

Self-Evaluation Paper

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Advanced Clinical Practice: Interventions

Therapist: Hi, how are you doing today?

Client: I'm doing good.

Mood Check

Therapist: Good, I'm happy that you came back. That's good. How are you feeling today?

Client: Um, it's been an okay Monday.

Therapist: An okay Monday? What's been okay about it?

Client: Well, I got a chance to go outside today and it was warmer, so that was pretty nice. And I got a call from my mom earlier, so it was good to hear her voice.

Therapist: Okay, a call from mom (therapist jots down "call from mom") What did you and your mom talk about?

Client: Um, she started gardening, and um, she bought all the supplies for her Greenhouse. And she said that once I come home, that I can help her out.

Mood Check:

I believe that I did an okay job on the mood check. I identified how the client was feeling since she was skeptical about our first session. But at the end of our session, I realized that I never asked a scaling question. I asked how she was feeling but not on a scale from 1 to 10.

Key Correction:

"We are going to do two mood scale checks today. Our first scale check will be based off of your anger over the last week. So, on a scale from 1 to 10, 1 being I wasn't angry at all and 10 being I was angry everyday so I had a drink every day. Where would you say you were on that scale over the last week? ... And our next scale will be based off of how you are feeling right now, with the numbers meaning the same thing. 1 being I'm not angry and 10 being I am so angry and I feel like I need a drink right now."

Agenda

Therapist: Now, um we are going to, before we get started, you know we always start off with going through the agenda. About like the discussion today. Alright, so we're going to um, you're going to update me, well we're going to update each other about our previous session from last week. And we're going to review the homework, we're going to um do another mood check at the end of it. Um, and we're going to do, um also like discuss the problem some more and figure some more things out. Alright?

Client: Okay, yeah.

Agenda:

I think I did an okay job on the agenda; I just think that I was nervous at first so I was rephrasing my statements a lot. I noticed that I didn't work with the client to set an appropriate agenda, instead I explained to the client what the agenda consist of.

Key Correction:

"Before we get started, let's set the agenda together. What I have written down is that we are going to speak about the previous session, review the homework, focus on the target problem, set some new homework, and do another mood check at the end. Does that sound okay with you or would you like to focus on something different or complete each task in a different order? It's up to you."

Update from Previous Session

Therapist: Alright, so let's do the update from the session before. Um, how did you feel about the session last week? How was it?

Client: It was weird at first. And um, when you said that I had to do homework, and I am definitely well passed school age. I am too old for homework. But I actually did it and I brought back with me.

Comment: I believe that this was a good question but hearing the client's response, I realize that I should have rephrased the question. She answered the question pertaining to the homework, instead of how the actual session went pertaining to her thoughts and how she felt.

Correction:

“How did you feel about the session last week? For example, what was good or bad about it and was there something that you wished we would have focused more on?”

This response would have offered more clarification on what the therapist was asking.

Therapist: Good!

Client: So, I remembered. Um, yea it was pretty weird. Not going to lie, doing homework is strange.

Therapist: Mhmm

Comment: I should have gone back and asked what was weird about the session at first, instead of allowing the client to move straight into the homework. If I would have allowed the client to focus more on how she was feeling then it would have helped me have a better understanding of the client's thoughts on the first session.

Correction:

“Homework can be a little strange when you haven't had it assigned to you in a while, but earlier you stated that the session was a little weird at first. What made you feel weird about our first session, what thoughts took place?”

This response would have offered the client to become more specific and would have allowed the therapist to become more aware of what the client felt uncomfortable about.

Client: But, um what you assigned actually made sense. And as I was filling it out, I was like oh wow I actually believe what I'm writing down. And as I did my other thought log, because you assigned two...I brought back the better one of the two.

Therapist: Okay, that is all good. At least we did one of them that greats, that's great. That's all that matters. Now let's actually review this homework. Let's take a look at it.

Client: Okay

Comment: Even though I complimented the client on completing the task, I should have also explained to her that sometimes it's hard to believe something until it's written down and you can read it back to yourself.

Correction:

“That’s great! It’s not always about how good you did, but that you tried and with that trying you saw progress. Sometimes it’s hard to comprehend something when you can’t see, feel, or hear it. Having it written down, allows our brains to repeat it over and over without us even realizing it. So, you did a great job. Now let’s review this homework, let’s take a look at it.”

This response would have given my client clarity that she did a great job no matter what and that her therapist wasn’t looking for perfection. This would have also allowed the client to have an understanding of why writing her thoughts down allows her to process what she has been thinking and feeling.

Review Homework

Therapist: Alright, so our homework assignment was to do the thought record, where you uh talked about an event that took place, um how you felt about it, your thoughts about it, and what led you to act a certain way, or feel a certain way, or think a certain way. So, our action that we see, it says, “your work friend yelled at you and caused you to go home and drink.” Alright so that’s the action. Um, and your thought was, “you’re worthless and you have no friends. And your emotions, you were angry and sad. Now…”

Client: I know, my handwriting gets a little sloppy.

Comment: I am satisfied with my response because it was about me reading through my client’s homework to have a better understanding of what she wrote. The only thing I would change, is me pausing when I said “Now..” because it made my client feel like I couldn’t read her handwriting, which made her jump into saying her handwriting is sloppy.

Therapist: No, no you’re fine.

Comment: I should have explained that I was pausing to have a better understanding of what she wrote. I wasn’t pausing because I couldn’t read her handwriting.

Correction:

“Oh no, you’re fine. I can read your handwriting perfectly, I was just making she I was reading everything correctly before I moved on.”

This response would have calmed my client just a little because she wouldn’t have been focused on her “sloppy handwriting” and being afraid that I wasn’t able to read her homework.

Client: With the part where it says how much do I believe each response.

Therapist: Mhmm

Client: I was like, well at the moment, I was at a ten. I truly believe that I had no friends and even though she yelled at me, it felt terrible. But when I went home, I was like well she was upset at me at the moment, but I do have friends and I’ll get over it. So that part was kind of tricky.

Therapist: And now it says that you put down blaming. Now who did you blame, for like your friend yelling at you at work and causing you to drink?

Comment: Instead of jumping right into her writing down blaming, I should have responded back to her stating that she believed her statement on a level ten and asked her when she got home what made her not believe that statement anymore.

Correction:

“Sometimes our mind allows us to think the worse things possible, we just have to make sure we are thinking about what’s reality and not what’s figurative. Meaning, we have to try and separate what we know to be true and what we know to be false. So, when you went home what went through your mind that allowed you to realize that your first thought was inaccurate?”

This response will help the client understand that our first thoughts aren’t always correct. This gives the client the chance to rethink about what took place for her to realize that maybe her first thought wasn’t accurate.

Client: Um, it was my fault and it was kind of her fault too. I guess it was mostly her fault, because I was doing everything right. And then she came over and was like you didn’t do that part of your work assignment right. I had 20 minutes left on the clock, I can’t go back and fix three hours’ worth of work. You were supposed to check my work two hours ago. So, it really wasn’t my fault.

Therapist: Okay, now with this homework, did you feel like this homework helped you, um understand your thoughts, while with the situation happening? Because sometimes we’re unaware of like when a situation happens, we’re unaware of our thoughts and how our thoughts effect our feelings and how that effects our behavior. Do you feel like this homework assignment kind of helped or didn’t help at all?

Comment: This response was decent but I think that this was the wrong response at the moment. Instead of me going into the homework, I should have focused more on why the client continued to blame her friend.

Correction:

“So, you blame your friend because she didn’t come check your work 2 hours before hand? Now at first you also stated that it was kind of your fault as well. What makes you think that? For example, what part in this situation did you play and how could it have made a difference?”

This response gives my client the chance to realize that she could have done things differently and possibly had the chance to avoid the thought of her not having any friends.

Client: I think it did. Without even realizing it, I was like oh my gosh, therapy actually helps. So...(client smiles).

Therapist: Now later on we’re going to assign some more homework, would you like to keep this one or change it up.

Client: I think I want to keep it. I feel like I did a really good job.

Comment: I am satisfied with this response because instead of automatically switching the homework, I wanted to get my client's opinion. Having my client see progress and be proud of her work allows the therapist to understand that the client is really trying and switching up what previously worked can cause the client to no longer wanting to participate.

Prioritizing the Agenda

Therapist: (Writing notes) Okay, now let's kind of go through the issue again, okay? So, we can focus on it a little bit more. Now our issue was, um drinking. And feeling like we had a problem with constantly drinking and we couldn't stop it, and um, you blamed other people for it.

Client: Yeah

Therapist: Now also, with this problem, how do you feel. Like do you feel like it's getting worse, it has increased, or like with this homework assignment kind of helping, how do you feel?

Client: Um, since I started therapy, I know I was expecting a miracle and that all my problem would go away, but that wasn't realistic. And then our first session, we talked about that, so um I don't think the problem has gotten worse but I still do blame my parents a lot for the drinking that I do, and um you can't go back in time and fix your childhood. So, I'm trying to work with that.

Therapist: Okay, now moving forward, um what area would you like to focus more on? Like would you want to continue to focus more on the drinking situation or for instance you um stated blame your parents, you're blaming your parents for your drinking because of your childhood. Would you like to focus on that situation, the childhood part, or continue to focus on the future when it comes to drinking?

Client: I think it would help to focus on the drinking because that one is important to me right now. It is important to me that I fix the relationship that I do have with my parents, but that takes too much time. I want to start quick with the drinking, before my liver gives out.

Prioritizing the Agenda:

I think I did a good job, prioritizing the agenda. I was able to collaborate with the client to have an understanding of which situation we will focus on today. I was also able to guide my client back to the main topic that we decided was the most important at this time. One thing I would have done differently would have been allowing my client to understand that we can still address the other situation in our next session. Instead the client stated that it would have taken too long, so that it when I should have stated that we can still working on that later on in the future sessions.

Key Correction:

“Okay, so this session we will focus on your drinking problem and we will save your relationship with your parents for our future sessions. I don't want to think that I don't think that it's not important because it is, I just want to make sure that we give each situation all of our focus instead of trying to focus on more than 1 thing at the same time.”

Working on One Problem and Teaching Cognitive Skills

Therapist: Okay, now let's kind of work on that problem. Now with drinking, we're going to go back again with you feeling like you need to blame your parents for, um the childhood and everything. Now with that we do kind of, um address that as a cognitive distortion. And so that cognitive distortion would be considered blaming. And cognitive distortion is simply way that

our mind convinces us of something that isn't true. Um, these inaccurate thoughts are usually used to like reinforce negative thinking, behavior, emotions, you know, telling ourselves things that sound rational and accurate. But it really only serves us to keep us feeling bad about ourselves, it's not like helping us in the long run. Alright? So, with that, we're going to try to turn it around and let's kind of like eliminate that if we can. So, we can focus on the problem as itself. Now, what happens when you drink? Like what takes place?

Comment: Focusing on the problem allowed me to explain cognitive distortions to my client, but I realized that I didn't make sure if my client understood what I was saying. I should have given examples for my client to have a better understanding of what exactly are cognitive distortions.

Corrections:

“As we are working on the problem, which is drinking, we are going to go back to you stating, “you blame your parents for your childhood and everything.” In Cognitive Behavioral Therapy (CBT), we focus on the irrational thought patterns a person has, which are called Cognitive Distortions. Cognitive distortion is simply way that our mind convinces us of something that isn't true. These inaccurate thoughts are usually used to reinforce negative thinking, behavior, emotions, you know, telling ourselves things that sound rational and accurate. But it really only serves us to keep us feeling bad about ourselves, it's not helping us in the long run. As we discuss the main problem, drinking, you have stated that you blame your parents. With those thoughts, the cognitive distortion that you associate with is called blaming. Blaming is when you focus on the other person as the source of your negative feelings. For example, you are focusing on your parents being the source to your negative feelings which are causing you to drink. So, do you understand cognitive distortions and how we all can associate with them?”

This response would have offered my client understanding of what cognitive distortions are and how her thoughts associates with blaming. Giving my client an example could have started the process of her understanding of her thoughts and behavior clearer.

Client: Um, usually I'm upset when I'm drinking. So, someone will say something that just makes me really upset. And instead of confronting them right then and there, I just drink.

Therapist: (writing down and repeating what the client just stated) upset, and causing drinking. Now can you give me an example, of um that particular time?

Comment: Responding to my client with asking for an example was a good idea, but I also should have focused on positive activity. So right after I asked for an example, I should have used this time to focus on what good drinking looks like and ask have she ever experienced that.

Correction:

“I understand that you usually drink when you are upset. But I wonder, have you ever experienced “good” drinking? Meaning, having one glass of wine to celebrate accomplishments or being in a positive atmosphere. With negative drinking, which is when you drink because you're angry, can you give me an example of a particular time where you drink because you were angry. And then I want you to give me a time where you had a positive drinking moment as well.”

This response allows my client to know the difference between positive and negative drinking. Which can help her identify what activities she partakes in and why.

Client: Yeah, um I went home last month because it was Thanksgiving and um my brother and younger sister were there. I was trying to help my mom with cooking and my brother's like, "No, I've got it, because you're just going to mess it up." And I was like no I can actually help, and he didn't want me in the kitchen so he pushed me out and my mom didn't say anything. And I drink because I was upset. Even though my parents didn't say it, they were kind of like well your brother is the golden child, so we don't need your help. Even though I was offering my help for free.

Therapist: Now, with this we also do, you know like we did last week, the if-then statements. So, you're saying if you're upset then you'll drink. (Therapist writes down statement.)

Comment: Listening to my client, I was trying to focus on the client's automatic thoughts to move into the If...Then... statements. Before moving into that, I should have asked the client what she thought would have taken place if she didn't go and drink. This would have allowed me to have a better If...Then... statement.

Correction:

"So, you were in the kitchen trying to help your mom cook and your brother felt as if you would mess things up so he pushed you out of the kitchen. Because he pushed you out of the kitchen you went to drink because you were upset and didn't want someone else to be mad at you. So, let's do what we did last week, the If...Then... statements. So right now, you're thinking, "IF I get upset and go drink instead of showing my emotions, THEN I can avoid others being mad at me." Is that right?"

This response gives the client a better understanding of their automatic thoughts using the If...Then... statement.

Client: Should I follow on my thought record too?

Therapist: Yes, you can. (Therapist then repeats statement to client so client can write it down.) Now how much do you like believe, well let's, (pause) okay (pause). If upset then you drink; now what do you think drinking is going to eventually cause? Like do you...Is this drinking helping you cope with your emotions or is this drinking pushing it to the side that you don't want to deal with anybody or is it like the drinking helping you.

Comment: While these questions could help the client and therapist have a better understanding of why she drinks, it would have been better if I would have stuck with my first question, asking, "how much does she believe that statement."

Correction:

"So, with the statement, "IF I get upset and go drink instead of showing my emotions, THEN I can avoid others being mad at me." How much do you believe that statement, on a scale from 1-10? 1 being I don't believe it at all and 10 being that statement is a 100% true."

This response is a better way to evaluate the client's automatic thoughts. It's precise and to the point, which will allow the client to understand the question and be able to answer the question with understanding.

Client: At that moment it feels like it helps, but then I feel worse later, because I know I wasn't sociably acceptable at that moment.

Therapist: So, you feel like drinking helps at that moment?

Comment: Asking the question, "so you feel like drinking helps at the moment," was a good question but I should have focused on her statement, "that she knew she wasn't sociably acceptable."

Correction:

"Sociable acceptable? Can you elaborate a little more? Why did you feel like you weren't sociable acceptable at that moment?"

This response would have asked for more clarification on what the client meant, so that the therapist could have understood the client's thoughts and feelings fully.

Client: Yeah.

Therapist: Do you feel like if you don't drink something else will happen? Like what if you got upset and you didn't drink, what would you do?

Comment: I like the way I asked this question, but I believe that this would have been a perfect time to have my client create an IF...THEN... statement herself. This would have given the client the opportunity to have a better understanding of what takes place when she drinks and what could possibly take place if she doesn't.

Correction:

"Do you feel like something else will take place if you don't drink? Like what if you got upset and you didn't drink, what would you do? Before you answer, I would like for you to form it into an IF...THEN... statement. "If I got upset and didn't drink, then...""

This response gives the client the opportunity to evaluate her own thought.

Client: I probably would have to confront whoever is making me upset. And um that one is kind of scary.

Therapist: Why is it scary?

Comment: Asking an open-ended question was a good approach, but I should have asked more about why she would need to confront that person that made her sad. And if she needed to, then to explain to her how to approach them in the correct way.

Correction:

“Why do you feel that you would have to confront someone and why would that situation be scary? Some people think that when you confront someone you have to approach them aggressively, and that’s not always the case. If someone hurts your feelings, instead of trying to hurt them back just let them know, in a nonconfrontational way, that your feelings were hurt and why. This will allow others to respect you and become aware of what can possibly make you sad.”

This response allows the client to understand her options and that when she’s angry that there are multiple ways to express herself in the appropriate fashion. This response also allows the client to be aware of her automatic thoughts because those thoughts can turn into feelings which will turn into quick irrational behavior.

Client: Because that means that someone can be upset with me and hold that against me. But if I go and drink then it just me and no one else is upset with me at that moment.

Therapist: So, drinking equals alone. Okay, now if you’re upset then you drink. Now how much do you believe that statement? Like is it always or not always? Like on a scale of 1-10 how much do you believe that statement?

Comment: While stating that drinking equals alone was a good thing, instead of going into how much does she believe that statement, it would have been better if I would have showed her that someone is still mad at her.

Correction:

“So, drinking equals alone? Now I understand that you stated that if you drink then it’s just you and no one else can be upset with you, but in that moment someone else is upset with you. And that person is you; you might not want others to be upset with you but when you drink you become upset with yourself.”

This response allows the client to think in a direction that she’s never thought of before. The client is used to blaming others but this statement gives her the chance to blame herself and begin to take responsibility.

Client: A solid eight.

Therapist: Now do you feel like if you continue to drink, what do you think would happen if you continue to drink?

Comment: Instead of moving on, I should have allowed the client to describe what an eight is to her. After I understood what an eight was, I then could have gone into the questions that I asked.

Correction:

“A solid eight. Can you describe to me what an eight means on your scale?”

This response, offers clarification. An eight for the therapist can be different than an eight for the client.

Client: Well if I continue to drink, I probably won't be invited around my niece and nephew and probably won't end up making it to see my 40's. I had an uncle that died of liver failure. Yeah, he also liked to drink.

Therapist: So, we're going to go back to the if and then statement. So, we have if you continue to drink then you won't be able to see your niece and nephew. And another one we have is, if you continue to drink then you won't make it to your 40's. That's a big one. Now how much do you believe that statement, that you won't make it to your 40's?

Comment: With this response, I continued to evaluate the client's automatic thoughts instead of being more empathetic about her stating that her uncle died.

Correction:

"I'm sorry to hear that. I understand that that can become worrisome and can either cause you to drink or cause you to stop drinking. If you don't mind, which one of those statements affects you the most?"

This response would have given my client comfort by showing it through empathy and then still being able to ask my client which one of those two statements she felt strongly about.

Client: Well my uncle died super young, so I think it's pretty strong. I believe that one maybe like 90% of the time.

Therapist: Now, how do you feel when you think this?

Comment: Because her uncle death was factual, she was going to believe that statement higher than others. So, I could have asked if she knew anyone else that drink that is in their 40s or over and was still alive.

Correction:

"Again, I am so sorry to hear about your uncle's death. Is there anyone else that you know of that drinks that is 40 or older?"

This response shows empathy to by client but it also allows the client to understand that everyone's life isn't the same by allowing her to think of others that drink a lot but aren't deceased.

Client: I feel really sad.

Therapist: Now how strongly do you feel about this? Like when you said you're really sad, how strong is that feeling? On a scale from 0-10. Zero being, well I'm sad but nothing is going to change or a ten like I'm really sad and I have to flip this thing around?

Comment: After placing the client's sadness on a scale I should have asked her how sad was she feeling about right now to have a comparison between them both.

Correction:

“How strongly do you feel this sadness? On a scale of 0-10; zero being I’m not sad at all and ten being I’m so sad that I can’t leave my house. With the number that you pick, we’re going to compare it with how you are feeling at this moment.”

This response allows there to be a comparison between the client’s feeling then and the client’s feeling now. It will allow the therapist to be aware of how the client rates her sadness.

Client: Um, I think, I’m probably at a nine with that one, because I started therapy with you and I do want to change my life.

Therapist: Now with the, if I drink then I won’t make it to my 40’s, when did this start come up for you? Like when you’re drinking...usually you know when you’re drinking, we’re thinking, I’m angry, I just want to tune everybody out. That’s why I’m drinking. But when does like this start coming into your head, like I’m drinking and I need to stop, I’m not going to make it to my 40’s.

Comment: With the client stating that they’re attending therapy because they want to change their life that is when I should have acknowledged the steps that the client has taken. After that, then I would have asked the following questions: when does these specific thoughts appear in her head?

Correction:

“And I am happy to see the steps that you are taking to change. It’s not easy but you’re here and you’re doing it and that’s great! I’m proud of the progress that you are making. Now going back to the “if I drink then I won’t make it to my 40’s statement,” when does this thought cross your mind?”

This response shows the client that the therapist sees her progress and it’s not going unnoticed. The therapist is showing positive recognition.

Client: It’s usually when I’m at home alone and there’s no one else around and I’m like wow I’m the one that messing up my life, nobody else.

Therapist: Now with that thought, did you notice anything happening in your body? Like emotional wise or like some people when they, um think too hard about it they break out into sweats or hives. Did you notice anything happening in your body?

Comment: While this is a good next step for evaluating the client’s automatic thoughts, I should have acknowledged the fact that the client is beginning to take responsibility for her own actions.

Correction:

“Did you hear what you just said? You realized that no one is messing up your life but you. That’s taking ownership in your own actions. And you aren’t messing up your life, you’re just trying to figure out what direction you want your life to go. Now with you realizing this, have you ever noticed anything happening in your body? For example, when some people are feeling a strong emotion, they begin to sweat or break out in hives. Have you ever noticed anything happening in your body?”

This response shows the client the progress that they're making. They are showing ownership without realizing it. This response also allows the client to become more aware of what takes place with them, physically.

Client: Um, I did start to break out in a sweat, I also felt more tired.

Therapist: And because you broke out in a sweat and were really tired did you continue to drink, after that?

Comment: Instead of asking right away did the client continue to drink, I should have asked what did she do next, because she might have said something differently.

Correction:

“When you realized that you were sweating and became tired, what did you do next?”

This response would have allowed the client to state her own answer instead of agreeing with what the therapist asked

Client: (client shakes her head)

Therapist: What made you stop?

Comment: Because of the client's silence, it shows that she knew that she needed to stop drinking. With the client's body language, I should have supported the client by comforting her and then asked what made her stop.

Correction:

“It's okay, that's good; you're realizing the changes that you're making and it's hard and that's okay. So, what made you stop?”

This responds also shows the client support and that her hard work is being acknowledged.

Client: Um, honestly, I thought about seeing my nieces and nephews, that made me stop. They're really young and I don't want them to have the same childhood that I did. Where I saw my uncle dying from liver failure.

Therapist: Now, was there anything, okay so you said you did stop? Now how long did that take? Like did you stop and was like “alright I have to go to bed” or did you stop and just think for a minute, like what took place next? After you stopped drinking?

Comment: I noticed that I basically asked the same question here. Instead of asking what took place next, again, I should have focused on the thought that she had that made her stop, which was her nieces and nephews.

Correction:

“I noticed that you have mentioned your nieces and nephews a lot. I can see that you care for them and that they care a lot about you too. Having a support system is very important. It helps us get through tough times when we feel alone. Thinking about your nieces and nephews allowed you to stop drinking because you don't want them to grow

up seeing what you saw happening to your uncle. With that thought what took place next?”

Client: After I stopped, I threw the rest of the drink that was in my hand down the drain. And then I found a bottle and also dumped that one down the drain, but I had others in my house so, I didn't throw those out.

Therapist: Now, you stated that um, this happened to your uncle because he died really young with um liver cancer. Wait, was it liver cancer?

Comment: While this is an appropriate question to receive more information, I should have shown acknowledgement to the client for taking that first step and dumping the glass and the entire bottle down the drain. This action showed real progress and determination that the client wants to change.

Correction:

“Wow, that's a big step and that's wonderful. You are taking responsibility and making sure you are reaching the goal that you want to reach.”

This response shows support to the client, because this progress isn't easy and showing the client that you acknowledge their hard work every step of the way, shows them that they have your support.

Client: Liver failure.

Therapist: Liver failure, okay. (writes it down). Okay and so, what evidence supports this idea that you're going to die when you're 40 if you don't stop drinking. Is that that evidence, your uncle?

Comment: Understanding that there needs to be evidence that supports the client's thoughts, instead of saying the obvious answer, which was the client's uncle. I should have asked the client, what evidence does she have that supports her thoughts and just have let her answered the question herself.

Correction:

“Is there any evidence that supports this idea that you're going to die when you're 40 if you don't stop drinking? If so, what is that evidence”

This response allows the client to provide any type of evidence that will support her thoughts.

Client: (Nods her head) Yeah.

Therapist: Okay, now is there any evidence that's against you actually dying when you're 40 if you continue to drink?

Comment: Before moving into the evidence that's against the client's thoughts, it would have been best to explain to client that the evidence that she has is valid but doesn't mean that this will happen to her.

Correction:

“That is solid evidence, because you aware that drinking caused your uncle to have liver failure and dye. But is there any evidence that is against you dying when you’re 40, if you continue to drink?”

This response validates the clients evidence but it also gives her the chance to realize that there is also evidence that goes against this thought.

Client: I have a couple of friends that are older than me and they drink and they’re still alive. But they’re probably not good examples though...

Therapist: Now, what’s the worst that can happen? If you, let’s say if you stop drinking. Well no let’s start off with what’s the worst that can happen if you continue to drink?

Comment: While this is an appropriate next step to allow the client to understand how things can get worse if she continues to drink, instead I should have explained to the client how her friends are a good example in this case.

Correction:

“Well in this case your friends would be a perfect example, because some of them are older than you and in their 40s and like you stated, they drink and they are alive. This clarifies that just because you drink doesn’t exactly mean you’re going to die young. So, now let’s discuss about the worst thing that could happen if you continue to drink.”

This response allows the client to be aware that there is evidence that goes against her thoughts and can be considered more accurate than the evidence that supports her thoughts.

Client: I end up in a rehab facility, I lose all contact with my family, and I die.

Therapist: Now what’s the best thing that could happen if you continue to drink?

Comment: Before moving forward and asking about the best thing that could happen, it would have been best to sit and discuss the worst thing a little more, so that the client can really understand the possible outcome of the worse.

Correction:

“That’s a lot, losing contact with your family, meaning no contact with your nieces and nephews, checking into a rehab facility, and dying. None of that sounds like that’s what you want. Now that we understood the worse that could happen if you continue to drink; what’s the best thing that could happen?”

This response allows the client to sit and think about if the worst could really happen and allow her to think about what she will do to make sure that the worst doesn’t happen.

Client: I keep all of my friends that I have.

Therapist: Now let’s change it up. What’s the worst thing that could happen if you stop drinking?

Comment: Before moving on to the worst that could happen if she stopped drinking, I should have asked her more about her being able to keep her friends if she decided to continue to drink.

Correction:

“You get to keep all of your friends, now is keeping all of your friends worth going to a rehab facility, losing contact with your family, or even dying? And do you think you would actually lose all of your friends or just a few? Now let’s discuss the worst thing that could happen if you stop drinking?”

This response allows the client to think about her options. It allows the client to be aware that she has more than one choice.

Client: I lose my really cool friends.

(They both laugh)

Therapist: And what’s the best that could happen if you stop drinking?

Comment: I am satisfied with this response, because it is allowing the client to think of the positive outcome that she will have when she stops drinking. This also helps the client focus more on positivity than negativity.

Client: I get to live a really long life and I get to see my family more often.

Therapist: Now, you say you could live a really long life, and what was the last thing you said again? You said about your family?

Comment: Instead of repeating the first thing that the client stated it would have been best if I would have just asked for her to restate what she said because I missed it.

Correction:

“Forgive me, do you mind repeating what you just said, I missed the last thing you stated. It was something about your family.”

This response, shows my client that I am trying to make sure I catch every word that was said. It allows for the client to feel heard.

Client: Oh, I get to see them more.

Therapist: (writing down what the client just said and repeats it) Now what will happened if you believe this? Like if I stop drinking, I can do all of this plus more. What will happened if you continue to believe that?

Comment: While this is an appropriate question, instead of asking what will happen next if she continues to believe, it would have been best if I asked what was hindering her from achieving that best outcome.

Correction:

“Now you said the best thing that would happen if you stopped drinking, would be that you are able to see your family more. Why is drinking stopping you now from going to see your family more often?”

This response offers the client to understand that it isn't drinking that's hindering her from doing things, it's herself. With the client understanding that, that will allow her to understand that she has been in control this entire time.

Client: That I will actually throw out every bottle in my house. And tell my friends that I'm not going out to the bars or the clubs that they want to go to.

Therapist: Now you bring your friends up a lot. Let's say, give me a name, what's one of your friend's name?

Comment: While this is an appropriate question, because I am moving into the validity of the thought, I first should have explained to the client that her throwing out every bottle was a goal to be met, but allow her to realize that that will take some time.

Correction:

“That's great, that sounds like that is your main goal? But don't feel like you have to lose your friends in order to stop drinking, because you can keep them; it's all about self-determination. Now you mention your friends quite often. Let's use one of them as an example. What's one of your friend's name?”

This response would have allowed the client to understand that she doesn't have to give up on things or illuminate them from her life just to accomplish her goals.

Client: Aubrey

Therapist: Aubrey, okay, that's a pretty name. Now what would you tell Aubrey if she was in the same exact situation?

Comment: Before stating this question, it would have been best if I explained to the client what was about to take place.

Correction:

“We are going to do an activity I like to call Mirroring. Mirroring is where you put someone else in your same position and think of what you would tell that person. So, if your friend Aubrey was in the same exact situation you are in now what would you tell her?”

This response would have allowed the client to become aware of what was about to take place. It would have also allowed her to think about how easy it is to tell someone else what they think they should do rather than them being the actually person in the situation.

Client: Ooh, that's a good question. I would tell Aubrey to stop drinking honestly and seek help because you can't just stop drinking on your own. You need someone else on the outside to coach you. I would also tell her that in order to stay friends with her that we have to stop or she

would have to stop, because I'm seeing what it does to her and I don't like her when she's drinking.

Therapist: Okay, now do you see what's happening to her happening to you? Do you see a connection or is there no connection?

Comment: My response could have been different. Asking if she sees the same thing happening to her friend happening to her and if there was a connection, was meaningless because since we are mirroring the client, then it would be obvious that there's a connection. So, I should have asked a different question.

Correction:

“The things that you just stated, do you wish someone would have told you the same thing? Also, sometimes friends are unaware that there is an issue going on, so sometimes it's our job to tell our friends what's going on and ask for their support.”

This response would have allowed the client to understand that sometimes people are unaware of situations until it's brought up. This allows the client to be okay with asking for help.

Client: I see a connection.

Collaboratively Setting Homework

Therapist: Okay now let's um, because we discussed the problem, let's try to go through some homework. Let's see what we can set up, okay.

Comment: Instead of stating that we are going to through some homework, it would have been best if I would have stated that we are going to set up some new homework.

Correction:

“Because we have discussed the main problem, it is now time to set up some new homework that we will look over next week.”

This response allows the client to become aware of what is about to take place next.

Client: Okay.

Therapist: Now I know you said that you liked doing the thought record and that is great! We're not going to change that. We're going to continue to do that. But I would also like to try another part, another piece of homework. It's going to be, it's similar but it's a little different. I calling like climbing the ladder. Okay?

Comment: It's great that I mentioned that we were going to keep the first homework assignment, but it would have been better explaining why other than the client enjoying it.

Correction:

“I know that you stated that you liked doing the thought record as your homework, and that is great; we're going to keep it. But we are also keeping it because it allows to you become aware of your thoughts and how they can affect your feelings and behavior. With this new assignment you are going to also need to keep the thought record because it can

help you stay focus on reaching your end goal. The new assignment that I am giving you is called Climbing the Ladder.”

This response would have given the client more understanding of what the thought record would consist of and how it pertains to the new assignment.

Client: Okay

Therapist: Okay, I’m going to write it here with you. So, we have a ladder, well I actually need a different pen but that’s okay.

Comment: This response was appropriate because I was informing the client that I would write it with her to show her how to do it but my last comment wasn’t needed. It could have allowed the client to feel as if I was unprepared.

Correction:

“I’m going to write down the assignment with you so I can make sure you have a clear understanding of what is taking place and we can work on this homework together.”

This response would have avoided the part where it seemed like I came unprepared.

Client: You can use mine.

Therapist: Thank you. So, um we have a ladder. And what do you usually do with a ladder?

Client: You climb it.

Therapist: Alright, and our goal for the ladder is to get to the top. So, our goal is whatever is at the top. Okay?

Client: Alright.

Comment: Asking closed ended questions allowed the therapist to make sure that the client was following along and understanding what was taking place. But instead of using closed ended questions, I could have just continued to describe what was taking place and then asked the client does she follow.

Correction:

“So, we have a ladder, and usually when someone has a ladder it’s because they’re trying to reach something that is high off the ground. Usually the item that is high of the ground is their end goal to reach. So, with this homework, our goal is whatever we put at the top of this ladder. Are you following me or are you little confused?”

This response would have allowed the client to have a better understanding on why a drawn ladder is going to be this week’s homework assignment.

Therapist: And so, like for instance, the first part, the first ladder would be something that’s super small. Alright, it’s something that you can maybe accomplish in like two days. And so, what do you think that um, one accomplishment would be. Like let me give you an example, like for instance um, if I wanted to see my mom, my first step would be to call her because I don’t want to just pop over at her house, because she might not be home, and then my feelings might

get hurt. So, our first goal is something super small. And so, when it comes to drinking, what do you think your first step should be? To try to like um, kind of like ease down like stop drinking?

Comment: Giving the client an example of what would be the step in reaching the main goal was a good idea but I should have not stated how long the first step should take because the first step might take me two days to accomplish but might take the client a week.

Correction:

“So, for instance the first step of the ladder should be something small that wouldn’t take long to accomplish. For example, if my goal was to go see my mom, my first step would be to call her, because I wouldn’t want to pop up at her house without calling; she might not be there which would cause my feelings to be hurt. So, our first step is something super small. And so, when it comes to drinking, what do you think your first step should be?”

This response would have allowed the client to have an understanding of what the first step would consist of by understand the example given.

Client: Um, can I call a friend who is not drinking in my friend circle?

Therapist: (Nods her head) Mhm. (writes down call a friend on the first step of the ladder) Now with calling a friend, what’s that going to do?

Comment: Instead of stating, “what’s that going to do?” It should be rephrased because I don’t want the client to feel as if I don’t think that is a good idea.

Correction:

“Calling a friend who doesn’t drink is a great idea. What result are you looking for when you call this friend.”

This response would have allowed the client to think what they are looking for once they call this friend. Instead of just creating a step, they have to realize what results they are looking for.

Client: Well usually when I drink, I’m sad, so maybe I can call a friend and blow off some steam.

Therapist: (repeats and writes down blow off some steam) Okay, so see that will be our first step. And now um, what about our second step? Like let’s start climbing that ladder. What would your second step be?

Pause

Therapist: And now like your first step could take about two days or maybe a week if so, and your second step would obviously take longer to reach, and then your third step a little longer and then your fourth step is your final goal. Alright. Now actually let’s set a goal.

Comment: Moving on to the second step is great, but mentioning the amount of time that each step could possibly take could hinder the client. Everyone’s timing is different, so I shouldn’t have expected for the client and I to be on the same timeframe. Also instead of going straight to the next step a final goal needs to be stated because we are unaware of where these steps are leading us.

Correction:

“Great, that’s our first step, now before we move on to the next step, we need to set a goal.”

Client: Okay

Therapist: What’s our main goal that we want to reach?

Client: I want to be six months sober.

Therapist: (repeats and writes down the main goal) Okay, now what’s our second step?

Comment: Instead of moving straight into the second step, I should have praised the client for setting a high achievable goal.

Correction:

“That is an excellent goal. It is what we call a SMART goal, Specific, Measurable, Attainable, Relevant, and Timely. Now that we have set this amazing SMART goal, what is our second step?”

This response would have offered the client support and confidence that this goal can be reached.

Client: I think a good second step probably would be to tell my parents that I’m trying to quit and to see if I can get their help.

Therapist: Okay (writes out clients second step on the ladder). Okay, now what’s our third final step before we reach the goal?

Comment: Instead of moving into the third step, I should have reminded the client that a support system is important.

Correction:

“That’s a great next step, always remember that a support system is very important if someone is planning on accomplishing goals. It’s easy to give up on yourself, so we need support from others to keep us pushing. So, that’s a great second goal. Now, what about your third step, the step right before the main goal?”

Client: Throw out all the alcohol and then have the first friend that I called to keep me accountable. So, the person that was on the first ladder step.

Therapist: Now with the call of friend how long do you think this would take?

Comment: I should have acknowledged the clients third goal more because it’s a big step to take before reaching the main goal. It was okay to ask how long she believe that the first and second step would take but once it got to the third step, I shouldn’t have asked how long those steps would take.

Correction:

“Wow, that’s a big step! That’s an important step as well. So, that’s a good step to have right before the main goal. Because without that step it would be hard to accomplish the main goal.”

This response would have offered the client support in her third final step before the main goal. The therapist showed compassion and faith that she had for her client.

Client: Maybe like a week.

Therapist: Okay, and what about tell the parents? For you to call and ask them for help?

Client: That will probably take a longer time.

Therapist: Okay and then throw out all the alcohol?

Client: (chuckles) That stuff is really tricky.

Therapist: Oh no, that’s fine. Because our end goal is 6 months sober, so this is our main prize. Alright? Now once you’ve reached this goal, what’s your prize at the end?

Comment: Understanding that everyone’s time-frame is different, I shouldn’t have asked the client how long she thinks that each step would take. Asking her that could have scared her into not believing that should could accomplish those goals.

Correction:

“So, we are aware that the first step might take a week for you to accomplish, but understand that it’s okay if it takes you longer than a week, we are in no rush. Each step is based off of your timing, so whenever you feel ready, I’ll be ready with you. Now once you’ve reached this goal, what’s your prize at the end?”

This response would have allowed the client to breath and understand that no one is rushing her to complete her goals. With the client understanding that she isn’t rushed allows her to feel supported.

Client: I’ll probably move back home.

Therapist: So, this is what our new homework is going to be, okay. You can continue to do the thought record because you like it and you feel like it’s working and you can actually see a lot of changes but then we’re also going to kind of include this as our homework to create these steps to complete. Okay?

Client: Okay.

Comment: After client stated her prize that she will reward herself with, I should have congratulated her instead of jumping right into restating the homework.

Correction:

“Moving back home, that sounds wonderful. I look forward to that for you because I know that will make you extremely happy. That’s a really great self-prize. Now remember you can continue to do the thought record because it helped you understand your thoughts better and have control over them. However, this is also your new homework assignment, to try and complete these steps to reach your main goal, which is to be six months sober.

This response would have allowed the client to understand that her therapist is working with her to make sure she achieves her goals to receive her self-prize. This response also allowed her to have a better understanding of how her homework assignment will help her in the long run.

Providing a Summary and Eliciting Feedback

Therapist: Alright. Now, we're at the end of our session, um we're going to do like a summary of everything that we did. Um, we went through your mood and how you were feeling when you came in today. Um, and actually how are you feeling at the end, how are you feeling now?

Client: I feel pretty good. I like this new exercise.

Therapist: Okay, that's good, that good! Because I know when we came in um last week, we ended at like a seven, because you felt like you didn't know if therapy was working it was your first session, so you were like I'm not pretty sure about this and so you felt like you were a seven. How are you feeling at the end, with us being pretty good about from a scale of 0-10?

Client: I feel like I'm at a three.

Therapist: Okay, Good! That's amazing! Okay, now um, we went through the mood check, the end mood check. We went through the main problem that we focused on, which was the drinking and trying to figure out steps to um allowing our self to stop drinking. We went through the homework; we reviewed the homework from last week and we also set some new homework for this week. Is there anything that I'm missing, oh we went through the cognitive distortion of you feeling of um blaming. And we spoke about how that affects us and how that basically trying to keep ourselves feeling bad about ourselves.

Client: Yeah

Therapist: Now other than all of that, is there anything I missed or anything you wanted to add?

Client: I don't think so.

Therapist: Okay, um how are you feeling about coming back next week?

Client: (nods her head and smile) I think I'm ready.

Therapist: Okay, now remember with this new homework, I'm not expecting you to meet all of them by next week, okay.

They both laughed

Therapist: So, don't feel like you're being rushed or anything. But let's set up another appointment for next week. Alright?

Client: Okay, I like that.

Therapist: Okay great, thank you for coming today.

Client: Yeah.

Providing a Summary and Eliciting Feedback:

I believe that I did a great job on providing a summary and eliciting feedback. I remembered to do the end mood check that included the 1-10 scale question, I asked the client if I missed anything or would like to add anything. I elicited feedback and responded to every verbal and nonverbal feedback throughout the session and at the end of the session. One thing I would have added, would be to ask the client if they wanted to change something or preferred something else, so that I could make sure that it happened in our next session.

Key Correction:

“Would you like to change anything about our sessions to make you more comfortable? Or is there anything that makes you uncomfortable, so that I can be aware of for our next session?”

Reflections

At the beginning of this semester I thought I was going to have CBT understood quickly. I have always been confident and comfortable talking to others and figure out their problems and how to help them, but with CBT it's a little different. When we started to discuss CBT in class, I did not like it, at all. I felt like I wasn't understanding the thought process of it all. I felt like I was calling my clients stupid because I was asking them questions that most people are already aware of. For example, if I explained to a client that their thoughts, effect their feelings, which effects their behavior I was sure that someone was going to tell me, “duh I know that.” But then I realized that most people aren't aware that their feelings are affected by their thoughts; they're also not aware that sometimes their thoughts can be inaccurate and irrational.

At the end of this semester, I think differently now. I understand that in order to help others you have to know where their mind goes first. If someone says that they're depressed, you can't expect that it has something to do with their background; you have to figure out what their thoughts are and how their thoughts are causing them to feel, and how their feelings are causing them to behave. Taking this class, I have noticed my skills have grown. I've gotten much better with using the IF...THEN...statements and how to begin challenging the validity of the thought. I still need a little help with identifying the cognitive distortions; some are easy to pick out but others are a little confusing. I also have a hard time with explaining to my client which cognitive distortion that they associate with, because I don't want them to feel as if I am judging them or accusing them of being a certain way. I will continue to learn how to express this to my client that they identify with one of the distortions.

In my final video, the one thing I believe that I demonstrated well, was beginning to challenge the validity of my client's thought. After my client expressed to me the issue that she was having and how she needs help on figuring out what to do, I decided to use the mirror method. I asked her if her friend was in the same situation, what would she tell her? This question allows others to see what it looks like on the outside commenting in. When you are going through something, it's hard to help yourself, but if you see someone else going through the same problem it's easier to help them and give them guidance. My next step in continuing theses skills and continuing to grow as a clinician, will be to continue to practice on my friends and family. I am also planning on using the skills that I've learned on clients and my job, because they're kids and they have a harder time understanding their thoughts and the behaviors that come from those thoughts.