

The demonstration video was a great tool to use for class for me to be able to view and hear myself completing different sections within Cognitive Behavior Therapy. I do not think there is a specific area I did exceptionally well. I believe that throughout the session, I did well with maintaining the tone and asking the client if she had any questions regarding the different areas. Keeping the tone during the session is important, especially when I mess up a section. If I had reacted and presented to be distressed from not being specific enough, it could have negatively impacted the client and changed the course of the session. Additionally, when talking with the client about counseling expectations, I informed the client we would meet for “about twelve weeks.” Including the approximate time for termination in the session helps with the termination process for the clinician and the client.

I need to focus on improving the terminology used within the sessions, especially gender-neutral terms. When discussing duty to warn, I mentioned “boyfriend or girlfriend,” then mentioned “boyfriend.” Using the terms boyfriend or girlfriend is not appropriate to assume that since the client is a female, she would have a boyfriend. Using more gender-neutral terms would have been more appropriate. Stating the duty to warn and using the client’s boyfriend as an example could hinder the client from discussing specific topics if the client was LGBTQ+. Also, I could have offended the client by stating boyfriend if the client did not have a boyfriend, recently broke up with her boyfriend, and in any other way, the client interpreted the statement. If I could do the section all over again, I would use the example of calling a “random person” instead of “boyfriend” this would have eliminated the potential to offend the client in multiple ways.

The client reported depression as her problem as to why she came into counseling. While talking with her through the session sections, the client mentioned that she likes structure and the

idea of setting an agenda. I used those comments from the client to identify a strength she likes and is potentially willing to follow an agenda for her to work on. When discussing her depression, I suggested making an agenda for her day and breaking the items on her agenda into small, achievable tasks. The client stated she liked that idea. Listening to the client during the session allowed me to pick up on different comments about things she likes to help formulate potential homework to help her. If the client reported she did not like the idea of setting an agenda for her day, I would follow her statement by asking what the client might like instead. It is a possibility that the client did not like the agenda and might want to change it to a list of goals to accomplish during the day. Asking the client what they might like instead allows them to provide feedback, opinions, and input on their treatment process. The client could have reported that the clinician was wrong in believing that the problem was the client not having the motivation to complete tasks when it could be from the lack of tasks to complete during the day. Then the approach would change to finding areas the client likes to help provide the client with more tasks within their day. Such as, if the client reported they like to read and to help the client get out of bed, the clinician could recommend going to the library or finding a book club to be a part of.

I believe my overall ability in Cognitive Behavior Therapy has improved. I have gained knowledge and experience discussing CBT in my own terms. I think both aspects are important. Learning information and being able to explain the information accurately is just as important as being able to implement the information. When practicing, I knew the “mood check” was a part of the session, and I had practiced the section before in class, but when implementing the information into a session, I needed more clarity for the client. Developing a standard 1-10 for me to use would be beneficial; creating something like a diagram with 1-10 could help the client

understand the numbering system within the mood check. I believe visual aids can help different clients to understand since people learn in multiple different ways. A goal I have is to be able to use CBT with a client not associated with the school. I started working on this goal with one of my clients and informed the client I was learning about CBT, which led to me explaining what I had learned so far. I enjoy learning new techniques that I can use to help someone. Additionally, I have used CBT on myself in a little sense since gaining a better understanding.