

Clinical Practice Final Paper

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Therapist: Good afternoon, Darren, welcome back.

Comment: I am satisfied with this response.

Client: Good to be back.

Therapist: Good. Have you been having an all right day?

Comment: The “Good.” Seems curt. I want to portray warmth to my client, so I cannot come across as curt.

Correction: I am glad you’re here. Have you had a good day today?

-This response portrays more warmth towards my client and will contribute to building rapport.

Client: Yeah, it's been a pretty good day.

Mood Check

Therapist: Good. I'm glad to hear it. Before we get into our session today, I would like to start off with another mood check. Do you remember the mood check we did last week?

Comment: I should have continued to build rapport by extending the dialogue, rather than jumping right into the mood check.

Correction: I'm glad to hear it. Is there anything in particular that made it a pretty good day?
(After client response) Before we get into our session today, I would like to start off with another mood check. Do you remember the mood check we did last week?

Client: I do.

Therapist: Alright. So I'd like to do that again today. Do you remember our scale that we used?

Comment: The “Alright. So...” is unnecessary. I should be careful not to add too many fluff words like these.

Correction: I'd like to do that again today. Do you remember our scale that we used?

Client: Yeah, 1 to 10.

Therapist: Yes. So we have our scale from 1 to 10 with 1 being the least amount possible and 10 being the highest amount possible... uh...Where would you rate yourself on this scale for the past week uhm... as far as your anxiety as been?

Comment: In the moment, I completely forgot how to word the description of the scale, so I ended up stumbling over my words for the entire passage. Thankfully, we had already used the same scale before, so a full, in-depth description was not necessary.

Correction: So on the scale of 1 to 10, with 1 being the least amount you could ever experience and 10 being the greatest possible amount, where would you rate your anxiety for the past week.

Client: As far as the whole week goes, I guess I'd rate it a five.

Therapist: So you think that your levels of anxiety are probably average, about a five this week?

Comment: My wording on this was a little awkward. I would reword to make it smoother.

Correction: So you would rate your anxiety as fairly average on the scale this week?

Client: Yeah.

Therapist: Okay. What about today's level of anxiety?

Comment: I would also reword this to make it less awkward.

Correction: And where would you rate your anxiety today?

Client: I'm feeling pretty good today. I think today is about an eight.

Therapist: Okay. So the eight is, if we go back to our scale, the eight is the highest amount, so that would be a large amount of anxiety. Is that what you mean?

Comment: My response was a good example of clarification. I would edit for continual clarity.

Correction: So if we go back to our scale, the 10 is the highest amount, so an eight would be a high about of anxiety. Is that what you mean?

Client: No. I guess I have that backwards. I guess today would be a three or two.

Therapist: Okay.

Comment: I interrupted the client here, before he could finish speaking. I would eliminate this response all together.

Client: Something like that.

Therapist: So overall, you felt pretty average this week, your anxiety was about a five. Is that still correct.

Comment: I demonstrated clarification here, because I was making sure that we were both on the same page for the mood check. I might make the sentence more concise by eliminating part of it, and then combining it with my next statement.

Correction: So your anxiety was at about a five over all this week, and today you're feeling pretty good, so it is lower, at about a two. Are these both correct?

Client: Yeah.

Therapist: Okay. Then today, you're feeling pretty good, so your anxiety is lower at about a two.

Comment: Again, I am demonstrating clarification here. As I mentioned before, I would combine this statement with the previous one to make it more concise.

Correction: So your anxiety was at about a five over all this week, and today you're feeling pretty good, so it is lower, at about a two. Are these both correct?

Client: Yeah.

Setting the Agenda

Therapist: Alright. I'm glad we got that cleared up. Umm... We're going to talk about why you rated your anxiety at a five this past week, but we'll talk about that a little later. Before we do that, I just want to give you ...uhm... I want to tell you what you can expect from our session today. Okay?

Comment: I stumbled over my words here. I should be careful not to add distracting words such as "umm." If I must pause to gather my thoughts, I should not make any noise while I do it. I would also eliminate the "alright," because I have noticed that I say "alright" and "okay" too often. I should also give more autonomy to the client by asking if it is alright with him that we discuss why he rated his anxiety at a five later, instead of just telling him that is what we will do. This allows me to collaborate with the client better.

Correction: I'm glad we got that cleared up. If it's alright with you, I would like to discuss more about why you rated your anxiety at a five this past week. But before we do that, I would like to let you know what you can expect from our session today. Is this alright with you?

Client: Okay.

Therapist: Alright. So right now, we'll just be setting the agenda, I'm letting you know what we'll discuss and what we have to look forward to. I will get an update from you about the last session and your week overall. Then we'll review the homework that we had discussed last week and see how that went for you. Hoping that you were able to accomplish it. And We will go back to our agenda and decide what is the most important thing that we need to discuss today. And we will work on that one problem, and based on that one problem, we'll set some more homework for you to work on next week. Is that alright?

Comment: I would first eliminate "Alright." Then I would revise the first sentence, because I do not need to declare that we are setting the agenda, since we already discussed that. I would also eliminate the sentence, "Hoping that you were able to accomplish it." It is out of place an unnecessary here. I did well by checking to make sure that this is all okay with the client. This is part of collaboration.

Correction: I will get an update from you about the last session and your week overall, then we'll review the homework that we had discussed last week and see how that went for you. We will go back to our agenda and decide what is the most important thing that we need to discuss today, and then we will work on that one problem. Based on that one problem, we'll set some more homework for you to work on next week. Is that alright?

Client: Sounds good.

Therapist: Do you have any questions about the proposed agenda?

Comment: This question was good, because it shows that I care about the client's input and want to collaborate about the agenda with him. If anything, I would combine this statement with the next one in order to make the discussion more concise.

Correction: Do you have any questions about the proposed agenda, or is there anything that you'd like to add?

Client: Nope.

Therapist: Alright. Is there anything that you'd like to add?

Comment: As I mentioned before, this comment is appropriate because it shows my interest in collaborating with the client. I would revise this statement by combining it with the previous one.

Correction: Do you have any questions about the proposed agenda, or is there anything that you'd like to add?

Client: I don't think so.

Update from Previous Session

Therapist: Okay. So let's get that update from the previous session. You described last week that you averaged about a five, correct?

Comment: In my opinion, this statement could be eliminated, because we already established these things. My correction would be to eliminate this statement altogether.

Client: Yeah.

Therapist: Okay. Can you think about some of those times that you felt that your anxiety was about a five and describe some of them for me?

Comment: I would first eliminate the "okay" because it is unnecessary. Instead of asking my client to think of and describe one of the times his anxiety was at a five, I think

that it would be better to ask him to recall one of the times. This provides a more focused question, that is easier to be answered by the client.

Correction: Can you think about some of those times that you felt that your anxiety was about a five this past week and describe one of them for me?

Client: Yeah. I feel like a lot of them are pretty similar to what I've told you before. A lot of it will happen while I'm laying in bed at night, trying to go to sleep, trying to relax, then thoughts start to come unbidden. I'll be laying in bed, and I'll start thinking about how I might not get into school or what might happen if I don't get into school and all those sorts of things. It's not as bad as it has been in the past. I feel like some of the things that we've talked about has helped. I don't know if that's exactly what you were looking for.

Therapist: Okay. Were you ... Is there one specific instance that sticks out in your mind from this past week?

Comment: This statement had good intentions, because it was aimed to help the client focus on the question that I had originally asked. I had asked him for a specific instance, but he gave me a general answer. I would, however, correct this statement to remove the uncertainty at the beginning.

Correction: Is there one specific instance that sticks out in your mind from this past week?

Client: I suppose. I don't remember exactly what day it was. But I remember one night I went to bed, and I just applied to another school. So I guess it was already on the brain. I was laying there, and I was thinking about how I'd already heard back from a couple schools that had rejected me. I just started thinking about how I wasn't going to make it, how I should probably just start doing something else

with my life. Start heading in a different direction. I was just really anxious and discouraged about the whole process.

Therapist: Okay. Thank you for sharing that with me. I'd like to discuss it a little bit further if that's okay with you?

Comment: Here I was trying to portray empathy, but I think I could have done it better by acknowledging how that must have been distressing for the client. I could have also incorporated the strengths perspective here.

Correction: Thank you for sharing that with me. I'm sure that it can't be easy to deal with all of this, but I am glad that you are here trying to work on it with me. I'd like to discuss this a little bit further if that's okay with you?

Client: Okay.

Review Homework

Therapist: Okay. So remember the homework from last week?

Comment: I would first delete the "okay," because it is something that I say too often. I would also combine this question with the next one below. Asking the client if he remembers the homework from last week seems redundant, because we already mentioned the homework earlier.

Correction: Great, so let's go back to the homework from last week. Were you able to accomplish the thought record?

Client: Yeah.

Therapist: The thought record, were you able to accomplish that?

Comment: I would combine this question with the statement that I corrected above.

Correction: Great, so let's go back to the homework from last week. Were you able to accomplish the thought record?

Client: Yeah.

Therapist: Okay. Based on that thought record... uhm...this instance that you just described to me, were you able to identify an automatic thought during that process?

Comment: In my head, I knew what I wanted to ask, but I could not put it into words. Now that I am able to look at it retrospectively, I can put it into more eloquent terms.

Correction: Were you able to identify any automatic thoughts during this instance that you just described to me? If so, what was it?

Client: Yeah. It's hard for me to remember what the exact thought was, but I guess the general idea was going back to the whole part of me thinking that I wouldn't get into school. I guess that's the recurring theme.

Therapist: Okay. So, your automatic thought was "I'm not going to get into school."

Comment: Here I demonstrated clarification and reflection. The only reason that I am not satisfied with this response is because of the "okay."

Correction: So, your automatic thought was "I'm not going to get into school."

Client: Yeah.

Therapist: Okay. And...in that moment, how much did you believe that you were not going to get into school, on a scale of 1 to 10?

Comment: I would reword this question to begin with the scale to enhance the clarity of the question for my client.

Correction: On our same scale of 1 to 10, in that moment, how much did you believe that you were not going to get into school?

Client: In that moment? Probably an eight. It felt really real, but there was still part of me back there that was holding out hope.

Therapist: Being able to identify that as an automatic thought, did that help you at all? Did it lower it?

Comment: I would rephrase my question to make it clearer.

Correction: How did being able to identify that as an automatic thought change your perspective of the thought?

Client: I think that it did. I think that's part of the reason why this week was a little better than last week. I was able to realize what was going on and try to help mitigate some of my anxiety that way.

Therapist: Yes. Last week you rated yourself at a seven overall for the week. This week is a five. So that's a really good improvement. I'm glad that you're able to recognize that it's because you're able to recognize these automatic thoughts and how they affect you.

Comment: I would reword here for clarity.

Correction: Yes. That is evident because last week you rated yourself at a seven overall, and this week you rated yourself at a five. That is a remarkable difference. I'm glad that you are able to recognize that this improvement is, in part, a result of your ability to identify these automatic thoughts and how they affect you.

Client: Yeah.

Therapist: Uhm... Is there anything else from the last session that we talked about, anything that played a role in lowering your seven to a five this week?

Comment: I did not know what to say here and I panicked. While I do not see anything inherently wrong with this question, I am also not sure if this is where I was supposed to head next. If I were to modify it for clarity and omit the “uhm...”

Correction: Is there anything else from the last session that you think played a role in lowering your seven to a five this week?

Client: I know we talked a lot about the thoughts and the Cognitive Behavioral Therapy process. I think just being aware of how the process worked, I think that helped a bit. Other than that, nothing else is really coming to mind. But I know you told me about the automatic thoughts. I think that helped me understanding the whole process.

Prioritizing the Agenda

Therapist: Okay good. If you were to get one thing out of your session today, what would you like to see accomplished today?

Comment: Here I demonstrated collaborating with the client to prioritize the agenda. I could have included a statement here that signified the transition from update to prioritizing the agenda.

Correction: That's great. I look forward to talking with you more about the Cognitive Behavioral Therapy process with you. But before we do that, I would like to ask you, if you were to get one thing out of the session today, what would you like to see accomplished?

Client: Well, I guess if I had to pick one thing to accomplish, I'd like to get that anxiety number a little lower even for next week. So however you think best to accomplish that, I'm game.

Therapist: Okay. You're referring to the anxiety level of a five that we indicated earlier?

Comment: Here I was demonstrating clarification again. I would omit the "okay,"

Clarification: Are you referring to the overall level of a five that we were talking about?

Client: Yeah.

Therapist: Rather than the seven from even earlier. Okay. Today you're at a two, which is really good. I'm very happy for you.

Comment: Here I believe that I was cut-off mid-sentence and I was intending to combine this comment with the previous one. I would omit the last sentence of this statement. And move into the next statements that I made, while editing them for clarity and eloquence.

Correction: Rather than the seven from even earlier. Okay. Today you're at a two, which is really good. So we will do a little more education about Cognitive Behavioral Therapy, because, as you mentioned before, understanding this process has helped you decrease your levels of anxiety. We can talk more about automatic thoughts and how this new information can relate to your homework for this next week.

Client: It's a good day.

Therapist: Good. So we will then, we'll do a little more education about Cognitive Behavioral Therapy, because understanding the way that this modality of therapy works, we listed that as one of the reasons why your seven was down to a five. So we'll do a little more education about that. I will ... We'll go in and talk some more about automatic thoughts. I'll give you some information on that for you to use as your homework for next week.

Comment: I would combine my previous statement with a more eloquent version of this one.

Correction: So we will do a little more education about Cognitive Behavioral Therapy, because, as you mentioned before, understanding this process has helped you decrease your levels of anxiety. We can talk more about automatic thoughts and how this new information can relate to your homework for this next week.

Client: Okay.

Working on the Problem

Therapist: Alright. Okay. So...Could you list for me another time from this past week that you noticed your automatic thoughts played a role in your anxiety?

Comment: I was not sure what to do here, because in the practice sessions and demonstration videos, there is a specific scenario that the client wants to work on, but in this case, the client did not really have a specific problem they seemed to want to work on. The only thing I know to do here would be to “clean-up” the question.

Correction: Could you list for me another time from this past week that you noticed your automatic thoughts played a role in your anxiety?

Client: Yeah. So there was another time this week that I was actually working on the application for one of the other schools I'm considering applying to. It was having me write a short essay sort of thing about this or that. While I was writing it, I was having a hard time focusing on what I was actually supposed to be writing about. I was thinking about how this wasn't gonna work. My credentials weren't up to par, I wasn't finished with my classes yet. All these thoughts started coming in and were distracting me from what I was actually trying to do. I guess that's another example of the times that happened.

Therapist: Okay. Then going back to our scale, how much did you believe that at that time?

Comment: I should have reflected on what the client had said before asking this question.

Correction: Thank you for sharing that with me. I can imagine that these thoughts would be overwhelming and distracting for you. However, you are doing a good job rationalizing these thoughts and dealing with the distress that they have been causing you. If we were to go back to our scale, how much did you believe these thoughts at that time?

Client: At that time, I don't think I really believed that one a whole lot, it was probably like a four. But it was just really distracting. I just couldn't focus on what I was trying to do at the time.

Therapist: Okay. Those reoccurring thoughts, or those automatic thoughts that were distracting for you. It wasn't necessarily as distressing as the other automatic thoughts have been, but it was distracting. So that's where it negatively affected you.

Comment: Here I was demonstrating reflection and clarification. I would edit for clarity.

Correction: Okay, so these automatic thoughts were not necessarily as distressing as other automatic thoughts have been, but they were distracting for you, and that is how you were negatively affected by them.

Client: Yeah.

Therapist: Okay. What were you doing at the time that it was distracting you from?

Comment: I regretted this question as soon as I asked it. I blanked on what to say next and this is what regrettably came out of my mouth. It made it seem like I had not heard the client when he first told me about this situation. I would edit this statement by deleting it all together.

Client: Like I said, I was trying to work on an application, so I was sitting there, I was typing up a short little essay. I was also at work. So I was supervising a kids gymnastics class. So I was keeping an eye on different things as well as typing it out.

Therapist: Okay. What was the automatic thought that you identified?

Comment: I am satisfied with this response.

Client: I guess the original one was ... Because I think the essay was talking about what my goals were. I was trying to think about what my goals were for this and that. It just kept dragging me back to the idea that if I didn't get into school, none of these goals would be accomplished. I'd end up having to do something else or whatever it is. It always goes back to me not getting in and me not being accepted.

Therapist: Okay. Remember how I said we'd go back into some more about automatic thoughts?

Comment: This question seems out of place for what the client just said. I would acknowledge what the client said while also referring to this statement. I would combine this question with my statements below.

Correction: I am glad that you are able to identify your automatic thoughts and that this autonomy has been able to directly benefit you.

Client: Mm-hmm (affirmative).

Therapist: So I've noticed two different kinds of automatic thoughts that you're using here. Earlier in the session, you described an automatic thought of "I'm not going to get in." Which is the automatic thought of fortune telling. Or you had the automatic thought of something in the future. In this one uhm, it might be considered more

of uhm like, a cascading effect. An if/then statement. If this doesn't happen, then this is going to happen. Then it's also along the lines of fortune telling, because you think that you might know what's going to happen in the future. Everybody has these different types of automatic thoughts. It's nothing out of the ordinary. There is actually a list that I would like to give you about different kinds of cognitive distortions. That you can use this next week, when you're identifying your automatic thoughts. Uhm...this should be able to give you a little bit more understanding about automatic thoughts and hopefully contribute to your understanding of what's going on so that you can lower your anxiety further. Uhm... so, going back to your automatic thought of "This isn't going to work, I'm not going to get in," or, the if/then statement type, can you describe the feelings that you were having at that time?

Comment: This CBT education was not as eloquent as I would have wanted it to be. First, I spontaneously forgot the name of the cognitive distortions that I was going to mention. Then, I started thinking about the feedback that I had been given on my 20-minute practice video, that, if implemented, would change the way that I am used to doing CBT education. Both of these concurrent thoughts caused me to stumble over my words for the entire CBT education process. I would edit for clarity.

Correction: So I've noticed two different kinds of automatic thoughts that you're using here. Earlier in the session, you described an automatic thought of "I'm not going to get in." Which is the automatic thought of fortune telling, which would be thinking that you can know what the future will be. In this case, you demonstrated the

automatic thought called catastrophizing. This kind of automating thought is more of a cascading effect of if/then statements. If this doesn't happen, then this is going to happen. It's also along the lines of fortune telling, because you think that you might know what's going to happen in the future. There are several kinds of automatic thoughts that are extremely common, and these are two of them. I don't want you to think that there is something wrong or out of the ordinary about these automatic thoughts, because they are common in everyone. Here is a list that I would like to give you about different kinds of automatic thoughts, called cognitive distortions. I am hopeful that this knowledge will help you to be able to continue to recognize and identify your automatic thoughts next week, and hopefully contribute to your understanding of what's going on so that you can lower your anxiety further. Going back to your automatic thought of "I'm not going to get into school," or, the if/then statements, can you describe the feelings that you were having at that time?

Client: I guess the easiest, most simple way to put it is that I was feeling anxious. More than that, worried. It's hard to put into words, the exact feelings behind it. Some type of mixture of things.

Therapist: Okay. That's fair. In addition to these listed cognitive distortions that you can use, there's also some questions on there that you can ask yourself. My hope for you, is that these questions will help the automatic thoughts to be less distressing. Or in this case, less distracting. So we'll just work through a couple of those questions together. You can let me know if you think they'll work out for you.

Comment: Here I am setting the stage to give the client tools that he can use to identify and recognize his automatic thoughts. He has mentioned multiple times that understanding CBT and being able to recognize his automatic thoughts has been a large contributor to his decrease in overall levels of anxiety. Because of this, it is my plan to give him this information to allow him to be more autonomous in the therapeutic process. I would edit this passage for clarity at the beginning, and delete the statement at the end, because I am not sure that it is necessary.

Correction: Okay, that is understandable. In addition to these listed cognitive distortions that you can reference, there are also some questions on there that you can ask yourself when identifying your automatic thoughts on your homework next week. My hope for you, is that these questions will help the automatic thoughts to be less distressing, or in this case, less distracting. We'll just work through a couple of those questions together now. Is this alright?

Client: Okay.

Therapist: Your thought of "If I don't get in, then my life is going to go downhill from here or, you know, this is not going to work out." You had listed being distracted... uhm...I'm sorry, I just lost my train of thought.

Comment: This is another one of those times in which I regret most everything that I said. I lost my train of thought and didn't know what to say. I did reasonably well given the circumstances, because rather than asking the first thing that came to my mind (like earlier), I admitted that I had lost my train of thought, and took a moment to try to reorganize these thoughts. If I could, I would eliminate this altogether. I

would just move on to asking the client questions to help encourage his analysis of the automatic thought.

Correction: If your automatic thought is true, what is the worst thing that could happen?

Client: No worries.

Therapist: Okay. You said you didn't really believe it that much at that time. But it was more distracting to you.

Comment: Here I am attempting to recollect my thoughts after I lost my train of thought. If I could change this, I would eliminate the interruption in my thoughts and, thus, this statement as well. I would move on to asking the client thoughtful questions about the automatic thought in order to challenge his perceptions of it.

Correction: If your automatic thought is true, what is the worst thing that could happen?

Client: Yeah.

Therapist: Okay. A question that might help would be ...what is the worst possible thing that could happen? If your automatic thought is true, what is the worst thing that could happen?

Comment: This is the place that I wanted to be at when I lost my train of thought. It is clear that I am still struggling after that incident, but I am quickly recovering. I would edit this question to omit the uncertainty.

Correction: If your automatic thought is true, what is the worst thing that could happen?

Client: I suppose if I didn't get in, then the worst possible thing to happen would be that I either have to end up going in a different direction, or I just never end up moving on. That's probably the worst case scenario.

Therapist: What is the best possible outcome?

Comment: Before moving on to the best possible outcome, I should have asked the client if he would be able to live with the worst case scenario, should it occur. This is an important question to include when evaluating an automatic thought in this way because it can help the client see that, even if it is the worst case scenario, they can probably live through it.

Correction: Would you be able to live with that?

After the client answers this question, I would then move on and ask, “What is the best possible outcome?”

Client: I guess the best possible outcome would be me actually in this first time, then going through a program, maybe getting a family. All that sort of stuff. Happy life and all that.

Therapist: Okay. Between those two, the best case scenario and the worst case scenario, what do you think is the most realistic thing that will happen?

Comment: I would edit this response to eliminate the “Okay” and be more specific in my question. Instead of saying “most realistic thing,” I should have been more specific and said “outcome.” This is because it is important for me to do everything that I can to avoid confusion or miscommunication with my client.

Correction: Between those two, the best case and the worst case scenarios that you identified, what do you think that the most realistic outcome is?

Client: I guess the most realistic would be ... I might get in this time, but I might have to try again next year, that sort of thing.

Therapist: Okay. So that's one of the questions that you can ask yourself. What is the worst case scenario, what is the best case scenario, what's the most realistic? Another

one would be what evidence that you have to support your automatic thought? So the automatic thought I'm not going to get in. What evidence do you have to support that you are not going to get in?

Comment: Instead of telling him that that is one of the questions that he can ask himself and then repeating the question, I would just move on to the next question. However, this question was risky to ask, because it was possible that he would have actual evidence to support the idea that he would not get in to school. Regardless, I asked the question anyways, because I wanted to give him several options of questions that he could ask himself through the week.

Correction: Another question that I have for you is, what evidence do you have to support your automatic thought?

Client: A lot of the schools I'm applying to require a certain number of observations hours. I don't have as many as I would like to have. I guess that's one possible factor to why I might not get in. When I was in undergrad school, my grades weren't the highest, so that's another possible factor. Other than that, I guess there's really not much of a reason. I did really well on my GRE. I have really high science scores, which should help towards my program. I guess those are probably the only two real things that are dragging me down.

Therapist: All right. A third question I have for you is, if a friend came to you with the same situation, what would be your advice for them?

Comment: I should have acknowledged what the client said, before moving on to the third question.

Correction: That's good to hear! Okay, a final question I have for you is, if a friend came to you with the same situation, what would be your advice for them?

Client: My advice to them would be to do what you can to the best of your ability and if it doesn't work out, if it's not meant to be, you always can try again. We can always keep bettering yourself for next time.

Therapist: Good. After answering these questions, how has your perception of that initial automatic thought changed?

Comment: I should have acknowledged his response more instead of just moving on. I could have incorporated the strengths perspective here. Instead of just asking how the perception changed, I should have gone back to the scale and asked him to assign a numerical value so that we can see the difference more clearly.

Correction: It is good that you are able to answer these questions about your thoughts objectively. After answering these questions, how has your perception of that initial automatic thought changed? Lets go back to our scale. On a scale of 1-10, how distracting are these thoughts now?

Client: When I sit down and think about it and I analyze it, I guess it becomes a lot easier to deal with and rationalize away. I guess I'd say that it helps.

Therapist: Okay, good. Uhm...So you do think that these questions will be able to help you throughout next week?

Comment: While this question had good intentions, I think that it did not do much good to ask, because it is likely that a client would just answer affirmatively, regardless of their true feeling about the questions. I would eliminate this question and move onto the homework.

Client: Yeah

Therapist: Okay, In that case, if it's all right with you, I'd like to move on into the homework portion of our session.

Comment: First, I would acknowledge and reflect on what the client said about the questions helping him, then I would move on to the homework.

Correction: I am glad that you are able to recognize what helps you rationalize and manage your automatic thoughts. If you're willing, this brings us into the homework setting portion of our session.

Client: Okay.

Collaboratively Setting Homework

Therapist: All right, for this next week- last week you had your thought record- and this week, I'd like to do a further, I'd like to take your thought record a little bit farther.

Comment: I became mixed up in my words here and would like to reword for clarity.

Correction: Like last week, we will do another thought record this week. However, I would like to take it one step further than we did last time.

Client: Okay.

Therapist: Alright. So you have your list of cognitive distortions and I gave you some questions that you can ask yourself to help rationalize those automatic thoughts, as you put it. When you're identifying moments of anxiety, like you did last week, I'd like you to identify those automatic thoughts, like you did last week as well, but then this week, I would like you to ask yourself those questions. It doesn't have to be all of them, whichever ones you think would fit best in that. I'll give you some other ones on this sheet here. That you can ask yourself if you have any

one of those questions. Then write down, following that, if you still feel that strongly. So let's say the automatic thought that you had put your anxiety at a seven. Ask yourself these questions, then reevaluate to see where your levels of anxiety are now. Does that make sense?

Comment: I stumbled over my words again here. I would reword here for clarity, because I feel like my explanation of the homework was confusing. Luckily, my client was able to follow me, but not all clients will be able to, so I should be more conscientious in my careful explanations of the homework.

Correction: So you have your list of cognitive distortions and I gave you some questions that you can ask yourself to help rationalize those automatic thoughts, as you put it. When you're experiencing moments of anxiety, I'd like you to identify those automatic thoughts, like you did last week. Then, in addition to that, I would like you to ask yourself those questions, then re-evaluate how strongly you are still experiencing those thoughts and feelings. So let's say the automatic thought that you had put your anxiety at a seven out of ten. Ask yourself one or more of these questions, then reevaluate to see where your levels of anxiety are now on the scale. Does that make sense?

Client: Yeah. Makes sense.

Therapist: Do you have any questions about the assignment?

Comment: I would combine this question with the one below it.

Correction: Do you have any questions about the assignment, or is there anything you would like to add or subtract from it?

Client: Nope.

Therapist: Is there anything that you'd like to add or take away from?

Comment: Like I mentioned before, I would combine this question with the one above it.

Correction: Do you have any questions about the assignment, or is there anything you would like to add or subtract from it?

Client: I don't think so.

Summary and Eliciting Feedback

Therapist: Awesome. Before we finish our session today, because we're running out of time, do you think that you could give me a quick summary of what we discussed today?

Comment: At the time of my video recording, I thought I remembered some feedback suggesting eliciting a summary from the client as an idea, so that is what I did, but now I am not sure. Instead of telling the client that we are running out of time, I might reword so that it does not feel so rushed.

Correction: Okay, well, as we wrap up our session, do you think you could give me a quick summary of what we discussed today?

Client: Yeah. I suppose I could do that. So we talked about my past week. I gave you a few examples of the different thoughts that I've had. You gave me a little more information on automatic thinking and on Cognitive Behavioral Therapy. You talk about what I should do for this next coming week. I think that's about it. That sums it up, I guess.

Therapist: Alright. So we talked about this upcoming week in relation to homework, and working on automatic thought and asking ourselves questions to evaluate the

automatic thoughts. One last thing before we finish our session, is there any feedback that you could give me that would help us in further sessions?

Comment: Here I demonstrated summarization, because I followed up on my client's summary of the session, by adding an additional summary of the homework that was provided. Then I elicited feedback from him. I could have reworded my eliciting feedback question better.

Correction: Exactly, we also talked about this upcoming week in relation to homework, working on automatic thought, and asking ourselves questions to evaluate those automatic thoughts. One additional thing before we finish our session today, is there any feedback that you could provide me that would help us in future sessions?

Client: I think you're doing a pretty good job. You listen really well. I feel like you give me pieces of information that I need to step forward.

Therapist: Good. I'm glad that you feel like you are ... Not only are you improving, but you also feel like you are improving as well, so I'm very glad about that. Well, Darren, I hope you have a good week and will see you this time next week.

Comment: I stumbled over my words after he provided feedback for me. I would reword to get rid of that.

Correction: Good. I'm glad that we have been able to help you improve the ways that you manage your anxiety. Not only are you improving, but you also feel like you are improving as well, so I'm very glad about that. Well, Darren, I hope you have a good week and will see you this time next week.

Client: Bye.

Reflection

Reflect on your role as an advanced autonomous CBT therapist. How did you demonstrate this role effectively? How might you have strengthened this role?

I demonstrated the basic interviewing principals proficiently during my interview. I empathized, listened, responded, professionally conversed well with my client. However, when asked specifically to reflect on my role as a CBT therapist, I have a hard time responding, because I am still struggling to see myself as an advanced autonomous CBT therapist. Before I can be a more effective CBT therapist, it is important that I first see myself as such. During the interview, I could have strengthened my role by believing and seeing myself as an autonomous CBT therapist, rather than as just a student.

What are the diversity issues that you needed to be aware of during the session? What might have enhanced your cultural competence?

Upon initial inspection, I do not find any diversity issue that I would have needed to be aware of during the session. The client and I are both of the same culture, religion, and age cohort. While we differ in gender, this did not seem to be a relevant factor to what the client was going through. While it is known that the client and I are similar in demographic areas, it was never talked about formally during the session. Because of this, it could be seen that I assumed that his culture and unique diversity did not play a role. To enhance my cultural competence, I could ask clients to reflect on whether or not their unique points of diversity are a factor in the situations of which they are dealing with.

What are the ethical issues that surfaced (or could have) during the session? If there was nothing apparent, reflect on the ethics that operated well.

Whenever a professional is dealing with a client, there are always ethics at work, even if it is just the ethical responsibility of confidentiality. Because of this, I will not say that there were

no apparent ethics that surfaced during the interview, there were just no issues with the ethics that were present. The ethics that operated well in this interview were confidentiality, professionalism, and respect. Because this was not a first session, I have already had the opportunity to build rapport with the client and gain his trust and openness. Professionalism was noted in my appearance, tone, and reactions towards the client. I treated my client with the dignity and worth that every individual deserves. These are just some of the many ethical values that worked well during my interview session.

Were there any social justice issues that surfaced during the session? If so, how could advocacy in larger systems help this client?

Upon my initial reflection, I do not find there to be any social justice issues that surfaced during the interview. Whenever mental health is involved, there are always social justice issue present. For example, I believe that the negative stigma of receiving treatment for mental health issues is a social justice issue that need to be combated. Additionally, there is an added negative stigma, when it concerns men with mental health issues. While no social justice issues surfaced during the session, these are a couple of issues that had the potential to surface based on the client information.