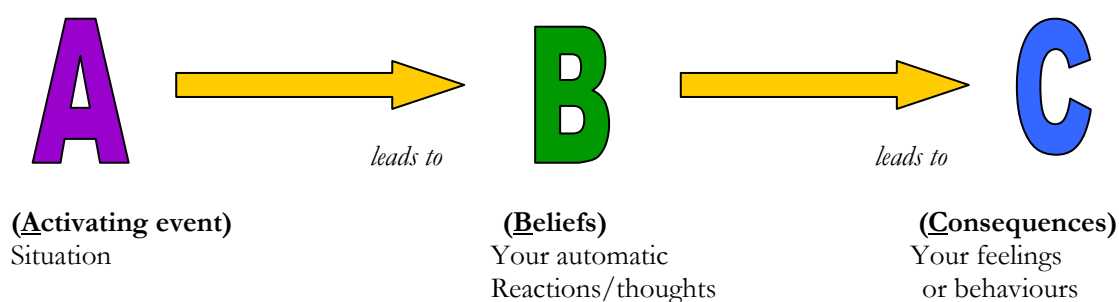


Link between thoughts, feelings and behaviours

Over the past few weeks, the client has learned how to monitor their thoughts and feelings in response to activating events. It is important that the therapist now demonstrates the link between thoughts, feelings as well as behaviours using the cognitive model illustrated below (Ellis, 1975). Hopefully the client will have started to observe patterns in their thoughts/feelings/behaviours, and possibly how their AOD use fits with these patterns. Next in this process is to help clients learn how to examine their cognitions and emotions more closely, and break down the steps occurring between a situation or trigger for psychotic AOD use/symptoms. The ABC cognitive model is a simple and useful framework for this process, and can assist the client in regaining some control over their environment (Ellis, 1975; Graham et al., 2000; Beck et al., 1979). The following rationale can be used to orientate your client to the CBT model:

All people who are trying to reduce their AOD use will have thoughts about using, and will increasingly experience urges to seek out and use AODs. Similarly, those trying to manage their psychosis may have learned to think and respond in a particular way to themselves and their environment.



Explaining the ABC model

Use the following dialogue to explain the ABC model to your client:

*Events or situations don't usually **cause** our feelings or behaviour; rather it is our interpretation (or thoughts) about those events that will directly relate to our feelings and actions. So, rather than feeling hopeless about trying to control situations that pop up (which is virtually impossible) a more useful approach is to learn how to change or control our response to those events and to feel more positive about our situation. The ABC model shows that when particular situations happen (A's=activating events), they trigger certain thoughts (Bs = beliefs), and these Bs cause our feelings, or control our behaviour (Cs = our consequences). "As" (or activating situations) don't have much to do with our feelings at all, rather it is our interpretations/our response to those situations that controls how we feel. Often, the negative or unhelpful thoughts happen so quickly in response to events that you do not even realise what is happening. That is why these thoughts are often referred to as "automatic." Usually, what happens to people is that they suddenly realise they are feeling bad, or are having a craving/urge to use AODs. These feelings are often a signal that someone has had an automatic thought about the present situation that has resulted in a craving or activation of psychotic symptoms.*

Exercise: Demonstrating the link between thoughts, feelings and behaviour

(Jarvis, Tebbutt & Mattick, 1995)

- Ask the client to imagine a scenario from the past week where they experienced strong urges/cravings to use AODs or when they have felt particularly symptomatic.
- Ask the client to interpret this event: *What is the first thought that came into your mind?* Write this down on a piece of paper.
- Ask the client to identify how they would feel or what they might do in this situation.
- Help the client identify the A's, B's and C's surrounding the situation: A=scenario, B=Interpretation, C=how they felt or what they might do.
- Summarise by saying: *This process happens for every situation we encounter. Quite often, this whole process happens so quickly we don't even realise that it has happened like this – it is almost automatic. Usually, we just suddenly realise we are feeling bad, or having disturbed thoughts or craving to use AODs.*
- Over the next week, ask the client to refer to this example over the next week and think of other examples where this might happen.

The aim of the following few sessions will be to help the client identify the pattern of thinking they have in association with their craving/use of AODs. You will then help the client to learn ways to challenge these unhelpful thoughts and replace them with more helpful ones. In this way the client will learn how to manage thoughts about stressors and also cope with the cravings they may experience.

Explain to the client:

In working out how to manage our symptoms or AOD use, it is helpful to know which situations are most likely to lead you to use or to have unhelpful thoughts. What we want to learn is what kinds of things are triggering or maintaining your thoughts and feelings. Then, we can try to develop other ways you can deal with these “high-risk” situations without using substances. This involves learning specific skills and strategies. What we’ll discuss over the next few sessions will relate to: identification of triggers; learning techniques for managing automatic thoughts; general coping skills for symptoms and relapse prevention strategies. We can also talk about any areas that you are having particular difficulty in.

Give the client the handout at the end of this session to help them practice thought monitoring (Figure 5.1).

Practice thought monitoring

Working with the ABC model can take a bit of practice. Over the next week, ask the client to practice identifying the A, B, Cs of situations, re-iterating the rationale if necessary. Below is an exercise to assign the client for homework. Show the client the “Self Monitoring Record” and demonstrate its use with the example used in the exercise above.

Exercise: Monitoring thoughts about triggers (Jarvis, Tebbutt & Mattick, 1995)

- Use the sheet titled “Self Monitoring Record”. Explain to the client that *this exercise is an important first step in taking control of your thoughts and feelings. It involves a “real world” experiment. Over the next week, please complete the self-monitoring record on each day.*
- Be sure to communicate the importance and relevance of the homework activity to the client.
- Explain how to use the sheet: *Over the next week, pay close attention to those times and situations when you find yourself with symptoms of psychosis and/or with the urge to use AODs. While you are still getting used to this activity, you might find that you don’t realise such a situation has occurred where you have experienced symptoms or used AODs. So, over the next week when this happens, say to yourself **STOP, SLOW-DOWN**, and fill in this sheet.*
- Ask the client to write down the situation that led to the feelings in the “Trigger” column. Then, write down the automatic thoughts they have about that situation in the “Thoughts” column, writing down their words as if they were speaking them out loud. In the “Feelings” column, ask them to describe the feelings or symptoms they are experiencing (including whether they experienced a craving). Finally, ask the client to indicate in the “Behaviours” column what they did (e.g. whether they used, tried to switch off, etc.).
- Ask the client to bring in the completed form next session.

Self Monitoring Record

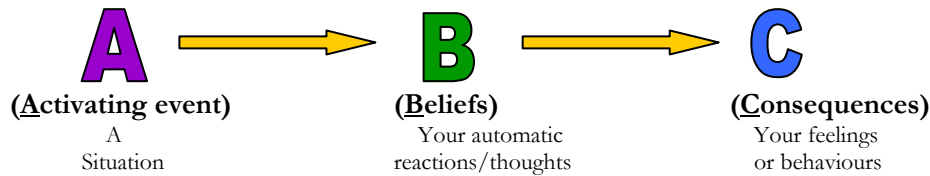
	A - Trigger Where were you? Who were you with?	B - Thoughts What was I thinking?	C - Feelings What was I feeling?	C - Behaviours What did I do?
	At home, bored, haven't got anything to do	<i>I've got nothing to do, nobody to do anything with, life sucks</i>	Sad, Angry, Useless, Worthless	Had a couple of drinks Watched TV on the lounge
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Figure 5.1 Self Monitoring Record

CHANGING UNHELPFUL THINKING

Adapted from Jarvis, Tebbutt and Mattick (1995)

Step 1: Identify the link between thoughts, feelings and behaviours



Step 2: Don't act on the unhelpful thoughts

STOP, SLOW DOWN and THINK

Do not act upon the thought for a short period of time.

It is likely that the thought will pass soon without any harmful consequences

Step 3: Challenge the unhelpful thoughts

"What is the evidence to support this thought? Is this 100% true?"

It is common for people to mistake their feelings for evidence/fact, when in reality feelings are not facts.

"What are the advantages/disadvantages of thinking in this way?"

Weigh up the positives and negatives of this automatic thought. Remember, automatic thoughts will have some advantages for you, particularly when they help you avoid a difficult situation, or something you don't really want. Are there more negatives than positives about this automatic thought?

Are you falling into the habit of an "unhelpful thought pattern"? For example, are you taking things personally, blowing things out of proportion, jumping to negative conclusions, using all/nothing thinking or should/ought statements? If so, this is a sign that you are putting yourself at risk for using.

"What alternative ways of thinking about the situation are there?"

There will always be more than one way to think about any trigger situation. Often these other thoughts will be more helpful than the initial, automatic thought. Take a minute to try to think of some different ways of thinking/reacting to the stressful/trigger situations.

Figure 5.2 Changing Unhelpful Thinking