

Therapist: Brianna Cheever

I. Mood Check

Therapist: Good morning, how are you doing today?

Client: I'm doing well, thanks for asking. You?

Therapist: Good. I'm doing well too. Thank you. Um, so...as you know, every visit we do a mood check at the beginning of the session, just to kind of gauge how you are right then. So, on a scale of 1-10, one being the worst, 10 being the best, how are you kind of feeling today?

Client: Today I'm feeling...I would say I'm at a seven.

Therapist: Okay. Seven? All right. So, you're doing pretty good overall today.

Client: Uh...yea. Somewhat. (Laughs)

Comment: I should have clarified with the client what level the 1-10 was. I mentioned that 1 was the worst and 10 was the best, but the client's response when I suggested that she was doing well overall seemed that maybe she was confused about the numbering. She could have been saying a 7 as in not doing very well.

Key Correction: ...So as you know, every visit we do a mood check at the beginning of the session, just to kind of gauge how you are feeling overall to begin with. So if we have a scale of 1-10 where one is the worst you have ever felt and 10 is the best you have ever felt, where would you place yourself on that scale?.....I get the sense from your response that you are unsure of how you are doing today. Could you clarify for me, when you say seven, do you mean you are feeling well overall, or you are not feeling well?

II. Agenda

Therapist: Okay. Alright, well um, we'll kind of dive into what's troubling you in just a little bit. But first, I want to, um, go over the agenda for today, as usual. Um, so first we're going to talk about an update from our previous session last week. Um, we're going to go over the homework that we talked about doing. See kind of where you're at with that. And then, we're going to um, talk about your current problems, or um, one of your emotions that is really troubling you, lately. And then um, we'll set some homework for next week. And then, um, have the summary. Does that sound okay to you?

Client: That sounds like a good plan.

Comment: Overall, I am satisfied with my discussion of the agenda for this session. I went over each specific part of the agenda, and asked the client for feedback. The one thing I would change is to be more confident in my discussion and not say "um" as much.

III. Update from Previous Session

Therapist: Alright good. Um, so quick update from last session. We had talked about that you were having some difficulty with your mother-in-law. And that you were kind of having some boundary issues, and um, she was...um, and we talked about some ways to set some better boundaries. And um, so how are, how is that going?

Comment: I was able to summarize concisely on the issue that was from the last session and targeted the boundary issues. I should have been more specific in my follow up question to

ask if she was able to overcome some of the boundary issues. I should have focused more on the feeling she was experiencing with the boundary issues rather than the behavior. With this being CBT, I should have mentioned automatic thoughts and how we had discussed ways to identify those thoughts. I also should have been more assertive with my answers instead of saying “kind of” and “um” so many times. Again, I need to work on my decisiveness in the conversation.

Correction: So let's briefly get an update on how you have been since our last session. Last visit, we had talked about how you were having some boundary issues with your mother-in-law and that was causing you to feel angry. We also discussed some ways to assertively set better boundaries with your mother-in-law and some ways to identify your automatic thoughts that lead to your feelings of anger. Were you able to identify those thoughts and set some boundaries with your mother-in-law?

Client: Um, we haven't talked much, I guess you would say. So right now, um, I've been trying to keep a distance with her. You know, as far as setting boundaries, she knows that...I don't want her controlling my life, so, you know, I was able to express how I felt. So, I think we're making progress, little by little. So, yeah.

Therapist: Okay. Well that's good. And it probably will be a slow process. Um, it's normal to have some tension there, to begin with. But it sounds like you're heading in the right direction.

Comment: I was able to normalize the client's situation to ease some of her frustration. I also notified the client that it would be a slow process, in order to let her know to not be discouraged by the slow progress. Although it is important to normalize, I probably should not have focused on normalizing the tension between her and her mother-in-law. Maybe if I focused more on normalizing her feelings of anger towards the situation instead. Again, I need to work on focusing on the emotion itself rather than the situation. I also should have been more empathetic and encouraging when she said she was able to express how she felt with her mother-in-law

Correction: I'm proud of you that you were able to express your feelings with your mother-in-law. I know that probably wasn't easy to do and it is a step in the right direction. It will most likely be a slow process, and it is normal to continue to have those feelings of anger at times. The important thing is to be able to continue to identify those automatic thoughts that are causing that anger. But it sounds like you're heading in the right direction.

IV. Review Homework

Therapist: Now, some of the homework we had um discussed from last session was that um, you were kind of feeling that your mother-in-law was invading your space. And you were feeling a little out of control in that situation. So, we had talked about um, doing this thought record to really focus in on the exact things that were making you feel that way about your mother-in-law and the um, the thoughts and the emotions that were going with those thoughts about your mother-in-law. So, um, were you able to do that?

Comment: I was too vague in this section. I talked about thoughts and emotions but didn't truly discuss how the automatic thoughts lead into the emotions and how that specifically related to her situation. I did mention that we had done a thought record previously and it is good that we went over the homework from the last visit.

Correction: Now, some of the homework we had discussed from last session included a thought record to really focus in on those automatic thoughts you were having during the week and how those led into your emotions. We discussed that one of those automatic thoughts was that you were upset your mother-in-law was invading your space and how that led to you feeling angry. Were you able to record any other automatic thoughts in your thought record over the past two weeks?

Client: I was able to do that twice a week. You know that...I was hoping to do it every other day but twice a week.

Therapist: Well that's good. That's so good. It's definite progress.

Comment: She mentioned that she had originally hoped to do it every other day but was only able to twice per week. I should have discussed with her how it was good that she was able to keep that thought record at all, but also mention that she could add on more over time if she wanted to. I should have added a bit more encouragement, and my response seemed a bit dry.

Correction: That's good. I'm glad you were able to keep the thought record to identify those automatic thoughts and feelings. I know you were hoping to do it every day, but it's good just to do it in a manner that works best for you. Twice a week is still a lot, and it is definite progress. You can add on more over time as you are able, or even just keep the thought record for as needed situations when you catch yourself having those automatic thoughts.

Client: Just being able to identify those thoughts and kind of, you know, identify those thoughts and being able to see how they were affecting my mood and my behavior. It was interesting to see that.

Therapist: Good. Um, what was...just as an example, what was one thought that you think that you had?

Comment: It was good that I asked for an example of a thought that she had recorded in her homework. This would give me an idea of whether she fully grasped the concept of the thought record and automatic thoughts. I should have been more empathetic in my response and not so abrupt. I should have acknowledged that she had mentioned she felt the homework was beneficial.

Correction: Well it sounds like the homework has been beneficial to you then, is that correct? I'm glad it has been able to help you. Just as an example, what is one specific automatic thought that you recorded in your thought record?

Client: Well, one of them was, um, I felt like she was trying to control my life. So, so not being in control of my relationship. It made me feel angry

Therapist: Mhmm (affirmative)...Okay

Client: Which you know, after I was able to put it on paper and just...think about the thought for a few minutes. Uh, I was able to see that I'm in control. She can't tell me what to do, and she can't run my relationship. So maybe it was just that thought came into my head and then uh feeling that anger. But after a few minutes I was able to calm down and just you know, I, writing it on paper was very helpful.

Therapist: Okay. Well good. I'm glad that it was beneficial. And it sounds like you have progressed a lot from that.

Comment: Again, I should have acknowledged the feelings more, and I should have clarified some. I should have also been more empathetic, and I shouldn't have used terms like "progressed a lot" since that implies that she has made significant strides in therapy, when it may have been small steps in the right direction.

Correction: Okay. So, what I hear you saying is that by writing those automatic thoughts down on paper, you were able to see how they lead to those emotions and you were able to calm down, correct? Good. I'm glad this exercise has been beneficial to you, and it sounds like you are able to make some progress by keeping track of those thoughts.

V. *Prioritizing the Agenda*

Therapist: So, today, um what is something that has been bothering you recently?

Client: I felt like things were going really well for the past week or so. But as you know, Thanksgiving is coming up.

Therapist: Mhmm (affirmative)

Client: So this is the issues I'm having right now, or the thoughts that I've been having. Um, if...this is how I feel at the moment. If I don't go to dinner with my family's husband for Thanksgiving, then my husband is going to divorce me. And, I don't know, that just keeps going through my head over and over.

Comment: I was able to get the client to divulge her issues by asking a generalized question to begin with and utilizing positive affirmation to encourage the client to continue. Although she did start to discuss her feelings, I could have been more specific in what I was requesting from her. I should have also tied it more into her issues from her previous session, as just asking what is bothering her seems choppy and somewhat abrasive.

Key Correction: So is that anger with your mother-in-law something that has still been bothering you? Is there something else that has been bothering you recently that you would like to share?

From there, based on the client's responses, I would narrow down the questioning to determine the main issue the client was having. The questioning would be something like "So you said [issue] is something you have been struggling with as well as the continued anger with your mother-in-law. Which one of those issues have been bothering you more over the past two weeks?"

I would also assure the client that we would discuss the secondary issue at a later session, to let the client know that we were not ignoring the secondary problem.

VI. *Working on One Problem & Teaching Cognitive Skills*

Therapist: Okay. So, you feel like if you don't go to this dinner, then he'll divorce you?...Okay, so, um what you're describing with that, um, there's something called...it's these unhelpful thoughts that people have called cognitive distortions. And it sounds like when you say that if

you don't go to this Thanksgiving dinner, that he will...then he will divorce you, um, that's something we call catastrophizing. Which basically means that, it kind of is going to the worst case scenario from that thought. Um, it's also an example of, um, what they call fortune telling, or mind reading. Just trying to predict the future, um, trying to...um think that we know what he's thinking. Um, but that's, it's perfectly normal to have these unhelpful thoughts. We all have some sort of cognitive distortion or unhelpful thought at some point in time about certain situations. And that's completely normal. It's just, we have to figure out ways to kind of reel those in, I guess. And be able to control those thoughts.

Comment: First, I should not have used the term “feel like”, since it is not truly a feeling. I should have been clearer when describing the cognitive distortions. I am satisfied with my examples that I used with the cognitive distortions, and it is good to present them more as unhelpful thoughts to provide layman's terms for the client. I normalized cognitive distortions to the client and provided self-disclosure by saying that we all have unhelpful thoughts at some time about certain situations. I also did well at normalizing that the unhelpful thoughts are not “bad”, but that we just need to figure out how to control them. I also should have asked if that made sense to the client, in an effort to see if she is understanding the information being presented.

Correction: So what you're saying is that you think if you don't go to this dinner with your husband's family, then he will divorce you, is that correct? So what you are describing is an example of an unhelpful thought called cognitive distortions. There are many different cognitive distortions, and sometimes we can have multiple distortions with one thought. This particular thought would fall under a term called catastrophizing, which is basically assuming the worst possible scenario for a situation. It could also be an example of fortune telling and/or mind reading. These distortions are where you assume you know what will happen in the future or that you know what your husband is thinking. It is normal to have these unhelpful thoughts, and we have all had different distortions at some point in our lives in certain situations. The important thing is to be able to recognize these thoughts in order to control them, so they don't control us. Does that make sense?

Client: Okay. That makes sense.

Therapist: Um, so when you are thinking that, um, that if my hu-if I don't go to my husband's family's dinner for Thanksgiving, then he will divorce me, um, about how much do you believe that thought? On a scale of 1-10, one being the least and 10 being the most.

Comment: It is important to obtain a scale of how much the client believes that thought in order to gauge the importance of that thought to her. I could have worded it more clearly to emphasize the belief part.

Correction: So when you think that your husband will leave you if you don't go to his family dinner for Thanksgiving, how much do you believe that thought? On a scale of 1-10 with one being that you don't believe that at all, and 10 being that you fully believe it?

Client: Oh, well he has never mentioned anything about divorce. So maybe I'm being a little dramatic (laughs). Maybe a three?

Therapist: A three? Okay. So you don't believe it all that much?

Comment: I was a bit thrown off by the client's response to my scale, because previously she had implied that this issue was really bothering her and it would be assumed that she believed it more. It was good for me to clarify that she meant she didn't believe the thought much when she said she was a three. To be completely honest, I'm not completely satisfied with the response, but I don't know exactly how I would change it. I guess I would also mention what had been said earlier and ask her what changed since the beginning of the session. Since she only listed a three for her belief on the subject, it might have been beneficial for me to take a completely different course of action and go back a step to evaluate what her main problem was.

Correction: A three? So you are saying that you don't believe that thought much? Earlier you had mentioned that this was a thought that had been significantly bothering you over the past couple weeks. So what has changed in this session to show that you don't really believe that your husband will leave you if you don't go to his family's dinner?

Therapist: Okay. Well what, um, what is one of the emotions that you have with that? Like what...when you think that thought like what we talked about with the, um, the thought record, the automatic thoughts. When you have that automatic thought that he's going to divorce me, what are some of the emotions that come up with that? Or when you think about not going to that dinner?

Comment: It was good that I tied the emotions in with the automatic thoughts, but I should have been more concise and to the point. I should have also discussed it in an "If...then" scenario more clearly.

Correction: Okay. So remember how we have talked about automatic thoughts and how they lead to certain emotions? What is one emotion that you feel when you have the thought that if you don't go to your husband's family's Thanksgiving dinner, then he will leave you?

Client: Maybe fear, would be the main one.

Therapist: Okay, fear. Okay so that causes, um, causes you to have that fear of, um, is it a fear of being alone? Fear of losing him? What-what is that fear of though?

Comment: I was staggering a bit and had a hard time finding where to go from here. It was good to narrow down what exactly was driving that fear. I should have switched the order of my questions in order to avoid suggestive questioning.

Correction: Okay so fear. What is it that you are afraid of?

If she says she doesn't know, then I could suggest more questions

Is it the fear of being alone? The fear of losing your husband?

Client: Fear of losing him. 'Cause, I mean, even though I don't think we actually have it, it's just the thought of divorcing you know. That would be very scary.

Therapist: Yeah. It is a very scary thought for anyone. Um, it's a big life change, and um, but it sounds...it sounds like you kind of aren't fully believing that, you know, if he does go to...or if I don't go to this dinner, that he's going to divorce me. Um, so, um...how strongly do you feel that emotion when you think of the, like the fear? When you feel that fear. When you think about not

going to the dinner, or him divorcing you. What is, how strongly from 1-10 do you feel that? One being the worst, 10 being the best?

Comment: Again, I was able to normalize the feeling which would be helpful to the client. I was focusing on the divorce too much instead of the feelings of fear. It was important that I discussed how it sounds like she isn't fully believing that her husband would leave her. I was able to discuss how strongly she feels the fear, and I did well at specifying the fear as the emotion to evaluate. As stated before, if she didn't believe that thought all that much, it may have been better to take a step back and look for a more prominent problem.

Correction: I could see how that thought of losing your husband could be scary for you, and it would be scary for anyone. But it sounds like you don't really believe that he will leave you if you don't go to his parent's Thanksgiving dinner, so what thought do you think is really driving that fear? When you say you feel fear when you think about not going to that dinner, how strongly do you feel that? On a scale of 1-10 with one being the least and 10 being the most?

Client: Um, when that emotion takes place, there is times that it's pretty...it's pretty high, I would have to say. It's been a seven or an eight.

Therapist: Okay. So you feel it very strongly? Even if the belief isn't as strong, the emotion is very, very strong?

Client: The emotion takes over the belief, yes.

Comment: Here I was able to tie in the belief and emotion. It was important to note that the emotion was very high even if the belief was not so much. I should have delved more into those emotions and the discrepancies between the beliefs and the emotions by asking her why she thinks there are discrepancies.

Correction: So you feel that fear very strongly? Even if you said the belief isn't as strong, the emotion is very strong? So what do you think causes those emotions to be so significantly stronger than the belief?

Therapist: Okay. So um, when you have this thought, um, first of all, how often do you have this thought? You said it kind of comes through a lot, but...

Client: And I guess, you know, 'cause we really hadn't...we weren't sure what we were gonna do for Thanksgiving and now he has decided that we're gonna spend it with his family, so it's been happening more often, I would say, at least once a day.

Therapist: Okay, so that's, that is pretty often.

Client: Mhmm (affirmative)

Comment: I was a bit confusing here and vague with what I was requesting from the client. I should have been more direct and I really should have asked how often the thought occurs before identifying the emotion. I should have also given an example of what I meant by how often does she have that thought.

Correction: So how often do you have the thought that if you don't go to your husband's family's Thanksgiving dinner, then he will divorce you? For instance, do you have that thought several times a day, several times a week, etc.?

Therapist: Um, when you have that thought, what is something that you notice physically that happens? Do you have any physical...

Client: My heart rate goes up. So I just feel like I'm not able to breathe. Um, that's the main one.

Therapist: Okay. Alright, so um, with that fear of...of um, him leaving you, because you believe that if he leaves...if you go, don't go to this dinner then he will leave you. Um you feel...your heart rate goes up and you have these, um fears or possibly anxiety? Um, is that all kind of correct, what you're saying? So when you have that um, increased heart rate about the situation, um, what do you do next? At that point in time?

Comment: This was very choppy and I had a hard time gathering my thoughts. I was having a hard time knowing where to go from here, and the flow seemed kind of choppy. It was good for me to ask for clarification from the client. Evaluating the physical symptoms is important to determine other possibilities. Fear and anxiety are many times interchangeable and often confused feelings, and it would be important to know which one it is.

Correction: Okay. So when you have those feelings of fear, do you have any physical symptoms? Sweaty palms, increased heart rate, difficulty breathing, etc.? Do you think your symptoms could possibly be related to anxiety as well? What do you do in situations where you do have these physical symptoms?

I would wait for the client's response after each question and would build off those responses.

Client: I just sit there, like I just freeze for a few minutes, and I tell myself that I can decide later (laughs). Uh, you know, Thanksgiving is two weeks away, so I just tell myself, "You don't have to decide now". So I...this and again, this just started happening. So...

Therapist: Yeah, so that's a perfectly normal reaction when you have, um, some fear and anxiety like that. The fight or flight, you know? Like to shut down and kind of...try to ignore it. That is, that is very normal. Um what...so, but, even though that's a normal thing to do, um, it can be debilitating, as I'm sure you've experienced.

Comment: Again, it is important to normalize. I was able to discuss fight or flight as it relates to fear and the client's physical symptoms. It's also good to let clients know that it is normal to have fear/anxiety, but it can also be difficult on the client and his/her social relationships. I should have also encouraged techniques to help with the physical symptoms.

Correction: So it is normal to freeze up and have increased heart rate in a situation where we feel fear/anxiety. It is the natural fight or flight instinct that kicks in when the mind is under a lot of stress. Although it is normal, it can still be detrimental to emotional health, as I'm sure you have experience.

Therapist: Um, so what is some of the evidence that you have, um, that you believe if he...if you don't go to his family's Thanksgiving dinner, then he'll divorce you?...Has it happened before, like, any time in your life that anybody...that he has said that? Or um...

Client: Oh, there's really no evidence. 'Cause like I said earlier, he has never talked about divorce. And he has never even mentioned the word divorce, so.

Comment: The client had mentioned before that she really didn't believe this thought all that much. I was going by the outline, but it doesn't really match in this situation. I might have been able to skip this step all together if she already doesn't believe the thought. Or I could redirect it and focus in on what thought she does believe related to that fear and anxiety, since those strong feelings are not manifesting without a thought behind them.

Correction: So now, let's investigate ways to change your perspective of this situation. You said previously that you don't really believe that thought that if you don't go to your husband's family's Thanksgiving dinner then he will divorce you. Yet you still have those strong feelings of fear and anxiety at times. So, what is an automatic thought you notice that comes up when you feel fearful and anxious? What is some evidence you have that supports that thought?

Therapist: You said he hadn't mentioned divorce before, but he hasn't, um, has he been talking about anything extreme with the not going to dinner? Is there an alternative explanation for this viewpoint possibly?

Comment: As stated in the previous comment, this step may have been reworked completely since she doesn't fully believe that he is going to divorce her if she doesn't go to the dinner. Normally, it would be good to discuss these points and talk about alternative viewpoints. At this point, I was trying to figure out why she would say that thought was bothering her if she didn't believe it, so I was still trying to find if there was any evidence at all that would cause her to mention it.

Correction: So you don't really believe that thought because he hasn't mentioned divorce before. So what initially caused you to think that he would leave you if you didn't go to that dinner with him? Did you discuss not going to the dinner with him? Did he express anger towards that? Is there an alternative explanation for this viewpoint possibly?

Client: Well, maybe just because I've had issues with his mom in the past, and maybe, you know, I felt like things were going better and then this happens. So maybe things from the past are just affecting the now? You would say.

Therapist: Yeah, that's...that's very possible. Um, so the worst that could happen, you've already said is that he'll divorce you, right? Um, what would be the best thing that could happen?

Client: Uh, that we go to this dinner, he's able to spend time with his family, and we all have a good time.

Therapist: Okay. Um, but if you didn't go to this dinner, um say that you decided to go to your family, your family's dinner, what would be the worst outcome?

Client: Um, I mean he would probably be upset about not going to his family dinner. So he might be upset for, for a little bit. But, he doesn't really get mad, so it wouldn't affect the relationship really.

Therapist: Okay. And so, um, what would be the best thing that could happen if you didn't, if you didn't go to that dinner? What would be the best outcome?

Comment: I thought it would be redundant to ask her what the worst that could happen was because we have already discussed she was afraid he would divorce her and how that falls into catastrophizing. I should have probably mentioned the catastrophizing again

here. I put these phrases together because I did end up having redundancy, and I went back and forth on the worst and best case scenarios. I should have summarized the questions and asked them in one section rather than switching back and forth between the best and worst case scenarios.

Correction: You've already implied that you believe the worst thing that could happen if you don't go to this dinner with your husband's family is that he would divorce you. We had discussed earlier in this session how that thought is an unhelpful thought called catastrophizing, and how that causes us to assume the worst case scenario. So if you didn't go to dinner with your husband's family on Thanksgiving, what would be the best possible outcome?

Client: Um, that we go to my family's dinner. And we all have an amazing time. 'Cause my family really likes him, so.

Therapist: Mhmm (affirmative). So, what is the most realistic outcome of if you don't go to that dinner? Um, what would be the most realistic?

Comment: I'm satisfied with my response here. I was concise and straight to the point, and I followed the CBT outline of determining expectations of the client in citations. I showed affirmation to respond to their answer, And I tried to delve into the most likely outcome after to help the client realize that sometimes we have thoughts that don't always equal the truth.

Client: Um, if I don't, if I don't go to that dinner, nothing might happen. I mean, we might just stay home and have dinner by ourselves and enjoy the night.

Therapist: Okay. So, um, and...so basically you're saying that you have these three options that you could go to his family's dinner, you could go to your family's dinner, or you could have your own family dinner.

Comment: I think I did well at listing out the three options that she provided, although the options were more behaviorally driven. The focused seemed to have shifted from having three possible outcomes if she didn't go to his family's Thanksgiving dinner to three options of what to do for Thanksgiving. It was good that I summarized here but should have changed the focus.

Correction: So what I hear you saying is that you have three possible outcomes if you do not attend Thanksgiving dinner with your husband's family. The worst case scenario is that he will be angry and divorce you. The best case scenario is that you do decide to go to the dinner, and everyone has an amazing time. Or the most realistic scenario in which you decide not to go to the dinner, and your husband decides he will not go to the dinner either and you have a nice dinner with just the two of you at home. Does that sound correct?

Client: Right. Yes, those three are wonderful options.

Therapist: Right. So, um, with this automatic thought that you think, um, if this happens then he'll leave you. Again, like we discussed earlier, that's kind of a cognitive distortion, you know catastrophizing, going to the worst conclusion possible. Um, what could be the effect of changing that thought, do you think?

Comment: It is good that I discussed the automatic thoughts again and how they lead to cognitive distortions. I really should have spent more time overall in getting to the root of her feelings and evaluating for her core beliefs, which I did not mention. I should have discussed the reasons for looking at the worst, best, and most realistic options to help with evaluating our thoughts. It is good to ask her what the effect of changing that thought would be though, tying it in with the importance of looking at the most realistic option.

Correction: So you remember we discussed automatic thoughts, and you had this recurring thought that if you didn't go to your husband's Thanksgiving dinner, he would leave you. This thought can lead to the cognitive distortion of catastrophizing, as well as mind reading and fortune telling. If allowed to fester, over time these cognitive beliefs can affect our core beliefs about ourselves and make us feel unworthy, and/or unloved. As you may be able to see here with this little exercise we did, is that it is important to look at the worst, best, and most realistic outcomes in order to shift our perspective and evaluate our thoughts. So what do you think could be the effect of changing that thought?

VII. *Setting Homework*

Client: Um...I think, you know, based on what I, what I've tried in the past, maybe just keeping track of the thoughts I'm experiencing. That might be a good way to cope with those.

Therapist: Okay, so continuing to keep a thought journal?

Comment: Here, she kind of jumped into homework when I was really asking her what the effects of changing her thought patterns would be so it kind of threw me off. At this point in time, I'm not sure if I would try to redirect her back to answering the question or moving on with the homework (which is the route I took). If I could do it over, I would probably acknowledge the homework, and still redirect her back to the question.

Correction: Ok so you think continuing to keep a thought journal would be beneficial? How do you think keeping track of these thoughts and changing the thought to the most realistic outcome would affect you?

Client: That seems to be working out for me now, and I don't feel overwhelmed. I mainly do it when...when I need it. So I don't have it, you know...It's not stressful (laughs).

Therapist: Yeah, yeah I get that for sure. Um, so there is one thing I'd like to add to that thought journal, for this session. And, this is a list of some cognitive distortions that people may have. Um, like I said before, these are very normal thoughts for people to have, and normal, um reactions to things. But I'd like you to, when you're writing in your thought journal, to kind of add some of these as you see them come up in those thoughts. And kind of, be able to recognize some of these patterns. Um, do you think you could do that, would that be okay to add to that, or no?

Comment: I think it was good to add the cognitive distortions to her homework so she could work on recognizing those unhelpful thoughts. I also elicited feedback from her to see if she would be willing to do that. I'm satisfied with my response here.

VIII. *Providing Summary & Eliciting Feedback*

Therapist: Okay, good. Um, so basically we've discussed today that, you know, we went over last visit when you talked about that you were having issues with your mother-in-law. And some of the thoughts that were driving that, including anger, and um, how you combated some of those feelings of anger with her. Um, and then today, we discussed about some of your, um, some of your fears of your husband divorcing you if you don't...aren't involved in his family, his family dinner. Um, and we talked about how that's not necessarily the case.

Client: Mhmm (affirmative). Right.

Therapist: We know there's three different options of what could happen, and um, and the most likely outcome, like you said, would be that you know, maybe you'd have just dinner together and kind of work things out. Um, so um...and then we're gonna, we're gonna have you keep the thought record, and add some cognitive distortions to that.

Client: Right.

Therapist: Um, and yeah. So um, so real quick again...Um, I'd like to get another mood check. So on a scale of 1-10, one being the worst and 10 being the best, so 10 is like, really great feeling. Um, the...and this is based on your, that fear of losing your husband. So about where do you think you are?

Client: I'm probably on a nine.

Therapist: A nine?

Client: Yeah. After talking to you.

Therapist: Okay, so a nine as in the best, or the worst?

Client: The best. I feel a lot better just, you know.being able to talk about those fears really helped (laughs).

Therapist: Okay, good. I'm glad that helped a lot. Um, so was this session beneficial? Is there anything else you want to talk about, maybe at your next visit?

Client: Um, no. This was very beneficial. We'll see what happens in the next week.

Therapist: Alright! Well, I will see you next week, and...um, have a good week until then.

Client: Thank you, you too.

Comment: I was able to summarize the session effectively with the client. I implemented a more realistic mood check and asked for more clarification on exactly what the client meant by the number she chose on the scale. I elicited feedback from the client and ask if there was anything else that she would like to talk about next session. This would have been especially helpful if the client had multiple issues she had divulged in this session, and we had to narrow it down to one. This would give me an idea of where to start at her next session and inform me of any secondary issues she may be dealing with.

Reflections

Overall, I have grown as a CBT therapist over this past semester. In my initial benchmark taping, I struggled to make the therapy session last the full 10 minutes, and yet this session I struggled to keep it under 20 minutes. I have always been able to implement empathy and normalize client situations, and I'm usually pretty good at being open and warm to clients. But I have not been able to keep good structure in sessions, and I used to feel lost in therapy sessions or confused where to go next. Now, I am able to follow specific guidelines which decreases my anxiety in the session and helps increase my confidence as a therapist.

On the other hand, sometimes the structure feels restrictive. I have struggled at times with the CBT format because I have a hard time keeping the specific sequence of events, when other sequences seem to flow more naturally to me. I have learned that it is difficult sometimes to have other classmates as my faux clients because they try to make it easier on me and make it more difficult. For example, they try to make it seem like they got so much better too quickly in the session, which is not realistic and makes it difficult to continue the session without repeating over things that have already been "resolved".

I have already been able to implement CBT techniques and discuss cognitive distortions and automatic thoughts with some of my clients in my internship. I have realized that CBT is not just for traditional therapeutic settings but can also be used in nontraditional settings and in more of a passive way. For instance, if one of my clients at my internship discusses his/her feelings now, I have found that it is beneficial to talk to them about automatic thoughts and see what thought made them feel that way. I have also educated clients on cognitive distortions (in a child friendly way). All this has been done in a more unstructured format while the children are horseback riding and/or doing farm chores. They do not come to the ranch for the CBT, but it is beneficial in case-by-case situations. I hope to implement CBT techniques in my role as a clinician, but I will probably take a more relaxed approach in the order of things at times. As mentioned, it is difficult for me to find the balance between too structured and too relaxed, but I hope to grow in that area.