Cognitive-Behavioral Therapy for Perfectionism

Presented by

Martin M. Antony, PhD, ABPP
Department of Psychology, Ryerson University
Website: www.martinantony.com
E-mail: mantony@psych.ryerson.ca

Handouts and slides from this presentation may not be reproduced without permission of the presenter

April 9, 2015
Anxiety and Depression Association of America

Cognitive-Behavioral Therapy for Perfectionism

April 9, 2015

Martin M. Antony, PhD, ABPP
Professor and Chair, Department of Psychology, Ryerson University, Toronto
Director of Research, Anxiety Treatment and Research Centre, St. Joseph’s Healthcare, Hamilton

www.martinantony.com

Outline

- Overview of perfectionism
- Causes of perfectionism
- Assessment of perfectionism
- Introduction to cognitive-behavioral therapy
- Changing perfectionistic thinking
- Changing perfectionistic behavior
- Mindfulness and acceptance-based approaches
- Emerging research on treating perfectionism
- Recommended books and DVDs

Definition of Perfectionism

Perfectionism is a disposition to regard anything short of perfection as unacceptable

Merriam Webster Dictionary

Definition of Clinical Perfectionism

“The overdependence of self-evaluation on the determined pursuit (and achievement) of self-imposed, personally demanding standards of performance in at least one salient domain, despite the occurrence of adverse consequences.”

Shafran, Cooper, & Fairburn, 2002

Historical Perspectives

- “Tyranny of the shoulds” (Horney, 1950)
- “Musterbation” (Ellis & Harper, 1961)
- Normal vs. neurotic perfectionism (Hamachek, 1978)
Examples of Perfectionists

- A woman struggles to be a perfect parent, a perfect wife, and a perfect employee, often to the detriment of her own emotional and physical health.
- A graphic artist constantly seeks reassurance that his work is of the highest quality, and that he is well respected and well-liked by others.
- A student constantly strives to meet excessively high academic standards, and who is devastated when she receives a grade that is less than perfect.
- An individual spends hours planning every aspect of every day, and who becomes very distressed when things don’t go according to his plans.

Perfectionism in the Context of OCPD

“A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency”

Egan, Wade, Shafran, & Antony, 2014

Obsessive-Compulsive Personality Disorder

- Excessive concern with order, rules, lists, and trivial details
- Perfectionism that interferes with task completion
- Excessively devoted to work (at the expense of leisure, friendships)

Obsessive-Compulsive Personality Disorder

- Overconscientious, inflexible about matters of morality, ethics, values
- Unable to discard worn or objects
- Reluctance to delegate tasks to others
- Miserly
- Rigid and stubborn

Domains of Perfectionism

- Performance at work or school
- Relationships, friendships and family life
- Leisure and recreation
- Neatness and aesthetics
- Organization and ordering
- Writing
- Speaking
- Physical appearance
- Health and personal cleanliness

Transdiagnostic Nature of Perfectionism

- Social and performance anxiety
- Worry and generalized anxiety disorder
- Obsessive-compulsive disorder
- Obsessive-compulsive personality disorder
- Eating disorders
- Body dysmorphic disorder
- Chronic fatigue
- Problem anger
- Depression
- Suicidal ideation

Egan et al., 2011
CAUSES OF PERFECTIONISM

Pathways to Perfectionism

- Learning
- Cognitive factors
- Biological factors
- Other factors (e.g., stress, personality, interpersonal factors)

Learning and Perfectionism

1. Reinforcement of Perfectionism
2. Modeling
2. Other Learning Pathways
   - Direct traumatic experiences
   - Observational learning
   - Informational/instructional learning

Modeling

Factors Affecting Modeling

- Attractiveness
- Similarity (e.g., values)
- Observing a model being rewarded for a particular behavior

Cognitive View of Perfectionism

- Perfectionism stems from biased beliefs, assumptions, and predictions, for example:
  - Anything less than sticking to my diet perfectly is a failure. If I eat one cookie, I may as well have eaten ten cookies.
  - I always need to look perfect in front of other people.
  - If I don’t get an A+ in this course, I don’t deserve to be in this program.
  - My reports are never good enough.
  - I seem to be the only person in this house who knows how to clean things properly.

Other contributing factors include:

- Biased attributions
- Biased memory
- Biased attention

Adapted from Antony & Swinson, 2009
Self-Worth Overly Dependent on Striving and Achievement
Inflexible Standards
Performance-Related Behaviors

Cognitive Biases
- Dichotomous (all-or-nothing / black and white) thinking
- Shoulds and musts
- Selective attention (noticing the negative; discounting the positive)
- Overgeneralization
- Double standards

Performance-Related Behaviors
- Avoiding situations that may test one’s performance (e.g., tests)
- Procrastination
- Goal achievement behaviors (e.g., overpreparing)
- Testing one’s performance
- Reassurance seeking
- Social comparisons

Biology and Perfectionism
Genetics Studies
- Disorders associated with perfectionism (e.g., depression, anxiety disorder, eating disorders) are moderately heritable.
- The trait of perfectionism has been found to be moderately heritable (Moser et al., 2012; Tozzi et al., 2004).

Neurotransmitters
- No studies in perfectionism

Brain Imaging Studies (e.g., PET, fMRI)
- No studies in perfectionism

Popular Perfectionism Measures
- Frost Multidimensional Perfectionism Scale (Frost et al., 1990)
- Hewitt and Flett Multidimensional Perfectionism Scale (Hewitt & Flett, 1991)
Frost Multidimensional Perfectionism Scale

**Concern over Mistakes**
- If I fail at work/school, I am a failure as a person.
- I hate being less than best at things.

**Personal Standards**
- I set higher goals than most people.
- I am very good at focusing my efforts on attaining a goal.

**Doubts about Actions**
- I usually have doubts about the simple everyday things I do.
- It takes me a long time to do something right.

Hewitt and Flett Multidimensional Perfectionism Scale

**Self-Oriented Perfectionism**
- When I am working on something, I cannot relax until it is perfect.
- I demand nothing less than perfection of myself.

**Other-Oriented Perfectionism**
- I seldom criticize my friends for accepting second best.
- The people who matter to me should never let me down.

**Socially Prescribed Perfectionism**
- Those around me readily accept that I can make mistakes too.
- My family expects me to be perfect.

Questions to Determine Whether Standards are Overly Perfectionistic

- Are my standards higher than those of other people?
- Am I able to meet my standards? Do I get overly upset if I don’t meet my own standards?
- Are other people able to meet my standards? Do I get overly upset if others don’t meet my standards?

Questions to Determine Whether Standards are Overly Perfectionistic

- Do my standards help me to achieve my goals or do they get in the way (e.g., by making me overly disappointed or angry when my standards are not met; by making me get less work done, etc.)?
- What would be the costs of relaxing a particular standard or ignoring a rule that I have?
- What would be the benefits of relaxing a specific standard or ignoring a rule that I have?
INTRODUCTION TO COGNITIVE-BEHAVIORAL THERAPY

Evidence-Based Strategies

- **Cognitive Strategies for Perfectionism**
  - Recalibrating cognitive biases, encouraging flexible thinking, and correcting unrealistic beliefs and interpretations

- **Behavioral Strategies for Perfectionism**
  - Exposure to feared objects, thoughts, situations
  - Prevention of safety behaviors

- **Other Strategies (still unproven in perfectionism)**
  - Mindfulness and acceptance-based strategies
  - Motivational enhancement

Evidence-Based Strategies

**Strategies for Targeting Associated Problems**
- Social skills training (social anxiety disorder)
- Behavioral activation (depression)
- Progressive muscle relaxation (chronic worry)
- Medications (anxiety disorders, OCD, depression)

Treatment Decisions

- Group or individual?
- Number of sessions?
- Frequency of sessions?
- Focus on perfectionism vs. focus on one or more specific disorders (e.g., depression, OCD)

Introducing the Treatment

- Understanding perfectionism (e.g., definitions, causes, features)
- Adaptive vs. maladaptive perfectionism
- Setting “SMART” goals (specific, measurable, attainable, relevant, time-bound)
- Readiness for treatment; beliefs about treatment
- Discussion of treatment expectations (number of sessions, attending appointments, arriving on time, completing homework, ongoing assessment, etc.)
- Overview of treatment strategies
- Developing a collaborative CBT formulation

Sample 11-Session Protocol

1. Motivational enhancement
2. CBT formulation and monitoring
3. Introduction to changing cognitive biases
4. Introduction to changing maladaptive behaviors
5. Introduction to behavioral experiments
6. Maladaptive patterns of self-evaluation
7. Rigidity, rules, and extreme standards
8. Self-criticism and self-compassion
9. Scheduling pleasant events
10. Problem solving
11. Relapse prevention

Adapted from Egan, Wade, Shafran, & Antony, 2014
**Homework Guidelines**

- Amount should be manageable and achievable
- Instructions should be unambiguous
- Rationale should be clear to the client
- Leave enough time to assign homework
- Homework should be planned collaboratively
- Ensure clear expectation that homework will be completed
- Begin each session with review of homework
- Avoid being punitive for failure to complete homework
- Homework is often progressive or additive

Adapted from Egan, Wade, Shafran, & Antony, 2014

**Components of Relapse Prevention**

- Develop an action plan, emphasizing strategies that have been most helpful
- Discuss realistic and compassionate expectations
- Catch problems early
- Identify triggers for lapses and setbacks
- Strategies for dealing with lapses and setbacks
- Practice self-compassion

Adapted from Egan, Wade, Shafran, & Antony, 2014

**Link Between Thoughts and Emotions**

- It is 10 pm and two neighbors hear a loud bang outside their houses. One neighbor feels angry, while the other neighbor feels scared. They have both heard the same noise, so what accounts for them feeling differently?
- Two women arrive home to a bunch of flowers from their husbands with an attached note that says “I love you.” One woman immediately feels worried, whereas the other one immediately feels happy. What accounts for the difference in their feelings?

Adapted from Egan, Wade, Shafran, & Antony, 2014

**Homework Guidelines**

- Some clients avoid homework (because it cannot be done well enough).
- Some clients do much more homework than they are asked to do (because they devalue small goals)
- It is helpful to work through beliefs that clients may have about homework completion

Adapted from Egan, Wade, Shafran, & Antony, 2014

**CHANGING PERFECTIONISTIC THINKING**

**Cognitive Strategies**

- Designed to promote more flexible, adaptive, and realistic thinking.
Perfectionism Myths

- The harder people work, the better they will do.
- To get ahead, you have to be single minded and give up all outside interests.
- The more you put into something, the more you get out of it.
- People can't be happy if they're not successful.
- If I avoid it, it tends to sort itself out.
- If a job's worth doing, then it's worth doing right.
- People notice every little detail and are quick to form critical judgments.

Egan, Wade, Shafran, & Antony, 2014

Cognitive Features

- All-or-nothing thinking
- Unrealistic and inflexible standards
- Raising the bar when standards are met
- Overestimating likelihood of negative events
- Underestimating one’s ability to cope with negative events
- Being overly focused on details

Changing Perfectionistic Thinking

- Examining the evidence
- Education
- Perspective shifting
- Compromising with self and others
- Behavioral experiments
- Changing social comparison habits
- Looking at the big picture
- Tolerating uncertainty and ambiguity

Using Emotional Shifts to Elicit Thoughts

Questions to ask oneself

- What was going through my mind just before I started to feel this way?
- What was I saying to myself?
- What images did I have?
- What was I predicting would happen in this situation?
- What does this say about me?

Examining the Evidence

- What facts, data, and experiences support my beliefs, predictions or interpretation?
- Have I had any experiences to show that this thought is not completely true all the time?
- If my best friend had this thought, what would I tell him or her?
- If someone who loved me knew I was thinking this thought, what would he or she say to me?
- When I am not feeling this way, does this sort of situation look different to me?

Examining the Evidence (continued)

- Are there small things that contradict my thoughts that I might be discounting?
- Five years from now, as I look back on this, will I think about it any differently?
- Am I blaming myself for something over which I have no control?
Cognitive Reappraisal

- Pie Chart Technique

Identifying Double Standards

- Do I have one set of rules for myself, and another set of rules for other people?
- Are the rules for myself harder than my rules for others?

Challenging Double Standards

- Is it fair to have harsher rules for myself than for everyone else?
- What is the impact of holding a different set of standards for myself than for others?
- What would I say to a friend who had a harder set of rules for him or herself than others?
- How does it follow that rules need to be harder for myself than for other people?

Identifying Should Statements

- What runs through my mind when I think of the “to do” list that I have to get through?
- How often do I say “should” and “must” to myself when I am thinking of everything I have to do?

Challenging Should Statements

- How does saying “should” to myself constantly make me feel? In what way does it impact on my sense of self?
- What impact might it have if I applied the sort of pressure I apply on myself to a close friend?

Perfectionism Thought Record

<table>
<thead>
<tr>
<th>Event</th>
<th>Beliefs</th>
<th>Feelings Before</th>
<th>Disputation</th>
<th>Feelings After</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the event, situation, thought, image or memory?</td>
<td>What went through my mind?</td>
<td>What does it say about me as a person? Am I using unhelpful thinking styles? Rate 0-100%</td>
<td>What could a friend say? Is there another way of viewing this thought?</td>
<td>How do I feel now?</td>
</tr>
</tbody>
</table>

Egan, Wade, Shafran, & Antony, 2014
Perfectionism Thought Record

<table>
<thead>
<tr>
<th>Event</th>
<th>Beliefs</th>
<th>Feelings Before</th>
<th>Disputation</th>
<th>Feelings After</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home-Monday night lying in bed thinking about presentation that I gave in the afternoon</td>
<td>I said “um” a lot and stumbled over my words at the start so the whole presentation was ruined (90%) (discovering the negative, discounting the positive)</td>
<td>Anxious (90%)</td>
<td>Just because I stumbled over a few words does not mean the whole thing was ruined, I was more confident after the start. No one said the presentation was bad</td>
<td>Anxious (45%)</td>
</tr>
<tr>
<td></td>
<td>I screwed up the presentation: I am such a failure; I am such a failure (90%) (labeling)</td>
<td></td>
<td>Just because someone says “um” a lot in the first 5 minutes of a presentation does not make him a failure as a person. I would like to not be anxious about presentations, but telling myself to do better just makes me feel more anxious. There is no evidence I will lose my job.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I could be able to do a better job of presentations by now in my career (80%) (shoulds)</td>
<td></td>
<td>I know the audience was bored as some people were looking out of the window (80%) (mind-reading)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I may lose my job (80%) (catastrophizing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I was more confident after the start. No one said the presentation was bad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some people were looking out of the window (80%) (mind-reading)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anxious (80%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Egan, Wade, Shafran, & Antony (2014)

Behavioral Experiments

- Set up experiment to test out the validity of a target cognition vs. an alternative cognition. May be a "real life" or simulated (role play) situation.
- Consider whether to disclose the expected outcomes or rationale to the client in advance.
- Report on the outcome (results).
- Reflect on the outcome and what conclusions can be made.

Behavioral Features

- Overcompensating and overpreparing
- Excessive checking, reassurance seeking
- Trying to change the behavior of others
- Excessive organizing and list making
- Not knowing when to quit
- Procrastinating
- Avoiding situations where with a risk of failing
- Failure to delegate
- Avoiding feared situations
### Changing Perfectionistic Behavior

- Exposure to feared situations
- Preventing safety behaviors
- Setting priorities
- Preventing procrastination

### Sample In Vivo Exposures

- Take an aerobics class and work out in front of others
- Say something incorrect
- Spill a drink
- Talk about unfamiliar topics
- Ask for help in a store
- Drop something in front of others
- Make a mistake in public
- Ask for help

### Principles of Effective Exposure

- Predictability and perceived control
- Graduated exposure versus flooding
- Longer exposure practices work best
- Exposures should be spaced closely
- Eliminate subtle avoidance strategies
- Vary the context of the exposure practices
- Do not fight the fear

### Sample Exposure Hierarchy

**Fear of Making Mistakes in Front of Others**

<table>
<thead>
<tr>
<th>Item</th>
<th>Anxiety (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give a formal presentation about unfamiliar material in front of people I don't know well</td>
<td>99</td>
</tr>
<tr>
<td>Throw a party for people from work and prepare an unfamiliar dish</td>
<td>85</td>
</tr>
<tr>
<td>Purposely forget my wallet when in line at the store</td>
<td>85</td>
</tr>
<tr>
<td>Ask someone to repeat themselves at a meeting</td>
<td>75</td>
</tr>
<tr>
<td>Show up for a haircut on the wrong day</td>
<td>60</td>
</tr>
<tr>
<td>Have lunch with a co-worker and allow uncomfortable silences</td>
<td>50</td>
</tr>
<tr>
<td>Forget my ticket when I pick up my dry cleaning</td>
<td>40</td>
</tr>
</tbody>
</table>

### MINDFULNESS AND ACCEPTANCE-BASED APPROACHES
Definition of Mindfulness

- Deliberately paying attention to experiences as they are, in the present and without evaluation

Acceptance-Based Treatments

- Dialectical behavior therapy
- Mindfulness-based stress reduction
- Mindfulness-based cognitive therapy
- Acceptance and commitment therapy

Acceptance-Based Behavior Therapy

- Informed by ACT, MBCT, DBT, CBT
- **Goal 1**: Cultivate an expanded awareness and a compassionate and decentered stance toward internal experiences
- **Goal 2**: Increase acceptance of (willingness to have) internal experiences
- **Goal 3**: Encourage mindful engagement in personally meaningful behaviors

Acceptance-Based Behavior Therapy Randomized Controlled Trial in GAD

- 81 Participants with generalized anxiety disorder (GAD) randomly assigned to 16 sessions of ABBT ($n = 40$) or Applied Relaxation ($n = 41$)

Acceptance and Mindfulness-Based Treatment for GAD

**Components of Treatment**

- Psychoeducation
- Experiential exercises
- Between-session assignments (homework)
- Use of metaphors

Effects of ABBT and AR on Hamilton Anxiety Rating Scale

Roemer, Orsillo, & Hayes-Skelton, 2012

Roemer, Orsillo, & Hayes-Skelton, 2012

Roemer et al., 2008

Roemer et al., 2012
**Effects of ABBT and AR on Beck Depression Inventory**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>6 Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck Depression Inventory</td>
<td>25</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>

ABBT = Acceptance-based behavior therapy
AR = Applied relaxation
Beck Depression Inventory, \( p < .001 \)  
Roemer et al., 2012

**Effects of ABBT and AR on Quality of Life Inventory**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>6 Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life Inventory</td>
<td>2.5</td>
<td>1.5</td>
<td>1</td>
</tr>
</tbody>
</table>

ABBT = Acceptance-based behavior therapy
AR = Applied relaxation
Quality of Life Inventory, \( p < .001 \)  
Roemer et al., 2012

**Percentage of Participants Achieving Clinically Significant Improvement**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>6 Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Clinically Significantly Improved</td>
<td>82</td>
<td>78</td>
<td>74</td>
</tr>
</tbody>
</table>

ABBT = Acceptance-based behavior therapy
AR = Applied relaxation
% Clinically Significantly Improved, \( p < .001 \)  
Roemer et al., 2012

**Does Treatment Work? - Study 1**

- \( N = 107 \)
- Diagnosis = Social Anxiety Disorder
- Treatment = 12 sessions of group CBT for social phobia

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPS</td>
<td>39.08</td>
<td>25.51</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>SIAS</td>
<td>51.95</td>
<td>38.05</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>DASS-Depression</td>
<td>17.07</td>
<td>13.27</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>DASS-Anxiety</td>
<td>13.51</td>
<td>10.17</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>DASS-Stress</td>
<td>19.72</td>
<td>15.88</td>
<td>&lt; .0001</td>
</tr>
</tbody>
</table>

Does Treatment Work? - Study 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern over Mistakes</td>
<td>29.13</td>
<td>26.40</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>Doubts about Actions</td>
<td>13.65</td>
<td>12.70</td>
<td>&lt; .05</td>
</tr>
<tr>
<td>Personal Standards</td>
<td>22.41</td>
<td>22.03</td>
<td>n.s.</td>
</tr>
<tr>
<td>Parental Expectations</td>
<td>13.71</td>
<td>13.71</td>
<td>n.s.</td>
</tr>
<tr>
<td>Parental Criticism</td>
<td>11.43</td>
<td>11.16</td>
<td>n.s.</td>
</tr>
<tr>
<td>Organization</td>
<td>21.94</td>
<td>20.01</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>FMPS Total</td>
<td>90.32</td>
<td>85.90</td>
<td>&lt; .01</td>
</tr>
</tbody>
</table>


Does Treatment Work? - Study 2

- N = 20
- Participants – high scorers on the Clinical Perfectionism Examination and the Clinical Perfectionism Questionnaire (Fairburn, Cooper, and Shafran).
- CBT treatment vs. a wait-list control condition
- Treatment = 10 sessions of individual CBT over 8 wks.

Does Treatment Work? - Study 2

![Bar chart showing Immediate vs Waitlist CPE scores](image)


Does Treatment Work? - Study 3

- N = 49
- Participants – high scorers (84 or higher) on Frost Multidimensional Perfectionism Scale
- Guided self-help (eight 50-minute sessions) vs. pure self-help (no therapist)

Does Treatment Work? - Study 3

**Results**

- Generally, participants in both groups showed improvement on measures of perfectionism, OCD symptoms, depression, and anxiety.
- Overall, improvement was greater in the GSH condition than the PSH condition
- Generally, gains were maintained at 3 month follow-up.


GSH = Guided Self-Help; PSH = Pure Self-Help
CM = Concern about Mistakes; PS = Personal Standards; DA = Doubts about Actions
**Does Treatment Work? - Study 4**

- **N = 52**
- Participants – high scorers (25 or higher) on the Concern over Mistakes subscale of the Frost Multidimensional Perfectionism Scale
- CBT for Perfectionism ($n=18$) vs. Online Self-Help CBT for Perfectionism ($n=16$) vs. Waitlist ($n=18$)
- Treatment based on *Overcoming Perfectionism* (Shafran et al., 2010).


---

**Does Treatment Work? - Study 5**

- **N = 42**
- Participants – high scorers (25 or higher) on the Concern over Mistakes subscale of the Frost Multidimensional Perfectionism Scale
- CBT for Perfectionism ($n=21$) vs. Waitlist ($n=21$)
- Treatment included eight 2-hour group sessions based on *Overcoming Perfectionism* (Shafran et al., 2010).


---

**Perfectionism CBT Self-Help Books**

Perfectionism Books for Professionals


Perfectionism Treatment DVD


Other Perfectionism Books

<table>
<thead>
<tr>
<th>Event</th>
<th>Beliefs</th>
<th>Feelings Before</th>
<th>Disputation</th>
<th>Feelings After</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the event, situation, thought, image or memory?</td>
<td>What went through my mind? What does it say about me as a person? Am I using unhelpful thinking styles? Rate 0 - 100%</td>
<td>What was I feeling? Rate 0 -100%</td>
<td>What would a friend say? Is there another way of viewing this thought?</td>
<td>How do I feel now?</td>
</tr>
</tbody>
</table>

Egan, Wade, Shafran, & Antony (2014)
Recent Books by the Presenter


Video Resources

Panic Disorder With and Without Agoraphobia


Social Phobia


Obsessive-Compulsive Disorder and Related Problems


Perfectionism


Anxiety Disorders, Phobias and Cognitive Behavior Therapy (Miscellaneous)


Anxiety Disorders in Children


Recommended Readings

Anxiety, Stress, CBT, and Related Topics

Professional Readings


Self-Help Readings


**Obsessive-Compulsive Disorder and Hoarding**

**Professional Readings**


**Self-Help Readings**


**Social Phobia**

**Professional Readings**


**Self-Help Readings**


**Generalized Anxiety Disorder**

**Professional Readings**

Specific Phobia

Professional Readings

Self-Help Readings

Posttraumatic Stress Disorder

Professional Readings

Self-Help Readings

Mindfulness Meditation CDs