

# **Cognitive Remediation and Emotion Skills Training (CREST)**

## **Inpatient pack-Part II (After CRT)**

South London and Maudsley NHS Trust  
& Institute of Psychiatry, King's College London

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***We are evaluating this current version of CREST manual.***

***In the light of the current research we are aiming to add experiential exercises to complement this clinician manual with activities to improve emotion expression and social interaction.***

## Contents

Page

### Introduction

#### Theme 1

Thinking about thinking

#### Theme 2

Thinking about emotions

#### Theme 3

Recognising your emotions and focusing on positives

#### Theme 4

Managing your emotions

#### Theme 5

Expressing your emotions and communicating positively

#### Theme 6

Recognising and interpreting other people's emotions

#### Appendices

1. Additional information to be offered after completing first two sessions
2. How CREST developed: research evidence
3. Case Studies
4. CREST in a group format
5. How can we evaluate CREST?
6. Supplementary materials
7. References and further reading

## What is the CREST Manual?

This manual contains a structured module. It is divided into 6 themes which are covered over 10 sessions.

The aim of this module is to help patients to identify their thinking styles, recognise and tolerate emotions and incorporate the skills learnt in the therapy sessions to everyday life. This is conducted through the use of visual material, simple exercises and homework. It is intended to be a collaborative exploration of the patient's thinking and emotional processing styles, giving the patient basic language and skills to understand, manage and express their emotions. A useful motto for this approach is 'managing the negative to get to the positive,' hence a strong emphasis on seeking out and holding onto positive emotions while exploring experiences of negative emotions.

The manual is based on a body of scientific research. Please see appendix 2 for more detail on the supporting evidence and how the manual was refined following a pilot study within our service.

## When should this intervention be introduced?

This intervention could be introduced to the patient immediately after admission to an inpatient unit and can be offered irrespective of other interventions they are undergoing. The simple educational, playful, and concrete style of the therapy can serve as a good starting point to develop rapport and gently prepare patients for further psychological work.

## How should this manual be used?

Each of the 10 sessions typically last between 30 and 45 minutes. **Patients' differ** in their style and pace when completing the exercises as well as their motivation to work through the material. Therefore, the **therapist will need to be flexible** and creative whilst still trying to work closely within the structure and overall aims of the manual.

The manual is a **guide** for thinking about emotional processing. For some patients, there will be greater emphasis on the exercises and less on reflection; whereas for others, there will be less focus on the exercises and more reflection. The pace of the sessions can greatly depend on individual differences and the physical and psychological status of the patient. Thus, not all the exercises in each session have to be worked through and the length of sessions will also differ, depending on the individual. The amount of engagement with homework tasks can also vary, thus the differing amounts of time spent on reflection of homework should be taken into account. We have included a list of all exercises in appendix 6 to help keep track of which exercises have been covered in which session.

HOWEVER, please note that the flexible use of this manual is only permissible when working in a clinical context. When using CREST for research purposes the manual protocol must be adhered to.

As you will see, the intervention is not illness or symptom related. The manual was intentionally designed to **broaden the patient's perspective** of their current situation and focus on **everyday** emotional skills. This manual is largely informed by focus groups including patients, clinicians and carers, up to date research findings from our research team and, of course, clinical observations based on experience using the outpatient manual called 'MANTRA,' in addition to

patient feedback and areas of difficulties they have shared with us. Please see the reference list provided at the end of the manual for further information on these various sources.

Please note: if the patient has completed Cognitive Remediation Therapy (CRT) prior to starting this manual based psychological intervention, it may be more helpful to start from session 3 of this manual. If the patient has previous, historical experience of CRT, it may be beneficial to conduct these two sessions as a reminder of the work completed.

## Session 1

This session is based on the Cognitive Remediation Therapy (CRT) workbook (Tchanturia et al., 2009). The original CRT manual contains 10 sessions that focus on discovering and practicing thinking styles using simple exercises.

The aim of this first session of CREST is to practise these CRT exercises and use them as a platform to discuss thinking styles. Some patients will be better at undertaking the exercises and therefore benefit more from reflection and discussion about thinking styles. Other people may find the exercises more challenging and will therefore benefit more from practicing these. If the patient has already completed the full CRT intervention, the first session of CREST can be used as a reminder or reflection on cognitive style and strategies learnt through CRT.

The exercises outlined in this manual provide a selection that can be completed over one or two sessions, depending on the level of engagement and the previous experience of CRT, to reflect on thinking styles. It may be useful to ask the patient what they have noticed about their thinking style and use this to prioritise which tasks to look at first.

## Sessions 2 – 10

These sessions will begin by linking the patients' cognitive style to basic emotional processing and then move through 4 themes related to different aspects of emotional processing. The exercises are used as platforms for discussion rather than to be practiced repeatedly.

Homework is introduced in the first session to encourage practicing flexibility, bigger picture thinking and various emotional skills.

## Therapist Style

Predominantly, the therapist's stance in delivering this module is to be **interested** and **curious** about the patient's experiences whilst working through the exercises and discovering how these reflect real life situations. Secondly, the therapist should guide the discussions and tasks towards **positivity**, shifting away from the patient's automatic negative bias. Remember; always end a session on a positive! Thirdly, it is important that the focus is on **collaboration** ('doing with') where both therapist and patient are engaging in the tasks and reflecting together on these. Fourthly, be **motivational**, drawing on skills and strengths that the patient already possesses, as well as **congratulating** any attempts to change or try something new within, or outside of sessions, however small. Fifth, the therapist should encourage and model **flexibility**. It is important to make the patient aware that the manual and sessions can be tailored to their needs. For example some patients might like to practice a particular skill from a previous session which should be encouraged as a homework task whilst moving through future sessions. Similarly, certain sessions can be extended if the therapist thinks this will be beneficial to the patient, e.g. taking two sessions to cover the Thinking about Thinking theme if

your patient has no prior experience of CRT. Finally, it is desirable to be **creative** and, particularly in the initial sessions, to provide a **playful** environment where exercises are viewed as fun and easy to experiment with. Embarking on a new type of therapeutic intervention can be daunting for patients, so therapists should aim to be **transparent** and **reassuring** about the process and what we are hoping to achieve within the ten sessions.

# **Theme 1**

## **Thinking about thinking**

## Aims of session 1

### **1) Establish relationship**

The collaborative nature of the cognitive exercises and the simplicity of these tasks will hopefully aid engagement with the intervention and help build a therapeutic relationship.

### **2) Reflect on thinking styles**

The purpose of the exercises is to raise awareness of thinking styles and to encourage patients to reflect on their own thinking styles. This can be done by “thinking about thinking” and consciously learning new strategies which can be reused and practised.

### **3) Relating thinking styles to everyday life**

A third aim is to link this material (thinking styles and strategies) to real life behaviours and examples.

Therefore, the aims are to use practice, reflection and guided discovery to improve thinking style, change behaviours in a flexible way and discover alternative ways of doing simple things (e.g. organising the room in a different orientation, watching different TV programmes, changing fonts on the PC, taking different routes to the clinic, school, and sitting in different places during mealtimes etc). Making these simple changes serves to develop confidence in ability to change and hopefully leads to more significant changes.

There are a number of exercises for the therapist to choose from. These exercises focus on different aspects of cognitive styles such as bigger picture thinking, attention to detail, prioritising, flexibility and switching as well as looking at perfectionism traits (e.g. estimating rather than doing things perfectly). It is unlikely there will be enough time to complete all exercises in the session so the therapist can choose which exercises to complete.

Most importantly, the first session is a great opportunity to engage the patient in the treatment programme. The two main ingredients of CREST (content and process) will hopefully provide a safe and motivational starting point.

Therapist tip: it may be necessary to spend two sessions completing and reflecting on these cognitive exercises if your patient requires longer to engage with this way of working together, especially if they did not complete CRT prior to this.

## Session 1

### *Instructions to patient*

In this first session we will do a few pencil and paper tasks. After each one we can talk about the exercise and reflect on any particular issues it raised for you. This intervention is based on our research in eating disorders, cognition and emotion. Every person is different and we will have the opportunity to explore how you think and feel and how would you like to use this knowledge in further psychological work here in the sessions and your day to day life.

## Main Idea – addresses ‘bigger picture thinking’

### a) Aim of the task

The aim of this task is also to encourage patients to see the context of the information rather than focussing on the details only. Patients are presented with large amounts of written information in the form of a story and are required to summarise the main points.

### b) Task Instruction

Choose one of the stories. Read the story and try to summarise it in a couple of sentences. If your patient is comfortable doing this, you can then ask them to write the story in the format of a text message and finally to make up a title for the text. If they find it difficult leaving out information, try summarising a paragraph at a time and then in later sessions increase the amount of information that should be summarised.

### Helpful hints

- Start by making a few bullet points
- Try to identify the main points and the details – what is important and what is not important; maybe underline the main points in the text.
- Imagine you are above the information – try to get ‘helicopter vision’
- Talk to yourself by starting and finishing the sentence, ‘The main idea is...’
- Try to give a headline to each paragraph (or summarise the paragraph in one word)
- Imagine a lens that helps you zoom in on information and zoom out from information – where could this technique be useful

### c) Ask for patient’s reflections

- What drew you to the information you chose to summarise the piece?
- Were you able to hold the whole story in mind or did you get stuck on certain aspects of it?
- How did you summarise the information as you read through?
- How can you relate this task to day to day life? For example,
  - Are you able to follow what a person is talking to you about or do you get side tracked on one piece of information?
  - Are you able to follow the plot of a film or book or do you get side tracked on certain parts?

There are a number of versions of this story in Taoist and Zen philosophy. This version was retrieved from: <http://www.myrkothum.com/the-10-very-best-zen-stories/> on 04/07/13

### Maybe

Once upon the time there was an old farmer who had worked his crops for many years. One day his horse ran away. Upon hearing the news, his neighbours came to visit. "Such bad luck," they said sympathetically.

"Maybe," the farmer replied.

The next morning the horse returned, bringing with it three other wild horses. "How wonderful," the neighbours exclaimed.

"Maybe," replied the old man.

The following day, his son tried to ride one of the untamed horses, was thrown, and broke his leg. The neighbours again came to offer their sympathy on his misfortune.

"Maybe," answered the farmer.

The day after, military officials came to the village to draft young men into the army. Seeing that the son's leg was broken, they passed him by. The neighbours congratulated the farmer on how well things had turned out.

"Maybe," said the farmer.

### Useful questions:

What do you think about the farmer's reaction to the various situations?

How does the farmer's embracing of uncertainty by remaining open minded help him cope with a fluid situation?

What might be helpful and unhelpful about this approach?

A professor stood before his class with some items in front of him. When the class began he picked up a large empty jar and proceeded to fill it with golf balls. He then asked the students if the jar was full? They agreed that it was.

So the professor then picked up a box of pebbles and poured them into the jar and shook it lightly. The pebbles rolled into the open areas between the golf balls. He then asked the students again if the jar was full. They again agreed it was.

The professor picked up a box of sand and poured it into the jar. Of course, the sand filled up everything else. He asked once more if the jar was full. The students laughed and all agreed that it was.

The professor then produced two cups of coffee and poured the entire contents into the jar, effectively filling all the empty space between the sand.

"Now," the professor said, "I want you to recognise that this jar represents your life. The golf balls are the important things - your family, your partner, your health and your children, your passions - things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter like your job, your house and your car. The sand is everything else - the small stuff."

"If you put the sand into the jar first, there would be no room for the pebbles or the golf balls. The same goes for your life." He continued, "If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you."

"Pay attention to the things that are critical to your happiness: play with your children, talk to your family, keep that doctor's appointment, take your partner out dancing, go shopping - treat yourself"

"There will always be time to go to work, clean the house and fix the car. Take care of the golf balls first - the things that really matter. Set your priorities. The rest is just sand."

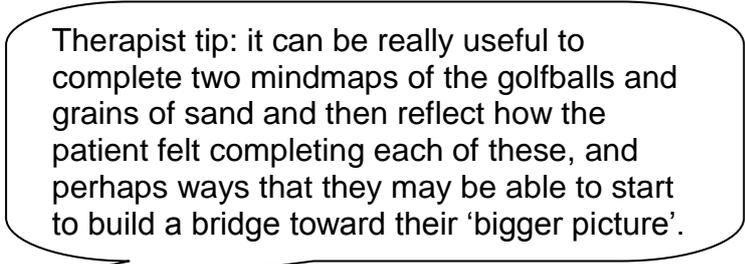
One of the students raised her hand and asked what the coffee represented. The professor smiled, "I'm glad you asked. It just goes to show that no matter how full your life may seem, there is always room for a couple of cups of coffee with friends".

### Useful Questions:

What do you think is the main message the professor is trying to teach his students?

Can you think what the golfballs are in your life? And the grains of sand?

Do you think that you currently fill your time with the golf balls in life or the grains of sand?



Therapist tip: it can be really useful to complete two mindmaps of the golfballs and grains of sand and then reflect how the patient felt completing each of these, and perhaps ways that they may be able to start to build a bridge toward their 'bigger picture'.

## Embedded Words – targets ‘switching’ ability

### a) The aim of the task

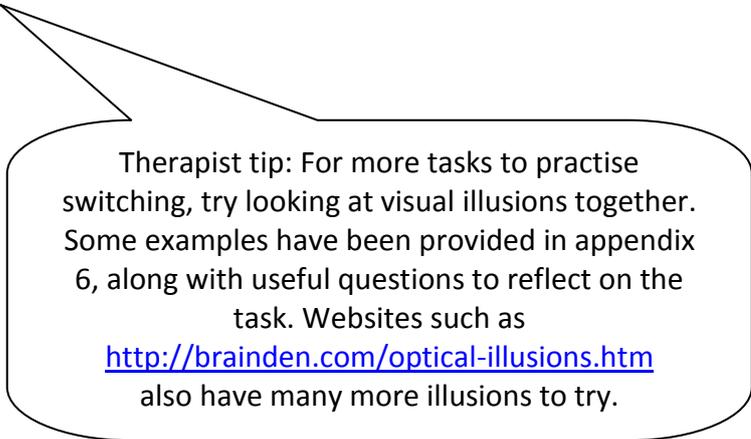
The aim of this task is to practice identifying particular categories of information amongst irrelevant information e.g. circle cold and hot objects when you go through the page. This task practices thinking which requires seeing the bigger picture and the detail. It also practices flexible thinking by encouraging switching between different sets of information swiftly and accurately.

### b) Task Instruction

Hand the piece of paper with text to the patient. Follow the instructions at the top of the page.

### c) Ask for patient’s reflections

- Was there a time you noticed you were stuck and the old rule got in the way of the task in hand? How did you move past it?
- When might it be useful to do two things at the same time or use two rules at the same time?



Therapist tip: For more tasks to practise switching, try looking at visual illusions together. Some examples have been provided in appendix 6, along with useful questions to reflect on the task. Websites such as <http://brainden.com/optical-illusions.htm> also have many more illusions to try.

**Underline** words describing clothing and at the same time **circle** words related to cold temperature

snow slacks newspaper top crisp freezer skirt books editor  
shoes incur trousers licence change vest doors font drawing  
sitting underpants icicle revolve pyjamas chilly sweatshirt t-shirt  
shout tonight ice cooker even costume happen nippy sleet  
assumption gate gloves temperature freeze point camera attire  
dress flower notification past slippers coat leave shudder garden  
pants swim blue danger socks pathway insert hat jacket suit  
trainers retainer glacier jeans hover shelves swing shorts  
sweater game raincoat slacks week permafrost December pushchair  
fridge winter sell shirt wonder frostiness outfit glasses type  
Antarctic giving cool bus box roof underclothes hustle iceberg  
ivy scarf chill gown regent avalanche undershirt stockings tie  
envelope stitch Melbourne red premises stove charge talent  
telephone hammer icy shelter icecap frost icebox mouse hail  
face bitter cabinet party boil boots medal money cap shiver  
belt cassette remote cable quiver closed garment fight

## Estimating task – explores perfectionism in action

### a) Aim of the Task

The aim of this task is to encourage patients to practice:

- Estimating and approximating
- Thinking on a continuum rather than dichotomously
- To consider things as being 'good enough' rather than perfect

As with Geometric figures, it is essential that this task be focussed on balancing speed and accuracy, rather than one at the expense of the other. The therapists target is to minimise performance demands and focus on how an individual approaches this task.

### b) Task Instruction

Place the page directly in front of the patient. Ask them to place a mark where they think 50% is on each of the lines. Explain that the mark does not need to be exact, but rather a 'rough' estimate. Direct your patient to start at the top (for horizontal lines) or the left (for vertical lines) of the page and not to miss any lines.

If they do this very easily, then the task can be made more difficult by marking different percentage points on the line e.g. approximately 25%, 75%. Always encourage approximations.

### c) Ask for patient's observations

- How did you approach the task? Did you use any technique to guide where you placed your mark?
- Did you have times when you felt you were making a mistake? What did you do?
- How do you feel about guessing at things? Do you like knowing more than guessing? When can that be useful? When might it not be useful?
- Do you look for the right answer or spend time focussing on the details, instead of choosing something imperfect, but acceptable?
- How can you use this experience in everyday activities?

For example, estimate the size of the parking space when parking your car; estimate the amount of washing powder to use; estimate the time rather than looking at clock

If patients take the task too seriously and spend longer than they should on the task, inquire about spending excessive time on small or inconsequential tasks. Ask if they often find themselves spending more time than they need to on details or making certain things are exact, rather than focussing on getting a task done 'good enough'.



## Homework Session 1

### Aim:

To encourage the patient to introduce a small change to their daily routine thus encouraging flexibility and challenging rigid behaviours.

To avoid the possibility of disengagement, reassure the patient that the homework is optional and their performance is not being assessed. This intervention is an opportunity for the patient to learn about and explore different aspects of their daily functioning.

### Instructions:

Reflect with the patient on any rigid routines or rituals that you may have identified during the session. Ask the patient to make one small change to their daily routine for example not making their bed before breakfast; brushing teeth before shower instead of after; reading a different newspaper at the weekend.

These changes need to be relevant to the individual patient and should be decided in the session.

### **Ideas for behavioural tasks**

#### **Changing routine**

- When you get dressed, put on your clothes in a different order than usual
- Brush your teeth with your non-dominant hand.
- Wear different make up or less make up.
- Change the colour of your nail polish/lipstick/rouge.
- Wear your watch on the other wrist for a day.
- Wear your hair differently (put your parting on the other side, wear it up or down, in plaits or blow-dried in a different way).
- Choose a different ring tone on your phone.
- Listen to a different radio station.
- Experiment with a different newspaper or TV programme.
- Change around a small item of furniture or lamp in your room.
- Choose different brands whilst shopping e.g. a different brand of washing up liquid, moisturiser, breakfast cereal.
- Change cleaning routines (e.g. have breakfast before cleaning the house, cleaning rooms in a different order, etc.).
- Change routines in the morning e.g. clean teeth before/after shower – same for bedtime routines.
- Change routines for journey from house to work/college/hospital (e.g. use different buses, walk a different route).
- Change your favourite plate/mug.
- Sort out your wardrobe and take items you will never wear to the local charity shop.
- Instead of keeping old newspapers, magazines etc., cut out favourite sections and throw away the rest.

- Leave the house untidy when going to work and tidy up in the evening; the same with laundry/ironing.
- Sit in a different place at mealtimes.
- Add one extra ingredient to your shopping list (not bulk food but e.g. a herb, spice, garlic).
- Estimate the amount of washing powder to use rather than using a measuring cup.
- Estimate the time rather than wearing a watch.
- Change the clock on your phone to 12 hour / 24 hour setting.
- Use a different internet browser.
- If working with text on the computer, use a different font for the day.
- Change the background picture on your mobile phone or computer.

### **Relaxing**

- Read a different newspaper, or your usual newspaper but in a different order from your usual routine.
- Skim through or read some parts of magazine rather than reading the entire magazine from cover to cover.
- Read something you wouldn't normally consider. It doesn't matter whether it's an obscure book or a trashy magazine.
- Go to the cinema or an art gallery.
- Go to/rent a movie that you usually would not have chosen to see.
- Borrow a CD or book from the library.
- Visit a public park or other recreational facility.
- Experiment with drawing/painting using your non-dominant hand.
- Write a short letter to a person you would like to talk to, even if you never send it.
- Play a board game e.g. draughts, chess, monopoly.
- Play a game of cards.
- Listen to the whole album on your MP3 player rather than listening to the 'favourites' list.
- Create a new playlist on your iPod (or other music device), and listen to this instead of your old one.
- Shop for a novel item not related to food, for example, stationary, flowers, bubble bath, candles).
- Try describing the route from home to school/work/the store/your favourite café' to someone else.
- Describe yourself by firstly writing a short text about yourself, then shorten it down to a few sentences, and finally, summarize the text in a few words.
- Watch a movie and describe the plot to a friend or a family member using no more than five sentences.

## **Theme 2**

# **Thinking about feeling**

## Session 2

### Thinking style summary

- a) Start the session by reflecting on thinking styles and what the patient learnt about their thinking style in the last session.
- b) Reflect on homework: hopefully this will enable the patient to reflect on any difficulties they had and start making the link between thinking styles and emotion in everyday life. In particular, encourage the patient to think about how it *felt* to challenge themselves in this way.

*Therapist Tip:* Try to link **thinking styles** with **emotion** if this is relevant to the individual. For example one patient reported that she becomes overly detailed in her approach to tasks when she experiences performance pressure and we identified how anxiety impacts on her flexibility in thinking. We reflected at the beginning of the emotion work that this was a good example of how thoughts and feelings are related.

You could also explain that having an increased awareness of our thinking styles can be very helpful because we are in a position to explore whether our current thinking styles are helpful or unhelpful and without this awareness we would find it very difficult to make any changes. Remind the patient that it is not about having a 'right' or 'wrong' thinking style, but about reflecting on the range of thinking styles available when they approach everyday tasks.

### ***Linking thinking and feeling***

"So, we have learnt something about how you think about things in everyday life and we have also discussed how our emotions can affect the way we approach things. The next part of this intervention is going to focus on how emotions and thinking are linked."

See appendix 1 for further information that may be helpful to discuss at this point.

## 1. Emotion word sorting

**a) Materials required:** – emotion word cards (cards with positive and negative words written on them).

### **b) Aim:**

The aim of this task is to see if patients

- Can differentiate between positive and negative emotion words
- Find it difficult to discriminate between these two groups of emotions
- Notice that either positive or negative emotion words are easier/harder to differentiate

### **c) Instructions:**

Start by tipping all of the words onto the table. You can say something along the lines of:

“As you can see, we have many words to describe different emotions. We’re going to do an exercise to begin to see what words we recognise when describing emotions. I’d like you to start by finding ‘positive’ emotion words and, when I say switch, move to finding ‘negative’ emotion words. We’ll switch a few times during this.”

When this has been done a few times you can reflect on the task with the patient.

### **d) Reflections:**

- Did you find the task easy or difficult?
- Was it easier to find one group of emotion words?
- Did they feel anything whilst doing the task?
- Do you notice anything?



Therapist tip: it is important, from the outset, to explain that negative emotions are not bad, they are simply negative in relation to positive.

## 2. Emotions and thinking

### a) Aim:

The aim is to explore and inform in a simple way how the cortex (cognitive part of the brain) and limbic system (affective part of the brain) interact with each other.

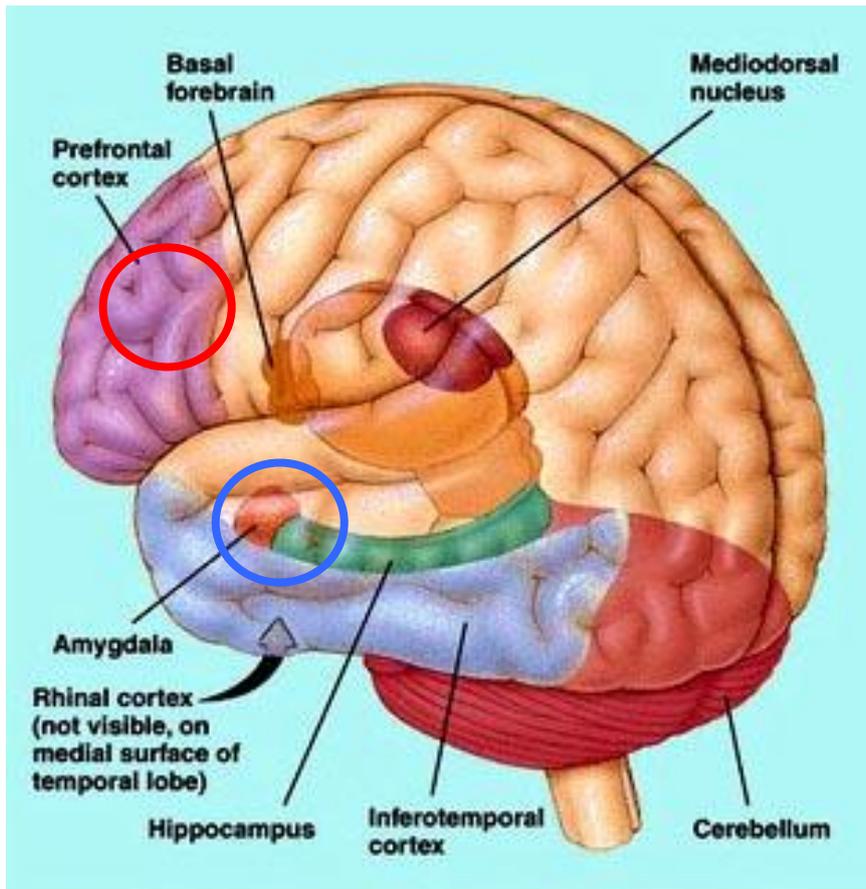
### b) Instructions:

Read a précis of the following information for the patient whilst showing them the picture of the brain on the following page.

**“This front part of our brain is responsible for our thinking (circled in red) and a different part of our brain called the Amygdala, is associated with emotional processing (circled in blue).**

**Research shows that these different brain areas are responsible for thoughts and feelings; however they are also connected and inform each other. So for example when we face danger, such as a snake, we might feel scared, run and only afterwards think why we did it.”**

**“Research has shown that by labelling our emotions, activity in the emotion centre of our brain (the amygdala) is reduced. When we can identify and label the emotion using the thinking part (point to prefrontal cortex) the emotion part (amygdala) doesn’t have to work so hard. If activation is stuck in the emotion part of the brain we can’t do anything with it. But if we bring it into the thinking part of the brain we can process it and do something about it.**



### 3. Emotional Processing Cycle

Use this exercise to consider the process of how emotions and thinking are linked further using the flow diagram below.

#### a) Aim:

This part is also educational and further extends learning of how the cortex and the limbic system work together to produce an emotional response. It also demonstrates how different people can have **different responses** to incoming information, that **no response is right or wrong**, and that we can have **mixed responses** in any one situation. (We have sometimes found it useful to highlight that there are parts of the cycle where it is easier to make adaptations, e.g. how different thoughts about the same event can lead to different feelings – blame bus driver >anger; blame self> fear/guilt; but there are parts that happen more quickly and instinctively which we have less control over e.g. jumping out of the way of the bus

**This information is provided for the therapist with no expectation to turn the session into didactic teaching. We found this information helpful whilst preparing for the session:**

**“When we experience an emotion, such as fear or happiness, this is the end result of a complex series of processes, usually starting with an external triggering event. Our senses (sight, sound, touch, taste, smell) relay this data to various parts of our brain where we interpret the incoming information and form an impression or perception of the event. Depending on what information we receive and the perception of it that we form, we make an evaluation or judgement concerning the meaning of this event. Once we have established what the event means for us, we then start to generate an emotion in response to the situation.”**

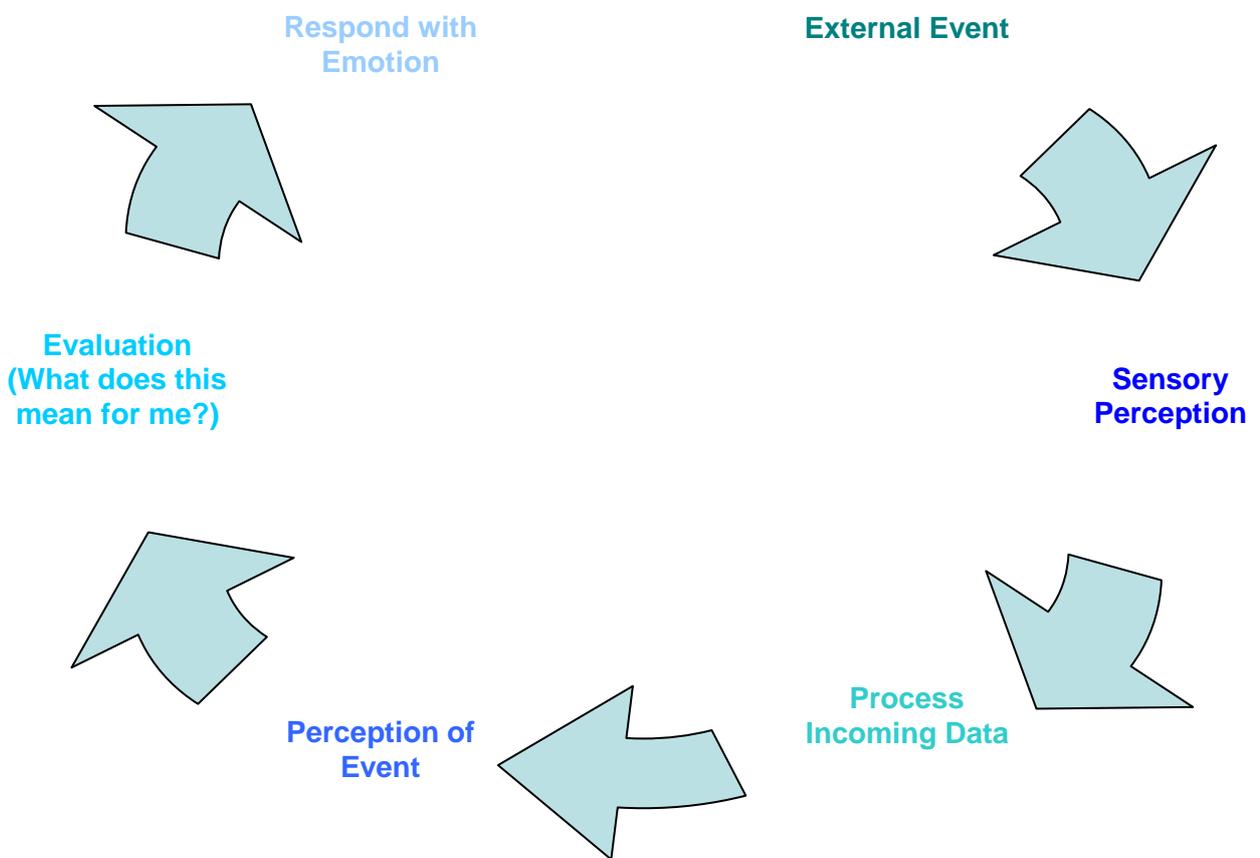
#### b) Instructions:

Use the diagram below and the following scenario as an example of how the cycle, from external event to response of emotion, can work.

**“Imagine you are walking across a zebra crossing and, suddenly, a bus comes hurtling towards you and does not look as though it is going to stop. What do you do?”**

Go through the process on the flow diagram to show how we process information from the environment.

*Emotional Processing Cycle*



## 4. Emotions and our bodies

### a) Aim:

This part is about informing the patient about the physiological sensations associated with emotions. The aims are to introduce how the body is involved in producing emotions and that listening to our bodily sensations can inform us about our emotions. This is important to integrate the brain and body and to recognise that they are not functioning separately.

The therapist can also use this opportunity to reassure the patient that emotions and the associated bodily sensations are not to be feared; they are helping us to understand ourselves and our world. We need them for survival and it is perfectly normal to experience different emotions in different ways.

### b) Instructions:

Explain to the patient that bodily sensations are crucial in helping us to understand what's going on around us and provides us with vital clues and indicators as to the emotion we are experiencing.

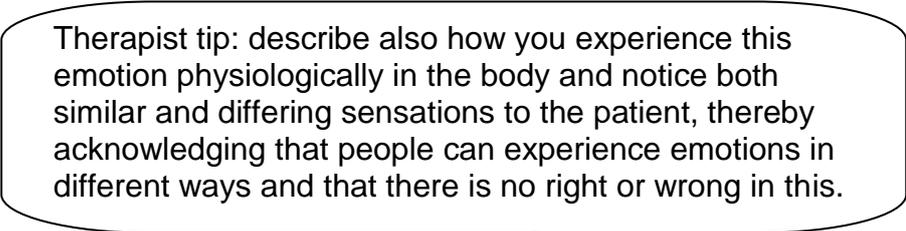
Ask the patient to think about times when they have noticed bodily sensations. For example, when they are feeling anxious, nervous, panicky, distressed or worried, do they notice where they experience this in their body? If the patient is finding it difficult to come up with anything suggest everyday examples including: before an exam, during a driving test, doing a presentation etc.

Using the 'body and emotions diagram' choose a particular emotion i.e. anxiety, and with the patient discuss and write down what effects the emotion has on different parts of the body. If there is time you could also complete another diagram with an opposite emotion such as calm, relaxed.

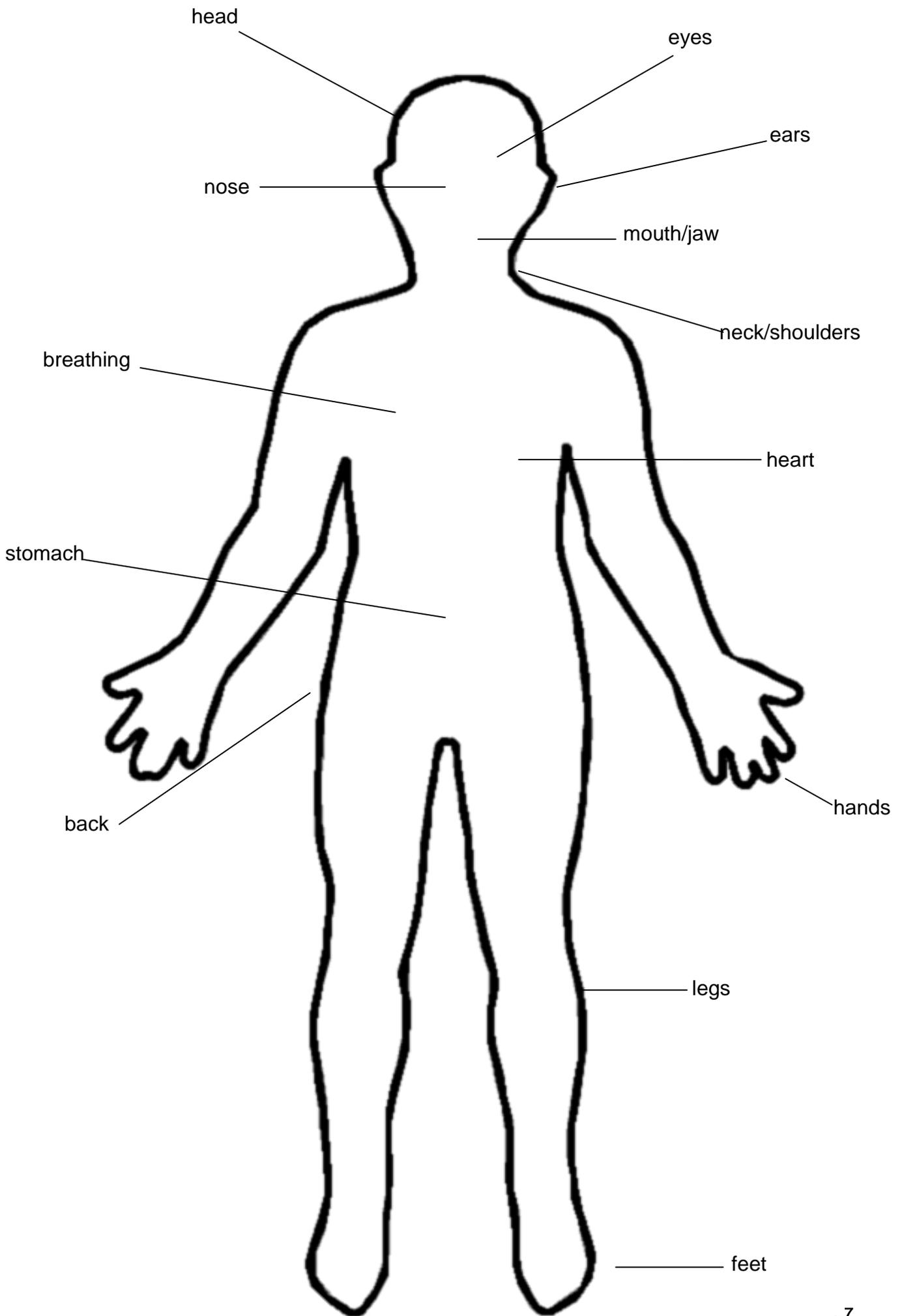
### c) Reflections:

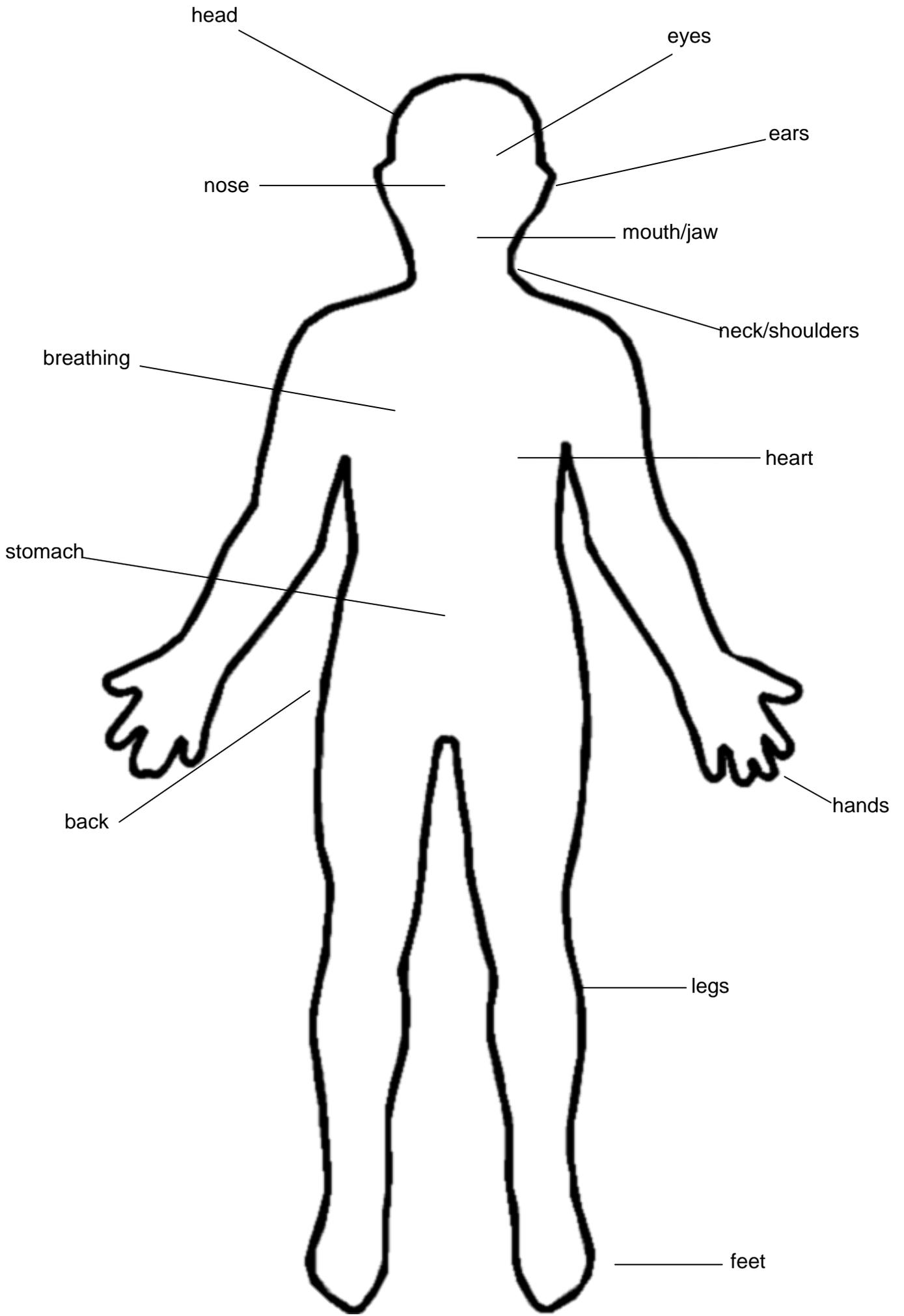
- If you think about your day to day life is it difficult to link bodily sensations with emotions?
- Do you listen to your bodily sensations?
- Do you notice that your bodily sensations differ depending on how you are feeling, where you are, what you are doing?
- How does it feel to experience bodily sensations, is it pleasant or unpleasant?

Discuss the body's arousal system in terms of 'positive' and 'negative' emotions (i.e. negative emotions are not bad, they are just saying something about our environment or internal state).



Therapist tip: describe also how you experience this emotion physiologically in the body and notice both similar and differing sensations to the patient, thereby acknowledging that people can experience emotions in different ways and that there is no right or wrong in this.





head

eyes

ears

nose

mouth/jaw

neck/shoulders

breathing

heart

stomach

hands

back

legs

feet

## 5. Emotion Questionnaire

### a) Aim:

The purpose of this questionnaire is to help increase the patient's awareness and understanding of their own thinking and emotional style. By completing the questionnaire CREST will become more personalised to the patient as you can reflect with them after each session on whether there have been any changes in how they understand, approach or deal with emotions. The aim is that the patient will learn healthier ways of managing and expressing emotions.

### b ) Instructions:

Explain that the purpose of the emotion questionnaire is to help the patient gain a greater understanding and awareness of their current thinking and emotional style.

"This questionnaire outlines the themes that we will cover in CREST. This is based on evidence from research that these are areas that some people find difficult. You might find that some of these areas are a problem for you too. It is helpful for us to identify together what these are at the beginning of our sessions. We are then in a better position to help you think about other ways of understanding emotions."

Complete the first two columns of the questionnaire with the patient.

### Homework Session 2.

#### **Instructions:**

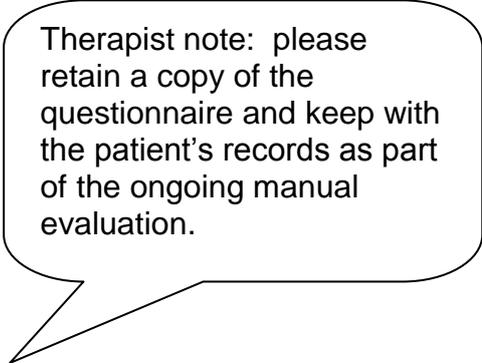
Ask the patient to fill in the third column of the questionnaire with examples of how the problem does or does not manifest in day-to-day life.

## PROMPTS FOR THE CREST QUESTIONNAIRE

These are aspects of emotional processing that we are going to be focussing on over the next sessions, so it will be useful at this early stage to explore and reflect on aspects of this that you feel more confident in and areas that may be more problematic or challenging that we can focus more fully on.

1. We have completed some exercises focused on thinking about thinking in our first session(s). Do you think you are more aware of your thinking styles? Can you tell me a little more of what you have learned? Are there ways you can continue to make small changes in your day to day routine?
2. We have been considering the theme of 'thinking about feeling in this session. Let's summarise what we have learned. (Explore together whether this is an area of difficulty, what makes it so and the impact it may have on daily life).
3. We will be moving on to explore the power of positive emotions, and focusing on exercises that will support you in working toward a more positive bias. Do you think this is an area of emotional processing that will be important for you to explore? How much do you think this impacts on your day to day experience?
4. We will then be moving forward to explore emotion management, focussing on recognising, expressing your emotions to yourself and others. What are your immediate thoughts when you consider your relationship to your emotional experience? Is it straightforward or quite challenging to recognise, manage and express your emotions? Are certain emotions more or less acceptable to you? What impact does this have on your day to day experience?
5. Finally, we will be doing exercises focused on recognising emotions in others. Thinking about this now, what do you think helps you in identifying others' feelings? Does this impact on your daily life?
- 6.

For homework, it will be really helpful to explore this further, and reflect on specific examples from your daily life. This will help in gaining greater awareness of how this impacts on you personally, and can help inform our later sessions.



Therapist note: please retain a copy of the questionnaire and keep with the patient's records as part of the ongoing manual evaluation.

| <b>CREST<br/>QUESTIONNAIRE</b><br><br><b>Your thinking and<br/>emotional style:</b> | <b>Problem<br/>for you?<br/>Y/N</b> | <b>How much<br/>does this<br/>interfere in<br/>your day-<br/>to-day life?<br/>(0 = Not at all,<br/>10 = Extremely)</b> | <b>Give a recent example of how this<br/>problem manifests itself.</b> |
|---|-------------------------------------|--|--|
| <b>Thinking about<br/>thinking</b> (Session<br>1)                                   |                                     |  |  |
| <b>Thinking about<br/>feeling</b><br>(Session 2)                                    |                                     |  |  |
| <b>Thinking<br/>positively</b><br>( Session 3, 4)                                   |                                     |  |  |
| <b>Recognising your<br/>own emotions</b><br>(Session 4)                             |                                     |  |  |
| <b>Managing your<br/>emotions</b><br>(Sessions 5,6 )                                |                                     |  |  |
| <b>Expressing your<br/>emotions</b><br>(Sessions 7 & 8)                             |                                     |  |  |
| <b>Recognising<br/>positive emotions</b><br>(Session 9)                             |                                     |  |  |
| <b>Evaluation and<br/>summary</b>   |                                     |  |  |

# **Theme 3**

**Recognising your  
emotions**

**Focusing on positives**

## Session 3

### **Reflect on Homework**

At the beginning of the session spend some time going over the 'emotion questionnaire' that the patient has completed for homework. Explain that throughout CREST you will be revisiting the questionnaire as the hope is that there will be some changes in awareness and understanding of emotion acceptance, management and expression by the time they have completed CREST. It may also help to reflect on the emphasis on 'problems' and 'negative emotions' and that sometimes we need help to recognise the opportunities to experience positive emotions.

### **Exercise 1: Emotion word list**

#### **Aim:**

- 1.) To think about recognising specific emotions within ourselves in the here and now, making identifying and labelling emotions more relevant and personal to the patient.
- 2.) To provide the patient with a broader emotion vocabulary

#### **Instructions:**

"Researchers believe there to be six basic universal basic emotions:

**JOY – DISTRESS – ANGER – FEAR – SURPRISE – DISGUST**

There are also hundreds of other words that people use to describe how they're feeling. On this sheet are some of the hundreds of words that we can use to describe emotions. We will use this to think about emotions that you may be feeling. There may be some missing which we can add too."

Using the emotion word list overleaf, ask the patient to underline which words they are drawn to that reflect on different feelings at different times:

#### **1) How do you feel now?**

- What has drawn you to those particular words?
- Do you think these are more positive or negative emotions?
- What is it like to be able to share something of what you are feeling? ( we include this as patients have disclosed that they can feel quite exposed and uncomfortable)
- How does it feel in your body? (use body and emotions diagram if needed to prompt patient)
- Have you ever felt like this before?

#### **2) How would you like to feel?**

- Can you think of a time when you have felt like that before?
- How did that feel in your body?
- What is usually happening around you when you feel this way?

#### **Reflection:**

Ask the patient how it felt to do the task – was it hard? Why? Were they surprised by how many words we have to describe emotional experience?

## Emotion Word List

Abandoned, Abrasive, Accommodating, Adored, Affectionate, Afraid, Aggressive, Agreeable, Awkward, Alienated, Altruistic, Amused, Angry, Annoyed, Anxious, Avoidant

Betrayed, Bitter, Blessed, Bored, Bothered, Brave, Bursting, Blue, Belittled, Bad, Brilliant, Blamed, Blissful, Beautiful

Calm, Careless, Caring, Celebrating, Charming, Cheerful, Cherishing, Cold-blooded, Comfortable, Compassion, Competitive, Confused, Cool, Creative, Crucified, Crushed, Cheated, Controlled

Defensive, Delicate, Delighted, Depressed, Desirable, Discontented, Disgust, Distracted, Dull

Eager, Earnest, Easy, Enjoying, Enthusiastic, Exited, Euphoric, Energised, Elated, Effective, Energetic, Empowered, Empathic, Edgy, Embarrassed, Envious

Fascinated, Fear, Frustrated, Funny, Furious, fearless, Fortunate, Fragile, Fidgety, Fulfilled

Giggly, Glad, Glee, Gloomy, Grateful, Guilty, Gentle

Happy, Hectic, Hilarious, Hopeful, Horrific, Humorous, Hurt, , Heroic, Helpful, Hostile, Heartless, Hateful

Impressed, Impulsive, Inflexible, Insensitive, Inspired, Interested, Intimidated, Irritated Incensed, Infuriated, Irate, Intelligent, Influential

Jealous, Jittery, Jolly, Jubilant, Joyful, Jumpy

Lively, Lonely, Lost, Loved, lovely

Mad, Manic, Melancholic, Merry, Mindful, Miserable, Moved,

Nervous, Numb

Optimistic, Overwhelmed, Out-of-control

Passionate, Passive, Panicky, Pleased, Proud, Petrified, Peaceful, Positive, Paralysed, Powerful, Pissed-off

Reckless, Refreshed, Romantic, Restless, Resistant, Ruthless, Resigned, Rejected, Receptive, Relaxed, Revitalised, Refreshed

Safe, Satisfied, Scared, Secure, Seduced, Selfish, Sentimental, Shamed, Shy, Strong, Self-reliant, Serene, Soothed, Sympathetic, Surprised, Shocked, Stressed

Tolerant, Tranquil, Troubled, Twitchy, Thrilled, Talented, Tender, Terrified, Tense, Threatened, Tentative, Tolerated

Uncomfortable, Unhappy, Understood, Unpopular

Victimised, Vulnerable, Vigorous, Vivacious, Vehement, Vindictive, Violent

Warm, Worried, Worthless, Wise, Worthy, Wild, Wanted

## Exercise 2: Describing Emotions

### Aims:

The aim is to continue identifying and recognising emotions in ourselves by using new strategies. In particular the focus of this exercise is to provide an alternative way of identifying and recognising difficult emotions with the use of a mental imagery exercise.

### Instructions:

**Return to the emotion list and ask the patient to pick out the most difficult emotion to recognise in themselves.** This can then be further explored using the exercise below which looks at the emotion if it were an animal, colour and so on.

**Continue to explore other emotions and identify with them using the following questions. Ensure that there is a focus on positive emotions as well as negative.** (Reminder of the 10 positive emotions: **joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe and love**)

If \_\_\_\_\_ were an animal, what would it be?

If \_\_\_\_\_ were a colour, what would it be?

If \_\_\_\_\_ were a flower, what would it be?

If \_\_\_\_\_ were a sound, what would it be?

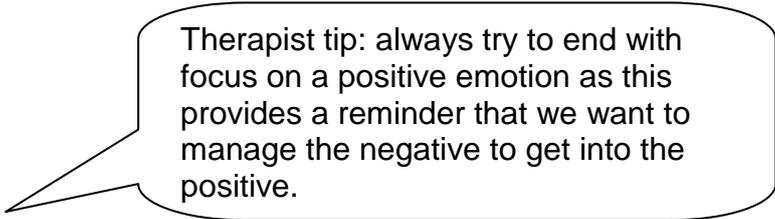
If \_\_\_\_\_ were a pop song/piece of music, what would it be?

If \_\_\_\_\_ were a character from a fairytale/book/movie, what would it be?

Going back to the emotion list, pick out the most pleasant emotions – how they would like to be feeling. Again, use the exercise comparing to animal etc to explore this emotion

### **REFLECTIONS:**

- Do you find some emotions easier to recognise than others? Which were they?
- Are there some emotions you feel more often than others? Which are they?
- Think of an emotion. What is it that makes it easy/difficult to recognise?
- Can you distinguish between emotions?
- What strategies could you use to help you recognise emotions?



Therapist tip: always try to end with focus on a positive emotion as this provides a reminder that we want to manage the negative to get into the positive.

## Exercise 3: Switching Scenarios

### a ) Aim:

The aim of the following task is to encourage the patient to see emotions as transient and temporary.

### b ) Instructions:

Ask the patient to imagine a scenario and really try to explore the emotions that may arise; how we may be thinking, what are our emotional responses, and how is this experienced in our bodies? It is up to the therapist to judge whether the patient will be ready to engage fully, imagining themselves in the scenario, or whether they would prefer to think about a character and how this person would experience the scenario. Read through the following scenarios together.

*Therapist Tip:* The task can also be used to model the ability to find positives in any situation, for example using the 3:1 positivity ratio (see page 48).

Now, first let's imagine we are out for the afternoon. We're in a park and it's summer time. The sun is shining brightly and there are just a few wispy clouds in the sky which create a very gentle breeze like a fan. We're lying under a shady tree and just listening to the sounds around us. There are some birds singing. We can hear the gentle rustle of leaves in the trees and there is a small stream nearby so there's the gentle trickle of water going over pebbles. The warmth of the sun is pleasantly caressing our skin and there is the faint scent of freshly cut grass in the air.

Reflection:

- What thoughts are going through your mind?
- What are you feeling?
- What do you notice about your facial expression?
- What do you notice in your body?
- Is it a familiar feeling?
- Is it easy or difficult to feel like this?

Suddenly and quite dramatically the wind picks up and dark, threatening clouds move in. We hear the distant rumble of thunder and realise we need to move quickly. We're in thin summer clothes and start to feel cold as we pack up our things as quickly as possible and start running to find shelter. We are only half way across the park when the heavens open and the rain begins to pour down, completely drenching us.

Reflection:

- What thoughts are going through your mind?
- What are you feeling?
- What do you notice about your facial expression?
- What do you notice in your body?
- Is it a familiar feeling?
- Is it easy or difficult to feel like this?

We keep moving, freezing cold now. There is so much surface water that the roads are quickly becoming flooded. The traffic is starting to build up and people are angrily

blasting their horns to get each other to move more quickly. As we are making our way toward the bus stop, somebody purposely swerves their car, thinking it would be funny to drench us further. We are completely soaked by a wave of water and we can see the person and their friends laughing in their car, giving each other a high five to have 'got' us.

Reflection:

- What thoughts are going through your mind?
- What are you feeling?
- What do you notice about your facial expression?
- What do you notice in your body?
- Is it a familiar feeling?
- Is it easy or difficult to feel like this?

We are now freezing cold and soaking wet. There is water cascading down from our heads to our toes and our shoes are sodden, slowing us down. We can see our bus pulling into the stop just ahead of us and run, waving our arms for it to wait for us. Just as we think we are going to make it, the bus pulls off and we see it disappearing into the traffic. We are now stranded, no umbrella, no means of getting dry and warm.

Reflection:

- What thoughts are going through your mind?
- What are you feeling?
- What do you notice about your facial expression?
- What do you notice in your body?
- Is it a familiar feeling?
- Is it easy or difficult to feel like this?

We are shivering and our teeth are chattering and must look a right sight, standing there in thin summer clothes and getting wetter by the second, people laughing and waving at us as they go past in their cars. Then, suddenly, a car pulls up. It's one of our friends who knew our plans for the day and thought she'd drive by on the off chance, knowing we wouldn't be prepared for the sudden storm. She gets us into the car, where she has brought warm towels, and drives us home. Once we are home we run a long hot bath with some scented bubbles and relax into it. After, we put on some cosy, warm, dry clothes, sink into our favourite sofa with a big duvet and put on our favourite movie.

Reflection:

- What thoughts are going through your mind?
- What are you feeling?
- What do you notice about your facial expression?
- What do you notice in your body?
- Is it a familiar feeling?
- Is it easy or difficult to feel like this?

#### **Exercise 4 – Emotions Snap**

**Take a pack of emotions playing cards and play the game 'snap'. Each player has half a pack of playing cards each holding the cards face down. Take it in turns to make a pile of cards face up. When two cards are the same both players have to try and put their hand on the cards first, the winner being the one who manages this. When you make a snap, fully explore the emotion that has been landed on.**

**Is this a familiar emotion?**

**Can you recall a time when you experienced this emotion?**

**What kinds of situation cause this feeling?**

**How does it feel in your body?**

**Continue until you 'snap' on another emotion and fully explore this.**

## **Homework Session 3**

The purpose of this homework is to assist the patient in increasing positive experiences in their life. The homework is something which the patient can continue to do in their lives and not just a one off piece of work. With the patient, decide which of the following exercises they would like to do for homework.

### **Portfolio of positive emotions:**

The aim is for the patient to collect positive images, metaphors, anecdotes and mottos, which they will log in their book. The portfolio helps in the process of shifting attention toward aspects of life that make them feel more positive.

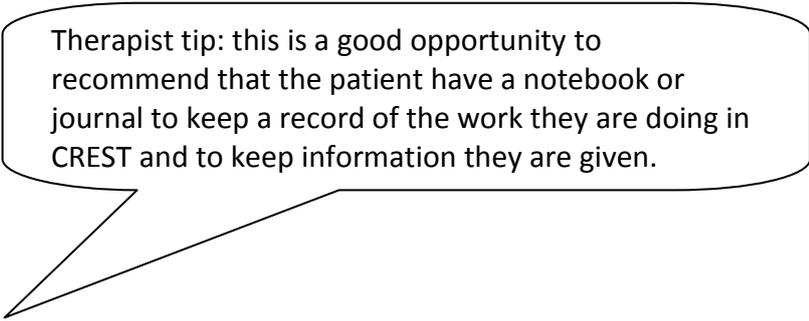
### **Bank of positive experiences:**

The bank of positive experiences (see worksheet below) is useful in helping the patient recognise that, even when they are feeling particularly negative, there are and have been positive experiences which will recur.

### **Three Good Things:**

This is based on Martin Seligman's positive thinking research (e.g. "Authentic Happiness"). The idea is that if you can think about and reflect on positive things regularly, it can move you into a more positive mind state. The three good things exercise is especially useful for those who have a bias toward negative emotions, and so highlighting that even when 'having a bad day', there can be positives within this. Thus, this can make patients aware of this bias and also see that emotions can and do fluctuate, but that sometimes we may fail to pay attention to the positives.

Ask the patient to think of a good experience that has happened during the day. It can be as seemingly inconsequential as it needs to be. For example, it could be somebody smiling at them when they feel low. As they become more accustomed to finding one good thing it can be expanded up to three good things (see handout in appendix 6).



Therapist tip: this is a good opportunity to recommend that the patient have a notebook or journal to keep a record of the work they are doing in CREST and to keep information they are given.

**In order to start preparing for the next session, ask the patient to bring a picture, drawing, piece of art work of a favourite person, place or thing, indeed anything that makes them feeling positive. In order to work within the collaborative framework the therapist can also contribute their own photo.**



## Bank of Positive Experiences

Finding ways of keeping hold of positives emotions is crucial. One way is a 'bank system' using the log book below. You may experience more positive experiences than you think.....

| Day | Positive action or experience | New or unusual? | Tick each time that you revisit the positive feeling it gave you |
|-----|-------------------------------|-----------------|--|
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |
|     |                               |                 |  |

## Session 4

### **Reflect on homework:**

Ask the patient to discuss what they did for homework and to reflect on what they noticed and learnt. Encourage them to continue to practice noticing when they have positive emotions and experiences.

### **Aim:**

- 1.) To recognise and identify positives in everyday situations and in ourselves.
- 2.) To provide the patient with a range of strategies that encourages them to notice and amplify positives, shifting from a tendency to focus on negatives.

Therapist tip: we found it useful to explain that positive people automatically look for positives in their environment and hold on to these, amplifying them and remembering them after the event. The patient needs to *learn* how to do this. The tasks and exercises help to shift focus onto the positives as well as showing what it feels like so we know what we are aiming for.

### **Instructions:**

Discuss the positive psychology experiments/interventions described below with the patient. Explore which ones would be easier, which would be most helpful, which ones would they like to try? Use the taster tasks to break up the discussion.

The following text provides background information and supporting evidence from the positive psychology literature. Please use your own judgement as to whether it would be beneficial for your particular patient to share the scientific basis for the exercise in this session.

### **Positive Psychology: Pleasure from being with people and positive thinking**



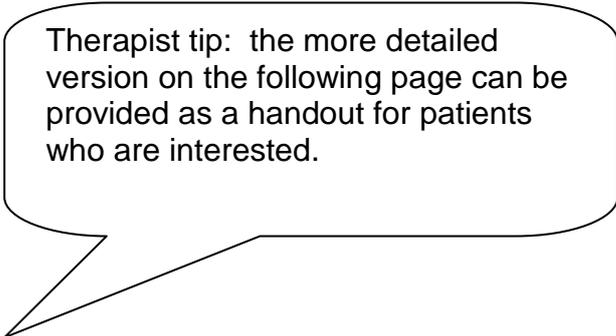
**Read the following pieces which forms an overview of the more detailed information on the following page:**

**For many years, psychologists have studied the negative emotions which, of course, are vitally important. However, more recently, psychologists have also recognised the importance and power of positive emotions.**

**For example, a simple experiment in which you are asked to remember something that made you feel happy during the past month, is an easy and effective way of positively influencing mood. Let's give it a try. Right now recall one good thing that has happened over the past month.**

**Barbara Fredrickson, researcher in positive psychology and author of very interesting books through years of experiments, developed her Broaden and Build theory of positive emotions. The broadening effect of positive emotions relates to their ability to open our minds and 'think outside the box', giving a bigger picture view of our current situation, enabling us to become more creative in finding solutions. Fredrickson's highlights list of ten important positive emotions: joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe and love. Try and recall when patient have experienced one of these emotions. Discuss with the patient about the experience they had giving as much detail they can.**

**Let's have a look at some other exercises from positive psychology.**



Therapist tip: the more detailed version on the following page can be provided as a handout for patients who are interested.

For many years, clinical and experimental psychologists have studied negative emotions such as anger, sadness, fear, and disgust. All of these emotions are vitally important for survival, but positive emotions are as important and psychologists have begun to focus more on understanding and appreciating the power of positive emotions.

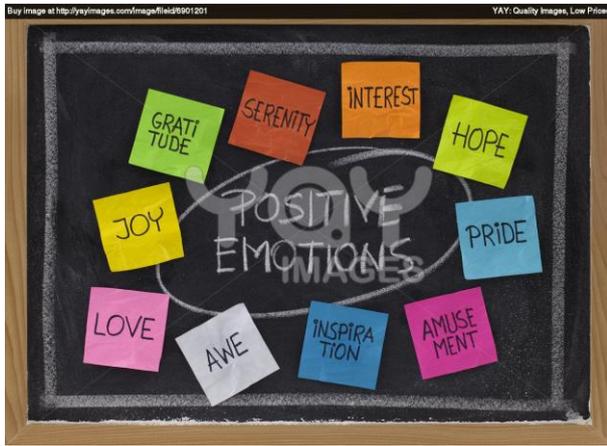
This work has been collected together under the field of Positive Psychology, a branch of psychology which focuses on strengths, resources, resilience, optimism and hope, rather than a deficit model of human experience. The most notable proponents of this field of psychology have been Martin Seligman, Mihaly Csikszentmihalyi and Barbara Fredrickson. For example, a simple experiment in which you are asked to remember something that made you feel happy during the past month is an easy and effective way of positively influencing mood. Mood relates to 'free-floating or objectless' experience that is 'long-lasting and occupies the background consciousness' (Fredrickson & Losada, 2005; p121), whereas emotions focus on a specific event (past, present or future), are shorter in duration and the individual experiencing the emotion tends to be acutely aware of it at the time (Peterson, 2006).

Based on many years of laboratory experiments, Professor Barbara Fredrickson (2001) developed her Broaden and Build theory of positive emotions. In summary, her work demonstrates that positive emotions broaden our thought-action repertoires, they can undo, or counteract negative emotions and they build resilience (Fredrickson, 2001; Cohn & Fredrickson, 2009). More specifically, the broadening effect of positive emotions relates to their capacity to open up our minds which helps us to 'think outside the box,' giving a bigger picture view of our current situation enabling us to become more creative at finding solutions.

Several experiments have shown that dwelling on positive emotions enhances performance in verbal creativity tasks. More specifically, the building effect relates to the capacity of positive emotions to build personal resources which can be accessed now or in the future. These include intellectual resources such as problem solving and openness to new learning, physical resources such as cardiovascular health and coordination, social resources such as the ability to maintain relationships and make new social connections, and psychological resources such as resilience, optimism, our sense of identity and our drive to achieve personal goals. As we develop these resources, they generate more positive emotional experiences and these positive emotions continue to build the resources further in an upward spiral. Some new evidence is emerging that demonstrates that positive emotions have the potential to build religious and spiritual resources as well as the other personal resources highlighted in the literature above (Saroglou et al., 2008).

Fredrickson's work has led to the development of a list of 10 important positive emotions. These are; **joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe** and **love** (Fredrickson, 2009). Enhancing our experiences of these emotions can lead to greater psychological (and physical) **well-being**. Through CREST we would like to encourage thinking about and noticing positive emotions: "Think, be, do positive things..."

Empirical/experimental research shows that we can improve wellbeing by:  
*writing letters of gratitude, counting blessings, performing kind acts, cultivating strengths, visualising an ideal future, meditating.*  
(Lyubomirsky & Layous, 2013)



## **Exercises:**

### **1) Being Mindful of Positive Experiences**

Try just 'being' in your environment and notice its effect on your mood. This means trying to pay attention, non judgementally, and purposely to your current surroundings. If you have ever tried mindfulness before, you can use your experience of learning how to do this. Research shows that being present in your environment helps you to focus your attention on what's around you, rather than ruminating, and this can lead to a positive emotional experience.

You could try paying attention to positive events/items/experiences during the day by keeping a positive event diary. At the end of each day, write down three positive things (no matter how small) that you saw, experienced, thought about or planned that day.

We have learnt that when we're feeling depressed, it is difficult, if not impossible to see the positives in life. However, with practice, by keeping a positive log, over time, you will train yourself to see more of the positives in life.

These include; Smiles, personal treats (massage/facial/nails), reading a book, watching old films, losing yourself in London, walking in the park, lake, river or on the beach), watching ballet/dance, spicy food, candles, crafts, writing a wish list for travels, being with positive people, visiting museums, looking at photos, bath, writing a diary, having a conversation, standing on grass with bare feet; people watching, card making, knitting, music playing or listening, company people/animals; making jewellery, pottery, posters, art, glass painting and having a 5 minute time out.

**TASTER TASK... Ask the patient to think of three good things that have happened to them in the past 24 hours. How does it feel to explore this?**



We know that people can often have a glass 'half empty' approach, but there is lots of evidence to suggest that people who see the glass as 'half full' have healthier, happier, more successful, balanced lives and the positive event log is one way to practice experiencing the 'glass half full' approach to life.

The service users in our unit have developed a tool box of simple pleasures and positive resources to remind them what they have available to them when they are experiencing negative emotions or negative mood states.

This list was generated by the group and individuals are free to add their own ideas and resources to their own copy of this simple pleasures toolbox and they are encouraged to share new ideas with the group. Having these positive strengths and activities written down is one way to access positive strengths and emotional states when mood is so low that your problem solving skills are reduced. There is a copy of the toolbox we have developed in Appendix 6.

## **2) Being with Others**

Spending time with others is an excellent way to boost positive emotions. This works especially well if you are sharing interesting and novel activities. This might mean you need to try a new hobby or go along to an event that you wouldn't normally try in order to share the experience with others there.

Kahneman et al., (2004) used an experience sampling method and asked people to write down what they were doing during the day and how much positive or negative emotion they were experiencing. The results indicated that people were happiest when they were doing activities that meant they were with others, and they were least happy when they were doing mundane activities on their own. This suggests that if you have the choice, it would be wise to choose an activity that means you are going to be spending time with others.

## **3) Favourite Person Exercise**

Simply look at a picture of your favourite person, pet or place. Matsunaga et al., (2008) found that simply looking at our favourite person produced enhanced immune function, improved mood states, improved experience of positive emotion and the feeling of invigoration.



**TASTER TASK...** Ask the patient to share the homework from the previous session. If they have not been able to or have forgotten, ask them to share what they would have brought with them and explore this.

#### **4) Savouring**

This means doing things or having thoughts that amplify and intensify positive experiences of any sort. This can be in the form of anticipation – looking forward to enjoying a future positive event; being in the moment – thinking and doing whatever intensifies and prolongs a positive event as it actually happened (for example, don't leave an enjoyable party or meeting if you are really enjoying it); and reminiscing – looking back at a positive event to experience and awaken the positive memories, thoughts and feelings from the event. Here are some ideas suggested by Bryant, (2004; 2005) whose research has shown that savouring offers heightened positive experience: -

Sharing with others

Taking mental photographs to build positive memories

Congratulating yourself

Comparing your current experience with what you have felt in other circumstances

Sharpening your senses through concentration

Becoming absorbed in the moment

Expressing yourself through your behaviour, such as laughing out loud, shouting, putting your arms or fist into the air

Realising how fleeting and precarious an experience can be

Counting your blessings (writing a list of all the good things about you or in your life)

**TASTER TASK...** Explore a positive memory together and really engage with what this felt like. What sensations did they experience in their body? Use the emotion word list to describe which emotions were present, which ones were most intense? Does talking about the memory bring back those same emotions?

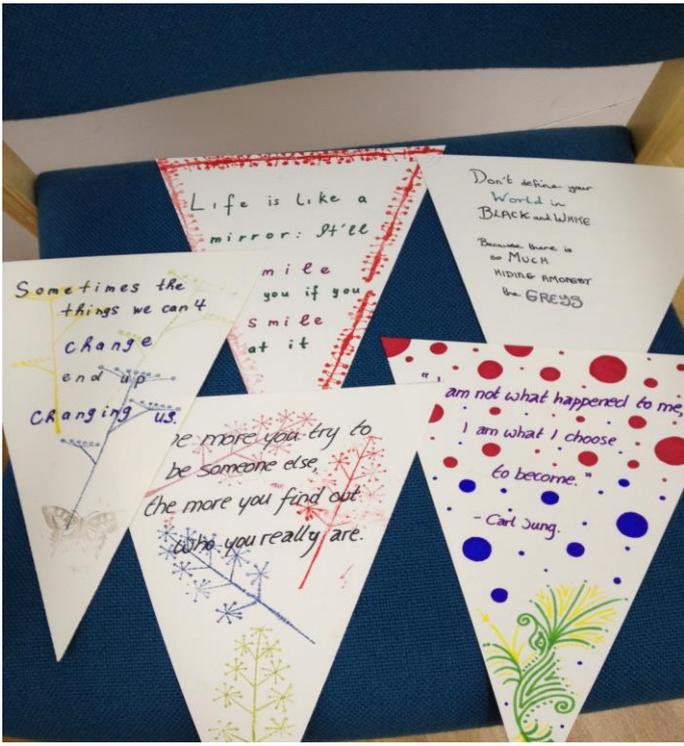
#### **5) Getting into the Flow**

Do activities that are high on these dimensions: Activities that...

- are structured and have clear goals and immediate feedback
- have a balance of challenges and skills
- absorb your full attention



By smiling more often, in private or in public, this is one way of improving the experience of positive emotions. If you try to do this in public, it will offer more opportunities for you to have positive interactions with others because a smile is welcoming and invites others to talk to you. Johnson et al., (2010) have carried out an experiment using a facial muscular tracking device that showed that when people smile genuinely; their thought patterns were immediately broadened, meaning that they had better access to a wide range of problem solving and personal resources to approach difficult situations. Furthermore, Harker and Keltner (2001) found that simply finding the time to smile about small things in the period after bereavement was negatively correlated with the duration of grief experienced after the bereavement. This study also found that giving genuine smiles were related to better social functioning and higher life satisfaction and well-being in a group of females followed up over a 12 year period.



## Homework Session 4

The purpose of this homework is to put into practice the strategies discussed in session. With the patient, decide which of the tasks they would like to do for homework. Also, remind them that their homework from last week (Portfolio of positive emotions/ Bank of positive experiences) is ongoing and can be continued alongside the new tasks.

### Instructions

Choose one or two of the strategies we have talked about today and experiment with introducing them into each day.

- 1) **Being Mindful of Positive Experiences** *(can be integrated into log book/bank)*
- 2) **Being with Others**
- 3) **Favourite Person Exercise**
- 4) **Savouring**
- 5) **Getting into the Flow**
- 6) **Optimal Positive to Negative Emotions Ratio** *(List three good things each day)*
- 7) **Just Smile!**

How could you experiment with introducing some of these strategies into your daily life? Which one seems possible to start with? How could you begin to use it each day?

### *“Managing the negative to get to the positive”*

The strategies explored in this session should be encouraged throughout the remaining CREST sessions fitting in with the objective of ‘managing the negative to get to the positive.’

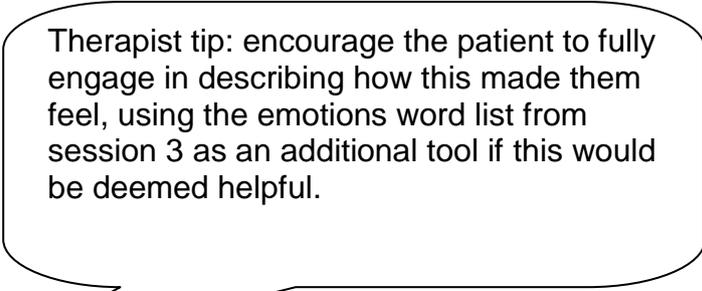
If the patient finds a strategy that works for them, encourage them to keep this going and integrate it into their weekly routine. If they do not find a strategy useful, prompt them to return to the list of positive psychology exercises and try a different one.

Therapist tip: See appendix 6 for materials for additional exercises that aim to elicit positive emotions including writing a letter of gratitude, a list of quotes and handout for the ‘three good things’ exercise.

## SESSION 5

### Reflect on homework:

Ask the patient to discuss what they did for homework and to reflect on what they noticed and learnt. Which of the 7 strategies did they try? If they chose the favourite person exercise, ask if they are willing to share their picture with you and discuss this. Remind them that these strategies are always available to them and encourage to continue practising on a regular basis.



Therapist tip: encourage the patient to fully engage in describing how this made them feel, using the emotions word list from session 3 as an additional tool if this would be deemed helpful.

### Exercise 1: List of Personal Strengths

We are going to think about what you consider your personal strengths. So, what qualifies as a personal character strength, and how do you know if one is really yours? In 'A Primer of Positive Psychology' (2007), a researcher in this field, Peterson, explains:

"I believe that people possess signature strengths akin to what Allport (1961) identified decades ago as personal traits. These are strengths of character that a person owns, celebrates, and frequently exercises. In our interviews with adults, we find that almost everyone can readily identify a handful of strengths as very much their own, typically between two and five".

#### **Aim:**

The aim of this exercise is for the patient to identify positives in themselves. The therapist should support the patient to think about which aspects of their personality they value and should be proud of.

#### **Instructions:**

Read a précis the following information for the patient:

Peterson goes on to present a list they used in 2004 summarising their "possible criteria for signature strengths" including:

- A sense of ownership and authenticity ("this is the real me") vis-à-vis the strength
- A feeling of excitement while displaying it, particularly at first
- A rapid learning curve as themes are attached to the strength and practiced
- Continuous learning of new ways to enact the strength
- A sense of yearning to act in accordance with the strength

- A feeling of inevitability in using this strength, as if one cannot be stopped or dissuaded from its display
- The discovery of the strength as owned in an epiphany
- Invigoration rather than exhaustion when using the strength
- The creation and pursuit of fundamental projects that revolve around the strength
- Intrinsic motivation to use the strength.

Give the patient the list of strengths and ask them which ones they recognise in them self. If they have difficulty with this, ask them to think of a single time where they have shown one of the strengths.

Therapist tip: again, and in the spirit of collaboration, the therapist can express one of their strengths and describe how it feels for them when fully involved in this strength.

The list of personal character strengths is not set in stone. Like other scientific theories it is subject to change as evidence is evaluated over time. Here are the 24 strengths of character at present, grouped in 6 categories of virtue:

## **THE LIST**

*Strengths of WISDOM AND KNOWLEDGE: cognitive strengths that entail the acquisition and use of knowledge*

1. **Creativity (originality, ingenuity):** thinking of novel and productive ways to conceptualise and do things
2. **Curiosity (interest, novelty seeking, openness to experience):** taking an interest in ongoing experience for its own sake; exploring and discovering
3. **Open mindedness (judgment, critical thinking):** thinking things through and examining them from all sides; weighing all evidence fairly
4. **Love of learning:** mastering new skills, topics and bodies of knowledge, whether on one's own or formally
5. **Perspective (wisdom):** being able to provide wise counsel to others; having ways of looking at the world that make sense to oneself and to other people

*Strengths of COURAGE: emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external and internal*

6. **Bravery (valour):** not shrinking from threat, challenge, difficulty or pain; acting on convictions even if unpopular
7. **Persistence (perseverance, industriousness):** finishing what one starts; persisting in a course of action in spite of obstacles
8. **Integrity (authenticity, honesty):** presenting oneself in a genuine way; taking responsibility for one's feelings and actions

9. **Vitality (zest, enthusiasm, vigour, energy):** approaching life with excitement and energy; feeling alive and activated

*Strengths of HUMANITY: interpersonal strengths that involve tending and befriending others*

10. **Love:** valuing close relations with others, in particular those in which sharing and caring are reciprocal
11. **Kindness (generosity, nurturance, care, compassion, altruistic love, 'niceness'):** doing favours and good deeds for others
12. **Social intelligence (emotional intelligence, personal intelligence):** being aware of the motives and feelings of other people and oneself

*Strengths of JUSTICE: civic strengths that underlie healthy community life*

13. **Citizenship (social responsibility, loyalty, teamwork):** working well as a member of a group or team; being loyal to the group
14. **Fairness:** treating all people the same according to notions of fairness and justice; not letting personal feeling bias decisions about others
15. **Leadership:** encouraging a group of which one is a member to get things done and at the same time maintain good relations within the group

*Strengths of TEMPERANCE: strengths that protect against excess*

16. **Forgiveness and mercy:** forgiving those who have done wrong; accepting the shortcomings of others; giving people a second chance; not being vengeful
17. **Humility/modesty:** letting one's accomplishments speak for themselves; not regarding oneself as more special than one is
18. **Prudence:** being careful about one's choices; not taking undue risks; not saying or doing things that might later be regretted
19. **Self regulation (self control):** regulating what one feels and does; being disciplined; controlling one's appetites and emotions

*Strengths of TRANSCENDENCE: strengths that forge connections to the larger universe and provide meaning*

20. **Appreciation of beauty and excellence (awe, wonder, elevation):** appreciating beauty, excellence, and/or skilled performance in various domains of life
21. **Gratitude:** being aware of and thankful of the good things that happen; taking time to express thanks
22. **Hope (optimism, future mindedness, future orientation):** expecting the best in the future and working to achieve it
23. **Humour (playfulness):** liking to laugh and tease; bringing smiles to other people; seeing the light side
24. **Spirituality (religiousness, faith, purpose):** having coherent beliefs about the higher purpose, the meaning of life, and the meaning of the universe

Therapist tip: Link to the next exercise by explaining that negative emotions are a normal and inevitable part of life but it is important to not dwell on these and to recognise that they are temporary. Being aware of your own positive strengths as well as having a 'toolkit' of strategies that highlight the positives in everyday life will help to shift the automatic bias from a negative to a positive perspective of situations.

## **Exercise 2: Emotion Switching**

### **Aim:**

The aim of the following exercise is to explore with the patient how emotions are transient and tell us something about our environment at the time rather than being fixed and permanent.

### **Instructions:**

Place a selection of word cards on the table (words facing upwards). Ask the patient to select a word at random and to try to identify with that emotion. To assist with this, the therapist can ask them to describe a time when they felt this emotion, what it was like for them, how they experienced it in their body. The therapist can also be involved and reflect on the same emotion in themselves. Once the patient has managed to do this, ask them to find a contrasting emotion word and repeat the exercise. Do this a few times. Always end with the patient describing a positive emotion.

### **Reflections:**

- How was it experienced?
- What did you learn about yourself?
- Could you see it is possible to switch between one emotional state and another?
- Do you think that people can also have different experiences of the same emotion?

Start slowly. Remember the patient must be properly eliciting each emotion so it may take some time initially. Try to help the patient speed up in switching between emotions.

## Homework Session 5

### **Aim:**

To encourage your patient to practise noticing emotions in a variety of situations. This will highlight the transient nature of emotions even within a short space of time. This exercise will also encourage patients to consider their emotions as part of the bigger picture by asking patients to consider the context and physical sensations associated with their emotions.

### **Instructions:**

See homework sheet on following page.

*“Managing the negative to get to the positive”*

Don't forget... if the patient has found a strategy that works for them, encourage them to keep this going and integrate it into their weekly routine. If they do not find a strategy useful, prompt them to return to the list of positive psychology exercises and try a different one.

## Homework:

### Instructions:

Before the next session try and record a few situations, what emotion you experienced and how it felt in your body. Try and include a variety of experiences. Please use the *emotion word list* and *emotion diagram* from your previous sessions to help if needed.

| <b>Situation<br/>(what was I doing)</b> | <b>Emotion(s)</b> | <b>What did this feel like in<br/>my body</b> |
|---|-------------------|---|
|   |                   |   |

# **Theme 4**

## **Managing your emotions**

## Session 6

### Reflection on homework

Spend a few minutes going through the patient's emotion record and ask some of the following questions:

- How easy/difficult was this homework? Why?
- Did you notice anything about your emotions?

### Exercise 1: Managing Difficult Emotions

#### Aim:

To discuss with the patient how they currently manage difficult emotions and to explore the advantages and disadvantages of their current strategies (using the worksheet on the following page).

**Instructions:**

**What do you do to manage difficult or upsetting emotions?**

Do you bottle them up perhaps? Or squash them?

What feelings do you bottle up? Do you ever express them? How do you do this?

|                  |               |
|------------------|---------------|
| <b>BOTTLE UP</b> | <b>AVOID</b>  |
| <b>EXPRESS</b>   | <b>FREEZE</b> |

Therapist tip: if deemed helpful for your particular patient, a more playful exercise could be to reflect on the past two weeks asking the patient to recall as many times as possible occasions they have suppressed their emotions, actively filling up a jar and reflecting on what would happen.



**Learning to manage extreme and overwhelming emotions**

How does dealing with your emotions in this way help?  
.....

What are the problems with dealing with your emotions like this?  
.....

What alternative ways can you try to help you deal with your emotions?  
.....  
.....

How do you deal with positive experiences? Can you think of one example we can discuss?



## Exercise 2: Pink Giraffe

### Aim:

To demonstrate to the patient that using avoidance as a strategy for dealing with emotions can be counterproductive.

### Instructions:

- For one minute, let's both try to think of a pink giraffe.
- Let's imagine what it would look like, what shade of pink it is, whether shocking pink, piglet pink or any other kind of pink; really conjure it up in your mind's eye.
- Now, for another minute, let's try very hard NOT to think of a pink giraffe. What do you notice?

### REFLECTION:

- What have you learnt from this exercise?
- A lot of mental effort is involved in suppressing thoughts and feelings!
- If you ignore a thought or feeling, it is more likely to come back again, and likely to be more intense when it does come back.
- Can you think of any times when you have experienced this?

Remember the analogy about how emotions come knocking on your door? If we don't open the door they just knock louder and feel stronger and more difficult to cope with. They also become more difficult to ignore the more we try.

Research evidence:

Wegner and colleagues in cognitive psychology first reported this interesting experiment finding that when they asked patients "not to think about a white bear" all of them did just the opposite. Avoiding thinking about something was not very helpful (e.g. Wegner, 1989).

## Homework for session 6: The 'Self' exercise

### Aim:

For the patient to gain some insight regarding the discrepancy between how we feel and what we express. The homework will require the patient to do a 'self' exercise where they will create two images, one of how **they** want to appear to others and another of how they feel inside.

Sometimes people hide their true feelings from others. There may be a number of reasons why people do this but not expressing our feelings can make them harder to manage and they can grow in strength. A difficulty in labelling and recognising emotions accurately could be in part due a discrepancy between emotion identification and emotion expression. The greater the discrepancy the greater the internal stress.

### Instructions:

This will involve getting pieces of A4 paper. Ask the patient to create two images. The first image is to show how they would like to appear to others and the second is to show how they actually feel on the inside.

With regards to the images suggest that the patient can either draw their own images or could use pictures from magazines, the internet. Suggest they could also write words or cut out words from magazines to include on their image.

It is important to let the patient know that they are not expected to share their images with anyone, including the therapist. Reassure the patient that there is no right or wrong way of doing this exercise and their artistic ability is not being assessed. The exercise is an opportunity for the person to think about how they want to appear and how they actually feel and to see if there is any discrepancy. Explain that a difficulty in labelling and recognising emotions accurately could be partly due to a discrepancy between emotion identification and emotion expression.

### *"Managing the negative to get to the positive"*

Don't forget... if the patient has found a strategy that works for them, encourage them to keep this going and integrate it into their weekly routine. If they do not find a strategy useful, prompt them to return to the list of positive psychology exercises and try a different one.

## SESSION 7

### Reflection on Homework:

Discuss with the patient how they found the 'self' exercise and ask if they are happy to share their images with you.

Reflect and discuss the following:

- Did you learn anything about how you express your feelings?
- Do you feel one thing and say another?
- What are the advantages/disadvantages of emotion suppression?
- What are the advantages/disadvantages of emotion expression?
- What would be a more effective way of managing and expressing your feelings?

Therapist Note: The following two tasks inform each other. The 'emotion word map' lays the foundations for the 'emotion thermometer' exercise in the following way. The 'emotion word map' explores a strong emotion and the associated emotions. This exercise can then be used in developing the 'emotion thermometer'.

### Exercise 1: Emotion word map

#### Aim:

This exercise aims to introduce the concept that emotions vary in strength and intensity. This exercise will enable patients to think about and identify varying levels of emotions within themselves. It also encourages patients to find the right describing word to fit the emotion.

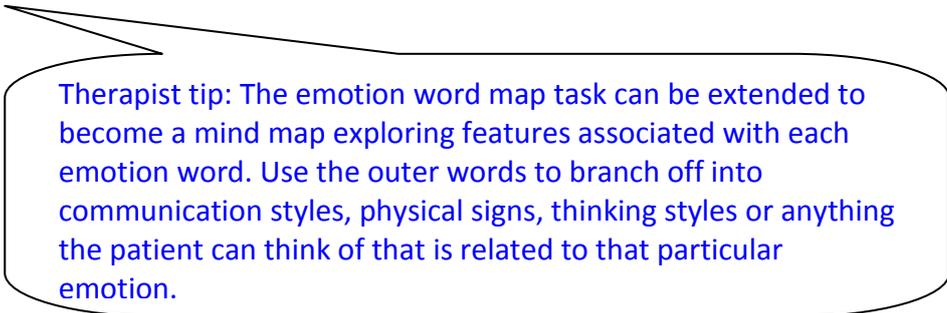
#### Instructions:

Introduce to the patient that emotions are on a continuum and that emotions vary in intensity. For example 'fury' and 'irritation' may be on the same continuum but they have very different levels of emotional intensity. Irritation may be an easier emotion to manage and do something with rather than fury.

Ask the patient if they can identify with this?

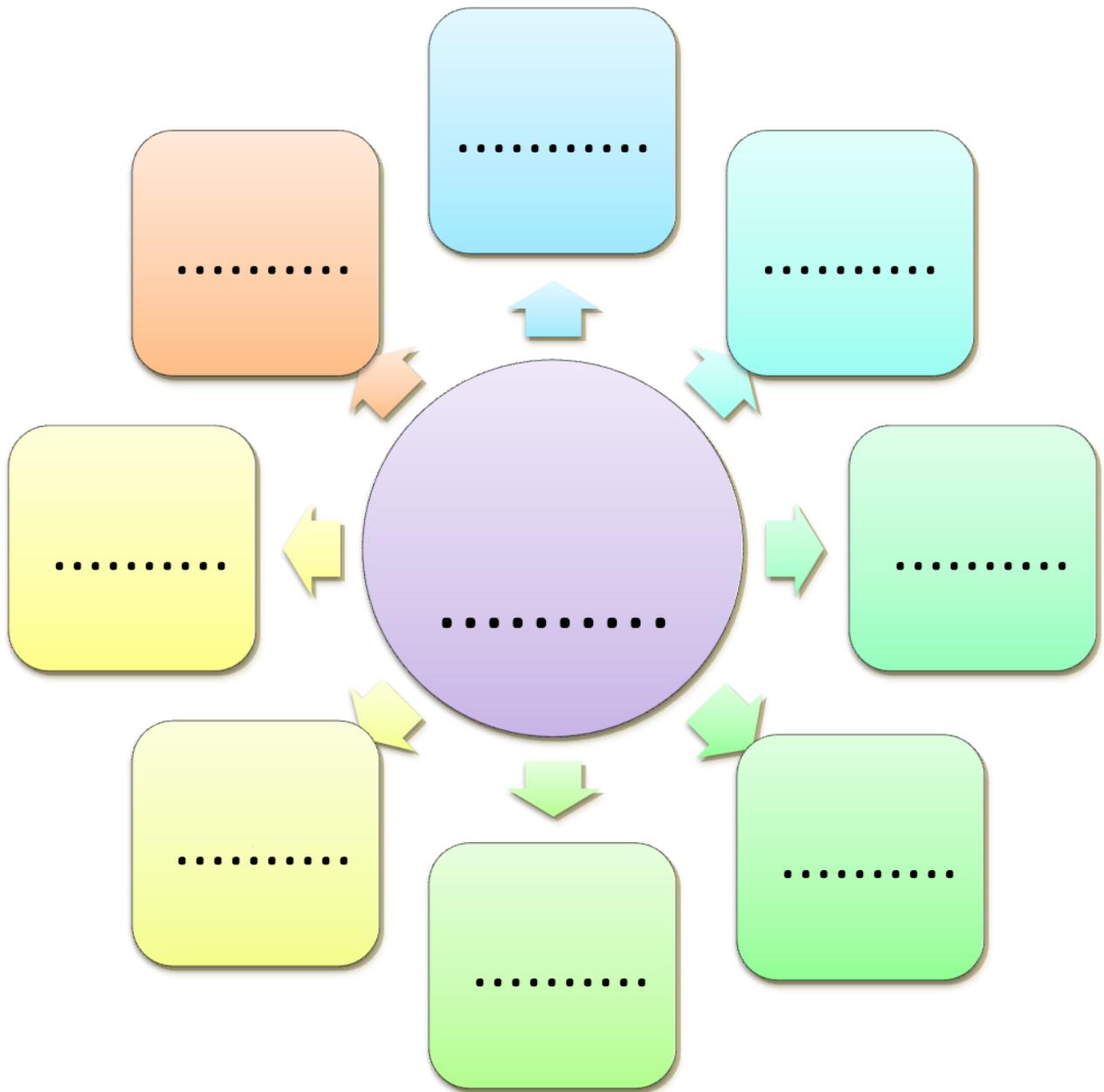
Using the 'emotion word map' start with an intense feeling in the middle and then ask the patient to name associated emotions. It may be useful to refer to the emotion word list.

Discuss in the session that if we have a greater understanding of the language of emotions we are in a better position to express our emotions accurately and get the right support or help in return as others will have a clearer understanding of what it is that we are feeling.



Therapist tip: The emotion word map task can be extended to become a mind map exploring features associated with each emotion word. Use the outer words to branch off into communication styles, physical signs, thinking styles or anything the patient can think of that is related to that particular emotion.

# Emotion Word Map



## Exercise 2: Emotion thermometer:

### Aim:

This exercise will introduce that if our emotions vary in intensity then our physiological response and behaviour will vary. This can also tell us something about how we are feeling. If we can be aware of the emotion, the physical sensations and how we are behaving we are then in a better position to manage emotions more effectively and catch them before they become overwhelming. This awareness can help us to manage or diffuse difficult emotions.

### Instructions:

Using the emotion thermometer identify an emotion (perhaps from the emotion map) that is very strong and place at the top of the thermometer. Go down the thermometer identifying associated feelings that are lessening with intensity. Note the physical sensations and any behaviour changes these emotions produce on the other side.

Discuss the following with the patient once you have completed the 'emotion thermometer':

- Do you notice anything about this?
- At what point on the emotion part of the thermometer would it become difficult to express or manage the emotion? Is this the point that you need to do something with the emotion before it continues to escalate and you then feel unable to manage it?
- What could you do at this point to help you manage or express the emotion?
- Is there anything you could do to prevent the emotion from intensifying?
- If you find yourself easily overwhelmed by an emotion would it help to look out for sensations in your body? This may give you clues to how you are feeling and help you to manage the feeling before it becomes overwhelming? *For example: if someone is getting angry they may notice that their shoulders are tensing and their heart rate is increasing. At this point the person may be able to take themselves away from the situation to cool off.*
- Would it help to look out for certain behaviours as these may also give you a clue? *For example: if someone is getting angry they may notice that they start to fidget or pace around. At this point the person may be able to take themselves away from the situation or use a relaxation exercise to calm themselves down.*

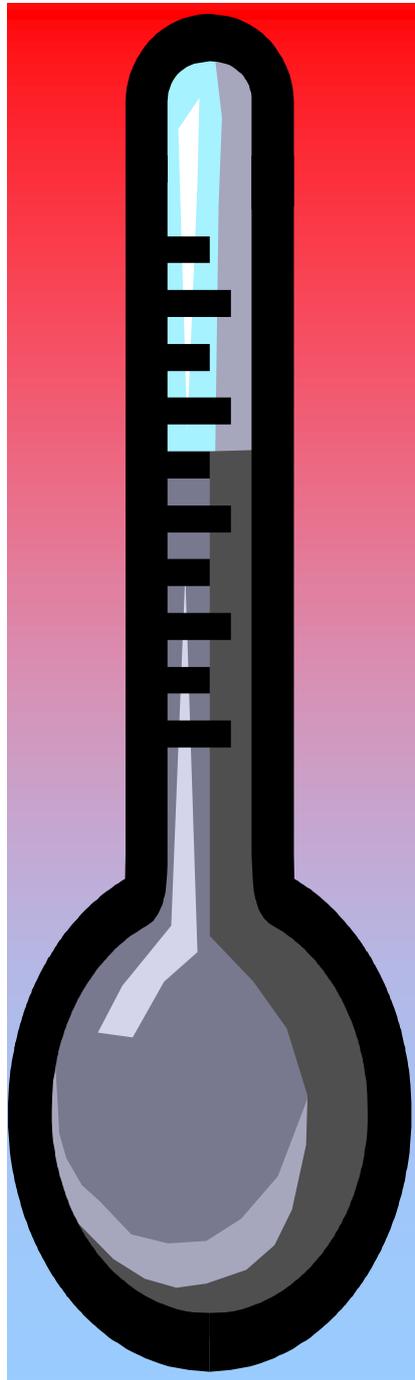
Therapist tip: See appendix 6 for useful links which can be used in a discussion about body language. This is related to the part of this task in which patients think about the sensations/behaviours associated with emotions. Furthermore, the body language links emphasise positive emotions so may help to reshift the balance if the patient has focused primarily on negative emotions so far.

## Emotion Thermometer –

### Intensity of emotions

Emotions:

Sensations: how does it feel, what are you doing?



### Exercise 3: Dimensional emotions

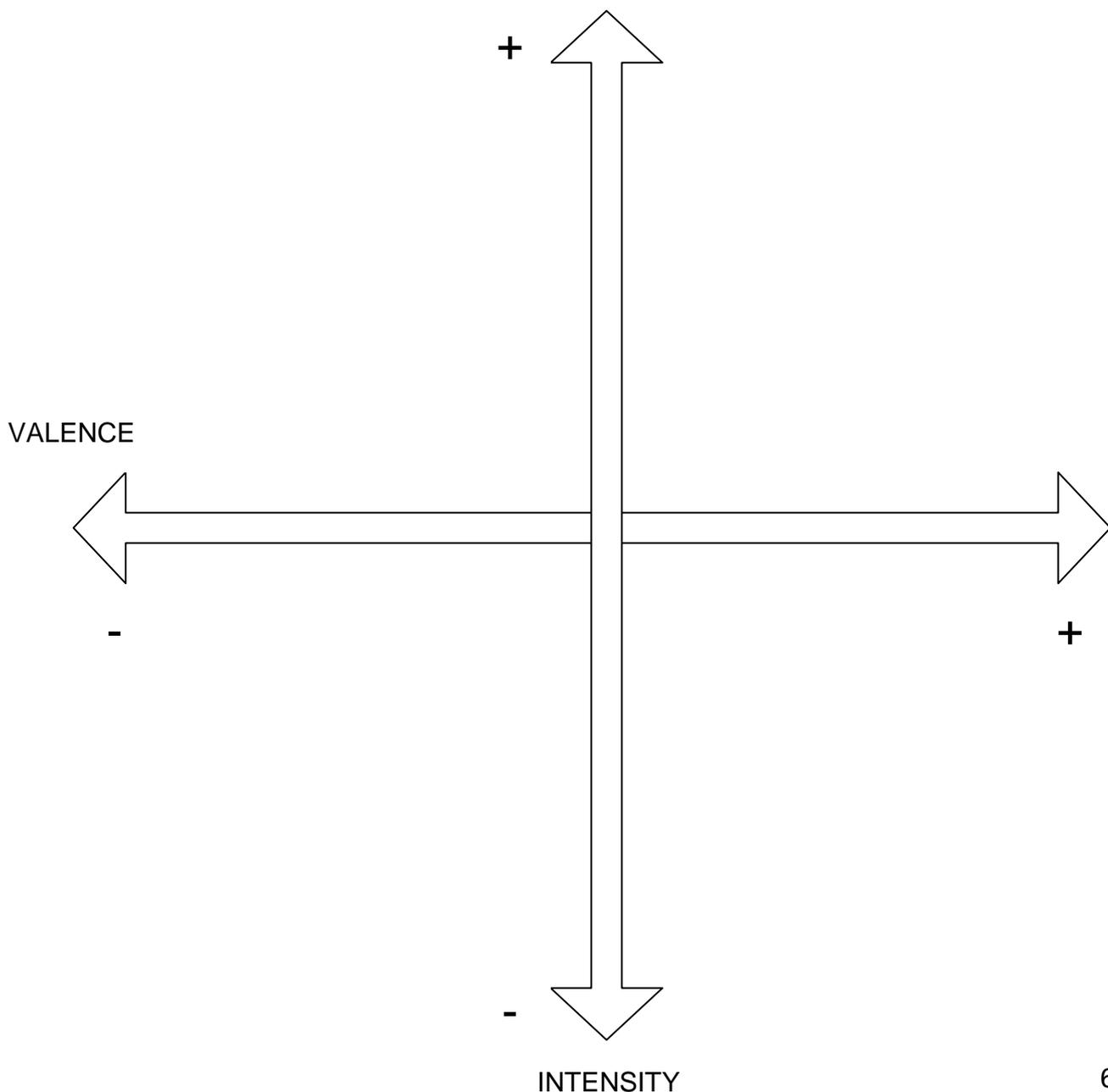
#### Aim:

This exercise will explore how emotions vary in intensity and valence. This awareness can help us to distinguish between similar emotions enabling us to better communicate how we are feeling.

#### Instructions:

Place emotion words on the chart below according to valence (how positive or negative an emotion is) and intensity (how strong the emotion is). For example, where would surprise be placed; is it a strong emotion? Is it positive or negative?

Discuss whether they found it easier to rate words on one dimension rather than the other. Picking two words that are in a similar place on one of the dimensions, ask how they can tell the difference between these two emotions? What are the similarities and differences?



## Homework: Session 7

### Aim:

The following homework task is to encourage the patient to use some strategies to manage emotions before they become overwhelming.

### Instructions:

Give the patient the following hand-out '*what helps me to manage difficult emotions*'. Ask the patient to be mindful of their emotions including physiological responses and behaviours. Suggest they use some of the strategies outlined to help them manage difficult emotions before they become overwhelming. It will be helpful to give the patient a copy of their 'emotion thermometer' to help with this task.

If there is time it would be helpful to spend a few minutes deciding which exercises the patient is willing to try before the next session.

*"Managing the negative to get to the positive"*

Don't forget... if the patient has found a strategy that works for them, encourage them to keep this going and integrate it into their weekly routine. If they do not find a strategy useful, prompt them to return to the list of positive psychology exercises and try a different one.

## What helps me to manage difficult emotions?

- ❖ Speak to someone (staff, friend, family member).
- ❖ If unable to express the feeling it may help just to be with someone.
- ❖ Imagine a cloud in your mind (what type of cloud, small, large, fluffy, rain cloud, what's the sky like – blue, grey). Then place the emotion you are experiencing on the cloud and watch it float away. As the cloud floats up and further away from you imagine the emotion lessening in intensity until you feel more comfortable with your feeling.
- ❖ A relaxation exercise – deep breathing. See attached hand-out.
- ❖ Ask yourself: 'what would I say to a friend who was feeling this way?'
- ❖ Ask yourself: 'what would a friend say to me right now?'
- ❖ Ask yourself: 'Am I giving myself a hard time here, is there another way I could think about this?'
- ❖ If it's difficult to work out what the emotion is try to imagine what it would be like (Animal, plant, monster etc), what colour is it, what type of voice does it have (quiet, angry, shouting).
- ❖ Keep a feelings diary – sometimes it can help to write how we are feeling down as this is a form of emotional expression.
- ❖ If the emotion is really powerful and upsetting try writing down the feeling or your thoughts on a piece of paper. Then tear the piece of paper up and throw it away. What does that feel like?
- ❖ Put some music on.
- ❖ Get some fresh air or go into another room, a slight change in scenery/environment can sometimes diffuse an emotion.
- ❖ Use distraction – puzzle, games, knitting – something that will hold your attention for a few minute and return to the emotion when it is less intense
- ❖ Draw what your emotion looks like

- ❖ Create a collage of everything that makes you smile
- ❖ Get involved in a board game with others
- ❖ Play music that reflects the feeling and then its opposite
- ❖ Engage with something you have found beneficial from positive psychology exercises
- ❖ Create a self soothing box or bag including items that stimulate each of the senses
- ❖ State the emotions you are experiencing to yourself in a non-judgemental manner
- ❖ Squeeze a stress ball or your pillow to release some of the tension



- ❖ Are there any other ways you can think of that would help to manage difficult emotions? What has worked in the past to help lift or change your mood when you have felt down or anxious?

.....

.....

.....

.....

.....

.....

## BREATHING EXERCISE.

Get yourself into a comfortable position and gently start to focus on your breathing.

As you breathe try and allow the air to come down into your diaphragm. Feel your diaphragm, the area underneath your ribs move as you breathe in and out.

Focus on the sensation of the rise and fall of your breathing. You may want to place your hand on your tummy and feel the rise and fall of your hand as you slowly breathe in and slowly breathe out.

Breathe in for three and out for three slowly.

Gently practice breathing a little faster or slower until you find a breathing rhythm that suits you and feels comfortable and relaxing.

Continue with this exercise for a few minutes until you start to feel calmer and more relaxed.

## SESSION 8

### Reflection on homework:

Ask the patient how they found the homework and reflect on:

- Have there been any occasions since the last session where they have used any of the strategies from 'what helps me to manage difficult emotions'?
- Which strategies did they use?
- Were any particularly helpful?
- Did you come up with any other strategies?

### EXERCISE 1: Making Emotions work for you

Aim:

The aim of the following exercise is to encourage the patient to think about emotions as being important signals that we need to listen to as they are communicating something to us about ourselves, our environment and they can help us to communicate with others.

The following exercise helps the patient to think about how emotions can help us, in particular we will be looking at 'negative' emotions and their positive intention.

**Instructions:**

Go through and complete the following handout with the patient.

## Making emotions work for us.

Do you remember that right at the beginning of this workbook we talked about why we have emotions?

**We said that emotions are important signals worth listening to:**

1. They tell us something about *ourselves*, about what is happening in *the world* around us, and they *organise us* to act.
2. They help us to *communicate with others* about our current state, needs, goals and inclinations. They can also influence other people's behaviours.

Let us think a bit more about how emotions can tell us something about ourselves and our world.

For example, think about:

### Happiness

**Being happy can give you a sense of contentment**

*What positive things does happiness do for you?*

---

**Even the emotions which are sometimes considered to be 'negative' emotions can be useful to us.**

For example, think about...

### Anger

**Anger can give you the power to stand up for what you believe in.**

*What positive things does anger do for you?*

---

### Shame

**If you feel ashamed about hurting someone, it can help you remember to be more considerate of people you love**

*What positive things does shame do for you?*

---

## Sadness

### **Sadness can help you reflect on life and move on**

*What positive things does sadness do for you?*

---

Can you think of other emotions and the positive and negative aspects to them?

*Emotion = \_\_\_\_\_*

How does this emotion help you?

---

*Emotion = \_\_\_\_\_*

How does this emotion help you?

---

*Emotion = \_\_\_\_\_*

How does this emotion help you?

---

*Emotion = \_\_\_\_\_*

How does this emotion help you?

---

### **Useful questions:**

Why have humans evolved to experience this emotion? What is the point of it?

How would the world/society be different if this emotion did not exist and nobody felt it?

## Exercise 2: Making Emotions work for you continued.

So, emotions communicate something about our world to ourselves. However, they also communicate our needs to others. Let's take a look at this second function of emotions.

Complete the following sentences:

People experiencing....

- **Happiness** are communicating that they need.....  
.....
- **Sadness** are communicating that they need.....  
.....
- **Anger** are communicating that they need.....  
.....
- **Shame** are communicating that they need.....  
.....
- **Fear** are communicating that they need.....  
.....
- **Disgust** are communicating that they need.....  
.....
- **Envy** are communicating that they need.....  
.....
- **Guilt** are communicating that they need.....  
.....

## Reflection

Try to link some of the instances where emotions can help, to real life examples experienced by the patient. Try to get the patient to think of a time in their life when they felt each of the emotions.

Ask them:

- Where were you? Who was with you? What was happening in your life?
- Consider how this emotion was trying to help you out.
- Finally, think about what this emotion tells you that you needed.

## Reflection on this Section

- What are the key points that you think you can take away from this section of the module?
- In what ways do you think you have improved in the skills that are focussed on in this section?
- Can you think about how you can implement what you have learnt in this section in your day-to-day life?

*In the following sessions we will think about how you can meet your emotional needs.*

## Homework for session 8:

### Aim:

The aim of this homework is to encourage the patient to continue with what they have learnt in the session with regards to emotions being important signals that we need to listen to.

### Instructions:

Read through the following handout with the patient and ask them to complete the exercises for the next session.

*“Managing the negative to get to the positive”*

Don't forget...if the patient has found a strategy that works for them, encourage them to keep this going and integrate it into their weekly routine. If they do not find a strategy useful, prompt them to return to the list of positive psychology exercises and try a different one.

## Making emotions work for me.

Think about your work so far and write down what you are learning about the link between emotions and needs:

e.g. The positive intention of my anger is to give me the power to stand up for what I believe in and it tells me that I need to explain to someone else the effect that their actions/words are having on me.

The positive intention of my \_\_\_\_\_ is \_\_\_\_\_

\_\_\_\_\_

and it tells me that I need \_\_\_\_\_

\_\_\_\_\_

The positive intention of my \_\_\_\_\_ is \_\_\_\_\_

\_\_\_\_\_

and it tells me that I need \_\_\_\_\_

\_\_\_\_\_

The positive intention of my \_\_\_\_\_ is \_\_\_\_\_

\_\_\_\_\_

and it tells me that I need \_\_\_\_\_

\_\_\_\_\_

*(It might be useful to refer back to the previous worksheet for ideas about what others need when experiencing an emotion)*

**Theme 5**  
**Expressing your emotions**  
**and communicating**  
**positively**

## SESSION 9

### Reflection on Homework:

Review with the patient how they found the homework and help with any difficulties they may have had.

Ask if they feel that they can use what they are learning about emotions in everyday life.

### Exercise 1: How do you signal what you feel and need?

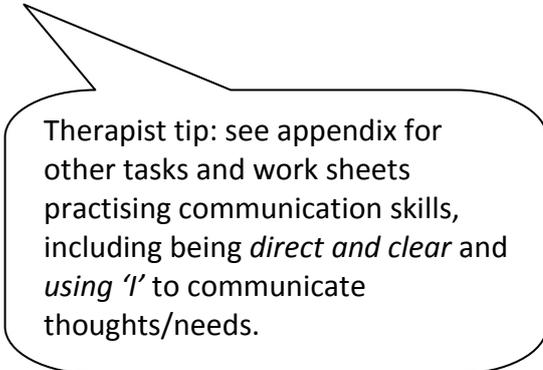
#### Aims:

The aim of the following exercise is to reflect with the patient how they currently communicate their emotions and needs. This will highlight that there will be times when the patient does not signal their needs in the most effective way.

#### Instructions:

Complete the following questionnaire with the patient and then ask the following questions:

- What do you notice from your answers above?
- Which of these approaches do you use most?
- What are the advantages of this style of getting your needs met?
- Are there any downsides?



Therapist tip: see appendix for other tasks and work sheets practising communication skills, including being *direct and clear* and using 'I' to communicate thoughts/needs.

**Practising to recognise what you feel and what you need**

Try this short quiz to see how you go about getting your important needs and feelings met by people close to you.

For each statement below indicate how often you act in each way by ticking rarely, sometimes or mostly.

| <b>How do I signal my needs</b>  | <b>Rarely</b> | <b>Sometimes</b> | <b>Mostly</b> |
|--|---------------|------------------|---------------|
| I ask assertively by explaining my feelings and asking for what I need.  |               |                  |               |
| I wait for others to see into my mind and know what I feel and need.   |               |                  |               |
| I give up on any hope that others can meet my needs and sink into sadness.   |               |                  |               |
| I bottle up my feelings, but secretly show how unhappy or angry I am with little signals like refusing to speak or not eating and leaving others to guess what I need. |               |                  |               |
| I rebel against the injustice of being ignored by letting rip with my anger and demanding that my needs are met.   |               |                  |               |
| I don't really know what I feel or need, but I know what I don't want and hope that others will guess for me.  |               |                  |               |
| I don't feel anything and don't know how I signal my needs.  |               |                  |               |

## **Exercise 2: Assertiveness Vignettes**

Ask the patient to reflect on how they would usually respond to the following situations and how they would be feeling. Then explore how these could be managed more assertively and how they would be feeling.

1. You want to be able to go out for a gentle walk in the grounds of the hospital by yourself and someone asks if they can come with you.
2. You are tired and somebody is playing their music quite loudly in the room next to you.
3. Somebody admires a project you are working on in OT.
4. Somebody thanks you when you have done something kind for them.
5. You are engrossed in a really good book and a friend phones for a chat.

## **Exercise 2: What might work better for you?**

### **Aim:**

The aim of the following exercise is to facilitate the patient to think of ways that they can start to communicate their feelings and needs in an open and assertive manner. By looking at how patients currently deal with feelings and needs this will show that they often do not communicate themselves in a way that gets their needs met and the outcome can be an intensification of negative emotion. By using the 'scripting approach' patients will be able to think of new ways of signalling their needs which will lead to a more positive outcome and a likely reduction or change in negative affect.

### **Instructions:**

Using the 'scripting approach' identify a recent time when the patient did not recognise an emotion or signal their need and complete the boxes. Then revisit the same situation and

complete the exercise as if they had signalled their emotions and needs, how they would do this and the outcome.

**If the patient struggles to identify a specific situation, the following vignettes can be reflected on instead.**

#### **VIGNETTE 1**

**Sarah goes out with a group of friends most weekends and Angie is part of this group. The problem is that Angie often makes fun of Sarah and puts her down. For instance, quite often when Sarah joins in a conversation, Angie will roll her eyes to the rest of the group, making it clear that she has missed the point. Sarah is finding it increasingly difficult to cope with the situation but has no idea what to do. She enjoys spending time with the group but finds she is increasingly self conscious and continually replays these conversations in her mind during the week to try to prevent further 'mistakes'.**

#### **VIGNETTE 2**

**Arabella has recently moved in with two flat mates. They get along quite well, regularly socialising together and enjoy similar hobbies. Arabella has a busy job as a PA and a very demanding boss who regularly contacts her outside of working hours to request extra things she needs done. As a result, Arabella is never without her work diary or mobile, which annoys her friends as she will have to answer her phone in the middle of a conversation. Although she likes her flat mates, she finds them extremely untidy and, after a busy day, she will feel compelled to clear up as she cannot relax until she is in a tidy and comfortable space.**

#### **VIGNETTE 3**

**Louise and Jodi are on holiday together on a beautiful Greek island. They have saved up and are staying in a fabulous hotel right on the beach. They are gently strolling along the beach, looking around and admiring the incredible scenery, the crystal blue water, bright sunshine and stunning, fragrant and vibrant flowers native to the island.**

## What might work better for you?

- You have begun to identify your own feelings and started to recognise how they are trying to help you or to indicate what you need. Now you may want to take the next step and think about how you would use these pieces of information to help you make things different when faced with a situation.
- To help you learn how to do this we use a technique called the scripting approach. Many people find this approach helpful – let's give it a go.

### 1. Let's start by thinking about a situation in which you found it difficult to identify needs or feelings or where you ignored them

#### EVENT:

Where were you?

Who were you with?

What happened?

#### FEELINGS:

What was the main feeling?

What other feelings were there?

How did this feel in your body?

#### NEEDS:

What do you think these feelings were telling you that you needed?

Did you meet any of these needs? Which ones?

Did you ignore any of these needs? Which ones? Why did you ignore them?

#### CONSEQUENCES:

What was the outcome?

How did you feel afterwards?

**2. Now, let's think about how the situation might have turned out if you had recognised and listened to your feelings and needs. What might you have done to help those needs be met?**

### **REFLECTION**

- What do you notice about the differences between the two ways of dealing with the scenario that we have sketched out?
- What is good/bad about each of them in the short term/long term?
- Do you feel able to have a go at applying this technique in practice? What might be difficult about doing this? What might help it go well? Remember that it doesn't need to be perfect!

*Therapist: Practice this exercise with as many scenarios as possible, particularly situations that the patient has found very difficult or those that occur frequently. Use the reflection above each time.*

## **Homework session 9**

### **Instructions:**

- i) Choose one of the examples of a scenario that happens frequently, that you have scripted in the session. Ask the patient to reflect on this exercise and have a go at practising 'being assertive' the next time this situation arises: for example, by expressing needs and seeking for them to be met in the positive way you have planned (see communication skills exercises in appendix).
- ii) Use the boxes and prompt questions above to keep a record of what happened, how they felt, what their needs were, how they tried to get them met and what the consequences and outcomes were.
- iii) Make a conscious effort to use the words 'I feel' more often when interacting with others
- iv) When asked 'how are you?' try to say something other than 'I'm fine'; try taking a moment to ask yourself how you feel then answer based on this. E.g. 'I feel tired'/ 'I feel worried about...'

### *"Managing the negative to get to the positive"*

Don't forget...if the patient has found a strategy that works for them, encourage them to keep this going and integrate it into their weekly routine. If they do not find a strategy useful, prompt them to return to the list of positive psychology exercises and try a different one.

# **Theme 6**

**Recognising and interpreting  
other people's emotions**

## SESSION 10

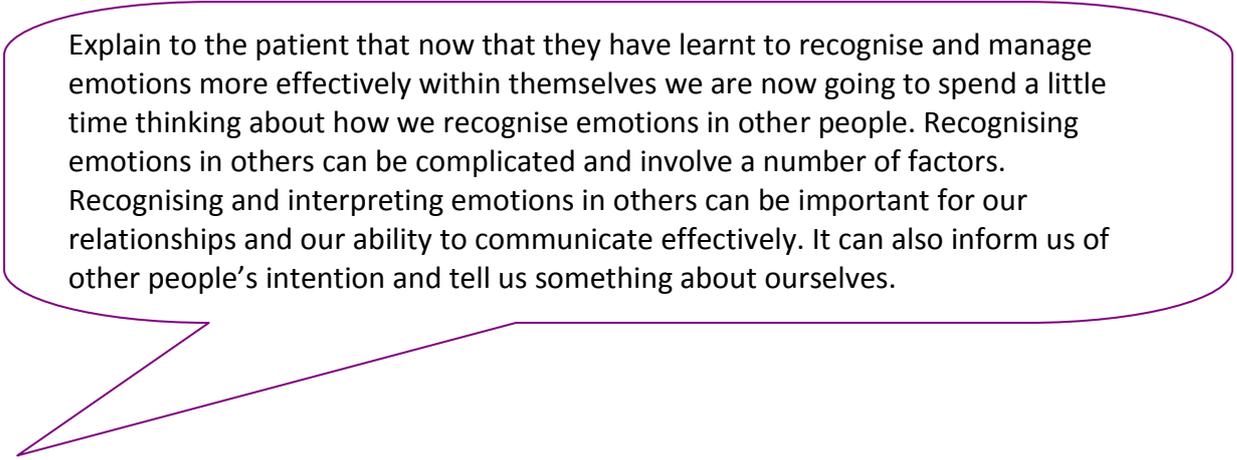
### Reflection on Homework:

Review with the patient how they found the 'scripting approach'.

Discuss the following:

- What are the key points that you think you can take away from this section of the module?
- In what ways do you think you have improved in the skills that are focused on in this section?
- Can you think about how you can implement what you have learnt in this section in your day-to-day life?

If more help or strategies are needed for communicating emotions see additional worksheets in the appendix.



Explain to the patient that now that they have learnt to recognise and manage emotions more effectively within themselves we are now going to spend a little time thinking about how we recognise emotions in other people. Recognising emotions in others can be complicated and involve a number of factors. Recognising and interpreting emotions in others can be important for our relationships and our ability to communicate effectively. It can also inform us of other people's intention and tell us something about ourselves.

## 1) Exercise 1: Facial expressions exercise

### Aim

The aim of this exercise is to explore with the patient how facial expressions are an important source of information about how someone is feeling. Also, the aim is to see what pieces of information the patient uses to identify people's emotions.

### Instructions

Go through each of the pictures (overleaf) separately. Make sure you focus on one picture at a time and ask the patient the following questions about each picture:

- **What emotions do these people feel?**
- **What clues are you using to help you identify how that person is feeling?**

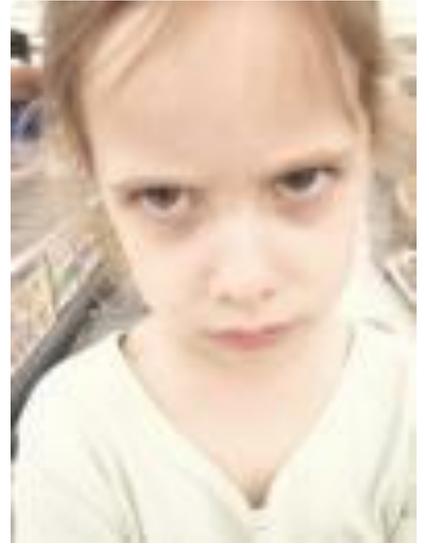
It might be useful to explore if there are any differences in the emotions attributed by patient and therapist and to identify what might lead to different people seeing different emotions in the same face? If you have a bias towards seeing a particular emotion what might this mean for how you experience other people generally?

After going through and looking in detail at each picture, you then use these questions to reflect on all of the pictures.

- **Were some of the facial expressions easier to identify than others?**
- **Which ones?**
- **What made it easier to identify these particular facial expressions?**
- **Do you find easy/difficult to make eye contact?**
- **Is it important? Why? When it is important to make eye contact?**

### **REFLECTIONS**

- Is it easy to read faces?
- What helps to read facial expressions?
- What makes it more difficult to read facial expressions?
- What other information should we consider when making judgments about how someone else is feeling?
- Why is it important to read other people's expressions?
- What makes communications easier?
- If patient and therapist see different emotions in the same picture reflect on why this might happen. What kinds of biases might be operating?
- If you were lost in the street who you would approach (from this photos) Why?
- If you were at a party who you will talk to? Why?



## Ending CREST and Feedback

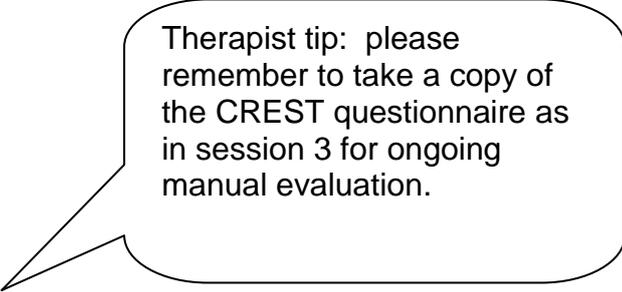
### Aims:

The aim of this part of the session is to be a reflective space to think about and consolidate what the patient has learnt during CREST. In particular, revisit the questionnaire from session two with the patient to see if there have been any changes in their understanding or awareness of their own emotional processing. Complete the evaluation questionnaire and give feedback to the patient about your experience of working with them.

### Instructions:

Reflect with the patient that this is your last session together and you would like to spend some time thinking about their experience of CREST and what they feel they have learnt. Revisit the questionnaire from session two and go through and discuss if the patient has a greater understanding or awareness of the themes discussed. It is not expected that the patient would have made actual changes but if they have this should be congratulated. What is important is their understanding of how they label and express emotion. This is the first stage of being able to think about possible change.

Ask the patient to complete the evaluation questionnaire and give them positive and constructive feedback of your experience of working with them.



Therapist tip: please remember to take a copy of the CREST questionnaire as in session 3 for ongoing manual evaluation.

| <b>CREST QUESTIONNAIRE</b>                          |                                 |   |  |
|---|---------------------------------|---|--|
| <b>Your thinking and emotional style:</b>           | <b>Problem for you?<br/>Y/N</b> | <b>How much does this interfere in your day-to-day life?<br/>(0 = Not at all, 10 = Extremely)</b> | <b>Give a recent example of how this problem manifests itself.</b> |
| <b>Thinking about thinking</b><br>(Session 1)       |                                 |   |  |
| <b>Thinking about feeling</b><br>(Session 2)        |                                 |   |  |
| <b>Thinking positively</b><br>( Session 3, 4)       |                                 |   |  |
| <b>Recognising your own emotions</b> (Session 4)    |                                 |   |  |
| <b>Managing your emotions</b><br>(Sessions 5,6 )    |                                 |   |  |
| <b>Expressing your emotions</b><br>(Sessions 7 & 8) |                                 |   |  |
| <b>Recognising positive emotions</b><br>(Session 9) |                                 |   |  |
| <b>Evaluation and summary</b>                       |                                 |   |  |

## END OF THERAPY REFLECTION

**What have you learned about yourself from this therapy?**

**Were there any aspects that were especially helpful?**

**Were there any aspects that you felt were unhelpful?**

**What do you think could be improved?**

**Have you learnt any strategies that you could use in the future?**

## **Appendices**

- 1. Additional information to be offered after completing first two sessions**
- 2. How CREST developed: research evidence**
- 3. Case Studies**
- 4. CREST in a group format**
- 5. How can we evaluate CREST?**
- 6. Table of available evidence**
- 7. Supplementary materials**
- 8. References and further reading**

# Additional information following the first session of CREST

## What is the link between cognitive skills and emotion?

Research shows that people who can recognise, express and manage their emotions effectively are happier and more successful in life. It is known that emotions, whether they are pleasant or unpleasant, help us: for example, to make decisions, avoid danger, or relate to people.

Cognitive and emotional skills are both important for good psychological functioning.

- In the first one or two sessions we used exercises and reflection to **IDENTIFY, USE, and UNDERSTAND** cognitive and thinking skills in order to **MANAGE** everyday tasks better.
- The first step to managing our emotions better is to **KNOW** more about emotions. We will be looking at lots of different skills around emotion, some of which you may find you're stronger at than others.

*Research from our department and other groups has shown that people with anorexia nervosa can experience difficulties in some or all of the following areas (the following references in the manual capture this: Oldershaw et al., 2011; Hambrook, 2012, Tchanturia et al., 2013, Dapelo et al 2015):*

**Reading:** Some people find it harder than others to read emotions in themselves or other people. This difficulty with accurately picking up emotional signals can make it harder for people to know *what they need* themselves or *what others want* from them.

**Can you think about a situation or occasion when it was hard to guess what the other person was feeling? (it could be a recent event – the purpose of the question is to generate specific material to work on).**

**Too much and too little:** Emotions can give us problems if they are very long-lasting, intense and distressing, or if they arise and persist in response to minor triggers and/or out of proportion to the threat posed by the trigger (e.g. as might be the case in spider phobia). At the other end of the spectrum is an inability to experience any emotions, pleasurable or otherwise.

**Can you think about how it applies to you?**

**Expression:** Sometimes a person does not know how to express their emotions or finds them too frightening to express. Cultures differ in terms of how acceptable and desirable it is to express your emotions in particular social situations. For example, the English have a reputation for being stiff upper lipped whereas the Italians are known as much more emotionally expressive. Also, within families there can be different emotional styles; some families are more expressive and others more emotionally restrained. Families may teach people rules about expressing emotions, such as “crying is for sissies”.

**Do you have difficulties in expressing emotions? Does it help you when other people express emotions? Why?**

**Venting:** Although an inability to express emotions can cause problems, venting emotions *per se* is not necessarily a good thing for a person or for those around them either. The philosopher Aristotle noted that anyone can become angry, but to be angry with the right person to the right degree at the right time and in the right way is not so easy. On the other hand, if someone always bottles up their emotions, censoring certain emotions and trying to ignore them, this can be unhelpful to their health. It isolates them from what their emotions may be telling them they need and it cuts them off from other people. This is a common problem in AN where starving can function to dampen or lessen emotions.

**The good news is that research shows that emotional recognition improves with recovery. We also know that it is possible to learn to express emotions in a way that it is more acceptable and understandable to people around us; furthermore, it is possible to recognise and regulate emotions better when we are aware of them.**

### How did CREST develop?

There is evidence that cognitive remediation (CR) sessions for AN inpatients (working through cognitive exercises, then reflecting on thinking styles and applying them to real life) improves cognitive performance, confidence to change and ability to change (e.g. Tchanturia et al., 2008, 2014). Additionally, patients report finding this approach helpful, encouraging them to engage with treatment and to feel safe during sessions (Whitney et al., 2008).

Issues related to emotions and core symptoms such as food, weight and shape related concerns are *not* addressed in CR work. This module, therefore, can be built onto a foundation of CR work.

The content and emphasis of exercises in this manual was guided by informal clinical experience and formal feedback from focus groups with patients, carers and clinicians (described briefly here, and in more detail in the paper we reported this results - Kyriacou, et al., 2009).

In order to make sure that we targeted the most important areas of emotional difficulties we held four focus groups with patients, carers, clinicians, and nurses respectively. These explored what each group identified as the most salient issues concerning emotions and social cognition in AN and what they thought treatment should focus on. Table 1 shows the overlapping and most frequently mentioned themes arising from these focus group discussions. This illustrates how this manual’s approach matches these demands.

**Table 1. Themes identified from focus group discussions**

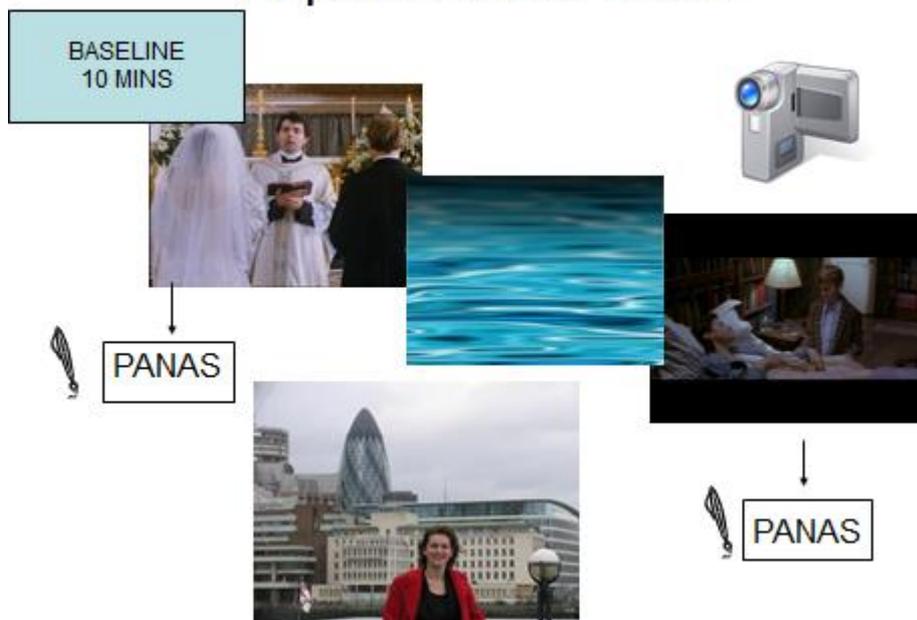
| Themes   | Clinicians<br>Therapist<br>s | Nurses | Patients | Carers |
|--|------------------------------|--------|----------|--------|
| <i>Problems with emotions &amp; social cognition</i>                     |                              |        |          |        |
| <b>Identifying emotions</b>  | √                            | √      | √        | √      |
| <b>Emotional Recognition &amp; Labelling,<br/>Expression of Emotions</b> | √                            | √      | √        | √      |
| <b>Lack of self-awareness of own<br/>emotions &amp; needs</b>            | √                            | √      | √        | √      |
| <b>Processing and Managing<br/>Difficult/Intense Emotions</b>            | √                            | √      | √        | √      |
| <b>Emotional Avoidance &amp; Intolerance of<br/>Emotion</b>              | √                            | √      | √        | √      |
| <b>Extremes &amp; Erratic oscillation of<br/>Emotions</b>                | √                            | √      | √        | √      |

# How CREST developed

## What is the research evidence for CREST?

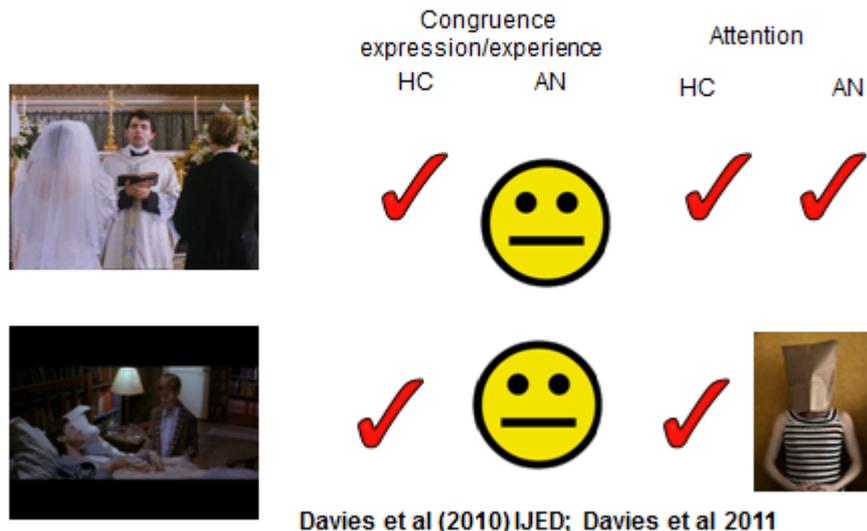
Research evidence shows that labelling and processing emotions can be difficult for people with eating disorders. In combination with this, another big problem is the expression of emotions. For example, Helen Davies, one of the contributors to this manual, studied how people respond to neutral, positive and negative emotions. She found that people with eating disorders respond similarly to a non eating disorder comparison group when they see a neutral film on the screen. However, when viewing positive content they show less emotional facial expressions and when viewing a negative film clip they tend to look away more often (Davies et al., 2010).

## Experimental Task



## Results expression emotion AN:

No coordination between expressive and experiential aspects  
AN express less positive and avoid negative emotional content



This figure illustrates the findings of the first experimental study of emotional expression in AN described above. We use this research evidence in discussions during both individual and group sessions of CREST. We ask patients how they interpret these findings. Is it similar to what they think about their own experience with expression of emotions?

### How does CREST fit into the treatment pathway?

This emotional skills inpatient module aims to work with severely ill inpatients (IP) and thus exercises are targeted at a different level with different emphases to the emotion and social skills work carried out with outpatients (OP). When people are newly admitted to the hospital, typically with a number of physical complications, they find hard to concentrate and are not ready for complex psychological work. Therefore, we try to offer relatively basic psychoeducational programmes with specific exercises to facilitate therapeutic engagement while also addressing important aspects of the illness.

Table 2 shows that the inpatient (IP) module places emphasis on teaching a basic understanding of emotions and their function, as well as considering recognition of emotions in self and others. In contrast, the OP manual called "MANTRA" assumes these skills are already present to some degree and places greater emphasis on how to work with emotions, both in an individual's personal emotional life (e.g. self-compassion, beliefs about emotions) and in the context of their relationships with others (e.g. developing empathy). In this way the IP and OP workbooks aim to complement each other, enabling patients to move from IP to OP care by slowly building on and extending their emotional skills without repeating the manuals' contents.

Table 2. Summary of content of Inpatient and Outpatient work books targeting emotions and social skills. Emphasis on each learning point is described as low, medium or high.

| <i>Learning Point</i>   | <i>Inpatient Manual - IP</i>  | <i>Outpatient Manual –OP</i> |
|---|---|------------------------------|
| Psychoeducation<br>(Emotions: What and Why?)  | <b>High</b> <b>V</b>  | <b>Medium</b>                |
| Recognising Emotions in others  | <b>High</b> <b>V</b><br><i>Reduced in the updated version</i><br><b>Low</b>   | <b>Medium</b>                |
| Function of Emotions  | <b>High</b> <b>V</b>  | <b>High</b>                  |
| Managing Emotions   | <b>High</b> <b>V</b>  | <b>Medium</b>                |
| Recognising Emotions in Self  | <b>High</b> <b>V</b><br><i>Pilot work indicated that patients valued this part the most</i>   | <b>Medium</b>                |
| Expressing Emotions   | <b>Medium</b> <b>V</b><br><i>increased emphasis on this part in updated manual based on experimental research findings and qualitative studies.</i><br><b>High</b>                                | <b>Low</b>                   |
| Additional Work on Social Anhedonia generating ideas about Simple pleasures Positive emotions diaries Toolbox | <b>High</b><br><i>This point was added and expanded upon in the updated manual</i>  |                              |
| Teaching about power of positive emotions, giving tools how to facilitate positive thinking and bias          | <b>High</b><br><b>Materials for this section of CREST we are developing further. Research evidence and convincing pilot clinical work will be added in the next revision of the CREST manual.</b> |                              |

# **CASE STUDIES**

## **Case studies**

In this section we have provided a few case reports from different therapists and patients to illustrate CREST in the individual format. We also describe some outcome measures we have used to explore the clinical and psychological benefits of this work. The case studies are presented in chronological order. The first case reflects the very early days of development of the CREST manual from Caroline Fleming (2009); followed by two cases from 2010 by Claire Money. The manual in the present form is revised and we would like to take this opportunity to thank all patients and clinicians for their reflections, creative ideas and hard work to help us to develop this next version of the CREST manual.

### **CREST Case Study 1**

Caroline Fleming, Counselling Psychologist,  
Maudsley Eating Disorder Service Inpatient Unit.

The following case study describes one of the first patients we worked with to pilot the CREST individual workbook and we are very grateful to Dorothy (which was her chosen name for this case study) for giving her consent to share this.

#### **Case introduction**

Dorothy was a 30 year old female who was referred to the inpatient ED service due to severe AN. Prior to referral to the specialist service, she had been admitted to her local general hospital at 24 kg (BMI of 8.5). At that point she was unable to stand unaided. She was initially fed with total parenteral nutrition, gradually moving on to solid foods and was discharged at a weight of 31kg (BMI 11.4). However, she was unable to maintain this progress at home; she again lost weight and, a month after discharge, agreed voluntarily to be referred to a specialist ED unit. On admission to this unit her weight was 24.9kg (BMI of 9.8). She was again unable to stand or walk unaided.

#### **Presenting complaints**

She found it difficult to be continually 'confronted' by the illness in the dining room, partly because she found herself to be drawn in to the AN behaviours and partly because she was wanting to distance herself from the illness. She experienced feelings of panic and fear in response to outbursts from other patients, leaving her overwhelmed with memories of her parents' angry arguments during childhood.

#### **History**

**Family.** Prior to admission to her local general hospital, Dorothy had been living with her fiancé, whom she had been in a relationship with for eleven years. On discharge from her local hospital and prior to admission to this ED service, she had returned to live in the family home with both parents and her youngest sister. She has three siblings, a brother aged 32, and two younger sisters, aged 29 and 18.

**Education/Career.** Dorothy attended a College course in Travel and Journalism and after completion of her education, she worked as a receptionist in a Gym for three years and then as a receptionist in a security company. She has not worked formally since then but did enter various beauty contests and began training as a hairdresser.

**Social.** Dorothy enjoyed dancing and being out with friends. She felt very close to her fiancé, but recognised that he was overwhelmingly involved in her decisions, for example what she should wear, with whom she should socialise.

**Medical and Mental Health.** Dorothy had not experienced any major medical illness. There was no family history of medical, psychiatric or eating disorder. Her first symptoms of AN had emerged eight years previously at age 22. She attributed the onset of the illness to a failure to win an award in a national beauty contest. She believed that if she lost weight, she would become more beautiful and thus more successful, and this led to a cycle of restrictive eating, compulsive exercise and laxative abuse.

### **Case conceptualisation**

Through adverse early childhood experiences, particularly witnessing parental conflicts, it seemed that Dorothy developed a belief that negative emotions are particularly dangerous, must be suppressed, and that there was no healthy means by which these feelings could be expressed. In response to these frightening early experiences, it appears she believed that she also needed to be strong and care for her mother, repressing her emotional needs, and being the 'good girl'. This developed into a stance of 'people pleasing' and 'performing' more generally, attempting to meet others expectations of her in order to be accepted (i.e. not harmed or rejected). In relation to this, only positive emotions were deemed acceptable and negative emotions were not considered valid or significant. AN developed at least partially to assist in maintaining control over affect, and she described feeling a sense of being cut off or numb emotionally, which she recognised as problematic but also relieving.

After the assessment, CREST was offered to Dorothy with the clear advice that we were developing and testing the workbook and we felt that some of the parts of the manual might be beneficial. For example, a focus on recognising positive soothing snapshots in everyday life and making a portfolio of positive emotions.

### **Course of treatment and assessment of progress**

CREST was completed in ten face to face sessions (45 minutes each), which were conducted over a seven week period, a minimum of 1 session and a maximum of 2 sessions were completed in any one week. The first two CRT sessions, the thinking skills exercises and associated reflection on them highlighted many areas where Dorothy struggled with a particularly rigid thinking style. She demonstrated a high perfectionism focussing on any mistakes or flaws, discounting her strengths and judging herself harshly according to a rigid set of rules. Dorothy reflected on how this thinking style impacted on her self-confidence and self-esteem. The homework tasks were developed with regard to 'breaking the rigid unreasonable rules', with small behavioural experiments such as not ironing her duvet cover and moving items around in her room.

Most of session 3 was spent reflecting on what had been learned in cognitive parts of the two sessions with a gentle introduction exploring emotional processing. Dorothy was able to identify emotions including fear, anxiety and panic, arising from her core beliefs and expectations that she may be harshly judged or criticised if she doesn't 'get things right'.

During session 4, Dorothy was able to recognise significant difficulties with managing and expressing emotion effectively, predominantly due to fears of being abandoned/rejected and due to previous experiences of having her emotional states ignored or negated. Additionally, anger was identified as a 'dangerous' emotion, seemingly in relation to the prolonged domestic violence she witnessed during her past years. Although Dorothy did not initially perceive any difficulty in relation to recognising emotion in others, exercises concerned with identifying others emotions through photos of facial

expressions, revealed a tendency to focus only on the eyes, which could lead to misunderstanding and misinterpretation. Thus, homework tasks were developed to enable practicing a 'bigger picture' perspective in relation to this. For example, looking at pictures and focussing on the context people are in and how this impacts on the emotion on their face.

The remainder of the therapeutic intervention focussed on being able to identify, label and express emotion more effectively, with particular attendance to the acceptability of negative emotional states. Sessions (before our revisions to the manual) 5 and 6 were primarily concerned with enabling Dorothy to develop a vocabulary of emotion through identifying and expressing emotions she was experiencing. For example, she was asked to choose from a word list of over 100 'emotion' words in order to explain a previous experience she had been through. Additional exercises focused on developing the capacity to switch between emotions, to assist in the recognition that emotional states are dynamic and fluid rather than fixed and unchangeable. Through reflection and an increased vocabulary on which to draw from, Dorothy seemed to find it somewhat empowering to be able to more accurately express a broad range of emotions, especially in relation to difficult situations she was experiencing during her admission. Furthermore, through the exercises which focussed on how to manage emotions, Dorothy developed an awareness of the problems associated with bottling up, suppressing and avoiding emotions, such as the resulting impact in successful communication and ability to address and resolve problems.

Through her increased awareness and understanding of her emotions and practicing self expression in sessions, Dorothy became motivated to take the 'risk' of transferring these skills to the ward. Session 7 onwards focussed on exploring the association of emotion to corresponding need and difficulties that arise when needs are not met. Dorothy responded to these exercises well and transferred these skills to difficult situations effectively, leading to increased determination to develop these capacities further. For instance, toward the end of these sessions she described feeling alone, isolated, lost, rejected, abandoned, agitated, frustrated, angry and irritated as she did not feel her needs were being listened to or taken seriously by ward staff. Through exploration, Dorothy could recognise that she was essentially expecting others to be able to 'mind read' her emotional state without her having to verbalise her distress, and she could distinguish for herself how this was an ineffective 'communication style'. We thought through the reasons behind her emotional state and it seemed that, owing to her very lowered BMI on admission, she was still unable to leave the ward, which was becoming increasingly unbearable to manage. As a result, she was losing the motivation and determination to remain engaged in the programme. Thus, her concerns were discussed with the clinical team and it was then deemed appropriate for Dorothy to be able to be escorted by taxi to the local shops to purchase some supplies. This had a very positive impact on her and she recognised that her fundamental need in relation to sustained engagement in treatment was to work towards the themes of 'independence' and 'freedom' as 'anorexia' had taken away her dignity, to the point that she could not care for even her most basic needs.

By completion of this 10 sessions, Dorothy perceived herself to be better equipped to manage difficult situations, and more readily able to communicate her feelings and associated needs to the clinical team. This had the impact of her being increasingly able to access and utilise the supports she required. She was now engaged and motivated to begin complex treatment with an individual therapist to extend and build on the strategies and skills learned during CREST.

### **Complicating factors**

Dorothy was inclined to 'people please' and so needing to remain aware of her wanting to be the 'perfect patient' was always kept in sight. Despite this, she did seem authentically engaged in the material and honest about the experiences she was discussing, surprising herself on occasion as to how direct she was being in discussing 'embarrassing' or 'shameful' incidents.

### **Follow up**

After CREST, Dorothy remained on the ward and received ongoing individual therapy with a ward psychologist, with particular focus on identity issues, self-esteem, and assertiveness with regard to expression of need. Additionally, due to the difficulties which were identified during CREST regarding flexibility and perfectionism, further work in these areas was required.

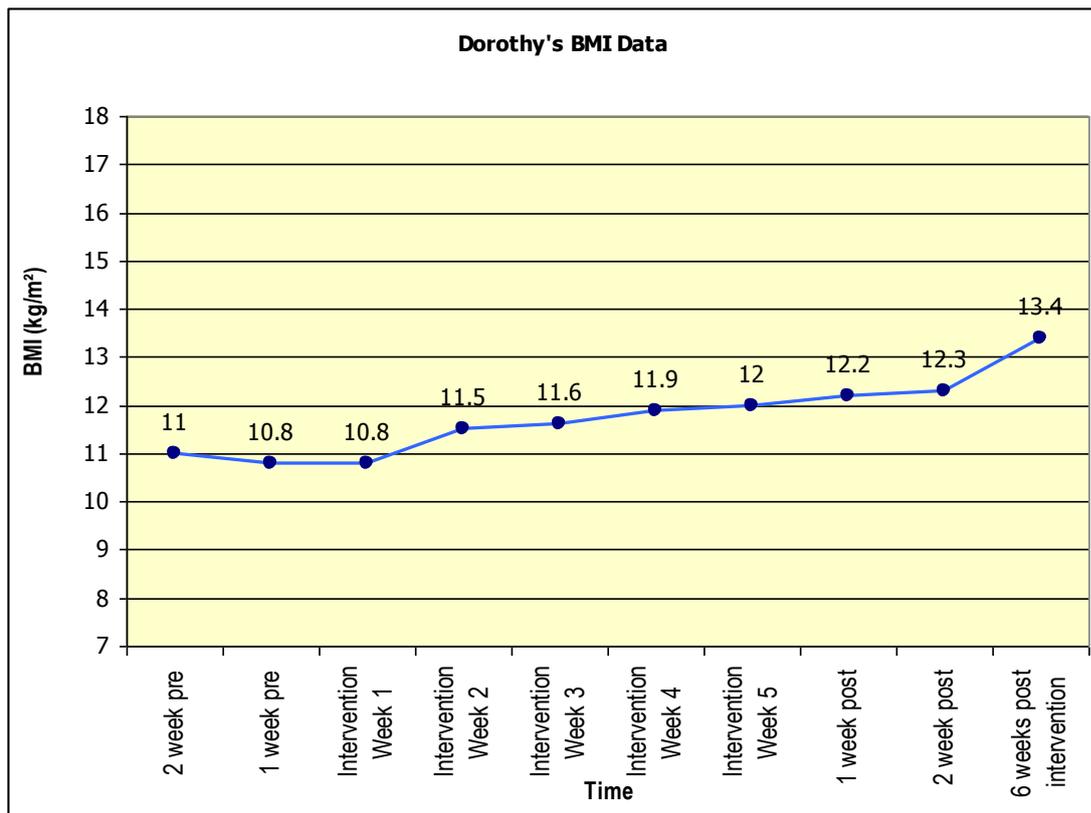
### **Treatment implications of the case**

Baseline and end of treatment clinical measures and self report questionnaires targeting emotion processes were completed by Dorothy.

Dorothy's clinical symptoms improved after CREST with her BMI increasing from 11.02 to 12.30. Illness related symptoms also improved with the global score of the EDE-Q decreasing from 3.30 to 2.10. Dorothy's depression and anxiety scores improved (measured by the DASS).

The self report measures focussing on emotion processing also indicated that Dorothy ascribed a positive change in processing and regulating emotions in herself. The LSAS scores range from 55-65 for moderate social phobia to 80-95 for severe social phobia, over 95 depicts very severe social phobia. Dorothy showed a lower score after CREST of 56, thus in the moderate social anxiety range as opposed to 73 at time 1 which put her in the marked social phobia range. Two of the subscales of the TAS showed an improvement after CREST. Dorothy's total score on the Toronto Alexythymia Scale moved from the alexythymia category to the non alexythymia category. Our hypothesis for this improvement is that the identifying and labelling of emotions exercise in CREST is very relevant for Dorothy. She had an opportunity to practice skills and label emotions with support from her therapist. Finally, on the EEQ, a score of 77 was reported after CREST, compared to 56 prior to the intervention, with a higher score corresponding to being better able to express emotion. As well as demonstrating a change in the clinical and emotion processing domains via the self report questionnaires, Dorothy reported on the patient satisfaction questionnaire that she valued the usefulness and positive aspect of the treatment. She also showed an increase in the ability to change via the motivational rulers suggesting that she had gained confidence to change.

**Figure 1.** Body Mass Index (BMI) before, during and after CREST



**Table1.** Demographic and Clinical measures

|                      | Time 1<br>Before<br>CREST | Time 2<br>After CREST | + improved<br>- got worse<br>= no changes |
|----------------------|---------------------------|-----------------------|---|
| BMI                  | 11.02                     | 12.30                 | +   |
| EDE-Q (Global score) | 3.30                      | 2.10                  | +   |
| DASS Stress          | 18                        | 12                    | +   |
| DASS Anxiety         | 18                        | 12                    | +   |
| DASS Depression      | 22                        | 6                     | +   |

**Table 2.** Self Report Measures for Emotion Questionnaires and Motivational Ruler before and after treatment plus Patient Satisfaction Score at the end of treatment

|                                  | Time 1<br>Before CREST | Time 2<br>After CREST | + improved<br>- got worse<br>= no change |
|----------------------------------|------------------------|-----------------------|--|
| Emotion Regulation (Reappraisal) | 29                     | 42                    | +  |
| Emotion Regulation (Suppression) | 17                     | 14                    | +  |
| Leibowitz Social                 | 73                     | 57                    | +  |

|  |     |     |     |
|--|-----|-----|-----|
| Anxiety Scale  |     |     |     |
| TAS (Describing feelings)                              | 17  | 10  | +   |
| TAS (Identifying feelings)                             | 31  | 14  | +   |
| TAS (Externally oriented thinking)                     | 24  | 24  | =   |
| TAS Total  | 72  | 48  | +   |
| Emotional Expression                                   | 56  | 77  | +   |
| Patient Satisfaction<br>(Mean score of all five items) | N/A | 8.4 | N/A |
| Motivational Ruler<br>Importance to change             | 10  | 10  | =   |
| Ability to change                                      | 6   | 8   | +   |

We have been in touch with Dorothy one year after discharge from the inpatient ward. She lives a long distance from London and she is managing very well. She is back at work, maintaining a BMI of 19.5. She is currently in a relationship. She has lapses but is supported by a very good therapist in the community when required.

Dorothy's treatment had input from several members of the multidisciplinary team. She is one of the patients demonstrating a very positive outcome. She was very generous to agree to use this relatively new workbook with her and then to allow us to write up this work as a case example. In reflection, as therapists and clinicians, we learned a lot from this case.

### **Case study 2**

Claire Money Counselling Psychologist  
Maudsley Hospital Eating disorders inpatient unit

#### **History**

Emily was a 19 year old female meeting the DSM – IV diagnosis for Anorexia Nervosa (restricting type). She did not have any additional Axis I or II diagnoses. Emily was admitted onto the ward with a weight of 37.3 kgs and a height 1.65metres. Her Body Mass Index was 13.7. This was Emily's first inpatient admission and prior to this she had been accessing outpatient services for approximately 18 months.

Emily began to focus on her weight approximately three years ago. There was a family event coming up and she started swimming and running regularly. Not long after the event Emily's exercise regime increased to a daily basis and she was cutting down her food. Emily and her family began to realise that she had a problem as her weight continued to decrease.

Emily was of average weight as a child until she had to take steroids for a medical problem. This led to a dramatic increase in weight, which she found difficult to lose in her early teenage years.

Emily lives with her parents and has two older brothers. She describes good relationships within the family although commented there are problems from time to time. She described her personality as ambitious, friendly and bubbly. She also described herself as being a 'control freak' before the illness. Since having AN, Emily's mood lowered and her anxiety levels increased. She reports low self-esteem and fear of failure.

Soon after the admission to the ward Emily was offered 10 sessions of CREST and attended all sessions twice weekly.

The first two sessions focused on thinking styles. The 'geometric figures task' involved Emily describing a figure for the therapist to draw. The aim was to encourage Emily to think in terms of the bigger picture. The task revealed that Emily tends to pay attention to detail, a thinking style that involves getting caught up in the detail of the figure rather than seeing the figure as a whole. In relation to everyday life, Emily talked of having a detailed focus where she focuses on having clear routines. She struggles with change and spontaneity; she described having to plan social activities in advance and finding it difficult to spontaneously go out for a coffee with a friend. Emily was able to identify advantages and disadvantages to both bigger picture thinking and attention to detail. She reported finding it helpful to look at her thinking styles and was keen to try and think more about the bigger picture. Her example was to remind herself that she was in hospital to get better rather than getting caught up in the detail of the daily menus.

In session two the focus was the 'estimating task' in which Emily was presented with a number of vertical lines and was asked to place a halfway mark on each one. Emily found this task somewhat anxiety provoking as she feared responding inaccurately. On reflection of the task, Emily related this fear to her daily life and described herself as a perfectionist who does not tolerate mistakes due to worries that people will dislike her. Another task was the 'token towers'. This involved building a tower following rules in terms of colour, shape and size of tokens. Emily was very careful and precise in building the tower. This relates to Emily's daily life in that she has lots of categories and rules for things. Emily talked about not liking uncertainty and wanting to feel in control which leads to having categories in her wardrobe for clothes or time slots for activities such as household chores. We talked about how this maintains Emily's anxiety about uncertainty as she was not giving herself an opportunity to see how she would cope if she tried to do things differently or more spontaneously.

An inter-session task for Emily was to change one small aspect of her daily routine and she chose not to Hoover at a certain time in the morning. This was a successful task and Emily talked of being able to manage the anxiety and feeling pleased that she could think about the possibility of being more flexible. One of Emily's comments about CREST was:

"...I have found that I must be a lot more flexible in all aspects of my life. This not only means in my daily routines, but also in the way in which I express and show my emotions...I have learnt to look at the bigger picture when I am feeling anxious or worried about a certain situation"

Session four looked at recognising emotions in others. This was achieved by looking at a number of facial expressions and Emily thinking about and trying to label the emotions the person may be feeling. This exercise revealed that Emily has a bias in recognising negative emotion in others. She talked of often assuming she had done something wrong if someone around her looked unhappy. This led on to a discussion as to how Emily would benefit from thinking about the bigger picture and needing a lot of information before interpreting how someone is feeling. Emily also talked of how she struggles to show others how she is feeling and will try to cover up emotions with positive facial expressions.

Session five went on to look at identifying how Emily was feeling currently by underlining the emotions she could identify with from the emotion word list. Emily found this exercise difficult as it involved actively talking about her emotions, which were negative. Emily reports struggling to express negative emotion as she believes it is a weakness and a failure on her part. Emily related this to family life and talked of negative emotions being swept under the carpet at home. Emily became tearful talking about her emotions as she described 'numbing' herself to them and this had led to her feeling confused. It was important for Emily to hear that all emotions are acceptable and negative emotions are not 'bad' or 'wrong'. In particular Emily responded well to the 'emotion switching exercise' where she had to pick out differing emotion words and describe a time she felt that way and the associated bodily changes. This exercise enabled Emily to see that her emotions are transient and that she can experience both positive and negative emotions. Emily commented:

"...I have learnt that emotions are fluid and change throughout the day. This has made me realise that it is ok and acceptable to feel sad at times."

After this session I asked Emily to complete a 'self exercise'. I gave her an A3 piece of paper and asked that she create an image of how she would like to appear to others and then create another image of how she feels on the inside. Emily reported finding it helpful to do this exercise as she sometimes finds it difficult to communicate her feelings in conversation and this was an opportunity for her to think about how she wants to present herself and how she actually feels. Emily could reflect that there was a discrepancy between how she wants to be seen by others and how she feels inside. Emily was able to explore that this discrepancy often led to more feelings of stress and anxiety as people do not know how she really feels and she is not being honest about her emotions. This in turn makes it more difficult for her to manage her emotions.

"...I find it very hard to voice my negative emotions, the picture of my personality and emotion bank really helped."

Session seven introduced the concept of emotions existing on a continuum that can vary in strength and intensity. Tasks involved the 'emotion word map' where Emily had to name a strong emotion and then think of associated emotions. This led to the 'emotion thermometer task' where Emily named a strong emotion and then graded associated emotions alongside noting physical and behavioural changes. When talking about the task Emily could see that she could intervene at a certain point on the 'emotion thermometer' and express the emotion rather than letting it build to the point that she avoids or suppresses it. Emily chose to work with the emotion of 'hopeless' and she identified that

there were a number of emotions before she felt this way. Emily identified that she felt she could express the emotion of being upset and that this could prevent the emotion from spiralling to hopeless. Looking out for other signals such as behavioural and physiological changes also gave Emily clues as to how she was feeling.

It was also important for Emily to accept and tolerate negative emotions. This concept was introduced with the 'positive intention of negative emotions exercise'. This involved identifying the ways in which emotions can help us by signalling needs to ourselves and to others. Emily responded well to this task and talked about trying to see her negative emotions as opportunities to make changes in her life or to use them in a positive way. Emily talked of the emotion 'confused' and how this can make her more open to new ways of thinking and is an opportunity to learn. She also described feeling 'unpopular' and how that can spur her on to make more of an effort with people or to seek reassurance from people in her life.

### **Inter-session work**

Emily engaged well in all of the inter-session work and found it helped to consolidate learning. In particular Emily found the 'self exercise' very valuable as it enhanced her understanding of her own emotional world. Other inter-session work involved Emily identifying and recording positive experiences to increase her awareness of positive feelings.

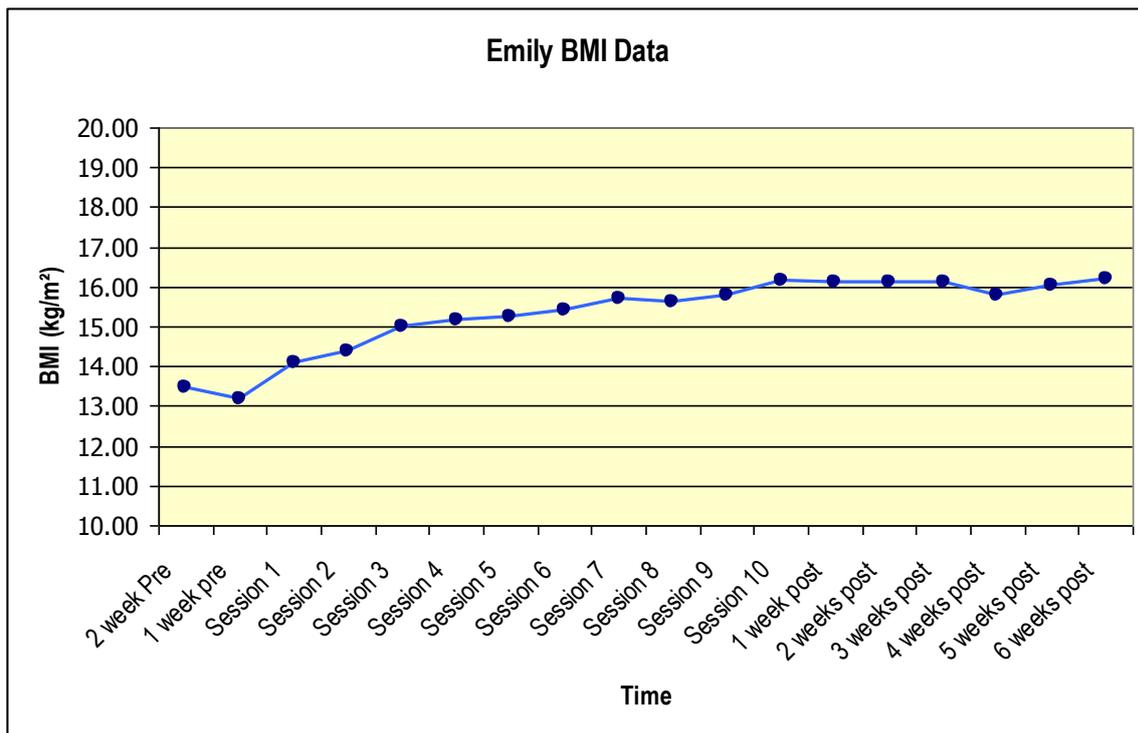
### **Outcomes**

At the end of CREST Emily reflected that she had a greater understanding and awareness of her emotions. She was starting to communicate her emotions in an open and assertive manner although she recognised this would be difficult at times. One of Emily's final comments was:

"...I have found the time spent looking at the way in which emotions show us what we need very helpful...I have really learnt about myself and now have a better understanding of my own emotional needs."

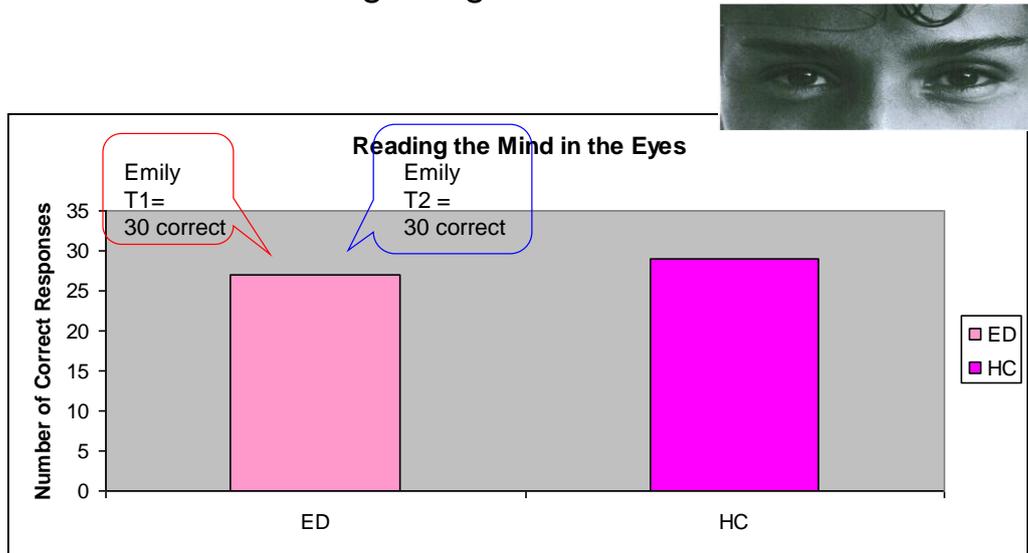
The non-threatening and non-judgemental stance of CREST provided Emily with a safe space to start thinking about her emotions.

**Figure 1.** Body Mass Index (BMI) before, during and after CREST



The bars in these graphs denote average (median) scores taken from a study which used these assessments, one bar represents people with an eating disorder the other healthy controls. The speech boxes denote time 1 (before CREST), and time 2 (after 10 sessions of CREST) scores for Emily.

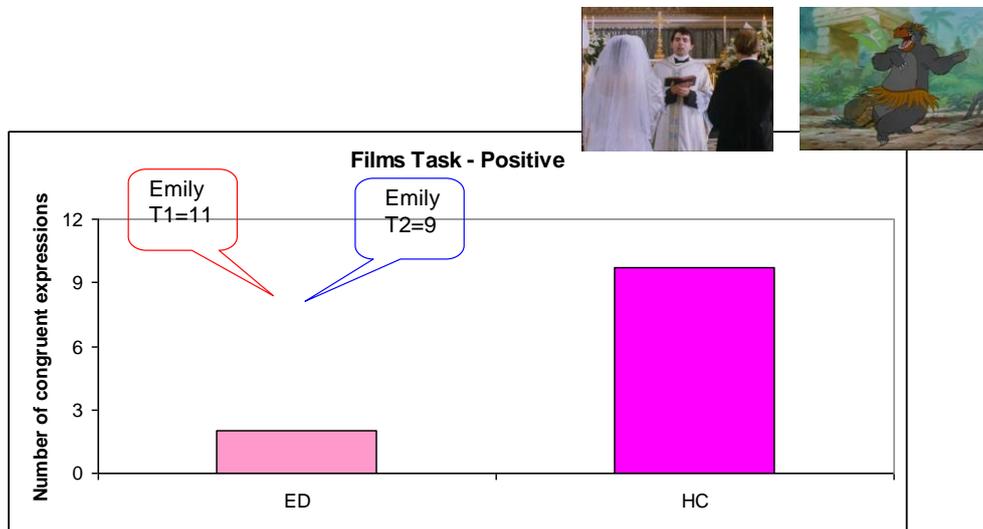
This task assesses how well people can read emotion in other people by looking at their eyes. The higher the score the better at recognising the emotion.



Emily's score remained the same at T2.

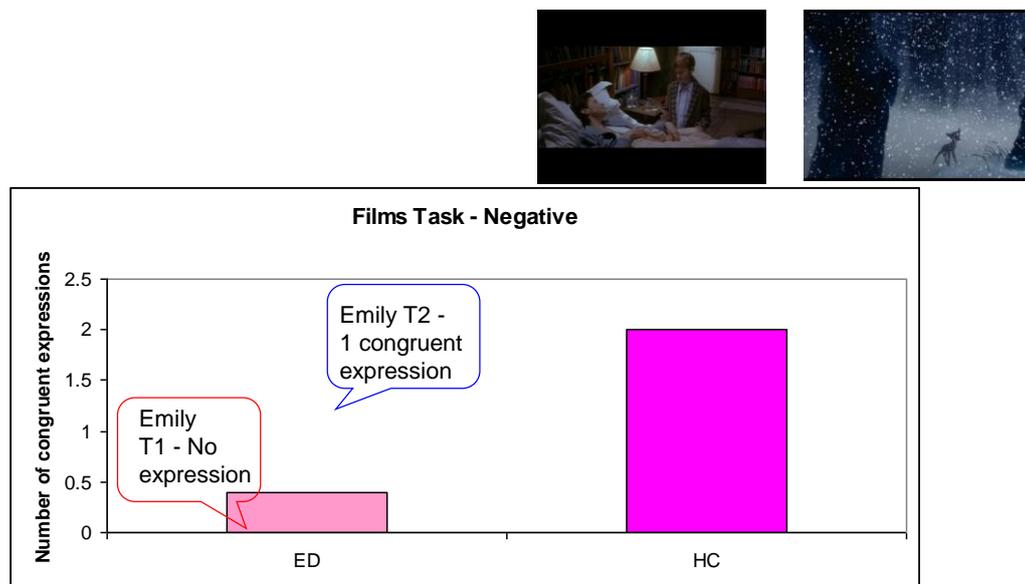
We assessed Emily's expression of emotion before and after CREST. From the results we can see an improvement in the frequency of facial expressions.

Participants are shown film clips and expressiveness is measured in response to the stimuli. Here, positive film clips are shown.



Emily showed less congruent facial expression at T2, but similar levels to HC.

Participants are shown film clips and expressiveness is measured in response to the stimuli. Here, negative film clips are shown.



Emily was more expressive at T2.

### **Case 3**

Claire Money Counselling Psychologist  
Maudsley Hospital Eating disorders inpatient unit

#### **History**

Olivia is a 24 year old meeting the DSM-IV diagnosis for Anorexia Nervosa (restricting type). Olivia was admitted to the inpatient ward with life threatening AN and had been transferred from a medical ward. Her weight on admission was 34.2kgs with a height of 1.72 metres. Her Body Mass Index (BMI) was 11.5.

Olivia noticed a pre-occupation with healthy eating at approximately the age of 16 and began to restrict her diet and enjoyed the sense of control that it gave her. By the age of 19 Olivia's weight had deteriorated significantly and in 2006 she was diagnosed with AN after being admitted to a general medical ward.

Olivia has had one previous admission to an inpatient ward. This was three years ago and lasted approximately 18 months. At this time Olivia had been in her first year of university doing a music degree. She describes herself as 'not fitting in', and is very self-critical, placing very high standards on herself in terms of achievement. She is often consumed by feelings of anxiety, panic and guilt and believes she has not achieved anything and is a burden to people. In terms of family background Olivia is the youngest of four siblings and grew up living with her mother and father.

#### **Cognitive Remediation & Emotion Skills Training (CREST) intervention**

Olivia attended all ten sessions of CREST. Sessions lasted approximately one hour and were twice weekly.

The 'emotion word sorting' exercise: This involved Olivia differentiating between positive and negative emotion words. This was a valuable albeit difficult exercise for Olivia. She talked about her difficulty in identifying positive and negative emotions as she has trained herself to be 'numb' to emotions. This exercise enabled Olivia to begin to question her belief that it is unacceptable to have a 'negative' emotion such as anger. Olivia invalidates her emotions believing that negative emotions in particular are a result of her being a 'bad' person. For example: if she experiences anger she struggles to see that she may have a justifiable reason to be angry and instead internalises the emotion believing it is a negative reflection on herself. She talked of being told from an early age that it was wrong to express her feelings or to talk about herself. It was crucial to talk about the importance of both positive and negative emotions and to point out that negative emotions are not 'bad' or 'wrong'.

Also, of benefit was the exercise that looked at the physiological response to emotion. At the end of the session Olivia reflected that she was becoming more self aware and it had been helpful to think about how emotions can manifest in the body as it gives her clues to how she is feeling. Olivia reflected:

"if I do what I've always done, I'll get what I've always got".

We went on to talk about the alternative ways of processing and approaching emotions by listening to and working with her emotions rather than numbing and avoiding them.

Session five and six focused on Olivia recognising emotions in herself. The concept that we need to think about our emotions to enable us to process them and deal with them effectively was introduced. The specific task completed in these sessions was to underline emotions words that she could identify with currently and to explore these in terms of how they impacted on her physically as well as whether they were helpful or unhelpful. We then went on to look at how Olivia would like to feel and talked about a time when she had felt this way.

Session six looked at the fluidity of emotions highlighting that they are transient and not permanent. This was illustrated by placing a number of emotion words on the table and asking Olivia to pick out words and describe a time when she felt that emotion as well as describe the associated physiological changes in her body. Olivia was asked to alternate between positive and negative emotion words reflecting that her emotional world is transient. Olivia found it somewhat difficult to talk about and identify with difficult emotions namely anger. We used an imagery exercise where Olivia described anger in terms of an animal, what colour it would be and what sound it would make. This was a very powerful exercise for Olivia as it brought the emotion to life and she felt able to express the emotion in this way. One of Olivia's comments about CREST was that she had found this exercise helpful as it enabled her to understand what a particular emotion aroused in her. She talked of finding it impossible at times to identify emotions within herself and therefore, being able to relate to them through visual imagery and physical sensations was beneficial.

Sessions seven and eight focused on accepting, tolerating and managing emotions. Using the 'pink giraffe' exercise Olivia first closed her eyes and held in her mind a mental picture of a pink giraffe for one minute. She then attempted to not think about the pink giraffe. This was a very helpful exercise as it illustrated to Olivia that trying to suppress or ignore emotions was not effective as the emotion keeps coming back, like the pink giraffe keeps popping into your mind when you tell yourself not to think about it.

Olivia was able to look at the advantages and disadvantages of bottling up and avoiding her emotions. She was able to recognise that through emotion suppression emotions would become overwhelming and she would try to block them further. This enabled her to start thinking about alternative ways of dealing with difficult emotions such as talking to others and being kinder to herself. This would provide Olivia with an opportunity to manage her emotions and reduce their intensity.

An exercise that was particularly helpful in session eight was looking at the positive intention of negative emotions and the idea that emotions are communicating a need of some kind. Whilst Olivia found this difficult due to her belief that it is not acceptable to have negative emotions, it opened up a new way of thinking about feeling. Olivia was able to look at the positive intention of anger as a means of motivating her to stand up for what she believes in.

In the reflection session at the end of CREST Olivia commented:

“.. the idea that each and every emotion is simply an indicator that I need something or a guide to determine how I might behave has helped me think about ‘being emotional’ in a different way. I’ve always believed expressing emotion was a weakness when in fact emotions can be valuable tools...”

Sessions nine and ten explored healthy ways of expressing emotions and looked at communication styles. Olivia was able to identify that in the past she often gave up hope that others could meet her needs and would sink into sadness and bottle up her feelings. The sessions looked at how Olivia could be more assertive and open with her emotions and we used example situations for her to think about how she could get her needs met. Olivia made plans to start talking to people about how she is feeling in an open and assertive way.

### **Inter-session work**

After most sessions Olivia was encouraged to do some work in her own time between sessions. Much of the inter – session work focused on identifying and recording positive experiences to increase Olivia’s awareness of positive feelings. Olivia engaged with some of these tasks.

### **Outcomes**

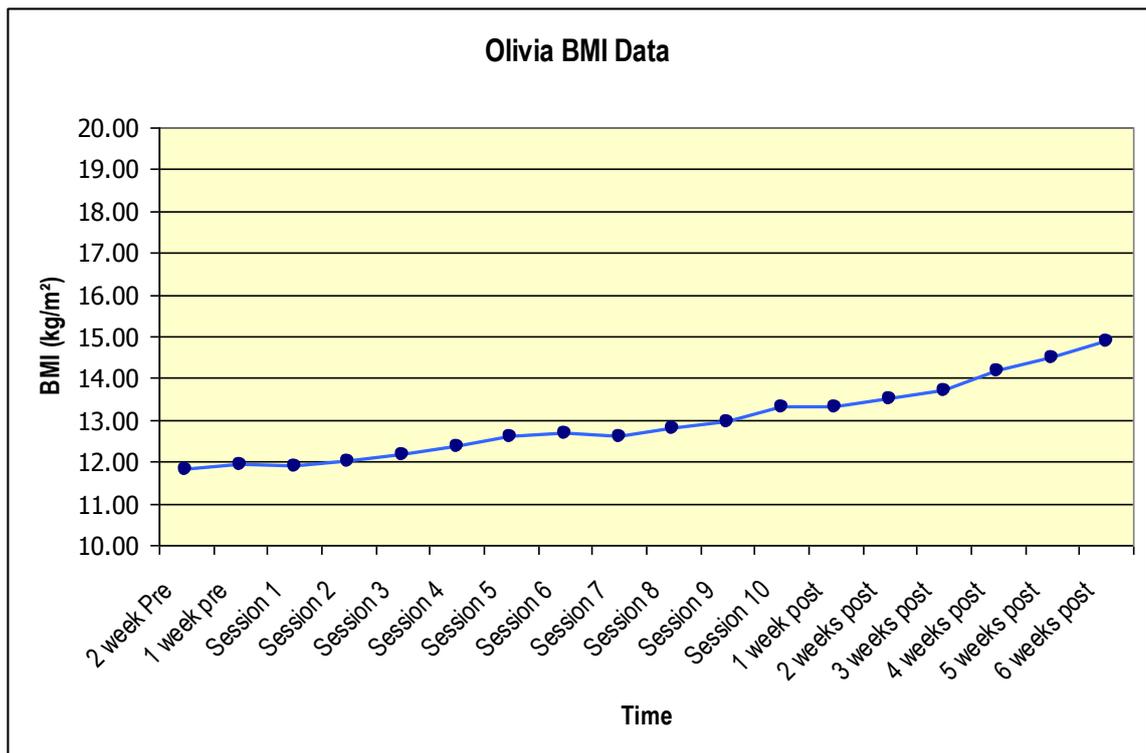
By the end of CREST Olivia reflected that she felt more able to recognise and label emotions in herself. Whilst she talked of her difficulty in making active changes in the way she dealt with emotions she reported an increased self-awareness, opening the door for potential change.

“...I hope to keep telling myself that emotions aren’t simply good or bad. Negative emotions can have a positive effect as they can alert me to the fact that something needs to change and inspire me to take a positive action...”

Olivia talked of a heightened awareness of her natural instinct to numb her feelings. CREST provided an environment in which Olivia could begin the process of challenging her beliefs and rules relating to her right to expression.

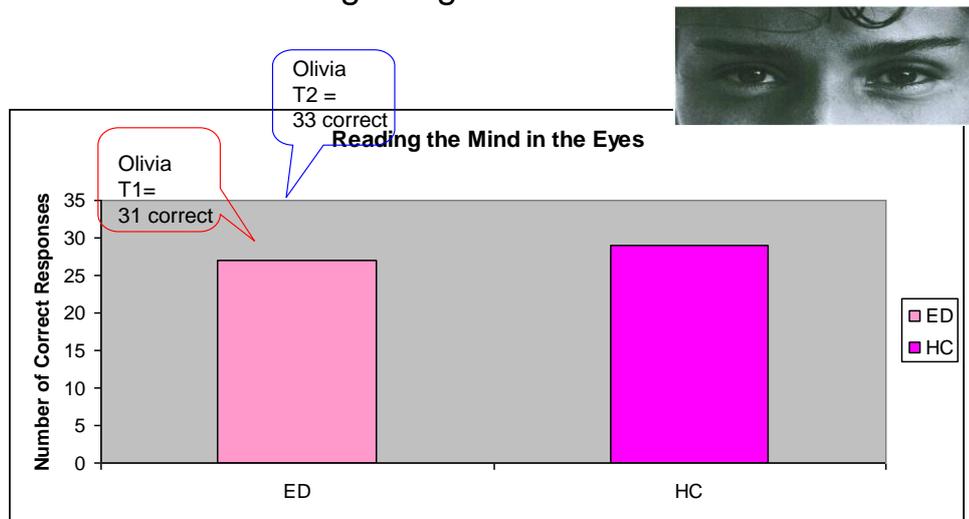
Emotions are difficult for all people to discuss at times and even more so for a patient group that have spent much time perfecting the art of emotion avoidance. Therefore it was of paramount importance that Olivia felt she was entering a safe and non-judgemental therapeutic environment where she was able to explore her emotional world. Olivia talked of the importance of being able to talk around and reflect on the exercises she did in sessions. Providing a safe and empathic environment was integral to the engagement process.

**Figure 1.** Body Mass Index (BMI) before, during and after CREST



The bars in these graphs denote average (median) scores taken from a study which used these assessments, one bar represents people with an eating disorder the other healthy controls. The speech boxes denote time 1 (before CREST), and time 2 (after 10 sessions of CREST) scores for Olivia.

This task assesses how well people can read emotion in other people by looking at their eyes. The higher the score the better at recognising the emotion.

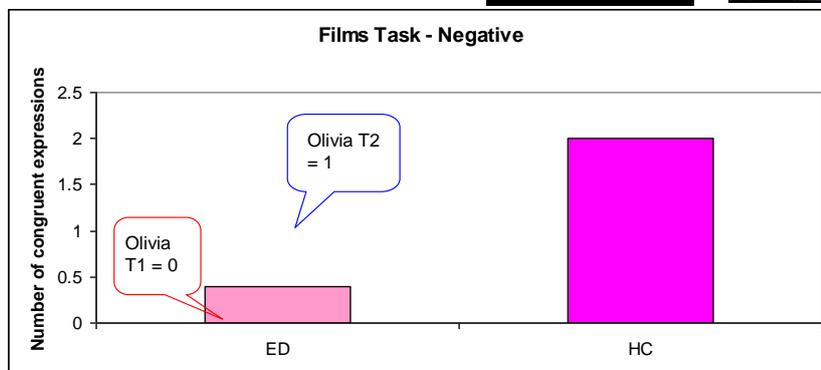


Olivia's score improved at T2.

We see improvements in recognition and expression of positive and negative emotions in the experimental measures using the mind in the eyes task and the film clip task.

### GROUP Format of CREST

How congruent are your responses to film clips? Participants are shown film clips and expressiveness is measured in response to the stimuli. Here, negative film clips are shown.



Olivia expressed more congruent emotion at T2.

## **Case study 4**

Claire Baillie Counselling Psychologist  
Maudsley Hospital Eating disorders inpatient unit

Chrissie was an 18year old woman who met the DSM-IV criteria for Anorexia Nervosa (restricting subtype). Chrissie was admitted informally to the ward for her first psychiatric admission at a BMI of 14.4. The duration of the admission was 11 weeks with CREST offered in the second week.

### **History**

Chrissie had been seen previously by Children and Adolescent Mental Health Services where antidepressants and weight monitoring were offered, she was discharged when weight stabilised at a BMI of 18.4. Chrissie stated psychotherapy had been attempted but she hadn't said anything in sessions, she described herself as not good at talking about her feelings. She reported having worried about her weight and size throughout life, thinking she was bigger than others and disliking her appearance. She described feeling happier and more in control when restricting food intake. Food difficulties began eighteen months prior to admission when she transferred to sixth form. She found studying difficult and felt bullied at her weekend work placement. This coincided with her older sister and sister's fiancé leaving the family home and her mother's new partner moving in. Significant events include losses related to animals, two of her horses and the family dog of sixteen years had to be put down. She experienced these losses as traumatic, perceiving them as typical of her "bad luck".

Prior to receiving the CREST intervention Chrissie described her experience as "can't feel anything, worthless, don't know, dead inside". She described herself pre-illness as "happy and lively" and thought others may describe her as "caring and lifeless", she thought of herself as a perfectionist and caregiver.

### **Family**

Chrissie had a sister three years older than her who is reported to have had a "fuzzy spell" with food at high school which passed with counselling. Chrissie's parents divorced when she was two to three years old following an affair by her father. He maintained contact with both siblings as they were growing up although Chrissie stated she never had a strong relationship with him. He moved further away and contact became less regular. Chrissie has lived with her mother all her life describing the relationship as close. She stated she gets on well with mum's new partner who now lives with them; he has no children of his own.

### **CREST Intervention**

Chrissie was offered CREST shortly after admission. She initially seemed reluctant to meet and created obstacles to sessions, this was resolved by an informal discussion highlighting possible concerns and inviting questions. She seemed relieved when she heard CREST had a focus and did not necessarily involve talking about her past experience.

### **Pre-engagement**

A pre-CREST meeting was provided to look through the manual to reduce concerns and uncertainty. Chrissie identified she often froze when asked questions, going “blank”, remaining silent or responding “I don’t know”, at these times she felt anxious and thought she was stupid. This was normalised and possible reasons for freezing provided e.g. too many thoughts to choose from, concern about what the other will think or feeling emotionally overwhelmed by the topic. The ethos of CREST was set out, encouraging interest and curiosity rather than judgement. Chrissie was invited to contribute to this ethos by communicating what she could about difficulties she encountered in sessions. Following this meeting she attended all arranged sessions which took place twice a week for between forty-five minutes and an hour each time.

The pace of CREST was adapted to take into account Chrissie’s lack of experience and familiarity with psychological thinking, more time was spent on the themes of recognising, managing and understanding emotions. Chrissie found it useful to have the list of emotions words available every time she was invited to describe how she felt in a session.

### **Sessions One and Two**

Initial sessions involved simple tasks to identify thinking styles. Two tasks explored bigger picture vs. detail focussed thinking. The “geometric figures task” involved describing a complex shape for the therapist to draw and revealed an area of strength as Chrissie gave clear, concise descriptions based on bigger picture thinking. In contrast she became stuck summarising a letter, the task was subsequently completed collaboratively. Post task reflection identified Chrissie knew *how* to summarise but experienced doubts and became stressed, she was able to relate this to struggles in her studies. She described copying exactly what teachers wrote, found it very hard to select irrelevant information and although she achieved good marks she found writing essays stressful and difficult. Exploring pros and cons of a detail focus Chrissie recognised it increased stress levels for some tasks but also allowed her to notice spelling errors the therapist had missed. An intersession task invited Chrissie to notice when she focused on details in different daily tasks and whether this helped or hindered. Chrissie later reported she had tried to hold this in mind but found it hard to think about and after a few days had forgotten about it.

Illusions tasks explored the ability to view the same thing from different perspectives; Chrissie could see multiple images in pictures describing her strategy of looking at different points to change perspective. She quickly related this to confusion in daily life since her perspective and anorexia’s were sometimes the same and sometimes different. She described how spending time with her horse highlighted this since “anorexia” wanted weight loss, while she wanted to avoid weight loss to spend more time with her horse. Chrissie then spoke about her experiences of losing her horses and the important bonds she felt with them, acknowledging she did not allow herself face her feelings at the time.

### **Sessions Three and Four**

The next sessions moved to thinking more specifically about emotions. Chrissie’s profound focus on negative emotions was revealed by a task involving finding positive and negative words where her thinking style could even find negative aspects in positive emotions. Chrissie understood the emotion processing cycle considering how different

evaluations of events (thoughts) could produce different emotions about the same incident. Working on an example of a person nearly hit by a bus; she stated “a person could think they always had bad luck which might lead to feeling unworthy”. Sessions then explored different ways of recognising and labelling emotions considering descriptions of physical sensations, alternative words, possible triggering events and building up metaphors for different emotions.

Chrissie’s reported feeling of anger was utilised to explore physical sensations, she readily described tension, headache, tight chest, fast heartbeat and breathing. She also reported a confusing feeling of numbness and appeared thoughtful when numbing was suggested as one way of coping with difficult emotions. She acknowledged she tried this with anger but it did not work, tending to build until it “burst”. Chrissie identified anger mainly occurred in response to feeling controlled by others, she described reacting either by feeling angry and rebellious or defeated. She named occasions when she had run away, banged her head or punched a wall when angry. CREST presents emotions as communicating needs and Chrissie identified a strong urge to get away from situations when feeling angry, this was identified as a possible coping strategy in the form of arranging “time out”. Chrissie was also encouraged to channel destructive urges associated with anger in safe ways – punch pillows, rip up newspapers. In this way the underlying needs of wanting a break and some physical release were acknowledged and addressed.

Exploring the pros and cons of emotions Chrissie identified feeling “worthless” protected her from having raised expectations of others and disappointment; *“if you tell yourself you didn’t care how others treat you because you are worthless then you feel less bothered when they ignore you”*. On the other hand she recognised feeling worthless could prevent someone from standing up for themselves.

### **Sessions Five, Six and Seven**

Sessions shifted to consider how to manage emotions, including developing a more balanced emotional focus. CREST explored how to relate to positive emotions and notice them by completing the bank of positive experiences. Chrissie demonstrated considerable trouble thinking about positive emotions, as she could not relate to them. These included “proud” and “joy”, despite describing positive risks she had recently taken e.g. wearing a skirt for the first time in years. Chrissie stated she could only see how she could have done them better but recognised others might feel proud if they had achieved these steps. Despite various prompt questions Chrissie was unable to identify any physical sensations related to “proud”. Ideas were offered including feeling tall, looking out towards the world; strong heartbeat with energy rather than tension. Chrissie also struggled to identify alternative words or events related to “joy” but persevered and utilised prompt questions to identify joy could result from receiving something you really wanted. She was then able to contrast this with sadness by recognising sadness felt heavy, like having the weight of the world on your shoulders and joy felt light. In the subsequent session Chrissie reported feeling excited having spent time with her mum reminiscing about her ability at training and show jumping her horses. This session included switching between being *“all or nothing”* with emotions as she found it hard to focus on “fear” when feeling excited. She completed

an inter-session task of monitoring daily emotions to test this idea, subsequent discussion identified she actually experienced a range of emotions in response to different situations.

Chrissie's motivation to explore anger was used to complete the emotion thermometer and consider what needs may be communicated by the feeling of anger. She identified physical signs that her anger was becoming unmanageable including the feeling of being hot spreading throughout her body. Reviewing the kind of events which led people to feel angry resulted in Chrissie concluding anger is a sign someone needs to feel listened to, respected and acknowledged. We explored how she historically numbed anger which neglected the need to be listened to and may explain why her anger did not resolve itself. Bringing together information from various worksheets Chrissie produced this statement:

*"Anger helps me to do things which make me listened to and communicates I need to be listened to, acknowledged and respected."*

CREST tools facilitated exploration of the underlying needs; pros and cons of Chrissie's predominant presenting emotions which were "worthless", "despairing" and "angry". This produced an important link between her emotions: "worthless" protected her from feeling disappointed by others but also prevented her from standing up for herself while anger occurred most strongly when feeling controlled by others. Chrissie gained the understanding that perpetually feeling worthless resulted in increased frequent feelings of anger as it prevented her from standing up for herself and resulted in her feeling controlled.

### **Sessions Eight to Twelve**

Chrissie presented in session as overwhelmed after being informed discharge would occur in a few weeks, she was tearful and low in mood. The emotions list and metaphors helped Chrissie identify she felt afraid, under a lot of pressure "to get it right" and felt she had to do this alone. The level of associated distress seemed disproportionately high to the stressor of leaving treatment. In a previous session Chrissie had been unable to connect to "fear" as it reminded her of being bullied, this knowledge permitted inquiry into whether her current fear linked to how she felt when bullied. Chrissie responded it did remind her of that experience, which allowed brief acknowledgement of the enormous strain she felt at the time to get everything right in order to end the bullying.

By being curious regarding Chrissie's presentation at these times she acknowledged she "winced" internally when bullying was mentioned. She was supported to recognise this indicated discomfort and unease, encouraged to notice and communicate this in sessions so it could be understood. Chrissie began to share more of her thoughts and feelings about her experiences at the work placement. A more detailed picture emerged which suggested it took the form of psychological abuse by both adults and children. Brief trauma based interventions were interwoven with CREST sessions for a couple of weeks. This involved recognising the level of fear triggered by returning to the locality where the abuse occurred. An understanding of how the abuse triggered and maintained Chrissie's sense of worthlessness was developed as well as identifying her belief that silence kept her safe. Alternative perspectives around high levels of self-blame and guilt were offered while teaching and practising grounding techniques. This linked with CREST by considering what someone experiencing these emotions may need; how to overcome obstacles to

communicating these needs and identify who to talk to and what to say. The emphasis was on acknowledging the seriousness and impact of the abuse while supporting Chrissie to identify and communicate her emotional needs so that she might feel more able to manage her emotions and possibly talk more about the abuse in the future.

### **Final Session**

The final session involved using the end of therapy reflection worksheet to review Chrissie's experience of CREST. Chrissie identified learning how much she hated herself, and

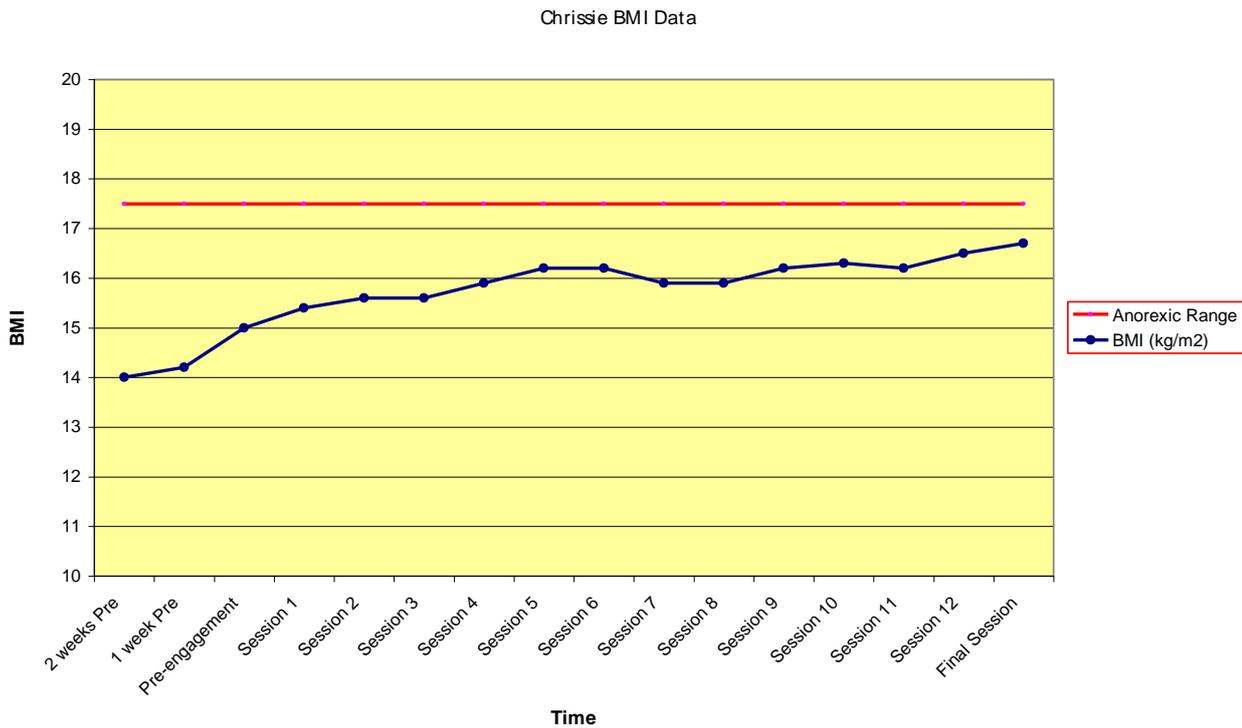
*“how my beliefs about me influence everything I do, that I can't accept help/ask for it, that I don't meet the needs of how I am feeling”.*

She stated it had been helpful to understand how her belief she was worthless linked into emotions such as anger. Chrissie described finding it helpful to learn what emotions tell her, even if she doesn't listen to them. She wanted to keep in mind that bottling up emotions kept the feeling of being worthless going. For the first time Chrissie acknowledged needing to talk about what had happened (abuse), although it was frightening she wanted to try and agreed to a referral being made for psychological therapy in the community.

### **Outcomes**

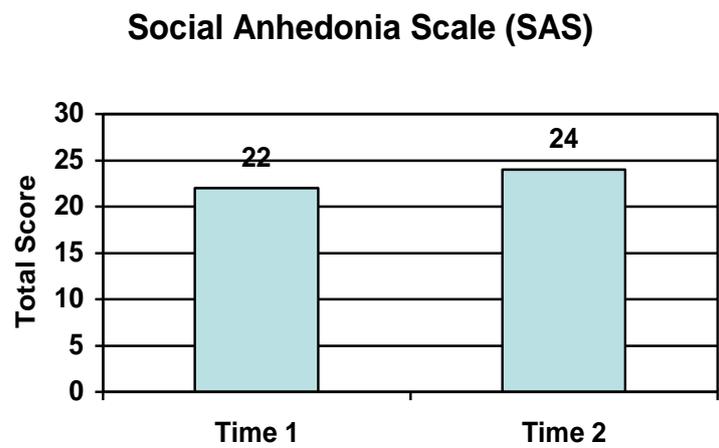
Chrissie developed increased insight into her thinking styles about herself and her emotions. CREST seemed to provide Chrissie with a way to understand and think about her experiences without having to talk directly about the abuse, the details of which emerged late in the therapy. Chrissie demonstrated considerable development from remaining silent in previous talking therapies to being able to struggle yet persist with CREST. It is significant that after CREST she presented as feeling she needed to talk about the abuse even though she knew it would be difficult and frightening. It seems CREST gave Chrissie tools to enable her to feel confident enough in her ability to understand and manage her emotions.

**Figure 1.** Body Mass Index (BMI) before, during and after CREST



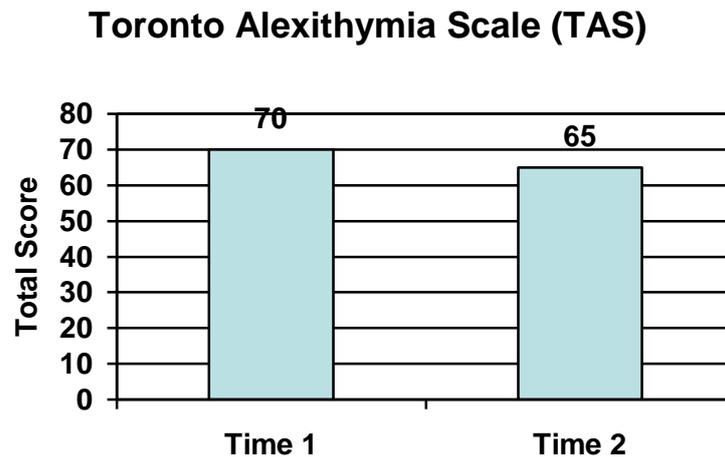
The following graph indicates Chrissie’s lack of pleasure relating to social activities had increased slightly post CREST. This could be for a number of reasons, it may link to anticipation of discharge and related concerns, it may relate to an increased ability to be aware of her internal experience.

**Figure 2.** Social Anhedonia Scale total score before (time 1) and after (time 2) CREST



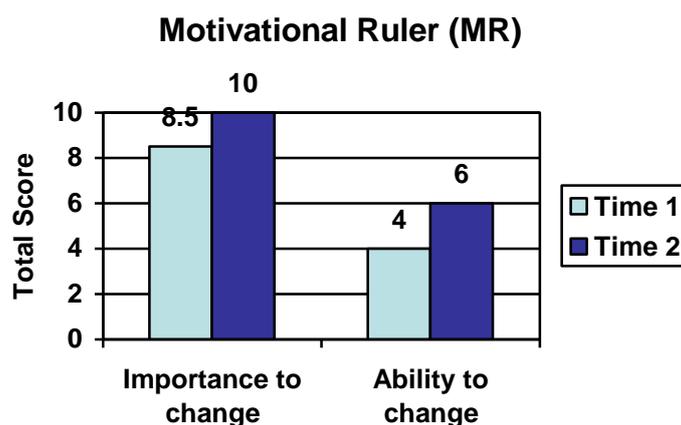
Alexithymia refers to trouble identifying and describing emotions and a tendency to minimise emotional experience/focus attention externally. The following graph indicates Chrissie’s level of alexithymia decreased to a level closer to the clinical threshold of 61 meaning she had gained skills in identifying, describing and tolerating her emotional experiences.

**Figure 3.** Toronto Alexithymia Scale total score before (time 1) and after (time 2) CREST



The Motivational Ruler takes the form of a Likert scale ranging from 1 – 10 and asks about the person's perception of importance to change and ability to change. The following indicates Chrissie felt change was more important to her at the end of CREST, rating herself the maximum score of 10 and that she felt more able to change.

**Figure 4.** Motivation to change before (time 1) and after (time 2) CREST



## Therapist Reflections

Given her history it seems likely Chrissie would have found it challenging and demoralising to be faced with another psychotherapy where she struggled to talk. Therefore it was very useful to be able to offer her an intervention like CREST. It allowed the therapist to collaborate with Chrissie over the worksheets and offered a useful way to facilitate a *being-with* rather than *doing-to* therapeutic stance. The requirement of the therapist to struggle over questions alongside the patient e.g. what is the function of guilt? permitted the therapist to describe their own thought processes e.g. I try to imagine what the world would be like if no-one felt any guilt. This provided opportunities for modelling reflective thought and reduced the pressure to talk about personal issues. Importantly and potentially more than other therapies, an intervention like CREST permits the patient time to observe the therapist, their thought processes and the quality of the relationship they are offering before engaging with it. This proved very beneficial in facilitating the development of a therapeutic relationship, trust building and ultimately a secure enough sense of safety and acceptance for the patient to *choose* to take risks in beginning to share personally distressing experiences.

# Group Format for CREST

After developing CREST for inpatients with anorexia we introduced this in the individual format described in this manual on our unit. Having evaluated qualitative feedback from the therapists and patients (Money et al 2011), it was found that most patients suggested increasing the number of the sessions and many asked for more CREST. After several discussions during supervision meetings we decided to develop a group format of CREST for the following reasons. Firstly, a group format enables more people to receive an emotion focused intervention. Secondly, the group could be an effective follow up and consolidation of skills learnt if people have already completed CREST individually. Thirdly, it is also important to note that group therapies offer an opportunity to establish relationships, providing a sense of universality and instilling hope. From the research we know that communication skills, expressing emotions and needs, and being together with other people are problematic for patients with anorexia; therefore a group format provides an excellent opportunity to practice a range of skills in a safe and contained environment.

The group has been called 'Thinking about emotions' and has five sessions, each lasting one hour. The group runs on a five week cycle.

The group has a theme each week which enables each session to be self-contained. The themes are as follows:

- 1) The nature and function of emotions, focus on positive emotions why they are so important? – This is a psycho-educational session.
- 2) How do we identify emotions – This session explores a number of strategies and clues to help correctly label emotions.
- 3) Emotion expression versus emotion suppression – This session looks at the advantages and disadvantages of emotion suppression and expression. Session then introduces alternative ways to manage emotions.
- 4) Emotions and needs – This session highlights emotions as being important signals, which communicate needs and the importance of listening to and responding to these needs.
- 5) Recognising positive emotions and expressing them – This session focuses on encouraging patients to acknowledge positive emotions in themselves and others, to express needs and feelings in a positive way.

The group is psycho-educational in nature and incorporates work from the CREST manual. Outcome measures are currently being collected alongside qualitative feedback. Initial feedback suggests that patients find the group helpful and useful; in particular patients value the opportunity to listen and share experiences with other group members.

## **OVERVIEW OF SESSIONS FOR CREST GROUP**

The optimal number of participants in the group is 8-10, with two facilitators, based on existing literature. In clinical reality, the first few groups were piloted with a team of qualified experienced therapists (e.g. Caroline Fleming, Claire Money, and Kate Tchanturia) and current groups are typically delivered by one qualified therapist as group leader supported by a trainee psychologist.

### **SESSION 1: THE POWER OF POSITIVE EMOTIONS**

#### **Introduction:**

Welcome to the group; generate a list of rules and boundaries to be adhered to within the group, complete of self report questionnaires (TAS- measuring alexythymia, SAS- measuring social anhedonia and motivational ruler. The same measures will be repeated in the end of the group).

Introduction to format of the group and what will be covered within the sessions. Discuss with group the importance and power of positive emotions and engage group in discussion: do group participants attend more to positive or negative stimuli (bottle half full or half empty)? Incorporate background information and supporting evidence from session 4 of CREST manual (positive psychology).

#### **Exercise 1: Discussion**

On flipchart ask the group the following questions:

- What are emotions and why do we have them?
- Why are emotions important?
- What are positive emotions? Where and when do we experience positive emotions?
- What is our emotion word vocabulary like (handouts are prepared with list of emotional words)?

#### **Exercise 2: Emotions and our bodies Exercise**

Diagram of the body on flipchart: (CREST manual, session 2). Question: How is positive emotion experienced in the body? Explore within this the physical reasons it may be harder to recognise and attend to positive emotions vs. negative emotions (NB remind the group that negative emotions are not 'bad', they are just saying something about our internal and/or external environment that requires our attention).

#### **Exercise 3: Exploring positive emotions**

On the flipchart ask group to generate range of emotion words, developing greater awareness of the vocabulary of positive emotions.

Ask the group to choose one of these emotion words and try to recall a memory associated with this. Explore how this felt in the body, how this emotion was communicated to self and others, body language and facial expression. Ask group for feedback.

### Inter-session work

1. Positivity self test (attendees are asked to visit website <http://www.positivityratio.com/single.php>)
2. Introduce the concept of the portfolio of positive emotions and encourage group participants to start engaging with one of these for homework (CREST manual, session 3)

## **SESSION 2: THE NATURE AND FUNCTION OF EMOTIONS**

Welcome group members back and review and reflect on homework, attending to and working to overcoming any barriers to engaging with homework tasks.

### **Exercise 1: Discussion**

Continue with exploration of positive emotions providing psychoeducation of the research regarding 3:1 positivity ratio (<http://www.positivityratio.com/>). Introduce the list of personal strengths (CREST manual, session 5) and ask the group members to continue with this and positivity portfolios for homework. Explain that the remainder of the group will focus more on the negative emotions so as to be able to manage these sufficiently to attain a positive emotional state.

Explain that many of us at different times have difficulty in correctly identifying how we are feeling and that we can all have struggles in tolerating and managing certain emotions both positive and negative.

Reinforce with the group that when we talk about negative emotions that this does not mean that they are wrong or bad but that they can be uncomfortable and painful for people to experience. All emotions are valid and are important signals worth listening to.

Firstly, highlight that effective emotion management involves an awareness, acceptance and understanding of our emotions. This group does not intend to provide strategies to eliminate emotions, the intention is to explore and change your relationship with and response to your emotions. We cannot always control our emotions but the way we behave and respond to them can either help or hinder us.

Ask the group if they have any other thoughts or ideas about the importance of identifying, tolerating and managing emotions?

Ask the group what happens if we avoid our emotions? – not accepting our emotions and avoiding them can amplify these feelings and contribute to the experience of emotions being negative and undesirable.

### **Exercise 2: Vignette**

Read or write on flipchart the following case vignette:

“Jo is twenty seven and lives with her partner. They have a close relationship and have been together for three years. Jo works as a secretary in a busy office. Her boss puts lots of pressure on her to meet deadlines and often piles on the work. Jo often stays late at work not getting home until about 9pm some nights. She is feeling stressed and low but

avoids dealing with the situation.

At the same time Jo is also involved in helping to plan her friend's wedding which takes up a lot of her free time. This leads to Jo feeling more stressed, tired and irritable as she does not have any time to herself or with her partner.

Rather than try to acknowledge and deal with how she is feeling she ignores it and carries on.

What might be the difficulties for Jo if she continues to avoid her emotions?

**Prompts for facilitators during discussion might be:**

With regards to work is she more or less efficient, more stressed, tired (burn out)?

Relationships: snapping at people, arguments.

Feelings about herself: feels bad about herself for not standing up to people and beats herself up about it. Feels taken for granted.

Explain that there is a difference between emotional pain which is a part of human life such as grief at losing a loved one, disappointment at not getting the exam results you hoped for vs. emotional suffering which comes about from an avoidance of or an unwillingness to accept and respond adaptively to the emotion. Emotional suffering is an aspect we will be targeting in the coming weeks.

Any questions?

### **Exercise 3: Challenging beliefs**

Introduce that negative beliefs that we have about emotions impact on our ability to respond to and manage them effectively. Write the following beliefs on a flipchart:

*Negative emotions are bad.*

*It is not acceptable to have a negative feeling.*

*Having some emotions are a sign of weakness.*

*Emotions are not important.*

*If I really think about and acknowledge how I feel I will lose control.*

Ask if anyone identifies with any of these beliefs? Discuss in the group how these impact on our response to emotions?

Next introduce the facts about emotions – give the 'the reasons for emotions' handout and go through as a group.

End the group by returning to positive emotional experiences by generating a list of simple pleasures that enable access to potentially positive emotional experiences. Provide handout of those developed in previous groups to aid this process.

### **Inter-session work**

1. Continue with list of personal strengths and positivity portfolio
2. At the end of the group ask the patient to think of a good experience that has happened during the day. It can be as seemingly inconsequential as it needs to be. For example, it could be somebody smiling at them when they feel low. Ask them to try the Three Good things exercise (CREST manual, Session 3) before the next group session.

3. Ask patients to bring a photo/picture which elicits positive emotions for them to next week's group (see CREST manual, session 4)

### **SESSION 3: HOW DO WE IDENTIFY EMOTIONS?**

Welcome the group back and explain that today's session will focus on how we identify our emotions.

Introduce that sometimes people struggle to identify how they feel- discuss if the group can relate to this and explore their thoughts about what makes identifying emotions difficult.

Next, explain that we will be looking at a number of emotions and clues to identify when we are experiencing them.

Emotions discussed could include: Anger, Sadness, Anxiety, Guilt, Happiness.

#### **Exercise 1: Emotion word map Exercise**

Agree as a group which emotion they would like to consider first.

Write this on the flipchart and brainstorm associated emotion words. The aim of this is to increase people's vocabulary for describing emotions and to highlight that emotions vary in strength and intensity.

#### **Exercise 2: Exploring experience of emotions**

Next on the flip chart write and discuss:

##### **How do people know they are feeling this emotion?**

*E.g.: Anger*

- **How does the body feel?**

*E.g.: tense, racing heart.*

- **What kinds of thoughts are you having?**

*E.g.: Everyone's against me, no-one listens or understands.*

- **What types of things are you doing? How do you behave?**

*E.g.: Start shouting, pacing up and down, hurt myself.*

- **What situations or events prompt this emotion?**

*E.g.: being challenged, not feeling listened to.*

- **How do people currently manage this emotion? What makes it difficult?**

*E.g.: Self-harm, withdraw. Don't want to upset people; it will get out of control.*

Complete the above exercise several times considering different emotions, ending on a positive emotion.

Ten minutes before the end of the session discuss that by considering the clues we have been looking at, we are in a better position to correctly identify the emotion we are experiencing.

Bring back to positive emotions by asking patients to share the photos/pictures that they have brought with them (Favourite person exercise: CREST manual, session 4).

#### Inter-session work

1. Identifying emotions worksheet (CREST manual, session 5). Ask participants to start recording their emotions. A good time to complete this record is when you notice a change in mood; you may not know what the mood is but by completing the record this may help. Suggest that it may also be helpful to start a feelings diary.
2. Ask patients to write a letter of gratitude (CREST manual, handout in appendix), a list of things that they are grateful for or generate a list of emotion words associated to 'grateful,' and bring to next week's session.

### **SESSION 4: EMOTION EXPRESSION VS EMOTION SUPPRESSION**

Welcome the group.

Reflect on inter-session work: How did people find the emotions worksheet? Did they notice anything about the emotions they experienced? (Common feelings, triggers, did the exercise help with identifying feelings?).

Introduce that today's session will look at the advantages and disadvantages of expressing and suppressing emotions.

#### **Exercise 1: Discussion**

Ask the group which emotion they would like to think about first (e.g.: anger, guilt, sadness, anxiety).

On flipchart list the advantages and disadvantages of both expressing and suppressing this emotion and discuss. Repeat this exercise again for a different emotion if there is time.

Discuss as a group that sometimes in the short term people suppress or avoid emotion as it provides relief but often the long term consequences are emotion intensification or not getting what you need. Elicit people's thoughts and views about this.

#### **Exercise 2: The emotion continuum Exercise**

This exercise aims to introduce to patients that emotions vary in strength and intensity. Similar to when we looked at words to describe an emotion this exercise will encourage participants to think about and identify varying levels of emotions within themselves. It also encourages patients to find the right describing word to fit the emotion. If we have a greater understanding of the language of emotions we are in a better position to express our emotions accurately and get the right support or help in return as others will have a clearer understanding of what it is that we are feeling. If our emotions vary in intensity then our physiological response and behaviour will vary. This can also tell us something about how we are feeling. If we can be aware of the emotion, the physical sensations and how we are

behaving we are then in a better position to manage emotions more effectively and catch them before they become overwhelming. This awareness can help us to manage or diffuse difficult emotions.

Introduction: Explain that sometimes people feel that emotions are all or nothing; They either feel nothing or feel overwhelmed. Introduce to the group that emotions are on a continuum and that they vary in intensity. For example 'fury' and 'irritation' may be on the same continuum but they have very different levels of emotional intensity. Irritation may be an easier emotion to manage rather than fury.

Ask the group if they can identify with this?

Task: Facilitators will need: (these can be found in session three emotion continuum materials)

- emotion word cards that describe varying levels of anxiety or anger.
- descriptions of physiological sensations associated with increasing emotion.
- descriptions of behaviour changes.

Using the emotion cards ask the group to place these in order of intensity on the floor from least intense to most intense. Next ask the group to place associated physiological sensations and behaviours next to the varying levels of emotion.

Next ask each group participant to think about at what point on this continuum they feel that they could manage the emotion before it overwhelms them and they either feel out of control or they block or avoid the emotion - "is this the point that you need to do something with the emotion before it continues to escalate and you then feel unable to manage it?"

Ask the group to come up with ideas as to what other group members could do at the emotion points that they have placed themselves to manage or express the emotion? What do different people do? – brainstorm this on flipchart.

If you find yourself easily overwhelmed by an emotion would it help to look out for sensations in your body? This may give you clues to how you are feeling and help you to manage the feeling before it becomes overwhelming? *For example: if someone is getting angry they may notice that their shoulders are tensing and their heart rate is increasing. At this point the person may be able to take themselves away from the situation to cool off.*

Would it help to look out for certain behaviours as these may also give you a clue to how you are feeling and give you an opportunity to do something before the emotion feels out of control? *For example: if someone is getting angry they may notice that they start to fidget or pace around. At this point the person may be able to say a few key thoughts to themselves or use a relaxation exercise to calm the feelings of anger down.*

Spend five minutes reflecting on the session and bringing it together. Finish on a positive by asking if anyone is willing to share their homework letter of gratitude/list of things/emotion words.

Inter-session work:

1. Handout: Emotion thermometer – ask people to complete this during the week for an emotion they struggle with (CREST manual, session 7).
2. Handout: Ways to manage difficult emotions – explain this has a number of simple and useful ideas to help manage difficult emotions. Ask people to choose and practise a technique over the week.
3. Ask patients to try the Getting into the Flow Exercise (CREST manual, session 4) which involves engaging fully in small pleasures, preferably with someone else if possible.

## **SESSION 5: EMOTIONS AND NEEDS**

Reflection on homework, if the group would benefit, explore emotion thermometer with another emotion. Check progress with ongoing positive emotional work. Reflect on Getting into the Flow Exercise.

Introduce that today's session will be looking at the needs that emotions communicate to the self and others. Highlight that emotions are important signals worth listening to as they are communicating that we may need something and can guide how we and others respond to the emotion.

### **Exercise 1: Vignette**

Write the following case vignette and questions on flipchart. Read the case vignette and ask the group the accompanying questions, noting the answers on the flipchart. The aim of this exercise is to encourage people to start thinking about the needs that emotions communicate; the impact ignoring them can have, alongside thinking about ways to communicate needs.

#### **Case vignette:**

Sarah has been invited to her friends' birthday party on a Friday night. The plan is to meet in a restaurant at 7pm, have dinner and then go for drinks. Sarah really wants to see her friend but is very anxious about meeting people in public for dinner and is worried about talking to her friend about this. Sarah worries about this all week and on the night texts her friend saying that she has a headache and cannot go out. Sarah has now cancelled on her friend a couple of times.

How does Sarah feel after cancelling?

What is she thinking?

What does or did she need?

What was the outcome for Sarah? How about her friend? (Does she feel better or worse)

Are there any other ways that she could have handled this situation bearing in mind her needs? What are they?

## Exercise 2: Making emotions work for you Exercise

On flipchart list a number of emotions and discuss as a group what needs these emotions are communicating. Also discuss how people can respond to the emotion based on the need it is communicating.

Flipchart example:

When I feel **Sad** I need..... (e.g.: comfort/reassurance)

When I feel this emotion I will respond to it by..... (e.g.: ringing a friend/family member, do something that will cheer me up)

When I feel **Angry** I need..... (e.g.: someone to listen to me, time out)

When I feel this emotion I will respond to it by.....(e.g.: taking myself away from the situation and dealing with it later, talking to someone and not bottling it up)

When I feel **Anxious** I need..... (e.g.: face the fear, reassurance)

When I feel this emotion I will respond to it by..... (e.g.: reminding myself that I can cope with this, I've got through anxiety before, speak with someone)

Finally, spend time recapping the group and reiterating the importance of eliciting and attending to positive emotions and the importance of thinking about the needs emotions are communicating.

Complete self-report questionnaires from first session (TAS- measuring alexythimia, SAS- measuring social anhedonia and motivational ruler) in addition to patient satisfaction questionnaire.

**Supplementary material: Handouts and useful topics for discussions**  
**(suitable for both individual and group sessions)**

1. List of CREST exercises
2. Visual illusions
3. Direct and Clear Communication Skills
4. 'I' Messages
5. Simple Pleasures Toolkit
6. Pay it Forward Quotes
7. Three Good Things
8. Letter of Gratitude
9. Positive Body Language

## CREST exercises

Use this list to keep track of which exercises you have completed by filling in the session number or date for each one.

- ... **Main Idea**
- ... **Embedded Words**
- ... **Estimating task**
- ... **HW- small change in routine**
- ... **Emotion word sorting**
- ... **Emotions and thinking**
- ... **Emotional Processing Cycle**
- ... **Emotions and our bodies**
- ... **Emotion Questionnaire**
- ... **HW- complete questionnaire**
- ... **Emotion word list**
- ... **Describing Emotions**
- ... **Switching Scenarios**
- ... **HW- choose one of 3 'increasing positive experiences' tasks**
- ... **Discuss positive psychology exercises**
- ... **HW- implement 1 or 2 strategies into each day**
- ... **List of Personal Strengths**
- ... **Emotion Switching**
- ... **HW- emotion record sheet**
- ... **Managing Difficult Emotions**
- ... **Pink Giraffe**
- ... **HW- Self Exercise**
- ... **Emotion word map**
- ... **Emotion thermometer**
- ... **Dimensional emotions**
- ... **HW- emotion management strategies**
- ... **Making Emotions work for you**
- ... **Making Emotions work for you continued.**
- ... **HW- Making emotions work for me summary sheet**
- ... **How do you signal what you feel and need?**
- ... **What might work better for you?**
- ... **HW- Being assertive, using 'I feel'**
- ... **Facial expressions exercise**
- ... **Ending Questionnaire and Feedback**

## Visual Illusions

### *a) Aim of the task*

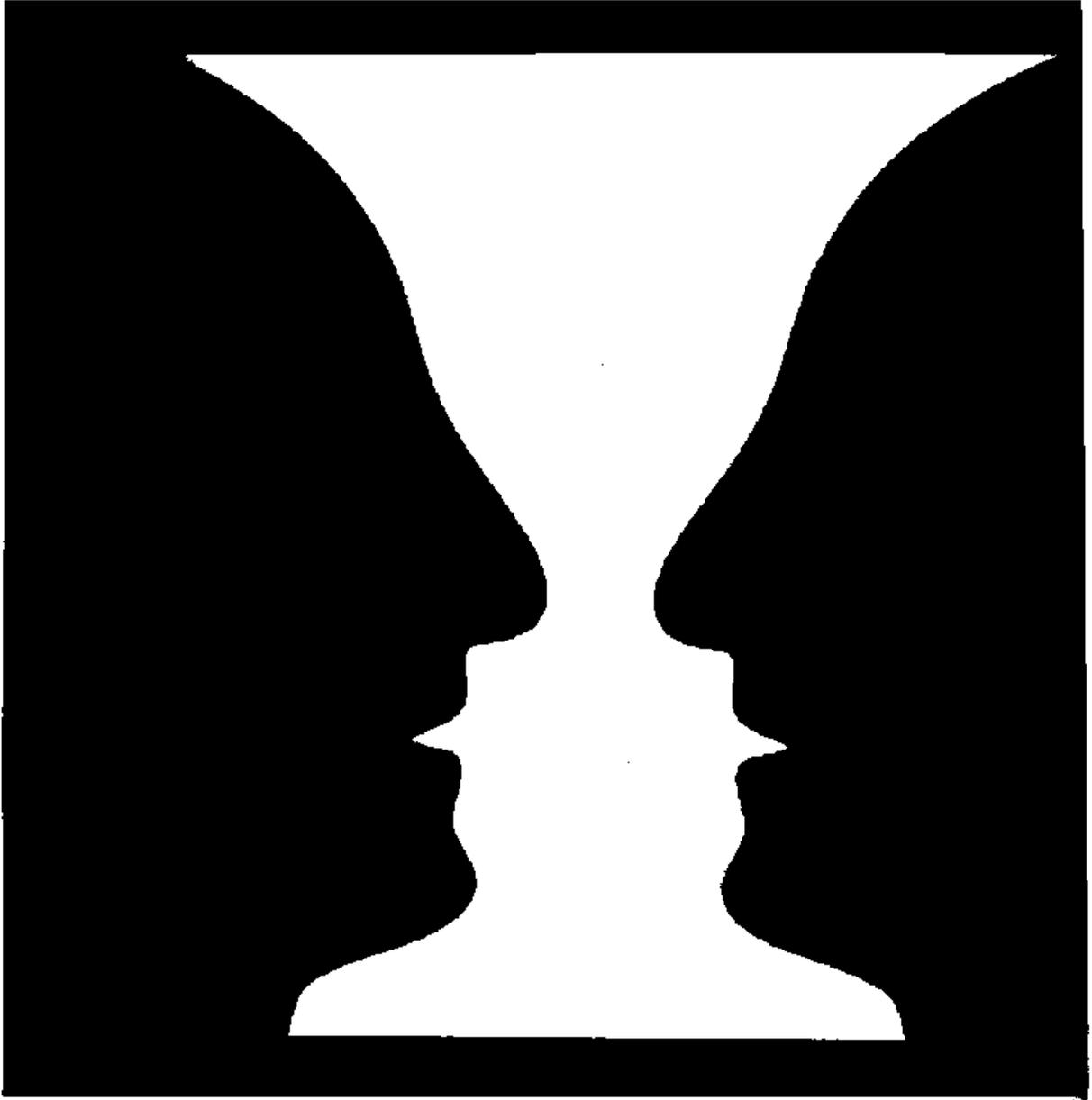
The aim of the illusion task is for the patient to practice holding two ideas - seeing the bigger picture as well as the details, but also to practice switching between different pieces of information. For example, the first illusion task requires switching between seeing the face and the vase.

### *b) Task Instruction*

Present the page to your patient and ask what they can see. If they can only describe one image, ask what else they can see. Leave a good time length e.g. 60 seconds for them to explore the picture. If they are unable to see any other discernable element, you may ask if they would like some help finding the image. If so you can point to specific elements of the picture. If they are able to see another image, ask them to point to different features of each image. For example, for the vase/face illusion, ask them to point to the nose, chin, base of vase, where the flowers go.

### *c) Ask for patient's reflections*

- Did you see more than one image almost immediately?
- Did you use any particular techniques to find the other image e.g. moving the paper around?
- Were you able to interchange between the images easily?
- How can you use this experience in everyday activities? If unable to respond, please give the following examples:
  - Have you disagreed about something with somebody and been unable to see their perspective? Were you eventually able to see their point of view?
  - Is it sometimes hard to change your mind about things?
  - Is it sometimes useful to step back from a situation to see the whole situation, rather than just parts?
  - Imagine a view of something; it could be the high street near you, a view of a holiday resort or the view from your bedroom window. Think of different ways of looking at this view. Imagine you are taking a picture. Think of all the different positions you could get into to get as many different shots of the same thing.





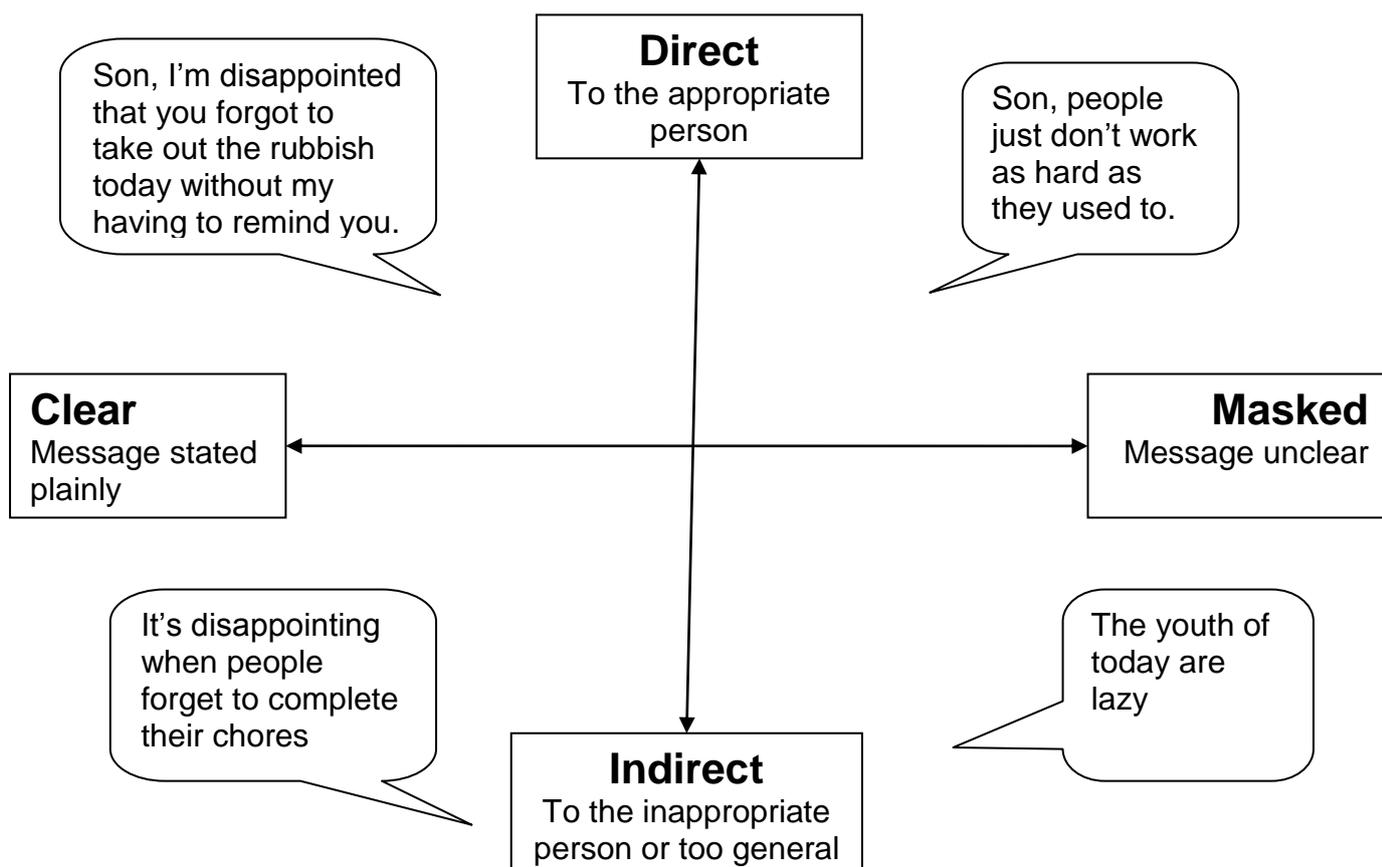
## Direct and Clear Communication Skills

The healthiest form of communication is clear and direct and occurs when the message is stated plainly and directly to the appropriate person.

Miscommunication occurs when a message is masked, vague or unclear since this increases the likelihood that the other person will misunderstand or not understand at all.

Miscommunication also occurs when the message is indirect, directed to an inappropriate person or to no-one in particular since this increases the possibility the other person will fail to understand the message is intended for them.

Imagine a father is feeling disappointed about his son failing to complete his chores. Look at the different ways in which he could communicate this. All of the options might result in the son making more of an effort around his chores in future. However notice that some of the statements require the son to guess they refer to him or to figure out it relates to his chores.



Only the statement in the Clear and Direct segment effectively communicates an accurate message to the most relevant person and therefore minimizes the possibility for misunderstanding.

We all struggle sometimes to communicate in a healthy and effective way, if there are times when you feel you have not been listened to or other people have not responded to a request you have made it is worth thinking about how you communicated with them and whether you were clear and direct enough.

By communicating clearly and directly you are helping the other person out by giving them less guesswork to do and helping yourself by ensuring that what you want to say is given the best possible chance of being heard and understood by the right person.

The next section on “I” messages will help you think about how to phrase what you want to say.

## **“I” Messages**

An “I” message is a method which allows you to assertively express your feelings. There are four components to an “I” message:

1. State exactly what was said or done that triggered your feelings.
2. State the feelings that you have.
3. Provide an explanation for why you feel the way you do.
4. If appropriate, make a request stating what you need.

### **Template Script for “I” Messages**

You can fill in the blanks in this template to help you plan how say something assertively.

When you .....

I felt .....

because.....

I would appreciate .....

Examples:

“When you are not on time, I feel worried because something may have happened to you. I would appreciate it if you would call me when you are going to be late.”

“When you refuse to share any information about yourself in the groups I feel frustrated and exposed since I have revealed information about myself which you have listened to. I would appreciate you trying to say something about yourself even if it’s just a little to begin with”

“At lunch when you said you thought eating the pudding would make you feel fat and greedy I felt guilty and angry because I had just finished the same pudding which is a really positive but difficult step for me. I would prefer if you could speak about those anxieties away from the meal table.”

“When I suggested we could go to the cinema on Friday and no-one responded I felt hurt and confused because I did not know what everyone was thinking and wondered if my idea was stupid. I would find it easier in future if you could say what you think, if you are busy, don’t fancy the plan or aren’t in the mood.”

## Simple Pleasures Toolkit

- Winning an e-bay bid
- Positive connections with others
- Sunny days
- Contact with friends
- Writing to family, knowing they will value it
- Getting letters
- Jewellery making
- Music
- Being active/outdoors
- First signs of spring
- Flowers
- Getting your hair/nails done
- Pampering: reflexology/massage/facial
- Making others happy
- Laughter
- Shopping
- Playing games
- Singing
- Random walks
- Watching old films
- Reading a good book
- Going for a hair cut
- Going to the cinema
- Learning something new
- A drive in the country
- Cuddling a pet
- Fresh sheets on the bed
- Internet surfing
- Knitting/crochet

- Doing jigsaws/puzzles
- People watching with a friend
- dancing



## Pay it Forward Quotes

**“Sail beyond the horizon; fly higher than you ever thought possible; magnify your existence by helping others; be kind to people and animals of all shapes and sizes; be true to what you value most; shine your light on the world; and be the person you were born to be.”** Blake Beattie

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**“I hope the fruits of my labour are ripe for many generations to come.”** Donovan Nichols

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**“They say don’t believe your own hype, but if you don’t why would anyone else? To be great you have to believe you can do great things.”** Charley Johnson

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**“Be the change you want to see in the world.”** Ghandi

---

**“A life lived for others, is the only life worth living.”** Albert Einstein

---

**“If you can’t feed a hundred people, then just feed one.”** Mother Teresa

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**“The only time you should look down at someone, is when you are helping them up.”**  
Jesse Jackson

---

**“If you have much, give your wealth; if you have little, give your heart.”** Anonymous

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**“You may be only one person in this world, but to one person at one time, you are the world.”** Anonymous

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**“An untruth kept in the heart, is a burden which weighs down the soul.”** Blake Beattie

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**“There is no such thing as can’t.”** Christopher Reeve

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**“There are two way to live your life. One as though nothing is a miracle, the other as though everything is a miracle.” Albert Einstein**

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**“I have a dream.” Martin Luther King Jr**

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**“Every man dies, not every man really lives.” William Wallace**

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**“Together we can change the world, one good deed at a time.”**

**THREE GOOD THINGS.**

**Each day fill in one or more of the following with a positive:**

**Today I appreciate .....**

.....

**Today I value.....**

.....

**Today I felt positive when.....**

.....

**Today I appreciate.....**

.....

**Today I value.....**

.....

**Today I felt positive when.....**

.....

**Today I appreciate.....**

.....

**Today I value.....**

.....

**Today I felt positive when .....**

.....

## Letter of gratitude

Taking time to think about what and who you are grateful for having in your life can encourage positive emotions.

First make a list of people who have had a positive impact on you and that you are really grateful to.

I am grateful for \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

I am grateful for \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

I am grateful for \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_

Second, choose one of these people to write a letter of gratitude to, explaining how they have had a positive impact on you and why you are grateful to them. As you write the letter, try to really engage with the feelings of gratitude and thanks.

Once you are done send this letter to the person, or even better to visit them and read it aloud; however, if you are not comfortable doing this just the act of writing the letter, research shows it has positive effect.



### Positive body language:

Politics-body language - [http://www.youtube.com/watch?v=dW9ztSUGY\\_Q](http://www.youtube.com/watch?v=dW9ztSUGY_Q)

Body Language with Alan Pease - <http://www.youtube.com/watch?v=Aw36-ByXuMw>

Amy Cuddy: Your body language shapes who you are  
[http://www.ted.com/talks/amy\\_cuddy\\_your\\_body\\_language\\_shapes\\_who\\_you\\_are.html](http://www.ted.com/talks/amy_cuddy_your_body_language_shapes_who_you_are.html)

**We found watching these film clips together and discussing as a group provides useful information for the patients; increasing awareness of the importance of their body, face and voice in communication and giving an opportunity to set up behavioural experiments exploring positive communication with peers, staff, families and broader social networks of people.**

We found very useful to share with patients some of the links with TED talks and explore as a home task relevant materials from the webpages.

# Outcome measures

## How can we monitor and evaluate CREST?

It is hard to evaluate the immediate and long term benefits of CREST. As we can see from the case reports, BMI reflects the clinical picture, the severity of illness and dynamics of change; however, we are not suggesting that BMI is a primary outcome. All cases reported in the manual are inpatients with very compromised physical and psychological health and therefore they are receiving support from the whole multidisciplinary team.

Neuropsychological measures as outcomes need further research as experimental studies of emotional processes represent a relatively new and poorly studied topic in ED. We are still exploring the best possible measures with which to assess progress and to share with research and clinical colleagues. The reference section, including work from our team, summarises peer reviewed scientific papers on the topic.

In terms of self report measures, the Toronto Alexythymia scale is the most broadly researched and used measure in the literature; We think that the Social Anhedonia Scale (SAS) and Work and Social adjustment scale (WSAS) are also good measures to use before and after CREST (Tchanturia et al., 2012; 2013 summarises our research work to date using these tools).

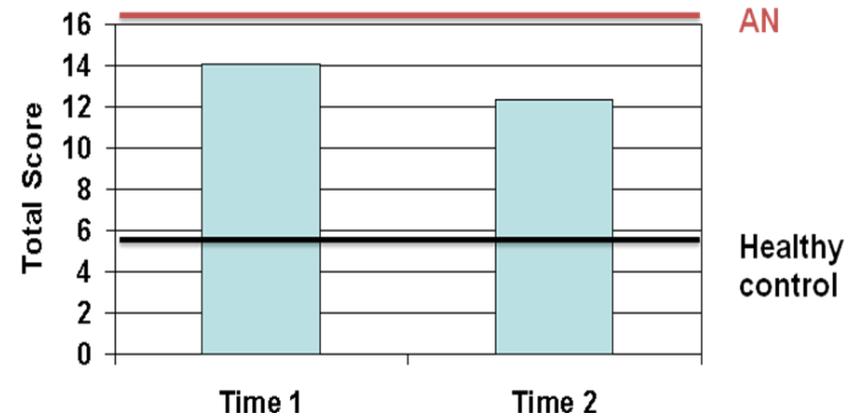
And of course we administer patient satisfaction questionnaires, gather therapists' feedback from supervision and conduct focus groups with all individuals involved in CREST work.

A summary of the individual and group work using these measures is shown in the graphs below:

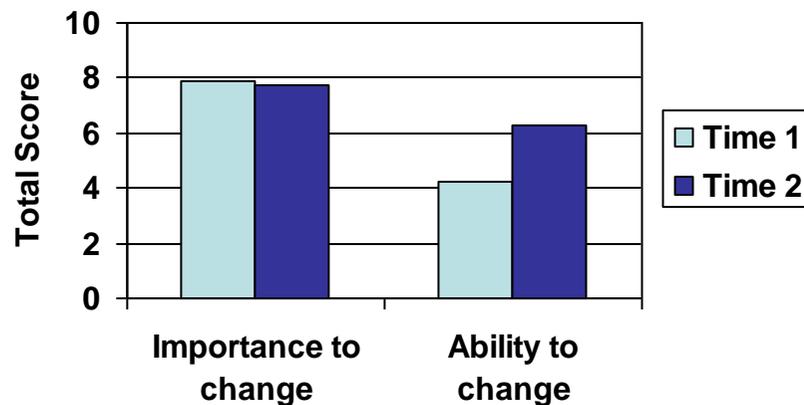
### Individual CREST outcomes

- Small effect size on SAS = Increased ability to experience pleasure from everyday activities
- Medium effect size on TAS = Improved ability to identify & describe emotions, decreased tendency to minimise emotional experience
- No change on MR-I; Extremely large effect size for MR-A = Increase in perceived ability to change
- *Normative data from Tchanturia, Davies, Harrison, Fox, Treasure & Schmidt (2012)*

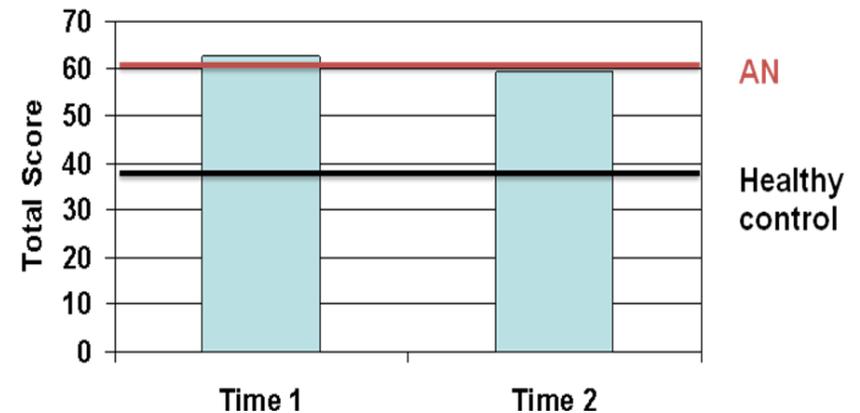
### Social Anhedonia Scale (SAS)



### Motivational Ruler (MR)



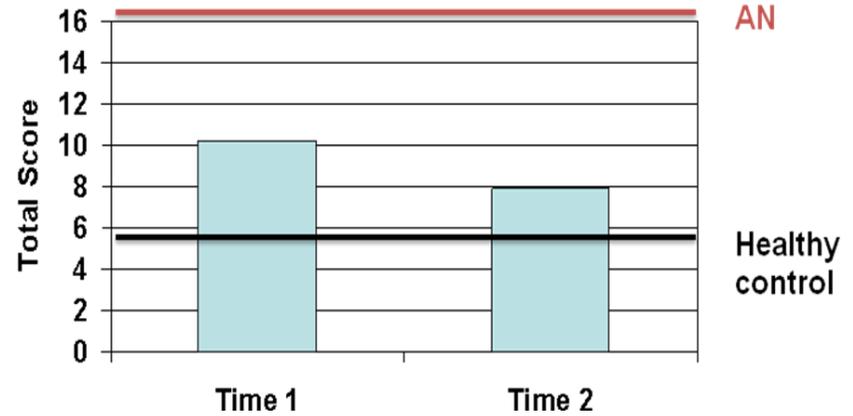
### Toronto Alexithymia Scale (TAS)



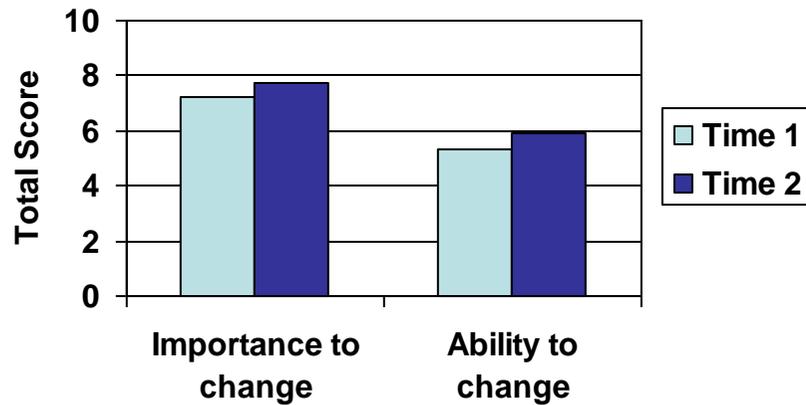
CREST group outcomes

- Small effect size on SAS = Increased ability to experience pleasure from everyday activities
- Medium effect size on TAS = Improved ability to identify & describe emotions, decreased tendency to minimise emotional experience
- Small effect size on MR-I; Large effect size for MR-A = Increase in both perceived importance and ability to change
- Normative data from Tchanturia et al. (2012)

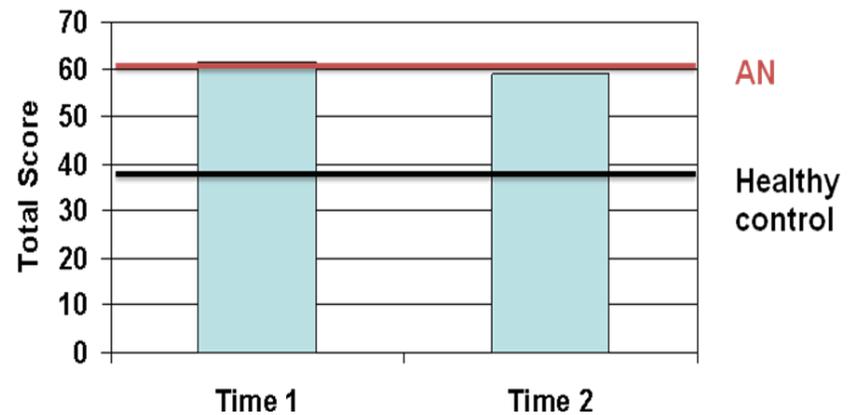
**Social Anhedonia Scale (SAS)**



**Motivational Ruler (MR)**



**Toronto Alexithymia Scale (TAS)**



## What patients said they liked about the CREST group...

Sharing

The groups were very interactive. Being made aware of the large number of emotions people experience and identifying how we cope with them was very useful.

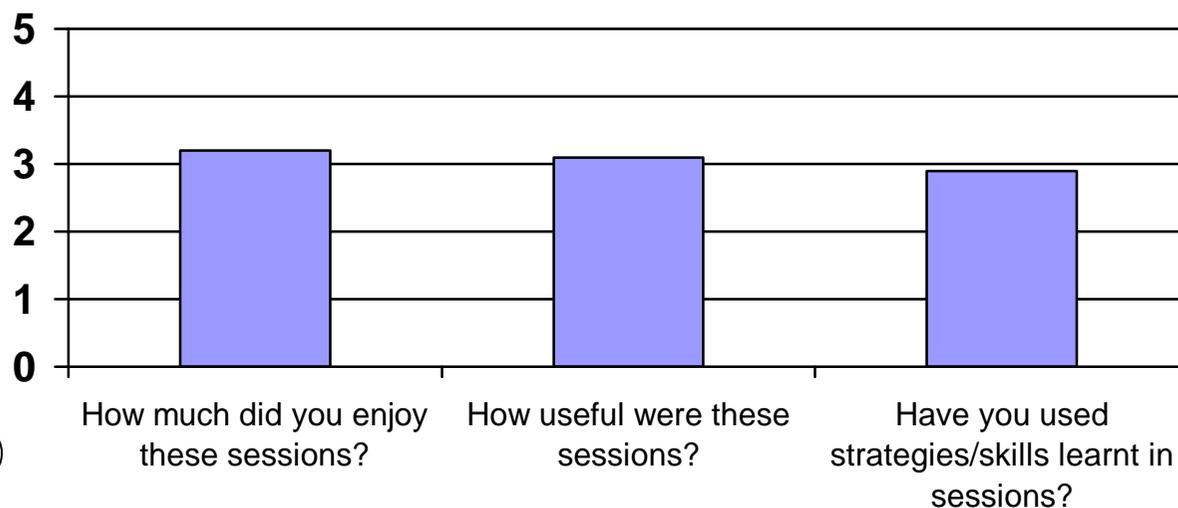
The sessions really got me thinking about how to notice my emotions and deal with them. They made me feel a bit more positive about my recovery.

Learning how emotions are communicating something to us. All emotions are valid and valuable - no 'good' or 'bad' feelings

Interactive tasks

### CREST group satisfaction questionnaire (n=40)

Rated on a likert scale of 0 (not at all/never) to 5 (very/always)



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