

ABCDE Record Instructions

A: Adversity. Write out what adversity you have allowed to upset your mood.

B: Beliefs. What are the automatic thoughts that are running through your mind in connection to the adverse situation that you are allowing to upset your mood?

C: Consequences. What were with the consequences of following this Adversity-Beliefs combo? If you didn't let it play out yet, what would be the consequences of continuing to think the thoughts in "B: Beliefs"?

D: Disputation. Some people are accustomed to distracting themselves from mounting a disputation to their (habitual/automatic) beliefs in connection to the adverse situation. In this exercise, we want you to deliberately stand up for yourself and mount a disputing argument to your beliefs. Imagine someone hurling the same beliefs at you in the form of a criticism; this is a practice called distancing - a useful problem-solving technique. When preparing a disputation, consider the following:

1. What is the EVIDENCE backing up what they are saying?
2. What are ALTERNATIVE explanations to explain the adverse situation?
3. What are the IMPLICATIONS to your adverse situation? Are there less catastrophic implications?
4. How USEFUL are entertaining these beliefs right now?

E: Energization. What is the change in your mood/energy and your disposition to the adversity after doing the above exercise? That is, what is the change in how you feel due to changing your beliefs (and possibly their consequences) to more balanced ones as you uncovered during your disputation?

Example: Nurse

Adversity: I have six hours left of my shift, we're short-staffed, and a doctor just told me I was too slow

Belief: She's right. I *am* too slow. I should be able to keep things running smoothly at all times, and I don't. The other nurses would be able to keep up. I guess I'm just not right for the job.

Consequences: I feel really down on myself, and I feel guilty that I am not doing as good a job as I ought to. I feel like running out of the hospital in the middle of my shift.

Disputation: It would be ideal if things ran smoothly all the time, but that's not realistic, especially around a hospital. Anyway, it is not my responsibility alone to make sure everything is taken care of. I'm doing just as well as other nurses on the shift. I may have been a little slower than usual, but we're short-staffed today so I am taking on extra responsibility, which means that things take a little longer. I can feel good about taking on the extra work instead of feeling bad about the slight inconvenience it causes the doctor.

Energization: I feel a lot better about myself and much, much less guilty about any inconvenience to the doctor. The prospect of six more hours doesn't seem so overwhelming.

Fellow Nurse: Nothing you do is ever enough. The patients always want your attention, and the doctors are continually criticizing you. If you were a better nurse you could make the patients *and* the doctors happy.

You (on the hot seat): it's true - no matter how hard I work there will still be things that need my attention [evidence]. That's just part of the job. It doesn't mean I'm not a good nurse [implication].

Fellow Nurse (interrupting): This is a high-pressure job, and you just don't have the drive to make it.

You (responding): It's not realistic to think I have the responsibility or the power to make either the patients or the doctor happy. I can keep the patients as comfortable as possible, and I can help the doctors manage their workload, but I am not responsible for their happiness [alternatives]. It's a high-pressure job, and I'd like to learn some ways of handling the pressure. I'll set aside some time to talk to the more experienced nurses about how they manage the pressure [usefulness].