

Essential Quick Reference

A practical bank for deeper cognitive restructuring.

Help clients discover meaning, weigh information and choose their next step.

ASK WITH CURIOSITY

Choose one prompt. Listen, reflect and summarise before asking another. Follow the client's answer; a different conclusion is allowed. Here, guided discovery means helping the client develop their own understanding.

FIND YOUR ENTRY POINT

Stage → 01-12 | Thinking pattern → 13-36 | Readiness → 37-47

01 / OPEN & CLARIFY

Start here when the client is willing to explore one specific moment.

- 01 Which moment would be most useful to look at together?
- 02 What went through your mind at that moment?
- 03 What did that thought mean to you?
- 04 How strongly did you believe it, from 0 to 100?

02 / EXPLORE & BROADEN

Use in the middle of a dialogue; gather information before drawing conclusions.

- 05 What did you notice that led you to that conclusion?
- 06 What information does not fit that conclusion?
- 07 What other explanation is possible, even if it feels unlikely?
- 08 What would help us compare those explanations fairly?

03 / INTEGRATE & PLAN

Use near the end; let the client put learning into their own words.

- 09 Looking at what we have discussed, what stands out to you?
- 10 How would you describe your view now, in your own words?
- 11 What small, safe step could help you test that view?
- 12 What will you look for, and when shall we review it?

BUILD AN ACCURATE, BALANCED VIEW

PROMPTS 13-36

Match the thinking pattern

Use when the client is ready to explore. Labels are for your reference; ask about their experience rather than telling them which “trap” they are in.

E = EXPLORE INFORMATION I = INTEGRATE A NEW VIEW P = PLAN A TEST

All-or-nothing thinking

Explore a middle ground between two extremes.

- 13** E What counts as success here, and how did you decide?
- 14** E Where would this sit between complete failure and complete success?
- 15** I What would “good enough” look like in this situation?
- 16** P What could you learn by trying a good-enough version?

Catastrophising

Separate a feared outcome from its likelihood and coping.

- 17** E What outcome are you most afraid of?
- 18** E What suggests it is likely, and what suggests it is less likely?
- 19** I If it did happen, what support or coping options would you have?
- 20** P What small, safe test could give you useful information?

Mind reading & prediction

Separate observations from guesses about people or events.

- 21** E What did you directly observe, and what did you infer?
- 22** E What other reasons might explain their response?
- 23** E What are you predicting, and how could we tell what happened?
- 24** P How could you gather information without seeking certainty?

Overgeneralising & labelling

Examine a broad rule or identity claim in context.

- 25** E Which events are you drawing this conclusion from?
- 26** E When has the pattern been different, even slightly?
- 27** I What would describe the event without labelling your whole self?
- 28** P How does that description change your next step?

Mental filter & discounting

Bring overlooked information into a balanced picture.

- 29** E What part of the situation has held your attention most?
- 30** E What else happened that we have not considered yet?
- 31** E What makes the positive information hard to count?
- 32** I What view includes the difficulty and what went well?

Rules, feelings & blame

Personalisation, “shoulds” and emotional reasoning.

- 33** E Which parts were under your control, and which were not?
- 34** E Where did this “should” rule come from, and how does it help or hinder?
- 35** E What can this feeling tell us, and what can it not establish?
- 36** I What fairer expectation would still respect what matters to you?

If the concern reflects real harm or unfairness, explore support, protection or problem-solving.

PROMPTS 37-47

When dialogue gets stuck

“Resistance” can signal overwhelm, uncertainty or feeling misunderstood. Check the fit of your approach before increasing the pressure.

HESITANT / RESTORE CHOICE

Opening or repair stage. Validate the difficulty; invite rather than persuade.

- 37 What feels difficult about looking at this thought together?
- 38 What would make this conversation feel more useful to you?
- 39 Would you prefer to explore it, pause, or choose another focus?

UNCERTAIN / MAKE IT CONCRETE

Exploration stage. Use a recent example and give time to think.

- 40 Which recent example comes closest to what you mean?
- 41 What was happening just before the thought appeared?
- 42 What part feels clear, and what part is harder to put into words?
- 43 How could I ask this in a way that makes more sense to you?

STRONGLY CONVINCED / UNDERSTAND FIRST

Exploration to integration. Respect conviction; do not debate it.

- 44 What experiences make this belief feel so convincing?
- 45 What do you want me to understand before we look at other views?
- 46 What information, if any, would lead you to reconsider part of it?
- 47 If your view stays the same today, what useful step could we still take?

THREE USEFUL DISTINCTIONS

Observation: what happened. Interpretation: what it means. Prediction: what you expect next. Explore each separately.

Belief strength measures conviction, not truth. A balanced view can include difficulty and uncertainty. Insight may involve a clearer understanding even without a lower belief rating.

PRACTICE NOTE & SOURCE BASIS

Original example prompts, not a validated scale or a substitute for CBT training and supervision. Adapt to language, culture, formulation and current safety needs.

Principles informed by: UCL, CBT competence framework, “Guided Discovery and Socratic Questioning”; Beck Institute, “Why CBT Therapists Don’t Challenge Thoughts” and “Selecting Techniques in CBT”; NICE CG31 (reassurance-seeking). These organisations have not endorsed this resource.

Agree a workable starting point

Begin with a shared focus and a specific episode. The stages below are flexible; return to an earlier stage when the client's answer calls for it.

01 / Choose the episode

Entry: The client identifies a current difficulty that matters to them. Agree whether exploring a thought is useful today.

Action: Locate a recent moment: where they were, what happened and what they did next. Keep one episode in view.

Milestone: Both of you can describe the same situation without merging several events. If the account stays broad, use a brief timeline.



02 / Locate the meaning

Action: Elicit the thought, image or personal meaning. Use the client's words; separate the emotion from the prediction or conclusion.

Fictional example: "I felt anxious" becomes "When my manager paused, I thought she had lost confidence in me."

Milestone: A specific belief is available to explore. If the client cannot identify words, a remembered image or sense of meaning may be a better entry.



03 / Agree what you are exploring

Choose: Is the question about what happened, what it means, what might happen next, or how the client could respond?

Capture: Record belief strength if useful, along with the emotion, urge and immediate behaviour. A rating is optional, not proof of accuracy.

Decision: If current danger or practical adversity needs attention, prioritise the appropriate safety or problem-solving response. If willing, continue to exploration.

STARTING POINT → ONE EPISODE + ONE CLIENT-OWNED MEANING

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

Explore without forcing an answer

The middle of the dialogue is a listening task as much as a questioning task.

04 / Gather a fuller picture

Action: Ask for observations supporting the conclusion, then information that complicates it. Take both seriously.

Dependency: Explore alternatives after the client feels their account has been heard. Reflect the answer before moving on.

Decision: If the client corrects your understanding, revise it. If they become quieter or defensive, check the impact of the questioning rather than adding more evidence.



05 / Compare plausible explanations

Action: Invite possibilities and examine what each explains. Do not require the client to choose the most reassuring interpretation.

Fictional example: The manager's pause could reflect concern about the work, distraction or time pressure. The client has not yet established which applies.

Milestone: The client can distinguish what they know from what remains uncertain. A useful outcome may be "I cannot tell yet."



06 / Build a synthesis

Action: Summarise the information the client contributed, including unresolved facts. Invite them to connect it with the original thought.

Output: A statement in their own language. For example: "The pause alone does not tell me what she thinks; I can look at the feedback on my work."

Decision: If the statement sounds borrowed, return to the part the client doubts. Agreement with the therapist is not the endpoint.

MIDDLE POINT → A FULLER PICTURE + A VIEW THE CLIENT CAN OWN

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

Turn understanding into learning

A practical next step should follow the client's goal and the shared formulation.

07 / Choose the next action

If testable: Agree a small behavioural experiment. Specify the action, the prediction and the observable outcome before starting.

Fictional example: "If I contribute one idea at the routine meeting, someone will openly criticise it." Observe the response; do not try to infer everyone's private thoughts.

If not testable: Consider coping, problem-solving, acceptance of uncertainty or another formulation-led intervention. A test is not compulsory.



08 / Make the plan workable

Agree: Where and when the action will happen, how observations will be recorded and when you will review them.

Check: Proportionality, consent, feasibility and relevant safety needs. Discuss any coping or safety behaviour that could alter what the test teaches.

Milestone: The client can describe the plan and its purpose. If the task is too large, reduce the scope while retaining a meaningful learning question.



09 / Review and update

Compare: Prediction versus observations. Ask what was learned, including ambiguous or disappointing findings.

Update: Revise the explanation, the action or the test. Do not treat a difficult outcome as evidence of personal failure.

Close: Record the client's learning and next step. A fuller picture, greater choice or a workable coping plan can be valuable when conviction remains high.

ENDPOINT → CLIENT-OWNED LEARNING + AN AGREED NEXT STEP

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

Before the dialogue

Core checks for use with one planned episode. Optional items are marked; unchecked items invite review rather than a performance score.

01 / Establish a useful focus

- ☐ Agree the purpose of exploring this thought with the client.
- ☐ Identify one recent situation and its relevance to the session goal.
- ☐ Consider current risk, practical adversity and any need to prioritise another response.
- ☐ Check that the planned cognitive work fits the shared formulation.

02 / Prepare for access and choice

- ☐ Ask about preferred language, pace and ways of working.
- ☐ Offer a choice about pausing, writing, speaking or using an example.
- ☐ Check the client is willing to explore this topic now.
- ☐ Optional: Arrange a visual scale, thought record or brief timeline if it improves access.

03 / Capture a starting point

- ☐ Write the thought, image or meaning in the client's own words.
- ☐ Separate the observable situation from the client's interpretation.
- ☐ Note relevant emotion, bodily response, urge and behaviour.
- ☐ Optional: Record belief strength and distress using agreed scales.

USE WITH ONE EPISODE

Chosen episode / exact client wording

Question or access adjustment to prepare

READY TO BEGIN: SHARED PURPOSE + SPECIFIC EPISODE + CLIENT CHOICE

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

During the dialogue

Use these checks to monitor the conversation. Tick retrospectively if live marking would disrupt listening.

04 / Keep questions accessible

- ☐ Ask one question at a time and allow time for the answer.
- ☐ Replace abstract language with a specific event or concrete observation when needed.
- ☐ Follow the answer rather than advancing through a preset list.
- ☐ Explain or rephrase a question when the client indicates it is unclear.

05 / Preserve collaboration

- ☐ Reflect the client's answer and check you have understood it.
- ☐ Give information supporting the belief the same careful attention as exceptions.
- ☐ Check for feeling judged, invalidated or pressured to agree.
- ☐ Pause or change approach if the client withdraws consent or distress interferes with participation.

06 / Check the emerging meaning

- ☐ Summarise what the client discovered, including unresolved uncertainty.
- ☐ Invite their own conclusion rather than supplying the final wording.
- ☐ Ask which part fits and which part still feels unconvincing.
- ☐ Optional: Re-rate belief strength only when it adds useful information.

USE WITH ONE EPISODE

Client's learning / unresolved concern

What to return to next

IN-SESSION CHECK: ONE QUESTION + ACCURATE REFLECTION + CLIENT-OWNED MEANING

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

After the dialogue

Use for documentation, an agreed between-session action and your own practice review.

07 / Agree a proportionate next step

- ☐ Choose a test, coping step or practical action linked to the client's goal.
- ☐ For a test, specify the prediction and observable outcome in advance.
- ☐ Agree feasibility, safety, consent and how observations will be recorded.
- ☐ Set a review point and check the client can explain the purpose of the task.

08 / Record the essentials

- ☐ Document the episode, target thought and relevant formulation link.
- ☐ Record the client's learning in their own words and any unresolved concerns.
- ☐ Note the agreed action and relevant risk or safeguarding decisions.
- ☐ Record uncertainty or lack of change accurately; avoid implying the client accepted a view they rejected.

09 / Review your contribution

- ☐ Identify a moment when your question opened useful exploration.
- ☐ Identify any question that implied a preferred answer or bypassed the client's experience.
- ☐ Choose one concrete adjustment for the next dialogue.
- ☐ Optional: Take an anonymised excerpt to supervision; follow consent and service rules for any recording.

USE WITH ONE EPISODE

Agreed task / review date

Supervision question or next practice adjustment

QUALITY CHECK: THE NOTE SHOWS WHAT THE CLIENT LEARNED, NOT JUST WHAT YOU ASKED

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

Choose the route with FIT

FIT is an original practice aid: Focus, Invitation and Task. It is a selection model, not a validated assessment or a required session sequence.

F / Focus: what needs attention?

Observation: Clarify what happened when accounts are broad or several episodes are mixed together.

Meaning or prediction: Explore how the client reached a conclusion and what information would help evaluate it.

Current adversity: Consider support, protection, coping or problem-solving. An accurate concern does not need to be argued away.

I / Invitation: is exploration welcome?

Willing: Explore the relevant question; remain open to correction.

Hesitant or misunderstood: Restore choice and check the impact of your approach before continuing.

Overwhelmed: Reduce demand, pause or use an agreed stabilising response. Strong belief alone does not tell you whether someone is ready.

T / Task: what kind of learning is useful?

Missing information: Clarify or gather observations. Competing meanings: Compare explanations.

Testable prediction: Consider a proportionate experiment. Unresolvable certainty demand: Consider formulation-led work with uncertainty.

Decision rule: Select a task only when it addresses the focus and the client can participate willingly. Re-check FIT if the conversation changes.

FIT: MATCH THE FOCUS, CLIENT INVITATION AND LEARNING TASK

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

Match the prompt to the gap

Use the thinking pattern as a clue to the missing perspective. Check your hypothesis with the client; several patterns can overlap.

01 / Narrow or absolute conclusions

All-or-nothing: Explore criteria and the middle ground. Prompt bank 13–16. Useful when “success” has only one acceptable form.

Overgeneralising or labelling: Examine which events support the rule and describe the episode without defining the whole person. Prompts 25–28.

Trade-off: Searching for exceptions too soon may feel dismissive. Understand the experiences behind the conclusion first.

02 / Predictions presented as facts

Catastrophising: Separate the feared outcome, estimated likelihood and available coping. Prompts 17–20.

Mind reading or prediction: Separate direct observations from inference, then agree what can actually be observed. Prompts 21–24.

Trade-off: Gathering information can become repeated checking. Ensure the task serves learning rather than requiring certainty.

03 / Uneven weighting of experience

Mental filter or discounting: Look for overlooked information and explore why it is hard to count. Prompts 29–32.

Personalisation, rigid rules or emotional reasoning: Examine controllability, expectations and what feelings establish. Prompts 33–36.

Trade-off: Positive evidence may be irrelevant to the client’s actual concern. Ask how it relates rather than assuming it disproves the belief.

PROMPT NUMBERS REFER TO ESSENTIAL QUICK REFERENCE; START WITH THE CLIENT’S MEANING

Clinical basis: UCL CBT competence framework; Beck Institute, “Why CBT Therapists Don’t Challenge Thoughts” and “Selecting Techniques in CBT”. Original educational examples; adapt within training and supervision.

Make a defensible choice

These fictional cases show how different FIT combinations lead to different tasks.

01 / Willing, but stuck in a global label

Case: "One awkward meeting shows I am incompetent." The client wants to examine the conclusion.

FIT: Focus = global self-label; Invitation = willing; Task = compare the episode with the broader pattern.

Choose: Explore what "incompetent" means and the range of relevant experiences. Move towards a specific description, not a flattering replacement label.

02 / A plausible real-world concern

Case: A client fears job loss after receiving a formal redundancy notice.

FIT: Focus = credible threat and practical consequences; Invitation = help wanted; Task = identify options and coping resources.

Choose: Clarify confirmed facts, remaining uncertainty and actionable support. Evaluate exaggerated secondary meanings only if this fits the client's goal.

03 / High conviction and low trust

Case: A client says questioning proves the therapist does not believe them.

FIT: Focus = feeling misunderstood; Invitation = currently absent; Task = repair understanding and restore choice.

Choose: Acknowledge the impact of the dialogue, hear the concern and agree whether to continue. If the pattern persists, review it in supervision.

WHEN FIT IS POOR, CHANGE THE TASK OR PAUSE; MORE QUESTIONS ARE NOT AUTOMATICALLY BETTER

Clinical basis: UCL CBT competence framework; Beck Institute, "Why CBT Therapists Don't Challenge Thoughts" and "Selecting Techniques in CBT". Original educational examples; adapt within training and supervision.

When answers are hard to access

Treat possible causes as hypotheses to check, not explanations to impose on the client.

01 / “I don’t know” keeps returning

Possible causes: The question is abstract, memory is unclear, the pace is too fast, or the client is unsure what you mean.

Recommended fix: Return to one recent episode; ask about what they noticed first. Offer thinking time, writing or an image-based entry.

Need more information: Check language and access needs. Do not infer avoidance from the phrase alone.

02 / Answers stay broad and circular

Possible causes: Several episodes are being blended, the target thought is unclear, or discussion has become repetitive.

Recommended fix: Map one event: situation, meaning and response. Summarise where the discussion repeats and agree a more specific learning question.

Need more information: Check whether further analysis is useful or whether an action-based intervention better fits the formulation.

03 / The client agrees too quickly

Possible causes: The alternative genuinely fits, or the client is accommodating you, uncertain or trying to finish an uncomfortable exchange.

Recommended fix: Invite the client’s own wording and ask what remains doubtful. Accept disagreement without treating it as failure.

Need more information: Look for how the client applies the idea in their own example; verbal agreement alone is inconclusive.

FIRST MOVE: REDUCE DEMAND, CLARIFY THE EPISODE AND CHECK YOUR UNDERSTANDING

Clinical basis: UCL CBT competence framework; Beck Institute, “Why CBT Therapists Don’t Challenge Thoughts” and “Selecting Techniques in CBT”. Original educational examples; adapt within training and supervision.

When the relationship feels strained

Repair the interaction before trying to persuade the client to use another perspective.

04 / “You think I’m being irrational”

Possible causes: Your wording sounded corrective, distress was bypassed, or the client has prior experiences of being dismissed.

Recommended fix: Acknowledge the impact and reflect the concern accurately. Explain your exploratory intention and offer a choice about continuing.

Need more information: Ask which part felt dismissive. If repair is not occurring, review the interaction and formulation in supervision.

05 / The exchange becomes a debate

Possible causes: Both of you are defending a conclusion; evidence gathering is functioning as argument.

Recommended fix: Name the pattern neutrally, pause and return to the client’s goal. Agree what you do not know and whether anything can usefully be tested.

Common mistake: Increasing the number of counterarguments. A balanced outcome may include an accurate concern or unresolved uncertainty.

06 / Distress rises or engagement drops

Possible causes: The topic is too demanding, shame has increased, or the client feels exposed or pressured. Check rather than assume.

Recommended fix: Pause, ask what is needed and use an agreed response that supports participation. Attend to immediate risk through the relevant clinical pathway.

Need more information: Clarify whether the client wants to stop, change topic or continue with a different pace. Repeated difficulties warrant formulation review.

RELATIONSHIP CHECK: HEAR THE IMPACT, RESTORE CHOICE AND AGREE THE NEXT MOVE

Clinical basis: UCL CBT competence framework; Beck Institute, “Why CBT Therapists Don’t Challenge Thoughts” and “Selecting Techniques in CBT”. Original educational examples; adapt within training and supervision.

When insight does not carry forward

A useful conversation and lasting change are different outcomes. Review what happened between them.

07 / The view changes, but only briefly

Possible causes: New learning feels intellectual, key situations were not addressed, or a maintenance behaviour remains unchanged.

Recommended fix: Identify when the old view returned and what the client did next. Link a small, relevant test or action to that moment.

Need more information: Review actual observations rather than relying only on end-of-session belief ratings.

08 / The experiment feels inconclusive

Possible causes: The prediction was vague, the outcome could not be observed, several variables changed, or the task became a performance test.

Recommended fix: Review the prediction, action and observations separately. Record uncertainty honestly and agree whether a narrower test would help.

Common mistake: Claiming a successful outcome proves all future situations are safe. Test findings have limits.

09 / Questioning becomes reassurance

Possible causes: The same fear is being analysed repeatedly to reach certainty; discussion brings brief relief and an urge to check again.

Recommended fix: Review the function of the exchange. For OCD, use the agreed disorder-specific formulation and treatment plan rather than repeated reassurance.

Need more information: Take a concrete example to supervision if you are unsure whether dialogue supports learning or maintains a reassurance cycle.

REVIEW THE PROCESS: WHAT WAS LEARNED, WHAT HAPPENED NEXT AND WHAT STILL MAINTAINS THE DIFFICULTY?

Clinical basis: UCL CBT competence framework; Beck Institute guidance on guided discovery and technique selection; NICE CG31 (OCD). Examples are fictional; this aid is not a validated clinical measure.