

CBT Therapy Skill Self-Assessment Paper

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Segment One: Transcriptions, Comments, and Corrections

Mood Check

Therapist: I would like to start with doing a mood check. Okay, um, last week we talked about, um, anxiety was kind of the reason you came in. You're experiencing a lot of anxiety. So before we start, um, can you tell me in a sentence or two how you felt most of the week since our last session?

Client: I've still been feeling a lot of anxiety. I've been really overwhelmed with school and with my work. It's just been a difficult week.

Comment: I think I fumbled a little with my words here to start the session. I followed the CBT structure of starting with a mood check before going into the agenda and so forth, but I think I could have worded my introduction to the mood check a little differently for client.

Correction: I would like to start with doing a mood check. Last week, you talked about how you have been feeling a lot of anxiety lately. Can you tell me in a sentence or two how you have been feeling since last week's session?

Therapist: So it sounds like it has been a tough week with a lot of stuff to juggle. So, let's do that scale like we did last time from one to ten. One being, um, you know barely any anxiety and ten representing the most anxiety you've ever felt. Where would you rate yourself on that scale from the past week?

Client: I would have to say a nine.

Comment: I wanted to respond empathetically to client's response before going into the scale. I could have also included that we will make sure to take the time to discuss all those issues soon, but first I want to get a better idea of the level of anxiety by using the scale. This may have assured client that I was not trying to re-direct or cut her off too early.

Correction: So, it sounds like it has been a tough week with a lot of stuff to juggle. I would like to talk more about these issues during our session. First, I would like to do the mood check scale we did last week. This may help us both realize how intense your anxiety felt since our last session. On a scale from 1-10, with 1 being the least amount of anxiety you have ever felt and 10 being the most anxiety you have ever felt, where would you rate your anxiety this last week?

Therapist: That's a lot of anxiety. I can tell that's probably bothering you and affecting a lot of things right now. That's actually, if I'm remembering correctly, last week you rated it a seven. So it seems like there's a little bit of an increase in anxiety?

Client: Oh yeah. I mean there's been a lot of anxiety this week. I would say that it's definitely more than the last time I've seen you

Comment: I wanted to show empathy again here. I think I could have reworded my first sentences. I did want to take time to remember and acknowledge the differences in intensity of the anxiety from last session and now. I am overall satisfied with following the CBT mood check.

Correction: Nine seems like a high score. It seems anxiety is still affecting you and things in your life right now. If I'm remembering correctly, last week you rated it a seven. So it seems like there's a little bit of increase in anxiety over the past week?

Agenda

Therapist: Well, quickly I'm just going to go over our agenda and then we'll start, you know, getting deeper into what's bothering you, okay? So, today I'm just going to get a little bit more of an update from you um from our previous session and how you kind of felt about that session. We'll review the homework that we assigned last week. Um, we'll also prior, prioritize problems that you would want to make sure we had time to work on this session. Um, we would work on those problems with that CBT model that we already started talking about from last session. Um, together we'll decide what some good homework is to assign through the next week. Um and then, yeah, we'll just put a focus on the target problems that you feel, which you've already kind of named school and work may be them. Um, anything else you think we should add to the agenda before we start?

Client: No, I don't think so. I think you covered pretty much everything.

Comment: I did cover most parts of the agenda for a CBT session. I fumbled some towards the end and did not actually ask the client what target problems she would like us to list on the agenda for the session. I could have gone ahead and asked about these here, instead of asking later during homework review if these two problems were the ones she actually wanted to focus on during today's session. I also forgot to add summary/feedback section to the agenda.

Correction: I would like to quickly go over our agenda for today and then we can start getting deeper into what's bothering you. Is that ok? So, today we will start with getting an update about how you felt about our last session and if the last session has helped you any during this last week. We'll review the homework that we assigned last week. We will also prioritize problems that you would like to make sure we have time to work on during today's session. We will work on those problems using the CBT model that we already started talking about during the last session. Then, together we'll decide what some good homework may be to assign for this next week. Finally we will summarize our session and I will ask for any feedback you may have. Before we go further, can you name one to two problems that you would like for us to add to the session under the target problems?...Is there anything else you think we should add to the agenda before we start?

Update from Previous Session

Therapist: Alright, so you've already kind of told me a little bit of how you felt since the last session. Um, I just want you to kind of go into it a little deeper but I also would like to know um how you felt about last session. So between our last session and now, um, how do you think that session either helped, hurt, or didn't do anything for you?

Client: I definitely think it helped. I've been feeling really anxious, really overwhelmed this week with work and with school but I was able to notice like sometimes when I would think automatic thoughts that we talked about last week I was able to think about that. I guess I was more mindful of it because before I didn't really know what automatic thoughts were. Um, I tried to evaluate them, but that is definitely something that I need help with because it's still new. I do think that being able to recognize my automatic thoughts was helpful.

Comment: I started saying that I would like her to go deeper into the problems she talked about with work and school during the mood check, but then I never address them. I only focused on how she felt about last session and how she felt the last session helped or didn't over the past week. I think I should have started with asking her to share the biggest things that had happened since last session. Then, after her answer, ask how her about how the previous session helped her.

Correction: Now, I would like to get a better update on things that may have bothered you or brought you anxiety since our last session. Do you mind sharing some of the them?...I would also like to ask how you felt about the things we talked about in our last session, specifically how we introduced the CBT model and ways to identify automatic thoughts and link them to our mood, feelings, and behavior. Do you feel like those things helped any during this last week?

Therapist: Okay, um I think that's really good progress already at such an early stage that you're even able to remember how we talked about those automatic thoughts and the connection between like mood, feelings, behaviors, and how you interact. And you know it's kind of you know it's not easy to pick it up right then. The more you practice it the more it kind of works and comes easier in everyday thoughts and situations. Um, so I think you're on a really good track and I'm impressed so far.

Client: Yeah and I think too with you telling me that I can write notes during our session I think that will be a good reminder too when I'm on my own.

Comment: I wanted to praise the client for being able to use some of the CBT model on her own so quickly after the last session. I also wanted to show that the more work we do with the CBT model, the easier it will be for her to notice automatic thoughts, connections, and to evaluate them. I am generally satisfied with this dialogue, except my wording could have been more concise.

Correction: I am happy to hear that the last session did help you some to notice your automatic thoughts. I think that's really good progress already at such an early stage that you're even able to remember how we talked about those automatic thoughts and the connection between like mood, feelings, and behaviors. It may take a little while to understand how to put it all together and especially how to properly evaluate those thoughts. The more we practice during sessions, the more it will likely become easier for you in everyday thoughts and situations. I really do think you are on a good track to understanding the CBT model and I'm impressed so far.

Therapist: Yeah and you can always when we're writing notes, um, you know it can be something you refer to almost daily if you feel like you need that reminder. Or when you're starting to feel those thoughts, um, creep up ,you know, just refer to those notes on whatever paper or however you take them.

Comment: Here I acknowledged how she thinks writing down notes during sessions will help remind her when she is on her own. I wanted to let her know to keep these notes handy to review regularly or as needed. The CBT literature talks about how the client's notes of reminders may help by adding it to their homework between sessions. I might should have asked here or later if she would like to add reviewing these notes daily to the homework.

Correction: Yeah and you can always when we're writing notes, um, you know it can be something you refer to almost daily if you feel like you need that reminder. Or when you're starting to feel those thoughts, um, creep up ,you know, just refer to those notes on whatever paper or however you take them. We could actually add reviewing your notes daily to the new homework assignments later if you would like.

Review Homework

Therapist: Okay, so let's go over homework. Um, if you could pull your homework out for me and just kind of read to me what you completed since last session.

Client: I was able to use it two times. I guess the automatic thought that I wrote down is that I'll never be able to do it, I'll fail the papers, and I'll fail the class... it's just been super stressful and to the point where I don't want to even look at my computer I just want to avoid it and avoid doing the work and I just want to sit back and binge watch my favorite show.

Comment: I am satisfied with this opening to reviewing homework, but I could've worded it a little differently. I did want to engage the client by asking her to read her homework to me.

Correction: Next, can we review your homework?...Did you have any trouble completing the automatic thought record twice over the last week?...Can you read your automatic thought record sheet that you used this past week?

Therapist: Okay so when you were able to write it down, um, last week I think we only talked about focusing on the automatic thoughts and sort of the emotions in your reactions to them. Did you have a chance to sort of go deeper into that next sheet, and it's okay if you didn't, um, to try to like evaluate to see if those were true or not?

Client: Yeah I was able to, um, well, I tried. It may not be exactly what it's supposed to be but I did try. So on here, it asks me to rank you know the thought that I had and I would say that it was probably, I mean the intensity, was probably I don't know 90. I mean it's true in a way you know like if I don't get the stuff done then that's just how I thought about it.

Comment: This area reflects reviewing homework through the CBT model. I don't love the order of how I reviewed the automatic thought record sheet of homework here. I wish I had clarified better that the assignment was to at least complete the two boxes and then venture into the evaluation boxes if she felt comfortable. I also wished I had just focused on the automatic thoughts that she just shared and asked her to rate the intensity of those thoughts at that time in this part. The client does end up answering the intensity question without me asking as she is reading from her homework sheet though. I also never ask what the exact situation was when she had the automatic thoughts.

Correction: What situation was going on when you had these automatic thoughts?...So, you did a good job at identifying your automatic thoughts here. Can you tell me how real or intense these thoughts felt at the time when you first thought them?...I know we talked about mainly focusing on the situation and identifying the automatic thoughts last session and then if you felt comfortable trying to complete the next boxes on the sheet to evaluate those thoughts. It is completely fine if you didn't, but were you able to evaluate the thoughts any?

Therapist: So, okay, so it was a pretty intense, real thought to you. Like I'm not gonna get this done or it's not gonna do good. Um, okay, so did you have any other situations you put down on the homework from last week?

Client: Yes, um, so I have this big presentation that my supervisor is asking me to do... Um, I don't know, I just I want to do well because I want to have that position and this is kind of like interfering in a way because I'm so anxious about it and on top of school it's just really overwhelming

Comment: I seemed to cut going through the CBT model with the homework problems short here. I think it was because I knew these were the target problems she wanted to work through during the current session. I still should have gone through the CBT model with her homework problems, including situation, automatic thoughts, intensity of thoughts, evaluating those

thoughts, and analyzing best, worst, and realistic scenarios. I did end up going through the CBT model in more detail below after I asked if these were the problems she would like to focus on today.

Correction: So, it seems like it was a pretty real and intense thought to you at that time if you rated it at 90%. We can also keep working more on how to evaluate and analyze these automatic thoughts to see if they are valid or not during our sessions. It will probably get much easier for you to do the more we work on that part. I would like to go through the CBT model more with these homework problems, but to make sure we do not run out of time today before focusing on what you feel is the most important issues, I wanted to ask if these are the problems you would like to focus on during our session today or if you have others ones you feel are more important? *If she had said she had separate problems to work on during the session, I would have continued to quickly work more through the CBT model with her recorded homework problems. It would've been similar to the below section of working through the CBT model. I would have also included having the client give me another scale rank of how real those automatic thoughts felt after we worked through the model more.*

Therapist: Okay, yeah, I can see how that's a lot of stress. I mean juggling full-time school and a part-time job that you're hoping will lead to a full-time job, um, you know, that's a lot of stuff. I think most people would feel, you know, the way you are just kind of overwhelmed and sometimes it gets a little bit, you know, feels like it's too much. So I think that's a really normal feeling too, um, but I do think the CBT model really breaking it down and understanding it could help you in both of these situations.

Comment: I never asked the client here if she felt the automatic thought record form was helpful for her as an assignment before transitioning into the next section. I do ask this later on in the session when I'm planning for what appropriate future homework could be. I also tried to empathize with the client and help her feel that these issues were normal and not unusual for students to feel, while also giving her reassurance that the CBT model could really help her current issues.

Correction: Okay, yeah, I can see how that's a lot of stress. I mean juggling full-time school and a part-time job that you're hoping will lead to a full-time job, um, you know, that's a lot of stuff. I think most people would feel, you know, the way you are just kind of overwhelmed and sometimes it gets a little bit, you know, feels like it's too much. So I think that's a really normal feeling too, um, but I do think the CBT model really breaking it down and understanding it could help you in both of these situations. Before we go on, how did you feel about the automatic thought record sheet for homework?...Did you think it was helpful?

Prioritize the Agenda

Therapist: Okay, before we talk more about homework, I just want to check in. These two problems seem like they're still current and ongoing. Um, I want to make sure that we prioritize the agenda so that we have enough time. So are these two issues that you would like to talk about today or are there other issues that are not on the homework?

Client: I think these are the two that I would like to focus on today and they are still current, so I feel like if I can at least feel some sense of peace with these issues that I'll feel better. I definitely think school is what I would like to work on first because at this point I'm just like avoiding everything and I have not been able to start my paper and I really need to get that done.

Comment: This segue is similar to what I have mentioned in the reviewing homework section as corrections to better identify if these are current problems and also to keep the session on track to ensure we did not run out of time before addressing the most concerning issues. I am satisfied with the dialogue, even though I wished I had mentioned it differently through my corrections made in the homework section above. I could have left out prioritizing agenda in my initial questions on this part.

Correction: Okay, before we talk more about homework, I just want to check in. These two problems seem like they're still current and ongoing. Do you feel like these are still main issues and problems that you would like to focus a lot of time on during today's session?

Therapist: Okay, so then we'll start with the school and then as time allows we'll go more into the presentation at work.

Comment: Since my pseudo client is a fellow student, I feel she realized the prioritizing agenda section and went ahead and told me that her main problem was school assignments. I may should have asked if there were any additional problems going on during this section.

Correction: Okay, since you feel school is the most important issue, we will list it first on our agenda. I have listed the work presentation as second. Are there any other problems you can think of that we might should put on the list?... We can make sure that we have enough time to cover the school issue first, then go into the work presentation as time allows. We can also always make a note to work more through school or any other issues we don't have time for today during our next session. Does this work for you?

Work on One Problem with CBT

Therapist: Okay, so I know you've already told me a good deal about it. So, let's just kind of change gears and go back to it. Um, so I'm hearing that you have two main assignments that are due and you're sort of battling in your head the negative thoughts of not being able to get them done or you would do them really poorly. Um are there any other thoughts? Like, I think you might have mentioned, um, that you just, you know, wouldn't be able to like pass the class if you didn't get them done?

Client: On my thought record I wrote down that I'll never be able to do it. That was like my initial thought. Like there's no way I'm gonna be able to do this and then I was just thinking that if I fail the papers then I'm gonna fail the class.

Comment: This was a transition into focusing on the problem using the CBT model. We had already started doing some of these parts as we reviewed homework since her homework problems were the ones she wanted to focus on during the session. I did not ask for specific situations that were happening when she was having these thoughts, although she had already expressed the assignments were the triggers for the thoughts. I also did not go over the CBT model and how it works before going into working through the client's situations and automatic thoughts.

Correction: I know we started talking about the CBT model last week. I would like to go over how the model works again for a quick review. Does that sound ok to you?... The CBT model teaches us how our thoughts can affect our mood, behavior, and actions. It is important to notice the connection between these when working through the CBT model. The good part is that the CBT model helps us understand how we can have the power to change our thoughts, evaluate them, and discard them based on what we think is helpful. We have already started talking about the automatic thoughts today. You seem to be able

to identify those already. We can work more today on learning how to evaluate them properly. So, for the problems you want to work through today, I know you've already told me a good deal about it. I'm hearing that you have two main assignments that are due and you're sort of battling in your head the negative automatic thoughts of not being able to get them done or you would do them really poorly. Um are there any other thoughts going through your mind about the assignments?

Therapist: You already said like 90 percent. You felt they were real thoughts when you were having them. So let's go back to that one to ten scale. It might be easy for us to, like, grasp how serious these feelings are to you. Um, one being, you know, the lowest amount, um, of real and anxious and 10 being the highest amount. How would you rank it?

Client: I would rank it a 9.

Comment: This was my attempt to take the 90% intensity rating from homework and transition it to the 1-10 scale. This is showing the part of the CBT model that ranks the intensity of the automatic thoughts and how real the client feels they are at that time. I am satisfied with this, but I could have been more concise with my words.

Correction: I know you mentioned earlier as we reviewed homework that you ranked these thoughts with a 90% intensity. I would just like to now rank them on that 1-10 scale. It might be easier for us to get a better understanding of how real these thoughts felt at the time by using this scale. One being the lowest amount of real and anxious and 10 being the highest amount. How would you rank it?

Therapist: Okay, Yeah, that was my guess too from ninety percent to nine, but I just wanted to double check, um, that we're on the same page. Okay. So those are your automatic thoughts. You've already done a really good job noticing those. Um, the next step is we need to dive deeper to evaluate them. So, a lot of times our automatic thoughts aren't even true and a lot of times they're negative and not true. Um, so it's really important to sort of take that time to analyze them, whether they're true or not. Especially when we notice they affect us so much in other ways when we're thinking them. So in this case, what evidence do you have that your automatic thoughts of not being able to do the paper or doing it well what evidence do you have that that is true?

Client: ... I don't know. I mean I've had assignments like this that have made me feel anxious and overwhelmed in the past and I was able to get those done. So, I don't know.

Comment: This was starting the evaluation of automatic thoughts stage of the CBT model. I wanted to explain the importance of the evaluation stage here. I could have gone deeper into asking or showing how those automatic thoughts led to certain emotional reactions as a review before going on to evaluating.

Correction: Ok. As we are working through this problem, it might help if we write it down in a diagram. So we can write the situation as the school assignments, the automatic thought of not being able to complete them or do them well if you do, and then next let's write down what emotional reaction came after you had these automatic thoughts. How did you feel when you noticed these thoughts?...Ok, the next step is we need to dive deeper to evaluate them. So, a lot of times our automatic thoughts aren't even true and a lot of times they're negative and not true. When the automatic thoughts are not true, we call them cognitive distortions. We can talk more about cognitive distortions in a little bit. Um, so it's really important to sort of take that time to analyze them, whether they're true or not. Especially when we notice they affect us so much in other ways when we're thinking them. So in this case, what

evidence do you have that your automatic thoughts of not being able to do the paper or doing it well are true?

Therapist: Okay, so you kind of have thoughts that prove your automatic thoughts wrong so far?

Client: Yeah

Comment: This is part of dissecting possible truths or not truths of the automatic thoughts. I am satisfied with this part, but I might should have focused on asking further if there were any evidences of the thoughts being true.

Correction: Okay, so you just named some things that prove your automatic thoughts wrong so far. **Can you think of anything that would prove the automatic thoughts true in any way?**

Therapist: Okay, um, so you have had these situations where you had papers that were just as long or hard to you in the past?

Client: Yeah, the program that I am in is not an easy one. So, yeah.

Comment: I was just getting more information on client's previous experiences that prove the automatic thoughts wrong. I could have asked more details on these situations to make it clear how they might be similar to the current problem.

Correction: Okay, do you care to share some of the past situation or assignments you are thinking of that were hard or long that might be similar to the current one you are assigned?

Therapist: Okay, so what is the worst possible outcome of the situation?

Client: That I would fail the class.

Comment: I was trying to start going further into the evaluation process by having client think of the worst, best, and most realistic outcomes here. I could have transitioned this better by explaining what we were about to do.

Correction: So we just learned that you can't really think of anything that would prove your automatic thoughts of not being able to finish the paper true, but you can actually think of similar assignments in the past that you were able to complete. Let's take some more time evaluating these automatic thoughts. Now I would like for you to think of possible outcomes of this current situation. Let's start with thinking about the worst possible outcome. What do you think is the worst outcome for this situation?

Therapist: Okay, um, what is the best possible outcome of this situation?

Client: I mean I could start working on the papers when we finish up our session and I'll get them done and make an A.

Comment: I could have spent a little more time with client's worst possible scenario to dissect potential truth or non-truths of it before moving onto the best possible outcome.

Correction: Ok. So the worst possible outcome is that you could fail the class. Do you have any evidence that this is likely to happen?...Have you ever failed a class in the past?...Ok, since you have never failed a class in the past and you have had to complete some similar assignments in the past, how likely do you think it would be for you to fail the class?...Ok. Let's focus on the best possible outcome now. What could be the best possible outcome for this situation?

Therapist: In the past what kind of grades do you usually make on similar assignments?

Client: I'm typically an A student, but I have had some Bs.

Comment: I was trying to get more details on how realistic the best possible outcome could be for client. I could have transitioned a little smoother. I could have also helped client break down the assignment into smaller sections to complete instead of thinking of the entire thing at once.

Correction: Ok. **When you think about starting the paper soon, how realistic does it feel that you could start working some on the paper?...What do you feel would keep you from working on it now?...Do you think it might help to break down the assignment into smaller**

sections to try to tackle one at a time?...Do you think making little goals of completing the small sections could help you successfully complete the entire thing?...You mentioned you might could even make an A on the paper. In the past, what kind of grades have you usually made on similar assignments?

Therapist: A's and B's. Those are still good grades. Do you agree?

Client: Yeah.

Comment: This is just continuing to work through possible outcomes by comparing to past similar situations and letting the client realize that she has been competent in the past to complete assignments and make good grades.

Correction: Ok. So A's and B's. Those are good grades. Do you agree?...so you seem to have a lot of proof of past similar situations that you might be able to pull this off and not only complete the assignment, but also make a good a grade. Does that sound accurate to you?

Therapist: Alright. So then we've talked about the worst and we've talked about the best. Let's meet in the middle and think, what do you think is the most realistic outcome that's going to happen of this situation?

Client: Well, I have never not turned in a paper or an assignment... so I mean, I guess I'll get it done and pass.

Comment: I was introducing the most realistic outcome here after we discussed worst and best outcomes. I could have transitioned smoother and summarized the previous evaluations. I am satisfied with this section though.

Correction: So, we have talked about the worst and best outcomes. Now, I would like for you to think about what the most realistic outcome could be. We talked about how the worst was not doing the assignment and failing the class, but you have never done that in the past. We talked about how you actually have always turned in the assignments and made good grades on them. Thinking about these things, what do you think is the most realistic outcome that's going to happen of this situation?

Therapist: Okay, okay. I mean that sounds exactly what you have done in the past. Um and stressing about a paper and almost feeling anxious from what you've said isn't really a new thing. Which, again, for college students, you know, that is a very normal feeling and reaction that you're having. Um, I think a lot of students, you know, struggle with exactly what you're struggling with right now. Um, okay, as we work through the model, another thing that might be helpful is to think what would you tell your friend if they were in the same situation. So, if you had a friend that, you know, came to you and was like, I'm never gonna get this done, like, and if I do it's going to be bad and I might fail. If you had a friend in that similar situation, what advice do you think you would give them?

Client: I would probably just encourage them to be easier on themselves...maybe schedule an appointment with their professor...or to reach out for extra credit opportunities.

Comment: I was summarizing the evaluation process here and reminding client that her feelings of anxiety right now are not unusual. My attempts of trying to normalize the issues to give the client reassurance it is not just her and that it can feel better soon. I also wanted to offer the evaluation technique of asking her how she would respond to a peer or friend that might be having anxiety over the same situation. I could have been smoother with this dialogue, but I am generally satisfied.

Correction: I think that is probably a really realistic outcome of this situation, especially after learning how you have reacted and done with past similar assignments. You have talked about how you have stressed or had some anxiety with difficult assignments in school, but you ended

up completing them and making good grades. Again, I think a lot of students experience increased anxiety when dealing with school work, so what you are feeling is not very unusual and I believe that therapy and the CBT model can help you work through this anxiety. I want to use one last way to evaluate these automatic thoughts and think about your situation a little deeper. It might be helpful to think about what you would think or tell a friend if they were in the same situation. So, if you had a friend that told you I'm never gonna get this done and if I do, it's going to be bad and I might fail. If you had a friend in that similar situation, what advice do you think you would give them?

Therapist: Okay, I think that's really good advice. So, do you feel that there are either your professors or fellow peers or someone that you could reach out for help in your current situation?

Client: Yeah, my professors are very friendly and they want us to succeed.

Comment: I wanted to apply what advice she would give her friend to herself to help show her that she might be able to reach out for help to ease her current anxiety. I could have focused more on 'being easier on themselves' reaction.

Correction: Okay, I think that's really good advice. You mentioned you would tell them to be easier on themselves. Do you feel like you are hard on yourself or that you might could benefit from being easier on yourself?...Ok, what would that look like for you to be easier on yourself?...You also mentioned to reach out to professors for help or extra credit. Do you feel that there are either professors or fellow peers that you could reach out for right now to help this situation?

Therapist: Is there a certain reason you're avoiding reaching out? Or have you already tried to reach out with these two assignments?

Client: No, I haven't reached out, but I could.

Comment: I wanted to challenge the client a little here to think about why she hasn't already reached out if she thinks her professors are inviting and helpful. I also wanted to start making sure that reaching out for help would be something that the client actually does soon, so I wanted to identify any potential barriers to accomplishing this. I could have been smoother reflecting this, but I am satisfied with this dialogue.

Correction: That's good. I'm glad your professors are helpful. I am just wondering if there are any reasons you have been avoiding reaching out already? Or have you reached out about these specific assignments?

Therapist: Okay, so you feel that would be doable? You feel comfortable and kind of maybe we can add that to our homework later on?

Client: Yeah.

Comment: Again here, I was trying to make sure reaching out felt doable and comfortable for client and there were no potential barriers to discuss further.

Correction: Ok, so you feel comfortable reaching out to them soon?...In what ways do you think that might be helpful?...I think this is a really good idea that might help you right now. How would you feel about us adding this to your homework at the end of the session?

Therapist: So, we've kind of worked through this some, um, and evaluated it and just kind of, you know, even trying to get the perspective of if it was your friend going through the same situation. At the very beginning of this you were a high nine, which means it was giving you a lot of anxiety. Um, we're gonna go back to that scale and it's okay if it's the same number, but I just wanna see if after working through the CBT model a little bit, has that changed from one to ten?

Client: Yes...I would say, probably a 6.

Comment: I wanted to summarize what we just did working through the CBT model and also do another check in to see if client felt any differently about her automatic thoughts after going through this process. I could have summarized a little more concise here. I could have also asked client to rate her anxiety level gain. I did not make it clear whether the scale rating was on the truth of the automatic thoughts or anxiety level.

Correction: So, we've worked through this situation using the CBT model. We have identified your automatic thoughts and evaluated their truth in a few ways. We thought about what evidences you might have from the past to prove these thoughts true or false. We thought about possible best, worst, and realistic outcomes, as well as how you would feel or advice you would give to a friend in the same situation. I would like to go back to that 1-10 scale to see how real you think these automatic thoughts are now. At the beginning of this session, you rated them a 9. Has that changed any?...Using that same scale, how would you rate your anxiety about the assignments now?

Therapist: Okay, well that's a little bit of relief and a little bit of a decrease in your anxiety, so that's a good start. Um and you know, we've talked about this before and that fancy word, cognitive distortion, is kind of what we throw around, but that's just how we've already talked about how we can't always trust our automatic thought and sometimes they're negative and so that's really important to see if it's true or not and those cognitive distortions are kind of when we have it wrong, and it's a very false automatic thought. Um, I think I sent it to you last time and I can send it to you again after this, but there's a list of cognitive distortions. It's not really important for you to memorize them or be able to label which one you're doing, um, at the time. It's more important for you to just realize, is this thought true or not? But in this case, um, if you are referring to the list, this could fit under fortune-telling. You're kind of focusing on the future and trying to, you know, try to act like you realize what's going to happen way in the future instead of, like sort of, staying in the present a little bit more. Which is hard to really understand or catch unless you go through that automatic thought and evaluating it in that kind of system that we did.

Client: Yeah, I definitely think that I was fortune-telling.

Comment: I wanted to acknowledge the decrease in the rating. I also introduced cognitive distortions here. It might've been better to talk about cognitive distortions earlier in working through the model. I decided to wait till the client worked through evaluating the automatic thought. I am satisfied with this dialogue, but it could have been smoother and I could've engaged client more here.

Correction: Okay, well that's a little bit of relief and a decrease in your anxiety level, so that feels like a good start. What do you think?...I want to acknowledge again that our automatic thoughts are not always true and sometimes they can be untrue and have a negative impact on how we feel and act. When this happens, it is called a cognitive distortion. Cognitive distortions are when we really need to decide whether we can trust the automatic thoughts by evaluating them like we did today. I believe I gave you a list of some possible cognitive distortions during our last session. Do you still have that list?...Ok, looking at that list, which would do you think could apply to your cognitive distortion today?...This could fit under fortune-telling since your automatic thoughts were focused on predicting the future. You felt that you were never going to finish the exam or if you did, you wouldn't do well. It is not necessary to memorize this list of cognitive distortions and it is not always important that you label your cognitive distortion. The most important part of the CBT model is to just recognize if your automatic thoughts are true or not.

Therapist: Again it's not important to remember, like, the word cognitive distortion or the terms or which one you're doing. It's more important that you just realize, um, is this thought true? How's it affecting me? You know and just kind of dissecting the model that way. Okay, we have just a little bit of time to work on, um, the work problem. Would you like to go on to the work problem or stay on this school problem a little longer?

Client: Yeah, I feel better with school and think I'll be able to get my work done now, so I would like to talk some about work.

Comment: I was finishing up the section of working through the problem with the CBT model here. I was also trying to manage the time to see if the client wanted to work through her second problem of the work presentation. We did end up going quickly through the CBT model with the presentation situation, but I did not include that in this transcription. I am satisfied with this section, but I could have made it smoother.

Correction: A good thing to remember to ask yourself when you are feeling anxiety about something is 'what is going through my mind?'. This might help you start to notice your automatic thoughts easily. I want to be mindful of how much time we have left today. I know you mentioned you were feeling anxious about the work presentation. Would you like to keep focusing on the school assignments for the rest of the time or would you like to talk some about the presentation?

Set New Homework

Therapist: So, as we're coming close to the end of our session, I want to talk about new homework. Um, did you like the automatic thought record the part of it that you did do this last time?

Client: Yeah, I did like doing automatic thoughts um it was almost easier to like catch myself thinking in the middle, um, and I think it helped too that I was able to write them down so I wouldn't forget how I was thinking during that time. So yeah, I feel like I would like to try using it again.

Comment: I wrote in the reviewing homework section that maybe I should have asked if the automatic thought record was helpful or if she liked doing it as homework. I do think the client offered many indications on her own that she did find the previous homework assignment helpful before this section. I think I could have been more collaborative with this entire section though.

Correction: So, as we're coming close to the end of our session, I want to talk about new homework. **I always want to make sure that we create these homework assignments collaboratively and that you feel they will be helpful and doable during the week.** Um, did you like the automatic thought record the part of it that you did do this last time?

Therapist: So, then let's use that automatic thought record again. Um, so there's gonna be five boxes on the one that I send you this time. It's gonna be a little bit different. I'm just gonna see if you can fill it all out. So, last time you did two incidents that you felt anxious about. Do you want to stick with two or what kind of number fits you best right now?

Client: I think two is a good number and I guess if I have more issues than I can write down three.

Comment: I tried using homework that client already seemed satisfied and familiar with here. I could have worded it better though. I should have included more dialogue in this entire section that included emphasis on how I did not want this homework to give her extra stress since she is already feeling overwhelmed and anxious with school homework assignments to complete.

Correction: So, let's use that automatic thought record again. Do you feel like you could complete the other sections on the form that deal with going deeper into evaluating the automatic thoughts this time?...I know you have already shared how overwhelmed you feel with school homework assignments. I want to make sure that our homework assignments for sessions never add to your stress or anxiety level. So, I want to make sure you feel like what we assign now does not feel like it will add to any of these stressors, since the intention of these homework assignments are to actually help work through that anxiety. Do you still feel like completing the other boxes would be comfortable for you?...Do you want to stick with two situations this next week or do you have a different number in mind that fits you best right now?

Therapist: Yes and there's no limit, you know. Let's just shoot for a minimum of two, but use it as often as it helps you to actually write it all out. Um, okay, in addition to the automatic thought record, I want you to sort of make sure you have it in stone the goal of reaching out to your professor or peers for help on these assignments. Now, do you think it's going to be doable to at least make sure you reach out and try to schedule a meeting with your professor?

Client: Yeah, I think I could do that. I mean and that will be helpful for me to get the paper done anyways maybe to have some more guidance.

Comment: I wanted to let the client know that she can use the form as much as she felt needed. I could have reiterated here that it would also be ok if she was not able to achieve the total amount of two that we set for homework too. I also added the assignment of reaching out to her professor, since we talked in detail about how this could help her while dealing with the anxiety of her homework assignments during section of working through the CBT model.

Correction: Yes and there's no limit, you know. Let's just shoot for a minimum of two, but use it as often as it helps you to actually write it all out. **It is also ok if you feel like writing the minimum of two is too much during the next week. Again, I do not want these homework assignments to add any extra stress or anxiety.** Um, okay, in addition to the automatic thought record, I want you to sort of make sure you have it in stone the goal of reaching out to your professor or peers for help on these assignments. **I think this may be an important step since we identified it as a strength and resource while working through the problem today.** Now, do you think it's going to be doable to at least make sure you reach out and try to schedule a meeting with your professor?

Therapist: Okay, so you're comfortable with us putting that as a homework task?...Okay and you want to say you'll do it, how many days do we want to put on it, before you do it?

Client: Um, maybe three.

Comment: I wanted to put an actual number of days before the client would reach out to her professor, since she realized earlier in the session she had not done it already even though her professors are readily available and always helpful. I am satisfied with this dialogue, but I could have stated that I wanted the set number of days due to her previous avoidance of meeting with professors.

Correction: Okay, so you're comfortable with us putting that as a homework task?...**I think it might help if we put a certain number of days before you actually reach out on the list to make sure you do it in enough time to help you feel some relief when you're actually working on the assignments. Does that sound ok to you?...How many days do you think gives you enough time to make sure you reach out to the professor?**

Therapist: Okay, so in the next three days you'll reach out to your professor, um, for help or to maybe schedule a meeting to go over the assignments. Okay, great, anything else you want to add to homework?

Client: No, I don't think so. I'm excited to do the thought record again.

Comment: I am satisfied with this response. I might could've mentioned that she should be writing down the assignments as we plan them here too.

Correction: Okay, so I will put on the assignment that you will reach out to your professor within the next three days. I want to make sure you have a record of the assignments that you can refer back to during the week too. Have you been writing them down as we create them?

Therapist: Good and you seem to be doing really good with the thought record last time and sort of being able to put all the concepts of the CBT model together. So, that's really cool. Um, okay, everything on your homework seem doable for you?

Client: Mmmhmm.

Comment: I mentioned if all the homework assignments were doable for her, but I could have gone further by asking if she perceived any problems or reasons that would hinder her from being able to do all of the assignments.

Correction: Good and you seem to be doing really good with the thought record last time and sort of being able to put all the concepts of the CBT model together. So, that's really cool. **It really is a good way to remember how to work through the CBT model and get use to identifying and evaluating the automatic thoughts and cognitive distortions.** Um, okay, everything on your homework seem doable for you? **Do you think there will be any reasons or things that come up that would keep you from being able to complete all of the assignments before next week's session?**

Summary and Feedback

Therapist: So, I just kind of want to do a quick summary and get feedback before we end our session. Um, today, of course, we did our introductory mood check to the session. Um, you shared with me some of your homework from last time, which introduced the two problems we sort of worked through the CBT model with. So, you're having a lot of anxiety with your two school assignments and then the presentation at work. So, we sort of worked through those to figure out automatic thoughts, evaluate them, and sort of get a better idea of cognitive distortions. Um, we assigned your new homework of the automatic thought record form with the five boxes that I'll make sure I email you again after our session. Um, and then reaching out to your professor for help within the next three days. Um, okay, anything else you would like to add to the summary?

Client: I don't think so. I think you covered it.

Comment: Here I summarized the entire thing myself. I could have asked the client to give me her summary of the most important parts of the session. I could have also added some positive parts of the session during the summary. This may have helped the client to remember the highlights of the session in the long-run, especially the positive 'aha' moments.

Correction: So, I just kind of want to do a quick summary and get feedback before we end our session. Um, today, of course, we did our introductory mood check to the session. Um, you shared with me some of your homework from last time, which introduced the two problems we sort of worked through the CBT model with. So, you're having a lot of anxiety with your two school assignments and then the presentation at work. So, we sort of worked through those to figure out automatic thoughts, evaluate them, and sort of get a better idea of cognitive distortions. **You acknowledged that after working through these problems with the CBT model that you felt a little less stressed and anxious. You let me know that you really found**

the automatic thought record form helpful for homework. You also think taking your own notes during our session and referring back to them regularly would help you better understand how to deal with the anxious thoughts when they happen. Um, we assigned your new homework of the automatic thought record form with the five boxes that I'll make sure I email you again after our session. Um, and then reaching out to your professor for help within the next three days, since you also acknowledged that this may help you feel better about your school assignments. I know I just summarized our session today, but do you think you could give me your version of a summary of the most important or helpful things we did today? (It could also be helpful for me to ask the client to summarize key points before I offer my summary of the session.)

Therapist: Okay, and then last thing I'm always going to do is ask for feedback. How did you feel about our session today?

Client: Um, well I feel a lot better. I really liked how you asked me my best, my worst, and the most realistic outcome, because that really made me think about things that have happened in the past and like thinking that I have been able to do this before just makes me, almost like reassures me that I can do it.

Comment: This is me introducing the feedback section. I am satisfied with how I started this section. Maybe I could have made a better transitional sentence though.

Correction: The final thing I would like to address during our session is feedback. I would like to spend some time getting your feedback to understand how the session went for you today. How did you feel about our session today?

Therapist: Maybe that's something you should write down on your end for the notes of this session to kind of remember throughout the week and you know, ongoing if you felt like thinking, you know, past, future, what was right, or wrong, or the worst and best outcomes, any of that. If you thought that was helpful maybe make a note to yourself so you can refer to it. Was there anything other than that, that you particularly liked or, more importantly, anything you specifically didn't like about our session today?

Client: Um, no I don't think. So, really there's nothing that I didn't like. I think the session went really well...

Comment: I wanted to remind the client to write down the things she felt were helpful during the sessions. I could have been more concise with my words here to refer back to how these things are a part of the CBT model, but I am generally satisfied with it.

Correction: I am glad going through those seems to help you evaluate those automatic thoughts easier. Do you think that is something you should write on your notes from today's session so that you can read them throughout the week as a reminder how to work through the CBT model? Was there anything other than that, that you particularly liked or, more importantly, anything you specifically didn't like about our session today?

Therapist: Okay, so, um, and this is really important to me, probably the most important thing. Do you feel like there was anything today that I got wrong about something you shared?

Client: I don't think so.

Comment: This was going deeper into the feedback section to give the client different opportunities to give real feedback. I am satisfied with this part of the dialogue, but I might could have reassured her more that she can give me feedback whether it is negative or positive.

Correction: It is really important that you feel open, heard, and comfortable during our sessions. Do you feel like there was anything today that I got wrong about something you shared?

Therapist: Good, um, last one, is there anything you would like to do differently in our future sessions?

Client: No, I don't think so. I think everything went really well and I mean I already feel better.

Comment: Again, this was my attempt to go further into giving the client room to give me any real feedback she may have. I might could have reiterated here that she can share any negative or positive feedback at any time with me since she responded with 'I don't think so', instead of a solid 'no'.

Correction: **Ok. I just want you to know you can always share with me in the future if you ever feel like I did interpret something wrong that you shared.** Last feedback question. Is there anything you would like to do differently in our future sessions?

Therapist: Okay, well then we will make sure to schedule our next session in time before your presentation if that's what you would like to do. Um and we can review the homework at that time and go from there.

Comment: This was me trying to make sure we spent more time focusing on the client's work presentation before it happened. We discussed scheduling the next session before the presentation date to further to discuss it, since she placed it as a secondary issue to talk about in the current session. I am satisfied with this. I could have reacted more to her sharing that she already feels better.

Correction: **That's great! I am glad you are already feeling better after working through some of these issues today.** Okay, well then we will make sure to schedule our next session in time before your presentation if that's what you would like to do. Um, and we can review the homework at that time and go from there.

Segment 2: Reflections and Issues

Social Justice Issues

My client was a woman and a single mother. There are various social justice issues concerning these two factors that could arise in sessions. Some particular ones concerning being a woman could include pay inequity due to wage gaps between men and women in the workforce, promotion opportunities at work, and workplace harassment. Some issues concerning being a single mom could include establishing affordable child care, financial strains, finding a comfortable balance between motherhood and working, and neglected self-care.

If any of these issues had been discussed during our session, I would have made sure to be attentive and genuinely listen to the client's stressors. I would have provided empathy and helped her feel her concerns were valid. I think it might have been important to recognize how society's structure towards women causes these issues. It would have been essential to let the client know that I realize these struggles that she faces solely because she is a woman or a single parent and that I was not trying to dismiss or downplay her problems. Another factor I could be mindful of during our sessions together is if she has to cancel or re-schedule appointments depending on childcare or if while doing virtual sessions, her child is sometimes present.

As a social worker, I do feel obligated to focus on social justice issues in our society. I already advocate for women and single mothers in many ways, but I could continue or increase this advocacy by focusing on policy changes. There are many federal and state policies that allow for these types of discrimination towards women. There is also a lack of laws to help

single mothers, protect women, and promote equality. I plan to adhere to social work competencies in my practice by appreciating diversity and advocating for social justice.

Advanced Autonomy Practitioner

I have noticed an increase in my confidence and skills this semester when facilitating CBT sessions. I have learned the necessary foundation of the CBT model by recognizing automatic thoughts and how they affect feelings and behaviors. I have also acquired techniques to evaluate whether these automatic thoughts are valid. I find CBT enlightening because it gives the client a certain sense of power to change how they feel about a situation or how a problem may affect them. I think that I strengthened my skills to demonstrate this knowledge throughout the semester by practicing with pseudo clients. The structure of a CBT session is also another component that I feel more confident in administering now. Learning CBT has also helped me deal with automatic thoughts in my personal life. I find this therapeutic model extremely helpful and intend to use it in my practice as a master's level clinician.

I plan to strengthen my role as a practitioner by practicing and studying CBT and other evidence-based therapeutic approaches. For my practicum this year, I have the opportunity to continue practicing general therapeutic skills and CBT with clients at Omni Community Health. I will also continue incorporating these skills in my current professional roles as a therapeutic foster care resource coordinator. After graduating with my MSW, I will continue the role as a learner in as many ways as possible. I am eager to take more webinars and training to grow my knowledge of CBT. One main area I plan to focus on in the field is trauma. I will eventually become certified in Trauma-Focused CBT to assist my clients better since most of the foster youth I work with have historical trauma.

Technology

While utilizing technology as the primary platform for school and therapy sessions has been a challenging transition in 2020, I do feel there are some benefits. I am thankful that such advances in technology allow us to continue connecting, continuing our education, and providing therapeutic resources. These connections are likely more important this year due to the many challenging issues each person is experiencing. Connecting virtually with clients and school has offered me more time for self-care too. While self-care is essential in our field, managing a full-time job, school, and a practicum is consuming and often leaves little to no time for personal reflection or care. The virtual platform has offered a slower pace of life in various ways since I do not have to spend time traveling to specific physical locations throughout the day. I would also like to add that telehealth can offer resources to people that typically do not have them available close to their homes.

Telehealth does require some additional attention. One is exercising patience with learning and working technology. It has also been necessary for me to teach some clients how to use technology. I have been mindful of my surroundings at home during virtual sessions, including who else is in my home and my video's actual background. I have created a clean and clutter-free space in my house for sessions. I believe the computer video angle and lighting are also critical so that the client can clearly see you. Confidentiality must be kept by ensuring no one in my home can hear the video sessions. At times, I have had to use a specific room and earbuds so that others in my house could not hear the client or the session.

While technology has many benefits, it is not without its flaws. Some obstacles that I have encountered are technology issues of a client's device or internet not working during sessions. Some people may also feel more disconnected using video instead of being in person for a session. While driving to a particular location may add more energy and time into a session, it also offers a safe zone for the person to feel comfortable sharing. Due to this, I have focused on specific listening, interviewing, and reflective skills that might encourage the client to offer more to the virtual conversation. Many clients may not have the advantage of finding a place to be away from family to focus solely on themselves. This lack of privacy may also interfere with them sharing everything they would like to discuss with their therapist. I have even met a few clients in my practicum that did not have internet access in their homes. I have connected these clients to the Electric Power Board of Chattanooga's free internet services that are available during the pandemic. Despite these obstacles, I still am thankful that technology has allowed us to continue to connect during such a potentially isolating time for the world.