

***Cognitive
Behavior
Management
#06***

***Thought
Stopping***

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The enclosed techniques and procedures were developed with materials from a workbook of cognitive behavior techniques titled 'Thoughts & Feelings' and written by Matthew McKay, Martha Davis and Patrick Fanning. The workbook was published by New Harbinger Publications, Inc. In 1997.

Technique #06 Thought Stopping

Clinical Prompt

- Step 1 List Unwanted Thoughts
- Step 2 List Pleasant Thoughts
- Step 3 Entertain Unwanted Thoughts
- Step 4 Interrupt Unwanted Thoughts
- Step 5 Switch to Pleasant Thoughts
- Step 6 Repeat with variations
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 - normal voice
 - whisper
 - subvocal
- Step 7 Use in Real Life

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Forms & Charts

Scene Log

CBM#06-001

Technique #06 Thought Stopping

Introduction

Thought stopping involves concentrating on an unwanted thought for a short time, then suddenly stopping it and emptying your mind. The internal command 'Stop!' or snapping a rubber band on the wrist is generally used to interrupt the unpleasant thought.

One of the oldest cognitive techniques still commonly practiced, thought stopping was introduced by Bain in 1928 in his book *Thought Control in Everyday Life*. In the late 1950s it was adapted by Joseph Wolpe and other behavioral scientists for obsessive and phobic thoughts.

Symptom Effectiveness

Thought stopping has proved effective with a wide variety of obsessive and phobic thought processes: color naming, sexual preoccupation, hypochondriasis, obsessive thoughts of failure, sexual inadequacy, obsessive memories, and frightening, recurring impulses leading to chronic tension and anxiety attacks. While thought stopping is only effective in approximately 20 percent of cases involving compulsive ritual behavior, it is more than 70 percent effective in controlling thoughts about simple phobias such as fear of snakes, driving, the dark, elevators, someone lurking in the house at night, fear of insanity, and so on. Thought stopping is recommended when the problem behavior is primarily cognitive rather than acted out. It is indicated when specific thoughts or images are repeatedly experienced as painful or leading to unpleasant emotional states.

Time for Mastery

This is a simple technique that can be mastered in three days to one week of conscientious practice, with three or four ten-minute sessions a day.

Instructions

Work through the following sections in order, using the Scene Logs to record the scenes and thoughts that you need to concentrate on.

Step 1. List The Unwanted Thoughts.

On a piece of scratch paper, have the child write down three or four topics that haunt them - things s/he can't stop worrying about. For example, s/he might list whether s/he remembered to turn off the stove, whether loved ones are safe, how many germs might be around, long lists of details to remember, obsessive sexual fantasies, and so on.

Now you can start them on a ***Scene Log CBM#06-001***. For each topic, have them include a brief description of a scene and a typical thought; for example, "See an attractive younger person ... I'm ugly," or "Going on a trip ... What if the house has burned down?"

Step 2. List The Pleasant Thoughts.

Now have the child list three or four topics s/he likes to think about. S/he can imagine playing a favorite sport, a sexual fantasy, a hobby, an upcoming vacation, an interesting project, a special achievement or award, a beautiful or peaceful place, or anything else that gives them pleasure. Have the child list things that have nothing to do with the unwanted thoughts. This is not a technique to refute your painful thoughts or replace them with

positive self-talk that is logically related. For thought stopping, you want the child to come up with very pleasant thoughts that have nothing to do with the unwanted thoughts.

Include a brief description of a scene and a typical thought; for example, "Skiing on fresh powder ... I'm flying."

Step 3. Relax and Entertain The Unwanted Thoughts.

Now you have all the tools you'll need to help the child begin thought stopping. In the beginning, have the child practice thought stopping when s/he is calm and stress free. Thought stopping can't be learned well in the heat of everyday life. Have the child lie down or sit in a comfortable chair at a time when s/he has privacy and won't be disturbed.

From the list of unwanted scenes and thoughts, pick the combination that bothers the child least. Practice first on the one that interferes least in the child's life, and save the hardest thoughts for last. Have the child close his/her eyes and concentrate on the thought and scene in detail. Encourage him/her to really focus on any sights, sounds, tastes, or smells involved in the scene.

After the scene has become vivid, encourage the child to stay with it for a while. Dwell on it until the child is really obsessing on the thoughts connected to it.

Step 4. Interrupt the Unwanted Thoughts.

When the obsessive train of thoughts and images spawned by the scene is well underway, the child should shout 'Stop!' very loudly. You can do this the first time. Really belt it out. That's why you will need privacy when the child begins this technique. To accentuate the 'Stop!' the child can also clap his/her hands loudly or snap his/her fingers.

Step 5. Switch to Pleasant Thoughts.

Have the child immediately empty his/her mind of the unpleasant thoughts and images and switch to the favorite pleasant scene. Encourage the child to enjoy all the pleasant sights, sounds, tastes, and smells for about thirty seconds. If unwanted thoughts or images return before the thirty seconds are up, have the child shout 'Stop!' again.

Step 6. Repeat with Variations

Have the child repeat the exercise. Focusing on a troubling scene and its attendant thoughts, shouting 'Stop', and switching to the pleasant scene. If one pleasant scene 'wears out' and no longer holds the attention, have the child use another one. The child should practice until the shouted 'Stop!' readily stops the unwanted thoughts and imagery, and the pleasant scene is vivid and enjoyable, without little wisps of obsessive thoughts sneaking back in.

When the child has succeeded in interrupting unwanted thoughts on several occasions with the shouted command, s/he should begin interrupting them with 'Stop' said in a normal voice.

After succeeding in stopping thoughts by using your normal speaking voice, the child should start interrupting thoughts with 'Stop' in a whisper.

When the whisper is sufficient, they will use the subvocal command 'Stop'. The client should imagine hearing 'Stop!' shouted inside his/her mind. Suggest that s/he tighten the vocal chords and move the tongue as if s/he were saying 'Stop' out loud. Success at this stage means that s/he can stop thoughts alone or in public, without making a sound or calling attention to him/herself.

Repeat the steps for each of the other obsessive thoughts, working up to the most disruptive topics.

Step 7. Use Thought Stopping in Real Life.

Once the child has mastered thought stopping in a relaxed, private state, it's time to try it out in the real world. When s/he notices that s/he is entertaining obsessive thoughts, s/he should shout 'Stop!' silently in his/her mind and think about one of the pleasant topics.

If the subvocalized 'Stop!' is not successful, and s/he finds it embarrassing to say it out loud in public, you can suggest that s/he use a different interrupter. S/he can pinch him/herself or 'stab' him/herself in the palm with the fingernails. Another popular and effective technique is to wear a rubber band around one wrist and snap it to interrupt thoughts.

Stopping obsessive thoughts takes time. These thoughts will return and need to be interrupted again and again. The main effort is for the child to stifle each thought just as it begins, and to concentrate on something else that s/he enjoys thinking about. In time the unwanted thoughts will return less and less often.

Stop and Breathe Procedure

This is a brief procedure that combines thought stopping and breath counting. It is effective because it supplies a calming, neutral focus of attention, and takes advantage of the naturally relaxing effect of deep breathing.

Whenever the child notices disturbing or anxiety-provoking thoughts, s/he should internally shout 'Stop!', or snap a rubber band worn around the wrist. S/he should shift the attention to his/her breathing. The child begins taking slow, deep breaths into

the belly, placing a hand over the abdomen to make sure it is expanding with each breath.

Now s/he should start counting the breaths. As the child exhales, count one. As s/he exhales again, count two. Have him/her keep counting up to four. Each time s/he reaches four, s/he should start over again at one. Try to get the child to keep his/her mind as empty as possible as s/he focuses on the experience of breathing and counting. S/he should continue the procedure until s/he feels relaxed. S/he should repeat it each time anxiety-provoking thoughts occur.

Special Considerations Scheduling Worries

You can augment thought stopping by scheduling special times of the day for the child to indulge in obsessive thoughts or phobic worrying. You can plan a worry session within your time or actually have the child set aside fifteen or twenty minutes, while in the shower or some other activity which does not take concentration. S/he should plan to worry then and it will take the pressure off of other times of the day.

When an unwanted thought intrudes, the child will shout 'Stop!' internally and remind him/herself that now is not the time to worry about this. Knowing that s/he will be able to worry later makes it easier to switch to a more positive and appropriate train of thought now.

Gradually, the child can schedule fewer and shorter worry periods as s/he gains control of obsessive thoughts.

Sometimes the child will obsessively worry about something that really does need thinking about. When that is the case, s/he should continue to schedule 'worry periods', but spend them doing constructive planning and genuine problem - solving (see Technique #14 - Problem Solving").

Scene Log

Scene

Thought

***Thought Stopping* [A Neurolinguistic Alternative]**

Because this technique is benign and short, your clinical supervisor may want to try it first.

Have the subject think of a thought or image that makes him/her feel bad. Then give him/her the following instructions:

"Make your right hand [or left one, for those few left-handed people whose eye accessing cues are 'reverse'] stiff, like a karate chop, and hold it vertically on your right thigh, like a trap door that's open over a black hole. Then think about the thing that makes you feel bad, take a very deep breath, and blow all those bad feelings into that black hole. And as soon as you've blown the feelings out, slam that trap door shut really hard against your thigh and immediately follow my fist with your eyes as I raise it up, so that you're looking upwards to your right. And as soon as your gaze moves up there I'll spread out my fingers as a signal for you to immediately take a deep breath. And then right away blow that breath out towards the horizon."

It's all got to be done very fast, so that just as you start to settle into one state you're jerked into the next. It's also important for the subject to slam his/her hand against his/her thigh reasonably hard. Then you repeat the process until the subject can't get the bad feeling back any more - maybe four or five times.

What you're doing is retraining the nervous system, breaking the cause-effect between a certain thought (whether that thought is something you say to yourself or an image that comes into your mind) and the feeling that goes with it.

Scene Log

Scene

Thought
