Patient

Core formulations (in terms of affect phobia)

DEFENSE
…and this is what I do/feel/think to avoid that:

1. 

2. 

3. 

ANXIETY/FEAR/
SHAME/DISGUST
…but I am so afraid this will happen…

1. 

2. 

3. 

WISH/WANT/
FEEL/NEED
This is what I wish/want/
feel/need…

1. 

2. 

3. 

THERAPIST

CURRENT
PERSONS

PAST PERSONS
Rate each wish/want/feeling/need (F - Adaptive feeling) and each fear (A - Inhibitory – maladaptive affects) according to the following scale:

0 = No experience of the wish/want/feeling/need
1-3 = Low: unclear or few experiences of the wish/want/feeling/need
4-6 = Medium experience of the wish/want/feeling/need
7-10 = High: Intensive or many experiences of the wish/want/feeling/need

0 = No experience of anxiety
1-3 = Low: unclear or few experiences of anxiety
4-6 = Medium experience of anxiety
7-10 = High: Intensive or many experiences of anxiety

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Session nr ____

Describe what during today’s session that has been the most important to you on each of the corners of the triangle:

... and this is what I do/feel/think to avoid that:

1.

2.

3.

... but I am so afraid this will happen:

1.

2.

3.

This is what I wish/want/feel/need:

1.

2.

3.

Past Persons

Therapist

Current Persons

Past Persons
Rate each wish/want/feeling/need (F - Adaptive feeling) and each fear (A - Inhibitory – maladaptive affects) according to the following scale (if you are not sure, choose what you think fits best):

0 = **No** experience of the wish/want/feeling/need
1-3 = **Low**: unclear or few experiences of the wish/want/feeling/need
4-6 = **Medium** experience of the wish/want/feeling/need
7-10 = **High**: Intensive or many experiences of the wish/want/feeling/need

0 = **No** experience of anxiety
1-3 = **Low**: unclear or few experiences of anxiety
4-6 = **Medium** experience of anxiety
7-10 = **High**: Intensive or many experiences of anxiety

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