

# STRIDE Workbook

## Session 2

### In this session, we will:

- ❖ Review your practice since our last session
- ❖ Understand how our thoughts, feelings, and behaviors are connected
- ❖ Explore common unhelpful thought patterns
- ❖ Learn to challenge the accuracy of our unhelpful or worry thoughts
- ❖ Identify new, more accurate ways of thinking and acting

## Reframing Thoughts

### Review

Since our last session, you explored strategies for remembering to take your medication and practiced relaxation with diaphragmatic breathing.

- *How was your practice this week?*
- *What types of things got in the way of practicing or using a reminder strategy?*
- *What was helpful or unhelpful?*

Feel free to write down any thoughts below:

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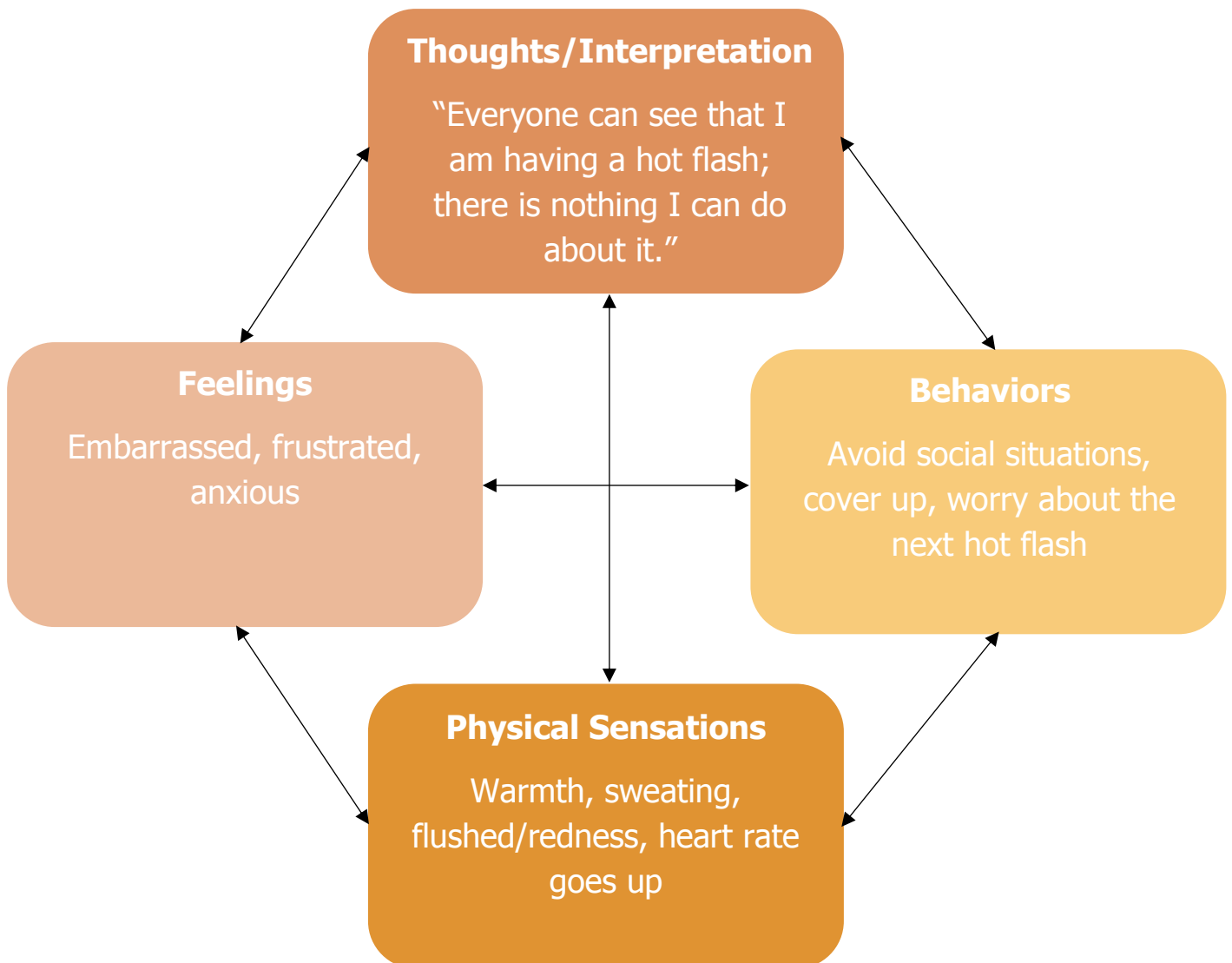
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## Adaptive Thinking & Reframing Thoughts (Cognitions)

As you saw from the lemon imagery exercise, our thoughts elicit strong feelings and sensations.

In the diagram below, you can see that what we **think** about a situation affects how we **feel**. How we **feel** affects what we **do in response** to the situation, and what we **do in response** affects how we **think** and **feel** about it. Sometimes that results in doing something that is unhelpful or incongruent with your goals. This is a cycle that only you can change by changing your perception and thoughts about the situation you are in.



**In this example, a woman is having a hot flash in public:**

**Automatic Thoughts/Interpretations:** She immediately thinks that everyone is staring at her and will know that she is having a hot flash; she thinks she has no control and can't cope with the situation.

**Feelings:** These thoughts lead to feelings of embarrassment, frustration, and worry about how people will perceive her and how she appears.

**Physical Sensations:** Those feelings are also heightened by physical sensations of heat, redness, sweating, and heart palpitations. Noticing these sensations makes her worry thoughts worse.

**Behaviors:** In turn, she quickly leaves the setting she is in and covers up so that people won't notice next time. This makes her situation worse because there is more of a chance that she will have another hot flash by covering and wearing heavy clothes.

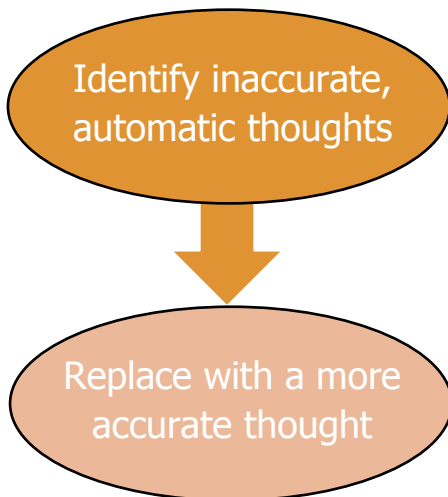
Her worries about the next time she has a hot flash in public also cause her more stress and thoughts of hopelessness and feeling out of control. She now avoids social situations, which leads to more sadness and loneliness, and the cycle continues.

## To Break the Cycle:

Become aware of your automatic thoughts (the first thing that comes to your mind):

**Step 1:** Identify what thoughts might be an exaggeration, inaccurate, or unhelpful (see next page).

**Step 2:** Replace an unhelpful thought with a new thought that is less negative, and more accurate.



Note! This is different than “positive thinking.” We don’t encourage “only thinking positive thoughts.” Why? Just replacing a negative thought with a positive thought is not helpful either. For example, telling yourself “everything is great” when you are in the middle of having a hot flash is not going to make you feel better, because in that moment things are not truly great! However, perhaps things are not quite as bad as you perceive them to be in that moment.

The goal is to come up with the middle ground that is neither overly positive or overly negative. Alternative thoughts that are true, realistic, neutral, and help you worry a little less.

### Step 1: Identify what thoughts might be an exaggeration, inaccurate, or unhelpful. (Adapted from Antoni CBSM)

**A. All-or-Nothing Thinking (Black or White Thinking):** You label things as fully one way or the other. With this way of thinking, you ignore in-betweens or gray areas. All-or-nothing thinking comes from trying to be perfect. When aiming for perfection, you fear any mistake or imperfection because if you aren't perfect, you see yourself as a total failure. Then you may feel inadequate and worthless. This type of thinking is often unrealistic because life is rarely completely one way or the other.

Examples of this type of thinking are: "I must either be back to my full work performance or I may as well not go to work at all" or "I accidentally missed my medication this morning, so I might as well not take it at all today."

**B. Over-Generalization:** You apply a single event to all future instances. You see a single negative event as a never-ending pattern of defeat. You conclude that something that happened to you once will occur over and over again. Since what happened is usually unpleasant, you feel upset.

For example, you might say, "Now that I have developed breast cancer all my children and grandchildren are doomed to have cancer too" or "I have had joint pain before so I am definitely going to have bad joint pain on this medication."

**C. Labeling or Mislabeled:** This is an extreme form of overgeneralization. Personal labeling means creating a completely negative self-image based on one mistake. Instead of describing your mistake ("I messed up") you attach a negative label to yourself ("I'm stupid"). We also do this to other people such as when someone's behavior rubs us the wrong way and we attach a negative label ("What a fool"). If someone makes a mistake, it's just a mistake. It does not mean that we, or others, are bad or stupid.

An example is: "This medication is horrible" or thinking "I can't remember anything" and then assume that you won't be able to remember to take your hormonal therapy.

**D. Magnification (Catastrophizing or Minimization):** You exaggerate the importance of some things (such as your mistake or someone else's achievement) or you shrink the importance of other things (your own desirable qualities or another person's imperfections).

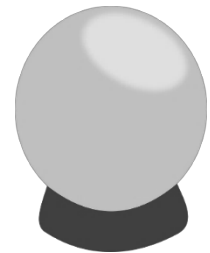
- Magnification commonly occurs when you look at a situation and blow it out of proportion. For example, "Now that I've had surgery my partner won't want me anymore. My partner will leave me. I will have no financial or emotional support. I will be all alone."
- Minimizing occurs when you look at your strengths or at the positive points of a situation and minimize their importance, for example, minimizing your personal accomplishments by ignoring the importance of that which you accomplished. For example, "I doubt that this medication is even working," or "I can't do anything about my side effects, so I might as well not bring it up to anyone or seek any help."

**E. Disqualifying the Positive:** You reject positive experiences by insisting they "don't count" for some reason. This way you can maintain a negative belief even though your every day experiences might suggest otherwise. An example of this is the way that some people respond to compliments. We have learned how to respond to compliments and when someone praises your work, clothes or appearance you might automatically tell yourself, "They are just being nice." Disqualifying the positive is one of the most destructive examples of negative thinking. The take-home message is "I am second-rate and not worthy". Regarding your hormonal therapy, it might take the form of disregarding the benefits of the medication because of the unpleasant side effects, or ignoring compliments that people give you because you are feeling self-conscious about your body image after surgery or hair loss after chemotherapy.



**F. Jumping to Conclusions:** You make a negative interpretation even though there are no definite facts that support your conclusion. There are two types of this: “mind reading” and the “fortune teller error.”

- **Mind Reading:** You immediately conclude that someone is reacting negatively to you, and you don’t bother to check this out. For example, you make the assumption that other people are looking down at you and you are so convinced of this that you don’t even bother to see if that is true. For example, you are walking around Boston and you pass a friend on the street. Your friend is so absorbed in her own thoughts that she doesn’t notice you and neglects to say hello. You automatically conclude: “She is ignoring me. She must be angry at me.” or “my doctor won’t understand my side effects so it’s not worth bringing them up.”
- **The Fortune Teller Error:** You anticipate that things will turn out badly and you feel convinced that your prediction is an already-established fact. It is like having a crystal ball that predicts only misery for you. You imagine that something bad is going to happen and you take this prediction as a fact, even though it may be unrealistic. “I’m bound to have a recurrence, it’s just a matter of time.” vs. “I may or may not ever have a recurrence but worrying won’t change the future. I can make the most of each day and focus on leading a healthy life.”



**G. Should Statements:** You try to motivate yourself with “shoulds” and “shouldn’ts,” as if you had to be punished before you could be expected to do anything. “Musts” and “oughts” are also offenders. This results in emotions of guilt and blame. When you direct should statements toward others, you feel anger, frustration, and resentment. When you tell yourself that you should do this or that, you are putting pressure on yourself and start to get resentful.

Common examples are “I should be able to do this all by myself. I should not ask for help,” or “I shouldn’t have to ask for help. People should know what I need and if they don’t, it means they just don’t care about me.”

**Exercise 2.1: Identifying a negative thought**

A woman is supposed to meet friends for dinner, but she is in a great deal of joint pain. She says to herself:

*"I don't feel like going and I know I won't enjoy being out with friends at all. No one understands the joint pain I feel. I shouldn't have agreed to these plans in the first place."*

**What types of inaccuracies do you notice in these thoughts? (e.g., jumping to conclusions)**

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**How might these negative thoughts influence her behavior?**

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- She may respond to these thoughts by canceling plans with friends, setting up a pattern of withdrawing from social activities. This pattern of withdrawal deprives her of opportunities for enjoyment and even healthy distraction from pain.
- Predicting that she won't enjoy yourself is self-defeating because it may act as a self-fulfilling prophecy and set up a negative interaction with her friends, or a negative outlook on the evening that discounts moments that she might have enjoyed.
- The assumption that no one understands her may be unrealistic as we don't always know what other people have experienced or are dealing with currently. By assuming that no one else can appreciate our experience, we close ourselves off from potential support from others, and make way for feelings of social isolation.



**Step 2: Replace an unhelpful thought with a new thought that is less negative and more accurate.**

To identify an alternative thought, ask yourself:

- Is this thought accurate? How much do I really believe this is true?
- What is the evidence that makes this thought true, or not true? Is there more evidence that it is not true?
- What would a close friend or family member tell me in this situation?
- What would I say to someone else in this situation?
- What is the worst-case outcome here?
- Is there language that is less extreme to describe the situation or how I feel?
- Can I identify a plan of action?
- Can I do this differently or break it up into manageable steps?

<b>Old Automatic Thought</b>	<b>Types of Inaccurate Thoughts</b>	<b>New Alternative Thought (Accurate)</b>
<p>"I don't feel like going and I know I won't enjoy being out with friends at all. No one understands the joint pain I feel. I shouldn't have agreed to these plans in the first place."</p>	<ul style="list-style-type: none"> <li>• Fortune telling</li> <li>• All or nothing thinking</li> <li>• Over-generalization</li> <li>• Should statements</li> </ul>	<p>"I don't feel like going to dinner because I am in pain, but I might enjoy myself once I am there and it may help to take my mind off the pain. I will go for a short bit, knowing that I can leave early if I need to. My friends care about me and will likely understand if I need to leave early."</p>

This new thought leads to a different behavior; she goes to dinner with her friends, giving herself the opportunity for distraction and enjoyment, knowing that she can leave early if she needs to. Friends who care about her will understand, but ultimately, she may choose to do what is right for her and may have to let go of concerns about what other people think.

The key to this alternative new thought is that it is not overly positive; it acknowledges the pain and the potential for a different evening than originally anticipated but doesn't lead to completely avoiding the social activity.

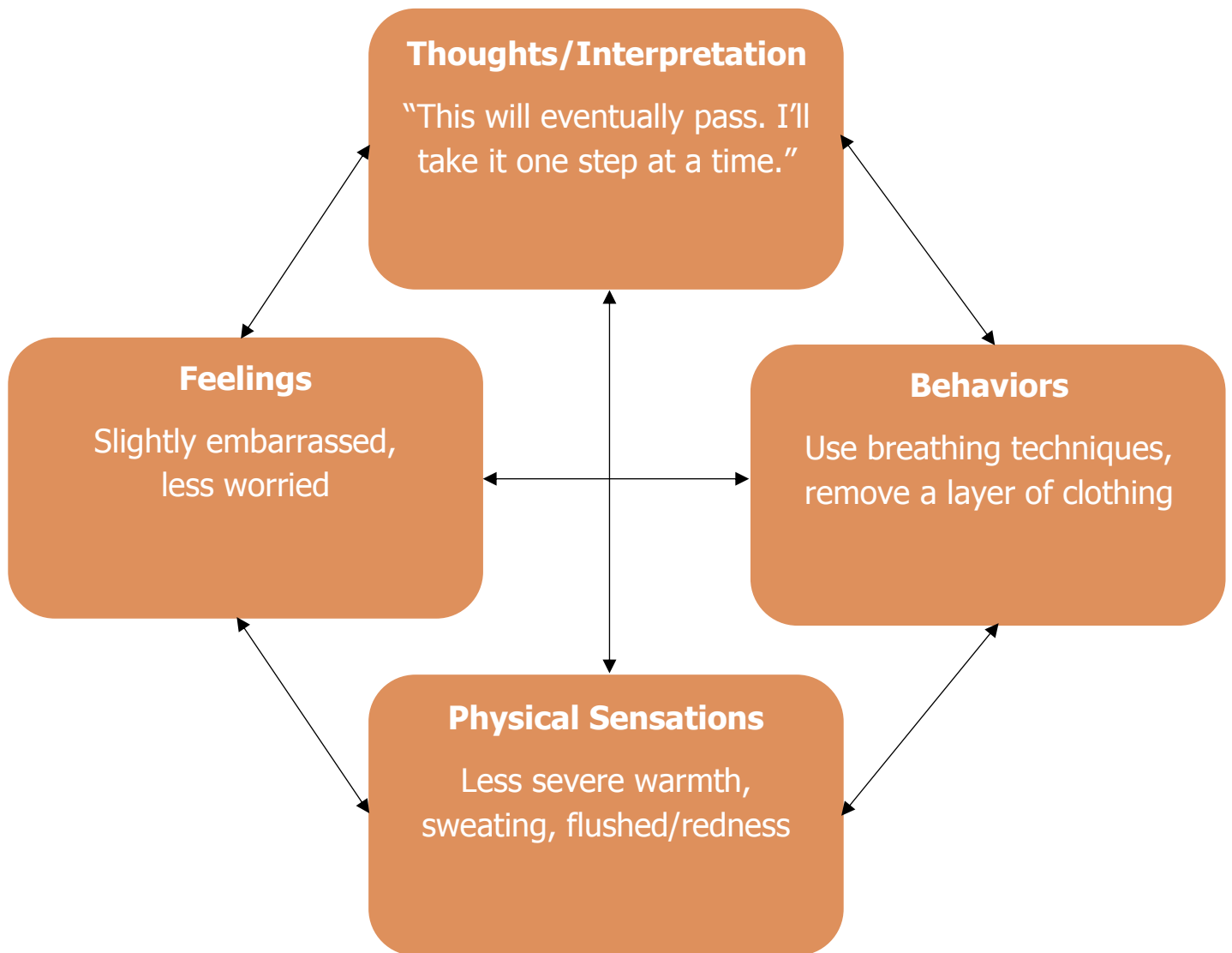
### Exercise 2.2: Replacing thoughts

Let's look back at our first example of the woman having a hot flash in public. What types of inaccuracies do you notice in her thoughts and what are some new, more accurate thoughts to replace the old thoughts?

Old Automatic Thought	Types of Inaccurate Thoughts	New Alternative Thought (Accurate)
"Everyone knows I am having a hot flash"		
"There is nothing I can do about it"		
"This will never end"		
"I should be able to control this"		

Notice that when this person's thoughts are more accurate, her emotions and physical sensations are less severe, and she responds in a way that is helpful for her and keeps her feeling in control of the hot flash:

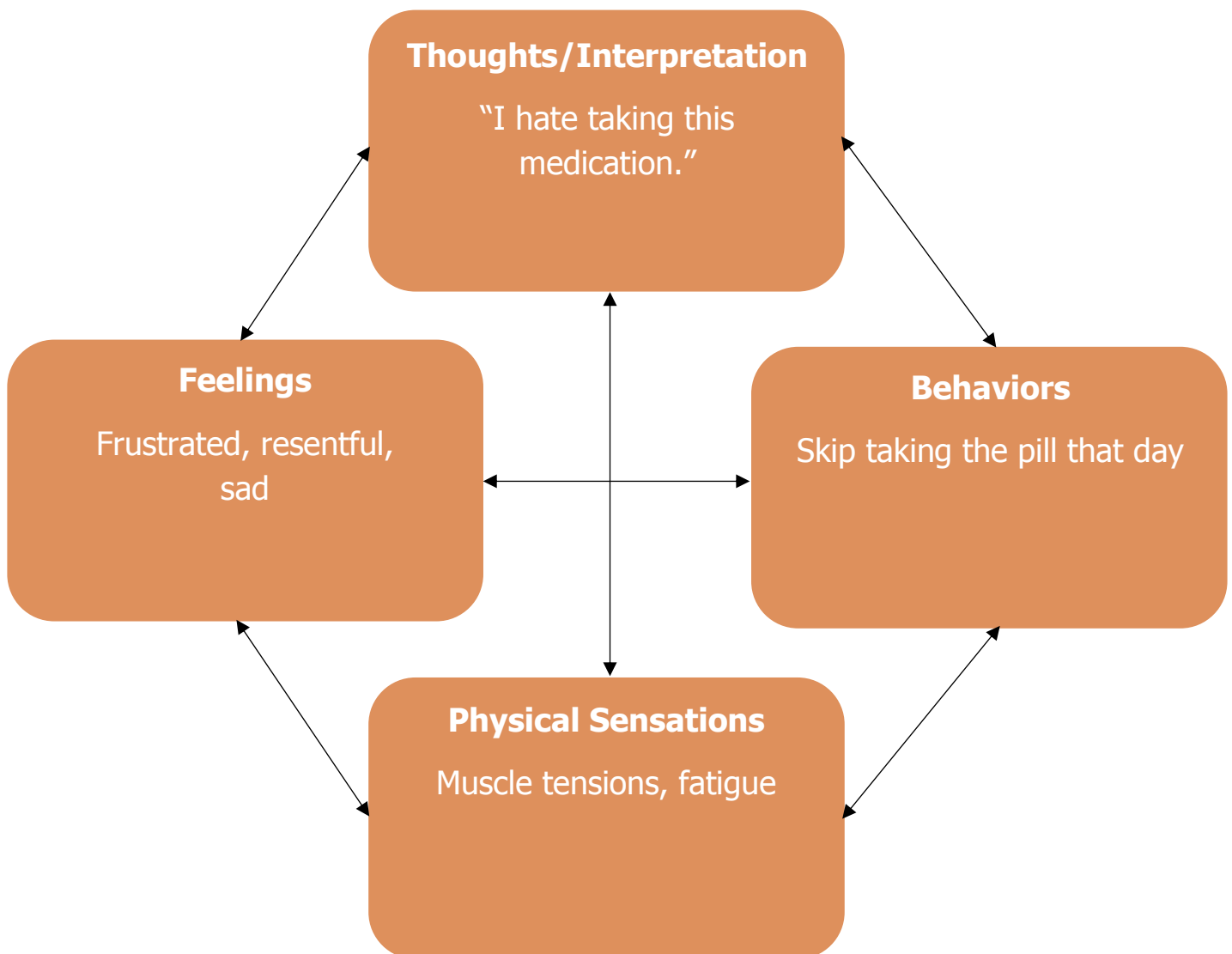
Situation: Hot flash



## Negative Thoughts about Hormonal Therapy

It is very common to have negative thoughts about hormonal therapy. Some women describe that they really do not like taking their medication. Let's examine a possible scenario where a woman has a thought about her hormone therapy that results in her decision not to take her pill that day:

Situation: Remembering to take your hormonal therapy



To prevent a scenario in which this person skips their hormonal therapy one day, we can break the cycle by identifying an alternative, more accurate thought:

Old Automatic Thought	Types of Inaccurate Thoughts	New Alternative Thought (Accurate)
<p>"I hate taking this medication."</p>	<ul style="list-style-type: none"> <li>• Magnification</li> <li>• Disqualifying the positive</li> </ul>	<p>"I don't like taking this medication, and yet I know that it is important for my health. I will take it today and talk to my doctor about some of the side effects I am experiencing."</p>

To identify a more helpful, accurate thought that doesn't interfere with taking her medication, this person:

"I don't like taking this medication, and yet I know that it is important for my health. I will take it today and talk to my doctor about some of the side effects I am experiencing."

- A. Used less extreme language (don't like it vs. hate it)
- B. Deconstructed the problem into manageable steps (I will take it for today and deal with tomorrow, tomorrow)
- C. Identified a plan of action to help herself given the struggles she is having related to the medication

## 2.3 Session 2 Home Practice

Do you ever have negative thoughts about your hormonal therapy? Do you have thoughts about stopping it, wonder whether it is working, or experience strong emotions around taking it?

List some of the automatic thoughts that come to your mind about your medication. Are these thoughts helpful or unhelpful? What more realistic, accurate, or helpful thoughts can you come up with to replace the unhelpful thoughts?

Fill out the table on the next page so that we can review it together next week. If you have no negative thoughts about hormone therapy, you can use examples from anything stressful that comes up during your week (e.g., running late, dealing with issues after breast cancer treatment, sitting in traffic, being sick, argument with a friend or family member).

### **To come up with accurate thoughts, remember these questions:**

- ❖ Is this thought accurate? How much do I really believe this is true?
- ❖ What is the evidence that makes this thought true, or not true? Is there more evidence that it is not true?
- ❖ What would a close friend or family member tell me in this situation?
- ❖ What would I say to someone else in this situation?
- ❖ What is the worst-case outcome here?
- ❖ Is there language that is less extreme to describe the situation or how I feel?
- ❖ Can I identify a plan of action?
- ❖ Can I do this differently or break it up into manageable steps?

Situation	Automatic Thought	Emotions	Physical Sensations	Type of Cognitive Inaccuracy	New Alternative Thought (accurate)	Response
Having a hot flash in public	Everyone knows I am having a hot flash. There is nothing I can do about it. This will never end I should be able to control this.	Embarrassed, frustrated, anxious	Warm, sweating, redness/flushed, heart rate increased	Over-generalization, mind-reading, all or nothing thinking, minimization, catastrophizing/magnification, should statements	<ul style="list-style-type: none"> <li>I know I am having a hot flash, but others may not notice. If they do notice, they won't judge me for having a hot flash.</li> <li>There are things I can do to take control, like remove a layer, take some relaxing deep breaths to slow my heart rate, and keep calm</li> <li>My temperature will eventually regulate even if it may feel like this will go on forever. It will gradually reduce over time</li> <li>I will take things one step at a time; one hot flash at a time. Let's see how well I can deal with this one right now.</li> </ul>	<ul style="list-style-type: none"> <li>Use breathing techniques</li> <li>Remove a layer of clothing</li> <li>Stay calmer than before</li> <li>Don't avoid going out in public next time because of worries of having a hot flash</li> </ul>





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Book design by Emily Walsh