

Name _____

Date _____

Event No. _____

3. Identifying the Causal Thought(s)

From Column 2 on your Event Record, and the answers to the questions on your Appraisal Record, select one or two thoughts that you think are the most likely causes of the negative emotions/moods that you experienced in the event. Your therapist may suggest some alternative thoughts that may have contributed to your emotions and reactions in the event.

Thought 1.

Thought 2 (if needed).

Therapist's suggestions.

Checklist for Identifying Causal Thoughts

1. Can the thought/s explain all of the negative emotions you experienced in the event?
2. Can the thought/s explain the intensity of the negative emotions in the event?
3. Can the thought/s explain your behaviours in the event?

Agreed causal thoughts. After discussing it with your therapist, and after considering the checklist above, select the most important causal thoughts to target in cognitive restructuring.

Causal Thought 1.

At the time of the event, rate your belief in the causal thought ____ (0 "not possible" —100 "certain")

Causal Thought 2 (if needed).

At the time of the event, rate your belief in the causal thought ____ (0 "not possible" – 100 "certain")

Additional causal thoughts. If the agreed causal thoughts do not explain **all** of the emotions or behaviours present in the event, list additional thoughts below as required. (Ask your therapist for assistance with this task).

