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CBT Therapy Skill Self-Assessment

Segment One: Transcriptions, Comments and Corrections

Mood check

Therapist: “So would you mind um, the issue that we’ve been focusing on is your anxiety at work um would you mind telling me in a sentence or two how this past week has been for you with your anxiety?”

Client: “um, I would say that its improving but you know, you know we are still working through the process, and I really appreciate your help with this but there were a couple situations this week that we may have an opportunity to talk to you about that so I would say its improving but still there so that’s why I’m still here”

Comment: By asking the mood check question this way, I am assuming that anxiety is the only emotion that I need to check in on. This could be asked in a less assuming way to provide room for clients to express more emotions that I need to check in on. In addition, using “would you mind” at the beginning of the question provides the client to just answer that they would rather not answer. Could be worded differently to not initially provide that option to the client- especially if the client were mandated or resistant.

Correction: “Let us go ahead and start off with our mood check like we’ve been doing every week. In the past, anxiety is the emotion that we’ve been checking in on, is that still the emotion that you would like to check in on? Is there another emotion that you’d like to check in on in addition to anxiety?”

“In a sentence or two can you tell me how your anxiety has been this past week?”

Therapist: “Good. While I’m glad that its improving, that’s definitely um helpful to hear and on a scale of 0 to 10 where 0 is no anxiety at all and 10 is the most anxiety you’ve ever felt, where would you put yourself on that scale for this past week?”

Client: “In general for the week I would say uh 5 ½”

Comment: By responding with “Good,” it could imply that I am saying it is good that he is still here. Client could view this as demeaning. In addition, saying that it is “definitely helpful to hear,” client could interpret that as I had been thinking that he was not improving at all. This could be viewed as pushing my own agenda on the client.

Correction: “I am glad that you feel it is improving and that you feel that coming here has been helpful for you. On a scale of 0 to 10 where 0 is no anxiety at all and 10 is the most anxiety you’ve ever felt, where would you place yourself on that scale for this past week?”

Therapist: “5 ½ ok. So that’s lower than its been”

Client: “Ya”

Therapist: “um, its still a little high, um and I think in the past you’ve said you wanna get it down to about a 2”

Client: “Ya”

Therapist: “um so”

Client: “We are working towards that”

Therapist: “Ya! We are working towards that and we are getting closer for sure”

Comment: Did not follow up to understand what a 5 ½ looks like for him. This is important to get a better understanding of what that specific number looks like to a client and how that plays out in their life. Could have used this time to validate the work and effort he has been putting into therapy and how that is paying off by seeing these numbers start to come down.

Correction: “5 ½ okay and looking at the numbers we’ve had in the past it is lower and getting closer to your goal of getting your anxiety to a 2. What does a 5 ½ look like for you? “I also want to say that your anxiety being at a 5 ½ this past week shows how hard you have been working in our sessions and on your own as well. You’ve been putting in the work and it’s starting show by your anxiety decreasing over the weeks.”

Agenda

Therapist: “um so we’ve just done our mood check. And um next, we will sort of get an update on um how things have been for you since we last talked and anything that you need to update me on. Um we’ll review the homework that I see that you’ve been able to complete and bring back. Um and we’ll identify one issue that we’d like to work on today. Um we’ll set some goals and we’ll talk a little more about the CBT process and um the next steps in that. And then we’ll sort of you know use the CBT process and work through an example um sort of work through the issue that you have identified you want to work on today. Um towards the end of the session, we’ll set some homework again like we’ve been doing um and we’ll sort of summarize everything we’ve talked about, and I’ll give you a chance to give me some feedback at the end. Is there anything you feel we should add to this agenda?”

Client: “nope, it sounds like a good one”

Therapist: “ok”

Comment: This was very choppy, and I did not sound like I knew what I was talking about. Needs to be more prepared for a confident about the different sections of the session to provide confidence to the client that I know what I am talking about and am prepared for the session. If I am unsure about what is going to happen in the session, it could give the client a sense that I am unprepared at the start of the session. Does not build repour and collaboration with client.

Correction: “So, we’ve just done our mood check. Next, we will get an update on how your week has been and anything you feel I should know since the last time we talked. Then we will go over the homework that I see you were able to bring back with you. We will identify one thing that you would like to focus on today and set some goals regarding that issue. We will talk a little more about the model that we are using called Cognitive Behavioral Therapy and work on the issue that you’ve decided you want to work on today. Towards the end of the session, we will set some more homework like we’ve been doing that you can complete throughout this next week and then we’ll summarize everything we’ve talked about today and I will give you a chance to give me some feedback on how you feel the session went today. Is there anything that you would like to change or add to the agenda for today?”

Update from previous session

Therapist: “So how have you been since we last talked regarding your anxiety and just how that’s affecting your life?”

Client: “um, you know like I said, I feel it’s improving, um, but um it’s still there... (client goes off topic asking about other emotions).

Therapist: “Is there any updates from the last time we talked?”

Client: “um, not specifically except that um I feel like the homework that I’ve been doing um you know it's sort of helped me get into a better routine of when I face a situation that um my first reaction might be the anxiety, but then having done the homework a little bit for a few weeks now that comes to mind too and it reminds me okay what is the thought that I’m thinking and is that appropriate or does that make sense or is that real and so the update is that I feel like you're helping me to work through that when face it in the moment.”

Therapist: “Well I’m glad that that’s been helpful for you and um I'm also glad that you have taken the time to do it and its starting, it sounds like it's becoming more of a habit for you um which can be very helpful in you know helping you decrease your anxiety and sort of improve the thoughts that you're having, that’s good.

Comment: I feel that this section was well done overall. The client started to stray from the topic and by asking questions about other emotions. I caught off guard by this but was able to address the question and note this to be added into the agenda to be addressed. I was able to redirect the conversation back on track. However, in my last comment to him where I said “...helpful in you know helping you decrease your anxiety and sort of improve the thoughts that you're having...” I realized after that the session I ended up doing would have been done before discussing improving thoughts. This could have confused him in making him think he should be further ahead in the process than we were or that he missed something important. I need to be careful not to skip ahead in the CBT process as it will be less effective for the client.

Correction: “Well I’m glad that it has been helpful for you, and I want to commend you for being intentional about doing the homework. It sounds like it is becoming more of a habit for you when you are in anxiety-induced situations. This can be very helpful for you to be able to identify these thoughts and start to focus in on the thoughts that cause your anxiety to increase.”

Review homework

Therapist: “so you said that that’s um been very helpful. Is there a specific thing on there that has been helpful or just the whole? Cause we’ve been doing automatic thought records and writing down um the situation and then um the automatic thoughts and also the emotions. Is there anything particular that’s been helpful or just the whole thing in general?”

Client: “um, no just the process um I mean I could share one or two experiences with you if that would be helpful now or maybe later would be good.”

Comment: asked multiple questions with an explanation in-between. This came across confusing and could have easily confused the client with what I was actually asking him for. Should have recapped what we have been doing before asking the question. This would have provided clarity and structure to the client and identified exactly what I was asking.

Correction: “So you said that this homework has been very helpful for you. Just to recap, we have been doing automatic thought records and writing down the situation that happened, the automatic thoughts as well as the emotions that you felt during the situation. I’m curious if one specific part of the homework has been particularly helpful or if the homework as a whole has just been helpful?”

Therapist: “Ya so we’ll get to that a little bit later um but I’m glad that it’s been helpful for you. On a scale of 1 to 10 where 1 is not so helpful and 10 is very helpful, where would you place yourself on how helpful you feel that has been for you?”

Client: “um, 1 was not helpful, 10 was very helpful?”

Comment: After saying that we would get to that in a little bit, I realized that was the section that we were in. Client was keeping on track with the agenda, and it was confusing that I was not following the agenda that we had set up. To cover this up, I asked a scaling question. However, the session would have flowed much smoother if I had just naturally transitioned into going through the homework when the client offered.

Correction: “I think now would be a wonderful time to share those experiences and we can talk about those a little bit”

Therapist: Nodded head

Client: “I would say that uh it was probably an 8”

Therapist: “an 8, okay”

Client: “Ya, cause it’s uh, I don’t know whether this is the intent but for me, uh when I’m in the situation it helps to redirect my mind from just focusing on the anxiety and the despair/sadness feelings that I might previously have just focused on and helps redirect me to something that I have control over in dealing with. I may not have control over the situation, but I can at least respond to it differently myself.”

Therapist: “um-hum”

Client: “And that’s what I think has been helpful.”

Therapist: “Good! Well, we will definitely continue doing that since that’s been something that has been helpful for you. Um, so you said that you wrote down a couple situations. Do you mind going ahead and sharing those with me?”

Client: “Ya, so um this week I had some reports that I had to do and while I got them in on time, unlike the last time, everything was in fine, the boss did call me back and had some issues with how I presented my report. And essentially, I mean the way I took it was that I didn’t do a good job, he didn’t like my work. I sort of wasn’t, my report wasn’t good enough, I wasn’t good enough. So, I ended up having to redo that report which you know again whenever the boss calls you into the office there’s a certain anxiety level of why you know...”

Comment: Extension of the last comment that I told the client we would get to talking about the homework later but then my very next question was asking him to talk about the homework. Could have been viewed as not knowing what I am doing, not structured, or somehow needing to gain control over client and session.

Correction: “Good! Well, we will definitely continue doing those automatic thought records since you’ve found that to be helpful for you. I would like to circle back to a few seconds ago. You mentioned that you would be willing to share the situations that you wrote down this past week for homework. If you are okay with it, I’d like to go ahead and get into that.”

Therapist: “Ya, so that caused you some anxiety and I, um, I can understand how that would definitely cause some anxiety um when you got your paper in and um, he called you back and it wasn’t what he wanted and um, but you were able to make the corrections that he wanted it sounds like and turn it back into him.”

Client: “Ya, we got it done, I still am employed.”

Comment: Client never said that he made the corrections and turned it back into his boss. I need to work on active listening to do better at understanding what the client is saying not what I assume the situation/outcome is.

Correction: “Ya, so that caused you some anxiety and I can understand how that could definitely cause some anxiety when your boss said the report wasn’t quite what he was looking for. Were you able to make the corrections that he wanted?”

Therapist: “Thats good.”

Client: “But uh just the initial call into the office and my work wasn’t good enough you know as you look back on it was that really what he was saying? Maybe not you know that’s just the thoughts that I had...”

Therapist: “right”

Client: “...initially”

Therapist: “I’m glad you were able to identify those and write those down. Was that the only situation that you put down this week?”

Client: “No, the second situation, uh, was that I had set up some uh some meetings to be able to go over some projects and writing the report, not the report that I got called back in on, but some other stuff with coworkers and uh one of my meetings the coworker didn’t even show up like no call no show.”

Therapist: “hmm”

Client: “He should be fired”

Therapist: “Ya”

Comment: Although this remark was made as a part of active listening, I should have chosen a different choice of words as “Ya” makes it seem like I am agreeing that his coworker should get fired. It showed good intent to be actively listening, however, I need to focus more on what the client is saying rather than just adding words in here and there.

Correction: nonverbal head nodding or “hmm.”

Client: “But uh so you know my thoughts at that point were like is our time together, is this meeting not valuable enough? Did he forget it? Why did he forget it? Um, couldn’t have even set a reminder, I mean this was an important thing. And he just didn’t seem to value it enough to show up or to communicate that he couldn’t show up. Now I understand that things change, I mean I have things change. But um communicating that would have been nice uh. You know even just swinging by the office, sending a text, shoot me an email, a quick phone call. There’s a lot of ways you can communicate now a days. So, you know then the thought is so did he really forget, or did he not want to have a meeting? Does he not like me for some reason? Was he intimidated by me? Was he appalled by me? You know, your mind just starts going like all those thoughts that just really pull me down if I focus on them”

Therapist: “Right, and it sort of sounds like it just um like snowball effect in your mind”

Client: “snowball...Ya”

Therapist: “And that you know that can be very um anxiety inducing and worrisome um when you don’t feel that a coworker values your time and the meeting that you guys have agreed to attend. I’m glad that you were able to write those down...”

Prioritize the agenda

Therapist: “...um I did see that you wrote two down so is there one that you’d like to focus on um we probably won’t have time to get to both of them today”

Client: “Ya, the first situation, the paper I had to redo”

Comment: Could be worded differently do help guide the client to identify the more distressing situation.

Correction: “Of those two situations that you just mentioned, which one was more distressing to you?”

We’ll probably only have time to discuss one of the situations in depth, so I want to make sure we are able to focus on the one that you feel is impacting your life the most right now.”

Therapist: “The paper”

Client: “Ya”

Therapist: “ok”

Client: “I think that was uh probably more of a, like I said any time you get called into the bosses office my anxiety just spikes...”

Therapist: “um-hmm. And earlier I know we had talked a little bit about the sadness and despair um aspect of it um and I just wanna um sort of get your feeling of which um which one you'd like to focus on today and which one might be affecting your life more. The anxiety or the sadness and despair?”

Client: “probably still the anxiety”

Comment: This could be more thought out and organized. Would have been better to place this before my other question about which situation he wanted to focus on. This would have looked at a broader topic to focus on and then get more specific on which situation within the realm of anxiety he wanted to focus on.

Correction: “I want to pause for a moment and go back to something that we discussed briefly earlier in our session today. You had mentioned emotions of sadness and despair and I was wondering if you would rather focus on that today or on the anxiety?”

Therapist: “still the anxiety”

Client: “I just wanted to see how those related to each other and maybe they are just synonyms. Still the anxiety”

Therapist: “Okay. So, we’ll focus on the anxiety today um, but you know sadness and despair are still um and feeling hopeless are still very valid feelings that um we can plan to go over in our next session if that is what you would like to do”

Client: “ok”

Therapist: “um, so, lets sort of go over the problem that you’ve been having. We’ve been talking for a few weeks now and you know you’ve been having some anxiety at work and um just with the different job requirements and your boss and um different coworkers and just everything surrounding wanting to be really you know good enough at work and not always feeling like you are good enough in different situations. And um we’ve you know today you said that you're at a 5 ½ how your anxiety has been. In the past it's definitely been higher, so we are getting it down a little bit but it's still affecting your life and it's still a big part of your life. And I just would like to figure out some goals that we can work towards um so at the end of our sessions together what would you like to be different in your life?”

Client: “Um as we have said previously to keep bringing that anxiety down um there’s always going to be a certain level of anxiety and I understand that um I want it to be manageable and um I would like as I am starting to see more and more that I focus less and less on it when I’m in that moment. So, I don’t spend as much time on the pity party side of it and woah is me before I get over and am redirected into the are these good thoughts, positive thoughts..... “

Comment: The way that it was worded sounded like I was summarizing, and the session was going to be over. I would just make it sound less like I am scrambling and more like I am competent at remembering the issue that we’ve been working on. Adding in that I just want to

recap to make sure I am remembering things correctly I feel would be an effective way to go into this section.

Correction: "I'd like to briefly recap the issues that we've been discussing over the past weeks just to make sure I remember everything correctly. We've been talking about the anxiety you've been having at work and how your anxiety gets worse around your boss and your coworkers. You have identified that you feel it gets worse around them because you don't always feel like you are doing a good enough job. Is this correct?"

I would like to set some goals that you would like to work towards. So, what would you like to be different in your life at the end of our sessions together?"

Therapist: "okay"

Client: "I am shifting and that's good so continuing to work towards that so that um I'm moving there quicker and dwelling less. I think that will get me down to where I want to be"

Therapist: "okay"

Client: "Hopefully"

Therapist: "so not dwelling on them as much and um being able to start focusing on some positive things um. Now I think in the past we've said that you'd want to bring your anxiety down to about a 2. is that still...?"

Comment: Could have used this time to affirm the client in his goals and thought process to get to those goals.

Correction: "So not dwelling on the negative thoughts as much and being able to focus more on some positive thoughts are some things to work towards. I think these are wonderful things to work towards! In the past you've said that you would like to get your anxiety down to a manageable level which you noted would be about a 2. is that still accurate?"

Client: "Ya"

Therapist: "...what you're thinking"

Client: "Ya"

Therapist: "and how will you know that you've achieved that? What will be different? How will you know that you're at a 2?"

Client: "so like I said, your gonna have anxiety when you get called into the bosses office. But knowing that I've achieved that is sure having some anxiety but not letting your mind blow up with all of these what ifs and all the scenarios which just snowball like you were saying...so just the normal level of anxiety without the snowball effect"

Comment: Asked multiple questions at the same time which would confuse the client and make him overwhelmed and unsure which he should answer. In addition, I would not know which question he is answering when he gives me a response.

Correction: "What will be different in your life that will tell you that you are at a 2 on the anxiety scale?"

Therapist: "okay so maybe a goal would be to be able to control your thought process a little more?"

Client: "Ya managing it"

Comment: Did not clarify that the goal was accurate for the client which could cause client to feel that I am pushing an agenda on him. Or could lead to confusion down the road because we are not working collaboratively together.

Correction: "So would you say that a goal you'd like to work towards would be to be able to manage your thought process?"

Work one problem and educate on CBT

Therapist: “so over the past few weeks we’ve been talking about cognitive behavioral therapy or CBT and how its focused on the thoughts that we think when we feel an emotion and how that affects our behavior. Um you know we’ve talked a lot that a lot of times we don’t even notice these those first. A lot of times we notice the feeling first but um the thoughts we call those automatic thoughts and that’s what we’ve been working on identifying in your thought records. Um and you know those like I said most of the time we notice the emotion first, so we’ve been working on noticing the thought that goes along with those emotions and um we’ve also talked about how CBT has you know that’s the model that we’ve been using because it’s been proven to be very effective with helping individuals sort of decrease their anxiety and be able to um manage it better. And soon we’re going to start to look at you know evaluating those automatic thoughts and seeing if um they’re positive or helpful for us or seeing if maybe we need to change those a little bit. But before we get to that I want to talk about what we’re going to call cognitive distortions. So, it’s important for us to realize that um not all the thoughts that we think are always true or accurate or even helpful for us. Um and like I said we call those cognitive distortions. And I have a list for you to be able to look over and this is just a list of different cognitive distortions, and it has the definitions there for sort of what they mean. And really the definition of this would be um sort of patterns of thinking that cause us to have a like a false perception of reality. So, it is a pattern of thinking that’s maybe not always true, not always helpful for us. And um Ya so you can just look over that list for a second and um... sort of see those. And if you have any question or anything as your looking over those feel free to let me know.”

Client: “so I’m looking am I looking for one that applies to me?”

Comment: I reviewed everything more in depth in this section because I wanted to make sure I covered everything that the video required. However, in an actual therapy session I am not sure I would do such a long in-depth review of what we had talked about. If I were the client, it would be easy for me to zone out through this section. The client zoned out and got lost and as a result didn’t understand what I was trying to ask. Correction is based on what I feel I would say in a real therapy session.

Correction: “So over the past few weeks, we’ve been talking about Cognitive Behavioral Therapy, or CBT. We’ve been talking about how we have automatic thoughts that affect our emotions and behaviors. We’ve been practicing noticing those automatic thoughts through the automatic thought record sheets that you’ve been filling in for homework. We are using Cognitive Behavioral Therapy because it has been proven to help decrease anxiety. I think we are starting to see that in our sessions as your mood check numbers are decreasing each week. This week I want to talk about something called cognitive distortions. It is important for us to realize that not all the automatic thoughts that we think are always true or accurate. Sometimes they are true, but not always. When we look at the automatic thoughts that we are thinking and notice that they might not be true, these are called cognitive distortions. As we continue to look at the automatic thoughts, sometimes we can start to see patterns of distorted thinking. These patterns of thinking can cause us to have a false perception of reality. I have a list of cognitive distortions for you to look at and take home with you. As you look through this list, I want you to look at the automatic thoughts that you put on your automatic thought record sheet and see if there any that stick out as ones that you might have used this past week.

Therapist: “sure Ya we can if you know you’ve looked over it all we can go ahead and go into that. Um so Ya so the goal is to sort of be able to recognize the cognitive distortions that we all use because all of us use different ones. Um and it is important to identify those. So is there may be a situation um one of the situations from your homework. I think you wanted to focus on having to redo that report.”

Client: “um-hum”

Comment: I should have been clear about what I was wanting/asking earlier so the client did not have so many questions about the topic. In addition, I should have thought out my response and looked at what situation he wanted to focus on before starting the response, so I was more prepared.

Correction: “Ya, so the goal is to be able to recognize different cognitive distortions that we each use. Everyone has distorted thinking patterns and it is important to identify the ones that we each use. If you look at the situation of having to redo your report that you put on your homework, is there a cognitive distortion that sticks out to you when you look at the automatic thoughts that you wrote down?”

Therapist: “so if you look at the cognitive distortions are there some that maybe you think stick out to you that you were using when you had some of those automatic thoughts?”

Client: “Ya so the uh labeling”

Comment: Confusing statement in general. Should have asked if he noticed any patterns of distorted thinking when looking at the automatic thoughts that he wrote down.

Correction: “As you look at the automatic thoughts that you wrote down for the situation of having to redo your report, are there any patterns of distorted thinking that you notice from the cognitive distortions list that I gave you?”

Therapist: “Okay”

Client: “You know when I wrote down here, I can't ever do it good enough and I'm not good enough”

Therapist: “um-hum”

Client: “that's sort of labeling myself”

Therapist: “Ya, so labeling is you know assigning negative traits to yourself or others. So, in this situation um you'd be assigning it to yourself Ya. Are there any other ones?”

Client: “Um, Ya the first one um mind reading”

Therapist: “Okay”

Client: “because I sort of written down, he doesn't like my work and that's sort of I'm sort of imposing that thought on him”

Therapist: “Ya”

Client: “When I don't even know that that's true”

Therapist: “right Ya so can you see how um sometimes you know these patterns of thinking are always helpful for us?”

Client: “say that again?”

Comment: I said the completely wrong thing here and the it confused the client as seen. This could be difficult because while mistakes do happen, the client might remember the mistaken thing I said instead of the point of the session. In this case they might remember the opposite of what would be helpful for them to remember.

Correction: “Can you start to see how these patterns of thinking would not always be helpful for us in our lives?”

Therapist: “is, can you start to see how some of these patterns of thinking wouldn’t always be helpful for us?”

Client: “Oh would not always Ya Ya”

Therapist: “So um you know we have a little bit of time do you feel like you kind of grasp the understanding of you know being able to identify those or do you want to look at one other situation?”

Client: “Um so being able to identify them is is that is that sort of the next step then one I write my automatic thoughts down do I then want to because I mean I'm not going to carry this list with me necessarily”

Comment: Noting that we had plenty of time was unnecessary and could make the client feel rushed or that I am more interested in the clock than our time together.

Correction: “Do you feel like you are starting to understand the gist of cognitive distortions?”

Would you like to go through your second situation and look for cognitive distortions?”

Therapist: “um-hum”

Client: “but um is this something that we’ll look at in future sessions where we just start to identify these different things in my automatic thoughts to help me realize that they're not always accurate and true. When I have them”

Therapist: “Ya Ya so this is something um that is very helpful for us to look at and um notice our patterns of thinking. And once we notice these patterns...”

Client: “oh oh patterns”

Therapist: “...patterns that we use or tend to use more often it helps us to be able to identify more easily which ones are maybe cognitive distortion and because sometimes the thoughts are true you know um, but they aren't always. And so, this sort of just helps us to be more aware of you know maybe the different patterns of thinking that we tend to use in ourselves.”

Client: “So when you say patterns, I look at the second scenario here. Um when I wrote down you forgot our meeting. That was a fact I mean well maybe not maybe he didn’t forget it so is that sort of labeling too and just casting that out their sort of accusing him of forgetting when I don’t really know that he forgot”

Therapist: “It could be Ya, so you don’t necessarily have any evidence it sounds like that he forgot um so assuming that maybe he didn’t I think you had put on there that um you known he didn't really care about it, or it wasn't...”

Client: “didn't feel it was important enough to remember”

Therapist: “Ya ok so that that would be definitely be that cognitive distortion um because you know you don’t really have any evidence that that’s true it was just sort of a pattern of thinking that you know he didn’t value your time together.”

Client: “I think I like that pattern. I don’t like it, but I see it more because even the last think I wrote nobody likes me. Again, that’s casting things out there that I don’t have any proof of”

Comment: I need to be careful using the word “definitely” in my responses. This can sound like I am pushing my own agenda and just waiting for him to get caught up with the program. In addition, saying he does not have any evidence that the thought was true is not good wording since we have not discussed evaluating thoughts yet in the session. The client could feel that I am saying his thought is not valid, which could destroy the rapport that we have.

Correction: “Ya, so I think that it great that you are stopping to really evaluate whether or not your thought really meant what you initially thought it meant. This is actually the next thing that we are going to be discussing in the coming weeks.”

Therapist: “Right”

Client: “It's something imposed on myself that has no evidence”

Therapist: “Ya so it sounds like that is definitely one that you maybe um can see that you use more, and you know we all have those that we use more often than others um but it's definitely helpful to start recognizing that and just being aware of that throughout your day”

Client: “Ya”

Comment: Again, using the word definitely in “...sounds like that is definitely one that you maybe...” makes my comment sound harsh and has a “why didn’t you notice that earlier” tone to it. I would consider rewording to still get the point across but do it in a more compassionate way as to not push my own agenda on the client.

Correction: “Ya, so it sounds like that is one that you’ve been able to identify that you use more. You know, we all have cognitive distortions that we use and some that we use more often than others. It can be helpful to start recognizing this and be aware of these as we go throughout our day”

Set new homework

Therapist: “um so I'd be willing, I'm wondering if you'd be willing to do um another automatic thought record this week. You said that’s been helpful for you in the past. Um so I'm wondering if you'd be willing to do that again this week?”

Client: “oh Ya”

Comment: Confusing for client because I ask a question, then do not give him a chance to answer and then ask the question again. I need to be more intentional about what I want to say and when/how I say it instead of just saying it to say something.

Correction: “We talked about earlier how you feel these automatic thought record sheets are very helpful for you. So, I’m wondering if you’d be willing to do another one for homework this next week?”

Therapist: “ok”

Client: “that's doable”

Therapist: “ok and um I'd like to add another section which would be identifying the cognitive distortions. Um do you think that that would be doable for you?”

Client: “Ya, do I get this list?”

Therapist: “yes. Yes, you can take that home with you and you know set it next to the automatic thought record sheet or wherever you think would be most helpful for you. Um how many times this week would you like to um write out an automatic thought record sheet?”

Client: “um well I think probably the more we have the more we can base our discussions on, but you know it really depends sort of how the week goes but you know I’ll try uh ill at least do a couple if I have scenarios and if I have more than I'll do more”

Comment: While asking the client how many times they want to complete the automatic thought record sheet can help the client feel in control of their situation and session, it gives the client the option to say they will complete it 0 times this next week.

Correction: “You can most definitely take that home with you. You can put it next to your automatic thought record sheet or wherever you feel would be most helpful for you. Do you

think that this next week, you'd be able to complete the automatic thought record sheet 2 or 3 times?"

Therapist: "okay"

Client: "I think that's helpful"

Therapist: "so we'll say 2 Ya know..."

Client: "Ya say 2"

Therapist: "...but more..."

Client: "if I have other scenarios"

Therapist: "okay. And Ya so um I'll give you some new cog or some new automatic thought record sheets..."

Client: "Ok"

Therapist: "...and they have this new section on them um the cognitive distortions. And I feel like this is really going to be helpful for you to um start distinguishing between maybe the positive and negative thoughts and um maybe start to see some other patterns. We've already identified one so it will be interesting to see if you identify the same ones throughout this next week or if there's um some other ones that you see pop up.

Summary and feedback

Therapist: "so you know we're getting to the close of our session and I sort of just want to summarize everything that we've been able to talk about today um you know we've talked about the paper that you had to um or the report the report that you had to redo at work being called into the bosses office and that definitely bought some anxiety and with that and you've also identified the other situation that you put on there. Oh, the meeting right the meeting that your coworker forgot or missed or somehow didn't show up to. And we've looked at some of the thoughts that went along with that and overall, how your anxiety has been about a 5 ½ this past week. And you know we've talked a little bit more about the CBT process and the next step of um starting to identify these cognitive distortions. And you've agreed that though this next week um you'll fill out an automatic thought record twice with this new other section of the cognitive distortions. Does that still sound manageable for you?"

Client: "Ya"

Comment: It would be good for me to get into the habit of taking more notes throughout the session. This summary shows how I have a challenging time remembering everything that we talk about. Notes would help me to be able to give a better summary and remember the important things that we talk about in the session. This would also develop the client/therapist relationship because the client would be confident that I would remember the important things that he shared with me.

Correction: "We are getting to the close of our session and I want to sort of summarize the things we've been able to talk about today. You said that your anxiety this past week was at a 5 ½ which has decreased from last week and previous weeks. We were able to talk about the homework that you did this past week with the situations of having to redo a report for your boss and having a coworker not show up for a meeting you guy had planned. We started talking about cognitive distortions and looked at the patterns that you saw through those two situations. You have agreed to complete another automatic thought record sheet this next week and write down 2 situations this week. In addition, we've added a new section to the automatic thought record sheet of looking at the automatic thoughts that you wrote down and seeing if you can identify a

cognitive distortion for those thoughts. Do you still feel that that will be manageable for you this next week?"

Therapist: "is there anything that um would maybe prevent you or hinder you from completing that.

Client: "Um, just if I didn't have any situations"

Therapist: "so if you had no anxieties this week"

Client: "Ya if I had nothing then I..

Comment: The tone that I used with this comment was very sarcastic which could have made the client feel as though I did not believe it was possible for him to have no anxiety in a week. Does not promote a positive client/therapist relationship. Could cause the client to feel judged or that I feel his case is hopeless.

Correction: "Ya, and that would be understandable if nothing came up that caused you anxiety"

Therapist: "well that would be understandable"

Client: "I know"

Therapist: "for sure"

Client: "I'd have a zero for next week on my anxiety level"

Therapist: "which would be wonderful"

Client: "Ya"

Therapist: "um Ya"

Client: "but..."

Therapist: "and ok so Ya and you know you can just work on that and if you're not able to fill out 2 situations that's ok too just"

Client: "well you know it is thanksgiving week, so we have a shortened week, so you know not as much time in the office"

Comment: This gives the client an out of saying he will complete it 0 times this week. It would be more measurable to say that if he is only able to complete 1 that would be ok.

Correction: "okay, and if you do have fewer situations this week that cause you anxiety, it would be okay if you were only able to fill the automatic thought record sheet out once"

Therapist: "Ya"

Client: "um but so it's possible but I'm sure there'll be something there usually is"

Therapist: "oh well um again if you're not able to do both of those because of thanksgiving and just um shortened schedules that's that's very understandable as well. Is there anything important that I missed or got wrong in our session today?"

Client: "uh no you helped give some clarity to the uh the other word that I had bought up and I think that this is going to be interesting to see because I like you know patterns and things like that so uh starting to understand that about myself that uh looking for those patterns will be interesting as I continue to work through this process.

Therapist: "Ya, well I you know I think it will be very helpful for you and um I'm looking forward to next week when we will be able to look back at that again and dig deeper into that for sure. Um and you know you've definitely come a long ways you know when we first started your anxiety was about and 8 or 9 um so we've definitely now that you're at a 5 ½ we've definitely made progress um you know I just want to commend you for that and I admire the hard work that you are putting into this and um it's definitely showing and I hope that you feel the same that its um helping and..."

Client: "Ya"

Comment: I noticed throughout this video that I say “you know” a lot. I had not previously noticed this about myself but it is a good thing for me to notice and be aware of so I can be more intentional in my words.

Correction: “Ya, I think this will be very helpful for you and I’m looking forward to next week when we will be able to look at the patterns that you noticed and talk about that more. I just wanted to point out that I admire the hard work that you are putting into working on your anxiety. When we first started meeting, you said your anxiety was about an 8 or a 9. Today you said that your anxiety was a 5 ½ this past week. That is great progress. I hope that you feel the same.”

Therapist: “um how do you feel that today's session went today?”

Client: “It was good I'm excited about that”

Therapist: “good”

Client: “Not that I look forward to anxiety situations but having the tools and stuff to be able to work and identify that’s neat”

Therapist: “Good well I'm like I said I think that'll be very helpful for you so I I'm excited for you to be able to get into that a little bit. Is there anything that I can do differently in future sessions to help you better?”

Client: “no its uh no”

Therapist: “ok...”

Segment Two: Reflections & Issues

Cultural Issues

During the session, I did not have any specific cultural, ethical, or social justice issues come up. However, thinking back on the client and their population/demographics, I feel that it would have been easy for cultural issues to arise. My pseudo client was a white middle-aged man who is not struggling financially. This puts him into a “privileged” category. I am unaware of the exact job that my pseudo client holds or what individuals he works with. However, as we work through the process of Cognitive Behavioral Therapy, and my pseudo client started to have less anxiety and more confidence at work, it is possible that my pseudo client could come across as having a “entitled” attitude. Instead of questioning why his coworker did not want to meet with him and wondering if his coworker even liked him, my pseudo client could start to think thoughts such as “how dare he miss a meeting with me” or “he must have some problem if he does not like me.” In the client’s mind, these could be more positive thoughts.

If this were to happen in a session with me, I would try to redirect the client back to focusing on himself and his situation. I would possibly even ask the client to use I statements in an effort to get the client to rethink the situation from a perspective of focusing on bettering himself instead of casting judgement on others. I think I would find this difficult and must really be intentional about the words and body language I was using. I would not want to damage the client/therapist relationship that we had been working hard to create, but at the same time, I would not want to ignore the issue and inevitably encourage the client down that path of thinking. Something that I could do to increase the cultural competency of my skill delivery would be to be more intentional and culturally competent in the way that I word different concepts and ideas. This may mean that I must spend some time consulting other professionals and seeking supervision to be able to rework my skill delivery in a way that will best benefit the client while at the same time discouraging this issue from coming up.

Reflections on growth and performance

When this class first started, I was incredibly nervous about what I would have to do throughout the course. The thought of having to practice more pseudo therapy sessions in front of other advanced students made me feel sick. However, as we have gone through the class, I have seen my skills grow as well as my confidence in my skills. Confidence is something that I have always struggled with. Partly because I am very much an introvert, and partly because of past experiences. Thinking of myself now as an advanced autonomous practitioner is intimidating. It calls for a certain level of professionalism, responsibility, and competence. As a therapist/practitioner, the client trusts that I am competent in the issue/s that he/she is facing. I demonstrated this in the video by guiding the conversation, keeping us on topic, and explaining the CBT concept of cognitive distortions. I demonstrated professionalism throughout the semester through my language and mannerism when working with pseudo clients. Lastly, I was able to demonstrate responsibility by completing the required practices and videos in a timely manner and taking responsibility for practices that I was not able to complete.

I can continue to strengthen my skills by practicing and seeking feedback from other trusted practitioners. I will then be able to implement the feedback into my therapy sessions to provide the most effective, evidence-based care that I can. In addition, I can strengthen my skills by taking additional classes, seminars, and training to gain more confidence and competence in the different areas of CBT. Going forward, I plan to open an equine facility in the next few years and start my own practice. While this practice will look a bit different than the typical therapy session within an office, research has proven that utilizing horses in the therapy sessions provides a whole new aspect to therapy. Horses have the ability to unlock emotions and understanding for individuals that is remarkable. I plan to use CBT during my equine therapy sessions. This will allow me to maintain and grow my CBT skills and learn new ways to present different concepts to different demographics and populations.

Reflections on technology experience

Throughout the course of this semester, I have been fortunate to be able to conduct all my classes, interviews, and recorded videos face to face. However, I know this has not been the case for others. Through this interesting time of COVID-19, many have had to use technology more than usual to continue to keep some normalcy to life as we have known it. Through this, we have learned that there are multiple ways to get the job done. While it may not always be convenient or the most comfortable, I feel that it has helped us gain confidence in other areas such as being on video calls/meetings and has developed skills of noticing tones of voice and facial expressions since a lot of the time we are unable to see body language.

While I personally did not experience doing pseudo client sessions over zoom, I can imagine it would have been more challenging to notice the non-verbal aspects of a client's story. In addition, there could have been more distractions in the client's environment that would make it difficult for the client to focus on the conversation. I believe that I would find it difficult to plan ahead of time to send worksheets or informational papers via email before the session started. This would have required me to become more prepared for my sessions. While this would have probably been a good thing for me to get in the habit of doing, I feel that I would have found it frustrating to make sure all the preliminary stuff was done, at least until I got in the

habit of doing it. I have been blessed to be able to continue life essentially as usual throughout the COVID-19 pandemic. However, I am confident that with the skills that I have acquired throughout the semester, I would be able to restructure the way I do things to accommodate using technology for counseling sessions in the future.