

Name _____ Date: _____

19. Monitoring the Strength 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. _____ _____

Over time, as you build up evidence against a core negative thought, your belief that it is true will weaken. In order to see your progress in therapy it is important to monitor this change in the strength of the core belief. Each week, **rate your current belief strength in the space below from 0 (no possibility that the core belief is true) to 100 (certain it is true). At the same time, you should rate the overall severity of your condition (including emotional and behavioural symptoms) from 0 (no noticeable symptoms) to 100 (worst my condition has ever been).** You should continue to monitor the change in the strength of the core belief, and the overall severity of your condition, even if your therapy sessions have finished. Don't forget to conduct more experiments, seek out more information, and constantly put the core belief to the test.

Previous belief that the thought was true _____ (0-100) (see worksheet 8 for this score).

Week 1.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 2.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 3.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 4.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 5.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 6.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 7.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 8.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 9.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 10.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 11.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 12.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 13.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 14.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)
Week 15.	Date	_____	Current belief that the thought is true	_____	(0-100)
			Current severity of my condition	_____	(0-100)

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