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Name: _____ Date: _____

This worksheet is an easier version of the Dysfunctional Thought Record and should be used in place of, not in addition to, the DTR, for certain clients, such as adolescents.

What is the situation? _____

What am I thinking or imagining? _____

How does that make me feel? mad sad nervous other: _____

What makes me think the thought is true? _____

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

What's another way to look at this? _____

What's the worst that could happen? What could I do then? _____

What's the best that could happen? _____

What will probably happen? _____

What could happen if I changed my thinking? _____

What would I tell my friend [think of a specific person] _____ if this happened to him or her? _____

What should I do now? _____