CBT Formulation and Change Map

A collaborative framework for connecting situations, interpretations, emotions, physical responses, behavior, learning history, maintaining cycles, strengths, goals, and targeted change strategies.

COMPREHENSIVE CLINICIAN PACKAGE

Included	Designed for
Clinician guide and implementation sequence	Therapists, counselors, clinical social workers, psychologists, supervised trainees, and structured CBT-informed programs working within professional scope.
Comprehensive adult/client worksheets	Individual, group, community, or case-management use
Adolescent adaptation where appropriate	Use with clinical judgment and developmental adaptation
Processing questions and progress review	Session use or structured between-session practice
One-page client quick sheet	Printable and digitally fillable

Professional scope and safety

This original educational resource supports professional conversation, reflection, skills practice, service planning, and documentation. It is not a validated assessment, diagnostic instrument, psychotherapy protocol, treatment-plan substitute, risk assessment, crisis plan, or emergency intervention. Clinicians and programs are responsible for determining appropriateness, obtaining consent, adapting language, protecting confidentiality, and following applicable laws, ethical standards, agency policies, and supervision requirements.

Do not use this worksheet to delay emergency evaluation or mandated action. If there is concern about imminent danger, abuse, neglect, exploitation, grave disability, medical instability, or another urgent safety issue, follow local emergency and organizational procedures.

Original content and permitted use

Clinician Guide

The CBT Formulation and Change Map helps a clinician and client build a shared, revisable explanation of a current difficulty. It organizes the links among context, cognition, emotion, physiology, behavior, consequences, developmental learning, strengths, and environmental conditions so that interventions can target a clearly identified maintaining process rather than a diagnostic label alone.

Best-fit uses

- Developing an individualized CBT-informed formulation
- Connecting a recent episode with recurring patterns
- Identifying short-term relief that maintains longer-term difficulty
- Selecting cognitive, behavioral, skills-based, relational, and environmental interventions
- Reviewing whether the working formulation fits the client's experience
- Translating broad goals into observable experiments and progress indicators

Use additional caution or choose another tool when

- The client needs immediate safety, medical, substance-withdrawal, crisis, abuse, neglect, exploitation, housing, or other urgent intervention
- A formulation would be used as a diagnosis, certainty, accusation, or explanation imposed without meaningful collaboration
- Cognitive language could invalidate credible danger, discrimination, disability, trauma, poverty, coercion, or another contextual reality
- The professional lacks competence or supervision for the presenting concern, developmental level, or proposed intervention
- The worksheet could replace a required assessment, formal treatment plan, risk evaluation, or evidence-based protocol

Suggested implementation sequence

1. Establish collaboration
Explain that the map is a working hypothesis that should be corrected whenever it does not fit the client's experience.

2. Define the priority
Choose one current difficulty and describe what meaningful improvement would look like.

3. Map a specific episode
Record the situation, thoughts or images, meaning, emotions, body responses, urges, behavior, and consequences.

4. Identify maintaining loops
Examine avoidance, reassurance, withdrawal, rumination, self-criticism, environmental contingencies, and other processes that may provide short-term relief while extending the problem.

5. Add history and context
Include learning experiences, culture, identity, relationships, health, resources, power, and current environment without assuming history is destiny.

6. Select a change target
Choose one plausible maintaining process that is important, modifiable, and acceptable to the client.

7. Test and revise
Use a specific intervention or behavioral experiment, review the result, and update the formulation rather than forcing the data to fit.

Suggested processing questions

- Does this map sound like the client's experience in the client's own language?
- Which links are observed, and which are still hypotheses?
- What does the current pattern accomplish or protect against in the short term?
- What contextual or systemic factors would be missed by an individual-only explanation?
- Which strengths or exceptions already weaken the cycle?
- What is the smallest intervention likely to produce useful new information?
- What result would lead us to revise this formulation?

Conceptual influences

Conceptual influences include collaborative CBT formulation, the five-part model, functional analysis, behavioral activation, cognitive reappraisal, behavioral experiments, relapse prevention, and culturally responsive case conceptualization. This original educational tool is not a validated assessment, diagnosis, or substitute for a complete clinical formulation and treatment plan.

1. Define the Priority and Desired Change

Begin with the client's language and one manageable priority. Separate the problem from the person.

Primary concern in the client's own words - including frequency, intensity, duration, and functional impact

What the client wants to understand, change, approach, reduce, increase, or accept

Observable signs that life is moving in a useful direction

Current context: relationships, culture, identity, health, sleep, work/school, finances, safety, access, and recent stressors

2. Map One Five-Part Episode

Use one specific recent moment before generalizing to a pattern.

Emotions and states

- [ ] Anxiety/fear
- [ ] Sadness
- [ ] Anger
- [ ] Shame
- [ ] Guilt
- [ ] Disgust
- [ ] Numbness
- [ ] Frustration
- [ ] Relief
- [ ] Other

Situation - observable facts, timing, setting, people, and immediate trigger

Thoughts, images, memories, predictions, and the personal meaning assigned

Emotions, intensity 0-10, physical sensations, and action urges

Behavior - what the person did, avoided, delayed, repeated, or sought from others

Immediate and delayed consequences

3. Identify the Maintaining Cycle

A maintaining process can make sense in the short term while creating longer-term cost.

Processes to consider

- [ ] Avoidance
- [ ] Escape
- [ ] Reassurance
- [ ] Checking
- [ ] Rumination
- [ ] Withdrawal
- [ ] Overpreparing
- [ ] Procrastination
- [ ] Self-criticism
- [ ] Conflict
- [ ] Substance use
- [ ] Environmental reinforcement

Trigger or vulnerability that starts the cycle

Response that produces immediate relief, protection, control, or certainty

Longer-term cost to mood, functioning, relationships, confidence, learning, or opportunity

How other people, systems, or environmental conditions unintentionally reinforce or interrupt the cycle

4. Beliefs, Rules, and Learning History

Treat beliefs as understandable learning and testable hypotheses, not fixed truths or character defects.

Recurring meaning about self, other people, relationships, safety, control, or the future

Conditional rule or assumption - for example, 'If..., then...' or 'I must... so that...'

Experiences that may have taught or strengthened this pattern

Experiences, identities, relationships, values, or evidence that do not fit the pattern

What the belief helps the person anticipate, prevent, preserve, or avoid

5. Strengths, Exceptions, and Context

A useful formulation explains resilience and exceptions as carefully as difficulty.

Times the expected cycle did not occur or was less intense - what was different

Skills, values, knowledge, relationships, routines, cultural resources, and previous successful responses

Environmental barriers or systemic pressures that require advocacy, accommodation, referral, or concrete change

Protective factors and conditions that make new behavior more possible

6. Select the Change Strategy

Match each intervention to a specific formulation link and obtain meaningful client agreement.

Possible targets

- [ ] Attention
- [ ] Avoidance
- [ ] Communication
- [ ] Environment
- [ ] Interpretation
- [ ] Rumination
- [ ] Problem-solving
- [ ] Social support
- [ ] Behavior
- [ ] Body regulation
- [ ] Activity/routine
- [ ] Professional referral

Maintaining process selected and evidence that it is a reasonable target

Intervention chosen, rationale, exact steps, setting, frequency, and needed support

Client prediction: what is expected to happen and how strongly it is believed

Behavioral experiment or practice: what will be observed without creating unnecessary risk

Accessibility, cultural fit, barriers, consent, and backup plan

7. Evaluate Evidence and Revise the Map

The formulation should change when new information appears.

What was attempted and what actually happened

Changes in distress, behavior, functioning, confidence, or participation

What the result supports, weakens, or leaves unanswered in the formulation

Unintended effects, burden, contextual barriers, or reasons the intervention was not a fair test

Decision: continue, adapt, stop, assess further, seek consultation, or refer

Adolescent Adaptation

Build the map with the young person rather than about the young person. Use concrete examples, visual language, developmentally appropriate choice, and separate youth perspectives from adult or system interpretations.

Use with developmental and family-system awareness

- Ask what words the young person wants used
- Use one recent event rather than a broad behavior label
- Include family, peer, school, online, cultural, sensory, and developmental context
- Do not treat disagreement as lack of insight
- Clarify confidentiality, caregiver involvement, safety responsibilities, and mandated limits

A situation I want help understanding

What my mind said, what I felt in my body, and what I wanted to do

What I did next and what happened right away

What happened later - including any cost or benefit

What I want to try differently and what adults will do to help

Adult support without taking over

Adults can support formulation by staying curious, describing behavior rather than identity, acknowledging environmental demands, sharing responsibility for change, and allowing the young person to correct the map.

Progress Review and Clinical Integration

Use this page to review what changed, what remained difficult, and what should happen next. Avoid treating worksheet completion as proof of clinical improvement.

What did the client notice or understand that was not clear before?

What skill, action, referral, support, or environmental change was attempted?

What was the observable result? Include client-reported benefit, burden, or unintended effect.

What barriers, cultural factors, accessibility needs, risks, or contextual pressures affected the result?

What should be continued, modified, stopped, or referred for additional support?

Clinical documentation note: objective summary, client voice, intervention, response, and follow-up plan.

The CBT Five-Part Change Map

Use one specific moment to understand the cycle and choose one targeted next step.

SITUATION - What happened? Record observable facts and relevant context.

MIND - What thoughts, images, memories, predictions, or meanings appeared?

EMOTION AND BODY - What did I feel, how strongly, and where did I notice it?

BEHAVIOR - What did I do, avoid, delay, repeat, or seek from others?

CONSEQUENCES - What helped immediately, and what happened later?

CHANGE TARGET - What one link will I test, and what result will I observe?

Use this page as a conversation and reflection aid. It is not a diagnosis, assessment, safety plan, or substitute for individualized professional care.