

Segment 1

Transcriptions, Comments and Corrections

Mood Check (3:15)

Therapist: So, last time you mentioned that you wanted to work on anxiety. So, on that same scale, 0-10, 0 being no anxiety and 10 being the highest amount of anxiety that you've ever felt, how would you rate your anxiety?

Client: Um, I think I would rate it at a 7.

Comment: Here, I am attempting to complete a mood check on anxiety for the past week, however, the time being rated was not identified. This needs to be corrected so the client does not get confused on what is being asked.

Correction: On a scale, 0-10, 0 being no anxiety at all and 10 being the highest amount of anxiety you have ever felt, where would you rate the past week?

Therapist: A 7? Okay, that sounds like a pretty uncomfortable amount of anxiety and I'm sorry that you've been feeling that way over the last week. On that same scale, can you rate where you are right now, in our, in my office?

Client: Um, I don't know, probably a little lower, maybe um bout a 6.

Comment: Here, I assume that the client was rating the past week since I did not specify earlier. I am also attempting to clarify and show empathy. Then I finish off by completing a mood check for the present moment.

Correction: So, the past week you rate your anxiety at a 7? That sounds like an uncomfortable amount of anxiety. I am sorry that you have been feeling that way. On the same scale, can you rate where your are, right now, in this present moment?

Therapist: A 6? Okay, well now that we've completed, or a 6 is lower than what we talked about last week, I believe, I think you were at a 7 around that time. Um, but now that we've completed the mood check, I want to move into setting our agenda for this week.

Client:

Comment: Here I am trying to clarify the rating again but not in a complete sentence. I begin to jump further into the session, without acknowledging the clients rating and showing empathy. Noticing this, I stop myself and attempt to remind the client of the previous rating and how the current rating is lower.

Correction: Just to clarify, you are at a 6 in this present moment? Looking back at my notes from last week, a 6 is lower than your rating of a 7 last week. This is an improvement. Now that we have completed the mood check, I would like for us to set our agenda for today.

Agenda (4:19)

Therapist: First I will ask you to give me a brief update on how you are, and we'll also review your homework. Next, we'll identify some problems that you've been experiencing this week and narrow it down to one or two problems that you would like to focus on today. I'll give you the chance to tell me what you would like to accomplish during our time together and we'll set some goals that we can um work on this week. We'll work on your problem and set homework. We'll talk about CBT and we'll apply that to the problems you've been experiencing. And then lastly, we'll summarize everything that we discussed in this session and then I'll give you the change to give some feedback to make the next session more effective for you. Is there anything that you would like to add to our agenda today.

Client: No, I don't think so. All of that sounds pretty good.

Comment: In this section, I was attempting to set a clear and concise agenda. While I think I did well, I can make several changes to make it flow and more understandable. Specifically, when speaking about the problems and utilizing CBT.

Correction: Now that we have completed the mood check, we will move into setting our agenda, so you know what to expect for this session. First, I will ask you to give me a brief update on how you are. We will review last week's homework. Next, we will identify some problems that you have been experiencing and we can narrow them down to one or two that you would like to focus on today. I will give you the chance to tell me what you would like to accomplish during our time together and set goals. We will talk about CBT and how it will help with the problems you are experiencing. Using CBT, we will work together on one or two problems. We will set homework together. Lastly, we will summarize the session and I will allow you to give me feedback on our time together.

Update from Previous Section (5:27)

Therapist: To get an update, I would like for you to tell me about a time last week that you were at a 7 on your scale and can you describe that time to me?

Client: Um, okay. So, it was at work. I had a huge presentation to complete in front of the entire office. Um, I don't think I did very well, and I just kept thinking I know they think I don't belong here. Um, I also just kept feeling like everyone doesn't think I'm qualified for the position.

Comment: While attempting to get an update, I believe this could have been worded clearer.

Correction: To get an update, I would like for you to think about a time last week that you were at a 7 on the scale. Can you describe what was going on during that time?

Therapist: Okay, so you were feeling like your coworkers don't think you belong there, and they think that you're not qualified for the position. Um, I can tell that you're still feeling the pressure of being the newest employee and with your presentation in front of your colleagues you started having some automatic thoughts that we discussed last week. Are there any other things that happened last week that you would like to discuss?

Client: Uhh, I guess, I mean my boyfriend and I were having like some trouble, so we kind of had a big fight. And for a little bit I guess I was feeling like he might want to break up soon. Um

I mean I'm not sure. That stuff still feels a little better now, but I guess, you know it did happen through the week and it's kind of still there.

Comment: I am attempting to paraphrase and clarify; however, I am confusing thoughts and feelings, here. This can cause confusion for my client, as well.

Correction: I am hearing you say that you are having thoughts that your coworkers do not think you belong there and that you are not qualified for the position. So, you are still feeling the pressure of being the newest employee and with the added presentation in front of your colleagues, you started having some of those automatic thoughts that we discussed last week. Are there any other things that happened this week that you would like to discuss?

Prioritize the Agenda

Therapist: Okay, well I'm sorry that your week had these um events going on, um since you mentioned two problems, what would you like to focus on first today? And ill remind you, that if we have time at the end of our session that we can talk about the other problem.

Client: Okay, um I definitely think my work stuff is the the biggest thing that's affecting me right now. So um I would definitely like to focus on it mainly.

Comment: Here I am attempting to show empathy in the brief update, but do not do well. I get lost in my words and try to make up for it by moving into the next section. I skip to prioritizing the agenda.

Correction: It sounds like you have had a tough week. Thank you for sharing that with me.

Therapist: Okay, so you would like to focus on the anxiety as it relates to work today, or to begin with?

Client: Yes.

Comment: Here I am attempting to prioritize the problems and paraphrase. This needs to be reworded as I confuse my wording.

Correction: Just to clarify, today you would like to begin with working on your anxiety as it relates to work and if we have time, we can focus on the other problem that you mentioned?

Review Homework 7:35

Therapist: Okay Um, Lets go ahead and go over your thought record that you completed for homework last week. Can you tell me about a time last week that you were able to use that thought record?

Client: Yes, so the presentation I was telling you about, after I completed it I was so upset that I actually had to leave work.

Comment: Here, I should have specifically asked the client to read over a time she used the though record.

Correction: Lets go ahead and review the thought record you completed for homework. Can you tell me about a time you were able to use the thought record and read to me what you wrote?

Therapist: So, do you remember what thoughts you were having during that time? Were you able to recognize that?

Client: Yeah, it was just. So, I wrote down like “everyone thinks that I shouldn’t be here. Um everyone thinks that I have no idea what I’m doing, I’ll probably get fired.”

Comment: I am asking more than one question at a time. This can become confusing for the therapist and client.

Correction: If you were able to recognize the thoughts you were having during that time, from your homework can you read that to me?

Therapist: Okay, and you mentioned earlier that you were thinking your colleagues thought that you were under qualified for the position and now you are telling me that everyone thinks that you shouldn’t be there and that you’ll probably be fired. Um, I’m. I know that those are difficult thoughts, but I am really pleased that you were able to use your thought record and recognize those thoughts.

Client:

Comment: Here I am attempting to paraphrase the client’s automatic thoughts that were mentioned through the session and show empathy. I missed including the thought that “everyone thinks I have no idea what I’m doing.”

Correction: As I understand it, you have identified your automatic thoughts being “My colleagues think I am under qualified for the position,” “everyone thinks I shouldn’t be here,” and “I’ll probably get fired.” I know that those are difficult thoughts. I am pleased that you were able to use your thought record and recognize those thoughts.

Work the Problem and Educate CBT 8:41

Therapist: Um, if you remember last week, we talked about CBT and how those automatic thoughts impact our feelings and how our feelings impact our behaviors. Um, but another important piece to that is called cognitive distortions and that's the way that our thought processes aren't really factual but instead distorted thinking. So, the thoughts that you mentioned on your thought record is called mind reading and if you remember I gave you um the list of cognitive distortions last week, um and the mind reading just simply means that we assume we know what people are thinking without having any evidence of those thoughts. So, let's use your thought record and let's go a little bit deeper with that.

Client: Okay.

Comment: Here I am attempting to explain CBT, while relating it to the client’s present issue. I should be more specific. I am also attempting to explain cognitive distortions, but I do not apply the information to each of the client’s thoughts.

Correction: If you remember last week, we briefly discussed CBT and how automatic thoughts impact feelings and feelings impact behaviors. Another important piece to CBT is cognitive distortions. This is a way that our thought processes are not factual but instead distorted thinking. So, using this information I would like to apply it to the thoughts you mentioned earlier. The first thought you mentioned was “My colleagues think I am under qualified for the position.” Together, looking at the list of cognitive distortions this thought is called mind reading. The second thought you have “everyone thinks I shouldn’t be here,” is also mind reading. Mind reading simply means that we assume we know what people are thinking without having any sufficient evidence of their thoughts. The last automatic thought you mentioned is “I’ll probably get fired.” This is a cognitive distortion that is called fortune telling. This means that we predict the future.

Therapist: Okay um, on a scale 1-10 how much do you believe those thoughts that you were having, 1 being that you don't believe them at all and 10 being that you strongly believe?

Client: Um, it was definitely at least a 9.

Comment: Here I am attempting to evaluate how strongly the client believes the automatic thoughts. Unfortunately, I do not apply this to each thought and continue to group the thoughts together. It may have been more feasible to focus in on one thought during the session.

Correction: On a scale 1-10, how strongly do you believe that your colleagues think you don't belong there? 1 being you don't believe that and 10 being you strongly believe that?

I would then apply this to each automatic thought. On a scale 1-10, how strongly do you believe that your colleagues think you are under qualified for the position? 1 being you don't believe that and 10 being you strongly believe that?

On a scale 1-10, how strongly do you believe that you will be fired from your position? 1 being you don't believe that and 10 being you strongly believe that?

Therapist: A 9? Okay, Um when you're having those thoughts what emotions are you feeling during that time do you remember?

Client: Um, anxiety. Just it's just full anxiety.

Comment: Here I am trying to paraphrase and miss the opportunity to show empathy. I rush into the next question to confirm that anxiety is present.

Correction: Fully believing such difficult thoughts must cause a lot of emotions for you. What emotions did you feel during that time?

Therapist: Okay um on that same scale how intense is that anxiety for you?

Client: Whew, I mean I dare say a 10.

Comment: Here I missed another opportunity to show the client empathy when discussing anxiety.

Correction: Experiencing anxiety at a 10, I can see how this could be difficult and interfere with things.

Therapist: Okay, Um, do you remember what you were feeling in your body when you are feeling your anxiety at a 10?

Client: Yeah, I was sweating through my clothes, which was embarrassing. Um my heart was racing. I could not get it to calm down and it was like I couldn't really breathe that well.

Comment: I notice that I say “okay” and “um” often. This can compromise my client’s trust in my ability to provide effective therapy.

Correction: Tell me, what do you notice in your body when you are feeling anxiety at a 10.

Therapist: Okay, those sound like some very uncomfortable feelings that you're having in your body. Um can you tell me, Let's think about these thoughts a little bit more can you tell me what evidence you have that supports the thought?

Client: Um, I guess, Um, I’m not sure. I mean technically I haven’t gotten any warnings and you know I haven’t been fired yet. Um, I mean, and they did hire me so I guess maybe they think I’m good at something or that I can do something for the company.

Comment: I begin to rush to the next section and stop myself so I can be more specific.

Correction: Let’s think about these thoughts a little more. Can you tell me what evidence you have that supports your automatic thoughts?

Therapist: Yeah. Yeah, I, you were qualified to have the position um, so its great that you’re recognizing that. Um, what do you think the best outcome can be?

Client: I guess that I don’t get fired and I feel like I belong. You know, like I deserve to be at the job.

Comment: I am attempting to highlight the client’s strengths and encourage the client, but I stumble over my words. This can be reworded to showcase the client’s ability.

Correction: That’s a great, positive way to look at things. You were hired by the company so that proves you met their qualifications.

Therapist: Yeah, Okay. Um, can you think of an outcome that could be the worst?

Client: I guess that I get fired.

Comment: I can reword this evidence question to make it clear and concise.

Correction: What do you think the worst outcome can be?

Therapist: Okay, of the best thing that can happen and of the worst thing that can happen, what do you think is the most likely to happen out of these outcomes?

Client: Umm, I mean I, I don't think I'll get fired. I mean, just because no one has even said anything to me um, you know, no one has verbalized anything about me getting written up or doing anything wrong or getting fired. Um, I guess its kind of just my own thoughts when I think of it more.

Comment: Evidence questions are very important in evaluating the client's automatic thoughts, therefore, they need to be presented in an understandable way.

Correction: Of the two outcomes you just mentioned, what do you think is the most likely outcome to happen?

Therapist: Okay, so going back to those automatic thoughts. Um okay, so with you looking at the evidence that you probably wont get fired and that you do qualify for the position, using that same scale can you rate your automatic thoughts that you had last week and where are you on that scale?

Client: Well, I mean, I guess it was so intense last week but no that you've kind of had me go through everything and sort of weigh out you know I guess as you say evidence to how true those thoughts are, I feel a lot more comfortable. Um I don't know; I may even say its almost like a 3 on the scale right now when I think about it.

Comment: I continue to say "okay," "so," and "Um" a lot. I also word the question in a way that may cause my client confusion, therefore it needs to be reworded.

Correction: With you looking at the evidence that your automatic thoughts are most likely false, lets use the same scale from earlier. On a scale, 1-10, 1 being you don't believe the thoughts are true and 10 being that you strongly believe the thoughts are true, where are you now?

Therapist: Okay, so that. I mean that is a significantly lower score than what we began with today.

Client: Yeah.

Comment: I almost rush through and miss the opportunity to encourage the client.

Correction: A 3 is a significantly lower score than the 10 we started with earlier. I am so pleased with the progress you have made today.

Therapist: So, um evaluating those thoughts and asking these questions with these thoughts really shows is there any evidence to support what we're thinking. So um, I know that you mentioned another problem and I would like to talk about that a little bit more too because it looks like we're going to have a little bit more time than what I expected. So, we'll talk about that problem before we set the homework for next week. So, do you want to tell me a little bit about what was going on with you and your boyfriend?

Client: Yes, um, so I don't know. Maybe I've just been like really stressed with the work stuff and maybe I haven't been good at like separating that when I come home and so I know I've probably been a little jumpy but it's like I feel like and he's also stressed so we're like it just feels like we're at each other's throats a little bit over stupid silly things um like putting up the dishes

or like laundry. Um, I don't know but we had a pretty intense fight the other day about like I don't know will we be able to make it long- term or not. Um, I don't know things seem a little better between us after that fight which was you know 4 or 5 days ago. Um, but it was pretty intense when it happened. So, I guess after the fight I just sort of had anxiety about like what just happened and what's happening with the relationship since you know we've been together for 4 years. So, it's a little scary to think about it ending.

Comment: I tend to get wordy when I go off script. This is something that I need to work on. I also use filler words to make up for going off script. This may cause my client confusion or cause a lack of trust in the therapeutic process.

Correction: Evaluating our thoughts is helpful in identifying that they are not always true. We are making an amazing amount of progress. Since we have more time than I expected, would you like to discuss the other problem you mentioned earlier?

Therapist: Yeah, that can be really scary. Um, so it sounds like you guys both have stress. Um, do you. Is his stress related to work as well or is that from somewhere else?

Client: Yes

Comment: I attempt to show empathy but did not effectively. I also ask irrelevant questions about my client's boyfriend.

Correction: It must be difficult to share those thoughts and feelings. Thank you for opening up to me. It is normal to feel overwhelmed and anxious when there is so much going on.

Therapist: Okay, see, you both are dealing with work stress. Um and it sounds like the fight was pretty intense and I'm sorry that that happened Um, but can you tell me what you remember thinking while you um had this argument with him

Client: I guess like while I was having the argument, I was like this isn't going to work, we have no future. We can't even do some of the things like chores like dishes and laundry. Like we don't actually have a future. Like its just a dead end. I was really negative at first thinking.

Comment: I missed the opportunity to have the client open up about her relationship. It would have been more beneficial to ask for additional information prior to asking about her thoughts.

Correction: You had a lot going on last week. I heard you mention that the argument was pretty intense. What does intense look like to you?

Therapist: Okay, so you had some negative thinking, thinking that there may not be a future. Um, are there any other thoughts that you had during that time?

Client: Um, uhh, maybe but those are the main ones that I can really remember. Um and like I remember from last session you kind of teach me about like the automatic thoughts and how they are connected to feelings and your actions and you know mood and all that in general. So like a little bit afterwards and also I guess I was able to calm down, I kind of thought through that like the worksheet you had given me. Um and I kind of realized my automatic thoughts were a little silly. Or I mean I just went from like 0-100 really fast. Um in a negative direction because like

we have been together for 4 years and we've you know had ups and downs, but we have a pretty solid you know strong relationship. And you know, I don't know.

Comment: I missed identifying the client's automatic thoughts and showing empathy. She stated several thoughts, but I only mention one when I paraphrased. I also should have taken the opportunity to let the client know that her thoughts are not silly. We all have automatic thoughts and evaluating is only to prove they are not factual.

Correction: During the argument, it sounds like you had automatic thoughts that include "this isn't going to work" "we have no future" and "It's just a dead end." It's important to know that we all have automatic thoughts, so it's not silly. We want to use identify these negative thoughts so we can evaluate them to see if they are true or not. With that being said, together, lets look at the list I provided and determine which cognitive distortions apply to these thoughts?

Therapist: Well, I am happy that you were able to identify those automatic thoughts and it sounds like you were even able to evaluate them in a sense. Um, were you able to use your thought record with these thoughts?

Client: Well, yeah, I followed the thought record to go through that process you gave me.

Comment: I could have done a better job expressing the client's strengths and encouraging her.

Correction: I am thrilled that you were able to use your thought records and identify your thoughts. Also, great job beginning to evaluate those thoughts. You are making such great progress.

Therapist: Okay, yeah, lets talk about that a little bit. Um, so you were able to write these thoughts down. Can, were you able to identify um, you're your anxiety in your body at this point, as well?

Client: Um, um yeah kinda. That part wasn't so easy, but it was more just like maybe my heart was racing a little bit and my like I think you know I even had a headache but it was almost just like my thoughts were racing.

Comment: When I go off script, I use filler words to give myself time to think about the next question. This can be distracting and negatively impact my active listening. I also need to be more specific in my questioning.

Correction: During the argument, were you able to identify the anxiety in your body?

Therapist: Okay, Um, can you tell me, and I know we kind of touched on it a little bit, but I want to go a little bit deeper. Um, can you tell me the evidence that you have that supports that you guys won't have a future?

Client: Um, you know, I guess we have had some fights in the past, um but again we've been together four years and so we've gotten through those little petty or you know even some substantial fights before so you know the evidence isn't very strong.

Comment: I begin one question and then start another. This can be confusing for the client and I need to make my statements and questions clearer.

Correction: Now that we have identified the automatic thoughts, let's begin to evaluate the thoughts. What evidence do you have in support of your relationship not having a future?

Therapist: So um, it sounds like even in the past, you know couples will have arguments but you guys made it through. Um so, um, what do you think the best outcome is?

Client: Um, that you know we just keep you know being together and being a strong unit for each other. Um, because we do provide support for each other.

Comment: Here I am lacking confidence because I am going off script. I need to work on clear and concise communication with clients.

Correction: It sounds like you guys have had arguments before and worked together to make it through. Right now, you don't have any evidence to support your automatic thoughts. Thinking about those same thoughts, what do you think the best outcome could be?

Therapist: Okay, and that is important too. So what do you think the worst outcome could be in this situation?

Client: I mean I guess that we break up over it but I mean even as I'm talking it out loud right now, it feels silly.

Comment: I can do a better job at identifying strengths as they provide encouragement to the client.

Correction: Being able to provide care and support for your partner is a great characteristic. It sounds like you guys are able to do that for each other. Using those same automatic thoughts, what do you think the worst outcome may be?

Therapist: Okay um, so, you think that it sounds silly now. What do you think the best, or not the best but out of those two outcomes what do you think is the most likely to happen?

Client: That we'll probably totally forget about that fight in the long run that it even existed and continue being you know what I mean, in a good relationship and support for each other.

Comment: I think it's important to help the client understand that her thoughts are not silly and that everyone has automatic thoughts. I also need to work on clear and concise communication with my client.

Correction: Your thoughts are not silly, but we have identified that they probably aren't true. What do you think is the most likely outcome is?

Therapist: Yeah, okay. Um, so, looking at all of this evidence that we discussed can you tell me, um where you are on that, can you rate that automatic thought? Where are you at on that scale?

Client: Now? Honestly, now, I'm like one.

Comment: I need to stick to one question at a time. If I begin a question, I need to finish it, so the client does not get confused. I should also be more specific with my questions.

Correction: Looking at all the evidence we have discussed, on the 1-10 scale, where are you at now?

Therapist: A one?

Client: Yeah, it's really low.

Comment: Here I am attempting to paraphrase and miss the opportunity to encourage the client.

Correction: A one is a significant decrease from the 10 we started with. We are making amazing progress.

Therapist: Yeah, so a one is a lot lower than what you mentioned earlier so it. Being able to evaluate these automatic thoughts really is helpful in um helping us reduce that anxiety.

Client:

Comment: I would have liked to go into more detail about automatic thoughts.

Correction: I am so pleased with the progress you have made today. Being able to identify your automatic thoughts and evaluating them to see if they are supported by evidence has helped significantly reduce your anxiety.

Set New Homework

Therapist: Um so for this week for homework I would like for you to continue on your thought record but I would like to add um maybe instead of using it once or twice lets maybe use it three or four times and lets. I know that you did this on your own but let's try to identify those cognitive distortions. You have your list and you're already telling me that you were able to identify them. So, I think that will be um a good task for you to have. Do you think that's something that you could do?

Client: yeah, yeah, I actually really like automatic record sheets so that will really good.

Comment: I would like to reword this to make it clearer. I would also like to highlight how well the client did on the previous homework.

Correction: Lets talk about homework for this week. Since you did so well last week and found the automatic thought record to be helpful, is it manageable to add to that? I would like for you to use the thought record three- four times. I would also like for you to attempt to identify the cognitive distortions from your list. Is that something you can do? Would you like to add to anything to that?

Summary and Feedback

Therapist: So, um, now that we've set our homework, let's um, go ahead and summarize our session today. Um, this week, week we used your scale to rate your anxiety and we were able to move forward with the scale with your automatic thoughts. Um we were able to use two specific times that you were able to use your thought record when you felt anxious and you were able to evaluate the automatic thoughts that you had during that time. Um and as a result of that we were able to significantly lower um your anxiety and how much you um had belief in those thoughts. Um is there anything else that you want to add to the summary that you felt like was important?

Client: Nope I think you covered everything.

Comment: In the summary, I begin to rush and use filler words. To make myself sound more confident and competent, this is something that I will be more aware of in the future. This is a time to highlight the important aspects of the session, so it must be said in understandable terms.

Correction: Now that we have set the homework for this week, lets summarize today's session. This week we were able to use the 0-10 scale to rate your anxiety. We were able to use the same scale to rate your automatic thoughts. You identified two specific times that you felt anxious and were able to use your thought record. Together, we evaluated your automatic thoughts by asking evidence questions. As a result, you were able to report a significant decrease of belief in the thought and decrease in anxiety. Would you like to add any important topics to our summary?

Therapist: Um is there any feedback that you would like to give for this session?

Client: Um I think it was really helpful. Um just kind of like how you helped me dissect all the little parts of my thoughts and are they true are they not what's the best outcome worst outcome like that entire process. Um I think was really helpful just because even my thoughts about work I could almost like feel them during the session um you know I just felt less anxious about it or I could see it the way it was um so I really like the structure of how you work through the problems with me.

Comment: I need to take out filler words.

Correction: Is there any feedback that you would like to provide for this week?

Therapist: Good I'm glad that you're finding this beneficial and I think the further on that we go, the more helpful that it will be. Um, Is there anything that I got wrong during the session?

Client: Nope, everything was really good.

Comment: I can be more encouraging and use clearer wording.

Correction: I am pleased that you are finding our time together to be helpful. As we go on, I believe you will find it to be more helpful than you expected. Is there anything that I got wrong during our session today?

Therapist: Okay, Good. And how do you think the session went today?

Client: Really good. Um, I'm kind of excited about it to be honest. It gives me a little hope that I'll feel better especially with my work situations.

Comment: I can reword this to further encourage the client.

Correction: I am glad that I did not get anything wrong during our session. If I do in the future, please do not hesitate to let me know. How do you think the session went today?

Segment Two

Reflection and Issues

Cultural Issues

Social workers partner with clients from all walks of life. It is critical to the helping relationship that social workers are culturally competent and understand how culture can impact beliefs, values, emotions, and behaviors. In the social work profession, cultural issues are likely to present themselves. Because my client identifies with the Native American population, cultural issues may include hesitation to seek help due to the negative stigma surrounding mental health treatment, lack of culturally sensitive treatment providers, and mistrust of treatment providers. Strengths of the culture include that Native Americans rely on strong family bonds, wisdom from elders, adaptability, traditions, nature, and spirituality.

In many cultures, including the Native American culture, there is a negative stigma associated with mental health treatment due to a lack of culturally sensitive treatment providers. Other reasons may include the client being embarrassed or believing they are weak for seeking treatment. In order to address these cultural issues, I will empathetically acknowledge the client's feelings and correct any misconceptions associated with the negative stigma. Using evidence such as data, statistics, and research, I will help my client understand the mental health utilization rates and the benefits of receiving treatment. Additionally, using encouraging language and highlighting strengths, I will let the client know they are not alone and that they are courageous for seeking treatment.

Mistrust is a common cultural issue. In the Native American culture, there is a lack of trust relating to outsiders, which include mental health treatment providers. This can be attributed to historical trauma experienced by the culture's population. In order to address this issue with my client, I will establish a positive relationship through rapport building. I will show respect, empathy, and support to my client, while acknowledging and accepting their differences.

To increase cultural competence, I will acknowledge cultural differences in a respectful manner, while letting my client know they are worthy. I will strive to seek knowledge to better understand my client's culture and use the information to implement effective treatment techniques. I will value the client's strengths mentioned above and utilize the skills to better support successful outcomes and a healthy therapeutic relationship.

Reflection of Growth

Reflecting on my role as an advanced autonomous practitioner, I have gained a knowledgeable skill set while facilitating CBT therapy. While I have a great amount of room to grow, I am pleased with my progress and notice an increase in confidence. Skills that I feel confident demonstrating include explaining confidentiality and my role as a mandated reporter with a duty to warn. I demonstrate my role effectively as I have learned the structure of CBT. Effectively following the structure allows me to seek needed information to assist with the client's problems. I can effectively complete a mood check, explain the session agenda, get an update from the previous session, and review the previous homework. In completing these skills, I can appropriately identify the problem, educate the client on CBT and work the problem. While completing these skills, I focus on automatic thoughts and cognitive distortions while expressing empathy and encouragement. Lastly, I am able to effectively set homework, complete a summary of the session, and ask the client for feedback.

To strengthen my role as a practitioner, I will dedicate myself to continue practicing and utilizing CBT. During this semester, I have found that I need to be more confident in myself and my work as a professional. A goal of mine is to slow down and communicate effectively, while understanding it is okay to mess up. I need to trust myself and my ability to help clients. With practice, I believe I can accomplish this.

In order to maintain and grow my CBT skills, I will continue using Beck's Cognitive Behavioral Therapy text and research additional materials. Seeking additional knowledge on CBT such as homework exercises and interventions will be a priority of mine. I will research CBT demonstrations to broaden my skill set and practice communication techniques. I look forward to growing a knowledge base sufficient enough to practice CBT confidently and professionally.

Reflection of Technology

With a worldwide pandemic, learning how to navigate technology has been a priority for many. This is something that I found to be a positive experience, as there are many benefits to utilizing technology, especially today. To begin, Telehealth services are at an all-time high and offer many people access to mental health services. Therefore, understanding how to facilitate CBT therapy through technology platforms, such as zoom, better equips my future as a practitioner. Practicing CBT through technology platforms broadens skills associated to therapy. For instance, learning to identify and understand clients body language through a screen is important. This is a skill that I learned specific to therapy on an online platform. Another skill set specific to online therapy includes being mindful of your own appearance online. I found that it is difficult to maintain appropriate body language, eye contact, and mirroring skills through the camera. I have become mindful of this as well as facilitating trauma informed care through technology.

While there are many benefits to using technology, there are also obstacles. Navigating technology may not always be easy due to internet connectivity issues, uncharged devices, and etcetera. This is something that I have experienced on multiple occasions. Being mindful that

technology issues may arise, I have learned to create a plan to accommodate the client if needed. Something I have learned is to remain patient, calm, and improvise during these issues. Overall, transitioning to technology has been a positive experience. I have learned several new things about technology but also myself. Using the information learned, I am excited to progressing as a practitioner that is comfortable facilitating therapy in person and through technology platforms.