Applying the New ABCs: Case Studies in Neuroscience-Informed Cognitive-Behavior Therapy (n-CBT)

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Welcome!

• What do we know?
• What do we want to know?
• How are we going to learn it?

Outline of Presentation

• **PART I:** Neuroscience 101
• **PART II:** Intro to n-CBT
• **PART III:** Case studies in n-CBT
Part I: Neuroscience 101

Conventional Models of CBT

Cool and calm
Trigger
Emotional and behavioral consequences
Calm down, re-appraisal (disputation)
More adaptive emotions and behaviors
Automatic thoughts and beliefs
What we know from brain science

Cool and calm

Calm down, reappraisal (regret, etc.)

Trigger

Impulsive decisions

Emotional and physiological arousal

Decision Making Center
Developmental focus ages 0-4
- Hand Motor coordination
- Speech
- Social skills
- Language
- Reading
- Writing

Emotional Center
Neocortex
- Self-awareness
- Reasoning
- Motor

Limbic System
- Emotionality
- Arousal
- Innate

Triune Brain
Survival Brain
- Reward
- Amygdala
- Thalamus

Lower Brain
- Reproduction
- Homeostasis
- Innate drives

Middle Brain
- Social skills
- Gross motor
- Fine motor
- Language
- Reading
- Writing

Higher Brain
- Fine motor
- Cognitive
- Social
- Emotional
- Communication

What we know from brain science

Cool and calm

Calm down, reappraisal (regret, etc.)

Impulsive decisions

Emotional and physiological arousal
Two Pathways to Generate Emotions

- Low road (bottom-up) is...
  - Faster (hot cognitions),
  - Learned more quickly,
  - Fewer repetitions needed,
  - Do without thinking
  - Implicit

- High road (top-down) is...
  - Slower (cold cognitions),
  - More repetitions needed,
  - More processes,
  - Do with intention
  - Explicit

Integrated Paths of Emotional Decision Making

- Serial scanning
  - Long term
  - One at a time
  - Future oriented
  - Novel experiences
  - Ensure safety
  - Approach/Remain
  - "What if..."

- Parallel scanning
  - Immediate
  - Multiple simultaneously
  - Driven by past
  - Shared characteristics
  - Detect danger
  - Fight/Flight
  - "Last time..."
**Why does this matter?**

- Humans find it *incredibly hard* to think before acting, and rewire low-road processing
- Automatic systems take over
  - amygdala reroutes messages to avoid pfc
  - Conscious awareness, if it does occur, happens *after* the client is already distressed.
- Clients will say “I couldn’t stop myself,” “I felt out of control”

**Why does the brain work this way?**

- Working memory (5-10 pieces of information)
- Streamline processing: automaticity
- Shower example
- Driving example
- Bear example
- That’s why humans (and other animals) love routine!

**Clinical Utility: Bottom-Up Processing**

- Examples of when the brain has been trained to take the low road…
  - Trauma and dissociation
  - Panic and anxiety
  - Substance abuse
  - Other forms of compulsive behavior and process addictions (cutting, stealing, others?)
  - Learned helplessness
  - Intermittent explosions (anger outbursts, “blackouts”)
Clinical Utility: Top-Down Processing

- Examples of when the brain might take the high road…
  - Adjustment problems
  - Excessive rumination
  - Traditional cognitive distortions (jumping to conclusions)
  - Intellectualization
  - Yes, but…

What does this mean for the ABCs?

- Activating events are not always apparent; the amygdala determines emotions (e.g., sensory stimuli such as smells; adrenaline responses)
- Beliefs are not necessary for Consequences (the amygdala can short-circuit the frontal lobe)
- Consequences can occur before a person is cognizant (e.g., avoidance of a topic; irritation or mistrust in another person)
**A1: Activating Event**
- Something happens
- I become aware of what my body is doing

**B1: Brain from the Bottom-Up**
- My brain makes sense of it without me knowing it
- My brain collects more information and begins to make sense of it while I begin to make decisions about it

**C1: Consequence (Nervous System)**
- My body does what my brain tells it to do

**A2: Awareness**
- I become aware of what my body is doing

**B2: Brain from the Top-Down**
- My brain collects more information and begins to make sense of it while I begin to make decisions about it

**C2: Consequences (Nervous System)**
- My body does what I, via my brain, tells it to do
...My body does to what my brain tells it to do...

Amygdala initiates an appropriate (normal) response causing emotional and behavioral consequences through the CNS

Primary Emotions, Survival Skills, Impulsive and Reflexive Behaviors, Intrusive Thoughts, Pleasure/Sensation Seeking, Increased Heart Rate, Dilated Pupils, Unintentional Distress, Conditioned Reflexes, etc.

I become aware of what my body is doing...

More sensory input starts the cycle over again

More people, places, things, etc. & the previous emotional and behavioral consequences
...What did I just do...why did I do that...

Sensory thalamus to the prefrontal cortex, hippocampus, and amygdala (High Road, Top-Down Processing)
Serial Scanning (future oriented),
Left brain, Thinking about Thinking (Meta-cognition),
Explicit Thoughts and Memories, Appraisals, Decision-making, Problem-solving, Intentional Processing, Mental Mistakes, Cognitive Distortions, Rational and Wise Mind, etc.

...Well, I better do something...

Prefrontal cortex initiates decision making and modulates more emotional and behavioral consequences through the CNS
Emotional Regulation, Secondary Emotions, Reactions, Declarative Descriptions, Coping Skills, Gratitude, CNS Reactions, etc.

Wave 2: Brain from the Top-Down

Wave 2: Consequences

Wave 2 Awareness (A2) message sent from Limbic Area to Neocortex regarding physiological response and/or behavior

Consequences throughout the Nervous System and Limbic System (C2): Secondary emotions such as shame, secondary physiological response such as tearful
The waves keep coming…

Notes on the New ABCs

• Which wave does traditional CBTs focus on?
• Which wave do you traditionally focus on?

• Traditional CBTs are useful for Second Wave, but often miss First Wave
• A new model is needed to address the complex interactions of the First Wave in addition to the Second Wave…and 3rd, 4th, 5th…waves.
• Instead of merely training the brain to become less automatic (incredibly difficult), we can also train the brain to behave differently automatically…

Let’s Recap

• The Old ABCs
  — A + B = C
  • Treatment: A + B = C/D→E

• The New ABCs
  — Wave 1: A1 + B1 = C1
  — Wave 2: A2 + B2 = C2
Treatment Recommendations

- **Wave 1 Interventions**
  - Attend to physiological reactions (A)
    - Assess the predominate wave
    - Mindfulness
    - Biofeedback and Neurofeedback
    - Healthy replacement coping behaviors (sensory)
  - Build the brain from the bottom up (B)
    - Systematic desensitization
    - Exposure

- **Wave 2 Interventions**
  - Connect the bottom to the top (C)
    - Cognitive restructuring
    - Giving voice to physiological states

Neuro-CBT with the New ABCs
Getting the Surfboard and Learning to Ride It

- **Attend to the physiological reactions**
  - Interventions outside of traditional talk therapy
  - Models for conscious awareness are less operative at helping clients attune to physiology, such as
    - Relaxation
    - Taking pulse when upset
  - More helpful approaches:
    - Mindfulness
    - Biofeedback, neurofeedback
    - Sensory stimuli as coping behaviors

- **Build the brain from the bottom-up**
  - Use systematic desensitization
  - Practice, practice, practice until behaviors become automatic
Neuro-CBT with the New ABCs
Getting the Surfboard and Learning to Ride It

- **Connect** the bottom to the top
  - Give voice to internal physiological states
  - Evaluate cognitions and executive functioning
  - Connect the new ABCs to the old ABCs
  - Focus on self-talk and coping strategies
  - Capitalize upon client’s achievements and consider termination

Other Common CBT Techniques

- Metaphor
- Flooding
- Imagery
- Paradox
- Mindfulness
- Disputation
- Accept-Thoughts
- Counter-Thoughts
- Mindful-Thoughts
- Progressive-Muscle-Relaxation
- Accept-Thoughts
- Counter-Thoughts
- Mindful-Thoughts
- Progressive-Muscle-Relaxation

Added Treatment Suggestions

- Sometimes clients really can’t remember/control what happens
- Promote psychoeducation
- Practice, practice, practice!
- Use brain maps to target types of information processing
- Use the continuum of helpfulness
Part III: Cases in n-CBT

In-Session Example

I don't know what's going on…life is just so messed up…

It sounds like this is very scary and confusing…Let's take a look at what is going on in the brain…then we can go from there…

Explaining the Waves

"I don't know what happened; it came like a wave."

N1: Navigating Emotions — Emotional Impact

N2: Navigating Events — Emotional Impact

N3: Navigating Events — Emotional Impact

N4: Navigating Events — Emotional Impact

N5: Navigating Events — Emotional Impact

N6: Navigating Events — Emotional Impact

R1: Ruts — The Bottom Line

R2: Ruts — The Bottom Line

R3: Ruts — The Bottom Line

R4: Ruts — The Bottom Line

R5: Ruts — The Bottom Line

R6: Ruts — The Bottom Line

C1: Consequence (Primary Brain)

C2: Consequence (Primary Brain)
Questions/Comments?

- How did we do today?
- What did we want to learn?
- What did we learn?
- How did we learn it?
- What do we do now?
Thank you! Let’s continue the conversation!

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NEUROSCIENCE-INFORMED CBT HANDOUT: How the Brain Responds to Threats

Sometimes, “thinking before acting” is a near impossible task. When we feel triggered and begin to feel emotionally “out of control,” we may feel like it is too late to prevent ourselves from acting on impulses because we are already feeling flooded by emotions. In such moments, we may only become aware of what we were thinking or feeling in that moment until after we have responded behaviorally (i.e., acted). Once we have calmed ourselves afterward, we may think thoughts such as, “I don’t know what I was thinking, feeling, or doing in that moment,” or even “I blacked out.” Understanding the basics of how the brain responds to stress and threats helps us understand why it can be very difficult to think before acting.

The brain is an amazing organ, capable of memorizing details from our distant past and making decisions based on what it has learned from those memories. For example, some people “remind us” of others from our past without us knowing at first. This “reminiscence” can trigger emotional responses, such as fear, excitement, joy, sadness, anxiety, and anger. These memories can also trigger physiological (body-based) responses, such as racing heartbeat, shallow breathing, sweaty palms, dizziness, upset stomach, muscle tension, and tearfulness, to name a few. We often become emotionally distressed or physiologically aroused when a trigger or perceived threat happens in our environment that activates our emotional memory systems in the brain.

The diagram below in Figure 1 depicts the “cycle of regret” that many of us experience. At the beginning of the cycle, we feel cool and calm until a trigger or perceived threat appears in our environment. When this trigger or perceived threat occurs, we become upset and emotional as the body responds to the threat by releasing “stress hormones” such as adrenaline and cortisol into our system. Sensing a threat, the brain and body prepares for action – either to attack (“fight”), leave the situation and avoid (“flight”). In cases when the body is overwhelmed by stress (cortisol), the body may feel unable to choose between those impulses (“freeze”). When the brain begins to process information more quickly, we tend to make impulsive, snap decisions to attack or avoid before the rational part of the brain has a chance to evaluate the options available to us. After these behavioral choices are made, we later calm down and evaluate our decisions (often feeling regret or shame). Unless we learn to interrupt this cycle, it will repeat the next time a trigger or threat enters our environment.

![Figure 1. The cycle of regret.](image-url)
The following is an example of how the brain adapts to stress and threats in its environment. One evening, a person walks home from work and is mugged unexpectedly. After that incident, their brain learns to become acutely sensitive to threats in their environment. Every day following the mugging incident, the act of preparing for their walk home causes the person to become physiologically "triggered," with adrenaline and cortisol production causing an increase in heart rate, sweaty palms, shallow breath, anxiety, and feeling "frozen" as if they cannot walk (Wave1). The person becomes aware of their physiological, emotional, and behavioral response, developing beliefs about this ("I can't believe this is happening again," "I should be able to do this"). As a result of these beliefs, the person feels shameful, and becomes tearful (Wave2). The diagrams below depict this process in the brain.

**Wave 1**

Brain from the Bottom-Up (B1): Implicit memory association with antecedent (mugging) leads to increased cortisol and adrenaline production that bypasses pre-frontal cortex.

Consequences throughout the nervous system (C1): Increased heart rate, sweaty palms, shallow breath, emotional response (anxiety), urges to act (freeze response).

**Wave 2**

Awareness (A2) message sent from Limbic Area to Neocortex regarding physiological response and/or behavior.

Brain from the Top-Down (B2; Neocortex): Beliefs about physiological response, behavior, or stimulus/antecedent ("I can't believe this is happening again")

Consequences throughout the Nervous System and Limbic System (C2): Secondary emotions such as shame, secondary physiological response such as tearful.
**Why Does the Brain Work this Way?**

As mentioned above, the brain is a complex organ capable of remembering events and details that we are not consciously aware of. The brain protects itself by training itself to respond instinctually to perceived threats in our environment. It is theorized that the brain’s sensitivity to perceived threats was initially a survival strategy to protect humans from danger in their environment. For example, early humans needed to attack or avoid a wild animal approaching them to protect themselves from danger. Today, this survival mechanism continues to protect us from being hurt or injured by others. The brain’s quick response to threats is therefore **adaptive**. Without thinking quickly, a person may be at risk of being attacked and injured by the perceived threat in their environment. They need to respond quickly! However, in the modern world, this sensitivity to perceived threat can be **maladaptive**, meaning that a person can imagine threat when none is present, resulting in undesired and needless emotional distress and unwanted behaviors.

The brain learns to adapt when learning new behaviors, too. When we learn something new such as driving a car for the first time, we tend to concentrate better and be more aware of ourselves and our reactions. Over time, some behavioral responses can be overlearned, and become “automatic.” For example, a person who has been driving for ten years might have little awareness of the specific behaviors involved with driving a car such as moving foot pedals, checking side mirrors, indicating to turn, etc. because they “do it all the time.” Automatic responses lead to behaving without awareness, also known as “acting without thinking.” Examples include automatically attacking others when feeling threatened and afraid, avoiding others when sad, and feeling stuck or “frozen” about making a decision when anxious.

**What Can I Do About It?**

Getting in touch with our physical responding helps us developing an awareness of threats in our environment ("triggers"), slow down responses, calm down, and accepting our thoughts and feelings in the moment without acting on them. The skills below help us to reduce the potential for acting on impulses to attack or avoid the perceived threat:

**Wave1 Strategies**

1. **Mindfulness and grounding exercises.** Breathe in deeply. Pay attention to your breath. Practice noticing details of your surroundings. Try to see three new things. Listen closely. Try to hear three new things.
2. **Neurofeedback and biofeedback.** This is a more technical intervention that involves training your brain and body to operate in a more relaxed and aware state through feedback about your brain and body’s current responding.
3. **Sensory stimulation.** Hold a cold ice cube or drink bottle, stroke your hand lightly with your forefinger. This helps you to become more aware of your sensory input and how your body feels in this moment.

**Wave2 Strategies**

4. **Counting your pulse.** You will need a timer. First, place your index and middle finger onto the wrist of your other arm or your neck. Count your pulse for 60 seconds. Usually, a heart rate above 100 beats per minute for adults (BPM) indicates that adrenaline has been released into your system, causing you to feel ready for action. Your thinking “speeds up” and you are at-risk of making an impulsive decision! If your heart rate is above 100 BPM, walk away from the situation and wait until your heart rate is below 100 BPM before making any decisions. If you notice yourself becoming triggered later, wait again until your heart rate is below 100 BPM.
5. **Muscle relaxation exercises.** Clench all your muscles, one at a time. Relax slowly. Become aware of how your body feels in this moment.
6. **Acceptance of reactions.** Try to accept your physiological and emotional reactions without judgment.
7. **Giving voice to physical experiences.** Ask yourself, “if my body could talk, what would it say and why?” Listening to our body helps us to become more connected to it.
8. **Positive self-talk.** Encourage yourself throughout the experience. Recall past successes. Imagine the ultimate goal, and take steps toward that.
NEUROSCIENCE-INFORMED CBT WORKSHEET: Connecting the Bottom to the Top

Instructions: Use this worksheet whenever you feel a physiological or emotional reaction. Remember to record your pulse in parts 1, 2, and 3. You will need a drawing implement (pencil, pen, marker) to shade in tension areas on the human figure drawing in parts A and C. Bring completed worksheets into your next counseling appointment for review with your therapist.

Client Name: ____________________________________________  Date: ____________________________
Therapist Name: ____________________________________________  Date Reviewed: ___________________

General description of situation:

<table>
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<tbody>
<tr>
<td><strong>Action Urges/Strength</strong></td>
<td><strong>Potential threats in environment:</strong></td>
<td></td>
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<tr>
<td>Fight response (attack/defend)</td>
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<tr>
<td>Flight response (leave/use substance)</td>
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<tr>
<td>Freeze response (paralysis)</td>
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<tr>
<td><strong>Coping Strategies used:</strong></td>
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<tr>
<td>Counting pulse</td>
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<td>Mindfulness and grounding</td>
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<td>Sensory stimulation</td>
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<td><strong>Positive sensory experience:</strong></td>
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<td><strong>Acceptance of reactions:</strong></td>
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<td>Emotional</td>
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</table>

* If my body could talk, it would say….

<table>
<thead>
<tr>
<th>Color in the physiological tension or energy you experience in the relevant part of your body. Examples: racing heartbeat, shallow breath, muscle tension</th>
<th>Memories triggered (if any):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction heart rate*: __________ BPM</td>
<td>Current heart rate*: __________ BPM</td>
</tr>
<tr>
<td>Time reading taken:</td>
<td>Time reading taken:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color in the new physiological tension or energy you experience in the relevant part of your body. Examples: racing heartbeat, shallow breath, muscle tension</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart-rate after coping*: __________ BPM</td>
<td></td>
</tr>
<tr>
<td>Time reading taken:</td>
<td></td>
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</tbody>
</table>

* How to take a Heart Rate Reading: place your index and middle finger onto the wrist of your other arm. Find a pulse. Record the number of times you feel a pulse in 60 seconds.
CASES

INSTRUCTIONS: Please read each of the following case examples as answer the following questions for each:

- Are symptoms primarily generated from Wave 1 (bottom-up) or Wave 2 (top-down)?
- What would be your initial focus in treatment?
- What treatment strategies would you recommend?

1. What about Bob? Video Clip?

2. John is a 31 y/o who identifies as a white male. He was referred for individual counseling by his primary care physician following recurrent somatic complaints, most notably ongoing abdominal pain, fatigue, and gastrointestinal discomfort. Comprehensive medical evaluations have yielded no abnormal findings, and his symptoms remain unexplained. During the initial clinical interview, you learn that John experienced significant bullying during middle school in which he was repeatedly locked in his locker, beaten in the bathroom, and had his head held underwater in the toilet bowl.

3. Sarah is a 53 y/o who identified as a black female. She reluctantly presented to counseling at the request of her husband following what he described as “a nervous breakdown.” During the clinical interview, Sarah demonstrated significant psychomotor agitation and hypervigilance as evidenced by continued scanning of the room. She described a general fear of nearly every situation. In summary, she stated that she never feels “safe.” She stated, “I don’t know what causes it, I am just always worried about what might happen...before I even realize it, I break out in a sweat and my stomach has an intense pain in it...that’s when I notice it...It seems to come over me like a wave.” She discussed many attempts to engage in the life that her husband wants but reports that this has never worked before, so she tries to control everything that she can in order to promote a sense of control and safety.

4. Abdul is a 26 y/o college student who identifies himself as a male from Saudi Arabia. He referred himself to the college counseling center after his GPA dropped to a 3.2 last semester. During the clinical interview, Abdul’s thoughts raced with preoccupations about the consequences of his academic performance with statements like, “I just don’t know what will happen if I don’t get my grades up...what if I fail out of school...what if my family disowns me...what if I am never able to graduate.” In addition to his concerns regarding his GPA, Abdul also mentioned recent isolation from his friends, insomnia, diminished energy, and a sense of hopelessness.
5. Eric is a 31 y/o who identifies himself as a white male. He was referred for counseling following a recent suicide attempt. He reported, “I tried to kill myself after my wife left me...I couldn’t imagine a life without her.” As the clinical interview progresses, you learn of a pattern of failed relationships and a sense of isolation, each of which seemed to result in increased risk-taking behaviors, self-injurious behaviors, and suicide attempts.

6. Marcus is a 28 y/o who identifies himself as a Hispanic male. He was referred to counseling by his probation officer after his 2nd arrest for possession of heroin. He reported a continued desire to stop using heroin but without much success. His use has resulted in numerous consequences including a divorce, the loss of custody of his child, and a recent diagnosis of hepatitis-C. He reported that before he even realizes he is awake, he has already licked the residue off the mirror lying next to his bed. He says, “I don’t even think about it...it’s like automatic.” During the clinical interview, you learn that his use of substances began when he was 11 years old and has continued to escalate over the years. He reported that his early use of substances resulted in increased popularity, money, and power amongst his peers but slowly evolved to destroy everything in his life.

7. Jennifer is a 39 y/o who identifies as a white female. She also reports having a lesbian sexual/affective orientation and identity. She was self-referred to counseling after she fired her previous counselor of 10 years. She reported a history of bipolar disorder as well as chronic anxiety, depression, impulsivity, and an inability to sustain a relationship. She says, “I have tried everything, every therapy in the book, it won’t work.” She complained of impaired decision making stating, “I think I have ADHD, I can’t decide upon anything.” She also reported an inability to try new things. She noted that for every decision she keeps a journal about the potential “pros and cons” of each decision. She stated, “It just never ends, there is an endless number of possibilities and they are all bad, so I just don’t do anything.” She reported that everyone in her life is a disappointment to her. She stated, “They act like my best friend one day and my worst enemy the next.” She consistently uses words like “terrible, awful, horrible, and can’t stand it” to describe her experiences.
“I don’t know what happened, it came like a wave”

A1: Activating Event—
Something happens

A2: Awareness—
I become aware of what my body is doing
*(Events and awareness exist w/in the context of various sociocultural variables including social injustice, gender roles, family of origin, etc.)

B1: Brain from the Bottom-Up—
My brain makes sense of it w/o me knowing it

B2: Brain from the Bottom-Down—
My brain collects more information and begins to make sense of it while I begin to make decisions about it
* (Brain processing exists w/in the context of various factors including implicit associations, existing schema, primary modes, brain development & activity, and genetic and epigenetic dispositions)

Information (A) travels and is interpreted in my brain very fast

Because of how information was processed, my brain begins the appropriate (normal) chemical processes causing me to feel, act, and think

My behavioral response to NS Consequences (C) then interact with my environment to create new As which starts the process again

C1: Consequence (Nervous System)—
My body does what my brain tells it to do

C2: Consequences (Nervous System)—
My body does what I, via my brain, tells it to do
*(Consequences exist w/in the context of physical development and physiological functioning)

Waves of the New ABCs Client Psychoeducational Sheet—AMHCA 2015 Conference (Beeson & Field, 2015)
<table>
<thead>
<tr>
<th>Consequences</th>
<th>Awareness</th>
<th>Beliefs</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did your body feel like? What did you emotionally feel? What did you do? Intensity?</td>
<td>What were you immediately aware of? What did you see, hear, touch, taste, smell, &amp;/or do? Intensity?</td>
<td>What went through your mind? What did you immediately think about this process? What did you think a little later? What distortions did you notice? Belief?</td>
<td>What did your body feel like? What did you emotionally feel? What did you do? Intensity?</td>
</tr>
</tbody>
</table>

*New ABC Daily Record—AMHCA 2015 Conference (Beeson & Field, 2015)*
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</tr>
</thead>
<tbody>
<tr>
<td>What did you see, hear, touch, feel, taste, &amp; smell? What were you doing?</td>
<td>What did your body feel like? What did you immediately aware of? What did you see, hear, touch, feel taste, &amp; smell next?</td>
<td>What did your body feel like? What did you emotionally feel? What did you do?</td>
<td>What went through your mind? What did you immediately think about this process? What did you think a little later? What distortions did you notice?</td>
<td>What did your body feel like? What did you emotionally feel? What did you do?</td>
</tr>
<tr>
<td>What can you do to see, hear, touch, feel taste, &amp;/or do something else?</td>
<td>What can you did to help your body and emotions feel differently?</td>
<td>When you do these things, what do you expect to be more aware of?</td>
<td>Do these make sense, help you get what you want, or feel the way you want? If not, What new things do you want to run through your mind? What do you want to think about this process? What new patterns of thought might be helpful?</td>
<td>When you do these things, what do you expect to feel and do differently?</td>
</tr>
</tbody>
</table>
References


doi:10.1017/S0033291705005891


