

Section III: Special Skills

Chapter 6: Over-thinking

Cognitive-behavioral therapy clearly emphasizes attending to how clients are thinking, but excessive thinking can lead to another problem. Sometimes people can't put some thoughts, especially worries, out of their minds as quickly as others. In your work, you may find that some thoughts might stay with some clients longer or they will not respond to the kinds of skills that they have already mastered. The client manual presents the following example:

Gerri is a 67 year old woman who is caring for her 76 year old husband with Alzheimer's Disease. She is currently doing well in a program of cognitive-behavioral therapy, but she finds that there are certain thoughts that stay with her longer than she would like. For example, after a tiring day of taking care of her husband's personal needs, Gerri often starts a process of over-thinking, or excessive worry, where her beliefs & concerns seem hopeless. Gerri often wonders "There's nothing I can do about getting my house cleaned, what will I do? How can I afford all of our these medical bills on our fixed income?"

The signs of over thinking

One sign of over thinking or "worrying" occurs when a thought or a set of thoughts stay around without any clear solution. Worrying involves "stuck" thoughts that may also cause increased anxiety or sadness instead of feeling better. Sometimes after worrying, a solution arises, but the time spent on this problem may keep clients from thinking about other important things.

Thought Stopping

This technique involves actively halting "the worries" and moving to thoughts about other things. One strategy to teach clients is that once they recognize that they are worrying, they should try to say "Stop!" out loud. This may feel very unusual at first but it can be very effective. You can suggest to

clients to practice saying (to themselves or out loud) "I am thinking about (the worry) right now, instead I want to think about (new thought)." This new thought should be repeated several times or work it out with a UTD.

For example, if Geri was "worrying" about her husband's laundry when she needed to take time for herself, she might say "Stop! I am worrying about my husband's laundry right now. Instead I want to think about my grandson's birthday gift. He said he wanted a baseball glove." On page 90 in the client manuals clients are presented with a table to generate situations that cause over thinking.

Suggested Exercise

1. Have clients pick one situation/topic and start to think about it and yell out "STOP!" after about 10 seconds. Clients often report feeling startled, yet this feeling can redirect their attention in order to either concentrate on this matter in a different way, or think about something else entirely.
2. Take that "worry" thought and try to write it out by attending to what you would rather be thinking about.

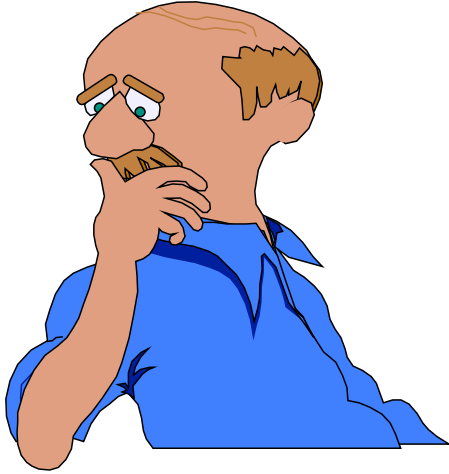
Stop! I am worrying about _____, but I'd rather be thinking about_____.

Encourage clients to repeat this statement several times to get a sense of what it feels like.

Worry Time

Sometimes people feel better after they have worried about things a little. "Worry time" is a scheduled time during the day to focus worrying. Instruct clients to make a "worry list" and avoid thinking about them for the moment. Then, they could schedule some time every day to look at the list and really think about the worries on the list. It is important that clients *limit the time* to a specific amount, stick to this time limit, and plan something to do at the end of the worry

time. We suggest that clients set a kitchen timer whose sound will mark the end of "worry time," and remind them to shift their attention.



For example, plan thirty minutes in the evening to worry right before a favorite television show. Look at the items on the list and think about each one, but stop as soon as your show starts. Many people find this technique helpful, although it may feel a little strange at first.