Worry & Rumination

INTERVENTION GUIDE | Distinguish the thinking process, map what maintains it and choose a collaborative next step.

01 Spot the process

Worry: future-focused

“What if something goes wrong?” Repeatedly anticipating possible threats or outcomes, often with attempts to gain certainty.

Rumination: past- or self-focused

“Why did I do that?” Repetitive analysis of events, feelings, mistakes or perceived shortcomings, often without reaching a useful decision.

02 Ask about function, not just content

Helpful therapist prompts

• What set the thinking off? • What do you hope thinking it through will achieve?
• What do you do while worrying or ruminating? • What happens to mood, activity and attention afterwards?

03 Map a maintaining loop

TRIGGER → THOUGHT LOOP → SHORT-TERM PAYOFF → LONGER-TERM COST

Example: A brief awkward conversation → replaying every sentence → temporary sense of “working it out” → reduced sleep, more self-doubt and avoidance. Ask the client whether this fits their experience.

Clinical note: Some reflection and planning are useful. The target is repetitive, unproductive processing—not all thinking about problems.

Choose the Intervention

A decision pathway for selecting purposeful CBT strategies; tailor to formulation, presentation and client preference.

04 Sort: actionable problem or hypothetical loop?

If a concrete problem can be acted on

Define the problem → brainstorm options → choose one feasible step → schedule it → review what happened. Avoid turning problem-solving into endless reassurance or analysis.

If no useful action is available now

Notice and label the worry/rumination process; consider postponing engagement, redirecting attention to valued activity, or practising tolerating uncertainty.

05 Match technique to maintaining mechanism

Beliefs about worry or rumination

Explore “Worry keeps me prepared” or “I must understand why”. Compare predicted benefits with actual costs; use collaborative behavioural experiments.

Avoidance, checking or reassurance

Identify behaviours that keep the loop going. Plan safe, graded experiments in reducing unhelpful checking or reassurance while preserving genuine safety needs.

Low mood and inactivity

Use behavioural activation to re-engage with routines, connection and meaningful activity; review whether time spent ruminating decreases as engagement grows.

Pause and assess: Consider risk, trauma, OCD, depression, neurodivergence and contextual stressors before choosing an approach. Do not assume one technique fits every client.

Plan, Test & Review

Use the questions and mini-template in session, then agree one manageable between-session experiment.

06 Worked example: post-event rumination

Client: “I keep replaying what I said in the meeting.”

Trigger: speaking in a meeting. Prediction: “Everyone thinks I am incompetent.” Response: mentally replaying, seeking reassurance and avoiding speaking again. Possible experiment: notice replaying, record the prediction, shift to a planned task and review what was actually learned.

07 Between-session experiment planner

Trigger and repeated thought: _____

What does the loop promise me? _____

One response I will test: _____

When / where: _____ What will I notice? _____

What happened? What did I learn? _____

08 Review without judging success by symptom reduction

Questions for the next session

- Did the strategy change how you responded to the loop?
- What happened to attention, behaviour and valued activity?
- Did you learn anything about uncertainty or the need to analyse?
- What would make the next experiment more realistic?

Quick reference: Notice → Identify function → Select strategy → Test a small change → Review learning → Adjust. This is educational material for clinicians, not a substitute for individual assessment or supervision.