

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 15. An Initial Evaluation of a Core Belief

Complete one of these worksheets for each core belief that you and your therapist have identified on worksheet 8 (ie. Agreed 'Core' Beliefs on 8. Identifying Unhelpful Core Beliefs).

Core Belief. _____ _____
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List five situations/events from your past that show that the core belief is not 100% true?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What would you tell a friend (to help them) if they had this core belief?

\_\_\_\_\_  
\_\_\_\_\_

Think of your calmest and most rational friend or family member. How would he/she react to the core belief?

\_\_\_\_\_  
\_\_\_\_\_

Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

\_\_\_\_\_  
\_\_\_\_\_

What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

\_\_\_\_\_  
\_\_\_\_\_

Are you overlooking something that proves the core belief is not 100% true? What other evidence against the core belief do you have?

\_\_\_\_\_  
\_\_\_\_\_

Therapist's suggestions.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_