Distressing Thoughts Conversation - Review journal

Review an attempt at distressing thoughts conversation and choose what to keep, change, or leave aside.

Adults; supported use as appropriate | 10 minutes

Fictional example: Casey feels unsafe after a confusing interaction and wants help discussing it.

Use an ordinary or fictional example, with a clinician when appropriate. A clinician can explore distress without arguing about beliefs or endorsing unverified interpretations.

Practice task

Describe the distress, impact on daily life, and support wanted; do not investigate or act on a feared explanation during the exercise.

1. What I tried, or what happened in the fictional example:

2. What I noticed before, during, and after; what remains uncertain:

3. What helped, did not help, or was outside my control:

4. What would help you feel heard while uncertainty is explored safely? My optional adjustment or support request:

Scope and adaptation

Original IMR-informed companion exercises, not the official IMR manual, fidelity assessment, or complete IMR program. Use collaborative clinical assessment and existing care plans. Do not change medication independently, challenge distressing beliefs through confrontation, or use worksheets to determine urgency. Increased or concerning symptoms need appropriate clinical assessment.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Illness Management and Recovery Evidence-Based Practices KIT. Full source links and scope: library.morethantherapy.org/recovery/resources/IMR-A10-5