

NEGATIVE THINKING STYLES

DISCUSSION LEADER'S OUTLINE

INTRODUCTION

Good morning my name is _____. Today we will be talking about negative thinking styles.

The **ground rules** for this discussion are:

- (1) No personal attacks on anyone's opinions
- (2) Allow each participant to express themselves
- (3) Make head calls at your leisure, just don't interrupt the group
- (4) Keep your language clean as not to offend others
- (5) PARTICIPATION BY ALL!!!!!!

Gain Attention

Sgt Wilson had a stellar record before his most recent PCS. Now, he struggles to keep up with the platoon during PT. His uniform looks sloppy. His work is suffering too. He is making mistakes on the rifle range. As a fellow sergeant, you think to yourself, "He is nasty! He's a lousy Marine who doesn't care about the Corps and never will." You get angry and tense when you think about Sgt Wilson. Your blood pressure goes up and you snap at other Marines. You don't know him well, but have heard he is having problems with his wife. You also don't know if he has been getting any help from fellow Marines or other resources.

Key points for the discussion today will be:

- (1) Defining common negative thinking styles
- (2) Using the A-B-C-D-E Method to recognize and counter negative thinking

Learning Objective: After this guided discussion, you will have a better understanding of negative thinking styles and how to recognize and counter them using the A-B-C-D-E Method.

DISCUSSION

How many of you remember the stress continuum? The stress continuum has four zones to help identify levels of stress in units and individuals: Ready-Green, Reacting-Yellow, Injured-Orange, and Ill-Red. Marines in the Green Zone adapt to cope with stressors and continue to function well. Marines in the Yellow Zone are reacting to temporary or mild stress and show temporary signs of stress that go away on their own. Marines in the Orange Zone might show a lasting change in behavior or personality caused by more severe and persistent forms of distress or loss of function. Marines in the Red Zone experience severe distress or some loss of function that has gotten bad enough or persisted long enough to be diagnosable, its symptoms if unmanaged may significantly impact a Marine's career and family. (If participants cannot recall characteristics for each zone, review the enclosure.) We will begin by examining some common negative thinking styles which can cause stress reactions and behavioral issues.

KEY POINT 1

1. All-or-nothing thinking is seeing things as black and white and using "always," "never," or "every" in how you understand a situation. This is wrongly thinking that everything is good or bad, or a success or a failure.

2. Disqualifying the positive means discounting the good or positive aspects of a situation by thinking, “But, that doesn’t count,” or “That’s not important.” This style of thinking doesn’t put the situation into a larger context or identify positive elements in everyday experiences. An example is if you receive positive comments from a commander about your performance but worry that the commander is holding back on criticism.
3. Mental filtering involves focusing only on the most negative and upsetting aspects of a situation while filtering out all of the more positive aspects.
4. Overgeneralization is viewing a single unpleasant event or incident as a never-ending pattern of negativity and defeat. It is seeing one negative event as evidence of everything being negative. An example of overgeneralization is the belief that you will never pass any test in the future because you failed a test once.
5. Jumping to conclusions means making a negative interpretation or prediction even if there is not enough evidence to support that conclusion. We usually make this type of conclusion when we think about how others feel toward us. There are two ways to jump to conclusions: mind reading, which means imagining or assuming that we know what others are thinking, and fortune telling, which is predicting the future or anticipating the worst and taking action as though that conclusion is true.
6. Magnification, also called “awfulizing” or “catastrophizing,” involves blowing things out of proportion and exaggerating the importance of negative events. This means seeing only the worst-case scenario, even though the worst-case scenario is unlikely. Minimization, in contrast, involves inappropriately shrinking or downplaying the importance of certain aspects of a situation.
7. Personalization is automatically assuming responsibility or blame for the cause of negative events that are not under your control. Sometimes, in contrast, we project blame on others without acknowledging how we are affecting the situation.
8. Emotional reasoning means seeing feelings as facts, regardless of evidence. It is thinking that just because we feel a certain way, then it must be true.
9. Should, ought, and must thinking involves having a set view of how we or others should and ought to be, or what we must do. We set ourselves up for disappointment and frustration by thinking that the world is supposed to work in a certain way.
10. Labeling is an extreme form of overgeneralization or all-or-nothing thinking. Rather than describing the specific behavior or looking at the context of the situation, we assign a negative or unhealthy label to ourselves or others.

Interim Summary: We just finished discussing several negative thinking styles. It can be easy to slip into these patterns without realizing it. Let’s come up with some examples of each specific style of negative thinking.

KEY POINT 2 (For each thinking style, the discussion leader should first ask participants to provide a few examples, next review the thinking style, and then conclude by providing an example.)

1. What are examples of personalization?
Personalization is when you automatically assume blame for a negative event out of your control.
Example: “My buddy went out drinking and got a DUI, because I wasn’t there to stop him.”
2. And all-or-nothing thinking?
All-or-nothing thinking involves seeing things as black and white and using “always,” “never,” or “every” in how you understand a situation.

Example: "I will never get promoted."

3. How about jumping to conclusions?

Jumping to conclusions is making a negative interpretation with insufficient evidence to support your conclusion.

Example: "My significant other hasn't called me for a week. He/she must want to break up."

4. And disqualifying the positive?

Disqualifying the positive is when you discount the good aspects of a situation.

Example: "I did well on the pistol range this week, but it was only a fluke."

5. What are examples of should, ought, and must thinking?

Should, ought, and must thinking means you have a set view of how you should be.

Example: "I should be able to make everyone happy."

6. What about mental filtering?

Mental filtering is when you focus only on the most negative and upsetting aspects of a situation while filtering out all of the more positive aspects.

Example: "Even though everyone else said I did a great job leading the patrol, one guy in my platoon told me I screwed up. I can't get it out of my mind."

7. How about magnification?

Magnification involves blowing things out of proportion and exaggerating the importance of negative events.

Example: "We're having trouble finding the perfect house. My whole family will be miserable and this will be an awful PCS."

8. And emotional reasoning?

Emotional reasoning is seeing your feelings as facts.

Example: "I feel stupid that I messed up on the board so I must be stupid."

9. What are examples of overgeneralization?

Overgeneralization is when you view a single unpleasant event as a never-ending pattern.

Example: "I had a bad date once. I'll never have a good date."

10. What about labeling?

Labeling is assigning a negative label to someone without looking at the situation.

Example: "I never see them work out. They're so lazy."

As we saw in the examples, a variety of situations and stressors can lead to negative thinking. Negative thinking affects our emotions, physical health, and behavior in ways detrimental to our lives as Marines, family members, and friends. This makes it important to know when negative thinking is triggered and how to combat it. The A-B-C-D-E Method can help us with that.

KEY POINT 3

1. Positive attitude, sense of humor, healthy perspective, and good decision making skills are protective factors (see appendix for definition) which reduces the likelihood of experiencing behavioral health issues. With practice we can strengthen protective factors and incorporate them into our daily lives.
2. Positive thinking strategies can reduce stress and solve problems. The A-B-C-D-E Method is a technique to identify, dispute, and replace negative thinking styles.
3. It is a 5-step method:
 - a) Activating event: Identify the event that triggered the strong emotion or negative thought.
 - b) Beliefs: Identify what you believe or think about the situation.
 - c) Consequences: Consider the physical, emotional, and behavioral effects of your beliefs and thinking.

- d) Dispute: Examine and dispute your beliefs and ways of thinking about the situation. This is the step in which you identify any negative thinking styles and look at different ways of thinking about the situation.
 - e) Effects: Consider the effects of your revised beliefs and thoughts. When you dispute negative thinking to arrive at different conclusions, you can achieve healthier outcomes.
3. The A-B-C-D-E Method is a
We will use A-B-C-D-E in the next scenario.

KEY POINT 4

Think back to your reaction to Sgt Wilson in the scenario; let's go through each of the five steps now.

1. What is the activating event?
 - a) Wilson's difficulties with PT
 - b) Wilson's sloppy uniform
 - c) Wilson's mistakes on the rifle range
2. What are your beliefs or thoughts about Wilson?
 - a) He is a bad Marine
 - b) He doesn't care about being a Marine
 - c) His performance will never improve
3. What are the consequences of your beliefs and thinking?
 - a) Feelings of anger and tension
 - b) Higher blood pressure
 - c) Unpleasant treatment of other Marines
4. What negative thinking styles are you engaged in?
 - a) Labeling (He is a bad Marine)
 - b) Jumping to conclusions (He doesn't care about being a Marine)
 - c) All-or-nothing thinking (His performance will never improve)
5. How can you dispute the negative thinking?
 - a) Acknowledge that Wilson had an excellent record before his PCS
 - b) Consider the broader context in that the PCS and problems with his wife may be hurting Wilson's current performance
 - c) Question whether you can make an accurate judgment about Wilson's commitment to the Marine Corps since you don't know him well
 - d) Think about how getting Wilson some help might improve his performance
6. Here are some examples of potential effects of your revised thoughts.
 - a) Healthier emotions
 - b) Better blood pressure
 - c) Improved treatment of other Marines

When you confront stress, you can use the A-B-C-D-E Method to help you handle it.

SUMMARY/CONCLUSION

Today we discussed negative thinking styles and how to counter them. As a Marine, you are constantly challenged by stressors that can provoke seemingly reasonable and appropriate negative thinking styles. You may not even realize you are engaged in this type of thinking. You now are equipped to recognize different kinds of negative thinking as well as to address them through the A-B-C-D-E Method. Being able to think through a stressful situation in helpful and productive ways is crucial for being a successful Marine.

Closing Statement:

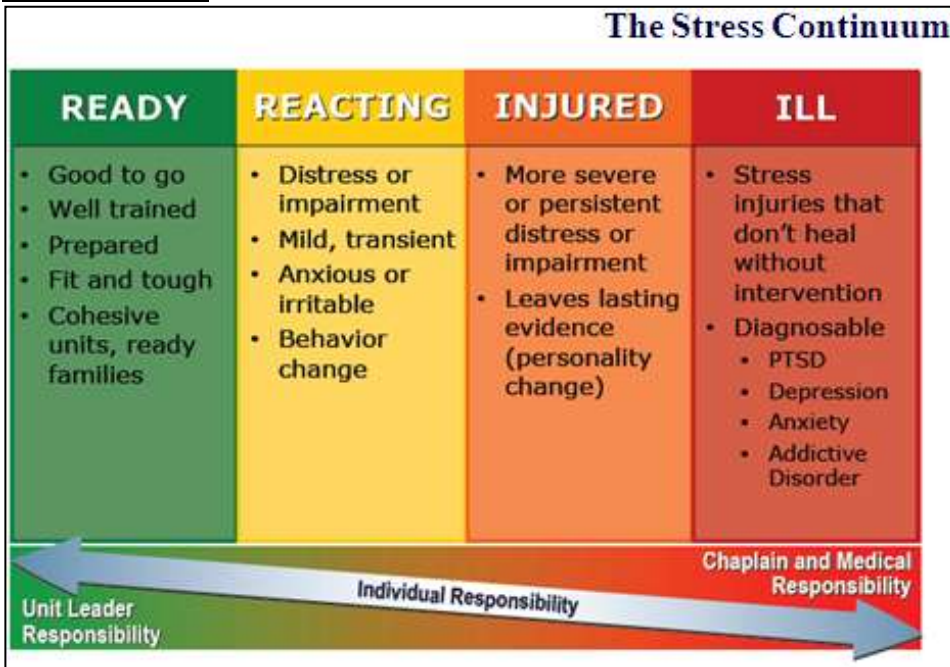
It's harmful for our physical, emotional, and behavioral health to practice negative thinking that may ultimately result in bad conclusions and poor decision making. The objective for today was to teach you about common negative thinking styles and a technique to recognize and change them. By understanding how you think, and taking steps to modify that thinking if it is negative and unhelpful, you are on track to meet any challenge that arises.

END OF DISCUSSION

RESOURCES

1. Harley Therapy - Psychotherapy & Counseling in London. Ten Common Thinking Errors/Cognitive Distortions Worked within Cognitive Behavioural Therapy. Retrieved from <http://www.harleytherapy.co.uk/cognitive-distortions-cbt.htm>.
2. COSC Doctrine MCTP 3-30E
3. MCO 5351.1 Combat and Operational Stress Control Program
4. Cognitive Distortion history and definition. Retrieved from http://en.wikipedia.org/wiki/Cognitive_distortion

ENCLOSURE 1



1. Green is Ready. Signs of a Ready Marine, in the Green Zone are:
 - a) Remaining calm and steady;
 - b) Being confident in oneself and others;
 - c) Getting the job done;
 - d) Remaining in control;
 - e) Possessing sound mind, body, spirit and social fitness;
 - f) Behaving ethically and morally;
 - g) Retaining a sense of humor;
 - h) Being at peace with oneself.
2. Marines in the Green Zone adapt to cope with stressors and continue to function well. The Green Zone is where most of us are most of the time; when a stressor enters the picture, we can slide into the Yellow Zone.
3. Yellow is Reacting. The Yellow Zone is always temporary, common, and reversible. There is some anxiety, irritability, and behavior change, but the Marine is going to go back to Green on his or her own after the stress is removed. Every Marine goes in and out of the Yellow Zone.
4. Signs of stress reaction, in the Yellow Zone are:
 - a) Cutting corners on the job;
 - b) Being short tempered, irritable or grouchy;
 - c) Having trouble falling asleep;
 - d) Eating too much or too little;
 - e) Losing some interest, energy or enthusiasm;
 - f) Not enjoying usual activities;
 - g) Keeping to oneself;
 - h) Being overly loud or hyperactive;
 - i) Feeling worried, anxious or fearful;
 - j) Feeling sad or angry;
 - k) Being negative or pessimistic;

l) Diminished mental focus.

5. Marines in the Yellow Zone are reacting to temporary or mild stress and show temporary signs of stress that go away on their own. Even though Yellow Zone stress reactions are temporary, you have a responsibility to engage fellow Marines experiencing temporary stress and help them manage their stress to return to the Green Zone.
6. Orange is Injured. Marines in the Orange Zone might show a lasting change in behavior or personality caused by more severe and persistent forms of distress or loss of function. Because Orange Zone stress injuries may not resolve on their own and may last for many years; you have a responsibility to engage resources and get Marines in the Orange Zone assistance. In some cases, Orange Zone stress injuries may get worse and go into the Red Zone.
7. Signs of stress injury, in the Orange Zone, are:
 - a) Having difficulty falling asleep or staying asleep.
 - b) Waking up from recurrent, vivid nightmares.
 - c) Being unable to enjoy usually pleasurable activities.
 - d) Losing the ability to remember or think rationally and clearly.
 - e) Feeling persistent, intense guilt or shame.
 - f) Feeling unusually remorseless or emotionally cold.
 - g) Experiencing attacks of panic or blind rage.

a) All these symptoms are in relation to a Marine's normal demeanor and activities, making it vital to know your fellow Marines and look for changes in their behavior. Marines can recover from stress-related issues with the proper support.
8. Red is Ill. Marines in the Red Zone experience severe distress or some loss of function that has gotten bad enough or persisted long enough to be diagnosable, its symptoms if unmanaged may significantly impact a Marine's career and family. This Marine may have Post-Traumatic Stress (PTS), anxiety, or depression. Only a qualified medical officer can diagnose a Marine in the Red Zone. You CAN help identify symptoms associated with the Red Zone; if you think a Marine is in the Red Zone, refer them for assistance utilizing the assigned representative within your chain of command.
9. Signs of stress illness, in the Red Zone, are:
 - a) Experiencing attacks of panic or blind rage.
 - b) Long-lasting and disabling distress or impairment of normal functioning;
 - c) Symptoms that worsen over time rather than improve;
 - d) Problems and issues that return after improving or seeming to resolve;
 - e) Impairment that does not significantly improve within several weeks of returning from deployment.

ENCLOSURE 2



1. Protective factors reduce the likelihood of experiencing behavioral health issues. Imagine that these factors are shields helping to block combat and operational stress, intimate partner abuse and child maltreatment, suicide, and substance use disorder.
2. The Centers for Disease Control and Prevention defines protective factors as: *Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events. These factors also increase an individual's ability to avoid risks or hazards, and promote social and emotional competence to thrive in all aspects of life, now and in the future.*
3. When protective factors are strong, Marines are better able to withstand life's stressors, such as relationship stress and financial stress, and are more likely to avoid risky behaviors. They are also less likely to have negative reactions to combat and operational stress. They are more likely to develop and maintain resilience.
4. The factors closest to the Marine— in the first two center rings— are internal to us. We are not necessarily born with the internal factors, but with practice, we can incorporate them into our daily lives. Protective factors can be strengthened with practice.
5. As we move outward, we see protective factors that are influenced by others, including peers and leaders. There are times when external resources are necessary to resolve issues. These are not the only protective factors available to us; you may have other things that work for individuals.