

ASCO[®]

Resilience Skills Training Program

Session 3: Working with Negative Thoughts & Cognitive Distortions

Facilitator Guide

SESSION 3: Working with Negative Thoughts & Cognitive Distortions

Key points:

- Be careful how cognitive distortions, left unchecked and uncontested, can spiral into negative emotions and burnout.
- Contesting cognitive distortions is healthy—it's not being a Pollyanna.

Timetable & Talking Points:

00:00 – 00:10 **Check-in** = What happened when you paid attention to your activation? Pairs for 3 minutes, then highlights from the group. Or a group discussion.

00:10 – 00:20 **Reflect** = Have you ever felt like you'd never be skilled enough, or know enough, or sensitive enough? These are common cognitive distortions (Ask the group to volunteer – consider having participants write on a slip of paper)

00:20 – 00:30 **Learn** = What are cognitive distortions, and how can we deal with them? (Note: we are fine with using 'awareness' and 'mindfulness' interchangeably—use whatever you think will work better for your group)

What's the problem with negative thoughts?

- In the past 2 sessions, you've become more aware of your strengths, resilience, and what gets you over-activated during the week. Now it's time to build on those skills to address one of the core issues that leads to burnout.
- Burnout is a syndrome of emotional exhaustion, cynicism, and feelings of low personal accomplishment. An example of emotional exhaustion is the feeling that "I can't do this anymore." An example of cynicism is the feeling that "no good deed goes unpunished." An example of low personal accomplishment is "No matter how hard I work, I never get on top of these demands."
- One of the ways that burnout becomes established is when clinicians have negative thoughts about themselves or their situation that become exaggerated and create a downward spiral.
- Often these negative thoughts have an 'all-or-nothing' or global quality. They can also be overly personalized—have you ever thought 'I'm never going to be good enough' or 'I'll never know enough.'
- Learning to observe and counteract negative thoughts that are recurrent and distorted, i.e., —cognitive distortions—is an important way to stay resilient.
- Mindfulness (or awareness) exercise: One-minute breath, one minute watching and describing thoughts, one minute back to breath and into the moment with new awareness of thoughts and how to challenge or make them more accurate.

Dealing with cognitive distortions helps maintain emotional health and stability and is not intended to "put a positive spin" or act as a Pollyanna

- We are not saying that you shouldn't be rigorous, or back off on true excellence. We are not saying that you should wave off every problem by saying that it is a cognitive distortion. That is not in the spirit of becoming a great clinician and researcher.
- All negative thoughts are not bad or harmful. Feeling sad when one of your patients dies is normal, and shows you cared about them. Feeling chagrin when you realize you've made a mistake is important because it makes you improve.
- When we talk about cognitive distortions, we are talking about thoughts that make the situation worse, make you feel worse, and are not necessarily true.

- The clinician who always says, “I should have done more.”
- The physician who says, “The patient is always right.”
- The muttering that if someone else had been smarter, the complication wouldn’t have happened.
- The catastrophic predictions: “If we don’t do this next round of chemotherapy, something terrible will happen.”
- Common cognitive distortions to watch for:
 - Catastrophizing
 - Always needing to be right
 - Seeing things in black and white
 - Overgeneralizing
 - Over personalizing
 - Jumping to conclusions
 - Confusing observations and evaluations
 - Discounting positive events
 - Note: there is often a component of intense self-shaming as part of a cognitive distortion—which makes the distortion harder to recognize because we want to avoid thinking about it.
- Dealing with cognitive distortions is about generating mindfulness (or awareness) with its cornerstone skill of “observe”. It is about pulling back from the exaggerations and the blame spirals, and more accurately describing the facts of the situation. Reminding ourselves that the brain tends to think inside of the mood it is in, and that thoughts are not always facts allows us to pull back and coach ourselves. We aim to come back to a dialectic reality that we are trying the best we can and there is more to do, we are more likely to live in the “grey”, not the black and white.

How do you deal with cognitive distortions?

- Most cognitive distortions arise from familiar events. You ask a patient to tell you about themselves and they snarl, “Didn’t you read my chart?” You feel like the patient doesn’t think you’re a good doctor.
- A prompting event is what starts a cognitive distortion. For example, a patient seemed irritated. This can trigger a thought (“I’m not a good enough communicator”), and that can generate emotion (e.g., anxiety: “I’m not a very good clinician”). This thought and emotion combination can generate persistent negative mood without awareness if you are on automatic pilot.
- But, if you can step back and observe that thought (“I’m not good enough”) in the daylight, you can evaluate it. You can ask yourself, “What’s the evidence that supports that thought, and the evidence that doesn’t support the thought?” Can you generate an alternative explanation for the prompting event? For example, did the patient’s question more likely come from fear and the frustration of meeting yet another doctor? Are they in fact upset with their situation and you happened to walk into the room? So, maybe you remind yourself to validate the patient’s emotions and hold on to your sense of self as a competent physician. Consider, if a colleague came to you with this problem, how would you respond?
- **You have to slow down your automatic patterns of judging or berating yourself**
- Use the [handout](#) (page 6) today to identify one of the ways you beat yourself up.
- Figure out what a common prompting event is, your thought, and the emotion that follows

Why is it worth a try?

- The research shows that you can contest your automatic thoughts and change your emotions so that you’re not in a downward spiral.

Red flag

- If you find yourself in a place where the negative thoughts don't let up, it's time to talk to someone. We have people who can help, in a confidential way.

00:30 – 00:50 **Try** = [Experiential exercise] Write for a few minutes about a time when you got into a negative spiral about yourself (use the back of the [handout](#) on page 6). Then flip the handout over and fill it out. The handout gives instructions to the participants to find a partner—help the ones who finish early pair up.

00:50 – 00:55 **Prep** = Learning partners. Assignment: over the next two weeks, watch for times when you or one of your colleagues automatically jumps into a cognitive distortion. Plan how you can react.

00:55 – 00:60 **Check-out** = What is one cognitive distortion you'll watch for?

Additional Resources

SESSION 3: Working with Negative Thoughts & Cognitive Distortions

A straightforward, easy-to-read book that describes cognitive restricting

- <https://www.amazon.com/Retrain-Your-Brain-Behavioral-Depression-ebook/dp/B01M01LKMQ>

Negative vs. Positive Distortions

- <https://feelinggood.com/2014/01/06/secrets-of-self-esteem-2-negative-and-positive-distortions/>

Handout: Events – Thoughts - Emotions

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Pick a common event that gives you negative emotion and let's take it on!

Event (what happened?)	Thought (what you told yourself)	Emotion (how you feel about it)

Now take one of the negative thoughts that you listed above. Put a check mark next to the one that you want to contest.

Evidence for my thought	Evidence against my thought

Ask yourself: What would I say to someone else, a friend I care about, if they told me their thought and showed me this evidence. Discuss with a partner.

A more reality-based thought

Remember this reality-based thought next time you feel the emotional aftermath of a cognitive distortion.