is exactly what it sounds like. Every time you are aware of impulses or thinking errors that are involved in your cycle, you make a commitment to mentally turn your thoughts away. This will involve saying loudly to yourself, "STOP" once you are aware of the thought, and then replacing it with an appropriate thought (the challenges that were discussed in previous sessions). Some people have found it helpful to wear a rubber band on their wrist so they can snap themselves when they become aware of a bad thinking pattern. This technique improves awareness. Exercise, prayer, taking a walk, writing in a journal, and talking to someone also are good ways to interrupt poor thinking.

Summarize the discussion:

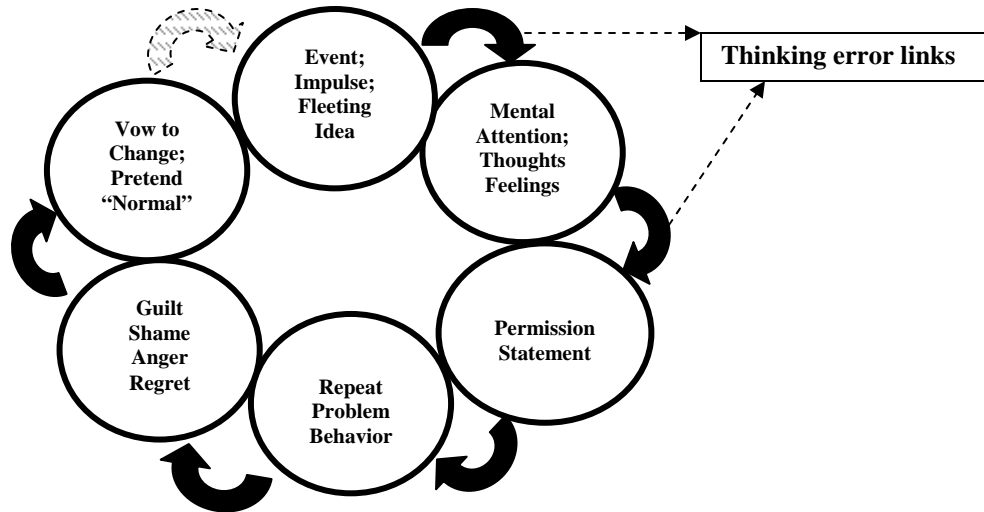
Behavior cycles can be thought of as an unending loop of behaviors that we know are bad for us, yet we keep doing them anyway. These behaviors are often repeated in an almost "mindless" fashion and we may have to struggle to become aware of them once they start. However, once we study our own cycles, it's easier to see how they operate.

Behavior cycles are driven by thinking errors—thinking habits or patterns that allow us to justify bad behavior, or ignore it, or pretend that we are somehow above it. Therefore, the key to breaking behavior cycles involves awareness, honesty, and motivation to change. It can be difficult and challenging to change. The pay-off is self-control and pride. By learning to break an unwanted or unhealthy behavior cycle, we place ourselves fully in control, and can enjoy the self-respect that comes from being responsible for our own actions and lives.

Ask participants to consider the ideas for breaking behavior cycles discussed today, and to practice using them in the coming week.

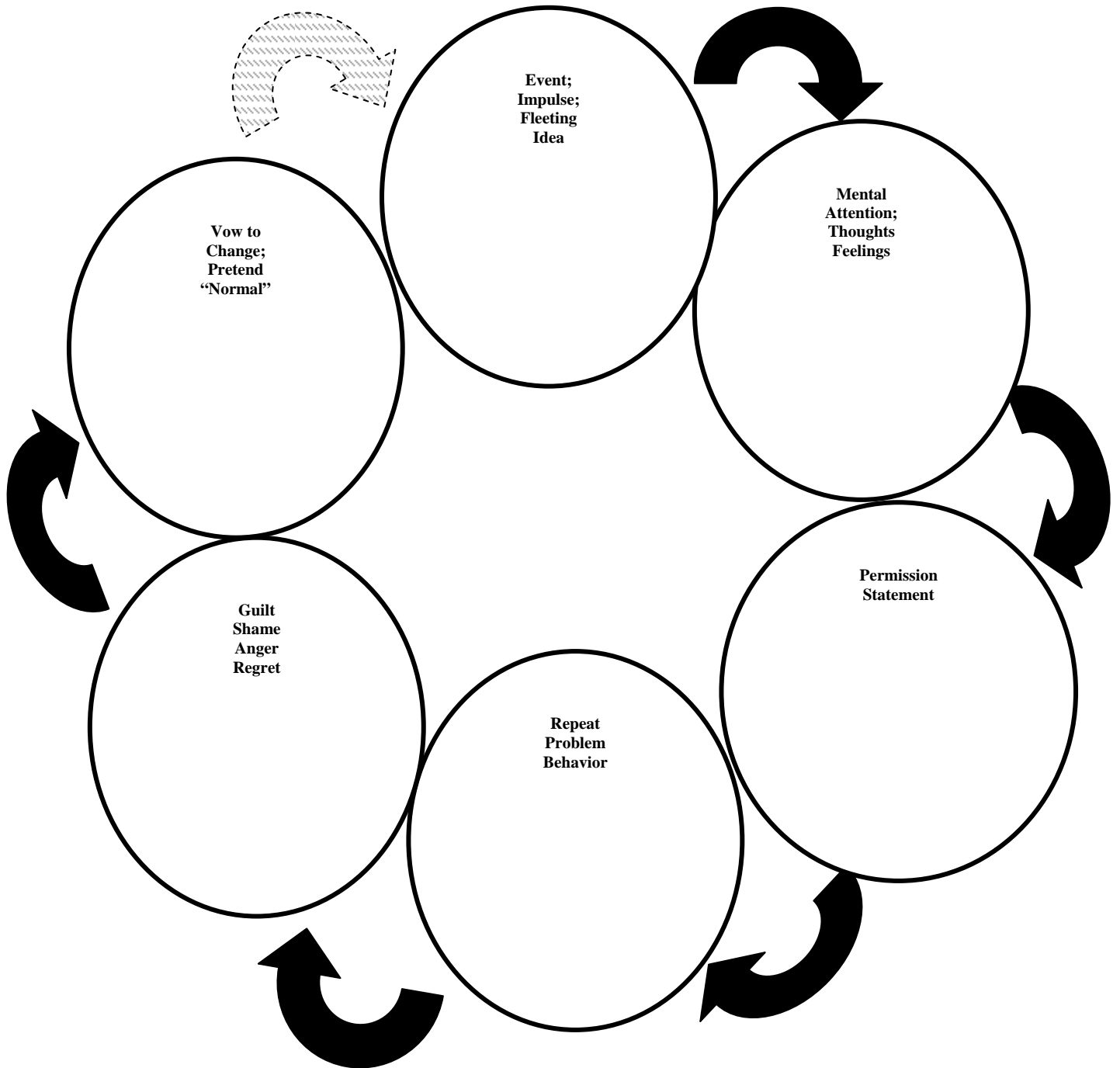
Thank participants for their participation.

THE CYCLE



Thinking and Behavior Cycles

ONE OF MY CYCLES



TIPS FOR BREAKING A CYCLE



Awareness

Awareness is the first step toward stopping a behavior cycle that keeps you doing things that you really don't want to do. The more you learn about cycles, the more control you will have over them. Today's lesson has given you that first step.

Honesty

Once you are aware of how cycles work in your life, you must be willing to admit it when you recognize the risk factors (events, impulses) and thinking errors that set you up to go into a cycle.

Motivation

Awareness and honesty are good steps. But awareness and honesty alone won't stop you from lighting that cigarette, failing to do an assignment, or getting involved in another drug deal. You need motivation and dedication to using strategies that interrupt the cycle, either before it starts (resisting impulses) or after it starts (challenging thinking errors).

Thought Stopping

Your awareness, honesty, motivation come into play when you begin to use strategies to stop the cycle. Thought stopping is exactly what it sounds like. Every time you are aware of impulses or thinking errors that are involved in your cycle, you make a commitment to mentally turn your thoughts away. This will involve saying loudly to yourself, "STOP" once you are aware of the thought, and then replacing it with an appropriate thought (the challenges that were discussed in previous sessions). Some people have found it helpful to wear a rubber band on their wrist so they can snap themselves when they become aware of a bad thinking pattern. This technique improves awareness. Exercise, prayer, doing something else, taking a walk, and talking to someone are also good ways to interrupt unproductive thinking.

Part 4:

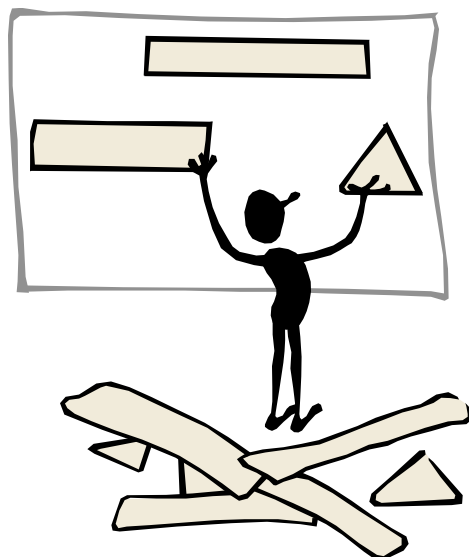
Mapping

Worksheets

These *Mapping Worksheets* were selected from the manual *TCU Guide Maps: A Resource for Counselors* because of their specific focus on thoughts and actions. Each mapping worksheet follows a “fill in the blank” format to encourage participants to consider thinking patterns and how to change cognitive distortions. Once participants complete their worksheet, group discussions and commentary on applying new ways of thinking to past and current problems and life situations can be explored.

Source: TCU / Institute of Behavioral Research. From treatment manual *TCU Guide Maps: A Resource for Counselors*

Mapping Worksheets



Why a “map”?

The purpose of this section is to introduce a promising technique that can be used by counselors to help clients represent and resolve personal issues. There is research that validates the effectiveness of this tool in the counseling process, so we give you some background and a quick look at the major research findings on maps.

Types of Maps. *Node-link maps* are tools that can visually portray ideas, feelings, facts, and experiences. There are three broad categories of these maps:

- Free or process maps**
- Information maps**
- Guide maps** (the focus of this section).

As you can see from the examples, the **nodes** in a map are drawn as enclosed boxes and represent thoughts, actions, or feelings. The map **links** are simple lines with arrows that are labeled to show the direction of influence and the interrelationships among the nodes.

Free or process maps: Using a chalkboard, flip chart, paper and pencil, or computer, client(s) and counselor can work together to create a map of the problem or issue under discussion. For examples of the use of free mapping, see *Mapping New Roads to Recovery: Cognitive Enhancements to Counseling*, Dansereau, Dees, Chatham, Boatler, and Simpson, 1993. Available at <http://www.ibr.tcu.edu/>.

Information maps: They have been used in academic settings where research has showed them to be powerful study tools. These maps organize facts in a specific content area and present them in an easy-to-remember format. The first research on mapping was done with college students, who could remember more main ideas from maps than from comparable texts.

Mapping Worksheets

Guide maps: These are pre-structured templates with a “fill-in-the-space” format that guides the client’s thinking within a specific framework (e.g., personal strengths, goals), and allows ample freedom for self-expression. In a group setting, a guide map can be used to focus and keep a discussion on track. As an individual activity, it provides a structure for thinking about and organizing to otherwise nebulous personal issues. In group work, the map can provide some assurance that each group member has had a chance to visit a particular issue personally, even if there has been insufficient session time for each of them to air those issues within the group.

Roots and Rationale. Node-link maps have an empirical base in research dealing with the effects of using two dimensional visual representations. These graphic representations are frequently found to be more effective than verbal discourse or written narrative in dealing with complex problems and issues. Flowcharts, organizational charts, Venn diagrams, pictures, and graphs can increase communication efficiency by making related ideas easier to locate and recognize, and, as a result, potentially more amenable to inferences and recall. The physical formats of spoken language or written narrative are linear “strings” of ideas. Visual representations, on the other hand, have the capability of simultaneously clustering interrelated components to show complex multiple relationships such as parallel lines of thought and feedback loops.

Problem-Solving: Personal problems may be complex, making them both difficult to analyze and emotionally daunting to resolve. A visual representation such as a node-link map can capture the most important aspects of a personal issue and make alternatives more salient for both the client and the counselor. Because this has the potential to make a problem appear more manageable and a solution more probable, it may diffuse at least some of the anxiety surrounding the issue, as well as increase motivation to work toward a solution.

Evidence-Base: In 1989, maps were first studied as personal management tools for college students in substance abuse prevention research (Tools for Improving Drug and Alcohol Education and Prevention, D.F. Dansereau, Principal Investigator) sponsored by the National Institute on Drug Abuse (NIDA). At the same time, through the NIDA-sponsored DATAR (Drug Abuse Treatment for AIDS Risk Reduction) project, (D. D. Simpson, Principal Investigator) maps were introduced to methadone maintenance clients and their counselors in three urban Texas programs. Findings from this research were quite positive. A second DATAR project (Improving Drug Abuse Treatment for AIDS-Risk Reduction) and the NIDA-sponsored CETOP project (Cognitive Enhancements for the Treatment of Probationers; D. F. Dansereau, PI) confirmed maps as useful counseling tools. The CETOP project did so with a particularly tough client pool, probationers in a criminal justice system treatment program. A summary of major findings from the four research projects follows, with referenced research articles that support each finding.



What Research Reveals About the Impact of Mapping: A Quick Summary



◆ **Memory for the Session:** Maps make treatment discussions more memorable.

- ◆ K. Knight, Simpson, & Dansereau, 1994
- ◆ Czuchry & Dansereau, 1998

◆ **Focus:** Maps increase on-task performance in group sessions and are especially helpful for clients who have attentional problems.

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Dansereau, Dees, Greener, & Simpson, 1995
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Newbern, Dansereau, Czuchry, & Simpson, 2005

◆ **Communication:** Maps give clients greater confidence in their ability to communicate. This is especially so for non-Anglo clients and clients with limited education.

- ◆ Pitre, Dansereau, & Joe, 1996
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Newbern, Dansereau, & Pitre, 1999

◆ **Ideas:** Maps facilitate the production of insights and ideas, stimulate greater depth, uncover issues, identify gaps in thinking:

- ◆ Dansereau, Dees, Greener, & Simpson, 1995
- ◆ Newbern, Dansereau, & Dees, 1997
- ◆ Pitre, Dansereau, & Simpson, 1997
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Czuchry & Dansereau, 1999
- ◆ Dansereau, Joe, & Simpson, 1993

Mapping Worksheets



Quality of the Client & Counselor Relationship

◆ **Rapport**: Mapping facilitates the counselor-client therapeutic alliance.

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1996
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Simpson, Joe, Rowan-Szal, & Greener, 1996

During Treatment Outcomes
(e.g., issue resolution & more effective life skills)



◆ **Positive Feelings Toward Self & Treatment**: Maps facilitate self-confidence, self-efficacy & problem solving. They can foster positive feelings about personal progress in treatment and positive perceptions of treatment process.

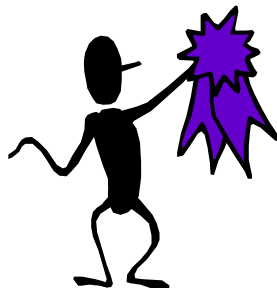
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Pitre, Dees, Dansereau, & Simpson, 1997
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Pitre, Dansereau, Newbern & Simpson, 1997
- ◆ Blankenship, Dees, & Dansereau, in progress
- ◆ Newbern, Dansereau, & Pitre, 1999

◆ **Show Up "Clean"**: Clients who map miss fewer sessions and have fewer positive urinalysis tests for opiates or cocaine.

- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dees, Dansereau, & Simpson, 1997

Mapping Worksheets

**After
Treatment
Outcomes**
(e.g., sober/clean,
no arrests)



◆ **“Clean” & Free: Clients who have mapped during treatment have fewer positive urinalysis tests for opiates, less needle use, and less criminal activity.**

- ◆ Pitre, Dansereau, & Joe, 1996
- ◆ Joe, Dansereau, Pitre, & Simpson, 1997

Adolescent Treatment: effects similar to adult findings

- ◆ Collier, Czuchry, Dansereau, & Pitre, 2001

“Mapping” as Intervention in Integrated Treatment Process Models

- ◆ Czuchry & Dansereau, 2003
- ◆ Simpson, Joe, Rowan-Szal, & Greener, 1997
- ◆ Simpson, 2004
- ◆ Simpson & Joe, 2004

Conceptual Overviews of Mapping Research

- ◆ Dansereau, Dees, & Simpson, 1994
- ◆ Dansereau, Dees, Bartholomew, & Simpson, 2002
- ◆ Dansereau & Dees, 2002
- ◆ Dansereau (in press – 2005)

Manuals for Counselors (at www.ibr.tcu.edu)

- ◆ Dansereau, Dees, Chatham, Boatler, & Simpson, 1993
- ◆ Dees & Dansereau, 2000
- ◆ Sia, Dansereau, & Dees, 2001
- ◆ Czuchry, Sia & Dansereau, 2002

Mapping Worksheets

Session Notes for Using Guide Maps

The Guide Map worksheets in this section can be used for during-group activities or as homework assignments for later group discussion. The following Guide Maps are included:

This Happens Again and Again in Your Life (page 46)

This is How I Can Keep From Being Bored (page 47)

Situation-Response: Challenging Thinking Errors (page 48)

Defining New Thoughts and Actions (page 49)

It is possible to build an entire group session around one map, or participants can be asked to complete and discuss several maps during the course of the group meeting. The general instructions for using the Guide Maps include:

1. Begin with a brief discussion and overview of the discussion topic. In the case of the Guide Maps in this module, participants would focus on the topic of thinking errors. The group leader should provide information in the form of a brief mini-lecture or a review of information about thinking errors covered elsewhere in this module.
2. Distribute copies of a Guide Map to participants and ask them to complete it by filling in the blanks using their own ideas, feelings, experiences, and opinions to answer the questions in the boxes.
3. Once all participants have completed their maps, lead a discussion of the issues raised by the activity. The leader's job is to gently challenge and provide clarification, as needed. Leaders can choose to process the mapping activity as a large group, or participants can be divided into pairs or triads to discuss their maps before reporting back to the group as a whole.
4. Use open-ended questions to encourage discussion about the key issues raised by participants in completing their maps. Some ideas for general process questions include:

What did you learn about yourself as you completed this map activity?

What new ways of thinking about problems did you come up with?

What benefits did you identify for thinking more constructively?

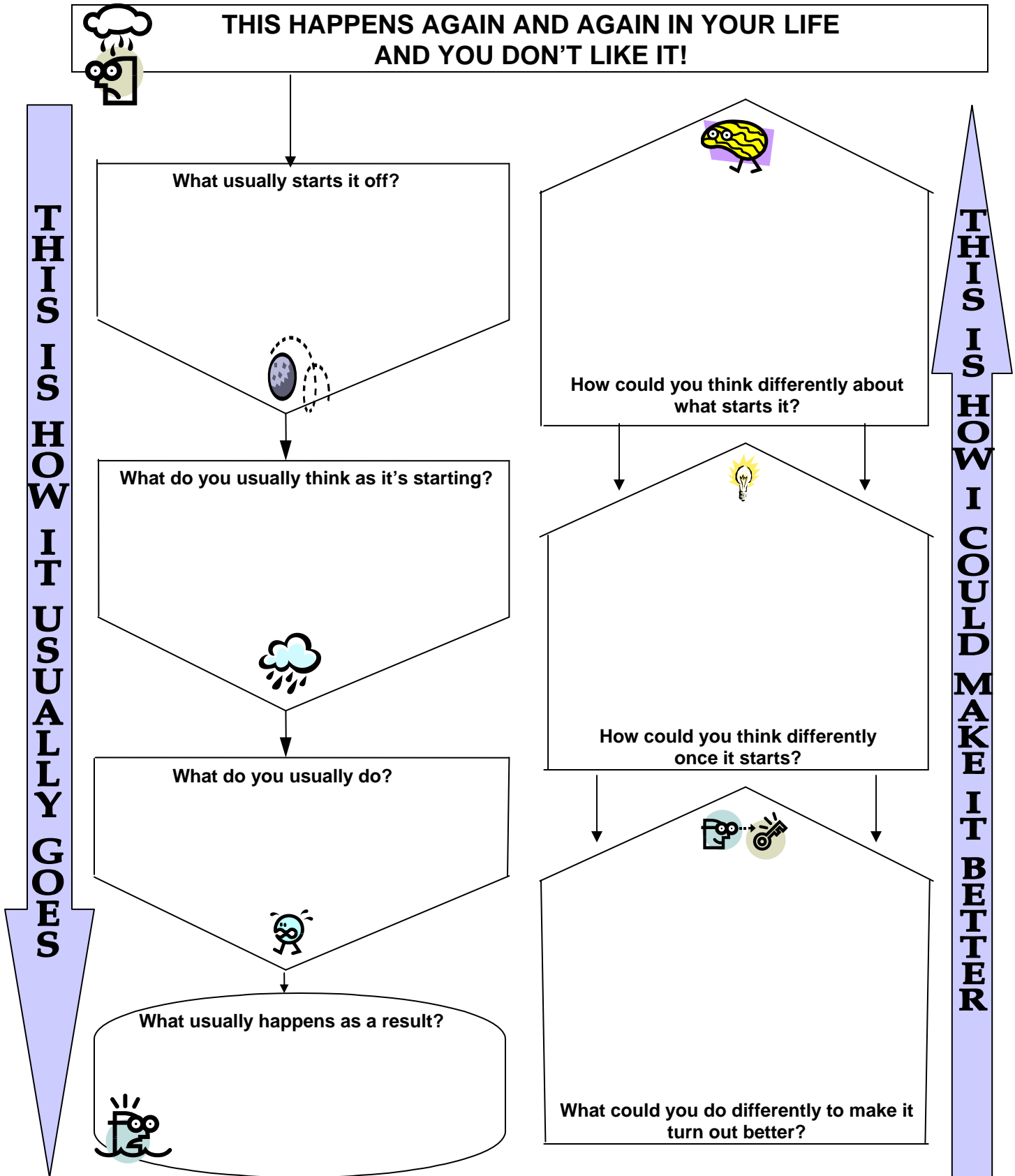
What benefits might come from changing the thinking patterns in your relationships?

In what ways is it helpful to consider the things you usually say to yourself?

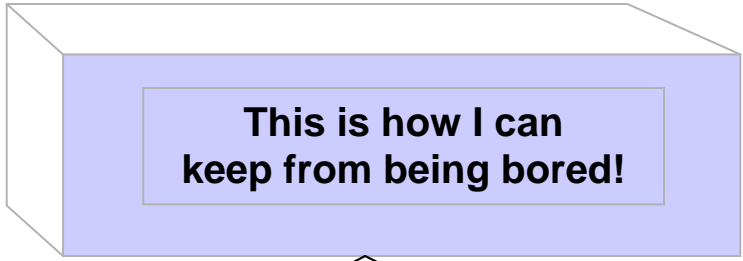
What are some helpful ways you came up with to take action on changes?

5. Encourage participants to share their mapping worksheets with family, friends, and members of their support network. When appropriate, offer blank copies of the worksheets for participants to complete and discuss with significant others.

Mapping Worksheets



Mapping Worksheets



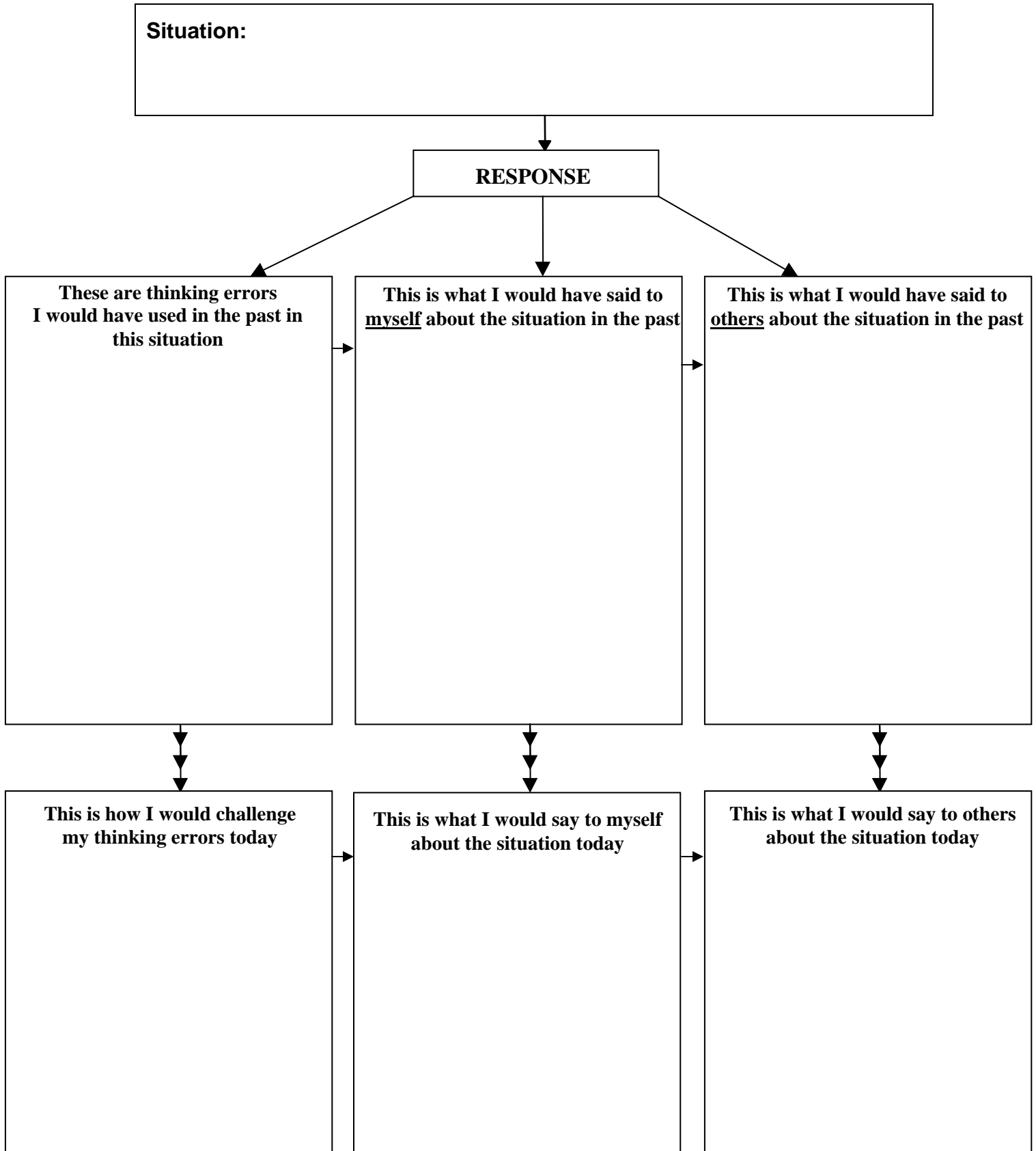
P

P

THINGS I CAN DO

WAYS I CAN THINK

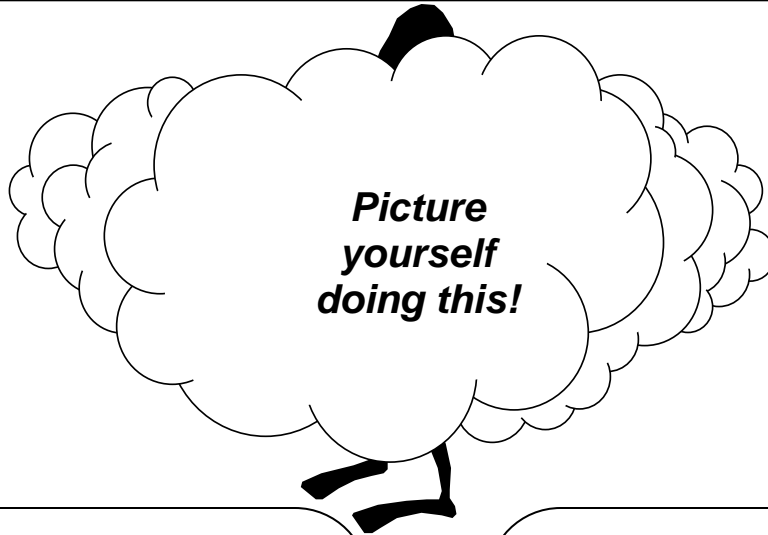
Mapping Worksheets



Defining New Thoughts and Actions

Imagine confronting a current problem with new thoughts and actions.

Briefly describe the problem:



What might make it difficult to do this?

How might you overcome these obstacles?

Describe the new thoughts and actions will you use.

Mapping Worksheets

Bibliography and References on Mapping

- Collier, C. R., Czuchry, M., Dansereau, D. F., & Pitre, U. (2001). The use of node-link mapping in the chemical dependency treatment of adolescents. *Journal of Drug Education, 31*(3), 305-317.
- Czuchry, M., & Dansereau, D. F. (1999). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment, 17*(4), 321-329.
- Czuchry, M. & Dansereau, D.F. (2003). A model of the effects of node-link mapping on drug abuse counseling. *Addictive Behaviors, 28*(3), 537-549.
- Czuchry, M., Dansereau, D. F., Dees, S. D., Simpson, D. D. (1995). The use of node-link mapping in drug abuse counseling: The role of attentional factors. *Journal of Psychoactive Drugs, 27*(2), 161-166.
- Czuchry, M., Sia, T. L., & Dansereau, D. F. (2002). *Map Magic*. Fort Worth, TX: Department of Psychology, Institute of Behavioral Research, Texas Christian University.
- Dansereau, D. F. (in press). Node-link mapping principles for visualizing knowledge and information. In S. O. Tergan & T. Keller (Eds.). *Knowledge and information visualization: Searching for synergies*. Heidelberg/New York: Springer Lecture Notes in Computer Science.
- Dansereau, D. F., & Dees, S. M. (2002). Mapping Training: The transfer of a cognitive technology for improving counseling. *Journal of Substance Abuse Treatment, 22*(4), 219-230.
- Dansereau, D. F., Dees, S. M., Chatham, L. R., Boatler, J. F., & Simpson, D. D. (1993). *Mapping new roads to recovery: Cognitive enhancements to counseling*. A training manual from the TCU/DATAR Project. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.
- Dansereau, D. F., Dees, S. M., Greener, J. M., & Simpson, D. D. (1995). Node-link mapping and the evaluation of drug abuse counseling sessions. *Psychology of Addictive Behaviors, 9*(3), 195-203.
- Dansereau, D. F., Dees, S. M., & Simpson, D. D. (1994). Cognitive modularity: Implications for counseling and the representation of personal issues. *The Journal of Counseling Psychology, 41*(4), 513-523.
- Dansereau, D. F., Joe, G. W., Dees, S. M., & Simpson, D. D. (1996). Ethnicity and the effects of mapping-enhanced drug abuse counseling. *Addictive Behaviors, 21*(3), 363-376.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1993). Node-link mapping: A visual representation strategy for enhancing drug abuse counseling. *Journal of Counseling Psychology, 40*(4), 385-395.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Attentional difficulties and the effectiveness of a visual representation strategy for counseling drug-addicted clients. *International Journal of the Addictions, 30*(4), 371-386.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse, 6*, 393-406.
- Dees, S. M., & Dansereau, D. F. (2000). *TCU guide maps: A resource for counselors*. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.
- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1994). A visual representation system for drug abuse counselors. *Journal of Substance Abuse Treatment, 11*(6), 517-523.

Mapping Worksheets

- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping-enhanced drug abuse counseling: Urinalysis results in the first year of methadone treatment. *Journal of Substance Abuse Treatment, 14*(2), 1-10.
- Joe, G. W., Dansereau, D. F., Pitre, U., & Simpson, D. D. (1997). Effectiveness of node-link mapping-enhanced counseling for opiate addicts: A 12-month follow-up. *Journal of Nervous and Mental Diseases, 185*(5), 306-313.
- Joe, G. W., Dansereau, D. F., & Simpson, D. D. (1994). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse, 6*, 393-406.
- Knight, D. K., Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1994). The role of node-link mapping in individual and group counseling. *The American Journal of Drug and Alcohol Abuse, 20*, 517-527.
- Knight, K., Simpson, D. D., & Dansereau, D. F. (1994). Knowledge mapping: A psychoeducational tool in drug abuse relapse prevention training. *Journal of Offender Rehabilitation, 20*, 187-205.
- Newbern, D., Dansereau, D. F., Czuchry, M., & Simpson, D. D. (2005). Node-link mapping in individual counseling: Effects on clients with ADHD-related behaviors. *Journal of Psychoactive Drugs, 37*(1), 93-103.
- Newbern, D., Dansereau, D. F., & Dees, S. M. (1997). Node-link mapping in substance abuse treatment: Probationers' ratings of group counseling. *Journal of Offender Rehabilitation, 25*(1/2), 83-95.
- Newbern, D., Dansereau, D. F., & Pitre, U. (1999). Positive effects on life skills, motivation and self-efficacy: Node-link maps in a modified therapeutic community. *American Journal of Drug and Alcohol Abuse, 25*, 407-423.
- Pitre, U., Dansereau, D. F., & Joe, G. W. (1996). Client education levels and the effectiveness of node-link maps. *Journal of Addictive Diseases, 15*(3), 27-44.
- Pitre, U., Dansereau, D. F., Newbern, D. & Simpson, D. D. (1998). Residential drug-abuse treatment for probationers: Use of node-link mapping to enhance participation and progress. *Journal of Substance Abuse Treatment, 15*(6), 535-543.
- Pitre, U., Dansereau, D. F. & Simpson, D. D. (1997). The role of node-link maps in enhancing counseling efficiency. *Journal of Addictive Diseases, 16*(3), 39-49.
- Pitre, U., Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping techniques to improve substance abuse treatment in criminal justice settings. *Journal of Drug Issues, 27*(2), 435-449.
- Sia, T. L., Dansereau, D. F., & Dees, S. M. (2001). *Mapping your steps: Twelve step guide maps*. Fort Worth: Institute of Behavioral Research, Texas Christian University.
- Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment, 27*, 99-121.
- Simpson, D. D., & Joe, G. W. (2004). A longitudinal evaluation of treatment engagement and recovery stages. *Journal of Substance Abuse Treatment, 27*, 89-97.
- Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. (1995). Client engagement and change during drug abuse treatment. *Journal of Substance Abuse, 7*(1), 117-134.
- Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. (1997). Drug abuse treatment process components that improve treatment. *Journal of Substance Abuse Treatment, 14*(6), 565-572.

TCU MAPPING-ENHANCED COUNSELING MANUALS FOR ADAPTIVE TREATMENT

Unlock Your Thinking Open Your Mind *Resources on Cognitive Distortions*

Links of Interest

This site's focus is on education, and provides a comprehensive list of thinking errors and other information about teaching good cognitive skills:

<http://home.earthlink.net/~bmgei/educate/docs/aperson/thinking/think-errors.htm>

This site at **Palo Alto College** features information about cognitive distortions and critical thinking skills:

<http://lonestar.texas.net/~colby/Info1371/cterrors.htm>

This links to an article from **Texas Department of Criminal Justice** on thinking error cycles:

http://www.tdcj.state.tx.us/pgm&svcs/SATP/Session_3.PDF

This mental health site offers a selection of information on overcoming thinking errors and other recovery topics:

http://recovery.lifetips.com/Cat.asp_Q_id_E_57372