

16

Positive Self Talk Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Identifying Negative Self-Talk

2 · Negative Self-Talk Triggers

3 · Feelings Identification

4 · Generate List of Unhealthy Coping Skills

5 · Recognition of Consequences

6 · Developing Alternative Healthy Coping Skills

7 · Downward Arrow to Identify Core Belief

8 · Historical Evidence Log-Unhealthy Beliefs

9 · Historical Evidence Log-Healthy Beliefs

10 · Monitoring Self-Talk

11 · Self-Description Exercise

12 · Replacing Negative Labels

13 · Add a ·But·

14 · Identify Events That Shaped You

15 · A Letter To Your Younger Self

16 · Practice Self compassion

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

Contents

Identifying Negative Self-Talk	4
Negative Self-Talk Triggers	6
Feelings Identification	8
Generate List of Unhealthy Coping Skills	9
Recognition of Consequences	11
Developing Alternative Healthy Coping Skills	12
Downward Arrow to Identify Core Belief	13
Historical Evidence Log—Unhealthy Beliefs	15
Historical Evidence Log—Healthy Beliefs	16
Monitoring Self-Talk	18
Self-Description Exercise	19
Replacing Negative Labels	20
Add a “But”	22
Identify Events That Shaped You	23
A Letter To Your Younger Self	25
Practice Self compassion	26

Identifying Negative Self-Talk

Self-talk is the dialogue we have in our minds.

The way we think about and talk to ourselves can be compassionate and loving, or harsh and critical.

Most of this self-talk is unconscious, yet when negative, it can be damaging to our sense of self-esteem and self-worth.

The following are common negative self-talk people often engage in. Check off the ones you often experience and add ones of your own:

- ☐ Better not to work on my issues. It will just depress me.
- ☐ Failing is the worst possible thing and needs to be avoided at all costs.
- ☐ Healing is for other people, not for me.
- ☐ I can't change who I am.
- ☐ I can't open up to other people; they'll use it against me.
- ☐ I can't trust anyone.
- ☐ I don't deserve to succeed.
- ☐ I don't like myself so people aren't going to like me.
- ☐ I must meet other people's needs before my own.
- ☐ I should love others more than myself.
- ☐ I should never try something new unless I know I will succeed.
- ☐ I'm different from people without mental health problems. I can't do this.
- ☐ I'm too sick and weak to work or live on my own.
- ☐ If I can't do it perfectly, then it's not worth doing.
- ☐ It's impossible to love myself and not be selfish.

- ☐ No one would be interested in getting to know me.
- ☐ Nobody really cares about me.
- ☐ Other people are more important than I am.
- ☐ Other people's opinion defines how worthy I am.
- ☐ The worst thing is having people not like me or approve of me.
- ☐ There's no way I can learn to manage my stress.
- ☐ There's no way I will be able to quit my addiction. I've got no willpower.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Negative Self-Talk Triggers

Some life events, people, places, or things can trigger feelings of low self-esteem and in turn negative self-talk.

These triggers can be obvious, such as someone embarrassing you in public. But they can also be more subtle, such as a song that reminds you of a time in your life.

1. When do you notice your negative self-talk most?

2. When do you tend to feel worst about yourself?

3. What happens usually right before you feel this way?

4. When was the last time you noticed feeling bad about yourself?

My negative self-talk triggers are:

1. _____

2. _____

3. _____

4. _____

5. _____

Feelings Identification

Many people have difficulty recognizing feelings, naming them, or even recognizing that they have feelings at all.

The following list of feelings is often helpful for aiding people in identifying what feelings they are actually having.

Anguish – Blue – Bummed – Burdened – Desperate – Disappointed – Discouraged – Dismayed – Gloomy – Grave – Grey – Grieved – Grim – Heavy-hearted – Longing – Lost – Low – Miserable – Moody – Pained – Pessimistic – Tearful – Unhappy – Humiliated – Ignored – Intimidated – Invalidated – Invisible – Ashamed – Dissatisfied – Loathsome – Self-destructive – Worn out – Annoyed – Bitter – Frustrated – Irritated – Resentful – Awkward – Clumsy – Insecure – Bare – Empty – Unworthy – Weak – Edgy

Pick out emotions that seem to describe best what you experience when you feel bad about yourself.

When I feel bad about myself I feel:

1. _____
2. _____
3. _____
4. _____
5. _____

Identify Unhealthy Coping Skills

Most people have a set of unhealthy coping skills when they feel bad about themselves, such as alcohol, drugs, shopping, workaholism, etc.

These skills work in the short term but make problems worse in the long term.

Generate a list of unhealthy coping skills you tend to use when experiencing difficult emotions:

1. What coping skills did you use the last time you had feelings of low self-esteem?

2. What other things did you do or use in the past to cope that have in some way hurt you?

Some of my unhealthy coping skills are:

1. _____

2. _____

3. _____

4. _____

5. _____

Recognition of Consequences

This exercise will help motivate you to change unhelpful coping skills by examining their consequences.

Areas to consider in your life include relationships, mental health, physical health, finances, spiritual life, and professional, to name just a few.

Awareness of Consequences Log

Unhealthy Coping Skills	Current Or Past Negative Consequences
e.g., spent over \$500 impulsively	It worsened my debt situation

Developing Alternative Healthy Coping Skills

Becoming aware of your unhealthy coping skills and their consequences isn't enough to make a change. It's important to have a plan.

Some things I will try the next time I feel poorly about myself are:

1. _____

2. _____

3. _____

4. _____

5. _____

Downward Arrow to Identify Core Belief

Core beliefs are deeply ingrained beliefs that serve as “filters” through which we process information.

Because of these filters, two different people can go through the same event and come out of it with two different experiences.

This exercise called the downward arrow technique (J. Beck, 2005) will help you identify core beliefs:

Example:

I must exercise 5 times a week



If I don't, I won't lose weight



If I don't, I won't look fit



If I don't, then I'm unlovable

Try it yourself:



Historical Evidence Log—Unhealthy Beliefs

Beliefs need “evidence” to support them.

“Evidence” is in quotation marks, because different people count evidence differently.

This exercise will help you uncover “evidence” that is making you hold onto unhealthy beliefs.

1. When was the first time you remember feeling_____ [belief]?

2. Who were the people in your life who influenced you to feel that way? (e.g., family members, friends, peers, other adults, etc.)

3. What experiences influenced you to feel that way? (e.g., experiences during elementary school, junior high, high school, college, etc.)

Historical Evidence Log—Healthy Beliefs

We often notice evidence that supports unhealthy beliefs but rarely do we notice evidence that supports healthy beliefs.

Using the unhealthy beliefs you identified earlier, formulate healthy ones and think of evidence that could support those healthy beliefs.

For example,

Unhealthy belief: I'm unloved

Healthy belief: I'm loved

Evidence that supports my healthy belief:

- My parents chose to adopt me.
- I had lots of friends in school.

Unhealthy belief: _____

Healthy belief: _____

Evidence that supports my healthy belief

For the next few weeks continue to collect evidence for healthy beliefs, until you strengthen that belief and it becomes part of your belief system.

Date	Evidence

Monitoring Self-Talk

Many people find it helpful to journal their thoughts daily to increase their awareness and have the opportunity to challenge their self-talk.

Self-Talk Log

Events	Negative Self-Talk

Self-Description Exercise

We learn a lot about our self-talk by noticing the words we use to describe ourselves.

1. Give it a try! Describe yourself in a few words or phrases.

2. What kinds of words did you choose? Were they positive, negative, or neutral?

3. Try the exercise again, this time emphasizing positive, compassionate language.

For example, instead of describing yourself as “too sensitive,” try, “empathic,” or, “attuned to my feelings.”

Replacing Negative Labels

Changing the way you talk to yourself will change the way you feel about yourself.

In the chart below, list all the negative things you often say to yourself. Then replace these with positive or neutral phrases.

Negative Self-Talk	Neutral or Positive Self-Talk
e.g. I'm a loser	I can do many things right

1. How do your feelings about yourself change when you use a neutral or positive label?

2. If the neutral or positive label feels strange at first, what limiting beliefs might be preventing you from accepting it? How can you challenge those limiting beliefs?

3. What can you do to embrace and strengthen your positive self-talk?

Add a “But”

When attempting to repeat positive affirmations, most people struggle with an inner voice that says, “Yes, but...” trying to discount the positive.

One helpful exercise is to add a positive “but” to counter the negative one.

Positive Quality/Skill	Discounting “But”	Add a “But”
e.g., I am a loving person	I hurt my sister’s feelings last week	I also listened to her when she was feeling upset and supported her

Identify Events That Shaped You

By experiencing and surviving life events, even painful ones, we become more complete.

In the space below, write down both positive and challenging life events that have shaped you:

Challenging Events	Positive Events

What helped you overcome and get through the challenging events?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

A Letter To Your Younger Self

Think back to a difficult time in your life. Perhaps you went through a breakup or a difficult relationship with one of your parents.

Use the following guided self-compassion letter to offer yourself support:

Dear _____

I remember when (insert situation) _____

I hope you're not alone. People sometimes go through hard times and this time was especially hard because (describe what made this situation especially tough) _____

It's only normal for you to feel (describe how you felt) _____

I want you to know that I'm always there for you and that this too shall pass.

Yours truly _____

Practice Self-Compassion

We usually find it easier to offer compassion to others than to ourselves.

Use the following examples to think about what you would say to a friend to support them:

“My partner broke up with me.”

Your response: _____

“I lost my job today.”

Your response: _____

“I gained so much weight, I had to go up a dress size.”

Your response: _____

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: No diagnosis under this title · No diagnosis is established by the title.
- ICD-11 CDDR: · No diagnosis is established by the title.
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 8, 11, 13, 15, 19, 22, 23, 25, 26. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Assess duration, distress/functional impairment, cultural and medical context, substance/medication effects, and relevant differential diagnoses before assigning any diagnosis.

Document-specific corrections

- Pages [2, 13] · Frame · Positive Self Talk· using the DSM/ICD status below; add duration, impairment, exclusions, and differentials without reproducing criteria. The title alone must never be treated as a diagnosis.
- Pages [1, 2] · Treat the Positive Self Talk ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly.
- Pages [1, 2, 3, 13, 15, 25, 26] · Use only within competence and after individualized assessment of acute risk, medical/substance contributors, functional impairment, culture, accessibility, and readiness; stop or adapt exercises that increase destabilization or unsafe behavior. Apply this specifically to the workbook's Identifying Negative Self-Talk, Negative Self-Talk Triggers, Feelings Identification, Generate List of Unhealthy Coping Skills sections.
- Pages [1, 3, 8, 11, 13, 15, 19, 22, 23] · Review all medical assertions in Positive Self Talk with a qualified medical professional; distinguish psychoeducation from individualized advice and add referral thresholds, contraindications, and medication/procedure cautions appropriate to this population.

Measures, scoring, and permissions

- Treat the Positive Self Talk ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly. custom/unvalidated unless evidence is supplied confirm no third-party item wording was adapted

Intervention scope and contraindications

- Use only within competence and after individualized assessment of acute risk, medical/substance contributors, functional impairment, culture, accessibility, and readiness; stop or adapt exercises that increase destabilization or unsafe behavior.

Crisis and current resources

- For immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org. Outside the U.S., use verified local emergency and crisis services. A workbook is not a crisis service or safety plan.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://988lifeline.org/>