Subject Index

Added to page number ‘f’ refers to a figure.

abbreviated CBT see brief CBT
ABC technique, 257–8
  addictive behaviours, 170–71, 175–8
abdominal breathing, 263
abstinence, 164–5
acceptance, 117–18
acceptance and commitment therapy
  see ACT
ACT
  application of, 41
  at work, 118
  future and role, 137
  components of, 41–7
  evaluation of treatment of depression, 47–51
  theory and research, 118–19
  view of depression, 35–41
  as workplace SMIs, 119–21
  manual, 121–36
action responses, 243
acute relationship problems, 187–8
  treatment with CBCT, 188–9
adaptive worry, 102
adolescents
  brief CBT
    assessment and formulation, 210–13
    disengaging or contracting, 235–7
    planning, 207–10
    therapy, 213–35
affective responses, 243
agenda planning, 209–10
aggressive behavior, 83–5
agoraphobia, research supporting brief CBT, 6–8
alcohol abuse
  abstinence-orientated treatments, 164–5
  research supporting brief CBT, 13, 161–2
  research supporting CBCT, 12–13
alliance building, 211–12
anger, 77–8
  and children, 94–6
  costs of, 87
  parameters, 81–6
  as a problem condition, 78–81
  treatment resistance of clients, 86–7, 93
anger experiential correlates, 87
anger habits, 87
anger management, 89–90
anger pattern features, 87
anger treatment, 90
CBT approach, 91–2
  outcome studies, 92–3
  cognitive behavioral approach, 91–2
  levels of therapeutic intervention, 89–90
  maintenance of, 88–9
  preparatory phase, 91
  presentation of, 88
anger treatment protocol research, 90
anorexia nervosa
  research on CBT, 11
  treatment, 22–3
  anticipatory processing, 144
  dealing with, 154
anxiety behaviors, 69
anxiety management therapies, 141
Anxious Thoughts Inventory, 108
assessment
  of brief CBT outcomes, 28–30
  in child and adolescent brief CBT, 210–13
  of patients for brief CBT, 25–7
  of problems for brief CBT, 24–5
  of therapists for brief CBT, 27–8
assessment instruments, for childhood problems and disorders, 210
assessment meetings, types, 209–10
assisted natural recovery, 178–9
  assumptions, 191
  modification, 155
attention-directing instructions, 247
attention/safety behaviours experiments, 151–2
attentional resources, 269
attributions
  in defining anger, 80
  in relationship functioning, 191
AUDIT (Alcohol Use Disorders Identification Test), 169
avoidance behaviors, 69, 255
avoidant coping, 38, 39–40
Axis II disorders, suitability for brief CBT, 23
bandwidth manoeuvres, 154
BATs (behavioral assessment tests), 146
Battle Culture-Free Self-Esteem Inventory, 210
Beck Anxiety Inventory, 29
Beck Depression Inventory, 29
behavior, logs of, 29
behavior therapy, development, 1
behavioral approach tasks, 28–9
behavioral assessment tests (BATs), 146
behavioral CBT/REBT techniques, counsellor burnout, 298–9
behavioral contracts, 190
behavioral control systems, 223–5, 226f, 227f
behavioral interventions, in couple therapy, 189–90
behavioral measures, 29
behavioral observation, 200
behavioral reattribution methods, 153–4
behavioral responses to stress, 251
unhelpful, 255
and type, 2 worry, 104
behavioral socialisation strategies, 110
beliefs see thoughts
biases, types, 79–81
bibliotherapy, 3, 172
binge eating disorder, 11–12
bodily response to stress, 251
relaxation techniques, 262–7
unhelpful, 254
bodily states, cues for depressive thinking, 38
bodily symptoms, in TA, 240
boundary standards, 198
brainstorming, 276–7
breathing exercises, 225, 263
brief CBT, 12, 189
determination of appropriateness, 199–201
implications of primary and secondary distress, 195–7
utility of, 193–4
brief CBT, 3–4
alcohol use, 12–13
child and adolescence problems, 207–37
couples therapy, 12
definition, 21–2
depression, 10–11
eating disorders, 11–12
evaluation of research, 4–6
GAD, 9
outcome assessment, 28–9
in the long term, 29–30
pain management, 14–15
patient assessment for, 25–7
PDA, 6–8
prevention of counsellor burnout, 289–302
problem assessment for, 24–5
PTSD, 9–10
social phobia, 156
research, 9
specific phobias, 8–9
substance abuse, 161–82
suitability of problems, 22–3
therapist assessment for, 27–8
brief CBT-based treatment protocol for TA
context, 247–8
evaluation, 249
format, 248
manual content, 248–9
participants, 248
sessions, 1–10, 250–84
bulimia nervosa
research supporting brief CBT, 11–12
treatment, 23
caregivers, 208
case conceptualisation
GAD, 107–10
social phobia, 146–50, 157
complexities of, 157
catastrophising, 255
CBCT, 188–9
determination of appropriateness, 202
development of, 189–93
developments that address primary distress issues, 197–9
CBT
alcoholism, 12–13
anger treatment, 91–2
outcome studies, 92–3
anorexia nervosa, 11
basic premises, 1–3
bulimia nervosa, 11
depression, 10
GAD, 9, 101–2
obesity, 12
pain management, 14
social phobia, 9, 141–2, 145–58
technical eclecticism in, 244–5
treatment for PDA, 6, 55–6
Child Behaviour Checklist, 210
child-centred assessment interviews, 210
childhood depression, research supporting brief CBT, 10–11
SUBJECT INDEX

children, 208
  and anger, 94–6
brief CBT
  assessment and formulation, 210–13
disengaging or recontracting, 235–7
planning, 207–10
therapy, 213–35
effects of domestic violence, 84–5
chronic relationship problems, 188
treatment with CBCT, 188–9
classical conditioning, 1
cognitions, in couple relationships, 190–91
cognitive behaviour modification (CBM), effect on TA, 244
cognitive CBT/REBT techniques, counsellor burnout, 292–4
cognitive coping skills, 172
cognitive defusion, 45
cognitive distraction, 294
cognitive functioning, 26
cognitive fusion, 36–7
cognitive models
  of GAD, 103–5
review of research, 105–6
  of social phobia, 142–4
evidence for, 144–5
cognitive responses, 243
cognitive restructuring, 57, 63
  children and adolescents, 228–31
cognitive restructuring interventions, 191–2
cognitive-behavioral couple therapy see CBCT
cognitive-behavioral therapy see CBT
commitment, 47
commitment questions, 174
communication skills training of couples, 190
  of parents and children, 218–20
comorbid disorders, 30
comorbidity
  in anger, 85–6
  of problems, 26–7
counter and comorbid learning problems, 231–2, 233f
copyposting worry as a form, 102, 103, 106
coping imagery, 281–2
coping skills
  teaching new, 2
see also cognitive coping skills
coping styles
  ineffective depression, 38–40
  TA, 247
core relationship issues
  CBCT, 197
  resolution, 198–9
cost-benefit ratio, use of, 293
cost/benefit (time effects) analysis, 171–2
counsellor burnout, 289–92
  behavioral CBT/REBT techniques, 298–9
  cognitive CBT/REBT techniques, 292–4
  elegant REBT, 300–302
  emotional CBT/REBT techniques, 294–8
  relapse prevention, 299
couple relationships
  assessment methods, 200
cognitions, 190–91
  emotional factors, 192
  primary distress, 194
  secondary distress, 194–5
types of problems, 187–8
  covert avoidance behaviors, 69
  creative hopelessness, 41–2
  criticism, 195
  CTR (challenge-test-reward) training, 230
  cue-controlled relaxation, 266
customers, 208
daily school report card, 233f
  DBT (dialectical behavior therapy), 23
debilitating anxiety, 241
defensiveness, 195
defusion, 45
demands, in relationships, 194
depression
  ACT view, 35–41
  as a consequence of abuse, 84
  presentation in context of social phobia, 157
  research supporting brief CBT, 10–11
treatment with ACT, 47–51
depressive rumination, 102
derailing questions, 174–5
dialectical behavior therapy (DBT), 23
differential relaxation, 266
disengagement, from therapy, 235–6
domestic violence, 78, 84–5
  effect on children, 94–6
downward arrow technique, 196
drug abuse, research supporting brief CBT, 162
duration of anger, 83
<table>
<thead>
<tr>
<th>Subject</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorders</td>
<td>11–12</td>
</tr>
<tr>
<td>Educational level</td>
<td>26</td>
</tr>
<tr>
<td>Effectiveness research on ACT</td>
<td>49–50</td>
</tr>
<tr>
<td>Efficacy research on ACT</td>
<td>48–9</td>
</tr>
<tr>
<td>Elegant REBT</td>
<td>300–302</td>
</tr>
<tr>
<td>Emotional focus coping</td>
<td>38–9</td>
</tr>
<tr>
<td>Emotional CBT/REBT techniques, counselor burnout</td>
<td>294–7</td>
</tr>
<tr>
<td>Emotional discharge coping</td>
<td>38</td>
</tr>
<tr>
<td>Emotional factors in couple relationships, interventions for modifying</td>
<td>192</td>
</tr>
<tr>
<td>Emotional response to stress</td>
<td>251–2</td>
</tr>
<tr>
<td>Emotional unhelpfulness in TA</td>
<td>240</td>
</tr>
<tr>
<td>Equivalence paradox</td>
<td>245</td>
</tr>
<tr>
<td>Evaluation strain</td>
<td>see TA</td>
</tr>
<tr>
<td>Excitation transfer effects of anger arousal</td>
<td>83</td>
</tr>
<tr>
<td>Expectancies</td>
<td>191</td>
</tr>
<tr>
<td>Experiential avoidance</td>
<td>36, 37</td>
</tr>
<tr>
<td>Participation in creation of psychopathology</td>
<td>37–41</td>
</tr>
<tr>
<td>Experimental plans</td>
<td>172</td>
</tr>
<tr>
<td>Exposure treatments</td>
<td>25, 141</td>
</tr>
<tr>
<td>see also S-FIT</td>
<td></td>
</tr>
<tr>
<td>Face-to-face exercise</td>
<td>128</td>
</tr>
<tr>
<td>Facilitating anxiety</td>
<td>241</td>
</tr>
<tr>
<td>FAHs (fear and avoidance hierarchies)</td>
<td>69</td>
</tr>
<tr>
<td>Failure analysis</td>
<td>236</td>
</tr>
<tr>
<td>Family Assessment Device</td>
<td>210</td>
</tr>
<tr>
<td>Family-based therapy plans</td>
<td>215–34</td>
</tr>
<tr>
<td>Fear and avoidance hierarchies (FAHs)</td>
<td>69</td>
</tr>
<tr>
<td>Fear behaviors</td>
<td>69</td>
</tr>
<tr>
<td>Fear conditioning</td>
<td>65–6</td>
</tr>
<tr>
<td>Feedback</td>
<td>213</td>
</tr>
<tr>
<td>Fiegenbaum’s exposure treatment</td>
<td>57</td>
</tr>
<tr>
<td>Fight or flight</td>
<td>250–51</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>29–30</td>
</tr>
<tr>
<td>Forceful disputing</td>
<td>296</td>
</tr>
<tr>
<td>Formulation, child and adolescent brief CBT</td>
<td>210–13</td>
</tr>
<tr>
<td>Four muscle group relaxation</td>
<td>265</td>
</tr>
<tr>
<td>FRAMES</td>
<td>169</td>
</tr>
<tr>
<td>Frequency of anger</td>
<td>81–2</td>
</tr>
<tr>
<td>Functional assessment</td>
<td>24–5</td>
</tr>
<tr>
<td>Functional contextualism</td>
<td>35</td>
</tr>
<tr>
<td>GAD</td>
<td>101</td>
</tr>
<tr>
<td>Cognitive model</td>
<td>103–5</td>
</tr>
<tr>
<td>Effectiveness of treatment</td>
<td>101–2</td>
</tr>
<tr>
<td>Research supporting brief CBT</td>
<td>9</td>
</tr>
<tr>
<td>Review of research</td>
<td>105–7</td>
</tr>
<tr>
<td>Treatment with metacognitive focused CBT</td>
<td>107–13</td>
</tr>
<tr>
<td>GAD scale</td>
<td>108</td>
</tr>
<tr>
<td>General clinical care for anger</td>
<td>89</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>see GAD</td>
</tr>
<tr>
<td>Generalization</td>
<td>see GAD</td>
</tr>
<tr>
<td>Good faith contracts</td>
<td>190</td>
</tr>
<tr>
<td>Group-sharing exercise</td>
<td>136</td>
</tr>
<tr>
<td>Guardians</td>
<td>208</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>172–3</td>
</tr>
<tr>
<td>Headache pain, research supporting brief CBT</td>
<td>14–15</td>
</tr>
<tr>
<td>Help, patients attitudes to</td>
<td>27</td>
</tr>
<tr>
<td>Holistic contracts</td>
<td>190</td>
</tr>
<tr>
<td>Home-school liaison</td>
<td>231</td>
</tr>
<tr>
<td>Conduct and comorbid learning problems</td>
<td>231–2, 233f</td>
</tr>
<tr>
<td>School refusal</td>
<td>232–4</td>
</tr>
<tr>
<td>House and furniture metaphor</td>
<td>46</td>
</tr>
<tr>
<td>Humorous songs, REBT</td>
<td>297–8</td>
</tr>
<tr>
<td>Humor</td>
<td>296–7</td>
</tr>
<tr>
<td>Imagery techniques</td>
<td>279–84</td>
</tr>
<tr>
<td>Implementation questions</td>
<td>174</td>
</tr>
<tr>
<td>In vivo desensitization or exposure</td>
<td>298</td>
</tr>
<tr>
<td>Increasing-the-likelihood questions</td>
<td>175</td>
</tr>
<tr>
<td>Individual difference variables</td>
<td>6</td>
</tr>
<tr>
<td>Individual interviews</td>
<td>200</td>
</tr>
<tr>
<td>Individual problem-solving training</td>
<td>221</td>
</tr>
<tr>
<td>Ineffective coping styles</td>
<td>38–40</td>
</tr>
<tr>
<td>Depression</td>
<td>38–40</td>
</tr>
<tr>
<td>TA</td>
<td>247</td>
</tr>
<tr>
<td>Ineffective escapism</td>
<td>38–9</td>
</tr>
<tr>
<td>Institutionalized psychiatric patients</td>
<td>85</td>
</tr>
<tr>
<td>Intake interviews</td>
<td>209</td>
</tr>
<tr>
<td>Intensity of anger</td>
<td>82</td>
</tr>
<tr>
<td>Interactive computer programs</td>
<td>172</td>
</tr>
<tr>
<td>Interaffliction, effect on children</td>
<td>94–6</td>
</tr>
<tr>
<td>Interference model of TA</td>
<td>241–2</td>
</tr>
<tr>
<td>Interoceptive conditioning</td>
<td>65–6</td>
</tr>
<tr>
<td>Interviews</td>
<td>see also joint assessment interviews</td>
</tr>
<tr>
<td>Couple assessment</td>
<td>200</td>
</tr>
<tr>
<td>Patient assessment</td>
<td>25</td>
</tr>
<tr>
<td>Investment standards</td>
<td>198</td>
</tr>
<tr>
<td>Irrational believing-emoting-behaviors (IBs), disputing</td>
<td>292</td>
</tr>
<tr>
<td>Joint assessment interviews</td>
<td>200</td>
</tr>
<tr>
<td>Joint problem-solving training</td>
<td>220–21</td>
</tr>
<tr>
<td>Just noticing</td>
<td>126–7</td>
</tr>
<tr>
<td>Leaves on the stream</td>
<td>127</td>
</tr>
<tr>
<td>Levels of analysis, functional assessment</td>
<td>24</td>
</tr>
<tr>
<td>Likelihood questions</td>
<td>174</td>
</tr>
<tr>
<td>Listening skills</td>
<td>220</td>
</tr>
<tr>
<td>Locus of Control Scale</td>
<td>210</td>
</tr>
<tr>
<td>Logs of behavior</td>
<td>29</td>
</tr>
<tr>
<td>see also positive data logs</td>
<td></td>
</tr>
</tbody>
</table>
SUBJECT INDEX

long-term outcome, assessment of, 29–30
low-back pain, research supporting brief CBT, 15
maladaptive worry, 102
manualized treatments, 24–5
medical disorders, link with anger, 78, 83
medication, use in PDA, 59–60
mental imagery techniques, 279–84
mental rehearsal, 283
mental videos, 152
Meta-Cognitions Questionnaire (MCQ), 105–6, 108, 246
meta-cognitive model of GAD, 103–5
relevance for treatment of evaluation strain, 246
meta-worry, 102, 246
metacognitive focused CBT
treatment of GAD, 107–113
application to TA, 246–7
milk, milk, milk exercise, 132–4
mismatch strategies, 112, 247
modeling, 293
monitoring charts, 217, 218f, 219f
motivation, of patients, 25–6
motivation imagery, 282–3
motivational interviewing, 169
multimodal therapy (MMT), 244
muscle relaxation exercises, 225–7, 229f

National Institute on Drug Abuse’s Treatment Outcome Study, 164
natural recovery, 178–9
negative meta-beliefs, 104, 105, 246, 270–71
modification, 111–12, 272, 273–4
negative mood states, monitoring chart, 217, 219f
negative thoughts, 259
challenging reality of, 259–61
in social phobia, 143
evidence for, 145
modification, 155
suppression of, 37–8
network analysis, 207–9
network members, 208–9
non-compliance, management of, 235
Novaco Provocation Inventory (NPI), 82

obesity, research supporting brief CBT, 12
observation, behavioral, 200
observer exercise, 131–2
observer perspective hypothesis, 143
evidence for, 145
obsession, 102
occupational stress see work stress
open-ended couple therapy see CBCT
operant conditioning, 1–2
organisational stress, 121
outcomes, assessment of, 28–30
overt avoidance behaviors, 69
P-E-T-S protocol, 153
pain management, 14–15
panic attacks
maintaining mechanisms for, 61
presentation in context of social phobia, 157
problems of relaxation exercises, 226–7
panic disorder with agoraphobia see PDA
partners’ standards, assessment and intervention, 197–8
passive aggression, 83
patient selection, S-FIT for PDA, 59–60
patients, assessment of, 25–7
PDA, 55–6
research supporting brief CBT, 6–8
S-FIT
case example, 60–74
description of, 56–9
patient selection, 59–60
penalization, 298–9
person, separation of problem from, 216
phobias see PDA; social phobia; specific phobia
physical aggression, 83
planning, child and adolescent brief CBT, 207–10
plans
development of workable, 173–5
experimental, 172
PMR, 264
shortened versions, 264–7
points chart adolescent reward system, 225f
positive data logs, 155
positive meta-beliefs, 245–6, 270
modification of, 112–3, 272–4
positive target behaviours, monitoring chart, 217, 218f
positive visualization, 293
post-event processing, 144
dealing with, 154
evidence for, 145
post-mortem see post-event processing
post-traumatic stress disorder see PTSD
power standards, 198
preparatory phase, for anger treatment, 91
primary distress, 194
developments in CBCT, 197–9
implications of brief CBCT, 197
private events
control of, 42–3
self as distinct from, 45–6
privileges and fines system, 218f, 225
problem drinking see alcohol abuse
problem solving
   process of, 275–9
   techniques for counsellor burnout, 294
vs. worry, 268
problem-focused coping, 39
problem-solving skills
   training of couples, 190
   training of parents and children, 220–21
problems
   functional analysis of, 24–5
   separation from person, 216
   suitability of brief CBT, 22–3
Prochaska & DiClemente’s transtheoretical model see stages of change model
progressive muscle relaxation see PMR
prolongation of anger arousal, 83
proselytizing, 294
proximity bias, 79–80
psychoeducational methods, 293
   see also self-help materials
psychological acceptance, 117–8
psychopathology, severity of, 26
psychosocial measures, children and adolescents, 210
PTSD
   anger intensity, 82
   as a consequence of abuse, 84
   core cognitions, 22
   research supporting brief CBT, 9–10
quality of research, brief CBT, 4, 5
quicksand metaphor, 42
quid pro quo contracts, 190
rational coping self statements, 292
rational emotive behaviour therapy
   see REBT
rational emotive imagery (REI), 295–6
rational humorous songs, 297–8
re-attribution experiments, 112
reactivity bias, 80–81
Reason and Emotion in Psychotherapy, 290–91
reason-giving, 40–41, 47
re-attribution training, 230–31
REBT, 119, 141, 168, 175
   behavioral aspects of counselling, 298–9
   cognitive aspects of counselling, 292–4
   elegant, 300
   emotional aspects of counselling, 294–7
   main recommendations, 300–301
REBT theory of counsellor’s disturbance, 289–92
recall relaxation, 265–6
recontracting, of therapy, 235–6
recursive reformulation, 210–11
redefinition techniques, 216–17
referrers, 208
reframing, 216–17
reinforcement, 298
relabelling, 217
relapse prevention
   CBT for social phobia, 155–6
   counsellor burnout, 299
   for families, 235–6
   GAD, 113
relational frame theory (RTF), 36
relationship problems
   treatment, 188–9
   types, 187–8
relaxation exercises, 225–7, 229f
   to reduce bodily symptoms of stress, 262–7
relaxation imagery, 283
relaxed breathing, 263
research for brief CBT
   evaluation, 4–6
   overview, 6–16
resistance, management of, 235
return-to-school programmes, 234
reverse role-playing, 296
Revised Test Anxiety scale (RTA), 240
reward systems, 222–3, 224f, 225f
   school refusal, 234
role-playing, 296
routine intake interviews, 209
rumination
   about anger incidents, 83
   see also depressive rumination
ruminative coping, 39
S-FIT
   case example, 60–74
   patient selection, 59–60
   treatment elements, 56–9
   safety behaviors, 69, 143–4
   evidence for, 145
   school refusal, 232–4
   secondary distress, 194–5
   implications of brief CBCT, 195–7
   selective perception, 191
   self, sense of, 45–6
   self-help materials, 3, 172
   self-instructional training, 231
   self-report scales, 29
   self-statements, 273–4
   semistructured interviews, 25
sensation-focused intensive therapy
   see S-FIT
sensation-focused therapy, 56
sense of self, 45–6
sentiment override, 192
shame-attacking exercises, 295
shortened PMR, 264–6
single session CBT, for phobias, 8–9
situational exposure, 67–8
skills
acquirement of, 28, 299
see also problem-solving skills; social skills training; study skills training; tension reduction skills
skills-deficit model of TA, 241–2
smiling face chart for child reward systems, 224f
SMIs
ACT as workplace, 119–121
manual, 121–36
social control agents, 209
social exchange theory, 189
social phobia, 141–2
brief CBT, 156
research on, 9
CBT, 145–56
difficulties in treatment, 157–8
evidence of effectiveness, 156–7
cognitive model, 142–4
evidence for, 144–5
social skills training, 141
socialisation
GAD metacognitive focused CBT, 110–111
social phobia CBT, 150–52
specific phobia, 8–9
specifying questions, 173–4
spontaneous remission, 178–9
stages of change model, 168–75
standards, 191
see also partners’ standards
State Trait Anger Expression Inventory (STAXI), 82
state-trait theory of anxiety, conceptualisation of TA, 240
stonewalling, 195
strategy shifts, 113
Strengths and Difficulties Questionnaire, 210
stress at work
sources, 117, 121–2
symptoms, 121
stress buttons, identification of, 127–8
stress inoculation approach, CBT anger treatment, 91–2
stress inoculation training (SIT), 244
stress management interventions see SMIs
stress response systems, 251–2
interaction of, 252
origins of, 250–51
unhelpful, 253–6
stress-performance curves, 253, 254f
stressors, interference with brief CBT, 26
strong rational coping statements, 296
structured interviews, 25
study skills training (SST), 249
subjective units of discomfort (SUDS), 67
substance abuse
ABC technique see ABC technique
assisted natural recovery, 178–9
brief CBT
client beliefs, 166–7
clinician’s perspective, 163–6
future in clinical practice, 179–82
history, 161–3
stages of change model, 168–75
summarizing questions, 175
supportive play, 221–2, 224
suppression
of thoughts, 37–8, 106–7
of worry triggers, 105
symptom measures, 29
symptom reduction, 28
symptom-induction procedures, 57, 58, 66
affect on patient selection, 59
systematic desensitisation (SD) approach, 242
TA
brief CBT-based treatment protocol, 247–84
definition, 240
and performance, 241–2
relationship between metacognitive beliefs and, 245–7
and technical eclecticism, 244–5
treatment research, 242–4
task-focus coping, 247
teachers, 209
technical eclecticism, 244–5
telephone contacts, to reduce therapy sessions, 7
tension, in TA, 240
tension reduction skills, training in, 225–7
test anxiety see TA
test-irrelevant thinking, in TA, 240
therapeutic change, in brief and unabbreviated CBT, 6
therapeutic relationship, S-FIT, 58–9
therapists, assessment of, 27–8
therapy, child and adolescent brief CBT, 213–35
therapy plans see family-based therapy plans
thinking response to stress, 251
unhelpful, 254–5
thought control, 104–5
thought suppression, 37–8, 106–7
of worry triggers, 105
thought-catching exercise, 259
thoughts
becoming aware of, 259
linkage to feelings and behaviors, 257–8
testing reality of, 259–61
time-out, 223–4, 226f, 227f

tin can monster exercise, 134–5

trauma
  link between anger and, 80, 82
  see also PTSD

treatment credibility ratings, 25–6

tripartite response system analysis, in TA, 243–4

two scales metaphor, 43–4

type, 1 worry, 102
  contribution to pathological worry, 106
  meta-cognitive model, 103–4

type, 2 worry, 102, 246
  contribution to pathological worry, 106
  meta-cognitive model, 104–5
  modification of, 111

ultimate feared catastrophe, 61, 62

unabbreviated CBT, comparison with brief CBT, 4, 6

unconditional other-acceptance (UOA), 295
unconditional self-acceptance (USA), 295
ungraded mass exposure, 58, 67
urge coping, 172

values, ACT definition, 46–7

verbal aggression, 83

verbal conventions, 45, 129–31

verbal reattribution methods, 152–3, 247

verbal socialisation strategies, 110

vicious cycles of stress, 256

video feedback, 152

videotaping, of interactions, 200

visualization exercises, 225, 227, 229f
  see also positive visualization

willingness, 43–5, 125–6

exercises, 126–7, 128

withdrawal, 195

women, violence victimization, 84

women’s movement, boost to interest in anger, 78

work, ACT at, 118, 137

work stress, 117–8
  causes, 121–2

workplace SMIs
  ACT as, 119–21
  manual, 121–36
  comparison with TA intervention studies, 244–5

worry
  consequences, 106
  definition, 268
  effects of, 269
  meta-beliefs see negative meta-beliefs; positive meta-beliefs
  nature of, 102–3, 245–6
  reasons for, 269–71
  in TA, 240
  vs. problem solving, 268, 275
  see also type, 1 worry; type, 2 worry
  worry postponement experiment, 111

Index compiled by Fiona Smith