

Managing Thoughts and Feelings (A CBT approach)

‘To equip people affected by CFS / ME with the skills for self-management towards a better quality of life’.



Pride in our older people's and adult community services

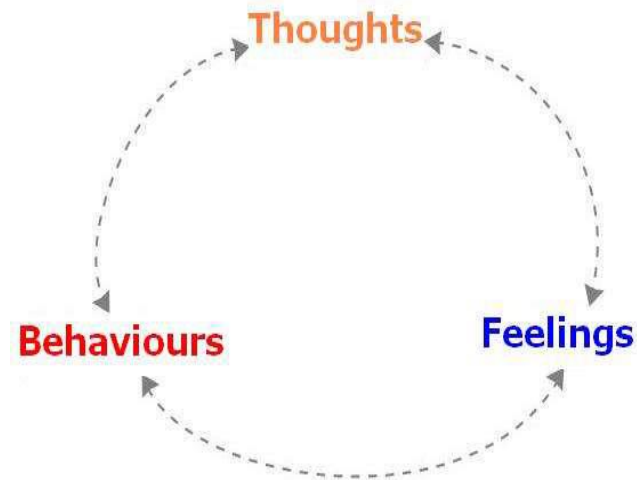
Table of Contents

Cognitive Behavioural Therapy (CBT)	3
CBT and Physical conditions.....	3
A Cognitive Behavioural model of CFS/ME	4
A Cognitive Behavioural Approach to Managing CFS/ME.....	7
Thoughts and feelings	9
The Thought-Feeling Link.....	9
Thought – Feeling Cycle	9
Negative Thoughts and Feelings	10
Negative Thinking Can Prevent Positive Action	11
Finding ANTS – Getting Started	13
What is the evidence FOR and AGAINST?	15
Might I be making any Thinking Errors?	16
Thoughts and Feelings Diary Sheet.....	19

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy is a form of talking therapy that looks at

- How you think about yourself, the world and other people (Cognitions = Thoughts)
- How what you do affects, and is also affected by your thoughts and feelings (Behaviour)



CBT can help you to understand and start to change some of the things you think and do. Making changes can help people to feel better.

CBT and Physical conditions

CBT was originally used mainly for problems like anxiety and low mood predominantly affecting people's mental and emotional wellbeing. Increasingly there is evidence that it is useful across a whole range of conditions including CFS/ME and other physical conditions such as Irritable Bowel Syndrome (IBS), Multiple Sclerosis (MS), arthritis and Chronic pain.

This does **not** mean that these conditions are believed to be psychological or that people's physical symptoms are not being taken seriously. However it does seem that the way we handle illness in terms of our emotional reactions, our thoughts about ourselves and our lives and the way we act can make a big difference to how much the illness impacts us.

Using a CBT approach is not trying to diminish a problem by labelling it "psychological" It is actually about trying to understand the problem holistically, looking at how your illness affects, and is affected by, things like your sleep patterns, your relationships, your ways of coping with stress, your diet, your emotions, your activity style (laid back, driven etc) and even the way you think about yourself and the illness.

A Cognitive Behavioural model of CFS/ME

A cognitive behavioural model of CFS/ME looks at relevant factors that may have been present before CFS/ME (**Pre-disposing factors**). It also looks at factors that were there at the start of the illness (**Precipitating factors**) and those that may be maintaining illness and making it more difficult to move towards recovery (**Maintaining factors**).

Predisposing factors

There is evidence that the following things can increase vulnerability to CFS/ME. Some people may recognise all of them as being relevant, other people may feel that none apply in their case. This is not a one size fits all approach!

1. **Persistently poor sleep patterns.**
2. **Childhood trauma.**
3. **Genetic vulnerability** – this is unproven but clusters of people affected in some families indicate that there could be a genetic tendency to be vulnerable to the condition.



4. **Personality** People with CFS/ME often report being hardworking, conscientious and having high expectations of themselves. This type of personality may lead to individuals striving very hard to achieve in all they do, leaving little time for pleasure.

5. **Extremely busy / stressful lifestyle** with little relaxation.



Precipitating factors

You may be able to identify with some, but probably not all, of the triggers listed below.

1. Infections

A viral infection, for example glandular fever, is frequently reported as the starting point for CFS/ME. Sometimes people report having had a series of infections. However, there is no clear evidence of the virus or bacteria persisting once CFS/ME has become established, even though you may still feel that you have an infection from which you have not totally recovered.



2. Lifestyle

Fatigue can develop and become persistent in association with an over-busy lifestyle with little time for relaxation. This is particularly likely to be associated with CFS/ME when, following an illness/infection, a person feels under pressure to meet their previous levels of commitment before fully recovered.

3. Life Events



Significant life changes for example changing jobs, getting married, pregnancy, moving house, a bereavement, ending a long-term relationship can all be stressful events which may lead to increased vulnerability to CFS/ME.

4. No apparent cause

Some people will report that their condition developed for no apparent reason that it appeared to come “out of the blue”.

Maintaining Factors

Just as there are many factors associated with the development of CFS/ME, there are many factors that can maintain it. For example:-

1 Resting too much



Although resting for a short time is the correct thing to do when you have an acute illness or infection, prolonged rest can impede recovery and cause its own set of problems. Some evidence suggests that prolonged rest after a viral illness, can increase to increased severity of fatigue six months later. Prolonged rest can reduce activity tolerance and affect other body systems

2. Boom and Bust Activity pattern.

Over-vigorous activity or exercise alternating with resting for long periods to recover can inadvertently make the problem worse in the longer term, as it is difficult to establish a consistent routine.

3. Receiving confusing messages about managing your health.

Receiving different messages from professionals as well as family and friends may have resulted in you feeling baffled about what to do for the best and trying a variety of approaches that have not been helpful.

4. Disturbed sleep pattern

An irregular bed-time, getting up time or resting or sleeping too much in the day, may contribute to disturbed and unrefreshing sleep at night. This has an obvious effect on fatigue and other symptoms.



5. Life stress and low mood

Many people with CFS/ME experience major ongoing life stresses and problems

related to their illness. These may include:-

- Financial difficulties
- Worries about keeping a job, maintaining studies, etc.
- Changing role within the family, e.g. loss of responsibility
- Reduced social contacts leading to feelings of isolation
- Feeling guilty about not being a “good” parent

These difficulties can understandably trigger feelings such as frustration, helplessness and loss of control over life. These feelings which are a natural response to stress can result in depression or anxiety problems for some people. Depression can exacerbate fatigue and can further reduce the desire to be active. Excessive anxiety can be a further drain on limited energy.

6. Symptom focusing

Worrying about persistent symptoms is very understandable. Unfortunately a disadvantage of this is that sometimes focusing on symptoms makes them more overwhelming.

7. Worries about activity making the illness worse

Sometimes people interpret increased pain or fatigue after an activity as a sign that they are harming the body. Overemphasis on prolonged rest.



A Cognitive Behavioural Approach to Managing CFS/ME

This approach aims to help you discover the most useful ways of managing your illness. It will involve supporting you in making changes to any patterns that may be partially responsible for maintaining your CFS/ME. It also aims to help you develop strategies for dealing with other factors -physical, emotional or social that may be impacting on your illness.

It will include:-

1. Monitoring your activity levels...

By completing an activity diary at least once to gain an accurate picture of what you are doing each day and where you may need to make changes.



2. Setting targets...

To help you to focus on what you would like to work towards during the next few months.

3. Stabilising your activity and rests...

By planning a programme of scheduled activity and rest, aiming to carry out the same amount of activity and rest each day, avoiding the boom and bust pattern. Introducing short periods of genuine relaxation will be important if you generally do too much.

4. Increasing or changing your activities

When you have established a routine including planned activity and rest, you can take steps to work towards your targets. This will involve you very gradually increasing some activities for example exercise and cognitive activities, possibly introducing new rewarding activities and in some cases reducing activities such as excessive working hours.

5. Establishing a sleep routine

How you do this will depend on the sleep problem you may have. It may include cutting out sleep during the day, reducing sleep at night, and having a regular getting up and going to bed time.



6. Learning to overcome unhelpful thoughts and beliefs

This will initially involve identifying thoughts that may be hampering your progress and result in you feeling frustrated such as “I’ll never get better” or “I haven’t achieved anything today”. You will then learn to challenge these thoughts by coming up with more helpful alternatives.

7. Learning how to consolidate your gains and make further progress

This will involve gaining a better understanding of your illness e.g. the factors that maintain or exacerbate it, learning how to address these problem areas and how to continue to work towards your long term goals. In addition, you will learn how to deal with potential problems that may make continued progress difficult.

The Cambridgeshire CFS/ME team have separate booklets going into much more detail on most of the above areas with the exception of “**Learning to overcome unhelpful thoughts and beliefs**” which is the focus of the rest of this booklet.

Thoughts and feelings

In any chronic illness, it can be hard to keep a positive outlook and CFS / ME is no exception. The unpredictability of symptoms and the limitations they bring to so many everyday activities can make life very difficult. It is not surprising that at times people can feel demoralised, helpless and worried about the future.

The Thought-Feeling Link

It is often assumed that a situation or event produces a feeling or reaction. However it is not that simple. Events or situations do not ‘make’ us react in a certain way. Rather, there is an intervening step that affects how we feel and what we do.

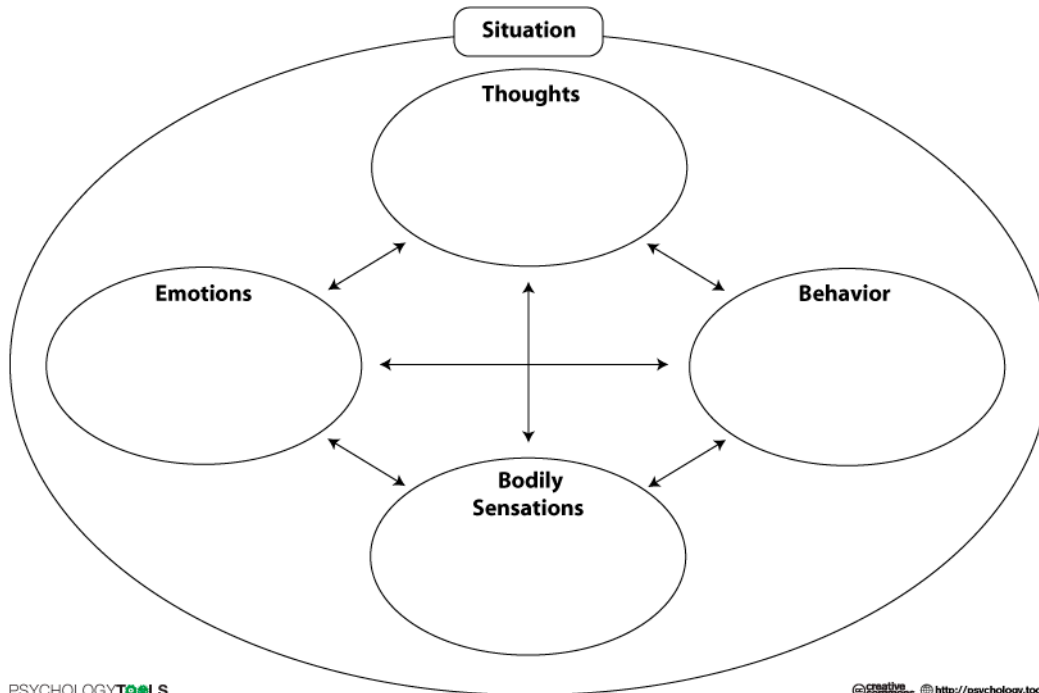
The intervening step is our thoughts. Our thoughts occur automatically, often without our being aware of them. They are shaped by our beliefs and values and they help us to make sense of our world. We do this by making ‘interpretations’ about the events that happen around us.

It is these interpretations (our thoughts) of an event or situation that can affect the way we feel which in turn may affect the way we behave.

Thought – Feeling Cycle

Humans are very complex beings, so the cycle goes both ways. In addition to how we think affecting our feelings and actions, our feelings and actions can influence how we think. Our thoughts, feelings and actions are always interlinked, with arrows going in all directions.

Cross Sectional Formulation



In addition to this, we often experience physical sensations connected with anxiety and feeling low. These are a natural stress response. With anxiety these include tense, tight muscles, increased heart rate, sweating and shallow breathing. For low mood they can include increased lethargy, fatigue and pain.

As some of these symptoms are similar to pre-existing CFS / ME symptoms they can feel like a CFS / ME setback causing further anxiety and affecting our actions.

Thoughts or interpretations can be accurate and realistic. They can also be negative and unhelpful. Therefore our thoughts can drive a feedback cycle that is either positive or negative.

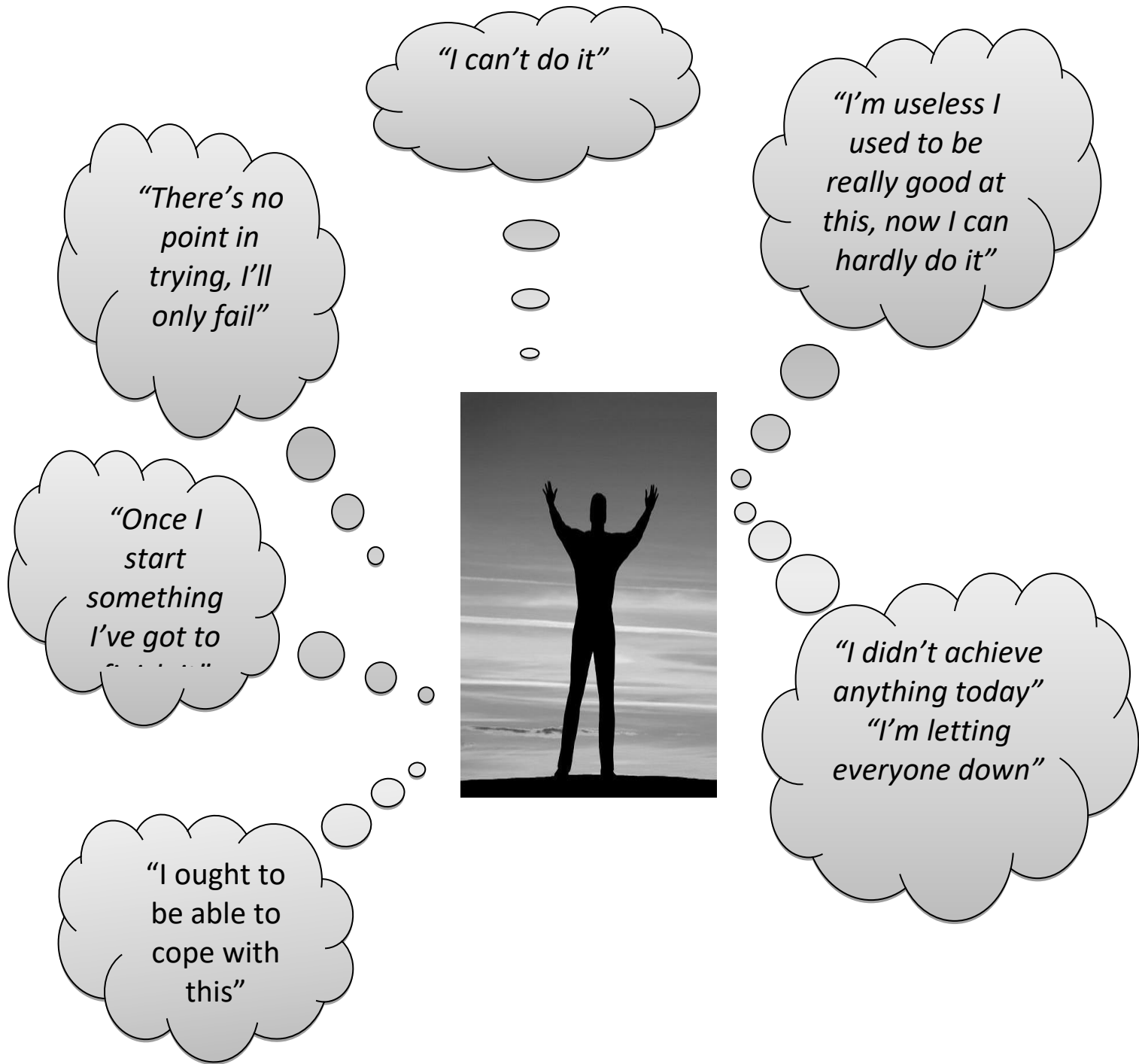
Learning to recognise which thoughts are helpful and which are not can be one step along the road to getting better.

Negative Thoughts and Feelings

All of us have negative thoughts at times, often without noticing. This is because Automatic Negative Thoughts, like ANTS, can be hard to spot. They are 'Automatic' – in that they seem to pop into your head without any conscious control. They also seem completely logical and true, on taking a closer look they are often negative and distorted.

Negative thoughts are destructive and unhelpful. They can lead to negative feelings and actions, and can put a lot of extra pressure on you. The diagram on the next page gives some examples.





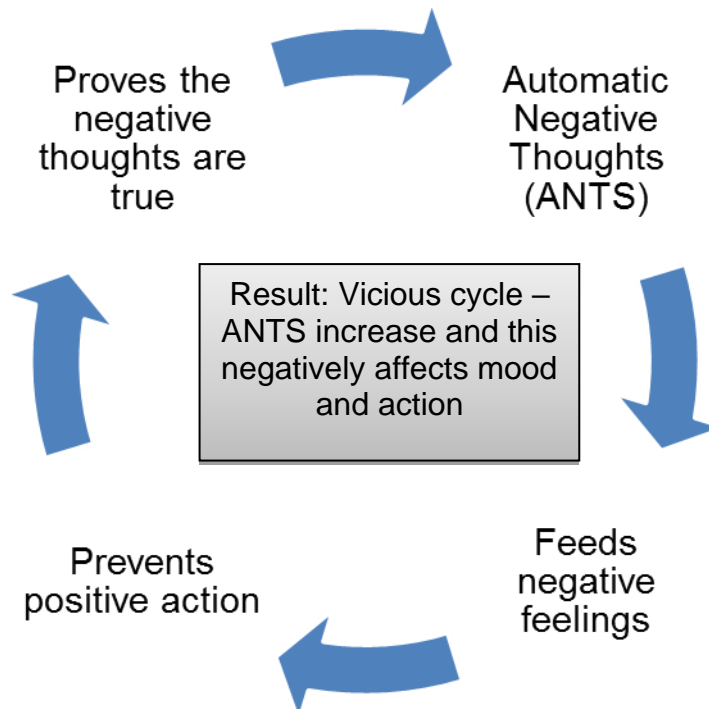
Negative Thinking Can Prevent Positive Action



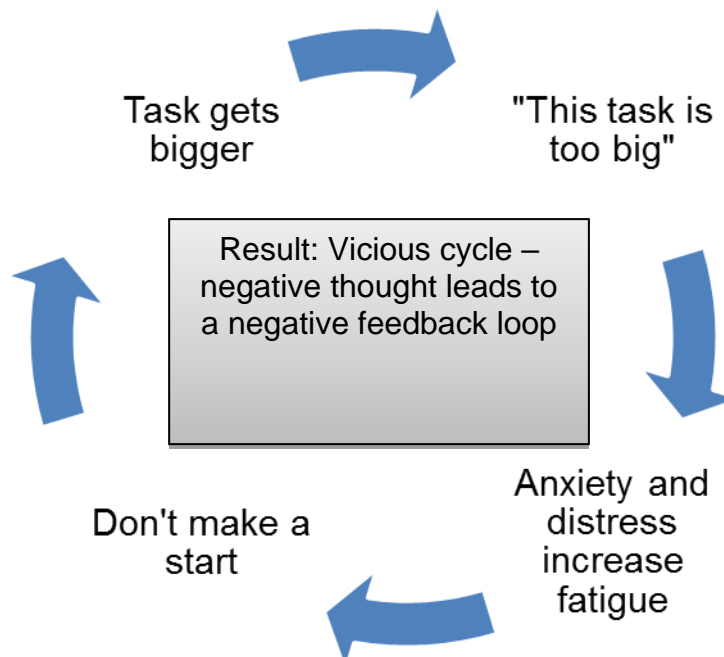
Negative thinking can cause a vicious cycle that stops you from taking control and often ends up making you feel worse. To use an analogy a thought can be like a droplet of water creating a ripple in a still pool.

Negative (and positive) thoughts can similarly have a ripple effect.

The cycle below may appear simplistic. There is no suggestion that the way you feel and think is the cause of your illness or that this diagram explains your symptoms. However, it is possible that the way you think and feel may not be helping.



An example of a vicious circle:-



:

Modifying the Automatic Negative Thoughts can interrupt the negative cycle and turn it into a positive more helpful one.

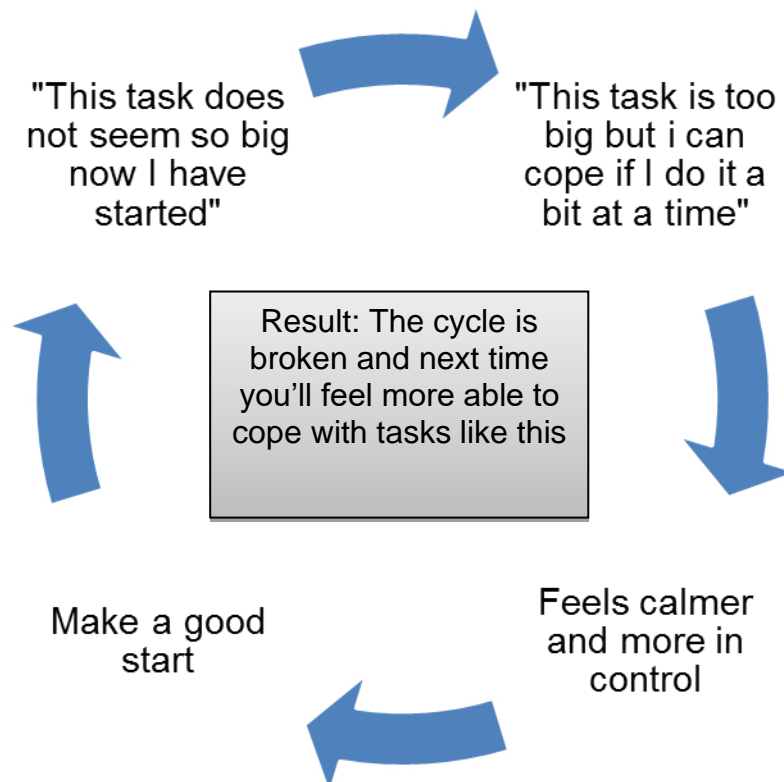
Overcoming Roadblocks – Managing ANTS

Learning to recognise Automatic Negative Thoughts is the first step in interrupting the negative ‘thought-feeling-behaviour cycle’.

Once you recognise your ANTS for what they are, just thoughts not fact. You can then challenge them. This will help you come up with a more realistic and helpful alternative.

You can then put your new helpful thought to the test and review the results as in the example below:

Balanced Thinking and Positive Action



Changing your thoughts can change not only how you feel and what you do in the present but it will affect how you do things in the future.

Finding ANTS – Getting Started

This can take some practice at first as Automatic Negative Thoughts and interpretations happen very quickly at any given situation. The best way to catch the thought is to recall a very specific situation when you felt upset and reacted badly and write down the thoughts and feelings and actions that were involved.

You may find it helpful to use a thought record like the one below. You will find a full

page copy at the end of this booklet.

Situation	Feelings	Thoughts
e.g. Going to a party	Anxious, frustrated	If I go I will be unwell for days

Think of a time when you felt particularly distressed preferably a recent specific example:-

- ❖ What was going on at the time? Write the situation or event in the Situation column.

- ❖ How did you feel? Write this in the Feeling column.

- ❖ Now think hard about what thoughts you had at the time. Write those down in the final column.

- ❖ Repeating this exercise a number of times in different situations may help to identify your thought patterns.

Evaluating Automatic Negative Thoughts

Once you've had a little practice identifying your thoughts in situations when you feel distressed, it is time to start questioning your thoughts and replacing them with ones that are more realistic and useful. There are a number of ways to question and evaluate ANTS. Some people find writing things down helpful at least to begin with. This is an example of how this can be done, again there is a full page sheet at the end if you want to try it. If you are still seeing an Occupational Therapist regarding your CFS / ME it would be a good idea to work through this together.

Situation	Rate Moods Now	Automatic Negative Thought (ANT)	Evidence that supports the thought	Evidence that does not support the thought	Alternative / Balanced thoughts	Rate Moods Now
e.g. Difficulty with family not understanding	Sad 90%	No one loves me or understands	They questioned my activity levels	They are always there to support me and help me with pacing	My family are trying to help the best way they know how	Sad 30%

What is the evidence FOR and AGAINST?

Just to re-iterate that thoughts are just thoughts, they are not facts. They may be true, but they may be inaccurate or distorted. The following question may help you discover if your thoughts are realistic.

- ❖ Where is the evidence that this thought is true?
- ❖ Could there be another explanation?
- ❖ What might other people say?
- ❖ What is the worst / best / most likely outcome?
- ❖ Could I live through it?
- ❖ Am I jumping to conclusions?

Imagine you are in a court room in front of the judge and jury – could you convince them that your thoughts are accurate and realistic?

Might I be making any Thinking Errors?



There are several common 'distorted thinking' traps. Are you falling into any of them?

- ❖ Catastrophising – Assuming the worst is always going to happen in a situation you find difficult. Sometimes people believe that if anything at all goes wrong, disaster is bound to follow. For example, if the day starts off badly the Automatic Negative Thoughts (ANTS) may be that it can only get worse.
- ❖ Over-generalising – This is when we treat one failure or setback as evidence of a general rule of how bad things are. For example, if one day you stop ironing because of your symptoms, you might find yourself saying “I’ll never be able to do it”.

WHITE BLACK

- ❖ Black and White Thinking – Are you thinking in all or nothing terms? Nearly everything is relative. An example of black and white thinking would be saying that unless you get everything completely right, you are a failure. It is not possible to get everything right all of the time. People can often set unrealistically high standards for themselves and condemn themselves for making even small mistakes. Remember there are usually shades of grey.
- ❖ Double Standards – Thinking that mistakes or slips are possible for other people but not for yourself. It can be helpful to ask yourself why you have to be so perfect.

- ❖ Magnification – This occurs when we exaggerate the importance of our problems or shortcomings and minimise the importance of our



strengths.

- ❖ Mental Filters – This occurs when we pick out a single negative detail and dwell on it exclusively. This can cloud our perception of reality. For example, we may receive many positive comments from our family, but if one of them says something mildly critical we may dwell on their words for days and ignore all the positive feedback.
- ❖ Discounting the Positive – This occurs when we reject positive experiences by insisting that they do not count. If you achieve a goal you may tell yourself that it wasn't good enough or that anyone could have done it. This can take the joy out of life and make you feel inadequate and unrewarded.
- ❖ Jumping to conclusions – This happens when people come to negative conclusions about things in the absence of any definite facts. Sometimes this is called mind-reading, without checking the facts you conclude that someone is reacting negatively towards you. Perhaps you see someone muttering and assume it is criticism towards yourself – perhaps they are just trying to remember their shopping list!
- ❖ Fortune Telling – You predict that things will turn out badly which may stop you from even trying it out.



- ❖ Absolute Statements – When people use words such as ought, always or never, they often experience high levels of guilt, anxiety and frustration. People often have such thoughts when they try to live by personal rules and standards that may in fact be excessively rigid and over demanding. These

rules for living are often very difficult to achieve and probably have very little realistic application to everyday life (e.g. I must always look my best otherwise people will not like me).

- ❖ Emotional Reasoning – This occurs when we base our judgement just on how we feel at the time (rather than standing back and weighing things up).

SOME QUESTIONS TO ASK YOURSELF ABOUT YOUR THOUGHT PATTERNS

What is the effect of thinking this way?

Is it useful to think this way?

Will it help me reach my goals or is it getting in the way?

If my friend told me they were thinking like this, what would I say?

Is there an alternative view?

Is there a more balanced way of looking at the situation?

How would someone else have viewed the situation?

What would happen if I changed my thinking?

If my best friend were in this situation, what would I advise?

Testing New Theories?

Once you have come up with an alternative thought, try putting it to the test and reviewing the results.

At first you may find it hard to trust in your new thoughts – the only way to make them stronger is to act on them as often as you can.

Thinking differently takes practice – think of your mind as a garden. Negative thoughts are like weeds – they grow all too easily and they need to be pulled out frequently with new healthy thoughts replanted in their place. The healthier your garden is the less space there will be for negative thoughts.

Thoughts and Feelings Diary Sheet

Situation	Feelings	Thoughts
Didn't complete the beautiful cake I planned for my child's birthday.	Depressed, frustrated, angry	I am useless

Going across from the first column – try the following:

1. What is happening, what situation are you finding difficult
2. What thoughts are going through your mind?
3. How do you feel about that, what emotions does it evoke in you?

Thought Record

Situation	Rate Moods Now	Automatic Negative Thought (ANT)	Evidence that supports the thought	Evidence that does not support the thought	Alternative / Balanced thoughts	Rate Moods Now
E.g. My mother said I should try harder!	Angry 50 % Sad 80%	No one loves me or understands	They questioned my activity levels	They are always there to support me and help me with pacing	My family are trying to help the best way they know how	Angry 10% Sad 40%

Going across from the first column, try the following:

1. Write down the situation that has affected you
2. Rate your mood, give a percentage rating of how difficult the situation is – the higher the percentage rate the more difficult you interpret the problem
3. What are your ANTS
4. What information do you have to support this and what is the evidence against this thought?

5. What would your friends or family say to you to challenge you on this thought, replace your ANTS with a more balanced thought
6. Again rate your mood. Do you find that you are feeling more positive about the situation

Apps

- Beat Panic (helps with panic attacks or anxiety) - <https://apps.beta.nhs.uk/beat-panic/>
- Catch it (helps manage feelings like anxiety and depression) - <https://apps.beta.nhs.uk/catch-it/>
- My Possible Self (manage fear, anxiety and stress and tackle unhelpful thinking) - <https://apps.beta.nhs.uk/my-possible-self/>
- SilverCloud (manage stress, anxiety and depression) - <https://apps.beta.nhs.uk/silvercloud/>
- Stress and Anxiety Companion (helps you to manage stress and anxiety on-the-go) - <https://apps.beta.nhs.uk/stress---anxiety-companion/>
- Thrive: Feel Stress Free - <https://apps.beta.nhs.uk/thrive-feel-stress-free/>
- Feeling Good: positive mindset (uses the principles of CBT to help improve thoughts and feelings, self-esteem and confidence) - <https://apps.beta.nhs.uk/feeling-good-positive-mindset/>

Helpful Resources

- Big White Wall (online community for people who are stressed, anxious or feeling low) - <https://apps.beta.nhs.uk/big-white-wall/>
- Get Self Help (therapy resources, including [worksheets and information sheets](#) and [self help mp3s](#)) - <https://www.getselfhelp.co.uk/problems.htm>
- Centre for Clinical Interventions (information sheets and worksheets) - <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself>
- Every Mind Matters – (helps with stress, sleep problems, low mood, anxiety) - <https://www.nhs.uk/oneyou/every-mind-matters/>

Adult CFS / ME Service

Tel: 0330 7260077

Press 2 for Huntingdon area
Press 3 for East Cambs and Fenland area
Press 4 for Peterborough area
Press 5 for Cambridge area

Email: cpm-tr.cfsme@nhs.net

Leaflet published: May 2019
Leaflet review date: May 2020

Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail pals@cpft.nhs.uk

Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

CPFT supports the **HeadtoToe Charity** – visit www.HeadToToeCharity.org for details on how you can help



HQ Elizabeth House, Fulbourn Hospital, Cambridge CB21 5EF
T 01223 219400 F 01480 398501 www.cpft.nhs.uk



A member of Cambridge University Health Partners