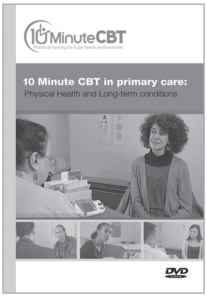
Using CBT in General Practice

2nd Edition

The 10 Minute CBT Handbook

Lee David

Using CBT in General Practice



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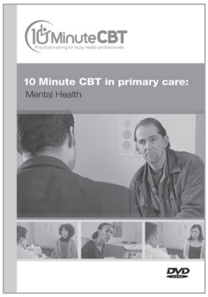

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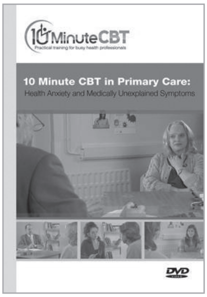

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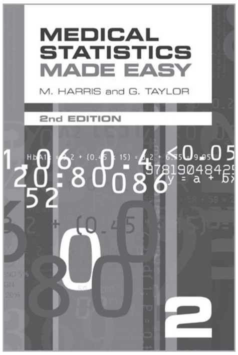

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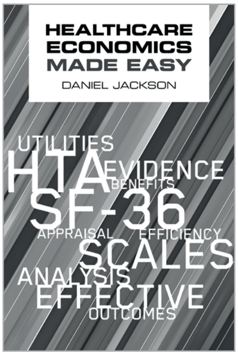

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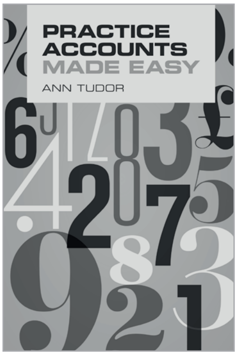

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Using CBT in General Practice

2nd Edition

The 10 Minute CBT Handbook

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Scion

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Preface

Using CBT in General Practice aims to be a practical handbook, which contains a comprehensive overview of CBT principles and their application within primary care. It was written with the needs of busy GPs in mind. It reviews the basic principles of cognitive-behavioural therapy (CBT) and techniques for applying these within brief consultations. The book also provides an overview of many common primary care problems that can benefit from a CBT approach, including emotional disorders and psychological difficulties associated with chronic physical disease.

This book is aimed at GPs and other health professionals who have a role in promoting the emotional wellbeing of patients, including nurses, health visitors, occupational therapists, physios, speech therapists, and counsellors. For the sake of simplicity, I have used the term ‘GP’ throughout the book.

As a GP myself, I fully appreciate the enormous challenges and pressures of working in primary care. During my postgraduate training in CBT, I was struck by how valuable the training was to my practice as a GP. I also discovered that I *already* possessed many of the skills required for effective CBT, and this is also true for most health professionals that I work with. I now find that CBT strategies have become part of my daily repertoire of communication skills that I use routinely within consultations.

10 Minute CBT offers an innovative approach to teaching CBT to primary care health professionals, which was designed to be used within the ‘real-life’ setting of primary care. The feedback from our workshops and training events has shown that simple perspectives and concepts from CBT are effective and useful within routine GP appointments, and have significant benefits for both patient and health professional.

Lee David
May 2013

Introduction

How to use this book

Using CBT in General Practice is divided into three sections.

- Section A is an introduction to the theory and application of cognitive-behavioural approaches in the primary care setting.
- Section B introduces some more advanced techniques and theory of CBT.
- Section C is a clinical reference section. Each chapter provides an overview of a common psychological disorder and describes a cognitive behavioural approach to helping patients with the problem.

It is important for readers to learn and develop their skills and understanding of CBT, not simply by reading this book, but through *practice.* To facilitate this 'hands-on' learning, a variety of practical exercises have been included in most chapters. These will help readers to incorporate CBT theory into their own practice.

About the author

I am a part-time GP Partner and Trainer based in St Albans, Hertfordshire. I have a Masters in counselling (cognitive-behavioural) and also practice as a CBT therapist. I am director of the organisation 10 Minute CBT, which provides CBT training workshops for GPs and other health professionals throughout the UK and internationally.

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Chapter 10

Deeper levels of belief: core beliefs and rules

Different types of thought

CBT identifies three different levels of thought process: automatic thoughts, ‘rules for living’ and ‘core beliefs’ (*Figure 10.1*).

Automatic thoughts are the most ‘superficial’ level of thought. These are the most accessible and easily identifiable type of thoughts, which ‘pop’ into people’s minds throughout the day.

In disorders such as depression, negative automatic thoughts can be compared to the growth of weeds in a garden (Greenberger & Padesky, 1995b). Learning to evaluate and find rational alternatives for negative thoughts is like cutting down these weeds, allowing the flowers (helpful, alternative thoughts) to grow through. For many patients, this process is enough to learn to cope with their problems effectively.

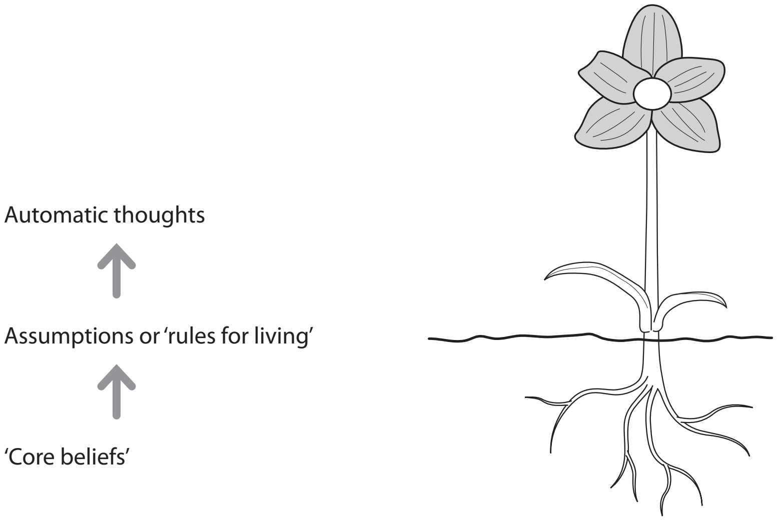

Figure 10.1: Different types of thought

However, negative automatic thoughts may reflect underlying, deeper levels of belief that people hold about themselves, other people and the world. It is sometimes necessary to remove weeds more permanently by digging down and taking them out by the root.

The deepest level thoughts are known as ‘core beliefs’. These include both positive and negative views of the self and the world. Core beliefs typically involve absolutist statements that are expressed in black and white language such as:

I’m stupid	*I’m clever*
I’m worthless	*I’m interesting*
I’m weak and vulnerable to illness	*I’m strong and healthy*
Others are not to be trusted	*Others are kind and supportive*
The world is a dangerous place	*Things always turn out well*

‘Rules for living’ are a set of rules that guide people’s expectations of themselves and others. They can often be expressed as ‘should’ statements or as conditional, ‘if… then…’ statements.

I should never make any mistakes

If I feel any physical symptoms then it means there is something seriously wrong

If I don’t please others at all times then they will reject me

If people don’t agree with me then it means that they don’t respect me

I should always be in control

‘Rules for living’ often develop in order to help people live with ‘tyrannical,’ absolutist, negative core beliefs. There are often two paired beliefs for each rule, which illustrate a person’s beliefs about how they ‘should’ behave, as well as outlining the consequences or meaning if the rule is broken. For example, a person with the negative core belief *‘I’m a failure’* may develop the following pair of rules:

If I do everything perfectly then it means that I am OK

If I make a mistake it means I am a total failure

Whilst automatic thoughts are often stated directly in people’s minds, rules for living may be less obvious. However, they can often be inferred from people’s actions or reactions to particular situations. People are often not consciously aware of the rules themselves, but are aware of the emotional discomfort that arises from transgressing them. If people’s rules are, or are *at risk* of, being broken, they are likely to develop a negative emotional response associated with a host of negative automatic thoughts. This explains an apparent 'over-reaction' that a person may experience when faced by a seemingly minor event. For example, if someone holds perfectionist beliefs about potential failure, they are likely to feel extremely anxious in situations where this rule is threatened, such as taking an exam or any situation where they perceive there is a possibility of making a mistake. They may react by *avoiding* such situations or alternatively by working excessively hard to try to ensure continual 'success'.

Case Example 10.1: The development of core beliefs and rules for living

Anna was a quiet child. She was slightly overweight and wore glasses. She was often teased by the other children at school, who called her 'Specky-four-eyes'. Anna worked hard at school and often achieved good grades. However, whenever she was praised by teachers, her classmates would tease her, saying she was a 'boring, stuck-up, teacher's pet'.

Anna developed the core belief: *I am unacceptable to others.*

As she became older, Anna remained shy but developed a number of friendships. In response to these new experiences, she developed the following 'rules for living':

If someone doesn't like me then it means that I'm unacceptable
If everyone likes me then it means that I am OK

These rules make it easier for Anna to cope with her negative core belief. So long as (she perceives that) everyone likes her then she is able to believe that her core belief is not true. However, if this rule is threatened or broken then she returns to believing her negative, 'bottom line' belief of being unacceptable.

Because of her beliefs, Anna is vulnerable to feeling especially low or upset whenever she suspects that someone might not like her. To prevent this, she avoids threatening situations, such as meeting new people. She feels anxious and uncomfortable in social situations and experiences many negative, automatic thoughts about her own performance and the reactions of others such as:

Did I say something stupid?
I don't have anything interesting to say to anyone
This person thinks I am too quiet and boring
I should just go home – there is no point being here

In the early stages of CBT, Anna found that she continued to feel anxious in social situations, despite working on these automatic thoughts. It was therefore helpful to move on to learning some methods of gradually changing the rules and core beliefs that underlie her difficulties.

Where do rules and core beliefs come from?

Rules and core beliefs usually arise from early or past experiences. Children learn to make sense of their world by categorising their experiences into familiar patterns using language. The particular environment in which a child develops plays a strong role in shaping which beliefs are developed. For example, depending on their early experiences, a child may acquire beliefs such as either *dogs will bite* or *dogs are friendly*.

The simplistic, absolutist quality of core beliefs reflects this kind of early, childhood learning. Although these beliefs are not necessarily *absolutely* true, young children tend to view them as absolute fact. Children may also view subjective statements about themselves or others (e.g. *I am bad*), as being just as certain or 'true' as other, more factually based beliefs (e.g. *fire is dangerous*).

In later life, we learn to view most of these beliefs more flexibly. For example, we learn to approach dogs that are wagging their tails and avoid those that are growling. However, some of the old, absolute beliefs may remain. This is particularly likely if they developed from particularly traumatic experiences or if the beliefs are reinforced by ongoing life events.

Understanding how particular core beliefs and rules operate in individual patients can help to predict reactions or explain recurring themes of emotional distress in response to particular types of situation. The development of these beliefs is illustrated in *Figure 10.2*.

Unhelpful rules and core beliefs

Rules and core beliefs help people to generalise from experiences and make sense of new situations. For example, after learning to drive, we are able to drive a new, unfamiliar car with little difficulty. However, if we get in a car which is markedly *different,* such as one which is left-hand drive, we may make mistakes because our *old* knowledge of driving is not fully applicable within the new environment. The more ingrained the knowledge, the more difficult it is to adjust to new circumstances.

Core beliefs and rules are often *functional* and *adaptive* when they first develop. For example, a child who grows up in a violent, abusive or unpredictable environment may believe that *bad things that happen are my fault* and *if I don't do anything wrong then bad things may not happen*. These beliefs may help the child to cope in that environment, rather than risking further abuse or rejection from his parents. Blaming themselves for negative events around them may also give children a sense of control which may be preferable to feeling helpless and powerless. There may be an increased sense of security for children in believing that adults are 'good', even if this entails viewing themselves as 'bad'.

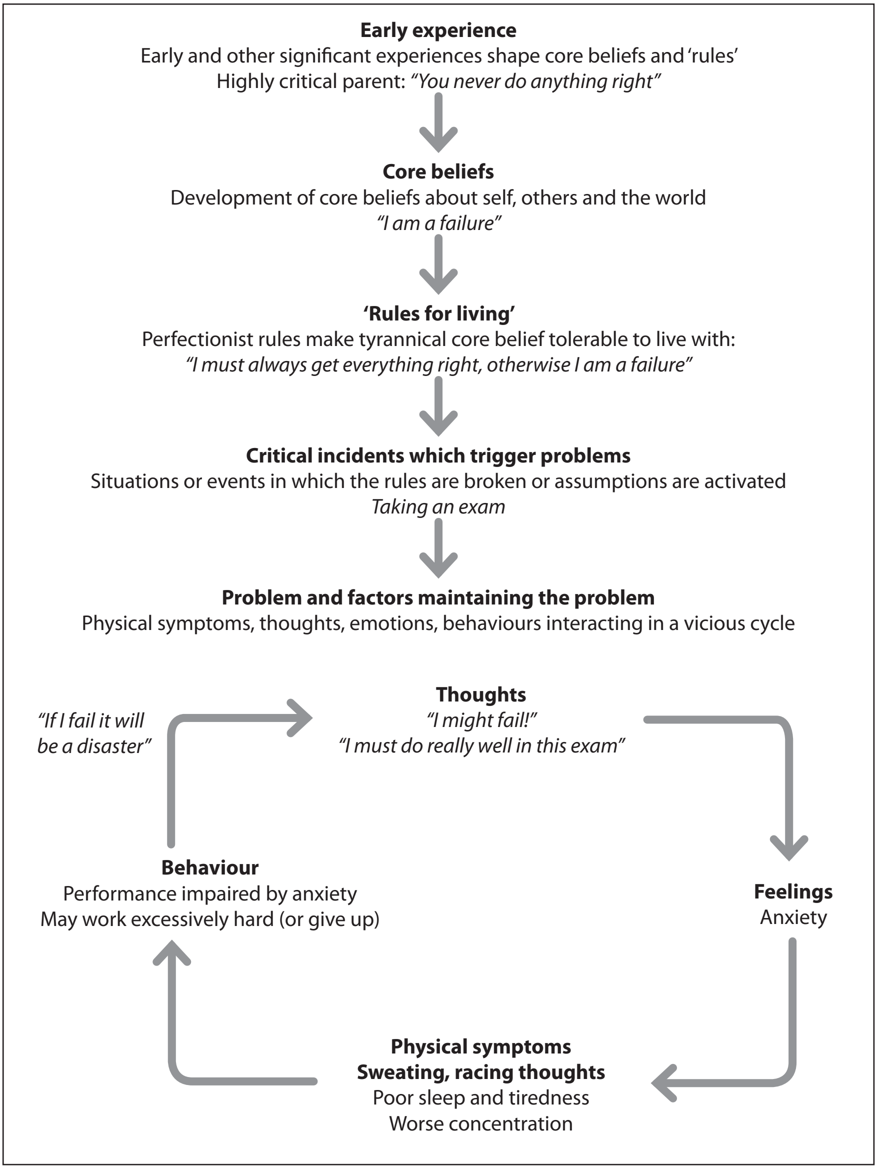
Early experience
Early and other significant experiences shape core beliefs and 'rules'
Highly critical parent: "You never do anything right"
Core beliefs
Development of core beliefs about self, others and the world
"I am a failure"
'Rules for living'
Perfectionist rules make tyrannical core belief tolerable to live with:
"I must always get everything right, otherwise I am a failure"
Critical incidents which trigger problems
Situations or events in which the rules are broken or assumptions are activated
Taking an exam
Problem and factors maintaining the problem
Physical symptoms, thoughts, emotions, behaviours interacting in a vicious cycle
"If I fail it will be a disaster"
Thoughts
"I might fail!"
"I must do really well in this exam"
Behaviour
Performance impaired by anxiety
May work excessively hard (or give up)
Feelings
Anxiety
Physical symptoms
Sweating, racing thoughts
Poor sleep and tiredness
Worse concentration

Figure 10.2: Development of core beliefs and rules

Core beliefs and rules are viewed as *dysfunctional* or *unhelpful* if they exert a negative or unhelpful effect on the person's life. On the whole, the more extreme and autocratic the rule, the less helpful it is likely to be. Dysfunctional beliefs arise when beliefs or rules are not adjusted or revised in the face of new evidence from later experience. Early beliefs may persist despite no longer being fully applicable to people's ongoing environment and circumstances. Such beliefs should be viewed as 'out of date' or 'unhelpful' rather than 'wrong'.

For many people, negative core beliefs and rules are activated only at certain times, such as periods of stress, low mood or in the presence of strong psychosocial pressures. However, in some enduring disorders, such as personality disorders, powerful, negative core beliefs and rules are typically active most of the time.

'Self-fulfilment' of rules and core beliefs

Holding a particular rule or core belief is usually 'self-fulfilling' because people behave '*as if'* the belief is absolute fact. For example, a woman who holds the rule, *I must always put others ahead of me so they don't see what a bad person I am,* is likely to behave in ways that that allow other people to dominate her or treat her as a 'doormat'. This serves to reinforce her belief that others think she is a bad person.

This also prevents people from testing out the possibility that the negative belief may not actually be true. For example, the belief that *if I spend time with others they will discover how boring I am and reject me,* may lead to avoidance of contact or interaction with other people. This means that the person is never able to discover that the rule is not entirely accurate.

Core beliefs and rules usually have an absolute, black and white content, which rarely fits the reality of the world. It is almost impossible to be a *total* failure or *completely* worthless. The beliefs are maintained by distorting the facts to fit the belief and by ignoring contradictory information. For example, a belief that *I am inferior to others* is usually based on numerous examples from someone's life, such as times that they have been ignored or badly treated by others. Someone holding this type of belief is likely to be highly sensitive and quick to notice experiences that confirm this perceived inferiority. They also tend to discount or ignore numerous examples of contradictory information.

Similarly, a perfectionist may achieve 99% in an exam but still agonise about the perceived 'failure' of that additional 1%. Padesky (1993) viewed this type of belief as an example of *self-prejudice.*

Case Example 10.2: Viewing unhelpful beliefs as 'self-prejudice'

In the following dialogue, Valerie and her GP discuss her negative self-beliefs.

GP You mentioned that you are sometimes very critical of yourself, much more so than with other people. If even small things go wrong, you often view yourself as a 'complete failure'.

Valerie Yes, that's right. I am very hard on myself.

GP One way to look at this is to see it as a form of 'prejudice'. Imagine for a moment, a very sexist man who believes that all women drivers are terrible. One day he is walking down the street and he sees a woman driver having difficulty parking her car. She finishes by crashing into the car ahead. What would be his likely reaction?

Valerie He would probably say, *"That's typical of a woman driver. They can't park. They shouldn't be on the road!"*

GP Yes, that's right. It would confirm his idea that all women are bad drivers. The next day, this same man is walking down the road, when a woman does a perfect reverse park into a space in front of him. What is his likely reaction to this?

Valerie He'd probably say, *"Well, she was lucky that time".*

GP Yes, he might well say that. What other reaction might he have? Think about how many women there must be driving past him every day without crashing.

Valerie He might not even notice that she parked well.

GP Exactly right. So he might discount it by saying she was lucky or he might ignore it altogether. How could you tie in this idea with the negative, self-critical thoughts that you sometimes have about yourself?

Valerie I can see that I am very quick to notice everything that goes wrong, but I don't always register when things go well or I might discount the good things that I do.

GP How could you get around this problem? What could you do to make things a little more balanced and fair in the way you see yourself?

Valerie I could make an effort to notice and remember the things that I do well.

GP That sounds like a really good idea. How can you make sure that you do remember these things?

Valerie I suppose I could write them down in a diary.

GP I would be really interested to see what you find out if you try doing that for a while.

Why do GPs need to know about core beliefs and rules?

When activated, deeper level beliefs can be extremely powerful and are much more difficult to challenge and reframe than automatic thoughts. This can explain why a patient's emotional distress remains high despite using a thought record to evaluate and reframe any automatic negative thoughts. If this is the case, then the next step may be to start working with these more complex and deeply held beliefs.

Working with core beliefs and rules is often time consuming and requires extensive, in-depth therapy which is generally more appropriately carried out during a prolonged course of CBT, rather than in the time-limited setting of a brief GP consultation. Nevertheless, it is important for primary care professionals to understand how deeper level beliefs develop and operate, because:

- Understanding the role of core beliefs and rules gives the clinician a greater depth of understanding and insight into an individual patient's reactions and behaviour.
- The presence of deep-rooted beliefs may explain why methods of reframing negative thoughts have proved unhelpful in certain patients. This may suggest the need for referral to specialist services.
- Identifying the GP's own personal rules may be valuable for understanding our own negative emotional reactions to work-related and personal difficulties.

Maintaining emotional safety

Deeply held, negative core beliefs can be extremely powerful and, when activated, can stimulate a great deal of unpleasant emotion. In order to maintain emotional safety, it is important for health professionals to be sensitive to any cues that suggest the patient is experiencing emotional discomfort, and express empathy for this distress. Try to avoid disagreeing or arguing with patients about the 'best' or 'right' beliefs to hold. Remember that the patient is likely to have held these kinds of belief for many years. Such beliefs may be unhelpful but they may also seem familiar and 'safe' and it can be very threatening to face an entirely new way to view the world.

Identifying core beliefs and rules

Core beliefs and rules may become apparent from particular, recurring themes that arise and result in emotional distress. For example, a person may experience recurrent anxiety in relation to any event with a risk of potential 'failure'.

Another way to identify rules and core beliefs is to ask patients directly about the impact of their early life experiences:

> *"What conclusions did you draw about yourself or others, based on your early experiences in life?"*
>
> *"How might this influence the problems you are experiencing right now?"*

Core beliefs and rules can also be identified using the *downward arrow* technique. Instead of accepting thoughts at face value, this involves peeling away the layers of thoughts, beliefs and meaning to find out what lies beneath the patient's automatic negative thoughts and fears. This is equivalent to digging up the roots of a weed. The aim is to gently question the basis for any negative thoughts (*Box 10.1*).

Box 10.1

Questions for the 'downward arrow' technique

- *"If that thought were true, what would it mean about you?"*
- *"What's so bad about that?"*
- *"What does this situation say about you? What's the worst part about that?"*

Case Example 10.3: Downward arrow technique

Dr T has been a GP for three years. He recently completed a diploma in diabetes management. He has been asked to run a workshop for a group of local GP colleagues on diabetes. The prospect of this presentation fills Dr T with dread. He has always hated giving talks to colleagues. He immediately starts to worry

> *Maybe I don't know enough about the subject to give a talk to all these experienced GPs*
> *What if they don't agree with me or ask me questions that I can't answer?*
> *I would look really foolish*
> *What if I get so nervous I can't get my point across?*

Dr T decides to discuss his fears about making the presentation with a mentor and they agree that it might be helpful to identify any underlying 'rules' which might explain his reaction.

Dr T When I think about giving the presentation, I get very anxious. I start thinking, *What right do I have to speak to all these experienced GPs?* and *What if they ask me something that I don't know the answer to?*

Mentor If that really did happen, if they asked you something that you didn't know the answer to, what would that mean about you?

Dr T Well, I might just stand there, looking really foolish...

Mentor And if that happened, what would that mean?

Dr T It would show that I wasn't fully in control. I wasn't prepared enough.

Mentor What would be the worst bit about that?

Dr T It would show that I don't really know what I'm talking about. I'm not as much of an expert as they might expect.

Mentor And if that were true...?

Dr T I'd be shown up as being incompetent.

Mentor	I see. Has this kind of belief come up with you before? Is there some kind of rule that you hold about this?
Dr T	I guess that I sometimes feel a bit of a fake. I get really anxious if I think people might 'find me out'.
Mentor	And they might find out that…?
Dr T	That I don't really know what I'm doing, that I'm incompetent.
Mentor	Let's try to work out the exact wording of this rule. For most people it is an 'if…then…' or a 'should…' statement.
Dr T	*"If I don't always appear completely in control, then people will realise I'm incompetent"*

From *theory* to *practice*…

What particular situations do you associate with your own 'heartsink' responses? Think of a recent example. What automatic thoughts arose during that situation?

Now try the 'downward arrow' technique to try to identify what unhelpful rules might underlie your response.

Ask yourself: *'If these negative thoughts are really true, what does that mean about me…?'*

Changing unhelpful rules

Simply identifying and clarifying the unspoken rules that guide people's behaviour can help some patients to begin to undermine and change their unhelpful rules.

Some rules are examples of 'unhelpful thinking styles'. For example, perfectionist beliefs are usually examples of black and white thinking and could be reframed as a 'shades of grey' approach (see *Chapter 6*).

Changing unhelpful rules involves looking for a wide range of evidence both for and against it being accurate or realistic. Rules have usually been held for a long time and the collection of evidence should reflect this. It is also helpful to include a cost–benefit analysis of holding the rule. The final step is to identify an alternative, more balanced rule. This should be a more realistic perspective which retains the advantages of the old rule, while avoiding some of the disadvantages.

Include an assessment of the level of belief in each particular rule (*"How much do you believe this rule, from 0 to 100?"*). The aim is not to eliminate the rule entirely, but to reduce the level of belief in it so that it exerts a less powerful effect over people's lives.

Box 10.2

Evaluating rules and generating helpful alternatives

Evidence 'for' the old rule	Evidence 'against' the rule
"What is the evidence that this rule is accurate or correct? What experiences in your life have proved it to you?" *"What are the advantages of this rule? Are there any ways that it helps you to achieve your goals?"* *"What past experiences might have contributed to the development of this rule?"*	*"What is the evidence against this rule?"* *"Have you had any experiences which contradict it or which show that it is inaccurate or untrue?"* *"Is the rule unfair or unrealistic in any way?"* *"What are the disadvantages of this rule? How does it cause problems for you?"*

Generating a balanced alternative rule:

"What could be a more helpful and realistic alternative to this rule? How could you maintain the advantages of the rule whilst minimising the disadvantages?"

Case Example 10.4: Evaluating rules and generating helpful alternatives

Dr O is a GP who prides herself on having good relationships with her patients. She feels particularly stressed and anxious after seeing Nigel, a 45 year old man with chronic fatigue syndrome. He can be demanding and critical of his care from the practice staff.

He presents to the surgery one day, and insists upon a neurology referral, which Dr O is unwilling to comply with. The result is a somewhat confrontational consultation, and Nigel leaves the surgery angrily. Dr O feels anxious and low. She identifies the following negative automatic thoughts:

I didn't manage the situation well enough
I didn't communicate with him very well
I made a complete mess of this

Dr O realises that she often feels anxious and low if she feels that she has made a mistake or not 'performed' well enough. To identify her underlying rules, Dr O asks herself:

"If these thoughts were true, what would it mean about me?"
"What does this situation say about me? What's the worst part about that?"

Using the downward arrow technique, Dr O identifies the following underlying rule: *I must do everything perfectly; otherwise it means that I'm a complete failure.*

Dr O fills out the following chart, to evaluate this rule:

<table>
<tr><td colspan="2">Old rule:
<i>I must do everything perfectly; otherwise it means that I'm a complete failure</i></td></tr>
<tr><td>Evidence <i>for</i> this belief</td><td>Evidence <i>against</i> this belief</td></tr>
<tr><td><i>At school and medical school, it was very important to do well.</i>
<i>In childhood, my mother used to get upset if I failed an exam or didn't achieve very high marks.</i>
<i>There could be a very serious implication from making a mistake as a doctor.</i>
<i>Other people may think less of me if I make mistakes or appear imperfect.</i>
<i>There is now a 'blame culture' in the media – making a mistake is viewed as unforgivable.</i>
<i>Patient expectations are very high and litigation may follow if I make a mistake.</i>
<i>It feels great when I do well.</i>
<i>This rule helps me to succeed in life – it drives me on to work hard and do well.</i></td><td><i>Doing well is not the same as absolute perfection, which is probably impossible to achieve.</i>
<i>My colleague, Dr E, makes occasional mistakes but I still think he is a very good doctor and patients really like him.</i>
<i>Many successful people fail in some areas of their lives.</i>
<i>It's unrealistic to blanket all mistakes together – there are many different degrees.</i>
<i>I have made plenty of minor mistakes throughout my life and most did not lead to major disaster.</i>
<i>The most important thing is to learn from mistakes rather than label myself as a total failure.</i>
<i>I would never be this harsh on anyone else.</i>
<i>Everyone makes mistakes sometimes – it is normal and human.</i>
<i>My mother got upset when I didn't do well because she loved me and wanted the best for me. She didn't think I was a failure.</i></td></tr>
<tr><td colspan="2">New rule:
<i>It is important to work hard at being 'good enough', but making small mistakes or not being completely perfect is normal and human.</i></td></tr>
</table>

From *theory* to *practice*…

Think back to your own personal rule that you identified during the previous 'From *theory* to *practice*' reflective exercise.

Work through the process of gathering evidence for and against the rule. Remember to include a cost–benefit analysis of the rule.

What could be a more helpful rule? How could you begin to implement this rule in your daily life?

What would you do differently if you believed this new, alternative rule completely? Can you behave 'as if' the new rule is true?

Using behavioural experiments to overcome unhelpful rules

One of the most powerful ways of altering unhelpful rules is to devise behavioural experiments that reinforce more balanced, helpful rules (*Box 10.3*).

Box 10.3

Examples of useful behavioural experiments

Unhelpful rule	Behaviour associated with rule	New rule to test	Ideas for experiments
I must always be in control.	Avoid situations where feel out of control. Behave in a dominant or aggressive manner with others to try to keep control of situations.	It is impossible to be in control of everyone and everything. It is often helpful to allow other people to take some responsibility.	Try participating in situations without trying to take control. Notice what happens to stress levels and reactions from others.
If I don't please others at all times then they will reject me.	Put others first at all times and ignore own needs.	I deserve to spend some time meeting my own needs as well as those of other people.	Try putting aside some time in the week for enjoyable activities. Learn to say 'no' when necessary. Observe impact on self and others.

Unhelpful rule	**Behaviour associated with rule**	**New rule to test**	**Ideas for experiments**
If I don't try then I can't fail.	Avoid challenges and opportunities. Make little effort to achieve goals.	Trying new things is the only way to make achievements. It's not a disaster if things don't go as I wish. Avoiding things means I will miss out on many opportunities.	Try out learning a new skill or aiming towards a new, positive goal.
If I avoid others then they will never find out how awful I am really.	Avoid contact with other people. Become withdrawn and isolated.	Other people may like me if I give them the opportunity to get to know me better.	Gradually test out having more contact with other people. Try talking and interacting more with others and see what happens.

Once the overall aim of the experiment has been identified, it is helpful to plan out a series of smaller steps to test out in practice (*Box 10.4*).

Box 10.4

Testing out unhelpful rules with behavioural experiments

Old rule: *I must do everything perfectly; otherwise it means that I'm a complete failure.*

The following behavioural experiments show two different ways to test out and reframe this unhelpful rule.

First new rule to test: *Making a small mistake doesn't cancel out all my good achievements.*

What could I do to test if this rule is really true? (what, where, when…?)	Make a list of my achievements. Then make a list of things that I have not done perfectly or mistakes I have made and what happened afterwards. I could then check to see if the mistakes completely outweigh the achievements and if they resulted in major disaster for me.

What do I predict will happen?	I will realise how important it is to avoid mistakes, because I will remember all the terrible things that happened when I made mistakes.
What problems might arise with this plan?	It might make me feel anxious and stressed to think about any mistakes I have ever made.
How could these problems be overcome?	Make sure I spend plenty of time listing achievements before thinking of mistakes.
What happened when I tried the experiment?	*I found that I had made plenty of mistakes in my life, but most of them had no major long-term problems. Some things, which seemed to be problems at the time, actually worked out for the better in the long run.*

What have I learned from this experiment? What is the new, more helpful rule?

It really isn't always a disaster if things don't go completely perfectly. This happens often in life, and usually the problems are overcome in the end.

Second new rule to test: *I will still be 'good enough' if I work less hard and keep time for enjoyable activities.*

What could I do to test if this rule is really true? (what, where, when…?)	Stop working at weekends for three weeks. Plan enjoyable activities instead. Then check with a work colleague about my work performance.
What do I predict will happen?	I won't achieve enough and colleagues will complain about me.
What problems might arise with this plan?	If an important project arises with a deadline that I have to meet urgently.
How could these problems be overcome?	Try to prioritise my work and get the most important jobs done during the week. As a last resort, work on Sunday afternoon if urgent deadline for Monday.
What happened when I tried the experiment?	*I didn't need to work at the weekend. I got most of my work done during the week. My work colleagues had not noticed any change in my overall performance but had noticed I seemed more relaxed and happy.*

What have I learned from this experiment? What is the new, more helpful rule?

I can still be good at my job even if I don't spend all my weekends working. I am also a lot happier if I make time in my life for enjoyable activities as well as just working.

Changing core beliefs

As described above, core beliefs are absolutist, black and white beliefs about the self, others or the world. Changing core beliefs is a very long process, because they were usually learned in early life and have been reaffirmed by gathering evidence over a long period of time. It may take weeks, months or even years to gather enough data to counteract a negative core belief by looking for small experiences that support a more positive belief about the self or others.

The new core belief should be a more realistic and fair view of the world, rather than an equally unrealistic positive belief. For example, the negative core belief '*I'm worthless*' might be more helpfully reframed as *'I am good enough'* or *'I have plenty of worth as a person.'*

To slowly shift a core belief, an individual patient needs to keep track of as much evidence as possible that contradicts the old belief and supports the new one. This should include evidence from the past, as well as continuing to monitor for positive events, perhaps using a journal to record the data.

Box 10.5

Questions for developing new core beliefs

- *"What small things have happened in your past to counteract this belief?"*
- *"Are you ignoring or discounting any positive events which might support a more positive view of things?"*
- *"Can you keep an eye out for any small situations that might contradict this negative belief and support the more positive view?"*

Key learning points

- Core beliefs and rules represent deep-seated beliefs, which develop through early and significant life experiences.
- They can be viewed as a system of ‘roots’ which underlie negative automatic thoughts and can be used to predict emotional distress in specific situations.
- Core beliefs and rules are viewed as *dysfunctional* when they are no longer fully applicable to people’s ongoing life circumstances and exert a negative or unhelpful impact on people’s lives.
- By behaving ‘as if’ negative rules and core beliefs are absolute fact, they often become reinforced in reality.
- Being aware of the presence of these beliefs in themselves and others can help GPs to understand and support patients more effectively.
- The presence of active dysfunctional core beliefs and rules can explain why changing automatic negative thoughts is sometimes unhelpful in alleviating a patient’s emotional distress.
- Changing these types of belief is a long and slow process, which may be difficult in primary care settings.
- Most individuals with significant problems associated with unhelpful core beliefs and rules are likely to need referral to specialist psychological services. However, some simple primary care strategies that can be helpful alongside a referral include:
    - carrying out behavioural experiments and behaviour change methods to practise more helpful methods of coping with challenging situations
    - keeping a daily diary of information and events that contradict the negative rule or core belief (a ‘positive diary’).