

ABCDE THOUGHT DIARY FOR SPECIFIC PHOBIAS

Slow down a frightening moment, understand the pattern and respond with curiosity rather than criticism

The ABCDE model can help separate what happened from what your mind predicted. With a specific phobia, fear can arrive so quickly that the trigger, thought, body response and urge to escape seem like one event. Writing them down can make the sequence easier to understand.

What does ABCDE mean?

A - Activating event: What happened? Describe the trigger as factually as possible. For example: 'I saw a dog across the road' rather than 'A dangerous dog appeared.'

B - Beliefs: What went through your mind? Include thoughts, images, memories and predictions such as 'It will come towards me', 'I will panic', 'I won't cope' or 'I need to get away.'

C - Consequences: What happened emotionally, physically and behaviourally? Record fear, panic, nausea, shaking, heart rate, escape, avoidance, reassurance or checking.

D - Dispute / challenge: Examine the prediction with curiosity. What supports it? What does not? Am I treating possibility as certainty? What would I say to someone else in the same situation?

E - Effective new response: Create a more balanced thought and choose a helpful next action. The new thought does not need to be unrealistically positive - it needs to be believable and useful.

Why this can help with phobias

Specific phobias often involve rapid catastrophic predictions. Avoidance then reduces anxiety in the short term, which can make the prediction feel confirmed even though it was never fully tested. A thought diary helps identify the feared outcome before planning graded exposure or another behavioural experiment.

Important: challenging a thought is not dismissing fear

The aim is not to tell yourself that nothing bad can ever happen. It is to examine whether the threat is being overestimated, whether coping is being underestimated, and whether fear is making the decision for you.

Use it before and after exposure

Before a planned step, write down what you predict will happen and how strongly you believe it. Afterwards, record what actually happened. This comparison can reveal learning that anxiety alone may hide.

Safety matters: Thought challenging should never be used to persuade someone to ignore genuine danger, a known allergy, medical advice or another real safety risk.

A WORKED PHOBIA EXAMPLE

Seeing how ABCDE fits together can make the diary easier to use

Example: fear of lifts

A - Activating event: I need to use a lift to reach an appointment on the sixth floor.

B - Beliefs: 'The lift will get stuck. I will panic. I will not be able to breathe. Nobody will get me out. I must use the stairs.'
Belief strength: 90%.

C - Consequences: Fear 9/10. Heart racing, tight chest, dizziness and urge to leave. I walk up six flights of stairs and feel immediate relief.

D - Dispute / challenge: I have used lifts before without becoming trapped. Feeling breathless during panic is frightening but does not mean the lift has removed my air. I am predicting the worst possible outcome as though it is certain. If the lift stopped, there are safety systems and ways to call for help.

E - Effective new response: 'I may feel anxious in the lift, but anxiety is not the same as danger. I can start with one floor and notice what actually happens.'

Questions for the D stage

Try questions such as: What exactly am I predicting? How likely is that outcome? What evidence am I overlooking? Have I coped with anxiety before? Is my mind confusing discomfort with danger? Is there another explanation? What would a balanced observer say? What could I do if the feared situation became difficult?

Common thinking patterns in specific phobias

Catastrophising: jumping straight to the worst outcome. **Overestimating danger:** treating a low-probability event as highly likely. **Underestimating coping:** assuming 'I could not handle it.' **Emotional reasoning:** 'I feel terrified, therefore it must be dangerous.' **Selective attention:** noticing only information that confirms threat.

What if the fear still feels strong?

A balanced thought does not have to make anxiety disappear. You may understand intellectually that the risk is small while your body still reacts. That is common. New learning often develops through repeated experiences as well as thinking differently.

Linking the diary with graded exposure

Use the diary to identify a prediction, then choose an appropriately graded exposure that allows you to test it. Afterwards, complete the E section again using what you learned. This turns exposure from 'enduring fear' into an opportunity to gather information.

Useful measure: Record belief strength as well as fear. A prediction may move from 95% believable to 60% even if anxiety remains noticeable. That shift is meaningful learning.

MY ABCDE THOUGHT DIARY

Use one diary for one specific situation or feared moment

A - Activating event

What happened? Where was I? What was the specific trigger?

B - Beliefs / thoughts

What did I predict? What images or memories appeared? How strongly did I believe the prediction (0-100%)?

C - Consequences

What emotions did I feel? What happened in my body? What did I do - escape, avoid, check, seek reassurance or stay?

D - Dispute / challenge

What evidence supports my prediction? What evidence does not? Am I confusing possibility with probability? What would be a fairer way to view this?

E - Effective new response

What balanced thought can I take forward? What action would give me more choice? What did I learn?

Afterwards, check the learning

Fear before: ____ /10 Fear after: ____ /10 Belief before: ____% Belief after: ____%

What surprised me? _____

What would I like to repeat or try next? _____

Remember: the diary is not a test of whether you can produce the 'right' thought. It is a place to become curious about how fear works for you.

SUPPORT, BOOKS & A MESSAGE FROM ME

Thought work is most useful when it supports understanding, choice and real-world learning

When professional support may help

Consider professional support when a phobia significantly restricts daily life, prevents healthcare or travel, triggers severe panic, or feels too overwhelming to approach alone. CBT for specific phobias commonly combines cognitive work with graded exposure rather than relying on thought challenging alone.

Recommended reading

The Anxiety and Phobia Workbook - Edmund J. Bourne. Practical exercises for understanding anxiety and phobias.

Overcoming Anxiety - Helen Kennerley. A CBT-based guide to recognising and changing unhelpful thinking and behaviour patterns.

Mind Over Mood - Dennis Greenberger and Christine Padesky. A structured CBT workbook with thought records and practical exercises.

Overcoming Specific Phobia - Martin M. Antony, Michelle M. Craske and David H. Barlow. A focused resource drawing on established cognitive-behavioural and exposure principles.

Useful resources

NHS: information on phobias and NHS Talking Therapies. **Mind:** mental-health information and support. **Anxiety UK:** information and support relating to anxiety disorders.

A message from me

When fear arrives quickly, your thoughts can feel like facts. You may not even notice the prediction before your body is already reacting and telling you to escape. This diary is not about criticising yourself for those thoughts or forcing yourself to think positively. It is about slowing the moment down enough to understand it. Be curious about what your mind is trying to protect you from. Then ask whether there is another way of looking at the situation that gives you a little more choice. Sometimes the most important change is not 'I am no longer afraid', but 'I can notice the fear, question what it is telling me and decide what I want to do next.'

Maggie Learoyd
Space to Breathe Therapy

Clinical information and sources

ABCDE-style cognitive restructuring is rooted in cognitive and rational-emotive approaches. For specific phobias, evidence-based CBT commonly combines work on threat beliefs with behavioural and exposure-based learning. Contemporary exposure approaches emphasise testing predictions and developing new associations rather than requiring anxiety to disappear during practice.

Suggested professional sources: NHS information on phobias; NICE guidance relevant to anxiety; established cognitive therapy work by Beck and Ellis; exposure research by Craske, Barlow, Antony and colleagues.

Information note: This resource is educational and does not provide a diagnosis or replace individual medical or psychological assessment.