

Thoughts, with room to move

START HERE

Notice the pattern. Choose a helpful response. Return to what matters.

Thoughts can inform, predict, protect, or repeat. Understand one difficult moment, choose a fitting response, and practice. You do not have to prove every thought wrong or finish every page.

1

NOTICE

2

CHOOSE

3

TRY

4

REVIEW

One person. One goal. One manageable experiment.

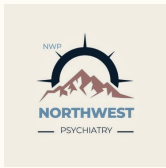
Use only what helps. Start with the essential path; the reference pages and support-card library are optional. No workbook answer creates a diagnosis or prescribes treatment.

Original educational practice for children, teens, and adults; not a diagnostic questionnaire or validated treatment. Adapt with a supportive adult or clinician.

Initials or nickname (optional)

One thing I hope will become easier

PDF: type in the fields or print, save your own copy, and reopen it to check entries. Automatic suggestions and graphs are in the companion offline HTML tool.



Choose a manageable route

ESSENTIAL PATH

Choose the route that fits

☐ Child + supportive adult

Use pictures, a low-stakes example, and a supportive adult.

☐ Teen

Choose your goal and agree who can see entries.

☐ Adult

Use an everyday situation; involve another person by agreement.

The essential path

Check context and care needs / page 3

Notice patterns and preferences / page 4

Map one loop / page 6

One balanced thought record / page 7

A problem to act on, or a question to leave open? / page 8

Choose a support and make a plan / page 9

Optional two-week record / page 11

Review and decide the next step / page 13

Optional library

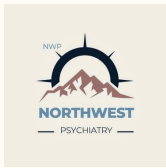
Thinking-pattern examples / page 14

Detailed support cards / page 18

Guide and context / page 25

Evidence and linked references / page 29

For children, a caregiver or clinician can read, draw, or scribe. For teens, agree on privacy and what will be shared. Adults choose whether to include a support person.



Fit the plan to the person

BEFORE YOU BEGIN

Use the following prompts to decide what should be discussed before choosing a self-guided exercise. These are context checks, not a diagnostic screen.

☐ Choose a response that does not feed checking

Repeatedly proving a thought false can become another ritual. Skip evidence-checking worksheets and ask an OCD-informed clinician about assessment and an appropriate CBT/ERP plan. Follow existing care guidance.

☐ Keep this practice present-focused

You can skip details of the event. Use gentle orientation and trusted support. Trauma processing deserves a tailored plan with a trained clinician.

☐ Address what is happening around you

Prioritize protection, practical support, and appropriate reporting or advocacy. Accurate perceptions of harm do not need to be reframed as thinking errors.

☐ Use less tracking

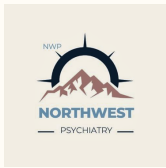
Skip numerical ratings and thought counting. A brief note about one chosen activity, or a conversation at a planned review, may be enough.

☐ Get immediate support

Pause the workbook. In the U.S., call 911 for immediate danger or call/text 988 for crisis support. Outside the U.S., use local emergency or crisis services. A child or teen should tell a safe adult now. Unwanted intrusive thoughts alone are different from intent or a plan.

What support or clinical guidance will we use?

Select the corresponding context in the offline tool so its suggestions can respect these limits. A clinician can help choose an appropriate next step.



Notice the pattern / 1

NOTICE FIRST

Choose what fits today. Skip any item that is not useful. For a single-choice question, mark one option; for multiple choices, mark all that apply.

What would you like to do more freely?

Choose an everyday activity or relationship goal.

Which description fits this moment best?

These are descriptions, not diagnoses. More than one pattern may occur.

- | | |
|--|--|
| ☐ A specific problem I can act on | ☐ A harsh interpretation or prediction |
| ☐ Repeating future what-ifs | ☐ Replaying the past or asking why repeatedly |
| ☐ Unwanted thoughts followed by checking or certainty seeking | ☐ Mixed or unsure |

Where does it tend to happen?

A few useful contexts are enough.

- | | |
|---|---|
| ☐ Mistakes, school, study, or work | ☐ Relationships or social situations |
| ☐ Decisions and uncertainty | ☐ Quiet moments or bedtime |
| ☐ Conflict or strong emotion | |

What do you usually do next?

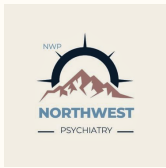
Understanding a response is more useful than judging it.

- | | |
|---|---|
| ☐ Avoid, postpone, or withdraw | ☐ Analyze or replay repeatedly |
| ☐ Check, research, or ask for reassurance repeatedly | ☐ Criticize myself |
| ☐ Take one useful step | ☐ I am not sure yet |

What would make the biggest practical difference?

Choose an everyday outcome, not a perfect emotional state.

- | | |
|---|--|
| ☐ Starting or returning to an activity | ☐ Making a manageable decision |
| ☐ Connecting with someone | ☐ Leaving a question unfinished |



Notice the pattern / 2

NOTICE FIRST

Choose what fits today. Skip any item that is not useful. For a single-choice question, mark one option; for multiple choices, mark all that apply.

What kind of practice fits today?

Keep practice brief and accessible.

☐ A short written or drawn exercise

☐ A supportive conversation

☐ An action I can practice

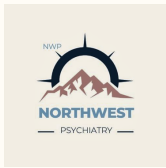
☐ A gentle way to reconnect with the present

Who could help with this plan?

Optional: name a trusted person and their agreed role.

What has helped, and what would you prefer to avoid?

Include access needs, care plans, and approaches that backfired.



Map one loop

GUIDED PRACTICE

Use one brief, recent example. Draw or ask a trusted person to write. You can leave details out; do not monitor every intrusion.

Choose this exercise with care

If these contexts apply, discuss a different response first: Get immediate support.

What happened?

Use ordinary facts; trauma details are unnecessary.

What thought and feeling showed up?

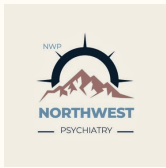
What did I do next?

What happened in the short term?

What happened later?

One observation cannot prove a cause.

What response might I try next?



One balanced thought record

GUIDED PRACTICE

Use when flexible interpretation helps. Complete once, then act. Skip if evidence checking becomes a ritual, or the situation needs protection rather than reinterpretation.

Choose this exercise with care

If these contexts apply, discuss a different response first: Choose a response that does not feed checking; Keep this practice present-focused; Address what is happening around you; Get immediate support.

Situation

Automatic thought

Feeling

Relevant facts supporting the thought

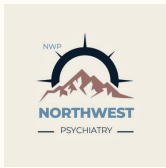
No exhaustive proof is required.

Other facts or missing information

A fair, useful response

One next action

Move on rather than repeating until certain.



Action or uncertainty?

GUIDED PRACTICE

Some concerns contain both. Make a plan for the actionable part and allow the rest to remain uncertain. Use practical support for real harm.

Choose this exercise with care

If these contexts apply, discuss a different response first: Get immediate support.

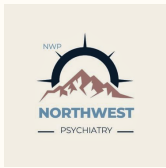
The concern

What is specific and within my influence?

My next step and when I will try it

What can remain unanswered while I continue?

This is not a promise that the feared outcome is impossible.



Choose one support

A SHARED DECISION

Look for a support that fits your current priority, age, capacity, and care plan. The browser edition explains its suggestions from your selected answers. These suggestions are practical matches, not validated treatment recommendations.

Support-card directory

T01 / Name the moment

Notice

T02 / Write one balanced response

Perspective

T03 / Find the middle ground

Perspective

T04 / Use a fair, compassionate voice

Perspective

T05 / Solve the part you can act on

Action

T06 / Return to one meaningful activity

Action

T07 / Move from why to how

Loops

T08 / Set a brief worry check-in

Loops

T09 / Let a question remain unfinished

Loops

T10 / Reconnect with the present setting

Notice

T11 / Try a small, safe prediction test

Action

T12 / Ask for support without an endless debate

Support

T13 / Create a workable decision point

Action

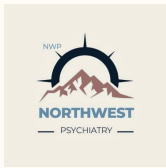
T14 / Make a gentle return plan

Review

One support-card ID to explore

Why does this fit this person and situation?

Check the card's cautions and adaptations before trying it. Choose the smallest useful step and agree on what help is needed.



Make a small, clear plan

TRY ONE THING

A useful plan is specific enough to try and small enough to repeat. Keep the focus on the person's experience and everyday functioning.

The situation or routine

One observable goal

The support and exact first step

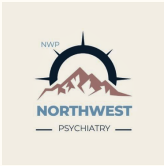
When, where, and who will help

A lower-effort version for a difficult day

What I will notice (choose one main outcome)

When we will review it

Examples of outcomes: a routine becoming easier, returning to a chosen activity, less time stuck, or a workable food option being available. Personal ratings are optional and have no diagnostic cutoff.



Your observation record / week 1

OPTIONAL TRACKING

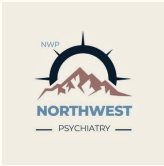
Keep entries brief and optional. Missing entries stay missing; zero is a real rating. If monitoring becomes repetitive checking, skip ratings and intrusion counts. Use only a brief note about a chosen activity, or skip the record.

Distress, if useful: 0 = no distress; 10 = strongest distress I can imagine.
Flexibility, if useful: 0 = completely stuck in the pattern; 10 = able to choose a helpful response.

Date	Support used*	Rating 1	Rating 2	Did I take or return to my chosen activity?	Brief context and support used; no need to record thought content

* Use yes, partly, no, or leave blank. Date can be month/day. Ratings describe your experience, not a clinical test or proof of what caused a change.

One thing worth remembering from this week



Your observation record / week 2

OPTIONAL TRACKING

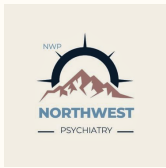
Keep entries brief and optional. Missing entries stay missing; zero is a real rating. If monitoring becomes repetitive checking, skip ratings and intrusion counts. Use only a brief note about a chosen activity, or skip the record.

Distress, if useful: 0 = no distress; 10 = strongest distress I can imagine.
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Date	Support used*	Rating 1	Rating 2	Did I take or return to my chosen activity?	Brief context and support used; no need to record thought content

* Use yes, partly, no, or leave blank. Date can be month/day. Ratings describe your experience, not a clinical test or proof of what caused a change.

One thing worth remembering from this week



Review what helped

KEEP / ADAPT / DISCUSS

Look at the whole picture: whether the support was used, what was happening around it, whether it was acceptable, and whether everyday life became easier.

What seemed useful, and in which situations?

What else changed (sleep, stress, support, health, routines)?

Was the plan comfortable, feasible, and worth the effort?

What does the child, teen, or adult want to keep or change?

Our next small step and any help needed

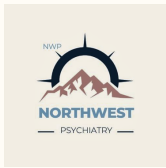
Next decision

☐ Keep it

☐ Adapt it

☐ Pause / discuss

A short personal trial cannot establish causation. A difficult day is useful information, not failure. If tracking increases distress or repetitive checking, simplify it or review it with a clinician.



Common thinking patterns / 1

OPTIONAL REFERENCE

Use these names as optional shorthand. A thought can contain truth, uncertainty, and an unhelpful prediction at the same time. Real harm and unfair treatment deserve a response, not a distortion label.



All-or-nothing thinking

Treating a situation as only perfect or terrible.

Example: One answer was wrong, so my whole project is a failure.

Another view: Several parts worked; one part needs revision.



Overgeneralizing

Turning one event into an always-or-never rule.

Example: This invitation was declined. Nobody ever wants to see me.

Another view: This person declined today; that does not describe every relationship.



Mental filter

Noticing one difficult detail while overlooking other relevant information.

Example: I can only remember the critical comment.

Another view: What else happened that belongs in a fair account?



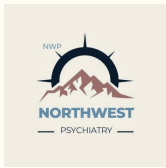
Discounting positives

Dismissing a helpful or successful experience as meaningless.

Example: They thanked me only because they felt sorry for me.

Another view: I cannot know that; their thanks may be sincere.

If analyzing thoughts becomes a repeated search for certainty, choose a response focused on tolerating uncertainty and returning to a chosen activity instead.



Common thinking patterns / 2

OPTIONAL REFERENCE

Use these names as optional shorthand. A thought can contain truth, uncertainty, and an unhelpful prediction at the same time. Real harm and unfair treatment deserve a response, not a distortion label.



Mind reading

Assuming another person's thoughts without enough information.

Example: My friend was quiet, so they must be angry with me.

Another view: Quietness has several explanations; I can ask appropriately if needed.



Fortune telling

Treating an uncertain prediction as an established outcome.

Example: Tomorrow's presentation will definitely go badly.

Another view: I do not know the outcome; I can prepare one useful part.



Catastrophizing

Moving quickly from a difficulty to the worst imaginable consequence.

Example: If I make a mistake, everything will fall apart.

Another view: What is the likely difficulty, and what support could help?



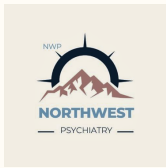
Emotional reasoning

Using a feeling as the complete proof of a conclusion.

Example: I feel ashamed, so I must be a terrible person.

Another view: Shame is real; understanding this situation needs more than that feeling.

If analyzing thoughts becomes a repeated search for certainty, choose a response focused on tolerating uncertainty and returning to a chosen activity instead.



Common thinking patterns / 3

OPTIONAL REFERENCE

Use these names as optional shorthand. A thought can contain truth, uncertainty, and an unhelpful prediction at the same time. Real harm and unfair treatment deserve a response, not a distortion label.



Rigid should statements

Applying inflexible rules without considering context or human limits.

Example: I should always know the right thing to say.

Another view: I value kindness, and I can pause or repair a conversation.



Global labeling

Reducing a whole person to one behavior or event.

Example: I forgot the appointment. I am useless.

Another view: I missed an appointment; I can repair it and adjust my reminder.



Personalization

Assuming responsibility for an event without considering other contributors.

Example: The group was quiet because I ruined the meeting.

Another view: There may be several reasons; what was actually within my influence?



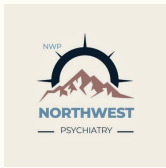
All-or-none responsibility

Assigning all responsibility to yourself or someone else.

Example: Either this is entirely my fault or none of it is.

Another view: Responsibilities can be shared; I can name my specific part.

If analyzing thoughts becomes a repeated search for certainty, choose a response focused on tolerating uncertainty and returning to a chosen activity instead.



Common thinking patterns / 4

OPTIONAL REFERENCE

Use these names as optional shorthand. A thought can contain truth, uncertainty, and an unhelpful prediction at the same time. Real harm and unfair treatment deserve a response, not a distortion label.



Magnifying or minimizing

Inflating a setback or shrinking strengths and available resources.

Example: This mistake is enormous, and my preparation counts for nothing.

Another view: The mistake matters; preparation and repair options also matter.



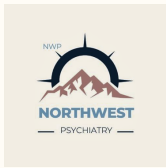
Unfair comparison

Comparing your full experience with a selective picture of someone else's.

Example: Their posts prove everyone is doing better than me.

Another view: A post is partial information; my next step can fit my own circumstances.

If analyzing thoughts becomes a repeated search for certainty, choose a response focused on tolerating uncertainty and returning to a chosen activity instead.



Support cards / 1

OPTIONAL SKILL LIBRARY

T01 / Name the moment

Briefly separate the event, the thought, and the response. Understanding the sequence can create room for a different next step.

Try it

1. Name what happened in plain, observable words.
2. Notice the thought and feeling without deciding they are facts.
3. Choose one next action; detailed analysis is optional.

Notice: Did noticing help you choose a response?

Adapt it

Child: Draw the event, a thought bubble, and one next step.

Teen: Notice a message, your interpretation, and the urge to withdraw.

Adult: Notice an email, a prediction, and the urge to reread.

Use: One brief example.

Care: Do not inventory every thought or repeat until it feels right.

Practice adaptation: Original CBT-informed practice; the isolated card has not been validated. Sources: E02, E03

T02 / Write one balanced response

When a flexible interpretation would help, consider a fair alternative once. Aim for accuracy and usefulness rather than a reassuring guarantee.

Try it

1. Write the situation and automatic thought briefly.
2. List a few relevant facts, including missing information.
3. Write one balanced response and take a useful action.

Notice: Was the response fair enough to support action?

Adapt it

Child: One wrong answer means I can practice, not that I am stupid.

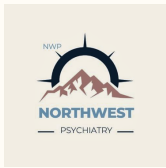
Teen: A slow reply leaves several explanations, not one certain rejection.

Adult: One mistake calls for repair, not a judgment of my entire ability.

Use: One short record, then act.

Care: Skip this if evidence checking becomes a ritual or certainty test.

Practice adaptation: Original CBT-informed worksheet; this is not a stand-alone treatment. Sources: E02, E03, E04



Support cards / 2

OPTIONAL SKILL LIBRARY

T03 / Find the middle ground

Replace a perfect-or-failed verdict with a more specific description. A small improvement can count without making the whole situation good.

Try it

1. Notice an absolute word such as always, never, or ruined.
2. Name what worked and what still needs attention.
3. Choose a realistic next improvement rather than total perfection.

Notice: Did a specific description make a next step easier?

Adapt it

Child: The drawing has a part I like and a part to change.

Teen: The presentation was uneven; I still explained my main point.

Adult: The meeting was imperfect and produced one useful decision.

Use: One low-stakes task.

Care: Avoid turning fair thinking into another perfection standard.

Practice adaptation: Original application of cognitive flexibility; effects are not independently established. Sources: E02, E03

T04 / Use a fair, compassionate voice

Speak to yourself with the same honesty and care you would offer someone you respect. Kindness can include responsibility and repair.

Try it

1. Name the difficulty without an insulting label.
2. Acknowledge the feeling and the context.
3. Choose one supportive action or specific repair.

Notice: Did the tone help you engage rather than withdraw?

Adapt it

Child: That felt disappointing. Let's practice the tricky part together.

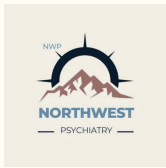
Teen: I am embarrassed, and I can apologize without attacking myself.

Adult: I am overloaded; I can request help and address my part.

Use: One statement, then action.

Care: Do not repeat comforting statements to obtain complete certainty.

Practice adaptation: Supportive practice adaptation; this card has not been independently tested. Sources: E02



Support cards / 3

OPTIONAL SKILL LIBRARY

T05 / Solve the part you can act on

Turn a concrete, current problem into a manageable plan. Separate action within your influence from outcomes you cannot fully control.

Try it

1. Describe one specific problem and a workable goal.
2. List a few options and choose a feasible, safe step.
3. Decide when to act and when to review.

Notice: Was the step attempted, useful, or in need of adjustment?

Adapt it

Child: Ask a safe adult for help replacing a missing school item.

Teen: Contact the teacher about the assignment I do not understand.

Adult: Request the missing information before deciding on the project.

Use: One step and check-in.

Care: Abuse or threats require appropriate protection and support, not solo problem-solving.

Practice adaptation: Original problem-solving plan based on principles used in structured care. Sources: E02

T06 / Return to one meaningful activity

When more analysis is not adding information, choose a small activity connected with care, connection, learning, enjoyment, or responsibility.

Try it

1. Name an activity that matters today.
2. Make its first step small and concrete.
3. Begin while allowing thoughts and feelings to be present.

Notice: Did you begin or return to the chosen activity?

Adapt it

Child: Put the first puzzle piece in place with a trusted adult.

Teen: Open the assignment and complete the first manageable item.

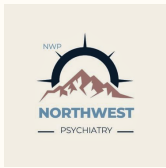
Adult: Start one household task or send one appropriate message.

Use: One manageable start.

Care: The goal is engagement, not forcing thoughts to disappear.

Practice adaptation: Based on activation and rumination-focused principles; trials test treatment packages.

Sources: E02, E06, E08



Support cards / 4

OPTIONAL SKILL LIBRARY

T07 / Move from why to how

Repeated abstract questions can keep a problem feeling enormous. Try describing a specific moment and what can be done next.

Try it

1. Notice a broad loop such as Why am I always like this?
2. Describe what happened in a specific, ordinary sequence.
3. Ask how to handle one next moment differently.

Notice: Did you gain a next step instead of another explanation?

Adapt it

Child: What happened at the game, and what can we try next time?

Teen: How can I begin the conversation I have been avoiding?

Adult: What is the next practical part of this repair?

Use: One concrete next question.

Care: Do not repeatedly reconstruct events or process trauma memories alone.

Practice adaptation: Adapted from rumination-focused principles; trials concern clinician-supported programs.

Sources: E06, E08

T08 / Set a brief worry check-in

For general what-if worry, experiment with a planned time to consider concerns. The aim is flexible attention, not banning worry.

Try it

1. Choose a brief check-in away from bedtime.
2. If useful, note a concern in a few words and return to your activity.
3. At the check-in, choose an action or leave uncertainty unresolved.

Notice: Was returning to activities easier or harder?

Adapt it

Child: Draw one worry and discuss it briefly with a safe adult.

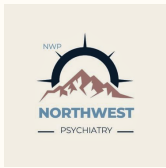
Teen: Save a short note for an agreed afternoon check-in.

Adult: Review a concern list once and identify any practical next step.

Use: A few days, then review.

Care: Stop if the check-in becomes compulsory, prolonged, or another reassurance ritual.

Practice adaptation: Worry-management practice; this exact exercise has not been validated. Sources: E03, E01



Support cards / 5

OPTIONAL SKILL LIBRARY

T09 / Let a question remain unfinished

When the same question keeps asking for certainty, practice making room for uncertainty while choosing a reasonable next action.

Try it

1. Notice the pull to settle the question again.
2. Acknowledge that complete certainty may be unavailable.
3. Return to an agreed, ordinary activity or existing treatment plan.

Notice: Could you continue the activity with uncertainty present?

Adapt it

Child: With support, leave a small question open and return to play.

Teen: Notice the urge to recheck feelings and follow the agreed care plan.

Adult: Leave a repeated doubt unanswered while resuming a chosen task.

Use: A manageable, agreed practice.

Care: No risky exposure tasks; seek tailored ERP support for OCD-related patterns.

Psychoeducation and practice adaptation: OCD care addresses rituals; this card is not an ERP protocol. Sources: E04

T10 / Reconnect with the present setting

When overwhelmed or disconnected, use a gentle external cue to orient to where you are and who can support you now.

Try it

1. Look around and name a few neutral things you can see.
2. Notice a comfortable point of contact or a familiar sound.
3. Choose a next step or connect with a trusted person.

Notice: Did orientation help you connect or choose a next step?

Adapt it

Child: Find three colors in the room with a calm adult.

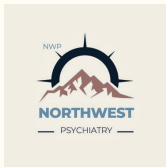
Teen: Notice the room and decide whether to ask for support.

Adult: Orient to the setting and choose a manageable next action.

Use: Briefly, while useful.

Care: Stop if more distressed; grounding is not trauma processing or a thought-erasing ritual.

Supportive adaptation: Supportive adaptation, not a validated stand-alone trauma treatment. Sources: E09



Support cards / 6

OPTIONAL SKILL LIBRARY

T11 / Try a small, safe prediction test

For a manageable everyday belief, compare a prediction with what happens during one ordinary, safe action. Allow a mixed result.

Try it

1. Write one prediction about a low-stakes situation.
2. Choose a safe action that fits your responsibilities and boundaries.
3. Record what happened once and what you learned.

Notice: What did the observation add to your understanding?

Adapt it

Child: Ask a trusted teacher for help with one problem.

Teen: Offer one idea in a supportive group discussion.

Adult: Ask one appropriate clarifying question at work.

Use: One action, then review.

Care: Do not test danger, medical risks, abuse, or intrusive harm fears.

Practice adaptation: CBT-informed learning practice; not a self-directed exposure prescription. Sources: E02, E03, E04

T12 / Ask for support without an endless debate

Agree on help that validates distress and supports a next step. Support does not require proving that every feared outcome is impossible.

Try it

1. Tell the person what kind of help is useful.
2. Ask for listening, company, practical help, or the agreed care-plan reminder.
3. Choose a next step together rather than repeating the same argument.

Notice: Did support help you act or reconnect?

Adapt it

Child: Please sit with me while I start the first step.

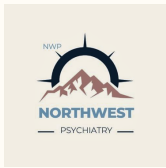
Teen: Listen briefly, then help me follow my agreed plan.

Adult: Help me choose an action instead of reviewing the same evidence again.

Use: Agree during a calm moment.

Care: Change family reassurance patterns sensitively with clinical guidance; avoid abrupt withdrawal or shaming.

Guideline-informed adaptation: NICE supports sensitive reduction of family involvement in OCD reassurance. Sources: E04



Support cards / 7

OPTIONAL SKILL LIBRARY

T13 / Create a workable decision point

When ordinary decisions become prolonged analysis, identify the information that is actually needed and a reasonable point to choose.

Try it

1. Choose a small, reversible decision.
2. Name the essential information and a practical stopping point.
3. Make the choice and return to the next activity.

Notice: Did you decide with acceptable effort and flexibility?

Adapt it

Child: Choose between two suitable activities with adult support.

Teen: Pick a workable order for today's homework tasks.

Adult: Choose a low-stakes routine using the information already available.

Use: One small, reversible decision.

Care: Do not rush medical, legal, safety, or major financial decisions.

Practice adaptation: Original problem-solving support without a diagnostic or efficacy claim. Sources: E02

T14 / Make a gentle return plan

Difficult patterns can return under stress. Prepare a short reminder of useful supports, and review the plan without grading yourself.

Try it

1. Name one early sign that ordinary functioning is getting harder.
2. Choose one helpful response and one person or resource.
3. Set a planned check-in and adjust the support as needed.

Notice: What helped, and what should change next time?

Adapt it

Child: If homework gets stuck, use the picture cue and ask an adult.

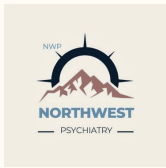
Teen: If replaying interrupts sleep, discuss the pattern at the planned visit.

Adult: If checking grows, review the care plan with my clinician.

Use: Review at a planned interval.

Care: Skip ratings if monitoring itself becomes repetitive or distressing.

Practice adaptation: Planning and review support care; this is not a validated scale. Sources: E02, E03, E04



Guide and useful context / 1

LEARN A LITTLE MORE

A thought pattern and a thought loop are different

A distortion label describes a possible bias in content. A loop is a repetitive process that is hard to leave. A partly accurate thought can still become an unhelpful loop.

- Is this interpretation incomplete or too absolute?
- Is more thinking helping me understand or act?
- Use labels gently, never to judge a person.

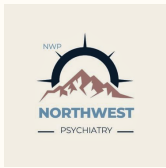
Sources: E01, E02

Choose the response before choosing the worksheet

For a concrete problem, make a plan. For an inflexible interpretation, consider one brief thought record. When analysis repeats without adding information, change the response or activity.

- Real danger: seek protection and support.
- Hypothetical worry: allow uncertainty and return to an activity.
- Repetitive checking: avoid another certainty search; discuss a tailored plan.

Sources: E02, E03, E04



Guide and useful context / 2

LEARN A LITTLE MORE

Thoughts, feelings, and actions influence one another

Feelings are real experiences, but understanding a situation may require additional information. Checking an interpretation need not dismiss the feeling. Aim for accurate, compassionate, usable thinking rather than forced positivity.

- Separate observations from inferences.
- Allow emotion while choosing a response.
- Progress can include meaningful action with discomfort present.

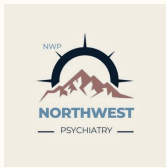
Sources: E02, E03

When unwanted thoughts lead to rituals

An unwanted thought is different from an intention. Reassurance, mental reviewing, checking feelings, or replacing thoughts can become OCD-related rituals. Assessment matters; this workbook cannot diagnose the pattern.

- Do not repeat a worksheet until it feels certain or just right.
- Use an existing clinician-guided plan; this tool does not prescribe exposure tasks.
- If there is actual intent, a plan, or immediate danger, seek urgent help.

Sources: E04, E10



Guide and useful context / 3

LEARN A LITTLE MORE

Keep real experiences and context in view

Bullying, abuse, discrimination, grief, and hardship deserve recognition and practical support. Do not use distortion labels to dismiss accurate accounts or pressure someone to forgive harm.

- Ask what support or protection is needed.
- Skip detailed trauma replay if distress or disconnection increases.
- Trauma-focused treatment needs a distinct, clinician-supported plan.

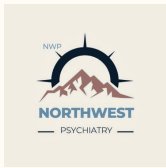
Sources: E09

Adapt the process to the person

Children can draw or use an adult's help; teens need privacy and choice. Adults can use everyday responsibilities. Adapt to communication and developmental needs, not age alone.

- Start with a manageable situation and brief practice.
- Caregivers can validate distress without an endless debate.
- Ask what help the person wants.

Sources: E04, E05, E07



Guide and useful context / 4

LEARN A LITTLE MORE

What the evidence supports

CBT and treatments targeting repetitive negative thinking can help in trials of structured programs. These findings do not validate this workbook, matching suggestions, isolated cards, or personal ratings.

- The 2025 CBT meta-analysis included 55 studies and 4,970 participants; a 2026 correction revised subgroup estimates.
- The 2025 internet rumination-focused trial included therapist support and a waitlist comparator.
- Child and adolescent findings require developmentally appropriate care, rather than simply copying adult exercises.

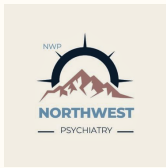
Sources: E01, E05, E06, E11

Review function, not perfect thoughts

Review usefulness, burden, and functioning at a planned check-in. Seek clinical help for persistent distress, avoidance, disrupted functioning, escalating rituals, or marked changes in your usual state.

- Adapt exercises that become rituals or increase preoccupation.
- A difficult day is information, not failure.
- Use the workbook between supportive conversations.

Sources: E02, E03, E04



Evidence and sources / 1

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E01 / Stenzel KL, Keller J, Kirchner L, Rief W, Berg M. (2025). Efficacy of cognitive behavioral therapy in treating repetitive negative thinking, rumination, and worry: a transdiagnostic meta-analysis. Psychological Medicine. DOI: 10.1017/S0033291725000017.

Supports: Across 55 studies and 4,970 participants, CBT interventions reduced repetitive negative thinking compared with controls. Evidence concerns treatment packages.

Limits: Results vary across designs and interventions. A 2026 correction revises treatment-specificity subgroup estimates; see E11. This does not validate the workbook or isolated cards.

<https://pubmed.ncbi.nlm.nih.gov/39916353/>

E02 / NICE. Depression in adults: treatment and management (NG222). Recommendations, including guided self-help and psychological treatments. Current guidance reviewed October 2026.

Supports: Structured CBT, behavioral activation, and problem-solving approaches can be part of guided care. Plans should consider needs, preferences, access, and review.

Limits: UK guidance for adults. Clinician-supported treatment recommendations do not establish an effect from a generic self-guided worksheet.

<https://www.nice.org.uk/guidance/ng222/chapter/Recommendations>

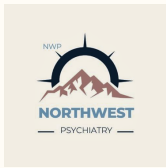
E03 / NICE. Generalised anxiety disorder and panic disorder in adults: management (CG113). Recommendations. Current guidance reviewed October 2026.

Supports: Stepped care includes CBT-based self-help and clinician-delivered treatment according to needs, impairment, preferences, and response.

Limits: Adult clinical guidance; original intake questions cannot diagnose GAD or select treatment intensity. Self-help should be appropriate to the person.

<https://www.nice.org.uk/guidance/cg113/chapter/Recommendations>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.



Evidence and sources / 2

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E04 / NICE. Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31). Recommendations, especially 1.4.1.3, 1.5.2.2, and 1.5.2.9. Current guidance reviewed October 2026.

Supports: OCD care addresses mental rituals, neutralising, and reassurance involvement. Family changes should be sensitive and supportive. Intrusive themes require careful interpretation and appropriate expertise.

Limits: The workbook does not diagnose OCD, assess risk comprehensively, or prescribe ERP exposures. Unwanted thoughts alone must not be equated with intent.

<https://www.nice.org.uk/guidance/cg31/chapter/Recommendations>

E05 / James AC, Reardon T, Soler A, James G, Creswell C. (2020). Cognitive behavioural therapy for anxiety disorders in children and adolescents. Cochrane Database of Systematic Reviews. DOI: 10.1002/14651858.CD013162.pub2.

Supports: A review of 87 studies involving 5,964 participants supports short-term CBT benefit compared with waiting list/no treatment for diagnosed youth anxiety disorders.

Limits: Comparisons with usual care or alternative treatments were less certain. This is evidence for treatment programs, not every cognitive worksheet or every child.

<https://pubmed.ncbi.nlm.nih.gov/33196111/>

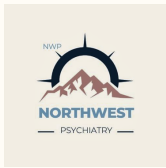
E06 / Tulbure BT, Dudau DP, Marian S, Watkins E. (2025). An Internet-Delivered Rumination-Focused CBT Intervention for Adults With Depression and Anxiety: A Randomized Controlled Trial. Behavior Therapy. DOI: 10.1016/j.beth.2024.12.004.

Supports: A 118-adult trial found improvements in repetitive thinking and symptoms after therapist-supported internet rumination-focused CBT compared with a waitlist.

Limits: A supported clinical program in a selected adult sample; not equivalent to an unguided offline workbook. The six-month follow-up lacked a continuing control comparison.

<https://pubmed.ncbi.nlm.nih.gov/40541378/>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.



Evidence and sources / 3

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E07 / Topper M, Emmelkamp PM, Watkins E, Ehring T. (2017). Prevention of anxiety disorders and depression by targeting excessive worry and rumination in adolescents and young adults: A randomized controlled trial. Behaviour Research and Therapy. DOI: 10.1016/j.brat.2016.12.015.

Supports: In 251 adolescents and young adults with elevated repetitive negative thinking, a six-week group or internet intervention improved reported outcomes compared with waitlist.

Limits: A selected prevention sample, predominantly female, and a specific program. It does not establish efficacy for younger children or this workbook.

<https://pubmed.ncbi.nlm.nih.gov/28049069/>

E08 / Watkins ER, et al. (2011). Rumination-focused cognitive-behavioural therapy for residual depression: phase II randomised controlled trial. British Journal of Psychiatry. DOI: 10.1192/bjp.bp.110.090282.

Supports: In a small trial of 42 adults with residual depression, adding clinician-delivered rumination-focused CBT improved outcomes compared with treatment as usual.

Limits: The trial lacked an attention-matched control. It supports further study of a treatment package, not a promise that changing one thinking habit will resolve depression.

<https://pubmed.ncbi.nlm.nih.gov/21778171/>

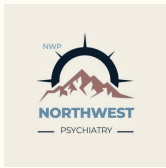
E09 / NICE. Post-traumatic stress disorder (NG116). Recommendations on psychological interventions and age adaptations. Current guidance reviewed October 2026.

Supports: Trauma-focused care is tailored, delivered by trained practitioners, and includes appropriate support and safety planning. Child care requires developmental adaptation.

Limits: A generic thought workbook is not trauma-focused therapy. Detailed memory processing and exposure should not be improvised from these exercises.

<https://www.nice.org.uk/guidance/ng116/chapter/Recommendations>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.



Evidence and sources / 4

LINKED REFERENCES

Selected primary research and official guidance. Evidence for a treatment package does not validate this original workbook, its questions, or its suggested matches.

E10 / National Institute of Mental Health. Help for Mental Illnesses. Immediate-help information reviewed October 2026.

Supports: U.S. emergency guidance distinguishes 911 for life-threatening situations and 988 crisis support for suicidal crisis or emotional distress.

Limits: The workbook is not monitored and cannot provide emergency assessment or response. Local services apply outside the United States.

<https://www.nimh.nih.gov/health/find-help>

E11 / Stenzel KL, et al. (2026). Corrigendum to Efficacy of cognitive behavioral therapy in treating repetitive negative thinking, rumination, and worry: a transdiagnostic meta-analysis. DOI: 10.1017/S0033291726103304.

Supports: Reclassification of treatment-specificity subgroups changed subgroup estimates; the authors reported that the overall conclusions were unchanged.

Limits: Use the corrected subgroup estimates if discussing numerical comparisons. This workbook does not present subgroup differences as proof that one isolated technique is best.

<https://pubmed.ncbi.nlm.nih.gov/41592808/>

External source links need internet access. The workbook pages and companion HTML exercises are available offline. Evidence reviewed October 30, 2026; revisit guidance when using a future revision.