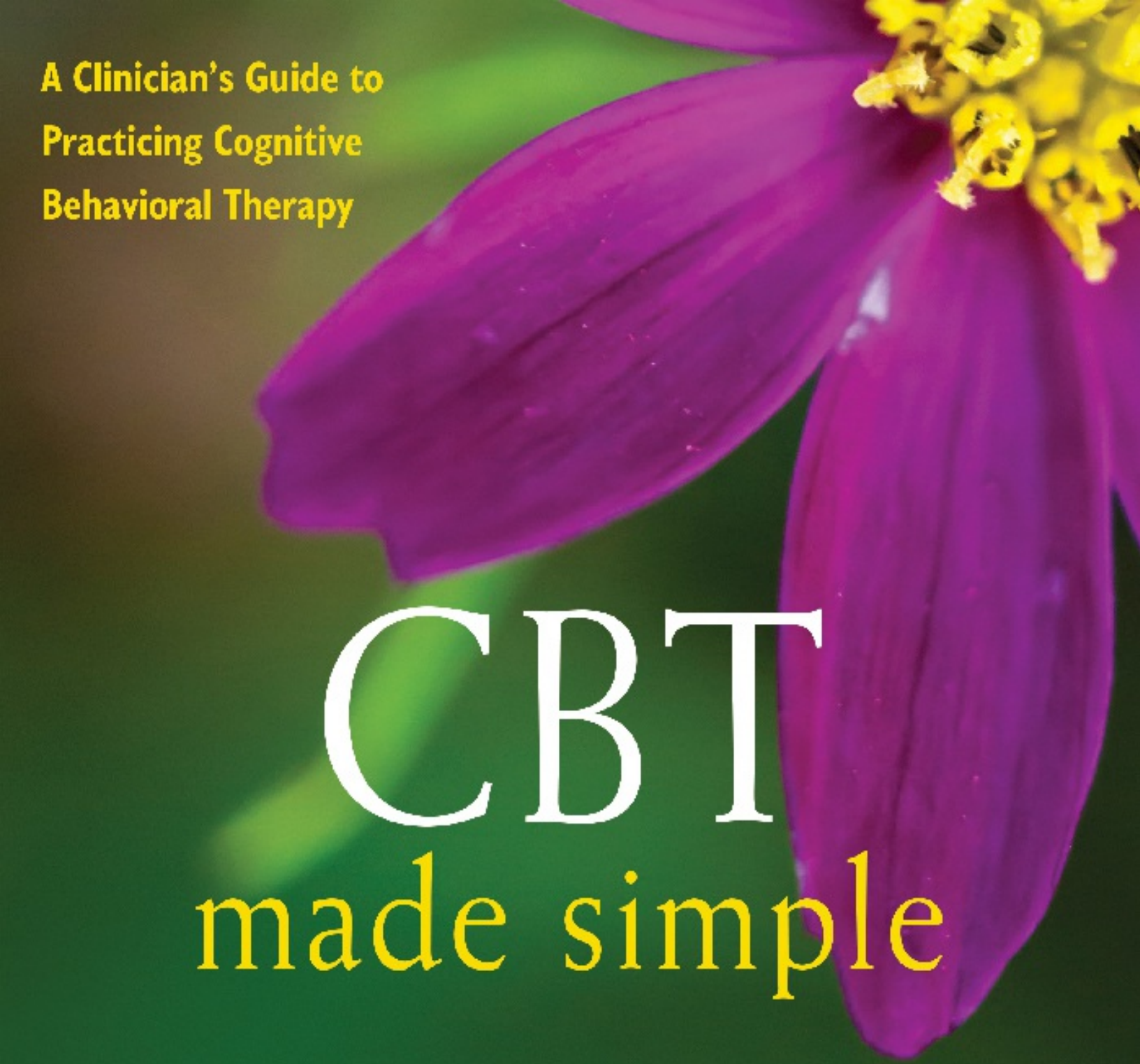
A Clinician's Guide to Practicing Cognitive Behavioral Therapy

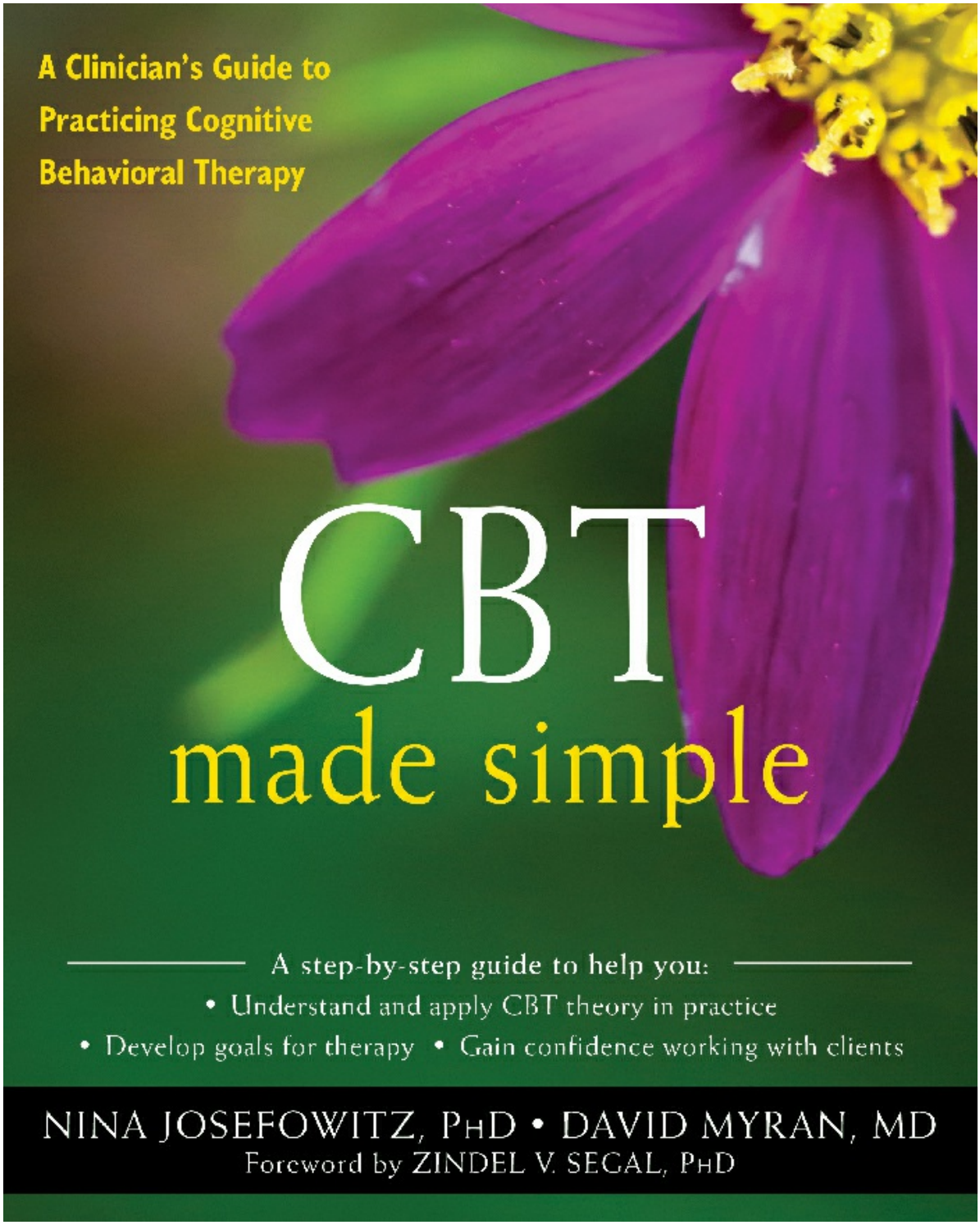


CBT made simple

A step-by-step guide to help you:

- Understand and apply CBT theory in practice
- Develop goals for therapy
- Gain confidence working with clients

NINA JOSEFOWITZ, PhD • DAVID MYRAN, MD
Foreword by ZINDEL V. SEGAL, PhD


A Clinician's Guide to
Practicing Cognitive
Behavioral Therapy
CBT
made simple
A step-by-step guide to help you:
• Understand and apply CBT theory in practice
• Develop goals for therapy • Gain confidence working with clients
NINA JOSEFOWITZ, PhD • DAVID MYRAN, MD
Foreword by ZINDEL V. SEGAL, PhD

"Josefowitz and Myran have written a tremendously useful and practical book for new and seasoned practitioners alike. CBT Made Simple is accessible, engaging, and provides a wealth of clinical examples, resources, and applications that will be turned to time and time again. The authors' experience and wisdom shines through in providing guidance to help the reader apply cognitive behavioral therapy (CBT) not only to their clients, but to learn through applications on themselves. Each chapter follows the structure of a CBT session, and guides the reader through learning in the same way that they will teach their clients. CBT is made simple through this elegantly written book!"

—Deborah Dobson, PhD, RPsych, adjunct professor in the department of psychology at the University of Calgary, and coauthor of *Evidence-Based Practice of Cognitive-Behavioral Therapy*; and **Keith Dobson, PhD, RPsych**, professor of clinical psychology at the University of Calgary, and editor of *Handbook of Cognitive-Behavioral Therapies*

"This book provides a clear and structured approach to learning and practicing CBT. Nina and David have incorporated active learning strategies, visual and auditory techniques, and lots of opportunities to practice new skills. In addition, a wealth of resources is available online to supplement the text. This book is an invaluable resource for therapists learning CBT for the first time, and for those more experienced who need a refresher in the core principles and practices of CBT."

—Enid Grant MSW, RSW, senior director of Children's Mental Health at Skylark Children, Youth & Families

"Josefowitz and Myran's innovative approach to teaching CBT skills engages the reader in a way that I haven't seen in previous books on the topic. Each chapter of the book is organized like a CBT session—setting an agenda, presenting experiential exercises, and assigning homework. The book describes CBT in a step-by-step, accessible way that is sure to be helpful for both new therapists and seasoned clinicians wanting to brush up on their skills. I highly recommend CBT Made Simple!"

—Martin M. Antony, PhD, professor of psychology at Ryerson University, and coauthor of *The Shyness and Social Anxiety Workbook* and *The Anti-Anxiety Workbook*

"This is a program hidden in a book, which encourages an experiential approach to CBT learning. With the additional web resources (videos, handouts) it will thoroughly engage CBT learners and teachers. A 'must-have' text in the era of expanding CBT practice"

— Sanjay Rao, MD, clinical director of the Mood and Anxiety Program at Royal Ottawa Mental Health Centre, associate professor of psychiatry at the University of Ottawa, and executive member of the Canadian Association of Cognitive Behavioural Therapies

"Much has been written on CBT. Still there is a need—indeed a hunger—for a clear and practical how-to book. This volume fills that need remarkably well. Its pragmatic, skill-based, experiential approach will be extremely helpful especially for clinicians new to CBT for whom it is intended. However, clinicians with all levels of sophistication and experience will find much to deepen their knowledge and practice."

—Michael Rosenbluth, MD, FRCPC, chief of the department of psychiatry at Toronto East General Hospital, and associate professor at the University of Toronto

"CBT Made Simple offers an innovative, cutting-edge method of understanding and using CBT using the effective adult learning model. This unique and practical resource will be of great help to clinicians who are new to CBT, as well as those who've been practicing for years. I highly recommend this book!"

—**Matthew McKay, PhD**, psychologist and coauthor of several books, including *The CBT Anxiety Solution Workbook, Thoughts and Feelings*, and *Self-Esteem*

CBT made simple

A Clinician's Guide to Practicing Cognitive Behavioral Therapy

NINA JOSEFOWITZ, PhD
DAVID MYRAN, MD

New Harbinger Publications, Inc.

Publisher's Note

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering psychological, financial, legal, or other professional services. If expert assistance or counseling is needed, the services of a competent professional should be sought.

Distributed in Canada by Raincoast Books

New Harbinger Publications, Inc.
5674 Shattuck Avenue
Oakland, CA 94609
www.newharbinger.com
Cover design by Amy Shoup
Acquired by Elizabeth Hollis Hansen
Edited by Rona Bernstein
Indexed by James Minkin

Library of Congress Cataloging-in-Publication Data on file

We would like to dedicate this book with love to our children, Laura, Aaron, and Daniel, who have grown into caring, capable, and wonderful adults.

We would also like to dedicate this book to the memory of Paul Josefowitz and his unending curiosity.

Contents

REFERENCES 277

Foreword

It is fair to say that cognitive behavioral therapy (CBT) has undergone a tremendous evolution over the past twenty-five years. Some of these changes, such as moving from a five-column to a seven-column thought record, have been triggered by internal innovations and have helped extend CBT's relevance to disorders falling outside the orbit of its initial validation for depression and anxiety. Other modifications, such as focusing on strengths and balancing acceptance and change, have come in response to external challenges from other therapy models. With all this movement in the field it can be difficult for therapists to return to the basic elements of this approach in a way that is shorn of trends and niche applications. On this point, in fact, I am frequently approached by trainees who are interested in learning about mindfulness-based cognitive therapy. When I ask them about their CBT background, they say it is minimal and they don't see much need for it. The impression I have is that they are eager to leapfrog past the CBT essentials in order to get to the work they find more interesting. They tend to be surprised at my response, which often runs counter to their wishes and stresses that one can't get very far in learning new CBT variants when the basic model is only weakly understood.

CBT Made Simple does an enviable job in providing just this type of clinically pragmatic and skill-based grounding in CBT theory and interventions. Stemming from Nina Josefowitz and David Myran's two-decade-long careers as cognitive therapists, teachers, supervisors, and academics, this book exemplifies the best qualities of user-friendly, explicit guidance that offers valuable insights into the nuts and bolts of CBT to all levels of learners.

For example, the decision to write this book with a structure that coheres to an actual therapy session is highly innovative. Agendas are set, homework is assigned and reviewed, and learning covers specific skill sets that are relevant to the material being covered. Here we see CBT at its finest. Rather than imparting this information in a purely theoretical manner, *CBT Made Simple* invites the reader to learn through doing.

Nina and David rightly argue that it is only through the experiential

immersion in CBT principles and interventions that the reader will optimize their book's value. How much more can be learned from giving yourself a homework assignment and monitoring its performance or even nonperformance? Or scheduling your activities in a typical day and noticing whether life permits them to be achieved in their predetermined order? This approach, to my mind, is what separates *CBT Made Simple* from many other books touching on the same theme. It also shows how one of the metaconcepts in CBT, guided discovery, can be brought to bear on all aspects of therapeutic learning, whether inside or outside the actual therapy session. Readers who agree to take the plunge and work with the book in this manner will not be disappointed.

CBT Made Simple is divided into parts that follow the different phases of CBT work and emphasize important formulation principles along with ongoing assessment in order to ensure that the most appropriate techniques are being employed. The early chapters focus on identifying client strengths and problem complaints as well as setting therapy goals. The reader then moves on to unpacking and helping clients regulate emotionally evocative situations through seeing the interplay of thoughts, feelings, physical sensations, and behavior. Problem solving and action plans follow, along with the specific application of exposure and activation exercises. The writing is very accessible and the numerous graphics and interactive forms used ensure that the reader is engaged, present, and invited to use these empirically supported interventions to enhance emotional and cognitive well-being. This may be a tall order for any book to fill, but *CBT Made Simple* has filled it in an exemplary manner.

—Zindel Segal
Professor of Psychology, University of Toronto
Co-founder, Mindfulness-Based Cognitive Therapy

Introduction

Hello, I am Nina Josefowitz. I have been a psychologist, cognitive behavioral therapist, and teacher for over twenty-five years. My partner in writing this book is David Myran, a psychiatrist who has also practiced and taught cognitive behavioral therapy (CBT) for over twenty-five years. We hope this book will help you start to use CBT in your own therapy practice as well as your own life. While we have written the book together, we decided to mainly use my writing style, and therefore the book is written from the singular first person point of view.

Let's begin with defining CBT. CBT is an evidence-based approach to understanding and treating psychological problems. It is a structured, active form of therapy in which the client's goals are set in the beginning and are addressed throughout therapy. CBT is based on four fundamental principles:

> How people understand the world, or how they think, influences how they feel, their physical reactions, and how they behave. This means that clients' problems can be understood in terms of how their thoughts, feelings, physical reactions, and behavior interact and maintain their problems.
>
> Clients can learn to become aware of their thoughts, and CBT interventions can help clients change their thoughts.
>
> When clients change how they think, their feelings, physical reactions, and behaviors will also change.
>
> Because thoughts, feelings, physical reactions, and behaviors are interrelated, when clients change their behaviors, this will also impact their thoughts, feelings, and physical reactions.

CBT was first developed in the 1970s as a treatment for depression (Beck, 1970; Beck, Rush, Shaw, & Emery, 1979). At the time, I was a young graduate student at the University of Toronto, just learning how to be a therapist. The dominant therapeutic orientations were Rogerian, gestalt, and

psychodynamic. The focused structure of CBT, combined with actively addressing thoughts, was a completely novel and very exciting approach.

I can remember the moment I became a committed CBT therapist. I was about to apply for my first practicum in graduate school. Try to imagine: I am sitting on the bus on the way to the interview, feeling anxious. For some reason, the bus stops for twenty minutes. I realize that I am going to be late and that there is absolutely nothing I can do (at that time there were no cell phones). My anxiety rises. Then…I remember my CBT class from the previous day. I take a deep breath and ask myself, *What am I thinking?* Well, my thoughts are *I will be late; my career is ruined! I will never get a practicum placement, and I will fail graduate school*. I start to laugh at myself. Even in my highly anxious state, I knew I was catastrophizing. That was the moment I became a CBT therapist.

In the past fifty years, hundreds of studies have examined both the underlying theory as well as the effectiveness of CBT for children and adults of all ages (Beck & Dozois, 2011). Let me give you an idea of the extensiveness of the research. Hofmann, Asnaani, Vonk, Sawyer, and Fang (2012) examined meta-analyses of the effectiveness of CBT. They found that while the research is stronger for some disorders than others, generally CBT has been found to be an effective therapy compared with a placebo or waiting list control group for a great variety of problems, including depression, bipolar disorder, anxiety disorders, abuse of alcohol and drugs, schizophrenia, eating disorders, insomnia, personality disorders, anger and aggression, criminal behaviors, general stress, distress due to a variety of medical conditions, and chronic pain.

How This Book Is Organized

You can think of therapy as similar to constructing a building; you need to start with a solid foundation. In part 1 we are going to learn how to lay the foundation of CBT. A good foundation consists of obtaining a clear sense of your client's problems and goals, explaining CBT to your client, and starting to use a structured format. You want a foundation that is waterproof, that will stand up to storms and support a heavy building, which means that even if your client is very distressed and goes through hard times, the early work you do in laying down the foundation will serve you and your client well.

The next step is putting up the scaffolding. Without a good framework, you can't put up the walls and windows. In part 2 you will learn to identify your clients' feelings, physical reactions, behaviors, and thoughts and create a four-factor model that will provide the framework for understanding your clients' problems.

The final stage in building a house involves putting up the walls, windows, and doors. Good contractors take their time; they know that the building needs a solid structure. The same is true in CBT. Part 3 covers cognitive and behavioral interventions. We will focus on a variety of cognitive interventions, including examining the evidence for negative thoughts, helping clients take a new perspective, and developing balanced or alternative thoughts. We will also cover three behavioral interventions: problem solving, behavioral activation, and exposure therapy.

Finally, in part 4 we look at the complete house. We bring CBT to life with an overview of CBT for two hypothetical clients we will follow throughout the book, Suzanne and Raoul. This final section also delves into core beliefs and their importance in CBT. As you work through the book and start to master CBT concepts and skills, you will be laying a solid foundation you can draw upon to help your clients achieve their goals and solve the problems that brought them into therapy.

CBT theory and interventions are relevant to people of all ethnic backgrounds, sexual orientations, cultures, and religions. Throughout the book I have tried to refer to "partners" rather than specify the gender of the partner to ensure that heterosexuality is not assumed. In my own practice I never assume a client's sexual orientation without first checking. Also, when

I refer to hypothetical clients in the book, I alternate the client's gender with each chapter. For simplicity's sake, the therapist is always female.

CBT sessions follow a specific structure, so I thought it would be helpful if the structure of each chapter in this book mimicked the structure of an actual therapy session. Each chapter begins with a check-in and review of the homework from the previous chapter and then sets the agenda, which outlines the main focus of the chapter. We then work through the agenda, learning the specific skills covered in the chapter. At the end of each chapter I assign homework, and you are given an opportunity to review what you have learned. My hope is that the structure of the chapters will give you a sense of what a structured CBT session is like.

How People Learn

The research is clear: to learn a new skill, you not only need new information, but you also need active strategies to help you remember and practice the material you learn (O'Brien et al., 2001). The challenge is how to incorporate active learning into a book.

First, if you want to remember something, you need to regularly review. The review can be quick; even spending a minute or two will make a difference. At the end of every chapter is a review section, where you will have a chance to think about what was important to you. In addition, I start every chapter with a quick review of the preceding chapter.

Second, research also indicates that actively answering questions and testing yourself helps you remember (Roediger & Karpicke, 2006). At the end of each chapter is a list of the main topics we have covered, and after each topic is a question. Try to answer the questions. If you are unsure of the answers, then go back to that section of the chapter.

Third, it is hard to remember what you learned unless you apply the material and practice. The data is very clear: the more you practice, the better you get. There is simply no getting around it—if you want to learn a new therapy skill, you need to practice. Throughout the text I have included exercises that I call YOUR TURN! They are an opportunity for you to practice the concept we have just covered. The answers to the YOUR TURN! exercises are in the appendix. You can download additional exercises at http://www.newharbinger.com/38501 (see below). Finally, at the end of each

chapter I have suggested homework for you to complete before moving on to the next chapter. This is an opportunity for you to bring CBT into your own therapy practice. I think you will enjoy doing the various exercises.

CBT and You

Over the years I have found that applying CBT to my own life has not only helped me cope better with various situations, but has also enhanced my CBT skills. Recent research supports my experience that when we apply CBT to ourselves, we become better CBT therapists (Bennett-Levy & Lee, 2014). Throughout the book I have exercises where I ask you to apply CBT to your own life. Try them; I think you will find them helpful.

Online Materials

In addition to all of the content in this book, there is a wealth of reproducible supplemental material available for you to download at New Harbinger's companion website, http://www.newharbinger.com/38501.

Handouts. On the website, you will find handouts that you can use with your clients, including worksheets and lists of helpful questions.

Exercises. These are opportunities for extra practice and for delving into concepts at a more complex level. These exercises are clearly marked in the book with the icon shown here.

Audio files. You can find audio files, including the YOUR TURN! Practice in Your Imagination exercises, which are marked with the icon shown here.

Video clips. Starting in chapter 2, I have short video clips where I demonstrate the skill we have just covered. They are marked with the icon shown here. We will follow two clients, Charlotte and John, who are a

combination of many of my clients over the years. Before watching the video clips, please go to http://www.newharbinger.com/38501 and download the short written overview, Charlotte's and John's Psychosocial Histories and Presenting Problems.

▼

Conclusion

Throughout our careers, David and I have remained enthusiastic about CBT's capacity to help clients make practical, helpful changes in their lives. We have found that practicing CBT is often fun and engaging as clients start to make real changes. If you are new to CBT, we think this book will give you a solid start; if you have been practicing CBT for a while, we think this book will help you increase your effectiveness. This book demonstrates how David and I do therapy. All therapists have their own style, and there is clearly no one right way to practice CBT. As you read over the sample dialogues, see if there are ways that we practice that you would like to incorporate into your own therapy style.

One last word before you start reading the first chapter: do try the exercises. The reality is if you want to learn something new, you have to practice!

PART 1

CBT FOUNDATION

Chapter 1

Use CBT Theory to Understand Your Clients

Let's get started with laying our foundation. In this chapter, you'll learn the basics of CBT and will have the opportunity to put your knowledge into practice with hypothetical clients, your own clients, and yourself.

At the beginning of each chapter, we will do a check-in and review. This is also the first step in a CBT session. It is an opportunity for you to reflect on how you have used CBT in your clinical practice and in your own life, as well as to think about the previous chapter's homework. Since this is the first chapter, there is no homework to review. However, before you start reading the next section, take a moment and pay attention to your thoughts and feelings about starting to learn CBT. Try to separate your thoughts from your feelings. Did you learn anything from this simple exercise?

Set the Agenda

The second step in a CBT session is to set the agenda for the session, or specify the topics you will be addressing. In this chapter, we are going to start to use CBT to understand clients' problems. I have four agenda items that are related to learning basic CBT theory.

Agenda Item #1: CBT building blocks: thoughts, feelings, physical reactions, and behavior

Agenda Item #2: How thoughts maintain problems

Agenda Item #3: How behaviors maintain problems

Agenda Item #4: How core beliefs influence thoughts

Work the Agenda

The third step in a CBT session is to work the agenda, or address your

clients' problems; in our case, this means learning the information and skills related to each agenda item.

Clients come to you with a variety of problems. They may be depressed; they may be using drugs or drinking too much; they may be feeling anxious; or they may be unhappy for a variety of reasons and want to find a way to make their lives better. When a client first comes into my office, two main questions go through my mind. First, how can I help my client understand his problems in a way that makes sense to him and helps him feel hopeful? Second, how can I understand my client's problems in a way that leads to helpful interventions? To answer these questions, you need a good theory—one that is extremely practical and helps both you and your client understand the factors that caused his problems, and that are currently maintaining his problems. A good theory also leads to effective interventions that make sense to the client. So, before we start with how to "do" CBT, it is important to understand the underlying theory of CBT.

Agenda Item #1*: CBT Building Blocks: Thoughts, Feelings, Physical Reactions, and Behavior*

When we are upset, our reactions can feel overwhelming. It can be hard to figure out what is making us upset, and we often blame the situation. Imagine a client named Rose. She is twenty-five years old, lives at home, and has just finished college. She is trying to find a job and has applied for a number of different positions. Yesterday Rose received another rejection letter. She sat in her room all night, feeling very depressed, surfing the Internet, and crying. The next day, Rose tells her therapist that she is depressed because she didn't get the job. It is natural that Rose is upset and, of course, if she had gotten the job she would be feeling differently. You can think of Rose's reaction to the rejection letter as a big jumble of thoughts, feelings, physical reactions, and behaviors, all crammed into a heavy backpack that she lugs around. You are going to help her unpack the backpack. She will open the backpack and sort out her thoughts, feelings, physical reactions, and behaviors separately. I call this the four-factor model. The four-factor model provides a structure that you and your clients can use to understand the factors that are maintaining their problems. When clients have a structure for understanding their reactions, they often start to feel less

overwhelmed and believe change is more possible.

Once unpacked, the backpack is lighter. When her feelings, physical reactions, behaviors, and thoughts are on the floor in neat piles, Rose can start to think about what she wants to keep for the journey, what she wants to change, and what she no longer needs to lug around. I can almost hear her say, “Whew—what a relief!”

Let’s see what happens when we unpack her backpack and sort Rose’s reaction into the four factors.

Situation: Another rejection letter

Rose’s Thoughts: I will never get a job, I am such a failure.

Rose’s Feelings: Depressed and hopeless.

Rose’s Physical Reactions: Stomach hurts and is exhausted.

Rose’s Behavior: She stayed in her bedroom, surfed the Internet, and cried. Rose skipped her gym class the next morning because she slept in. She did not bother applying for another job that was advertised in the paper the next day.

As you and Rose sort out her reaction using the four-factor model, her reaction begins to make more sense to her and is less of an overwhelming jumble.

Padesky and Mooney (1990) include a fifth factor—the environment—in their model of how the factors influence each other, as shown in figure 1.1.

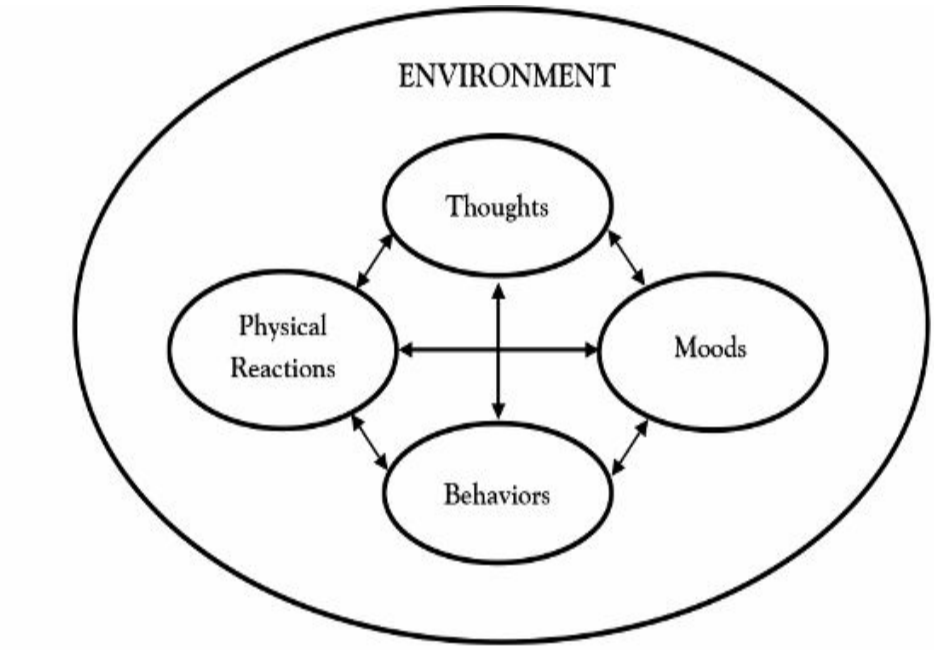


Figure 1.1. Five-part model to understand life experiences.

When you look at figure 1.1, you see how change in one of the four factors influences change in the other three areas. Once we have a model for understanding our clients' reactions, we can start to think about how to change their reactions so that they are less upset and can cope better. The four-factor model also makes sense to clients; they can start to use it immediately to understand their distress.

WHAT IS A SITUATION?

The four-factor model separates thoughts, feelings, physical reactions, and behavior from the situation. The situation is what actually occurred, or the objective reality without any interpretation. For example, an upcoming test is a situation; a "hard" upcoming test is a situation and an interpretation —the interpretation is that the test will be hard. Let's take another example of a situation: your client tells you that a kid at school approached him in the hallway and said, "You're ugly." This is a situation. If your client adds, "That kid is mean and trying to show off," this is your client's interpretation.

WHAT IS THE DIFFERENCE BETWEEN FEELINGS AND THOUGHTS?

In the four-factor model, you want to separate feelings from thoughts.

This seems like a fairly easy task, but in our everyday language, we tend to confuse thoughts and feelings. For example, we say, "I *feel* like he doesn't like me," when what we really mean is, "I *think* he doesn't like me." Because of our tendency to confuse thoughts and feelings, one of the hardest skills to learn in CBT is differentiating the two. For starters, feelings are usually one word, such as sad, mad, happy, worried, embarrassed, anxious, and excited, whereas thoughts generally come in the form of sentences or phrases.

In CBT we refer to the thoughts we have in specific situations as automatic thoughts. Our automatic thoughts happen very quickly and are just below a conscious level of awareness. Thoughts are based on what a situation means to us, or our interpretation. For example, a man approaches you on the street and asks for directions. If your initial thought is *He is part of a pickpocket scam*, you will also think, *He's dangerous; I want to get away*. However, if your initial thought is *He's a tourist*, you may also think, *How can I help him? I want to be friendly*.

Automatic thoughts are words or images that go through our head. Many of our automatic thoughts are about very ordinary things, such as *I wonder if it will rain today?* or, as you leave the house, *Do I have my shopping list?* We don't have strong emotional reactions to these kinds of thoughts, and in CBT we usually don't pay much attention to them. In CBT, we are more interested in thoughts that are connected to strong negative feelings as well as those that are judgments about ourselves, others, or the future. For example, a thought about oneself might be *I am stupid*, while a thought about others might be *My mother is inconsiderate*, and a thought about the future might be *Everyone will laugh at me*. These thoughts are usually just below your awareness, but if you ask yourself, *What was I thinking?* you can usually identify them.

Automatic thoughts are spontaneous and rapid; we have a lot of them, and they come and go so quickly that we often don't notice them. However, once we notice our thoughts, we can start to examine them, and in the process begin to change them. Once we change our thoughts, our feelings and behaviors also change.

WHAT IS THE DIFFERENCE BETWEEN FEELINGS AND PHYSICAL REACTIONS?

Physical reactions are changes in your body (e.g., sweating, tingling, or tension). Strong feelings are accompanied by physical reactions, and it is often hard to separate out a feeling from how your body is reacting. For

instance, when you feel anxious your body may become tense, your heart may beat more quickly, and you may sweat. People can have the same feelings but different physical reactions. Individuals also differ in the intensity of their physical reactions. It can be very helpful to ask about your client's specific physical reactions and their intensity. Some people are aware of their physical reactions but are unaware of how they are feeling. For these clients, identifying physical reactions can be a good place to start understanding feelings.

People can also have thoughts about their physical reactions. For example, if you blush, does this just mean your cheeks are flushed or does blushing mean you are making a fool of yourself and that others will make fun of you?

WHAT ABOUT BEHAVIOR?

Behavior is what we do (e.g., sit, talk to a child, give a presentation). It is helpful to identify behavior as a separate factor so you can start to explore how the other three factors influence your client's behavior and also look at the consequences of your client's behavior. When we look at symptom maintenance cycles later in the chapter, we will focus on how a client's behavior can maintain his symptoms.

YOUR TURN! Identify Situations, Thoughts, Feelings, Physical Reactions, and Behavior

Throughout this book you will come across YOUR TURN! exercises. This is an opportunity to practice what you just learned. I think you will find them interesting! Try this first one.

Look over the following examples and see if you can identify whether they are situations, thoughts, feelings, physical reactions, or behaviors. You can find my answers in the appendix.

Identify Situations, Thoughts, Feelings, Physical Reactions, and Behavior	
	Situation, Thought, Feeling, Physical Reaction, or Behavior?

Staying up late and studying	
No matter what I do, no one likes me.	
I feel tense all over.	
Even if I study hard, I will still fail.	
I am so happy.	
My boss hates my work.	
I am late for work.	

Agenda Item #2*: How Thoughts Maintain Problems*

We've talked about the importance of sorting out your client's reactions using the four factors: thoughts, feelings, physical reactions, and behavior. We now want to use the four-factor model to understand what is maintaining your clients' problems. Let's start with understanding the role of thoughts.

Our thoughts, or our interpretation of the situation, lead to our feelings, physical reactions, and behavior. For example, when Rose received the rejection letter, she thought, *I will never get a job, I am such a failure*. If these are her thoughts, it makes sense that she feels depressed and hopeless. However, if she had thought *I will try again, something else will come along*, she would have felt neutral or mildly hopeful. Different thoughts lead to very different feelings, physical reactions, and behavior. Look at figure 1.2. We start with a specific situation; our immediate understanding of the situation leads to our thoughts, which lead to our feelings, physical reactions, and behavior. For the moment we are going to put feelings and physical reactions in the same box, as they are so closely related.

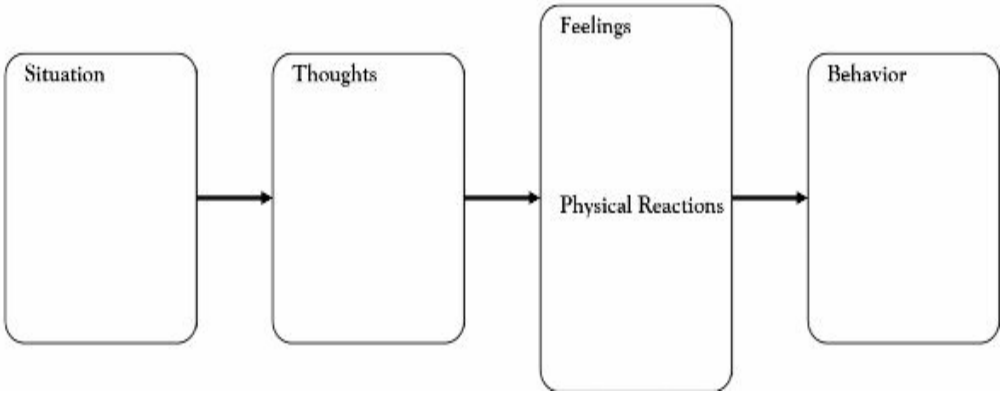


Figure 1.2. Our thoughts influence our feelings, physical reactions, and behavior.

Let's start with looking at an example of how thoughts influence feelings, physical reactions, and behavior in everyday life. I have a very cute, little black dog called Shadey. Despite my best efforts, he barks furiously every time I come home. I don't pay much attention to his barking; I think, *He'll stop in a minute. He is so cute*. Even though he barks, I am happy to see him and give him a pat. Meanwhile, Alicia, a good friend of mine, has started coming over for a morning walk. Alicia rings the bell, Shadey barks, and Alicia thinks, *He'll jump on me and get me dirty. Dogs are unpredictable*. Alicia feels slightly anxious, a bit physically tense, and not very happy to see Shadey. As a result, she tries to avoid Shadey. Figure 1.3 shows how Alicia's and my different thoughts can lead to very different feelings and behavior.

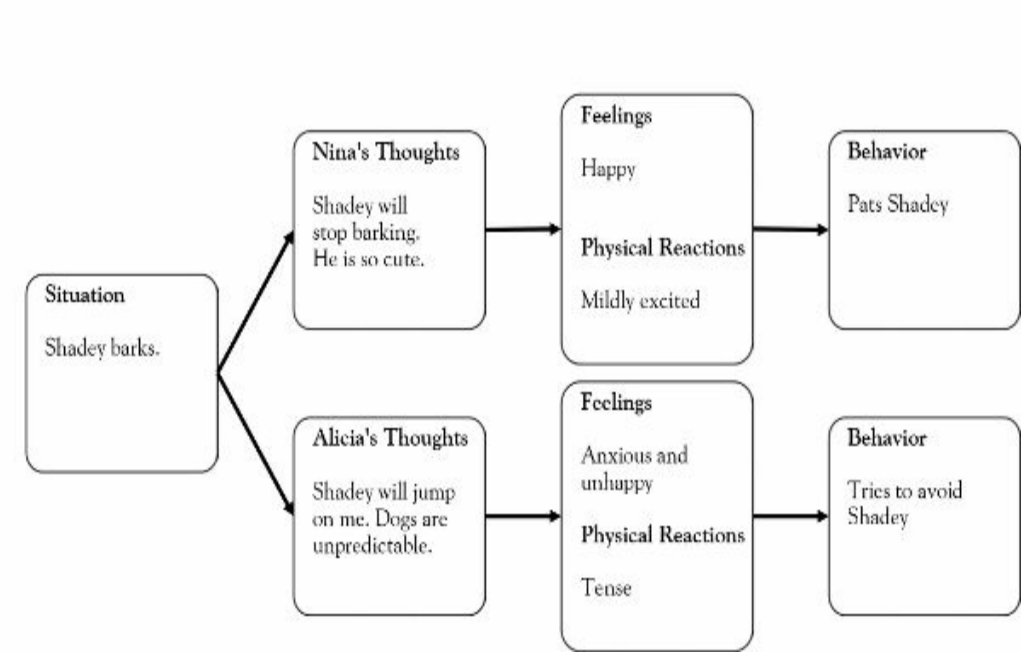


Figure 1.3. Shadey the dog barks.

YOUR TURN!How Thoughts Influence Feelings and Behavior

Two friends, Maria and Jane, work in the same company. They are both going to a conference, where they won't know anyone. Maria is anxious and dreading the conference. When she imagines going, she thinks, *This will be awful. No one will talk to me. Everyone will think I'm stupid*, and she gets a sick feeling in her stomach. Jane meanwhile thinks, *This is a good opportunity to network and meet new people. It will be fun to have something different to do*. She is excited, full of energy, and can't wait for the conference to begin. When we examine their thoughts, we can begin to understand why their reactions are so different.

When they get to the conference, Maria sits down in a corner of the room by herself, while Jane mingles with the other attendees. Complete figure 1.4 to see how Maria's and Jane's different thoughts in the same situation led to very different paths with different feelings, physical reactions, and behavior. You can check your answers in the appendix.

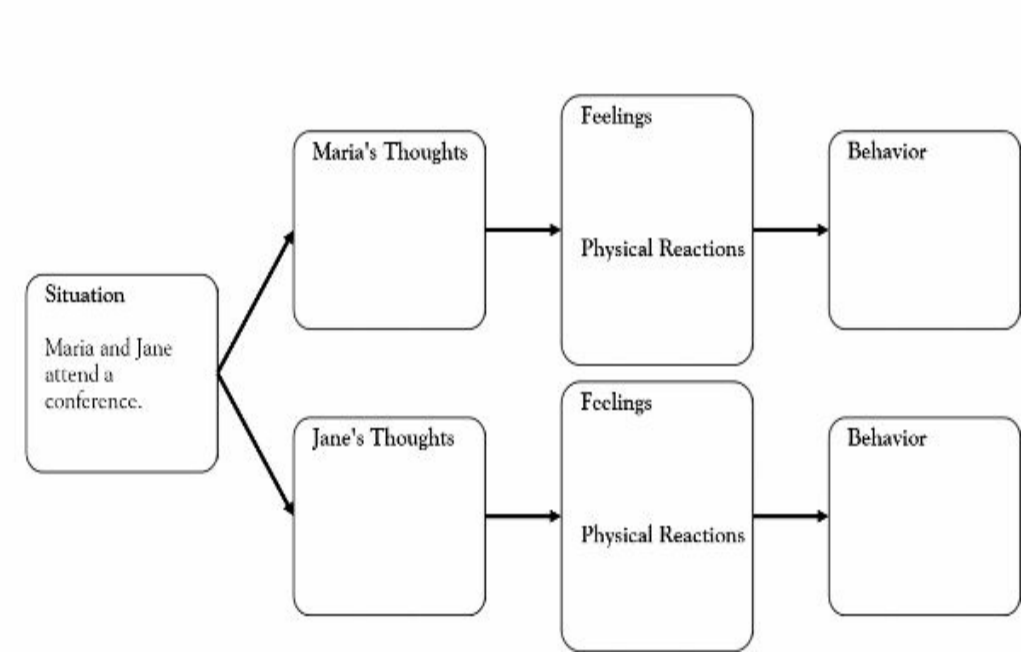


Figure 1.4. Maria and Jane attend a conference.

This is the first additional practice exercise you will find at http://www.newharbinger.com/38501. You will find many more throughout the book.

Exercise 1.1

Practice understanding how thoughts can influence feelings.

What do my dog Shadey and two colleagues attending a conference have to do with therapy? Clients usually start therapy feeling overwhelmed and hopeless, with little understanding of the factors that are causing and maintaining their difficulties. Separating thoughts from feelings, physical reactions, and behavior provides clients with a framework for understanding their problems. When clients understand their problems, they feel more in control and less hopeless. This is the first step in starting to change. Let's see how helping a client of mine, Alfred, identify the way his feelings are related to his thoughts, physical reactions, and behavior can help him understand his problems.

Alfred is a seventeen-year-old boy who wants to be a car mechanic. He hates school but needs the high school credits to get into a car mechanic training program. He is in therapy because he is depressed and failing two of his subjects. He has an average IQ and no learning disabilities. He starts the session with a big sigh and says, "I am so down and depressed. I have a really

hard math test tomorrow. It's too hard for me. I've had a splitting headache all day. I'm really anxious about this test. I haven't started studying. I'm going to fail anyhow. I'm just going to go home and play computer games. I don't know what's wrong with me. Why don't I study?"

Let's look at figure 1.5 and see how using the four-factor model can help us understand Alfred's problems. Imagine that his therapist says to him, "Sounds like you're having a tough time; let's make sure we understand what's going on for you. I want to start with separating out your thoughts from your feelings, physical reactions, and behavior. Let's see if once we understand your reaction, we can understand why it's so hard for you to study."

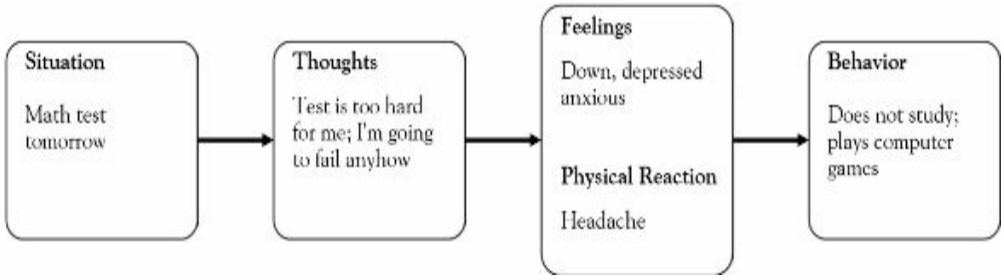


Figure 1.5. Alfred has a math test tomorrow.

Was it helpful to look at Alfred's reaction in terms of the four factors? Did identifying Alfred's thoughts help explain his feelings and behavior?

Exercise 1.2

Practice identifying the four factors.

YOUR TURN!Identify Clients' Thoughts, Feelings, Physical Reactions, and Behavior

Sara is in therapy because she is not sure whether she wants to break up

with her long-term boyfriend. She complains that he does not respect her and takes her for granted. She starts the therapy session by telling her therapist that she is very upset. Last night her boyfriend was thirty minutes late picking her up for dinner and had not bothered to let her know he would be late. When he finally arrived, he explained casually he had been caught at work. Look at the following dialogue with a non-CBT therapist and see if you can identify the four factors in Sara's reaction.

Therapist: What's it like for you when your boyfriend comes half an hour late without contacting you?

Sara: I am just so depressed at how he is treating me.

Therapist: How did you react?

Sara: I gave him dirty looks and was cold all evening. What else can I do? I just feel so irritated and tense all the time.

Therapist: It is hard for you to know what else you could do.

Sara: That's right.

Therapist: What is that like for you?

Sara: I hate it. He treats me as if he doesn't care about me. He takes me for granted. It makes me feel worthless.

In this type of dialogue the client's thoughts, feelings, physical reactions, and behavior are a jumble; it is hard to know how best to continue therapy. Let's see what happens if you take the information from the above example and use the four-factor model as a structure to understand how Sara's thoughts influenced her feelings, physical reactions, and behavior. Complete the exercise below, then turn to the appendix to see how I completed the model.

Situation:

Sara's Thoughts:

Sara's Feelings:

Sara's Physical Reactions:

Sara's Behavior:

How did identifying Sara's thoughts, feelings, physical reactions, and behavior help you understand her experience differently from when you read the therapy dialogue? Did writing make a difference? Often, helping clients identify their thoughts and feelings separately starts a process of self-reflection, which is the first step to change.

Exercise 1.3

Practice identifying the four factors from a therapy dialogue.

Agenda Item #3*: How Behaviors Maintain Problems*

To understand how your clients' behaviors maintain their problems, you want to understand how their behavior influences their thoughts, feelings, and physical reactions. Start by looking at the consequences of your client's behavior. Let's examine first how the consequences of a behavior can reinforce your client's thoughts, and second, how the consequences of a behavior can influence the situation so as to reinforce the client's original thoughts or interpretation.

Let's go back to Alfred, my seventeen-year-old client in the earlier example with the math test. Here is a summary of Alfred's reaction using the four-factor model. Alfred thinks, *The test is too hard for me and I'm going to fail anyhow*. He feels anxious and he gets a headache. His behavior is to go home and play computer games.

How do the consequences of Alfred's behavior reinforce his thoughts and the situation? Alfred did not study, he failed the test. When Alfred failed the test he thought, *The test really was too hard for me since I failed*, and *I was going to fail anyhow*. Failing the test becomes evidence that the test is "too hard." Thus, the consequences of the behavior reinforce his original thoughts. Does this make sense so far? In addition, Alfred never gets a chance to test out his prediction, *I'm going to fail anyhow*. Perhaps if Alfred had studied, he would have passed, but he will never know. He will take his failure as evidence that he would "fail anyhow."

Now, let's now look at how the consequences of Alfred's behavior impact the situation. Since Alfred failed the test, he probably does not

understand the material. Since math concepts tend to build on each other, this makes it more probable that he will fail, or do poorly, on the next test. Thus, his behavior changes the actual situations in his life so that his negative thoughts are more likely to be true. Figure 1.6 shows how Alfred's behavior can reinforce his thoughts and influence the situation. Alfred is caught in what CBT therapists call a *symptom maintenance cycle*.

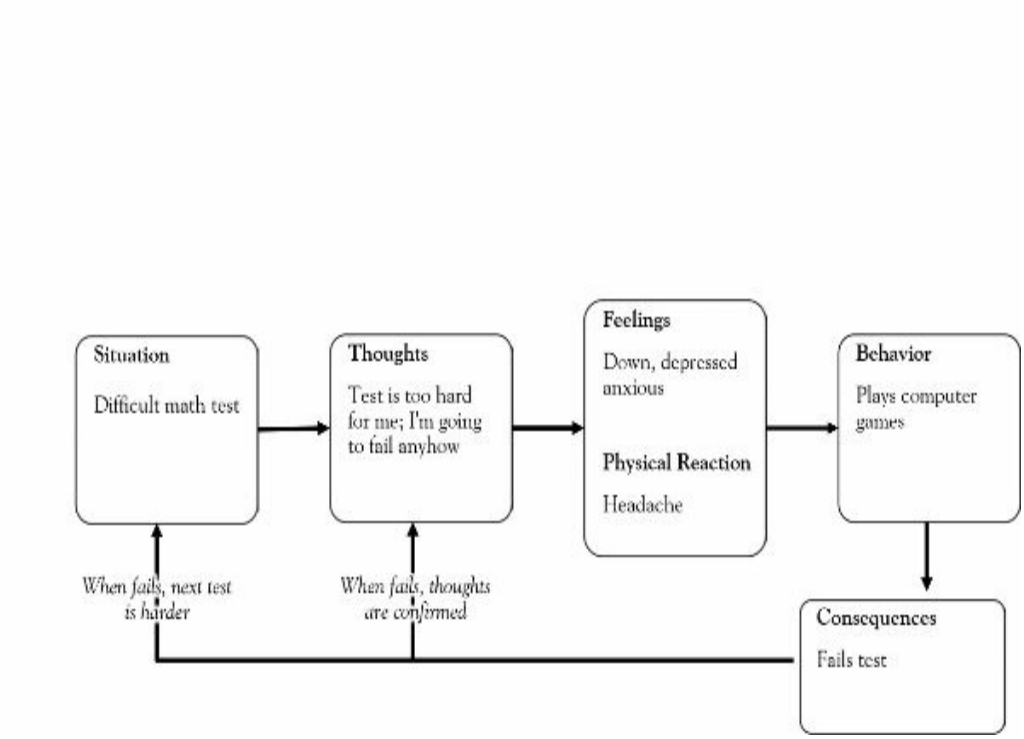


Figure 1.6. Alfred's symptom maintenance cycle.

YOUR TURN!Maria's Symptom Maintenance Cycle

Let's return to the example of Maria, who had to attend a conference where she would not know anyone. Let's see how her behavior is maintaining her difficulties. I will fill in the first part for you. You can see how I completed her symptom maintenance cycle in the appendix.

Maria's Situation: Attending a conference where she does not know anyone

Maria's Thoughts: This will be awful. No one will talk to me. Everyone will think I am stupid.

Maria's Feelings: Anxious

Maria's Physical Reaction: Sick stomach

Maria's Behavior: Sits by herself in a corner

Consequences:

What are the consequences of Maria's behavior? Ask yourself: If she is sitting by herself, will people talk to her? Do you think she will enjoy herself?

How do the consequences of her behavior reinforce her thoughts? (*Hint*: If she is sitting alone, what is the likelihood that people will talk to her? If she does not talk with the other people, will they have a chance to see that she is not stupid?)

How do the consequences of her behavior influence the situation? (*Hint*: Maria started the conference not knowing anyone. If she sits in a corner, how many people will she know at the end of the conference?)

Exercise 1.4

Practice using a symptom maintenance cycle.

Agenda Item #4*: How Core Beliefs Influence Thoughts*

In this book, we are going to focus on automatic thoughts, but I want you to understand core beliefs too, which underlie automatic thoughts. Core beliefs are stable, deeply held beliefs that cut across situations and influence automatic thoughts. (Some CBT books use the term *schema*; core beliefs and schemas are virtually identical.)

There are generally three types of core beliefs (Clark, Beck, & Alford, 1999):

Simple rules about life. These are rules about how to manage in life or how the world works. They usually have very little influence on your client's emotional well-being. Examples might be:

- Be polite to strangers.
- To succeed in life, get a good education.
- Always wear a life jacket in a boat.

Intermediary beliefs and assumptions. These are rules for living that often take the form of *if…then* statements or *unless I…* statements. These rules play an important role in determining feelings and behaviors. Examples might be:

- Unless I am perfect, I will fail.
- If I yell, *then* people will listen to me.
- If people see the real me, *then* they will reject me.

Core beliefs. These are deeply held beliefs about self, others, or the world that affect how people feel and behave in many different situations. They are absolute and general statements that are felt at a very deep level and can be captured in a few words. Core beliefs can be adaptive or maladaptive, and, unlike automatic thoughts, they can be hard to identify and modify. Examples might be:

- Core beliefs about self: I am smart, I am lovable, I am selfish, I am incompetent, I am unlovable.
- Core beliefs about others: Others are kind, others will take care of me, others are mean, others will take advantage of me.
- Core beliefs about the world: The world is just, the world is stable, the world is dangerous, the world is unjust.

Although an individual's core beliefs are influenced by his innate temperament, they tend to be formed mainly by early life experiences and are modified by the individual's later life experiences (Young, Klosko, & Weishaar, 2006). For example, do you remember Maria from the first YOUR TURN! exercise? She was anxious about attending the conference. When

Maria was in grade four, she had some trouble in math and was badly bullied by a group of girls. Her classmates regularly called her “stupid.” All of the girls she previously played with refused to play with her, and school became a nightmare. She did not tell her parents until late in the year, and had no support from her parents or teachers. Let’s look at how this experience affected her core beliefs.

Maria’s Core Beliefs:

- Self: I am stupid and unlikable.
- Others: People will be critical and mean to me.
- World: The world is unpredictable.

The power of core beliefs is their capacity to influence how you react to a variety of different situations. For example, when Maria meets a new neighbor, she will likely think, *We will not get along*. When her supervisor does not comment on her last report, she thinks, *He probably thought it was terrible*. Her automatic thoughts in these situations are all influenced by her core beliefs. Now imagine that Maria receives an email from the human relations department of her firm asking for a meeting. What are her likely thoughts? (a) *I did something wrong, I will be punished, this is terrible*, or (b) *I wonder what they want, it will probably be fine, if there is a problem I can explain myself to them*. Figure 1.7 is a diagram of how core beliefs influence automatic thoughts.

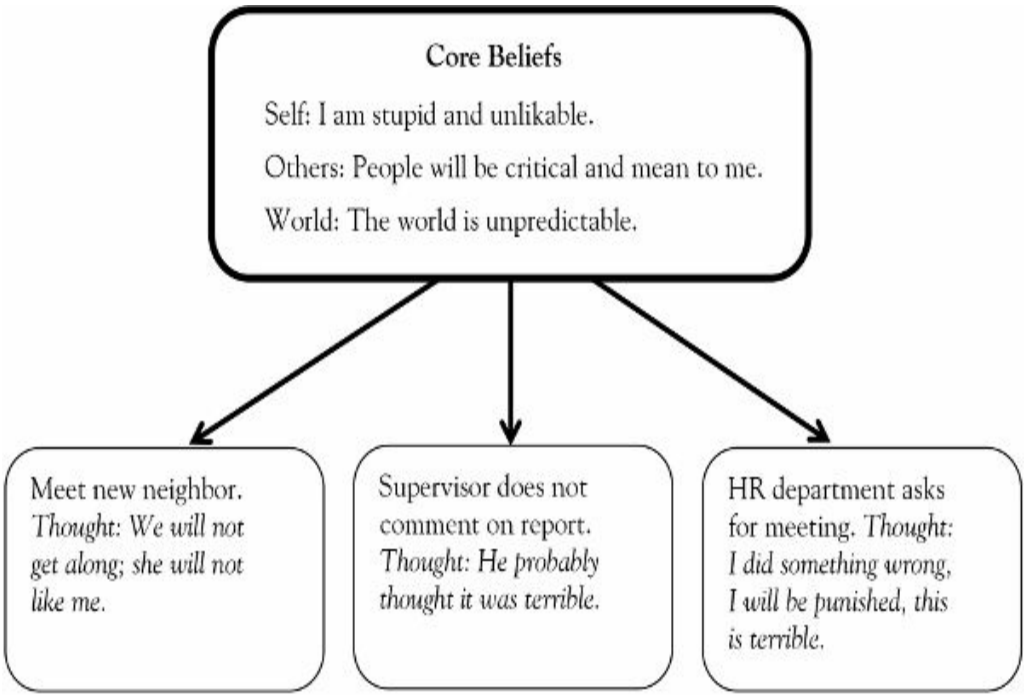


Figure 1.7. Maria's core beliefs influence her automatic thoughts.

Exercise 1.5

Practice understanding the relationship between core beliefs and automatic thoughts.

Let's look at the situation where Maria meets her new neighbor in more detail. When Maria thinks, *We will not get along; she will not like me*, she is hesitant to reach out to her neighbor and tends to avoid any contact with her. Consequently, her neighbor thinks Maria is unfriendly and also avoids Maria. The consequences of Maria's behavior reinforce her thoughts, which confirm her core beliefs. Figure 1.8 shows how Maria is caught in a vicious cycle where the consequences of her behavior reinforce not only her thoughts but also her core beliefs.

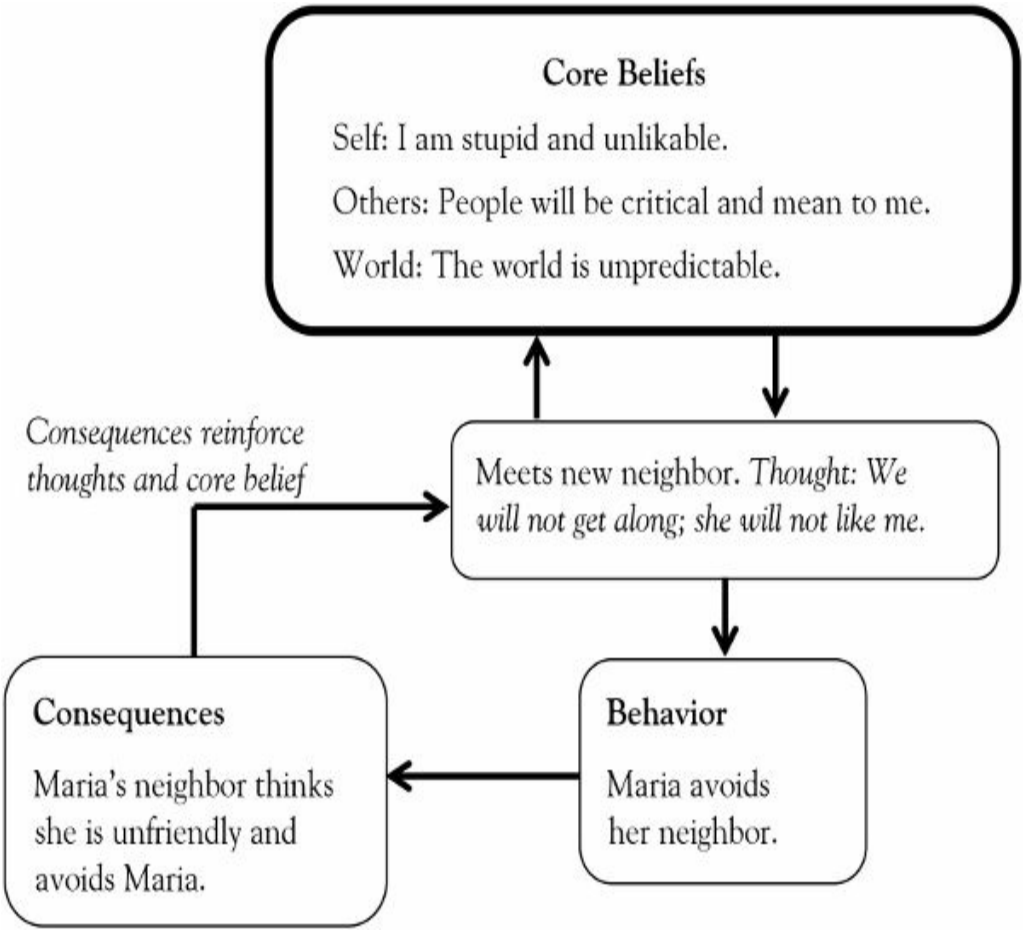


Figure 1.8. Maria's vicious cycle also influences her core beliefs.

Exercise 1.6

Practice understanding how vicious cycles can involve core beliefs.

Clinical Implications. CBT therapists usually start with focusing on clients' automatic thoughts and behavior as this teaches clients basic CBT skills and can lead to fairly rapid improvement in clients' behaviors and moods. Because core beliefs are connected to automatic thoughts, often as clients change their automatic thoughts and behavior, their core beliefs also start to change.

It is helpful to start hypothesizing about your client's core beliefs from the beginning of therapy. Noticing the type of situations that cause difficulty for your client together with noticing the pattern of your client's automatic thoughts provides clues to his core beliefs.

Clients either don't notice information that contradicts their core beliefs,

or they minimize the information. How would you expect Maria to react when her neighbor says, “I am so happy to see you”? Would she think, *She’s just saying that to make me feel good*, or would she think, *She really likes me*? Hypothesizing about your client’s core beliefs can help you notice what types of information your client is likely to ignore or minimize.

Homework: Practice CBT

At the end of each chapter I list the additional exercises that are mentioned in the chapter and available on the website (http://www.newharbinger.com/38501). I also suggest exercises for homework that focus on applying what you learned to your own life and therapy practice. When you learn a new approach, it is important to practice; otherwise, it never becomes part of your own therapy style. Doing the homework is a key component to learning CBT.

Apply What You Learned to Clinical Examples

Complete the following exercises.

▼

Exercise 1.1: What Is This Person Thinking?

Exercise 1.2: Sharon Is Invited for Coffee

Exercise 1.3: Roger Doesn’t Want to Go to the Doctor

Exercise 1.4: Lee Learns to Ask a Question

Exercise 1.5: Understand Janice’s Reactions

Exercise 1.6: Understand Janice’s Vicious Cycle and Core Beliefs

Apply What You Learned to Your Own Life

It takes practice to become aware of our thoughts, feelings, physical

reactions, and behavior. This coming week, when you are having a strong negative emotional reaction, notice your thoughts and write them down. Then ask yourself if noticing your thoughts as separate from your feelings changed anything. What was it like to write down your thoughts and feelings?

Homework Assignment #1 Use the Four-Factor Model to Understand Your Own Situation

Once you have had some practice noticing your thoughts and feelings, try to use the whole four-factor model. Complete the four-factor model below for one situation in which you had a strong negative reaction. Write out your answers; it makes a difference. How did using the four-factor model affect your understanding or your own reaction?

Situation:

Thoughts:

Feelings:

Physical Reactions:

Behavior:

Apply What You Learned to Your Therapy Practice

Let's see if applying the four-factor model to your own clients can help you understand their problems differently.

Homework Assignment #2 Use the Four-Factor Model to Understand a Client's Situation

Think of a situation involving a current client. Try to complete the four-factor model below using the situation you selected. Don't gather additional information; use what you already know. Notice if you are missing

information for one of the factors. How did using the four-factor model help you understand your client differently?

Situation:

Thoughts:

Feelings:

Physical Reactions:

Behavior:

Let's Review

At the end of a CBT session, the therapist and client spend a few moments reviewing what was covered in the session. Similarly, let's take a moment to review what we just covered. For each agenda item, try to answer the questions. If you are unsure of an answer, you can find it in that section of the chapter.

Agenda Item #1: CBT building blocks: thoughts, feelings, physical reactions, and behavior

- Why is it helpful to divide your client's reactions into thoughts, feelings, physical reactions, and behavior?

Agenda Item #2: How thoughts maintain problems

- How do thoughts lead to feelings, physical reactions, and behavior?

Agenda Item #3: How behaviors maintain problems

- What do we mean by symptom maintenance cycles?

Agenda Item #4: How core beliefs influence thoughts

- What are core beliefs?

What Was Important to You?

The more you can relate the material you have just read to your own life, the more you will remember. Take a moment to answer the following questions. They are an opportunity for you to reflect on the chapter and how it is relevant to your own practice.

What idea(s) or concepts would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

What was it like to review? Did it help consolidate what you learned?

Chapter 2

Focus on Your Clients' Problems and Strengths

Let's start with a check-in and review. In the last chapter we covered basic CBT theory, and we started using the four-factor model. Remember, the four-factor model involves exploring your client's reaction to a situation by identifying thoughts, feelings, physical reactions, and behaviors. We also looked at how thoughts and behaviors can maintain problems. Did you try using the four-factor model? What did you notice when you differentiated thoughts from feelings?

If you did not have a chance to use the four-factor model, try this exercise. Think of a situation in the past few days where you had a strong negative emotional reaction. Imagine yourself back in that situation. Now, try to identify your thoughts, feelings, physical reactions, and behavior. Afterwards, take a moment to reflect on the experience. Did you learn anything about yourself?

Set the Agenda

In this chapter, I want to focus on forming a good therapy relationship, understanding your clients' presenting problems and strengths, and explaining CBT to your clients.

Agenda Item #1: Develop a good therapeutic relationship.

Agenda Item #2: Understand your client's presenting problems.

Agenda Item #3: Meet Suzanne.

Agenda Item #4: Understand your client's stressors and strengths.

Agenda Item #5: Meet Raoul.

Agenda Item #6: Understand your client's psychosocial history.

Agenda Item #7: Explain CBT.

Work the Agenda

Shortly, I'll introduce you to two clients, Suzanne and Raoul, whom we will work with throughout the book as we learn and practice CBT skills. But first, let's start where all good therapy starts—with the therapeutic relationship.

Agenda Item #1*: Develop a Good Therapeutic Relationship*

For all types of therapy, including CBT, a good therapeutic relationship predicts a positive outcome (Martin, Garske, & Davis, 2000; Norcross & Wampold, 2011). Effective therapy happens in the context of a supportive relationship where your client feels understood and accepted. As with any form of therapy, when practicing CBT, it is important to be warm and nonjudgmental. You want to develop a collaborative relationship with your client, working together to solve her problems. You bring your knowledge about psychology and CBT, and your client brings her knowledge about her own life and experience.

Multiple studies have demonstrated that empathy is a central component of any effective therapy (Norcross & Wampold, 2011). I would guess that you agree, but take a moment to think about how you define empathy. Usually, when I ask my students this question they answer, "walking in someone else's shoes" or "understanding someone else's feelings." My students always mention feelings; almost no one mentions thoughts. Understanding feelings is important, but understanding thoughts is just as important (Elliott, Bohart, Watson, & Greenberg, 2011).

Let's consider an example. Sorena, your client, tells you that she *feels* sad and tired. She also tells you that she *thinks* she is an inadequate parent and that her children don't respect or love her. If you wanted to be truly empathic, would you focus just on Sorena's feelings or also on her thoughts? It seems to me that using the four-factor model and asking about both feelings and thoughts increases an empathic connection.

Over the years, some therapists have told me that they think CBT is a cold type of therapy because we pay attention to thoughts. If you look at the previous example, what do you think? It seems to me that thoughts are as private and emotional as feelings. It is important to remember that when you ask clients what they "think," you are asking them to reveal a very private part of themselves. In this book we will focus on how to be a warm, empathic therapist while also using structured CBT interventions (Josefowitz & Myran, 2005).

Agenda Item #2*: Understand Your Client's Presenting Problems*

There is an order to CBT therapy. While there is some flexibility, typically the following order is implemented:

- Explore your client's presenting problem and obtain an overview of her current life situation, including difficulties and strengths.
- Take a psychosocial history.
- Explain CBT in general and in particular the four-factor model.
- Set goals for therapy.
- Focus on helping your client change.

In the initial phase of therapy, you start to form a good relationship and at the same time get an overview of your client's problems and how they are affecting her life. You also want to obtain a sense of your client's strengths and how she has coped in the past.

There are three main steps to obtaining an initial understanding of your client's problems or why she came to therapy:

Ask your client about her problems and make a list.

Explore how your client's problems are affecting her life and how she is coping.

Collaboratively decide which problem(s) your client wants to start working on in therapy.

Ask your client about her problems and make a list. CBT therapists usually start with "How can I help you?" or "Tell me, what brings you to therapy?" It is important for your client to explain her problems in her own words. Initially, I focus on listening, using summary statements to be sure I have understood, and then ask open questions. Open questions encourage exploration and are not answered with just one word. For example, "Do you have a problem?" is a closed question. The answer is yes or no. "What kind of problem do you have?" is an open question. One way to think about this stage is that when your client starts therapy, the picture is blurry. Good questions help you gradually focus and sharpen the picture so that it is crisp and bright, or at least clearer.

After you have a general sense of your client's problems, it is helpful to make a list so that you can explore her problems more fully, one at a time. Writing out a list gives the message that therapy will address specific problems and not just be a place where she comes and talks in general terms. Making a list also starts to give direction to therapy.

I usually say, "I am starting to have an idea of some of your concerns. I would like to make a list of your problems to be sure we have covered everything." Most non-CBT therapists are not used to writing as part of therapy. Next time you have a new client, try writing out your client's problems and share the list with your client. Pay attention to how making a written list affects therapy.

Explore how your client's problems are affecting her life and how she is coping. Often clients describe general problems, such as difficulty with their marriage or feeling anxious. To understand how a problem is affecting your client's life, you need to explore further. You will find the following list of questions helpful. (You can download them in handout format at http://www.newharbinger.com/38501.)

Questions to Explore Your Client's Problems

Question 1: What are some examples of situations where this problem arises? When you have this problem, what are your main thoughts, feelings, physical reactions, and behavior?

I usually start with this question. Once you have examples of specific situations, the problem usually becomes much more defined.

Question 2: What is the worst part of the problem?

It is important to ask this question and not just assume that you know the answer. I am often surprised by my client's answer.

Question 3: How is this problem affecting your life? What are some of the difficulties this problem has created for you? In particular, are there activities you have stopped doing or are avoiding because of the problem? Are there activities you have started doing or are doing more of because of the problem?

If my client is avoiding specific activities, I follow up by asking what she thinks would happen if she did not avoid them.

Question 4: What have you done to try and cope with the problem? Have any of your coping methods helped?

You want to know whether anything has helped, even a little, so that you can expand upon this coping strategy later. In addition, you want to acknowledge and support any active attempt to cope with the problem.

Question 5: When did this problem start?

Sometimes a client can immediately identify a triggering situation. Sometimes she has not thought about whether her difficulties were related to specific changes or events in her life. A series of relatively minor changes, over a short period of time, can equal a lot of stress.

YOUR TURN! Practice in Your Imagination: Use One of the Five Questions

▼

I want you to imagine using the questions we just covered. Sports psychologists have known for years that imagining practicing a new skill significantly enhances skill development (Weinberg, 2008). It seems to me that if athletes can use imagery to practice, why not therapists?

You can do the exercise by reading along, but I think you will find the exercise more meaningful if you listen to the guided audio file available at the website for this book.

Look at Questions to Explore Your Client's Problems. Choose a question which you rarely or never use. Now, choose a client with whom you want to try asking this question. Imagine yourself back in your office. Take a moment to look around; notice the sounds and smells of your office. Now imagine yourself asking this question with your client. Now, imagine asking this question with a different client. Each time, imagine that your client responds positively.

Write down the question you choose, and try it with two clients this coming week.

Agenda Item #3*: Meet Suzanne*

Throughout this book we are going to follow two clients, Suzanne and Raoul. They are based on a number of my clients and the clients of students I have supervised or taught. I want to start with introducing you to Suzanne. We will meet Raoul later in the chapter.

Suzanne is thirty-four and is married with two young children, Jennifer, age six, and Andrew, age four. She is a fourth-grade teacher and her husband works in a local hardware store. Her husband was her high-school sweetheart, and she is still in love with him. They live in the suburbs of a medium-size city. Her parents and her in-laws live nearby; she sees them regularly and they have a good relationship.

Suzanne's doctor referred her for therapy because she is always tired and feels chronically overwhelmed by the children, her job, and her other

responsibilities. Her physical exam was normal, and her doctor thought it would be helpful for her to “talk to someone.” Suzanne calls the therapist’s office and makes an appointment.

Suzanne is a small, thin woman who smiles timidly when she walks into her therapist’s office for the first time. She perches on the edge of the couch and looks nervously around. When Suzanne’s therapist asks, “How can I help you?” she responds softly with, “I’m not sure… I don’t know even know where to start,” and looks down. Her therapist gently asks, “Tell me what brings you here; I know it can be hard to start.” Suzanne explains she does not know what is wrong with her. She has a great house, great kids, a good job, and a great husband, but she is just so overwhelmed all the time that she isn’t enjoying life anymore. She starts to cry and says she feels like she isn’t coping. Her therapist asks Suzanne to tell her a bit more. Suzanne explains that she is always tired, cries over silly things, and quickly gets angry with the kids. She looks very sad and says, “I’m not even a good mother anymore.” Suzanne explains that she used to like her job as a fourth-grade teacher, but she dreads going into work these days. She is teaching at a new school, which is a thirty- to forty-minute commute. Her old school was walking distance from home. She is often angry with her husband. He works long hours and she feels she is expected to take care of the children and house without any appreciation from him. She is scared that he will leave her if she stays this depressed. She feels anxious all of the time. She has always been a shy person, but her anxiety is getting much worse; she worries over everything.

Let’s see how we can start to understand Suzanne’s problems using Questions to Explore Your Client’s Problems.

Therapist: Sounds like a lot. I think it would help if we made a list of your problems so we can start to understand them one at a time.

Suzanne’s therapist’s response is both empathic and structured. Suzanne was feeling overwhelmed; her therapist thought that making a list might help her start to feel that her problems were more manageable.

Suzanne lists being tired all of the time, yelling at her children, not doing anything fun, hating work, and wondering if teaching is the right job. These are all general problems, and we don’t really understand how they are affecting her life.

Therapist: I think it would be helpful to understand a bit more about what is happening with you. Let's pick one problem and look at it in more depth. Let's start with exploring what is the worst part of this problem for you. (Question 2)

Note how Suzanne's therapist explains what she wants to do by saying she wants "to understand a bit more about what is happening with you." At the same time, she reinforces hope by saying "it would be helpful." This is a good example of combining the structure of CBT with creating a good therapy relationship and instilling hope.

Suzanne: I think the worst thing is that I'm always yelling at my kids and feeling like I am not coping.

This is a very general statement. You want a more specific idea of Suzanne's difficulties. Before looking at Suzanne's therapist's response, think about how you could ask Suzanne to identify specific situations that are difficult for her.

Therapist: Could you give me some examples so I have a better idea of the situations that are difficult for you? (Question 1)

Suzanne: Sure, I used to come home and make dinner for the family, and then play with my kids. These days just making dinner seems to take up all of my energy; I never seem to have time or energy to spend time with my children, and when I do, I am pretty irritated.

As a CBT therapist, you are using the four-factor model to think about your clients' problems. When Suzanne gave an example of a difficult situation, did she describe her thoughts, feelings, physical reaction, and behaviors?

We have an idea of Suzanne's feelings (overwhelmed and irritated/angry) and her physical reaction (tired); we don't know her behavior or her thoughts. She mentioned earlier the thought *I am not even a good mother anymore*. You can guess that's what she is thinking about herself in these situations, but it is important to check.

Therapist: Suzanne, when you are feeling overwhelmed and irritated, what are some of the thoughts that are going through your mind?

(Question 1)

Notice that Suzanne's therapist linked her thoughts to her feelings.

Suzanne: I'm usually thinking that I am a terrible mother and the kids deserve better. But I am also thinking that I wish I could just go to bed and not have to take care of the kids.

Try to think of an empathic comment that would summarize what Suzanne said and indicate that you had heard Suzanne's thoughts. How could you ask Suzanne about her behavior and how she is coping? Think of how you would respond before checking what Suzanne's therapist said.

Therapist: Those sound like pretty difficult thoughts to be having. Lots of self-critical thoughts and then wishing you could just go to bed and get away from it all. Tell me, how do you cope in these situations? (Question 4)

Suzanne: I just try to control my anger and take care of the kids. But I am pretty short with them. I have been trying to take it easy and go to bed early, to be less tired, but it hasn't helped.

Therapist: Have you tried anything that has helped?

Suzanne: No, not really.

How could you introduce Question 3?

Therapist: I wonder if there are things you have stopped doing since you have been feeling so bad, or situations you are avoiding?

Suzanne: Well, I generally do less fun things with my husband and children. Lately I am just too tired.

This is a very general comment. How could you help Suzanne become more specific about what "fun things" she is doing less of?

Therapist: When you say you do less fun things with your husband and children, can you give me some examples?

Suzanne: I used to take my daughter, who is six, to a playgroup in the

afternoon with some of my neighbors. I have a half day off from work each week. But I've been too tired to do that. Also my husband and I used to take the kids to the park on weekends, which was a fun family time; but I often send them over to my parents' so that I can nap, or my husband takes them without me.

When you look at Suzanne's response, is there anything Suzanne has been doing more of? Suzanne's therapist thought that she had been doing more resting and napping. This is a good place to ask about changes in alcohol consumption, drugs, and medication.

Her therapist discovers that Suzanne has stopped doing most afterschool activities with her children as she is "too tired" and that she has also stopped seeing and talking with most of her girlfriends. She and her husband have also stopped seeing many of their friends and family because Suzanne feels that she is too tired. Suzanne's problems started when she changed schools. She is unhappy at her new school, has made no friends, and feels like an outsider. Suzanne has not started consuming alcohol, nor did she report abusing prescription or nonprescription medication.

Suzanne's therapist suggested that they write down a preliminary list of the problems that Suzanne would like to work on in therapy.

Suzanne suggested the following problems:

Not having any friends at my new school

Yelling at my children and husband

Being tired all of the time

Not doing fun things with my husband and children

Being depressed and anxious and just not enjoying life anymore

Wondering if teaching is the right job for me

This is a long list; the therapist and Suzanne have to figure out where to start.

Collaboratively decide which problem(s) your client wants to start

working on in therapy. If you remember from earlier in the chapter, there are three main steps to obtaining an initial understanding of your client's problems. First, ask about your client's problems and make a list; second, explore how your client's problems are affecting her life; and third, collaboratively decide which problem your client wants to start working on. We are now ready for the third step.

Some clients come to therapy with one main problem, but most have a number of different problems. You and your client need to decide which problem to address first, or therapy can feel like wandering around without a focus. The easiest approach is to be direct and say, "I think it's helpful to try and address one problem at a time. When we look over your problem list, which problem would you like to start with?" You want to pick a problem where there is a good chance you can help your client fairly quickly and that will have an immediate impact on her life.

Marsha Linehan (1993) suggested some very useful criteria for prioritizing your client's problems. First, if your client is actively suicidal, your first priority is to make sure that she is safe. Second, if your client is behaving in a manner that is dangerous or that is likely to significantly interfere with her life, these behaviors need to be addressed. Examples of these types of behavior include major substance abuse, missing work or school, and being involved in a physically or emotionally abusive relationship. In addition, if a client regularly engages in behavior that interferes with therapy, for example, coming late to therapy, insulting the therapist, or skipping sessions, these behaviors need to be addressed.

If we consider each of Suzanne's problems, the first four that she listed are more specific and concrete than being depressed and not enjoying life anymore or wondering whether teaching is the right job for her. The therapist explained to Suzanne that because the first four problems are more specific and concrete, she would want to start with one of these so she will be able to help Suzanne in a shorter period of time and with more focus to therapy. She then asked Suzanne which problem she wanted to start with. Suzanne wanted to start with making friends at her new school and not doing any fun things with her husband and children.

Video 2.1

Agenda Item #4*: Understand Your Client's Stressors and Strengths*

In addition to understanding your client's presenting problems, you need to understand how these problems fit into her overall life. You want a picture of her current life, how she is functioning, and any other stressors or difficulties in her life besides her presenting problem, as well as the positive supports in her life and her areas of strengths.

You can introduce this section by saying, "I am starting to get an understanding of your problems. I think it would be helpful if I could also get a sense of other parts of your life." Notice that I explain what I will be doing and indicate that it will be helpful to my client.

The basic categories that I ask about are family, friends and social contacts, recreation and involvement in organizations outside of the home, work or school, health, and finances. Finances includes the ability to budget, pay bills on time, and all that is involved in being financially responsible. When asking about health, if you did not already ask about alcohol and drug use, this is a good place to do so. I also ask about self-care, either under recreation or health. I want to know if my client is engaging in activities that are nurturing for her and if she is participating in any regular exercise. In addition, I ask whether over the past year or few years there have been any major changes in my client's life, or a number of small changes.

UNDERSTAND YOUR CLIENT'S STRESSORS

Let's start by seeing what we already know about Suzanne's stressors or difficulties in each category.

	Suzanne's Difficulties or Stressors
Family	Often angry with children and husband Believes she is no longer a good mother Responsible for the children and home because husband works long hours Frightened husband will leave her if she doesn't change her mood and behavior
Friends and Social Contacts	Unknown

Recreation & Organizations	Unknown
Work or School	Fourth-grade teacher who “dreads” work
Health	Always tired Otherwise unknown
Finances	Unknown
Changes	Started teaching at a new school that is a 30- to 40-minute commute from home Can no longer walk to work every day and instead has to drive Used to do fun things with girlfriends and participate in afterschool activities with children Used to like her job

When we use the table above, we can start to see areas where we need more information. Suzanne’s therapist continues to ask about her life. She learns that Suzanne has always been shy but has a small group of friends with whom she is close. However, recently she has been avoiding her friends, as she is just too tired to go out. Her husband is the main salary earner, and she feels guilty about asking him to help more in the home since she earns less than he does. She used to like work, but this year she changed schools. She has had trouble fitting into the new school; she feels different from the other teachers, who seem to form a tight group. In her previous school she was active in the school play, but she has been hesitant to volunteer for afterschool activities at her new school, where everyone seems to know each other. She reported that apart from lack of energy and being tired, her health was good and she had no problem with alcohol or drug use. She also indicated that generally, while they would like more money, finances were not a major problem. Between work and taking care of the children, she has no time for hobbies or recreation, though she enjoyed doing the school play last year.

Suzanne indicated that she had not experienced any major stressors or changes other than her new job in the past few years. However, her mother-in-law, who used to babysit the children, had some health problems and was

no longer able to help. Her daughter has had chronic ear infections. Suzanne often had to take time off from work to care for her daughter and take her to the doctor. Although her daughter is better, Suzanne is worried about the upcoming winter. Also, Suzanne's best friend, Genia, moved away and she misses her. Suzanne was surprised at the amount of change in her life over the past few years and was able to see that all these changes together had caused a lot of stress.

Let's stop for a moment. At this point we have quite a bit of information. However, we forgot to notice strengths and areas of resilience. This often happens; as therapists, we are so used to thinking about our clients' problems that we sometimes forget to think about their strengths.

UNDERSTAND YOUR CLIENT'S STRENGTHS

Before you can help your client see her strengths, first *you* need to see her strengths. It sounds easy, but it can be hard to see strengths. One way I use to recognize my client's strengths is to remember that good things do not happen by magic. For example, a client of mine said her son "was lucky" because he was asked back for a full-time job after his internship. Stop for a moment—from what you know of the world, what needs to happen in order for a young man to be asked back for a full-time job after an internship? Does a fairy godmother just come and say, "Here is your job"? Her son had to get to work on time, work hard, do a good job, and probably be pleasant to work with. All of these characteristics are reflective of her son's strengths. Now, he also had to be lucky, but luck is rarely enough.

Here are some questions to help you think about your clients' strengths based on the work by Christine Padesky and Kathleen Mooney (2012). You can download these questions in handout form (Questions to Explore Strengths) at http://www.newharbinger.com/38501.

- Are there any areas of your client's life that are going well, or any areas where your client has persevered in the face of difficulties or adversity? *I do not mean just overcoming unusual challenges, but also being able to maintain a routine. For example, Suzanne gets up on time every day, gets her children dressed, gets to work, and has dinner ready for her family. This takes thought, care, organization, and perseverance; it doesn't just happen by magic. It is important to recognize strengths involved in accomplishing everyday activities. It*

can also be helpful to examine strategies people use to persevere in everyday activities.

- Has your client been able to accomplish developmental tasks? *For example, has your client been able to pass school grades, develop friendships, participate on sports teams, or have a steady job? These accomplishments suggest that your client was able to keep commitments, learn new information, and have positive relationships with other people.*

- Does your client have a responsible and caring relationship with either a person or an animal? *Caring relationships involve commitment and putting aside one's own needs.*

- Is your client acting according to her values or goals? *Acting according to values and goals can be difficult and often involves putting aside what you immediately want to do in favor of long-term goals.*

- Is your client accomplished or competent in a specific area? *People often have pockets of achievements and skills. Being competent in a particular area does not have to be a huge achievement; it could be that you are the person who always makes the birthday cakes, or the person your friends turn to for computer help. Frequently the coping mechanisms that people have developed to succeed in these areas can be transferred to other areas of their lives.*

Let's think about Suzanne and see how we would fill in the different categories for both her stressors and her strengths. You can download a Identify a Client's Stressors and Strengths worksheet at http://www.newharbinger.com/38501.

Suzanne's Stressors and Strengths		
	Difficulties or Stressors	**Strengths or Areas of Resilience**
	Often angry with children and	Stable, long-term marriage Caring parent Previously engaged in children's

Family	husband Believes she's no longer a good mother Husband works long hours Mainly responsible for children and home	activities Maintains household routines Provides stable home for family, last year able to care for sick child Parents live nearby, good relationship In-laws live nearby, good relationship
Friends and Social Contacts	Shy Currently avoiding friends	Small group of close, long-term friends
Recreation & Organizations	No hobbies	Enjoyed organizing school play last year
	Difficulties or Stressors	**Strengths or Areas of Resilience**
Work or School	Dreading work New school, avoiding interaction with other teachers Avoiding afterschool activities	Grade four teacher (indicates completed undergraduate and graduate training) Previously enjoyed work Enjoyed colleagues at previous job Participated in afterschool activities (school play)
Health	Daughter has history of ear infections, not currently a problem	Own health is good Does not use alcohol or drugs as coping mechanism Daughter's ear difficulties have resolved
Finances	Earns less than her husband and consequently feels guilty about asking for help	Earns a regular salary Has a job with benefits No particular financial stress
Changes	Change in school Longer commute Mother-in-law no longer babysits Some health problems with her daughter Genia, her best friend, moved away	Despite all of the changes maintaining a stable home Responsible teacher Organized babysitting Recognized difficulties and coming for therapy

Often in the beginning of therapy, clients are very hesitant to notice their strengths. In the next few chapters we're going to talk more about how to use your clients' strengths. Before we continue, ask yourself: how did thinking about Suzanne's problems using the different categories affect your understanding of her problems and strengths? What was it like to consciously notice her strengths?

Agenda Item #5*: Meet Raoul*

It's now time to meet the second client we will be following throughout the book, Raoul.

Raoul is fifty-eight and lives with his wife in a medium-size city. He has three grown children who all live about an hour's drive away. For the past twenty years he has worked at the same job as a government employee in the tax department. His daughter was home for a visit and noticed that he did not seem like himself. He told her that he was not sleeping well and was pretty anxious about work. She suggested that he see a therapist, and he reluctantly agreed. His daughter called and made an appointment for him.

Raoul introduced himself to his therapist with a formal handshake and gave his full name. He walked slowly into the room and lowered himself onto the couch with effort. He gave a small smile and said it was his daughter's idea that he come. His therapist asked how she could help him. Raoul explained that in the past he has had periods when he felt depressed, but he was always able to get over them on his own. Lately he was depressed again, and things were not going well at work. To better understand Raoul's concerns, his therapist used Questions to Explore Your Client's Problems. Raoul said that his problems had started when a younger man was promoted to the job that should have been his. He explained in some detail how unfair the hiring process had been. Since then, he said, he has been having difficulty concentrating at work, and for the first time ever, he recently received a poor work evaluation. He is worried about the work evaluation and what the consequences would be if he receives another one. He stressed that for the past twenty years he has only received good year-end evaluations.

Since the poor work evaluation there has been some tension with his boss. His therapist asked for examples of situations with his boss that were difficult, or projects where he was having difficulty concentrating. Raoul had

trouble giving specific examples of tension with his boss but was able to list the projects on which he was procrastinating.

Raoul's therapist asked about other aspects of his life, but he was very hesitant to talk about anything but his problems at work. Everything else was "fine." He reported that he and his wife "have no problems." He occasionally has a couple of beers when he goes out, but otherwise doesn't drink. He said his health was good. He told his therapist that he was usually shy, but for the past five years he has been part of a bowling league, which his wife had encouraged him to join. His therapist assumed that as therapy progressed and Raoul learned to trust her, she would find out more about the other areas of his life. For the time being, she thought it would be helpful to focus on his work difficulties.

Raoul and his therapist made the following list of problems he wanted to work on:

Feeling anxious

Not completing projects on time

Sleeping poorly

Tension with his boss

YOUR TURN! Raoul's Stressors and Strengths

Consider the information you already have about Raoul in relation to his stressors and strengths. Try to fill in the chart below. You can find my answers in the appendix.

Raoul's Stressors and Strengths		
	Difficulties or Stressors	**Strengths or Areas of Resilience**
Family		

Friends and Social Contacts		
Recreation & Organizations		
Work or School		
Health		
Finances		
Changes		

Exercise 2.1

Practice seeing a client's stressors and strengths.

Agenda Item #6*: Understand Your Client's Psychosocial History*

Most therapists take a history of the presenting problem as well as a general psychosocial history. Some therapists spend a whole session taking a detailed history; others ask for a quick thumbnail overview. Even if you only take a brief history, it's helpful to place your client's current problems in the overall history of her life, being sure to also listen for her strengths and areas of resilience.

Generally, when taking a history you are trying to figure out how your clients' past experiences relate to their current problems. As a CBT therapist, I take a psychosocial history in a similar manner as any other therapist; however, there are two main areas that I emphasize and that might be slightly different from non-CBT therapists. First, therapists usually ask clients how they *felt* about a given event in their past; I make sure that I also ask what it *meant* to them, or what their *thoughts* were at the time. I am particularly interested in the messages my client learned about herself, others, and the

future. Some of the questions I ask are:

- How did you understand this event?
- How did you explain this event to yourself?
- What did this event mean about you?
- What did this event mean about other people?
- What did this event mean about your future?

For example, a client of mine, Lisa, failed grade six when her parents divorced, and she went to live with her grandparents. When I asked if she thought that failing grade six meant anything about her, she replied, “I am not very smart, and without my parents’ help I couldn’t manage.” This is important information. Another client of mine, Michael, was sexually abused by his uncle over a period of three years, starting when he was eight years old. When I asked him how he understood the sexual abuse, he explained that he thought it happened because something was wrong with him and that he can’t trust anyone; he then added that bad things are always going to happen to him in the future. Early messages such as these will influence how your client feels, thinks, and behaves in her current life.

The second area I emphasize is listening for strengths and evidence that my client is competent and lovable. I am starting to gather evidence that I can use later to counter any negative beliefs. Although it is not a hard-and-fast rule, I usually don’t share my perception of my client’s strengths this early in therapy. I have found that if I share my perception of strengths too early, it is just rejected. For example, my client Lisa, who failed a grade the year her parents divorced, mentioned that she passed the next year and completed nursing training. She was also one of the few students in her class to be offered a job immediately upon graduating. I kept that information in my back pocket, so that down the road when we start to explore her belief that she is not smart and can only manage with her parents’ help, I know that I have some evidence to counter that belief.

Agenda Item #7*: Explain CBT*

After you have an understanding of your client's problems and have taken a history, it is time to explain how CBT works. Here is an example of how I might explain CBT. (A copy of Explain CBT to Your Client is available at http://www.newharbinger.com/38501.)

> I have heard a bit about your problems and how they are affecting your life. I want to tell you how I work. I use a CBT model. CBT is a goal-oriented form of therapy. I am going to ask you to set some goals for yourself in therapy and together we are going to focus on working toward them.
>
> Therapy will involve us first understanding your problems by identifying your thoughts, feelings, physical reactions, and behavior and how they fit together. We will then start to help you make some changes by focusing on one of these factors at a time. Since they are all related, a change in one factor will influence all of the other factors.

At this point I often take a situation from my client's life and together we explore her thoughts, feelings, physical reactions, and behavior. For example, in Raoul's case we might pick his discomfort when he has to interact with his colleagues at work. You do not want to choose a situation in which your client has a very strong emotional reaction, as she will be too overwhelmed to listen to you and apply the four-factor model. After exploring a situation using the four-factor model, ask if this makes sense to your client.

If you are working with children or teens, there are many wonderful games you can use to explain how thoughts can influence feelings, physical reactions, and behavior (see, for example, Kendall, Choudhury, Hudson, & Webb, 2002; Stallard, 2005).

Video 2.2

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to Clinical Examples

Complete the following exercise.

▼

Exercise 2.1: Ruda Attends Playgroup

Apply What You Learned to Your Own Life

Try looking at your life in terms of your own stressors and strengths.

Homework Assignment #1 Explore Your Own Stressors and Strengths

Use the table below to write down your stressors and strengths. Writing them down is important as it helps you step back and look at them. Did you learn anything about yourself?

My Own Stressors and Strengths		
	Difficulties or Stressors	**Strengths or Areas of Resilience**
Family		
Friends and Social Contacts		
Recreation & Organizations		
Work or School		
Health		
Finances		

Changes		

Apply What You Learned to Your Therapy Practice

For the next assignment, think of a client you will be seeing this coming week and identify a problem he or she is currently working on.

Homework Assignment #2Explore a Client's Problem

Look at the three questions below from Questions to Explore Your Client's Problems. Complete the following table using the information you already have. What did you learn from this exercise?

When you see your client, ask the necessary questions to fill in any missing information. Take a moment to reflect on what you learned from asking about the additional information.

Client:

Client's Problem:

Explore Your Client's Problems		
Question	**Client's Response**	**Was this a helpful question? If yes, how was it helpful?**
How has the problem affected your client's life?		
Is your client avoiding any situations because of the problem?		
How has your client coped with the problem?		

Homework Assignment #3Choose a Question to Explore a Client's Problem

Choose one of the three questions above that you have rarely or never used, and that you would like to practice using, or choose a different question from Questions to Explore Your Client's Problems. This coming week, use the question you chose with two different clients. Be sure to notice each client's response and the information you obtained. You can use the following table to record your experience.

Question You Want to Practice:		
Client	**Client's Response**	**Was this a helpful question? If yes, how was it helpful?**
Client #1:		
Client #2:		

Homework Assignment #4Identify a Client's Difficulties and Strengths

Choose a client you are currently working with and see if you can identify his or her stressors in the following areas: family, friends, recreation/organizations, work/school, health, finances, and any recent major changes or stress. Now look at Questions to Explore Strengths. See if you can identify any strengths and areas of resilience. Complete the table below. After you have completed the table, ask yourself how the exercise impacted your awareness of your client's stressors and strengths.

Identify a Client's Stressors and Strengths		
	Difficulties or Stressors	**Strengths or Areas of Resilience**

Family		
Friends and Social Contacts		
Recreation & Organizations		
Work or School		
Health		
Finances		
Changes		

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: Develop a good therapeutic relationship.

- How are your client's thoughts important in developing an empathic relationship?

Agenda Item #2: Understand your client's presenting problems.

- What are two questions that would be helpful in exploring your client's presenting problems?

Agenda Item #3: Meet Suzanne.

Agenda Item #4: Understand your client's stressors and strengths.

- What are three categories you want to cover in exploring your client's

current life situation?

- What are two questions that would be helpful in exploring your client's strengths?

Agenda Item #5: Meet Raoul.

Agenda Item #6: Understand your client's psychosocial history.

- When taking a psychosocial history, what two areas might a CBT therapist emphasize that other therapists might not?

Agenda Item #7: Explain CBT.

- How could you explain CBT to your clients?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

Chapter 3

Develop Goals for Therapy

In chapter 2 we focused on assessing your client's problems and strengths and on how to explain CBT. Did you try using Questions to Explore Your Client's Problems? Did you see your client's strengths differently after using any of these questions? I am curious whether you have started noticing your own thoughts. Has this made a difference in your life?

When clients complete their homework, therapy is more effective and clients are more likely to make real changes in their lives (Rees, McEvoy, & Nathan, 2005). Similarly, the extent to which you incorporate CBT into your own work will depend on how much you use the material in the book and practice. The homework at the end of each chapter is simply a structure for encouraging you to practice.

If you did not have a chance to do the homework from chapter 2, try to identify what factors got in the way. Maybe you did not see any clients, or you were particularly busy. Sometimes therapists' thoughts get in the way of trying the homework with their clients. Did you have any of the following thoughts?

- I don't need to do the homework, or I already understand the material.
- The homework is not relevant to my clients, or if I try the CBT homework, my clients will react negatively.
- I will feel awkward doing the homework.

Did any of these thoughts stop you from doing the homework and practicing your CBT skills? Did you have other thoughts that got in the way of practicing? The reality is that you won't know whether doing the homework is helpful unless you try. What if you were surprised and the homework really helped? If you are worried about feeling awkward the first time you try an intervention, you are right; you probably will feel uncomfortable because you are doing something new. I would guess that the

first time you tried any new skill you felt awkward. What would your life be like if you gave up whenever you felt awkward?

What would help you complete the homework for this chapter? Remember, the more you practice, the easier it will be. If you did not do the homework from chapter 2, before starting this chapter, try these two exercises:

> Think of a client with whom you are currently working. Try to think of both the stressors and the strengths in his or her life. Look at Questions to Explore Strengths from chapter 2 for ideas of good questions to ask yourself to assess his or her strengths.
>
> If you have not started noticing your own thoughts, choose a recent situation in which you had a moderate to strong emotional reaction. Take a moment to remember your thoughts at the time. Try to write them down. How did noticing your thoughts affect your reaction?

Set the Agenda

CBT is an active form of therapy where the therapist and client set goals in the beginning of therapy and work toward these goals.

> **Agenda Item #1:** Set goals.
>
> **Agenda Item #2:** Develop specific, measurable goals.
>
> **Agenda Item #3:** Which goal do I focus on first?

Work the Agenda

Goals are different from problems. Problems describe what is wrong in your client's life. Goals are how your client would like his life to be different, or what he would like to work toward. Setting effective goals is a key element in CBT.

Agenda Item #1*: Set Goals*

It is important that the therapist and client agree on the goals they are going to work on, or the sessions will tend to wander and feel as though nothing is getting accomplished. In addition, the therapy relationship is strengthened when your client feels that you understand his goals and that therapy is going to focus on those goals that are important to him.

Having goals in therapy is similar to starting out on a road trip. If someone asks me which road I want to take, I have to first know where I want to end up. The road I would choose to get to Toronto is different from the road to Detroit. The more specific and clear the goal, the more I can plan how to get there. Goals give direction to therapy.

Clear Goals → Focused Therapy → Effective Therapy and Satisfied Clients

WHAT IF MY CLIENT HAS MORE THAN ONE PROBLEM?

If a client identified two problems, you would most likely set goals for both problems and then focus on the one he identified as his first priority. However, clients often have multiple problems. In this case, you and your client need to pick one or two problems that he wants to work on first and develop goals for those problems. Later in therapy, when the client is ready to start working on a new problem, you would develop goals for the new problem. Often as therapy progresses, goals change.

I encourage my clients to write down their goals. It makes their goals more concrete, and it gives us a written document to refer back to. Most importantly, research indicates that setting goals early in therapy significantly increases client satisfaction and the likelihood of a positive outcome (Safran & Wallner, 1991).

EXPLAIN GOAL SETTING

Below are some suggestions for how to introduce goal setting with new clients as well as current clients with whom you have been working for some time but had never set goals. You can download a handout with these prompts (Explain Goal Setting) at http://www.newharbinger.com/38501.

When explaining setting goals to a new client, you might start with the following:

> What I would like to do next is spend some time exploring your goals for therapy. I find that having clear goals gives therapy a sense of direction. I would like to start with identifying goals for the first problem you said you would like to work on.

The explanation would start off differently for a current client with whom you had not set goals at the beginning of therapy:

> I have been thinking about our sessions. At this point, I think it would be helpful for us to spend some time thinking about your goals, and what you would like our future sessions to focus on. Setting goals can be helpful in giving therapy a sense of direction.

But from that point on, the explanation would be the same with both clients:

> I also want to spend some time making your goals as specific as we can, as I find the more specific the goal, the more helpful it is. Specific goals can also help us measure whether therapy is working for you. As we talk about each goal, I would like to write it down. Would that be okay with you?

YOUR TURN! Practice in Your Imagination: Explain Setting Goals

▼

I am going to ask you to imagine explaining goal setting first with a new client and then with a current client. Before you start this exercise, rate from 1 to 10 how comfortable you feel introducing setting goals with your clients, with 1 being very comfortable and 10 being very uncomfortable. At the end of the exercise, rate your level of comfort again to see whether it changed. Now, let's try the exercise.

Practice with a new client. Imagine yourself in your office with a new client. Take a moment to look around; notice the sounds and smells of your office. Now, imagine that you have just gone over your client's problems and you want to introduce goal setting. Read over how I suggested explaining goal setting while imagining yourself saying the words. You can also use your own phrases. Really hear and feel yourself explaining goal setting. Now imagine explaining goal setting two more times with the same client. Each time imagine that your client responds positively.

Practice with a current client. Choose a current client who you think would benefit from setting goals, and who you also think would like the approach. Try to get a picture of him or her in your mind. Now imagine yourself in your office. Read over how I suggest explaining goals with a current client while imagining yourself saying the words. You can also use your own phrases. Now imagine explaining goal setting two more times more with the same client. Each time imagine that your client responds positively.

Agenda Item #2*: Develop Specific, Measurable Goals*

Once you have introduced goal setting, you need to help your client develop more specific goals. The more specific and clear the goal, the more helpful it is. However, what do we mean by specific, measurable goals?

WHAT ARE SPECIFIC AND MEASURABLE GOALS?

Clients often start with very general goals, such as "I would like to be less depressed [or less anxious]," "I would like to have better self-esteem," or "I

would like to have a better relationship with my partner." The problem with these general goals is that you don't have a specific idea of how your client wants his life to be different, nor does your client have any way of knowing whether he is on his way to achieving his goals. Goals that are specific and measurable give therapy a direction and provide a yardstick for measuring whether therapy is on the right track. The easiest way to understand the difference between general and specific goals is to look at some examples.

Examples of Goals	
General Goals	**Specific, Measurable Goals**
Be more assertive.	Talk to my partner about some of my concerns about our relationship. Set more limits with my boss (e.g., tell my boss that I can't take on new clients; ask my boss not to regularly call me on weekends or evenings). Express my opinion when I am out with friends.
Be less anxious.	Give a presentation at work. Don't check on my kids as much (e.g., don't phone them on their cells if they are 10 minutes late, but wait until they are half an hour late; only ask once a night whether their homework is done). Don't blow up over little things, like my husband forgetting to pack the children's lunch.

YOUR TURN! Identify Specify, Measureable Goals

At first the difference between a general goal and a specific, measurable goal can be hard to identify. Look at the goals below and decide how you would rate them. You can find my answers in the appendix.

Assess Whether the Goal Is General or Specific and Measurable	
Goals	**Is This Goal General or Specific and Measurable?**
Talk to my boss about getting paid for working overtime	

Be less demanding of my friends	
Stop smoking by the end of the month	
Take better care of my health	
Get along better with my parents	
Do a pleasant activity with my partner on a weekly basis	
Learn better parent management skills for when my eight-year-old has a temper tantrum	

Let's look at two of the above goals in detail. The goal "talk to my boss about getting paid for working overtime" is a specific goal. We know exactly what behavior the client wants to do and we can measure whether he was able to do the behavior. The goal "be less demanding of my friends" is a general goal. Since we don't know what specific thoughts, feelings, physical reactions, or behaviors the client would like to increase or decrease, we will have no way of knowing whether the client was successful in working toward this goal.

HELP YOUR CLIENT DEVELOP SPECIFIC AND MEASURABLE GOALS

It can be challenging to move your client from general goals to more specific goals. Below are some questions that can help. You can download them in handout form (Questions to Develop Helpful Goals) at http://www.newharbinger.com/38501. You can substitute one of your client's general goals for "less depressed."

Question 1: Are there specific situations that you would like to be handling differently? How would you like to behave in these situations?

Question 2: If you met your goal (e.g., to be less depressed), what

would you be doing differently? Or how would you be reacting to situations differently?

Question 3: If you met your goal (e.g., to be less depressed), how do you think your life would be different?

A client of mine, Barbara, came to therapy because of low self-esteem and "wanting to like myself more." When I asked, "If you liked yourself more, what would you do differently?" she paused and responded, "I have never thought about that." She was able to list a number of specific issues, including applying for a promotion, not saying yes to her girlfriends in situations where she thought they were taking advantage of her, and standing up to her mother. We explored each goal. At the end she turned to me and commented, "You really heard me. I feel that we have something specific to work toward."

When developing specific goals, you don't want to be rigid. If your client wants to keep a general goal that is meaningful to him, I would keep it, but try to add some more specific goals to guide therapy.

RAOUL'S GOALS BECOME MORE SPECIFIC

One of Raoul's initial goals was to be less anxious. This is a good general goal. Let's see how Raoul's therapist uses Questions to Develop Helpful Goals.

Therapist: Being less anxious is a good general goal, and a good place to start. I think it would be helpful if you could be a bit more specific or concrete.

Raoul: What do you mean?

Take a moment and think about how you could you use Question 1 to make Raoul's goals more specific.

Therapist: I think it would be helpful to think of some specific ways that we could know you were on your way to achieving your goal. For example, are there any particular situations where you would like to be less anxious? (Question 1)

Raoul: I guess at work, I am just really stressed.

Raoul's goals are starting to be more focused, but we still do not have specific, measurable goals. How could you use Question 2 to make Raoul's goals more specific?

Therapist: If you were less anxious about work, I am wondering what you would be doing differently? (Question 2)

Raoul: Mainly I wouldn't procrastinate over my big projects.

Raoul is starting to be more specific. Take a moment to think about how you could use what he just said and turn it into a goal.

Therapist: Might one goal be to stop procrastinating on your big projects?

Because Raoul did not explicitly state this as a goal, his therapist used the term "might" when she turned Raoul's words into a goal. Using "might" permits Raoul to disagree with his therapist.

Raoul: Definitely.

Raoul has made the goal more specific, but it would still be hard to measure. How could you use Question 2 to make Raoul's goals more measurable?

Therapist: If you stopped procrastinating, what would you like to do differently? (Question 2)

Raoul: I would stop avoiding my colleagues on the project, get down to work, and talk to my boss about the project.

Therapist: It sounds like some of your goals might be to stop avoiding your colleagues, talk to your boss about the project, and get down to work.

Raoul: Yeah, those would be good goals. I am not sure that I want to talk to my boss, but it would be good to start the project.

Therapist: It seems that a first goal might be to contact your colleagues and start work on the project, and then a longer-term goal might be to talk to your boss. Does that sound right?

The therapist realized that talking to the boss might not be Raoul's goal at

the moment. The therapist wondered whether breaking the goals down into immediate and longer-term goals was more in line with what Raoul wanted.

Raoul: (*looking a bit more energetic*) Yes, I think that would be very helpful.

Therapist: Those are good goals. Let's write down the goals we have talked about so far and then see whether there are any other ones. When you think about what we just talked about—how would you write out the goals?

Notice that the therapist gives Raoul positive reinforcement for developing good goals.

The therapist and Raoul continue to explore his general goal "be less anxious at work." They develop the following list of specific goals:

Raoul's Goals:

- Cope better at work, particularly concentrate on my work and get my projects done on time.
- Socialize with people at work the way I used to. This includes talking to people, having lunch in the lunchroom, going out for lunch, and chatting in the hallways.
- Not get anxious every time the boss talks to me.
- Start to like work again.

You will notice that some of Raoul's goals are very specific and measurable, for example, "get my projects done on time." Some of the goals are still fairly general, for example, "start to like work again." The therapist thought they had made a good start and did not want to push developing specific goals too much, as they were just forming a relationship. The specific goals could be used immediately to give direction to therapy, and the more general goals could be worked on later in therapy.

YOUR TURN! Help Suzanne Make Her Goals More Specific

Imagine that you have just introduced goal setting to Suzanne. Try to help Suzanne set specific goals that can be measured.

Suzanne: Well, to start, my main goal is to be less depressed.

Look at the three possible responses below and pick the one that will help Suzanne develop a more specific goal:

I am so glad you are willing to work on your depression. What could you do to be less depressed?

I hear how down you are feeling. You have a lot going on in your life. I am impressed that you came for help. It is an important first step.

That sounds like an excellent goal. It is pretty broad. If you were less depressed, how do you think your life would be different?

Response #3 is the most likely to help Suzanne develop a specific goal and to start thinking about what she would like to be different in her life. Response #1 starts to problem solve. This is too early in therapy. Response #2 is a supportive comment, but it does not help Suzanne become more specific.

Therapist: That sounds like an excellent goal. It is pretty broad. If you were less depressed, how do you think your life would be different?

Suzanne: Well, I would go out more for sure and not just want to stay home all the time.

Ask yourself whether "go out more and not want to stay home all the time" is specific enough. Look at the three possible responses below and pick the one you think will help Suzanne be more specific.

I hear you would like to go out more. Did you used to go out more? What

are some of the things that are in the way of you going out more now?

If you were to go out more, what are some of the things that you would like to do?

I hear you would like to go out more. Can you tell me more about that?

Response #2 is most likely to focus the client on identifying specific activities she would be doing. Response #1 starts a problem-solving process without being clear what "going out more" refers to. Response #3 is too vague. You might get helpful information, but Suzanne may also talk about being depressed in a general manner.

Therapist: If you were to go out more, what are some of the things that you would like to do?

Suzanne: Well, for sure taking my kids to some of their activities, probably seeing friends, maybe going out with my husband.

Suzanne and her therapist continue to explore her goals and what might be some good indicators that she is on the path to feeling less depressed. Here are the goals that Suzanne and her therapist developed:

Suzanne's Goals:

• Fit into the new school. Try to make friends with the other teachers and join some of the extracurricular activities.

• Not be so overwhelmed, but feel I am managing more; better morning and afternoon routine.

• Not yell at the kids so much and play with the kids more.

• Have good times with my husband and not be so angry all of the time.

• Reconnect with my friends.

• Enjoy my husband and children, start to do some fun things with them.

• Have more energy, not be tired all of the time. (As part of this goal Suzanne agreed to look at lifestyle issues. Depending on the client, this

might include smoking, alcohol consumption, exercise, diet, and sleep hygiene.)

When you look at Suzanne's goals, you will see that some are still very vague, such as "have more energy"; however, some are concrete and specific. You'll also notice that some of the goals are stated in the negative and involve what Suzanne wants to stop doing, for example, not be angry all of the time, and some are positive goals, or what she wants to do. If your client has a negative goal, it is important to balance it with a positive goal.

Exercise 3.1

Practice using Questions to Develop Helpful Goals.

Agenda Item #3*: Which Goal Do I Focus on First?*

The third stage in goal setting involves choosing where to begin. The therapist can simply say, "Let's look over your goals and pick one to start with." Frequently a client's goals are interrelated, in which case it will be possible to work on more than one goal during a therapy session. For example, many of Raoul's goals are related to work. You want to start with goals that are doable and where there is a good chance of success. When therapy helps clients make changes in their lives, clients become more committed to therapy and more hopeful that their lives can improve.

When Suzanne and her therapist looked at her goals, Suzanne's first priority was to fit into her new school and try to make some friends among the other teachers. Her second goal was to do some fun things with her children and husband. Suzanne's therapist thought these were good places to start and that it might be possible to address both goals early on in therapy.

Video 3.1

Homework: Practice CBT

Before moving on to the next chapter, take some time to try the homework.

Apply What You Learned to Clinical Examples

Complete the following exercise.

▼

Exercise 3.1: Miriam Wants a Better Marriage

Apply What You Learned to Your Own Life

Before practicing this week's skills with your clients, let's start with focusing on your own goals.

Homework Assignment #1 Set Goals for Yourself

Step 1: Take a moment to think about what you hoped to learn when you started reading this book. How did you hope to change your therapy practice? Now think about how you would like your life to be different. Identify one goal for yourself in relation to learning CBT and one goal in relation to your personal life.

Step 2: Try to make your goals more specific and measurable by using Questions to Develop Helpful Goals. For each goal, see whether you can identify a measurable indicator that would put you on the road to accomplishing your goal.

Step 3: Complete the following table.

Your Goals			
Your General Goal(s)	**Specific and Measurable Goal**	**What Was It Like to Set Specific Goals?**	**What Did You Learn That Is Relevant to Your Therapy with Clients?**

Apply What You Learned to Your Therapy Practice

Choose both a new client and a current client who you think would be open to setting goals for therapy. If you don't have a new client this coming week, choose two current clients.

Homework Assignment #2 Set Specific Goals with Your Clients

Complete these steps with each client you selected.

Step 1: Ask your client to identify his or her goals for therapy.

Step 2: Ask your client to pick the goal that is most important to him or her. Help your client make the goal more specific and measurable by using Questions to Develop Helpful Goals. See whether you can identify a measurable indicator that would put your client on the road to accomplishing his or her goal.

Step 3: Complete the following table for a new client and a current client.

	Help Your Client Set Specific Goals		
Client's General Goal	**Specific and Measurable Goal**	**How Did the Client React to Setting Specific Goals?**	**What Did You Learn?**
Client #1			
Client #2			

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: Set goals.

- How could you introduce setting goals in therapy with a new client and with a current client?

Agenda Item #2: Develop specific, measurable goals.

- What is an example of a specific, measurable goal?

Agenda Item #3: Which goal do I focus on first?

- How might you decide which goal to start with?

What Was Important to You?

What idea(s) or concepts would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try with a client this coming week? (Choose a specific client.)

Chapter 4

Structure Your Sessions

Did you have a chance to try setting goals with a new or current client? Did you try any other homework assignments from previous chapters? When you think of the interventions that you've tried, what would you like to continue doing?

If you did not have a chance to try setting goals, take a moment and identify what obstacles got in the way. Choose a specific client you will see this coming week who you think would be open to setting goals. Now imagine yourself in your office setting goals with this client, and then try it!

Set the Agenda

We have identified your client's problems, taken a history, explained the CBT model, and set goals. This usually takes between one and two sessions. You are now ready to start addressing your client's problems. In this chapter, I want to focus on how to structure or organize your therapy sessions.

Agenda Item #1: Organize your therapy sessions.

Agenda Item #2: Start with a check-in.

Agenda Item #3: Collaboratively set an agenda.

Agenda Item #4: Work the agenda.

Agenda Item #5: Develop helpful homework for the next session.

Agenda Item #6: Review the session and ask for feedback.

Work the Agenda

Research shows that having a structure, and in particular setting an agenda, keeping to the agenda, and giving homework are key factors in effective

therapy (Shaw et al., 1999). Many of my students tell me that structuring a session is one of the most helpful CBT skills that they learned; I think you will also find it helpful.

Agenda Item #1*: Organize Your Therapy Sessions*

A structured session means that there is an order and organization to the therapy session. Here is a brief overview of the five basic components. I will go over each one in more detail later in the chapter.

Check in. This is a quick update on what has happened since the previous session and includes a bridge to the previous session.

Set the agenda. You and your client decide together which problems to focus on in the current session. Homework from the previous session can be reviewed during the check-in or as part of the agenda-setting process.

Work the agenda. This involves addressing the identified problems on the agenda.

Homework. You and your client collaborate to develop homework for the following session.

Review. At the end of the session you briefly review with your client what was covered in the current session and ask your client for feedback.

At first, covering all of these components in one session may seem like a lot. However, once you get used to using a structure, it will flow naturally; my prediction is that you will wonder how you ever worked any other way. Learning to use a structure is similar to learning to drive a car. When I first learned to drive I was quite overwhelmed with how much I had to do all at once. I remember the first time I parked my parents' car in the garage. I was so focused on not putting too much pressure on the gas, remembering where the brake was, and making sure that I did not hit anything on the right side that I scratched the whole left side of the car on the garage wall. I didn't even

have the necessary reflexes to hit the brake. With practice, driving became easy; and, you will be happy to know, I have not smashed into any walls in years! Just as driving is now a routine activity for me, using a structure will feel like the normal way of working once you have practiced with a few clients.

YOUR ATTITUDE TOWARD A STRUCTURED SESSION

Some therapists immediately like the idea of a structured session; others have negative reactions such as *I will find a structure too rigid*, *My clients won't like it*, and *It will interrupt the flow of therapy*. However, I believe that after you try structuring sessions with a few clients you will start to think, *Structure gives my therapy more focus*, and *My clients will like having a chance to let me know what they want to focus on*. Take a moment to notice your own thoughts about using a structure.

EXPLAIN THE STRUCTURE OF THE THERAPY SESSION TO YOUR CLIENT

Explaining the structure of a therapy session will help your client feel more comfortable, as she will know what to expect. I think of therapy as similar to visiting a foreign country. If you don't know the customs, and you don't know what to expect, you will be uncomfortable. When I was in my twenties I spent a year in Indonesia. I remember the first time I went to an Indonesian wedding. I walked into the room, looked around, and had absolutely no idea what to do. To say the least, I felt very awkward. I can still remember my relief when my friend who had invited me took my arm, gently sat me down, and explained what was going to happen and what I needed to do. Explaining the structure of therapy is similar to explaining the customs of a foreign country. Your clients will be more relaxed and trusting if they know what to expect. You can find a Explain the Structure of a Therapy Session handout at http://www.newharbinger.com/38501.

Explain the structure of a therapy session with a new client. Here is an example of how you can explain structuring a session to a new client. I explain both what I am going to do and why.

> We've spent some time getting an idea of your problems and setting goals for therapy. I want to explain how I'd like to structure the actual therapy sessions. Each week when you come

> in I want to start with a brief check-in so that you can bring me up to date on anything that has happened in your life since our last session and we can get a sense of how you are doing. Then I want to make a list of what you would like to talk about during our therapy session. I find this helps make our sessions more focused, and that way I can be sure that we talk about what is most important for you. I call this setting an agenda. Often you and I will have decided on some homework that you are going to try in between sessions. If you had any homework, I will check on how it went. At the end of the session, we'll spend some time summarizing what we've covered and make sure that we are on the right track for you. We will also see if there is any homework that makes sense for you to try before our next session. How does that sound to you?

Most clients just say "Fine," after which I say, "Let's start. Could you bring me up to date on how your week has been and then we can see what you would like to focus on today?" With a new client, this is a straightforward process, and it almost always goes smoothly.

Explain the structure of a therapy session with a current client. If you have not been using a structured format, you may feel awkward about introducing a structure with a current client. Here is an example of how you could begin.

> I've been thinking about our sessions, and I would like to try something new today. I thought we would start with a brief check-in, so that you can bring me up to date on anything that has happened in your life since our last session and we can get a sense of how you are doing. I would then like to make a list of what you would like to focus on during our therapy session today and decide which issue you would like to start with. I think this will help focus our sessions, and that way I can be sure that we talk about what is most important for you. At the end we'll spend some time summarizing what we covered and see how you liked working this way.

Notice I am very clear about what we will do and that I will check whether my client likes this new way of working. My guess is that almost all of your clients will find having a structure helpful. Once you have explained setting a structure, it becomes a normal part of therapy. Clients who are used to the structure tend to spend time before the session thinking about what they want to talk about. Therapy becomes more focused; clients usually come in with one or two agenda items. When a client is used to a structured format, I start with, "Hello, good to see you. I want to check in and see how you have been doing, see what you would like to focus on today, and check how your homework went."

Your Turn! Practice in Your Imagination: Explain How a Session Is Structured

▼

I would like you to imagine explaining how a session is structured, first with a new client and then with a current client. Before you start this exercise, rate from 1 to 10 how comfortable you feel explaining structuring a session with both a new and a current client, with 1 being very comfortable and 10 being very uncomfortable. At the end of the exercise, rate your level of comfort again to see if it has changed. Now, let's try the exercise.

Practice with a new client. Imagine yourself in your office with a new client. Take a moment to look around; notice the sounds and smells in the room. Now imagine you want to explain how you would like to structure the sessions. Read over how I explain structuring a session with a new client while imagining yourself saying it. You can also use your own phrases. Really hear and feel yourself explaining how you want to structure the therapy sessions. Now imagine explaining how you want to structure a session two more times with the same client. Each time imagine that your client responds positively.

Practice with a current client. Choose a current client who you think would benefit from, and would like, a structured approach. Try to get a picture of him or her in your mind. Now, imagine yourself in your office. Read over how I explain structuring a session with a current client while imagining yourself saying it. You can also use your own phrases. Now imagine explaining setting a structure two more times with the same client. Each time imagine that your client responds positively.

Agenda Item #2*: Start with a Check-In*

The check-in is an opportunity to get a general sense of how your client is doing, find out if there have been any new developments in her life, and check on any issues that were raised in the last session. That way, if there have been any major events, or changes in your client's life, you know about them right from the beginning of the session.

Below is a review of the main components of the check-in that are covered in most sessions. Depending on the flow of the session, you may not necessarily complete the components in the order below.

- Check whether there are any new developments in your client's life and generally how your client has been since the last session.
- Rate your client's overall mood since the previous session.
- Bridge to the last session and ask about any issues you are concerned about.
- Review the homework from the last session.
- Identify possible agenda items.

Let's look at the different components.

Check how your client has been since the last session. You want to know if there have been any changes since the last session and generally how your client has been feeling. If there has been a change in my client's mood, either for better or worse, I follow up with asking whether anything has changed or

how my client understands the change in her mood.

Ask your client to rate her mood. I usually ask my clients to rate their overall mood since the last session. Most non-CBT therapists are not used to rating moods—try it and see whether you and your clients find it helpful. Use a scale of 1 to 10, with 10 being the worst your client has ever felt, and 1 being very happy. Rating helps your client engage in a process of self-reflection. It also gives you a quick sense of how your client is doing and if she is better, the same, or worse since the last session.

Let me give you a quick example of how rating your client's mood can be helpful. When I started working with Donald, his depression was at a 10 and we wondered whether he should be hospitalized. After about six months of therapy, Donald had significantly improved, and his moods were generally in the 4 to 5 range. He had been away and I had not seen him for over two weeks. He started his session saying he had been very depressed for the past two weeks, and he was scared that he would need to be hospitalized. He rated his overall mood at an 8. Realizing he was at an 8 and not a 10 helped him feel less frightened and enabled him to focus on the issues related to his increased depression.

Bridge to the last session. This is an opportunity to follow up on any issues from the previous session, including asking about specific areas in your client's life that you are worried about. For example, if I have a client who has been suicidal, during the check-in I ask about current suicidal thoughts and behavior. If a client is working on a specific issue, such as reducing weekend binge drinking or stopping cutting herself, even if the client doesn't mention drinking or cutting, I will ask as part of the check-in. This provides a sense of continuity to the work of therapy.

Review the homework. The check-in is a good time to review any homework, though some therapists review homework as part of setting the agenda. A large meta-analytic study (Mausbach, Moore, Roesch, Cardenas, & Patterson, 2010) found that homework completion was significantly related to a positive outcome in therapy. This means we need to do everything we can to encourage our clients to complete their homework.

Asking about and reviewing homework tells your client that homework is important and encourages completion.

If your client completed her homework, give positive feedback and indicate that it is important. Check what she actually did as well as the outcome. Clients don't always understand the homework in the same way you intended it. You then want to ask what your client learned from doing the homework.

If your client did not complete the homework, explore what got in the way. I usually ask my client what might help her complete homework in the future. If possible, we spend some time completing the homework task in session. At the end of the session, I spend extra time making sure the homework for the coming week makes sense to my client. Later in this chapter we are going to talk about how to develop effective homework.

Identify possible agenda items. Issues raised in the check-in are often good issues to put on the agenda for the therapy session. For example, if a client tells you that she is thinking of breaking up with her boyfriend, or that she impulsively spent too much money on clothes again, you can say, "I want to check if this is something that you would like to talk about today" or, "Is this something that we should put on the agenda?" It is important to check, as sometimes when asked, clients realize that this is not really what they want to talk about.

KEEP THE CHECK-IN FOCUSED

The challenge with the check-in is to keep it short and focused. This means that rather than immediately exploring an issue your client brings up, you need to contain the client and make sure this is what she wants to address in the therapy session. For example, imagine that during the check-in your client starts giving a long and complicated example of a difficulty she is having with her child's teacher, and you have not yet set the agenda. You might say, "I think this is an important topic. However, before we talk more about it, I want to make sure this is what you want to focus on today and see whether there are any other issues." If you have explained to your client that she will set the agenda at the beginning of the session, she will find it normal that you stop and check what she wants to talk about. She may say, "Yes, this

is the main issue." In that case, you have your agenda. The check-in is a balance between exploring issues enough to have some understanding of the issue and make sure there is no immediate crisis, and not letting the check-in take the whole session.

Here are some phrases that I have found helpful in keeping my client focused during the check-in:

- That sounds like a really important issue. Before we talk more about it, I want to check if there is anything else that happened this week or anything else you want to bring up in therapy today.

- That sounds pretty upsetting, and it would be important to talk more about it. Before we go into more detail, I want to be sure I get an overall sense of how you have been since our last session.

- I can see how upsetting that would be. I want to write it down to be sure we get back to it, but I also want to check up on what we talked about last week.

When a client comes in and starts talking about an important situation in her life, it can be hard not to get pulled into starting therapy and forget about finishing the check-in or setting an agenda. You can be straightforward and simply say, "I just realized that we started talking about this issue, and I never asked if this is the main topic you want to talk about today."

A word of caution: while CBT sessions follow a set structure, it is important to be flexible and sensitive to your client's needs. For example, if a client starts a session by sobbing as she tells me about an awful event that just occurred, of course I would not rigidly keep to a structured session. I listen empathically, assess her immediate needs, and help her deal with her overwhelming emotions. However, after I have listened to what happened, if the client is calmer, I might say, "I want to talk more about this. But I also want to double-check whether there is anything else you want to talk about today." I have often been surprised that even if my client is in the middle of a crisis, there may be additional issues she wants to address.

SUZANNE'S THERAPIST STARTS WITH A CHECK-IN

Let's look at an example of how a check-in might work. This is

Suzanne's fourth session and her therapist has already explained using a structured session. Before reading the dialogue below, ask yourself: how would you start the session?

Therapist: Hello, good to see you. I would like to check in, see how your week has been, make a list of what you would like to focus on today, and hear how the homework went.

Suzanne: (*looking downcast*) Well, my week has been pretty much the same and pretty awful. I did the homework and have it here.

Suzanne's therapist wants to follow up on the homework but also wants her to rate her mood and continue with the check-in.

Therapist: It's great that you did the homework; I want to follow up on it, but first I want to get an overall sense of your week and check what we need to focus on today. Is that okay with you? (*Suzanne nods.*) I was wondering…if you were to rate your mood over the past week, where would you put it?

Note how the therapist redirects Suzanne to the tasks of the check-in.

Suzanne: Probably overall a 7; I just felt really down a lot of the time.

Therapist: So the same as last week. Were there any times that were particularly hard, or any times when your mood was better?

Suzanne: I'm not sure, I was pretty down most of the week. Home is still the same. I can't stand the new school. I think the teachers are really awful. No matter how hard I try, I just don't fit in. (*Sounding more upset and agitated.*) One of the teachers asked me what I do at lunch, since she never sees me in the lunchroom. I didn't know what to say.

This could be a good issue to focus on in therapy as it relates to Suzanne's goal of "trying to fit into the new school." However, it is also not a crisis issue and other issues might be more important. Notice her therapist did not respond, "How did you feel when she asked you what you do at lunch?" or "Tell me more about that," as these responses would encourage Suzanne to keep talking about that incident.

Therapist: Sounds like you were pretty upset by the teacher's comment. Before we talk more about it, I want to check if that was the main thing you wanted to talk about or whether there were other issues.

Suzanne: That just happened this morning. I don't really want to spend time on it; it's not that important.

At this point in the check-in, Suzanne has indicated that there have not been any changes in her life and she has rated her overall mood. There is nothing the therapist wants to raise as a bridge from the last session. The next step is to discuss the homework and set an agenda.

Your Turn! Help Raoul Stay Focused During the Check-In

Let's see how Raoul's therapist uses the check-in.

Therapist: Hello, good to see you. I would like to check in, see how your week has been, see what you would like to focus on today, and go over your homework.

Raoul: (*looking agitated*) I've been really anxious all week. I have a major deadline on a project that's due, and I am way behind. My boss must think I am a total loser. My anxiety is through the roof. I don't know what's the matter with me, I should just do the project.

Look at the three possible responses below. Choose the response that will help Raoul stay focused on checking in.

I can see why you would be anxious. You have done really good work in the past. What makes you think that your boss thinks you are a loser?

Let's see if we can help you with your deadline. What do you need to do to meet the deadline?

Sounds like it would be important for us to look at what is going on with the project. Before we do that, I want to check whether anything else happened this week that is important to you.

Response #3 keeps Raoul focused on the check-in and structure of therapy. His therapist is also demonstrating empathy about the urgency of the project. In response #1, the therapist tries to be supportive but assumes that this issue with the boss is the main agenda item and has not checked in or set an agenda. In response #2, the therapist starts to problem solve without being sure this is the topic Raoul wants to focus on.

Therapist Sounds like it would be important for us to look at what is going on with the project. Before we do that, I want to check whether anything else happened this week.

Raoul: I've been so anxious, I haven't been sleeping, but otherwise nothing is really new.

In this situation you have an agenda item that came from the check-in. Before you start discussing the agenda item, you need to ask Raoul to rate his overall mood during the week, and check if there are any other issues he would like to talk about in therapy. All you need to say is, "Before we talk about your difficulties with the project, I want to do a quick check on how your overall mood has been this past week. How would you rate your mood, from 1 to 10?"

Exercise 4.1

Practice keeping the check-in focused when the client has multiple problems.

Agenda Item #3*: Collaboratively Set an Agenda*

Setting an agenda involves collaborating with your client to make a list of what she wants to focus on in the session. Some therapists think that setting an agenda sounds like a business meeting, but it is actually very client focused. When you set an agenda you are saying, "I care that our therapy focuses on what is important to you, so at the beginning of our session I want to spend a few minutes checking on what you want to talk about." The

process involves the client expressing her needs, and you, the therapist, hearing and responding to her needs. This can be very empowering for your client.

Setting an agenda also sets the expectation that therapy is not just about coming and talking; you expect your client to work on specific problems and to give some thought to what she wants to talk about. You, the therapist, can also add issues to the agenda. For example, if you talked with a teenager's probation officer or parent, this would be a good time to let the teen know and add it to the agenda. It is helpful to write out the agenda and place it where you and your client can both see it. Many therapists have a white board or flip chart in their office, but you can also use a piece of paper.

Clear Agenda → Focused Therapy → Effective Therapy and Satisfied Clients

One of the many things I like about setting agendas is that it helps with what I call "doorknob therapy." Doorknob therapy is when you have finished the session and your client has a hand on the doorknob, ready to leave, and says, "Oh I forgot, I wanted to talk to you about this really important issue." You can then say, "That sounds like an important issue. Can we put it on the agenda for next time, and start with it?" If your client regularly raises important issues at the end of therapy, you can start therapy by saying, "The last couple of sessions it wasn't until the end that you remembered an important issue you wanted to talk about. I thought it might be helpful to take a moment and think about what you want to talk about today." As your client learns to set an agenda for her therapy session, she is taking responsibility not only for her therapy, but also for making changes in her life.

Once you have a list of agenda items, the next step is to ask the client

which issue she would like to start with. If a client has a large number of issues on the agenda, I simply say, “There are too many issues for us to talk about all of them today. Let’s choose two or three and see if we can start to work on them.” It can also be helpful to decide roughly on the amount of time you will spend on each issue. At about the midpoint of the session I usually let my client know the time and ask whether she wants to stay on the issue we are discussing or move to the next issue on the agenda.

Below are some helpful questions for setting an agenda. You can download a Questions to Help Set an Agenda *handout* at http://www.newharbinger.com/38501.

- What would you like to focus on today?
- What shall we put on the agenda for today?
- Should we make a list of what you would like to talk about today, and then choose where you would like to start?

SUZANNE’S AGENDA

Let’s look at how Suzanne’s therapist sets the agenda after they finished the check-in. If you remember, in Suzanne’s case there were no agenda items that came from the check-in.

Therapist: I want to spend a few minutes making a list of what you would like to focus on today. I also want to be sure we spend some time going over the homework, but I want to check whether there is anything else you want to bring up.

Suzanne: Actually, the main issue I want to talk about is that I got an invitation from the principal to a barbecue for new teachers at his home. I’m really anxious, and not sure if I should go.

Therapist: That sounds like an important issue. Anything else you want to talk about?

Suzanne: Actually, yes, I have been really angry with my husband this past week. He promised to take care of the kids on the weekend and ended up working. Those are the two big ones I want to talk about.

Both issues relate to Suzanne's goals. It is just a question of which is more important to her.

Therapist: Between the barbecue and being angry with your husband, where would you like to start?

Suzanne: I think the barbecue, as I've been really worried about it. The issue with my husband doesn't feel as urgent.

Therapist: Would it be okay if we start with looking at the homework, then spend some time talking about the invitation to the barbecue, and if we have time, finish with looking at how angry you have been with your husband?

Suzanne: That sounds good.

RAOUL'S AGENDA

Raoul had identified an agenda item in the check-in. His therapist wants to check whether there are additional issues he wants to talk about in session.

Therapist: I would like to make a list of what we want to focus on today. One issue that you identified is the project that is due; is there anything else you would like to talk about today?

Raoul: Actually, my wife wants to invite her sister to stay with us for a month while she looks for a new job. I'm really upset—what if it takes her sister a really long time to find a job? We can't just let her move in, but we can't say no, she's family. Her sister is a very difficult woman who talks all the time. She expects us to just take care of her.

Therapist: Sounds like it would be important to talk about your wife's sister maybe moving in, too. I just want to check if there is anything else.

Notice how the therapist summarizes the problem to indicate she heard Raoul's concern, but then sticks to setting the agenda.

Raoul: Those are the two. I have to say, the idea of my sister-in-law living with us is not great. She's pretty critical, and I don't think she really likes me. She also puts my wife down all the time.

It is tempting to start talking about the sister-in-law; however, we have not asked Raoul where he *would like to start.*

Therapist: We have two big issues; which one would you like to start with, the project at work or your sister-in-law?

Raoul: I think the project, because if I don't get this project done, I risk another bad work evaluation! It's just all so much.

Therapist: It is a lot. How about if we started with the project? I'll let you know when we are halfway through the session and then we can talk about your sister-in-law.

Notice how the therapist sticks to the structure but adds the empathic comment "It is a lot" to indicate that she heard Raoul's distress.

Agenda Item #4*: Work the Agenda*

Once you have set an agenda and decided on the first item, the next step is to start working on that issue in therapy. One of the challenges is sticking to an agenda item. In my experience, therapy drifts. For example, a client may start talking about her anger toward her father, who criticized her parenting, and drift to talking about her feelings toward her cousin who is moving away. It is easy to stray from the agenda. When you talk with a friend, you drift from topic to topic; however, in therapy you want to focus on a specific problem.

The easiest way to keep your client focused is to point out that she has strayed from the agenda and ask her what she would like to do. You can gently say, "We were talking about your feelings toward your father, and we've moved to talking about your cousin. I am wondering if you want to go back to discussing your father, or if this issue with your cousin is more important." That way, you give your client a choice. However, it is important to be flexible. If your client starts to talk about a painful issue that has been difficult for her to discuss or discloses a traumatic or very distressing event, you follow your client's lead.

Exercise 4.2

Practice keeping to a structured session.

Video 4.1

Agenda Item #5*: Develop Helpful Homework for the Next Session*

Homework is an opportunity for your client to practice in her everyday life what she worked on in therapy. In a meta-analytic study, Kazantzis, Whittington, and Dattilio (2010) found that overall, 62 percent of clients improved when therapy included homework, compared with 38 percent of clients who improved when therapy did not include homework. This seems to me like a pretty compelling reason to include homework in your therapy.

Homework can take many forms. Some examples might be noticing the situations where your client has specific difficulties, asking your client to complete a thought record, or asking your client to try a new behavior.

Clients who complete homework tend to benefit more from therapy (Rees et al., 2005). So, how do you increase the chances that your client will complete her homework? First, be sure to leave between five and ten minutes at the end of the session to plan the homework. Assignments given in a rushed manner tend not to get done. Second, use the following four criteria to develop helpful homework. You can download a Guidelines for Helpful Homework handout at http://www.newharbinger.com/38501.

- Developed collaboratively with your client
- Specific and concrete
- Related to the session
- Doable

Developed collaboratively. Ideally, the homework comes out of a discussion with your client. I often start with asking, “What do you think would be a good way to practice what we have talked about today during the coming week?” While your client may have some good suggestions, frequently it is the therapist who suggests specific homework. It is important to check your client’s reaction to any homework that you suggest. I usually say, “One idea I

had was for you to… What do you think?" My clients often have good ideas about how to modify my suggestions.

Specific and concrete. You and your client need to be clear on what she is going to do for homework. To decide if the homework is specific and concrete, ask yourself: Is there a specific behavior my client is going to try? How often will my client do the homework? Where and when will my client do the homework? For example, "Try to notice your negative thoughts" is not very specific or concrete. A more specific assignment would be, "When you get angry at your teacher in science class, write down the thoughts that go through your mind. Do you think you can do this twice this coming week?" Your client then knows what she will do, in what situation, and how often.

Unless homework is specific and concrete, it is impossible for your client to accurately evaluate whether she completed the homework. For example, Raoul's homework was to start work on a group project he had been avoiding. The next session Raoul reported that he contacted his colleagues and set up a meeting for next Tuesday. Raoul added, "I wasn't able to do the homework; I should have already started the project." If his homework had been to contact his colleagues and set up a meeting, might Raoul have had a different reaction?

Related to the session. Clients are more likely to complete homework that flows from the session. Let's go back to Suzanne. One of her sessions focused on identifying specific situations she found difficult at school. Listening to a relaxation tape would not be an effective homework task. While she might find the tape helpful, it is not related to what she talked about in session. A better homework assignment would be an activity related to the situations she found difficult at school. Effective homework is also related to a client's overall goals.

Doable. Be sure to ask your client whether the homework seems doable and if she foresees any obstacles. If your client does foresee obstacles, problem solve how to overcome them.

Your Turn! Evaluate Suzanne's Homework

In session 6 Suzanne talked about how she has stopped doing almost all of the activities she used to enjoy with her children. Suzanne had been very sad and self-critical during the session and often teary. With only a few minutes left in the session, Suzanne sighed sadly and said, "I have become a terrible mother. I would so like to go back to doing fun things with my children again." Suzanne's therapist responded with, "I would like to give you some homework. I think it would be really helpful if you could try to do some fun things with your children this coming week." Does this homework meet the guidelines for helpful homework? Complete the chart below. You can find my answers in the appendix.

Helpful Homework Guidelines	**Does Suzanne's Homework Meet This Guideline?**
The homework is developed collaboratively.	
The homework is specific and concrete.	
The homework is related to the session.	
The homework is doable.	

Before you look at the dialogue below, what questions could you ask Suzanne so that together you could develop homework that fits the guidelines?

Therapist: We have about five minutes left in our session. You said you would like to start doing some of the fun activities you used to enjoy with your children. Does that give you any ideas for homework this coming week?

It is important to start developing the homework when you have at least five minutes left in the session. Notice that the therapist first asks Suzanne

whether she has any ideas.

Suzanne: No, not really.

Therapist: I am wondering if you could think of one activity that you used to do with your children that you would like to start doing again this week.

If Suzanne could think of an activity, together they would make a specific plan that included when the activity could happen and specifically what Suzanne would do. The therapist would check that the plan felt doable and that Suzanne had everything she needed to do the homework. Lastly, the therapist would check if there were any obstacles.

Suzanne and her therapist decided she would sit with her children for ten minutes on the couch and watch TV with them before starting dinner. Suzanne would do this Monday and Wednesday evening this coming week. Is this homework collaborative, specific and concrete, related to the session, and doable? I think it is.

I don't want my client to think that she failed if she does not do the homework or it does not go well. I often end our discussion about homework by saying, "If you do the homework, that is great and it will help us see how you can start moving toward your goals. If you don't do the homework, it is important that we explore what happened, as this will give us some clues as to what is keeping you stuck in your problems."

Exercise 4.3

Practice using the homework guidelines.

Agenda Item #6*: Review the Session and Ask for Feedback*

The last section of a structured session involves reviewing the session and asking for feedback. This section is often forgotten or rushed, but it is just as important as the other components.

REVIEW THE SESSION

One of the best ways to help your clients remember what was covered in therapy is to ask them to review. If they forgot to mention a point you think was important, you can raise it and ask if it also seems important to your client. Many of my clients keep notebooks and either during the session or at the end write down the points they want to remember. In my clinical notes, I also write down the main points from the review. Below are some helpful ways to introduce reviewing the therapy session. You can download a Questions to Review the Therapy Session *handout* at http://www.newharbinger.com/38501.

- Before we end, let's take a moment to review. What was most important to you from our session today?

- Before our session is up, let's take a moment to think over what we talked about today. I think we talked about some very important things, and I want to be sure that we don't forget them. Could you write down anything you would like to remember?

- I was thinking it would be helpful to stop and just summarize what we talked about. How could you put what we talked about into your own words?

A few years ago I noticed that if I thought the session had not gone well, I would "forget" to review, or else I conveniently ran out of time. When I started reviewing even when I thought the session had not gone well, I discovered that a good part of the time my client had found the session helpful. This was very useful information. If my client had not found the session helpful, this was also valuable information. We now had a problem we could discuss and potentially solve rather than my worrying about the session.

ASK YOUR CLIENT FOR FEEDBACK

After you review the session, it is a good time to ask for feedback. This is especially important in the beginning of the therapy relationship. I simply say, "I want to check if it feels that we are on the right track" or "I want to check if there was anything that we did that was particularly helpful for you. Was there anything that didn't feel like a helpful use of our time?"

Your Turn! Practice in Your Imagination: Review a Session with Your Client

▼

Choose a client you are currently seeing who you think would be open to reviewing the session. Before we begin, rate from 1 to 10 how comfortable you are with asking your client to review the session, with 1 being very comfortable and 10 being very uncomfortable. At the end of the exercise, rate your level of comfort again to see whether it has changed. Now, let's try the exercise.

Imagine you are at the end of a session and you want to ask your client to review the session. Try to get a picture of him or her in your mind. Imagine yourself in your office. Take a moment to look around, notice the sounds and smells in the room. Read over Questions to Review the Therapy Session while imagining yourself asking the questions. You can also use your own phrases. Really hear and feel yourself introducing the idea of reviewing. Now imagine reviewing two more times with the same client. Each time imagine that your client responds positively.

Video 4.2

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to Clinical Examples

Complete the following exercises.

▼

Exercise 4.1: Eulela Has a Very Bad Week

Exercise 4.2: Dewei Uses Marijuana Again

Exercise 4.3: (a) Renee Tries to Catch Up at School, and (b) Wilson Feels Tense

Apply What You Learned to Your Own Life

Most of us wake up every morning and there is a long list of what we have to do. We have to prioritize and figure out what is most important to us, or we would never get anything done. Setting agendas in therapy is similar to figuring out what is most important to attend to in our own lives.

Homework Assignment #1 Use a Structure in Your Life

An agenda is a list to help your clients identify and prioritize what is most important to them. Many people make lists to help them organize their lives and figure out what needs to be done first. I thought it would be helpful for you to reflect on your own experience of making lists and identifying your priorities.

First, consider lists you've written in your life. Take a moment and think about a time when it was helpful to make a list, and a time when it was not helpful. Then identify factors that contributed to the list being helpful and factors that contributed to the list not being helpful.

Second, think about the next couple of days. Make a list of things you need to accomplish in the next few days that are not part of your normal routine. It can be either at work or in your personal life. After you've made the list, pick three items that are a priority to accomplish. Try to make them as concrete and specific as possible.

Third, think about this exercise and if there are any implications for how you can make agenda setting more helpful for your clients. Now take a moment to review what you learned.

Apply What You Learned to Your Therapy Practice

I want to explore your expectations and any concerns you have about using a structured format.

Homework Assignment #2 Explore Your Attitudes about Using a Structured Format

Choose two clients whom you are currently working with. Imagine that with each client you set an agenda and review at the end of the session. I am going to ask you to write down your predictions.

Complete the following form for each client.

1. My client will:

1	2	3	4	5
Dislike using a structure		Have a neutral reaction		Like using a structure

2. I will:

1	2	3	4	5
Dislike using a structure		Have a neutral reaction		Like using a structure

3. What I imagined happening:

4. My main concern about using a structured format with this client is:

Homework Assignment #3 Structure a Session with a New and Current Client

Choose two clients with whom you are going to try and structure a session. If possible, choose one new client and one current client with whom you are not using a structured session. You are more likely to learn a new skill if you practice the different components individually before you put it all together. I want you to start by only practicing three components of a structured session: (1) explain the structure of a therapy session, (2) set an agenda, and (3) choose an agenda item to focus on. Here are the three steps:

Explain the structure of a therapy session: Explain to your client that you would like to make a list of what she wants to talk about. You can look back through this chapter to see how to introduce setting a structure with new and current clients. Remember that to set an agenda all you have to do is say, “I would like to make a list of what you would like to talk about today.” If it is the first time you are trying to set an agenda, you may find it helpful to have a copy of the handout Explain the Structure of a Therapy Session beside you.

Set an agenda: Once you and your client have set the agenda and identified the issues he or she would like to focus on, write them down where you can both see them.

Choose an agenda item: Once you have your list of agenda items, ask your client which item he or she would like to start with.

If you are setting an agenda with a current client, at the end of the session ask if your client liked setting an agenda. You can say, “I am curious whether you liked the structure we used today where we made a list of what you wanted to work on.” If your client had a positive reaction, ask if she would like to continue using this structure in the future.

After you try setting an agenda for the first time, notice if your predictions about your own and your client’s reactions were accurate. Take a

moment to think about what you learned. Have your predictions changed?

Homework Assignment #4 Review the Session with Your Client

Once you have tried setting an agenda with two clients, I would like you to include one more component of a structured session.

At the end of the session, ask your client to review the session. Remember, all you have to do is ask, "When you look over our work today, what would you like to remember?" As you did in the last exercise, notice if your predictions of your own and your client's reactions were accurate.

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: Organize your therapy sessions.

- What are the main components of a structured therapy session?
- What is the importance of each component?

Agenda Item #2: Start with a check-in.

- What is included in a check-in?

Agenda Item #3: Collaboratively set an agenda.

- How could you introduce setting an agenda with a new client?
- How could you introduce setting an agenda with a current client?

Agenda Item #4: Work the agenda.

- How could you respond when your client drifts off the agenda topic?

Agenda Item #5: Develop helpful homework for the next session.

- What are two guidelines for helpful homework?

Agenda Item #6: Review the session and ask for feedback.

- How could you ask your client to review?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

PART 2

UNDERSTAND YOUR CLIENTS' PROBLEMS

Chapter 5

Identify Your Clients' Feelings, Physical Reactions, and Behaviors

In the previous chapter we covered how to structure a session. Did you have a chance to try setting an agenda with a new client or a current client? How did it go? What about reviewing at the end of the session? How did using a structure make a difference to your therapy sessions? I am hoping that you will keep using a structured format. One of the best ways to maintain change is to assign yourself a specific task that reinforces your new behavior. Would you be willing to pick four clients and try setting an agenda and reviewing?

If you did not have a chance to try structuring a session, what got in the way? Did you have negative predictions about structured sessions? Try to set an agenda with just one client this coming week and notice how your client responds.

Set the Agenda

In this chapter we will cover how to identify situations that trigger your client and then how to use the four-factor model to understand your client's reactions. We will focus on identifying your client's feelings, physical reactions, and behavior. I want to leave identifying thoughts for the next two chapters.

Agenda Item #1: Use the four-factor model in therapy.

Agenda Item #2: Identify your clients' triggers.

Agenda Item #3: Understand your clients' reactions.

Agenda Item #4: Help your clients identify their feelings.

Agenda Item #5: Help your clients identify their physical reactions.

Agenda Item #6: Help your clients identify their behaviors.

Agenda Item #7: Remain empathic.

Work the Agenda

Clients come to therapy with all kinds of problems. For example, Suzanne is too anxious to talk to the other teachers and make friends, Raoul is procrastinating on his project at work, some clients drink too much, and others feel panic when they try to use an elevator. In this chapter we are going to start using the four-factor model to understand your clients' problems.

Agenda Item #1*: Use the Four-Factor Model in Therapy*

Almost every client has specific situations that trigger him, and when triggered he automatically zooms down a well-worn negative path. The path is strewn with a mix of feelings, physical reactions, behaviors, and thoughts and ends in a big negative jumbled black ball. It happens so quickly and automatically that your client never pauses to notice or question his negative path. He is just aware of the big negative ball at the end. The negative path feels like the only option. Take a look at figure 5.1 to see how the negative path works.

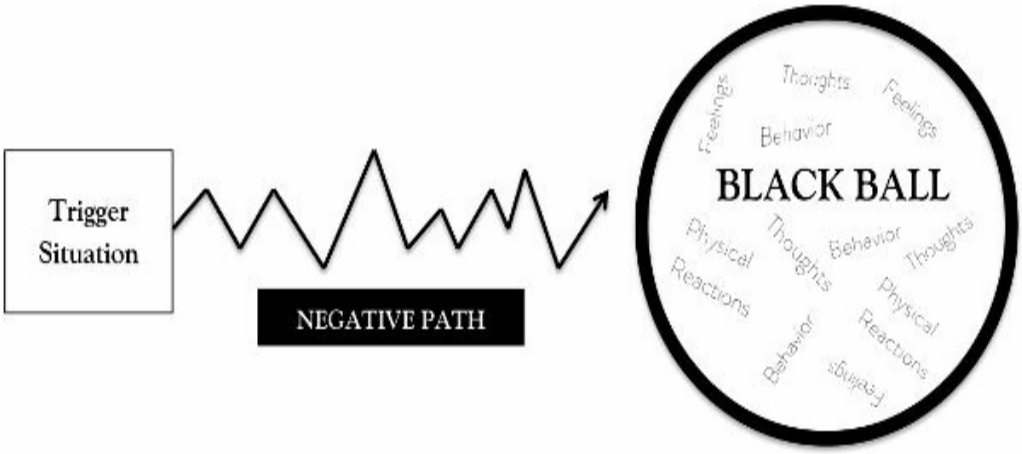


Figure 5.1. Your client's negative path.

We are going to spend the next three chapters using the four-factor model

to help your clients hit the pause button on their negative automatic paths (see figure 5.2). This starts a process of self-reflection, and it is often the first time that a client has fully acknowledged his own thoughts and feelings. As clients become more aware of how the four factors are maintaining their problems, change becomes a possibility.

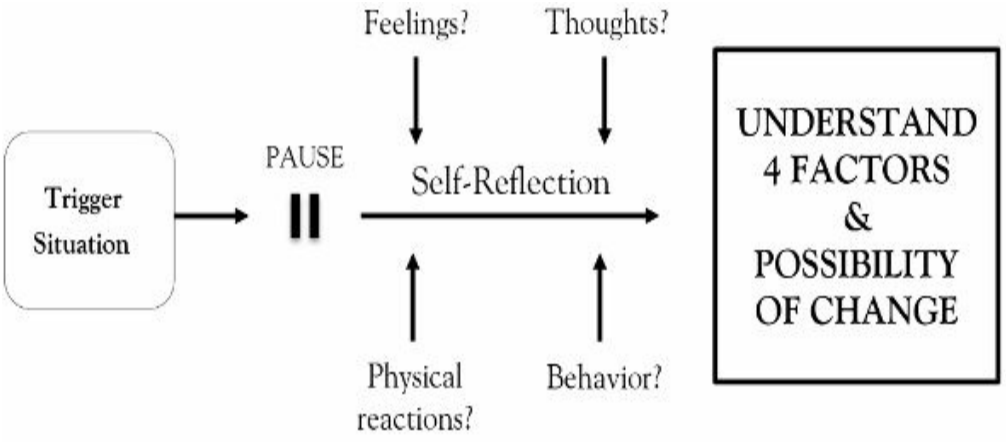


Figure 5.2. Your client hits the pause button.

The first step involves identifying a trigger situation and then identifying and recording your client's feelings, physical reactions, behaviors, and thoughts. We are going to use the Understand Your Reaction worksheet (which is the same as the first five columns of a thought record) as a tool to identify and record your client's reactions. You can download a copy at http://www.newharbinger.com/38501.

Understand Your Reaction				
Situation	**Feelings (Rate 1–10)**	**Physical Reactions (Rate 1–10)**	**Behaviors**	**Thoughts**
What? Who? Where? When?	What did I feel?	How did my body react?	What did I do?	What did I think?

If you are not used to writing during therapy, you may initially find it awkward. However, once you try it, I think you will find writing very useful. For most clients, writing down thoughts and feelings creates a different experience from saying them in their head; writing encourages pausing and reflecting. Using a written worksheet helps organize the session. Plus, your

clients can use the Understand Your Reaction worksheet outside of therapy to slow down and identify what is going on when they are upset.

While I think it is important to try a written worksheet, CBT is flexible; identifying the four factors can also be done orally, as part of a therapy dialogue.

Agenda Item #2*: Identify Your Clients' Triggers*

Each client has specific types of situations that set his automatic negative path in motion; these are his triggers. To address your client's problems, you need to know which situations are difficult for him and trigger his negative path.

While many clients are aware of their triggers, other clients have trouble identifying their specific trigger situations. For example, a client may tell you that he is "always" sad, or "always" drinks too much, and can't identify specific problematic situations. Identifying your client's triggers helps you start to see patterns and then know what to focus on in therapy.

A helpful first step is to ask your client to monitor his problematic feelings or behaviors and see if there are some situations where his feelings are stronger or his behavior is more extreme. For example, a client of mine, Elsbeth, came to therapy because she was *always* angry. When I asked for examples of specific situations, she responded that she was angry "all the time." Her first homework assignment was to monitor her angry feelings and see when they were strongest. She came back having discovered that she was the most angry when her tee nage son didn't do what she wanted him to do, for example, when he did his homework at 2 a.m., broke curfew, or did not do his chores. She discovered that her anger toward her son was spilling over into the rest of her life.

I often use a simple monitoring worksheet like the one below. You can download a copy of What Is Your Trigger? at http://www.newharbinger.com/38501. I ask my clients to note situations that were the most difficult for them and to rate their feelings from 1 to 10. We often start to see patterns. For example, Suzanne told her therapist that she was very unhappy in her new school "all of the time." As homework, her therapist asked her to notice situations where she was the most unhappy and

rate her moods. Look at how Suzanne filled in the worksheet below. Do you see a pattern?

What Is Your Trigger? Situation	Feelings (Rate from 1–10; 1 = very happy; 10 = very unhappy)
Monday: Lunch, no one to eat with	Unhappy: 10
Tuesday: At the school assembly, the two teachers sitting next to me were talking together and did not talk to me.	Unhappy: 8
Wednesday: I overheard a teacher talking about a party she was having, and she did not invite me.	Unhappy: 10
Thursday: One of the teachers asked the person next to me at recess if she wanted to work on the school play with her.	Unhappy: 10
Friday: I stood alone at recess.	Unhappy: 9

When Suzanne and her therapist looked at the worksheet, they discovered that she was the most unhappy in social situations with other teachers. None of the situations she identified involved students. Suzanne was surprised. Charting her reactions helped her focus on the situations that were difficult for her, and it also helped her realize that some aspects of school were going fairly well.

HELP YOUR CLIENTS IDENTIFY SITUATIONS THAT ARE SPECIFIC AND CONCRETE

You begin the session with a check-in, set the agenda, and then decide on the agenda item you want to start with. What happens next? You want to identify a specific situation that is problematic for your client and that you can work on in therapy.

Frequently, your client will describe his trigger situation in vague terms, and you don’t really understand what happened. You need to help your client become more specific and concrete. A specific and concrete description includes what happened, with whom, and the specific time and place it occurred. For example, a vague description of a situation would be “My

partner doesn't respect my work"; a more concrete and specific description would be "My partner told me that she thought her work was more important than mine." Below are some additional examples of situations that are described vaguely, along with more specific and concrete descriptions of the same situations.

Examples of Vague and Specific Situations

Vague Description	Same Situation Described in a Specific and Concrete Manner
My child was rude to her stepmother.	My daughter swore at her stepmother and left the room when her stepmother asked her to help with the dishes after dinner.
I have to walk on eggshells around my father; he gets angry at the smallest thing.	I asked my father if I could have the car on Saturday night, and he yelled at me that I should know he wanted it to go out with his friends.
I had a few too many drinks over the weekend.	I was at a bar with my friends and probably drank over eight beers and at least four shots.

The more specific and concrete your client's description of the situation, the more your client will be emotionally engaged with the situation, and the more he will have access to his feelings and thoughts. Consider your own experience: Think of someone you are a little annoyed with. Now, think of a specific situation when you were annoyed with this person. Try to remember the situation in detail. Chances are that as you thought about a specific situation, you became more annoyed and your feelings and thoughts became more immediate. The same thing will happen when your clients talk about specific situations.

Sometimes your client's situation is a long, complicated story. In this case, listen to the whole story and then ask what was the worst or most difficult part for your client. It is helpful to identify a situation that lasts from a few seconds to thirty minutes (Greenberger & Padesky, 2016)—any longer and your client will probably have a large variety of feelings and thoughts, and it will be hard to focus on the main ones.

Questions to help identify a specific situation. I know I have a clear understanding of the situation if I can form a picture in my mind. If not, I ask

my client the **W** questions: **What** happened? **Who** was involved? **Where** did it happen? and **When** did it happen? I am looking for the facts of the situation. In some ways it is similar to being a detective or a newspaper reporter on a fact-finding mission, except rather than being a solo operator, you are a fact-finding team with your client. I usually start with being sure I understand **What** happened.

Let's look at an example. One of my clients was upset with her boyfriend. I asked for an example. She responded, "My boyfriend was really mean to me last night." Let's see if we have the answers to the W questions. Do we know What happened? No, we don't. Do we know Who was involved? Yes, the boyfriend, but we don't know if anyone else was involved. Do we know Where it happened? No, we don't. Do we know When it happened? Yes, it happened last night. Before we can start to explore my client's feelings, physical reactions, behaviors, and thoughts, we need a clearer idea of what occurred.

Here is another example. If you remember from chapter 4, Suzanne's main agenda item was about being invited to a barbecue at the principal's house. She doesn't feel like going and thinks she will just say no. Her therapist wants to get a better understanding of the situation. Let's look at what happens when her therapist uses the four W questions.

Suzanne: I was invited to a barbecue event at the principal's house.

Therapist: I want to make sure that I understand. (*Notice her therapist explains what she will do.*) **What** is the event?

Suzanne: The principal invited all the new teachers to her home for a barbecue.

Her therapist doesn't want to fire a volley of questions at Suzanne, but she also wants more information. You can ask more than one of the W questions at the same time.

Therapist: Can you give me a better sense of what's involved with the barbecue, for example, who was invited, where is it happening, and when?

Suzanne's therapist learns that Suzanne was invited to a barbecue at her

principal's house along with the three other new teachers. It is taking place after school in two weeks. Once you are clear on the situation, you and your client can start to figure out why she is upset by using the four-factor model.

Your Turn! Help Neale Identify a Specific Situation

Neale, a thirty-six-year-old man, starts a session by saying he wants to focus on his relationship with his mother. Try to help him specify a situation that he wants to work on.

Therapist: You said you wanted to focus on your relationship with your mother today.

Neale: Everything is going wrong; my relationship with my mother is worse than ever.

Look at the three possible responses below and pick the one that will help you get a better understanding of the situation that is troubling Neale.

Can you tell me more about your relationship with your mother?

I can see that your relationship with your mother is really upsetting you; it feels as if everything is going wrong.

Could you give me an example of what is going wrong between your mother and you?

Response #3 is the most likely to help the client identify a specific situation. Response #1 is too vague. If this was the first time you were hearing about Neale's difficulties with his mother, it could be a good question, but it does not help you focus on a specific difficult situation. Response #2 is supportive, but it also does not help identify a difficult situation.

Therapist: Could you give me an example of what is going wrong between

your mother and you?

Neale: We had a big family dinner on Sunday afternoon and it was just awful. My mother and I just don't get along.

Before looking at the therapist's response, ask yourself what the therapist could ask to help Neale be more specific about what happened.

Therapist: You were saying that the family dinner was just awful last Sunday. Can you tell me what happened?

Neale: I am so upset because my mother was so critical of me.

Ask yourself the W questions: Do you know What happened? Who was involved? Where it happened? When it happened? You don't know what happened; you know Neale's mother was involved and that the situation occurred at a family dinner last Sunday. We need more information.

Look at the three possible responses below and pick the one that will help you get a better understanding of the situation.

When you say your mother was critical of you, can you help me understand what your mother did?

Can you tell me more about your mother being critical?

When your mother was critical, what did you think?

Response #1 is most likely to help Neale become more specific about the situation. Response #2 is a good start, but it is too vague. Neale could react by talking about his feelings or thoughts, or about the situation. In response #3 you don't know what the client means by critical, so it is too early to ask about his thoughts.

Exercise 5.1

Practice identifying a specific situation.

THE FACTS ABOUT A SITUATION ARE DIFFERENT FROM THE MEANING OF A SITUATION

Clients frequently include their thoughts or interpretation of what the situation meant when describing the situation. When you start to separate the

facts about the situation from the thoughts and feelings about the situation, you and your client begin to get a more objective idea of what occurred. Let's look at an example. A client identifies the following situation: "My wife doesn't care about my mother; she told my mother we were too busy to visit her." The facts of the situation are that his wife told his mother that they were too busy to visit; the client's thoughts or interpretation of the situation are, "My wife doesn't care about my mother." Let's look at another example. A client says, "My new girlfriend asked me home to meet her parents. She's moving too fast; I don't want to get serious." In this example, the facts of the situation are the girlfriend invited the client home to meet her parents; the thoughts or what the situation meant to the client are, "She is moving too fast; I don't want to get serious."

Often a client will use an adjective to describe the other person in the situation; the adjective is usually the client's thought about the other person. For example, a client says, "My child was very inconsiderate toward the teacher." "Inconsiderate" is an adjective. You know that the client thought the child was inconsiderate, but you don't know what the child did. If you want to understand the facts of the situation, it is helpful to ask, "What did your child do that made you think he was inconsiderate?"

Sometimes a client will include his feelings as part of the situation; for example, when describing a situation he will say, "I was so angry at my mother when she was late." The fact is that his mother was late; the feeling is anger. A client can also include his behavior in the description of the situation, for example, "When my boss yelled at another coworker, I just sat there and did nothing." The boss yelling at another coworker is the fact in the situation; the client doing nothing is the client's behavior.

Your Turn! Separate the Facts about the Situation from the Thoughts about the Situation

Below are examples of situations where clients mixed up the *facts* about the situation and their *thoughts* about the situation. In the examples below, separate the facts about the situation from the client's thoughts. Complete the worksheet below before looking at my answers in the appendix.

Examples of Situations	Facts about the Situation	Client's Thoughts about the Situation
Instead of doing homework, I was lazy and went out with friends.		
My boss told me I did a good job, but he didn't really mean it.		
My child is not normal; he is not crawling at age five months.		
The huge mess my husband left in the kitchen		

Exercise 5.2

Practice distinguishing the facts about a situation from the thoughts and feelings about the situation.

Video 5.1

Agenda Item #3*: Understand Your Clients' Reactions*

Identifying trigger situations is an important first step. The next step is using the four-factor model to understand your client's reaction. It is important to explain what you will be doing, both so that your client understands the process and so that he learns a tool to use outside of therapy. I use the Understand Your Reaction worksheet that we looked at in the beginning of the chapter as a structure. I show the worksheet to my client and explain each column. I usually say:

> I think you did a really good job identifying the situation. What I would like to do now is to see if we can understand your reaction by identifying your feelings, physical reactions, behaviors, and thoughts—and then see how they all go together. I call this using the four-factor model.

> I want to complete this worksheet. *(I get out the worksheet or draw one on a sheet of paper.)* You see there are five columns. This first column says "Situation," and we are going to write down the situation we just identified. *(I write it down or the client writes it down.)* We are then going to see if we can identify your feelings, physical reactions, behaviors, and thoughts and write them down in the next columns.

When clients see the five columns, they automatically become more organized, and some of the jumble and distress starts to diminish. My own attitude is one of engaged curiosity, as this models a helpful attitude my client can take toward his own problems. Notice how I start by saying, "I think you did a really good job identifying the situation." Providing positive feedback for learning a specific skill reinforces the skill and helps the therapy relationship. Many of our clients rarely receive any positive feedback; to hear that they did something well is important.

YOUR TURN! Practice in Your Imagination: Explain the Understand Your Reaction Worksheet

▼

Choose a client who you think would benefit from identifying his or her feelings, physical reactions, behaviors, and thoughts. Before you start, rate from 1 to 10 how comfortable you feel introducing and using the Understand Your Reaction worksheet. At the end of the exercise, rate your level of comfort again to see if it changed. Now, let's try this exercise.

Imagine you want to introduce the Understand Your Reaction worksheet to your client. Try to get a picture of him or her in your mind. Imagine yourself in your office with your client. See your office; notice the sounds and smells in the room. Read over how I suggest introducing the worksheet while

imagining yourself saying the words. You can also use your own phrases. Really hear and feel yourself taking out the worksheet and explaining it to your client. Now, imagine explaining the worksheet two more times with the same client. Each time, imagine that your client responds positively.

Agenda Item #4*: Help Your Clients Identify Their Feelings*

In this book, we are going to start with identifying feelings, then physical reactions and behavior, and lastly thoughts. This is because most clients are more aware of their feelings than their thoughts and tend to come in talking about feelings. However, in practice, you could start with any of the four factors. I often start with the factor that my client brings up first.

The ability to label feelings is a part of *affect regulation*, or managing one's feelings in a healthy way. When you ask your client, "What were you feeling?" you are asking him to pause and reflect, which automatically interrupts his negative path. Labeling feelings helps both client and therapist understand the client's reactions. Asking your client to label his feelings gives the message that you are interested in his experience. Clients' feelings can also guide therapy. You may want to try different interventions depending on your client's dominant feelings. For example, if your client tells you he feels "bad," it is hard to know where to start, but if he tells you he feels "anxious," you can start to explore his fears.

WHAT ARE FEELINGS?

Let's see if we can understand Suzanne's feelings about going to the principal's barbecue. When Suzanne's therapist asked her what she was feeling, Suzanne answered, "I just don't want to go." Let's stop for a moment. Suzanne's response is not a feeling, it is a thought about the behavior Suzanne wants—or in this case, doesn't want—to do (she does not want to go to the barbecue).

If Suzanne's response was not a feeling, then what is a feeling? As I mentioned earlier, feelings are usually one word. There are generally six main emotions that clients identify: happy, mad, sad, anxious, guilty, and ashamed. While there are many other feelings, these are the basic ones. Take

a moment to look at the Identify Your Feelings handout, which is a more comprehensive list of feelings; you can download it at http://www.newharbinger.com/38501. Reading over this handout will help expand your own vocabulary. Clients find it helpful when you find a word that exactly captures what they are feeling.

STRATEGIES TO IDENTIFY YOUR CLIENT'S FEELINGS

While some clients can give very accurate and detailed descriptions of what they are feeling, others have difficulty. Remember my client Elsbeth, from earlier in the chapter, who was angry with her son for not doing his homework or his chores? Initially she was only aware of her anger, but when we started paying attention to her feelings, she discovered that she was more anxious than angry.

If your client has trouble identifying his feelings, here are some interventions you can try:

- Show your client the Identify Your Feelings handout and ask if one of these feelings seems to fit.

- Ask your client to notice his feelings during the coming week, and see if he can start to identify his feelings. Often just paying attention to feelings can be helpful. Some clients have never asked themselves the question, *What am I feeling?*

- Ask your client to notice when he becomes physically tense and to try and label his feelings at that moment.

- You can discuss feelings with your client and how to know whether someone is happy, sad, mad, glad, anxious, guilty, or ashamed. Ask your client to identify physical symptoms, behaviors, and thoughts that go with each feeling.

Raoul generally found it hard to identify his feelings. In one of his therapy sessions, he came in looking very agitated and said he was really upset about his boss's comment at a meeting. His boss had said that Raoul's project seemed to be going slowly, and he hoped Raoul would be able to meet the deadline. When the therapist asked Raoul if he could describe his

feelings a little more, Raoul shrugged, looked down at the floor, and said he felt “awful.” His therapist thought it would be helpful if Raoul could start to be more aware of his feelings. She tried three interventions. First, they talked about feelings and how you could know what you are feeling. Second, his therapist gave him the Identify Your Feelings handout and discussed it with him. Third, for homework his therapist asked him to record three situations when he felt awful, to note what was happening in his body, and to look at the Identify Your Feelings handout and try to label his feelings. When Raoul came back the next week, he had completed his homework and was able to identify that he felt nervous and angry. This helped him and his therapist start to address these feelings more specifically. His therapist also started directly asking whether he was nervous or angry when he said he was feeling “awful” or “upset.”

One of the difficulties in identifying feelings is that we often use “feel” when we are making a judgment and are really describing what we “think.” For example, you might say, “I *feel* that the movie was too slow” when what you really mean is “I *think* the movie was too slow.” It is even more difficult to differentiate thoughts and feelings in statements like “I feel stupid” or “I feel incompetent.” Even though these statements start with “I feel,” they are really judgmental thoughts about ourselves. We say, “I feel stupid” when we mean, “I think I am stupid.” Thoughts are so closely connected to feelings that it can be hard at first to see the difference, but the more you use the four-factor model, the easier it will get.

Now, let’s go back to Suzanne and see how her therapist helps her identify her feelings about the invitation to the principal’s barbecue.

Therapist: I hear you don’t want to go, but I am wondering what your feelings are when you think of the invitation.

Suzanne: What do you mean? I just don’t want to go.

Often when you ask clients what they were feeling, they answer with a feeling word. However, Suzanne repeated her initial response. Her therapist thought that Suzanne needed more guidance.

Therapist: Well, feelings are usually expressed in one word. While there are many feelings, it would be helpful to ask yourself whether you were feeling happy, mad, sad, anxious, guilty, ashamed, or any

other feeling.

Suzanne: Oh that's easy, I was really nervous and worried, and I think also embarrassed.

Giving Suzanne the basic list of feelings helped her start to identify her own feelings.

HELP YOUR CLIENTS RATE THEIR FEELINGS

In CBT, we often ask our clients to rate the intensity of their feelings. At first it can feel strange to ask your client to rate his feelings; however, it is very helpful. You are asking your client to reflect on his feelings rather than automatically respond to them. Here is an example of how rating his feelings helped one of my clients. He was a man in his late forties who had intense anxiety attacks at work and would subsequently become immobilized for the whole day. A few weeks after we had started working together, he came in smiling and said, "I had one of my anxiety attacks at work last week, but I rated my anxiety, and I realized it was only a 7. So I kept on working and it went away." Rating his feelings helped my client get a different perspective on his feelings.

I usually ask clients to first identify and label their feelings and then to rate their feelings. I say,

> You did a good job identifying your feelings. (*Notice I am reinforcing my client for a specific task.*) Before we move on, I would like to ask you to look at each feeling you identified and rate how strongly you had this feeling from 1 to 10. Ten would be the strongest you have ever felt this feeling and 1 would be not having the feeling at all. Rating your feelings can help us get a better understanding of how you are feeling. Would you be willing to try?

YOUR TURN! Help Suzanne Rate Her Feelings

Let's go back to the situation where Suzanne was invited to the principal's barbecue. Imagine that Suzanne has just identified her feelings. You now want to help Suzanne rate the intensity of her feelings.

Therapist: When you received the invitation to the barbecue, what were your feelings?

Suzanne: Oh that's easy, I was really nervous and worried, and I think also embarrassed.

Therapist: You just did a really good job of identifying your feelings. (*Note how the therapist is giving specific feedback on a task.*)

Look at the three possible responses below and pick the one that will help Suzanne rate her feelings.

Can you tell me what you are nervous about?

I think it would be helpful if you could look at each feeling and rate how strongly you felt, from 1 to 10. Ten is the strongest you have ever felt this feeling, and 1 is not at all. Would you be willing to try?

Lots of people are nervous when they are invited to a party. It's a very normal reaction.

Response #2 is the most likely to help Suzanne rate her feelings. It clearly explains what the therapist would like her to do. Response #1 starts to explore the thoughts that go with the feeling of being nervous. It is too early in therapy to identify thoughts, as you have not finished identifying and rating feelings. Response #3 is a supportive comment, but it does not help Suzanne rate her feelings.

Therapist: I think it would be helpful if you could look at each feeling and rate how strongly you feel it, from 1 to 10. Ten is the strongest you have ever felt this feeling, and 1 is not at all. Would you be willing to try?

Suzanne: Well sure. Where do I start?

Look at the three possible responses below and pick the one you think

will help Suzanne start to rate her feelings.

> Where would you like to start?
>
> I can tell you really want to get better, which is very important. Learning about our feelings is a key part to getting better.
>
> Why don't we start with the first feeling you listed, which was "nervous." When you think of the invitation, 1 to 10, how nervous are you?
>
> *Suzanne is asking for guidance on how to rate her feelings. Response #3 is the most likely to help Suzanne start to rate her feelings. It clearly explains what the therapist would like Suzanne to do. Responses #1 and #2 don't address Suzanne's question, "Where do I start?"*

Suzanne and her therapist rate all of her feelings. Before filling in the Understand Your Reaction worksheet, her therapist says, "You did a good job of rating your feelings. Just to summarize, you were nervous at a 7, and worried at an 8, and embarrassed at a 6. Is that right? Can we write it down?" Notice that the therapist makes a summary statement and then explains that she wants to fill in the worksheet. This keeps therapy organized. Below is how Suzanne recorded her responses on the Understand Your Reaction worksheet.

Understand Your Reaction				
Situation	**Feelings (Rate 1–10)**	**Physical Reactions (Rate 1–10)**	**Behaviors**	**Thoughts**
What? Who? Where? When?	What did I feel?	How did my body react?	What did I do?	What did I think?
Principal invited me to barbecue with the other new teachers	Nervous (7) Worried (8) Embarrassed (6)			

Agenda Item #5*: Help Your Clients Identify Their*

Physical Reactions

Physical reactions are often clues to our feelings. Plus, a client can misinterpret his physical symptoms, leading to emotional distress or dysfunctional behaviors. For example, a client may assume that if his heart is pounding he is having a heart attack or it is dangerous for his health. He becomes very anxious and starts to avoid situations where his heart pounds. In reality, his pounding heart is related to too much coffee or another issue and is not dangerous. Unless your client is able to identify his physical reactions, you can't explore what these physical reactions mean to him.

While some clients are very aware of their physical reactions, other clients are unaware. The easiest way to identify your client's physical reactions is to simply ask, "How did your body react?" or, "What were you feeling in your body?"

If you are working with a client who has difficulty identifying his feelings, it can be helpful to start with identifying his physical reactions, and then move on to identifying feelings. Often specific physical reactions go with specific feelings. For example, Raoul discovered that when he felt angry he was hot, when he felt anxious he was shaky, and when he felt sad he had a lump in his throat. As he learned to relate his physical symptoms to his feelings, it became easier for Raoul to identify his feelings. When your client identifies his physical reactions, it encourages self-reflection and helps him hit the pause button and stop zooming down the path of his automatic negative reaction.

Suzanne's therapist asked her to identify the physical reactions that went with her feelings about being invited to the barbecue. Suzanne indicated that she got a clenched stomach and felt tense in her shoulders. She rated her clenched stomach at about a 4 and her tense shoulders at about a 5. She was surprised at how low her ratings were. Often when my clients rate their physical reactions, they realize that they are not as strong as they had thought. If, on the other hand, the physical reactions are very strong, this suggests you may want to teach your client specific skills to manage his physical symptoms.

This coming week, try to notice any increase in your own physical tension. Ask yourself what you were feeling and what you were thinking. See if you learn anything.

Agenda Item #6*: Help Your Clients Identify Their Behavior*

Next you want to identify your client's behavior. I usually simply ask, "What did you do?" I am looking for behaviors that indicate that my client is avoiding a situation, acting impulsively, or behaving in a way that is likely to make the situation worse. For some clients, when you slow down and help them specify what they did, it is a first step in acknowledging their problematic behavior and taking responsibility for their actions. A client of mine, Connor, had difficulty controlling his anger and tended to minimize his angry outbursts. He was describing how angry he was at his friend for not repaying a minor debt. He initially described his behavior as "letting off some steam." When I asked what he had done, he sheepishly told me that he kicked a door so hard that he smashed the glass insert. Connor went on to blame his friend for not paying the debt and making him so angry that he kicked the door. When we looked at his behavior, Connor could see that his friend had not "made" him kick the door, and that kicking a door so hard that he broke the glass insert was not just "letting off steam."

To really understand your client's behavior, you want a description of his behavior that is specific and concrete, like Connor's. This way, you can examine the consequences of the behavior and the appropriateness of the response. Clients often initially use a vague descriptor, such as "I just gave up" or "I freaked out." It is important to ask what your client actually did.

Here are some examples of vague descriptions of behavior and specific descriptions of the same behavior. You want to know what your client did, whom he did the behavior with or to, where he was, and when it happened.

Examples of Vague and Specific Behaviors

Situation	Vague Behavior	Specific Behavior
My father told me I should not have dropped out of school.	I withdrew.	I sat at the dining room table completely silent for the rest of the meal.
My husband came home so drunk he could barely stand.	I got angry.	I stood in the kitchen and yelled at my husband that I was tired of him drinking all the

		time.
My boss at the restaurant told me I had made a mistake on two customers' orders, and he wanted me to double-check all orders.	I did what my boss asked.	I returned to serving tables and double-checked the orders.

Exercise 5.3

Practice helping clients provide a specific description of their behavior.

I often ask my clients about the consequences of their behaviors. This is a question many of my clients have never asked themselves. It is important to look at both short-term and long-term consequences. Often, avoiding dealing with a situation or having angry outbursts has relatively positive short-term consequences but very negative long-term consequences, which many clients have never considered.

Let's return to Suzanne's invitation. Her therapist wants to identify her behavior and asks Suzanne how she had responded to the invitation. Suzanne said, "I just got it three days ago and I'm not sure what to do."

Ask yourself if you know what her behavior is. You don't really know. It seems that her behavior is that she has not responded to the invitation, but you need to check. Given that it has been three days, I would guess that Suzanne is avoiding dealing with the invitation. Is her statement "I'm not sure what to do" a behavior, feeling, physical reaction, or thought? (Try to answer before reading on.) It is a thought. At this point I would notice the thought but not comment on it, as we are concentrating on her behavior. Remember, you want to stay organized. I put that thought in my back pocket, so when I ask Suzanne to identify her thoughts, if she does not mention "I'm not sure what to do," I have it in reserve and can take it out at the right moment.

Below is a summary of what we know about Suzanne's reaction to the invitation from the principal. We don't yet know Suzanne's thoughts, but we will cover that in the next chapter.

Understand Your Reaction				
Situation	**Feelings (Rate 1–10)**	**Physical Reactions (Rate 1–10)**	**Behaviors**	**Thoughts**

What? Who? Where? When?	What did I feel?	How did my body react?	What did I do?	What did I think?
Principal invited me to barbecue with the other new teachers	Nervous (7) Worried (8) Embarrassed (6)	Clenched stomach (4) Tense shoulders (5)	Has not responded	

Video 5.2

Agenda Item #7*: Remain Empathic*

Although CBT is structured, it is not rigid, and the therapeutic relationship is critically important. Using summary statements and asking open questions are key counseling skills for maintaining an empathic relationship while adhering to the structure of CBT.

Summary statements help your clients pause and reflect on what they just said. A good summary statement can be very simple. It's as if you are holding up a mirror that helps your clients look at themselves. When you summarize, you also let your clients know that you heard them. Let's try one. Your client starts a session saying, "I am not sure which situation I want to focus on. First, the whole party was a disaster. My three-year-old child screamed and cried most of the night; at the end of the evening, my husband told me he never wants to have another party. Second, work has been awful this week, once again my boss ignored my comments at a meeting; and third, to top it all off, my husband got really drunk again." How could you summarize what your client just said? One way is to simply say, "It is hard to know what to focus on, since so much happened. Should we talk about the party, what's been happening at work with your boss ignoring your comments, or your husband getting drunk again?" The summary helps your client pause and think about where she would like to start.

Earlier we talked about open and closed questions. If you remember, closed questions can be answered with either a single word or a short phrase. Examples of closed questions are "Did you ask your boss for a year-end evaluation?" and "Did you use cocaine over the weekend?" Closed questions

can usually be answered with a yes or no, or with facts. Open questions ask people to think and talk about their thoughts and feelings. Examples of open questions are “How did you feel after you asked your boss for a raise?” and “When your friend offered you cocaine, what were your thoughts?” As you use the four-factor model as a structure to explore your client’s reactions, remember to use summary statements and open questions.

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 5.1: Raoul’s Boss Is Difficult

Exercise 5.2: Find the Facts

Exercise 5.3: Mary Treats Her Son Badly

Apply What You Learned to Your Own Life

After you have completed the homework assignments below, pause and take a moment to think about what you learned about yourself. Then, think about the implications of your experience with these exercises for your therapy with clients.

Homework Assignment #1 Describe a Specific and Concrete Situation

Think of a situation in your own life where you would describe someone in a

general, vague manner, such as, “My partner is self-centered,” “My boss is unreasonable,” or “My father is very frail.” Now try to make the situation more concrete and specific. Think of a specific example and ask yourself, *What happened? Who was in the situation? Where did it happen?* and *When did it happen?*

What did you learn from specifying the situation? Did it make a difference?

Homework Assignment #2 Describe a Specific and Concrete Behavior

Think of a behavior that you either like or dislike about yourself and that is a vague description. For example, are you messy, kind, organized, thoughtful, ambitious, easygoing, or easily distracted? Now try to think of a specific example of this behavior and describe your behavior in a more specific and concrete manner. What was the impact of giving a specific description of your behavior?

Homework Assignment #3 Rate Your Own Feelings

Often my students are skeptical about the benefit of rating feelings until they try it for themselves. This coming week, pick three different situations. At least one should be a situation that upset you. Try to first identify your feelings. You may have only one feeling, but you may have many. Remember: if you have trouble identifying your feelings, ask yourself if you felt happy, mad, sad, anxious, guilty, or ashamed. You may also have lots of other feelings. Once you have identified your feelings, rate each one. Complete the chart below. Did rating your feelings make a difference? What did you learn?

Identify Three Situations	Identify Your Feelings in Each Situation and Rate Each Feeling from 1–10 (1 = not at all, 10 = the strongest you have ever had this feeling)

Apply What You Learned to Your Therapy Practice

It is now time to start using the Understand Your Reaction worksheet. Don't worry if it feels awkward at first; it is important to try.

Homework Assignment #4 Use the Understand Your Reaction Worksheet with a Client

Choose a current client you think would benefit from and like using the Understand Your Reaction worksheet. Then complete the steps below.

Step 1: Ask your client to identify a specific situation that he wants to work on. Be sure to ask **What** happened? **Who** was involved? **Where** did it happen? and **When** did it happen?

Step 2: Explain that you want to understand the situation using the four-factor model, and show your client the Understand Your Reaction worksheet.

Step 3: Ask about your client's feelings and have your client rate their intensity from 1 to 10.

Step 4: Ask about your client's physical reactions and have your client rate their intensity from 1 to 10.

Step 5: Ask about your client's behavior.

Complete the worksheet with your client. If it is the first time you are trying to use the four-factor model with a client, you may feel awkward, and it may not go smoothly. But that's okay! Think of the first time you rode a bike, drove a car, tried to swim, or cooked a turkey. If you are like most people, you were unsure how to do it. The more you practiced, the better you got. Think of me cheering you on. Remember that the goal of homework is not to do it well, but to try.

Situation	Understand Your Reaction Feelings (Rate 1–10)	Physical Reactions (Rate 1–10)	Behaviors	Thoughts
What? Who? Where? When?	What did I feel?	How did my body react?	What did I do?	What did I think?

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: Use the four-factor model in therapy.

- How can you use the four-factor model in therapy?

Agenda Item #2: Identify your clients' triggers.

- What are four questions you could use to specify your client's trigger situation?

Agenda Item #3: Understand your clients' reactions.

- How could you introduce using the four factors to understand your client's reaction?

Agenda Item #4: Help your clients identify their feelings.

- How could you explain a feeling?
- Is “I feel like a failure” a feeling or a thought?

Agenda Item #5: Help your clients identify their physical reactions.

- What is a good question to identify your clients’ physical reactions?

Agenda Item#6: Help your clients identify their behaviors.

- Your client says, “I want to punch him in the face.” Is this a behavior? If not, is it a feeling, physical reaction, or thought?

Agenda Item #7: Remain empathic.

- What is the purpose of summarizing your client’s response?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

Chapter 6

My Clients Have So Many Thoughts—Which Do I Focus On?

In the previous chapter we covered identifying a trigger situation and how to understand your client's reactions using the four-factor model. Did you have a chance to try the homework? Did you try asking your client about his or her feelings, physical reactions, or behaviors? Take a moment to reflect on what you learned from completing the homework.

If you did not do the homework, can you identify the obstacles that got in the way? Before you read this chapter, take a moment to think about an upsetting experience that happened last week. Then identify your feelings, physical reactions, and behaviors.

Don't forget about structuring your sessions. Are you setting agendas and reviewing at the end? If you have not been using a structured session, try setting an agenda with just one client this coming week.

Set the Agenda

The next two chapters focus on how to help your clients identify their thoughts. In this chapter we will cover how to decide which thoughts are worth working on. We will call these thoughts hot thoughts. In the next chapter we will cover how to identify hot thoughts.

Agenda Item #1: Identify hot thoughts.

Agenda Item #2: Is this thought an unrealistic evaluation of self, others, or the future?

Agenda Item #3: Does this thought explain your client's feelings?

Agenda Item #4: Does this thought contain a cognitive distortion?

Work the Agenda

In CBT you are going to spend a lot of time and effort helping your clients identify and examine their thoughts. You want to be sure that time is well spent. We all have a continual stream of thoughts that go through our head every day, and not every thought is worth working on. You want to target thoughts that are central to your client's distress and which, when targeted, will lead to meaningful change.

Agenda Item #1*: Identify Hot Thoughts*

Thoughts that are worth working on explain the meaning of the situation and are strongly connected to intense feelings. We call these *hot thoughts* (Safran, Vallis, Segal, & Shaw, 1986) because they carry emotion, and when we work with them in therapy there is meaningful change.

Here is an example. Jaylen's father lives six hours away. He calls Jaylen once a week and always starts the conversation by sighing and saying, "I never see you. When will you come visit? I miss you." Every week his father's phone call triggers the same negative automatic thoughts: *My father has called every week for the past two years. He is always critical. He does not appreciate what I do for him.* Let's look at Jaylen's thoughts and identify which ones are hot thoughts. The thought *My father has called every week for the past two years* is a fact; it does not explain what his father's phone call means to Jaylen or the reason for Jaylen's emotional distress. It is not a hot thought. The thoughts *He is always critical* and *He does not appreciate what I do for him* are hot thoughts because they capture what his father's words mean to him and explain Jaylen's emotional reaction.

When you are first learning CBT, it can be hard to know which thoughts are hot thoughts and worth focusing on. In this chapter we are going to look at three guidelines to help you identify a hot thought. Remember, a hot thought has to capture the meaning of the situation and is related to intense feelings. Below are the three guidelines.

Is this thought an unrealistic evaluation of self, others, or the future?

Does this thought explain your client's feelings?

Does this thought contain a cognitive distortion?

Agenda Item #2*: Is This Thought an Unrealistic Evaluation of Self, Others, or the Future?*

It is your client's unrealistic thoughts about self, others, or the future that capture the meaning of a situation and help you understand her distress.

Sometimes it is easier to understand a concept if we start with an example. A client of mine, Regina, was recently fired from a job and was feeling very depressed and anxious. When I asked what she was thinking, she responded, "I can't believe I was fired" and "I wish I hadn't been fired." These thoughts do not explain what being fired means to Regina, so they are not hot thoughts. I asked additional questions and we identified the following thoughts:

Evaluation of self (thoughts that are a judgment about yourself)

- I am too old to learn another skill.
- Something is wrong with me.
- I am stupid.

Try to think of a negative evaluation that you have of yourself, or that one of your clients has of herself.

Evaluation of others (thoughts that are a judgment about other people or an expectation about how other people will treat you)

- My boss is unfair.
- My father will be disappointed.
- None of my colleagues cares about me.

Try to think of a negative evaluation that you have of other people, or that one of your clients has of others.

Evaluation of the future (thoughts that are a judgment of the future or an expectation of what the future will be like)

- My friends and partner will no longer respect me (*this is both about others and the future*).
- I will be poor and lose my house.
- I will never get another job that is as good.

Try to think of a negative evaluation that you have of the future, or that one of your clients has of the future.

When you look at the thoughts that Regina identified about self, others, and the future, can you see how they explain what getting fired meant to Regina and why these thoughts would lead to her feeling depressed and anxious?

Let's look more closely at how to identify thoughts about self, as they can sometimes be hard to identify. Some thoughts are clearly about the self, for example, *I made a serious mistake*, or *I am disorganized*. However, sometimes negative thoughts about self are hidden in thoughts about others and in particular thoughts about how others treat you. Let's take the thought *My colleague never asks my opinion*. You could believe this is the case because your colleague is unpleasant and bossy (thought about others), but you believe that you have good ideas (thought about self). In this case, the negative judgment is about your colleague and there are no negative judgments about yourself. However, you could believe that your colleague never asks your opinion because she thinks you do not have good ideas, and you think this as well. In this case, you have a negative judgment about your colleague, but you also have a negative judgment about yourself.

Here are some more examples of thoughts about others where there may be hidden negative beliefs about self: *None of my new colleagues would want to be my friend*, *No one would want to help me*, and *No one will ever want to stay married to me*. In all these situations, your client may believe that there is something about her that causes the other person's negative behavior. For example, a client might think, *None of my new colleagues would want to be my friend because I am too shy and boring*. "I am too shy and boring" is a

negative thought about self. A client could also think none of her new colleagues wants to be her friend because they are all close to retirement and are not interested in making new friends at work. In this case, there is no underlying negative evaluation of self. You can check whether there is an underlying negative evaluation of self by asking your client, "Is there something about you that would cause the other person to treat you this way?"

Your Turn! Identify Suzanne's Thoughts about Self, Others, and the Future

In their fourth session, Suzanne wanted to talk about how upset she was with her husband. She describes a recent fight. A few nights ago her husband was watching TV when she asked him if he had bathed Andrew, their four-year-old son. He responded by saying, "I'm exhausted, can you do it?" Suzanne blew up at him, yelled that he had promised to give their son a bath and that he was selfish, and then stomped out of the room. She is feeling depressed and hopeless. Her therapist wants to understand the thoughts that caused her to become so upset. Another way of thinking about it is, what did it mean to Suzanne that her husband did not give Andrew a bath and said, "Can you do it?"

Look over the dialogue and list Suzanne's thoughts. Then decide if the thought is a fact or an evaluation of self, others, or the future. You can find my answers in the appendix.

Therapist: What were you thinking when you realized your husband did not give Andrew his bath and said, "I'm exhausted, can you do it?"

Suzanne: I just keep thinking that he didn't give Andrew his bath; no matter what I do, it won't make a difference.

Therapist: Any other thoughts?

Suzanne: He doesn't care about the kids or me. Besides, you can't count

on men.

Therapist: Can you tell me more about those thoughts?

Suzanne: I keep thinking that I'm a completely inadequate mother; I keep asking myself, Why do I have to do everything in the house?

Therapist: A lot of thoughts, any others?

Suzanne: No, that's probably all; it's enough!

Exercise 6.1

Practice identifying thoughts about self, others, or the future.

Agenda Item #3*: Does This Thought Explain Your Client's Feelings?*

The second guideline for evaluating whether your client has identified her hot thoughts is examining whether her thoughts explain her feelings, and in particular her strong negative feelings. What do I mean by this? Given your client's thoughts, the feelings have to make sense, and the intensity of the feeling has to make sense. Let's look at an example.

A client of mine, Angela, was concerned about her new babysitting arrangements. When her therapist asks about the situation, Angela explains that when she left her daughter with the new babysitter, her daughter cried and begged Angela not to leave. This is unusual behavior for her daughter, who loved her previous sitter and usually played happily when Angela left her with the sitter in the morning. Angela is feeling very guilty (8) and anxious (8–9). When asked about her thoughts, Angela responded, "My daughter is probably upset because it is a new sitter. She will just have to get used to her. It will take time."

These are very good coping thoughts; however, they don't help us understand Angela's feelings. If she really believed these thoughts, and she had no others, would she feel guilty at 8 and anxious at 8 to 9? Probably not. Given the strength of her anxiety and guilt, there are probably some other thoughts that Angela is not aware of. Had Angela's feelings been "slightly sad," these thoughts would have made sense.

When your client's thoughts don't match her feelings, this is a sign that you need to keep exploring to identify the underlying thoughts. We will get to *how* you can help your clients identify their underlying thoughts in the next chapter.

Different feelings have different types of accompanying thoughts. In CBT we call this *content specificity* (Beck et al., 1979). Let's look at the kind of thoughts that go with anxiety, depression, anger, guilt, and shame. Take a moment and think of the last time that you were anxious, and then focus on the feeling. What thoughts accompany this feeling of anxiety? Jot down your thoughts. Now do the same for depression, anger, guilt, and shame. See whether your own thoughts fit with the descriptions below.

HOW TO UNDERSTAND ANXIETY

Thoughts that accompany anxiety are about a future threat that you think will have awful consequences, is likely to occur, and you don't think you can handle. Figure 6.1 shows how you can think of anxiety as an equation.

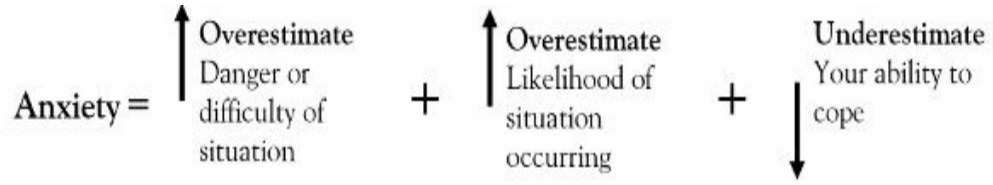


Figure 6.1. Understand anxiety.

If you think you can handle the threat, it becomes a challenge. Kendall et al. (2002), in their treatment program for anxious adolescents, describe anxiety as "expecting bad things to happen." I find this a very helpful way to think about anxiety. If your client is feeling anxious, nervous, or worried, make sure you understand what "bad thing" your client is expecting to happen. For example, in the case of Angela leaving her child with the sitter, you could say, "I hear even though you are worried, you tell yourself it will be all right, but I wonder, what are you worried will happen?"

HOW TO UNDERSTAND DEPRESSION

Depression is about loss and hopelessness. Usually when your clients are depressed, they have negative thoughts about themselves, others, and the future. Below are the kinds of thoughts you would expect someone who is depressed to have.

Thoughts about Self

- I am inadequate.
- I am ugly.
- I am a bad friend.
- I am a bad parent.
- I am bad at sports (or work or school).
- Nothing I do is any good.

Thoughts about Others

- No one likes me.
- My kids don’t care about me.
- My colleagues think my work is no good.
- My partner thinks I am a burden.

Thoughts about the Future

- Nothing will ever change.
- I will never have any friends.
- I will never get another job.

Often depression is precipitated by a loss. It could be the loss of a relationship, the loss of health, the loss of a job, or another loss. Clients who are depressed believe that the future without what they have lost is bleak and hopeless.

HOW TO UNDERSTAND ANGER

Thoughts that accompany anger usually have to do with the belief that the client or someone he cares about has been treated unfairly. Angry thoughts are usually directed at other people. Generally, the person who is angry feels disempowered, disrespected, or put down and reacts with anger. Thoughts that include "should statements" are very common. With anger there is a belief that the rules of how the world should be have been broken to the client's disadvantage.

Anger is a complex feeling. Sometimes people have only angry feelings, especially if they believe that they have been unjustly wronged. However, anger is closely related to depression and hopelessness. If you believe you have been unjustly wronged and you believe that there is nothing you can do, you can easily become depressed. Some clients label all feelings as anger, and it can be very useful to help them recognize their other feelings.

HOW TO UNDERSTAND GUILT AND SHAME

Guilt and shame often go together. When we feel guilty, we believe that we have done something wrong and broken an important moral rule. Guilt is often related to believing that we have hurt someone. When we feel guilty, we feel responsible, and we tell ourselves that we should have behaved differently. Shame is closely related, as it is also connected to believing that we have broken an important rule, but we believe that because we have broken that rule, we are somehow flawed or awful. When we are ashamed, we often hide what we are ashamed about and believe we would be rejected if people knew the "real me."

It is helpful to ask your client to specify what he did that is so terrible that he feels guilty or ashamed. Often, this is the first time that a client has articulated what it is he did. Once you have a clear idea what your client did, you can start to examine how terrible it really was.

HOW INTENSE IS THE FEELING?

We have talked about the types of thoughts that you would expect to accompany specific feelings. We also expect thoughts to match the intensity of the feeling. For example, a client rates her anger at a 2 out of 10, and her thought was, *I can't stand my boss; he humiliates me every chance he gets*. Given her thoughts, would you expect her anger to be stronger than a 2? I

would. What if a client rates her disappointment at an 8 and her thought is, *I wish I had not sprained my ankle, but even if I can't play I can still enjoy watching the basketball game*. Do you think the thought and rating go together? I don't. Either the rating is too strong, or the client has additional thoughts that you need to identify.

Your Turn! What Thoughts Go with These Feelings?

Below are three situations. For each situation there are three possible thoughts the client might have. Choose the thought that is most likely to go with the feeling. You can find my answers in the appendix.

Cameron's college hockey team was in the state semi-final. The score was tied. Cameron had the puck and was sure he would score, when another player knocked him over. Cameron is feeling *furious*. What might he be thinking?

- Our team will never have another chance to play in the semi-finals.
- That guy is an animal; he should be punished; it's unfair.
- If we lose, it is all my fault.

Annette just heard that she was the second-choice candidate for a job she had applied for. Annette is feeling *disappointed*. What might she be thinking?

- I will never get a decent job; my life is over.
- They should have hired me; what idiots!
- I had hoped to get the job, but at least I was second choice.

Orly did not visit his best friend, Roy, when Roy was in the hospital for two weeks. Orly is feeling *guilty*. What might he be thinking?

- I am a bad friend; I should have gone; I bet I hurt Roy's feelings.
- My friend is probably furious at me.
- I bet Roy will not want to be my friend anymore.

Agenda Item #4: *Does This Thought Contain a Cognitive Distortion?*

The term *cognitive distortion* is commonly used in the CBT literature and is familiar to many therapists. However, I don't really like it. I think the term *distorted* suggests that the therapist is negatively judging the client's thoughts. McKay, Davis, and Fanning (2011) have used the term *patterns of limited thinking*, which I prefer. In my own clinical practice, I often use the term *thinking traps* because there is an inherent assumption that you can avoid a trap. I also like the term *thinking style*. However, for the purpose of this discussion, I'll stick to the common term *cognitive distortions.*

Cognitive distortions are how your clients typically respond to situations that trigger them. You can think of cognitive distortions as a label for your clients' negative thinking patterns. Initially, psychologists identified only a few specific distortions. Over time, the list of cognitive distortions has expanded to the point that many therapists and clients find them confusing and hard to use. It is important not to get lost in a long list. The purpose of identifying a client's cognitive distortions is to have a label that a client feels captures his experience. Labeling a negative thinking pattern is another way of hitting the pause button on automatic negative reactions. When a client labels a thought as a cognitive distortion, he is also questioning the accuracy of his thoughts.

Below is a list of the most common cognitive distortions. I also have included in italics a number of shorthand ways of describing the cognitive distortions, which were inspired by Kendall and his colleagues (2002) and Stallard (2005). For each cognitive distortion, I have included an example from one of my clients. (Full disclosure—I snuck in one or two examples from my own life!) A Thinking Traps handout can be downloaded at http://www.newharbinger.com/38501.

Thinking Traps

Filtering: Focusing on the negative details of the situation while other positive aspects are ignored.

Negative glasses or walking with blinders: You only see negative things.

Example: A student has consistently received A's in a course. On a small quiz, the student receives a C+ and immediately assumes she's *doing poorly in the course*.

Overgeneralizing: You make a broad generalization, which is based on only one piece of usually negative evidence.

The repetitor: It happened once; it will always be that way.

Example: Since I found out that my last boyfriend cheated on me, I can never trust another man again.

All-or-Nothing Thinking or Black-and-White Thinking: You or others are either right or wrong, good or bad, perfect or a failure. There is no room for grays or middle ground in evaluating yourself or others.

Examples:

- The world is made up of winners and losers, and I sure don't want to be one of those losers.
- If it is not done perfectly, it is not worth doing at all.
- My employee missed a small deadline—he's completely useless!

Mind Reading/Making Assumptions: You assume that you know what people are feeling and thinking and why they are acting that way.

Mind readers and fortune tellers: Knowing that things will go wrong.

Examples:

- My boss didn't say anything about my last report; I know he thought it was terrible.
- My partner gave me a funny look; I know she disapproved of what I said.

Personalizing: You assume that what people are saying or doing is about you, even though there is no indication of that. Another aspect is that you often compare yourself to others, trying to determine how you measure up in a variety of attributes, such as intelligence, competence, or appearance.

Example: In the meeting when Mary said that some people have not been pulling their weight on this project, I know that she was talking about me.

Catastrophizing: You assume disaster will occur. Sometimes it is related to an initial difficulty. Catastrophic thoughts often start with "what if." For example, your child borrowed the car to go to a party and comes home fifteen minutes late. You think, *What if he had an accident? What if the car broke down?*

Blowing things up: Negative things become bigger than they really are.

Examples:

- Since my son came home slightly drunk the other night, I'm sure he's on his way to becoming an alcoholic like his uncle; it will ruin his life.
- I lost my job; we will have to sell the house; I destroyed my whole family.

Predicting the Future: In many ways, predicting the future is similar to catastrophizing, if the prediction is negative. However, individuals who

engage in dysfunctional behavior, or who avoid completing necessary responsibilities, often falsely predict a positive or benign future.

> Example: I can handle my alcohol; seven beers a night is not too much for me.

Magnifying and Minimizing: The degree or intensity of the problem is exaggerated so that anything difficult is deemed overwhelming, and anything positive is ignored or minimized.

> *Positive doesn't count: Throwing out the good things that happen.*
>
> Example: A mother discovers that her son, who has schizophrenia, occasionally smokes marijuana. She says, "My child is a failure; nothing he does works out." She ignores that he is also regularly taking his medication, is no longer paranoid, and has a part-time job.

Shoulds: Individuals have a list of rules about how they and other people are expected to act, and they experience it as terrible if these rules are broken. They feel angry if other people break the rules, and guilty if they themselves break the rules.

> Examples:
>
> - I should always be available to my children and husband.
> - I should always try my hardest.
> - I should be perfect at everything I do.

If a thought contains words that indicate extremes, such as "always," "never," "everyone," or "no one," it is most likely a cognitive distortion, as the real world is not so absolute. When people use these terms, they are usually focusing only on the negative aspects of a situation and ignoring other information. This is especially true if the thought is accompanied by a strong emotional reaction. Let's look at some examples:

I *always* fail at everything I do.

No one will ever want to be my friend.

Everyone hates me.

I *never* do anything right.

My partner *never* helps me.

In the coming week, see if you can listen to your clients' thoughts and identify when they use terms such as "always," "never," "everyone," or "no one."

Your Turn! Identify the Cognitive Distortion

Below is a list of thoughts. See if you can identify the cognitive distortions. You will find my answers in the appendix.

If I don't get this job, my life will be over.

Cognitive distortion:

To be a good therapist, you have to give it your all and be there for your clients 100 percent of the time.

Cognitive distortion:

I'm sure that no one will ever want to hire me after this last fiasco of a job interview.

Cognitive distortion:

If I don't help all of my clients, I am an inadequate therapist.

Cognitive distortion:

I know that my last client canceled because she thinks I'm a bad therapist.

Cognitive distortion:

A colleague told me he wondered if the group check-in should be a bit shorter next time. That was a terrible mistake I made in the first group.

Cognitive distortion:

Exercise 6.2

Practice listening for cognitive distortions as your client describes a problem.

HELP YOUR CLIENTS IDENTIFY THEIR COGNITIVE DISTORTIONS

After your client has identified her thoughts, it is helpful to explain cognitive distortions. I sometimes give my client the Thinking Traps handout with the definitions of the cognitive distortions. I explain that these are common thinking styles that get people into trouble. I then ask my client to indicate whether she thinks any apply to her, and if so, to give me some examples from her own life. I make sure to tell her that identifying her cognitive distortions is an important first step.

If my client is able to identify a cognitive distortion that she commonly uses, and if the exercise seems helpful to her, I then incorporate noticing cognitive distortions into her homework. I usually ask my clients to record three situations where they caught themselves in a cognitive distortion and to record their response on the What Are My Thinking Traps? worksheet that follows, which you can download at http://www.newharbinger.com/38501.

What Are My Thinking Traps?		
Situation	**Thoughts**	**Thinking Trap (filtering; overgeneralizing; all-or-nothing thinking; mind reading; personalizing; catastrophizing; predicting the future; magnifying and minimizing; shoulds)**

IDENTIFY YOUR CLIENTS' COGNITIVE DISTORTIONS BEFORE, DURING, AND AFTER A DYSFUNCTIONAL BEHAVIOR

I often examine my client's cognitive distortions before, during, and after a dysfunctional behavior in order to understand what is maintaining the behavior. For example, Shula is diabetic. Despite having difficulty

controlling her blood sugar levels, she frequently eats sugary desserts. She tells her therapist, “I don’t know what is wrong with me; I have no willpower. I just end up having dessert.” Let’s see what we discover when we examine her thoughts before, during, and after eating a dessert.

Shula Eats Dessert		
Before/During/After	**Shula’s Thoughts**	**Cognitive Distortion**
Before Shula Eats Dessert	I will just have one small bite. I had a hard day; I deserve it. If I say no I will insult my host, who made the dessert.	Minimizing and predicting the future Magnifying Mind reading and catastrophizing
While Shula Eats Dessert	As long as I have eaten a little sugar, I might as well have the whole dessert. It is too hard to keep to my eating plan. It doesn’t matter if I eat some dessert.	All-or-nothing thinking Magnifying Minimizing
After Shula Eats Dessert	I am a loser. I will never get my diabetes under control.	Black-and-white thinking Predicting the future

Once we examined Shula’s thoughts before, during, and after she ate dessert, it made sense that she was having so much trouble keeping to a healthy eating plan. Shula had been aware of her self-critical thoughts *after* she ate the dessert, but she had not been aware of her thoughts *before* and *during*, and the role they played in maintaining her dessert eating.

I have had clients who tell me they “end up” drinking until they black out, having unprotected sex, or not studying for exams. The reality is people don’t “end up” doing these things. Even if it is fleeting, there is almost always a thought before the behavior that enables or justifies the dysfunctional behavior. Helping your client identify her cognitive distortions before, during, and after dysfunctional behavior is an important step in helping her feel more in control and starting a change process.

Exercise 6.3

Practice identifying cognitive distortions that occur before, during, and after your client’s problematic behavior.

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 6.1: (a) Jim Forgets His Wallet, and (b) Richard's Boyfriend Wants to End the Relationship

Exercise 6.2: Julie Has a Terrible Week

Exercise 6.3: Raymond Drinks Too Much

Apply What You Learned to Your Own Life

Look over the Thinking Traps handout for this homework assignment.

Homework Assignment #1 Identify Your Own Cognitive Distortions

Choose one or two thinking traps that resonate with you and think of a recent example from your own life for each one. This coming week, see whether you can catch any thinking traps you are currently doing and try to complete the What Are My Thinking Traps? worksheet.

What Are My Thinking Traps?		
Situation	**Thoughts**	**Thinking Trap (filtering; overgeneralizing; all-or-nothing thinking; mind reading; personalizing; catastrophizing; predicting the future; magnifying and minimizing; shoulds)**

Homework Assignment #2 Identify Your Own Cognitive Distortions Before You Either Avoid or Act Impulsively

▼

The guided audio file available for this exercise also gives an example from my own life of my forever failing attempts to drink less coffee.

Think of a situation where you would like to change your behavior and where you are either avoiding or acting impulsively. For example, most of us would like to exercise more, eat less junk food, or be more organized. Choose one of these issues or a similar one. Next, think of a specific situation where you had planned to exercise but didn't, or you ate the whole pack of potato chips when you had decided no more junk food, or instead of neatly filing your bills or reports you just left them in a pile on your desk. Once you have chosen a specific situation, think back and try to identify what your thoughts were that enabled you to not exercise, to eat the junk food, or to stick the paper onto the already messy pile of papers. Once you have identified your thought, try to identify the cognitive distortion.

Apply What You Learned to Your Therapy Practice

Now that you've had a chance to practice with your own thoughts, let's turn to your clients' thoughts.

Homework Assignment #3 Try Identifying Your Client's Thoughts about Self, Others, or

the Future

During your next few therapy sessions, when a client spontaneously mentions a thought, ask yourself if the thought is about self, others, or the future. Try to complete the worksheet below for three thoughts that a client spontaneously mentions.

Are My Client's Thoughts about Self, Others, or the Future?		
Client	**Thought**	**Self, Others, or Future?**

Homework Assignment #4 Help Your Clients Identify Their Thinking Traps

Choose a client who often discloses his or her thoughts and who you think would find the idea of thinking traps helpful. Give him or her the Thinking Traps handout, which is available at http://www.newharbinger.com/38501, and ask if any of the thinking traps apply. If this part of the exercise goes well, ask your client to identify and write down three thoughts that are thinking traps this coming week. You can use the What Are My Thinking Traps? worksheet.

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: Identify hot thoughts.

- What are two characteristics of hot thoughts?

Agenda Item #2: Is this thought an unrealistic evaluation of self, others, or the future?

- Why is it important to identify thoughts about self, others, or the future?

Agenda Item #3: Does this thought explain your client's feelings?

- What type of thoughts would you expect to go with depression, anxiety, anger, and guilt?

Agenda Item #4: Does this thought contain a cognitive distortion?

- Explain three cognitive distortions.

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

Chapter 7

Identify Your Clients' Thoughts

Did you have a chance to do the homework from the last chapter? Here is one of my catastrophizing cognitive distortions that I caught. I am in the car, driving to a meeting with colleagues I don't know very well. I pick up coffee, and within five minutes I manage to spill a good part of it on my new white shirt. Can you guess my thoughts? *I will look like a complete idiot; everyone will think I am totally incompetent*. However, the truth is I simply pulled my jacket over my shirt—and it wasn't great, but it certainly wasn't a catastrophe. Were you able to catch any of your own cognitive distortions? Were you able to identify your clients' thoughts about self, others, or the future?

If you did the homework, take a moment to reflect on what you learned. If you did not do the homework, think about an upsetting experience that happened last week. Identify your thoughts and then ask yourself, *Do my thoughts contain unrealistic judgments about self, others, or the future? Are they a cognitive distortion?*

Set the Agenda

In the last chapter we focused on how to decide which thoughts are worth working on. Now that we know *what* to look for, it's time to get our hands dirty and learn *how* to look.

Agenda Item #1: Identify automatic thoughts.

Agenda Item #2: Helpful questions.

Agenda Item #3: Your clients' images.

Agenda Item #4: Additional strategies to identify thoughts.

Agenda Item #5: How do you know which questions to use?

Agenda Item #6: Link thoughts to feelings, physical reactions, and behavior.

Work the Agenda

Remember that the purpose of identifying your client's thoughts is to understand what a situation means to your client, or how he interpreted the situation. We want to help our clients identify their hot thoughts. To recap, a hot thought explains your client's feelings and behavior and is an unrealistically negative evaluation of self, others, or the future.

Clients can have a variety of reactions when they start to identify their negative thoughts. Many clients feel more in control when they understand what is maintaining their difficulties and can identify the relationship between their thoughts, feelings, physical reactions, and behaviors. Other clients become more distressed when they realize how negative their thoughts really are. It is important to explain that even though it can be hard to look at negative thoughts, it is a first step to feeling better.

Agenda Item #1*: Identify Automatic Thoughts*

It sounds simple, but if you want to know what your client is thinking, just ask. The following "Just Ask" questions are often all that you need.

"Just Ask" Questions	
General Probing Questions	What were you thinking? What were you saying to yourself at the time? What was running through your mind?
Prompting Questions	Any other thoughts? Anything else?
Reflective Statements	So you were thinking…(repeat last thought) *Often just repeating the last thought or statement will encourage the client to elaborate on more thoughts. You can then choose to add a prompting question.*
Clarifying	Can you tell me more about that thought?

Questions	

When you ask your client, “What were you thinking?” use a gentle, curious tone that encourages self-reflection. It is often helpful to refer to the situation you are exploring. For example, Suzanne’s therapist asked, “When you received the invitation to the barbecue, what were your thoughts?” Don’t forget to go slowly and give your client time. It can take a couple of questions before your client can identify his thoughts.

Let’s look at the example we started working on with Suzanne in chapter 5. If you remember, the principal of her new school invited her to a barbecue with the other new teachers. You know about the situation (invitation to the barbecue), you already know her feelings (nervous, worried, and embarrassed), you know her physical reaction (clenched stomach and tense shoulders), and you know her behavior (put the invitation aside and did not respond). You now want to identify Suzanne’s thoughts, and in particular you want to help her identify her hot thoughts. Let’s see what happens if her therapist uses the “Just Ask” questions.

Therapist: Suzanne, you have done a good job identifying your feelings, physical reactions, and behavior. Let’s see if we can also identify your thoughts. When you were invited to the party, what thoughts went through your mind?

Notice her therapist starts by positively reinforcing Suzanne for identifying her feelings, physical reactions, and behavior. She then refers to the situation before asking a general probing question.

Suzanne: (*pausing*) I don’t know, just that I don’t want to go; the other new teachers will all be there.

The thought I don’t want to go *is the behavior Suzanne wants to do. It is a fact. The thought* All the other new teachers will be there *is also a fact. These thoughts do not contain unrealistic judgments about self, others, or the future; they do not explain her feelings; and they do not contain a cognitive distortion. Suzanne has not yet identified a hot thought.*

Therapist: Any other thoughts?

The therapist uses a prompting question.

Suzanne: Well, just that I won't fit in.

Suzanne is starting to identify her hot thoughts. I won't fit in *is a thought about self. Her therapist wants to keep exploring.*

Therapist: Are there other thoughts that go with *I won't fit in*?

The therapist uses another prompting question.

Suzanne: I feel that I will just stand there looking awkward, and no one will talk to me. I will be so anxious, and I will probably get all sweaty.

This is an example of a client using "I feel," when what Suzanne really means is "I think." When this happens, simply repeat the sentence saying, "You were thinking,…"

Therapist: You were thinking*, I will just stand there looking awkward, no one will talk to me, and I will probably get all sweaty*.

Suzanne: That's right, it's not just that they won't talk to me, it's that no one will *want* to talk to me.

At this point Suzanne has identified a thought about herself: I won't fit in*; thoughts about herself and the future:* I will stand there looking awkward, and I will probably get all sweaty*; and a thought about others and the future:* no one will want to talk to me.

Her therapist then asked Suzanne if she would like to write down her thoughts on the Understand Your Reaction worksheet. Sometimes clients like to write, and sometimes they like me to write. I don't think it matters. If I am writing, I repeat my client's thoughts out loud as I write. I find that this encourages my client to start thinking about his thoughts, rather than just experiencing them.

Let's see what Suzanne's worksheet looks like.

Understand Your Reaction				
Situation	**Feelings (Rate 1–10)**	**Physical Reactions (Rate 1–10)**	**Behaviors**	**Thoughts**
What? Who? Where? When?	What did I feel?	How did my body	What did I do?	What did I

		react?		think?
Principal invited me to barbecue with the three other new teachers	Nervous (7) Worried (8) Embarrassed (6)	Clenched stomach (4) Tense shoulders (5)	Has not responded	I don't want to go. The other new teachers will be there. I won't fit in. I will just stand there looking awkward. No one will want to talk to me. I will probably get all sweaty.

Agenda Item #2*: Helpful Questions*

Sometimes when you ask your clients what they are thinking, they respond with thoughts that are not hot thoughts. For example, Raoul felt very awkward going to the lunchroom. When his therapist asked what he was thinking, he responded, "I don't know, I just feel awkward." His therapist needs to ask additional questions to help Raoul identify his thoughts.

WHAT DOES THE SITUATION MEAN TO YOUR CLIENT?

One way to discover what a situation means to your client is to ask him directly. You can use any of the following questions:

- What does this situation mean to you?

- What does this situation mean about you, other people, or the future?
- What is it about this situation that is so distressing for you?
- How is this situation a problem for you?

Initially, I felt very awkward using these questions. My clients had just told me about an emotionally difficult situation, and I was asking what it meant to them or why it was a problem. However, I have consistently found these questions to be very helpful. Like all questions, it is important that you use a gentle, curious tone that conveys your desire to understand your client's experiences.

Let's go back to Suzanne. Her therapist decided to keep exploring, using the additional questions identified above, in order to be sure she fully understood why Suzanne found the invitation to the barbecue so distressing.

Therapist: I want to be sure I understand what it is about the invitation to the barbecue that is so distressing for you.

Suzanne: It's not the invitation, it's going there with all the other new teachers.

Therapist: What is it about being there with all the other new teachers that is so distressing for you?

Her therapist uses one of the questions to keep probing what the situation means to Suzanne.

Suzanne: It's hard to figure out. I guess that I won't fit in; (*pausing*) I think my biggest fear is that they won't want to be my friend.

Therapist: Sounds like the big fear is "they won't want to be my friend"?

Suzanne: That's right, that no one will want to be my friend, and I will be there all alone.

In the example above, the question "What is it about this situation that is so distressing for you?" helped Suzanne figure out her underlying thought. Let's look at another example and see how you can use these questions.

Your Turn! What Does This Situation Mean to Suzanne?

In her fifth session, Suzanne wanted to focus on her feelings at recess. She was increasingly anxious and uncomfortable during recess duty and had been trying unsuccessfully to avoid it completely. Her therapist asked if Suzanne could give an example of what happens. Suzanne explained that she stands alone in the schoolyard, does not talk to anyone, and tries to look as if she is supervising the children. She feels very lonely and wishes the other teachers would talk to her. Suzanne adds that this exact situation happened yesterday. Her therapist believes this is a good situation to work with. She knows Suzanne's feelings (anxious) and her behavior (she stands alone). She wants to understand Suzanne's thoughts.

Therapist: When you are standing in the schoolyard at recess, what are you thinking?

Suzanne: (*looking sad*) None of the other teachers are talking to me.

Suzanne's thought is a fact. It does not indicate what the situation means to Suzanne.

Look at the three possible responses below and pick the one that will help Suzanne identify what the situation means to her.

Help me understand what it is about the other teachers not talking to you that is a problem for you.

Have you tried talking to them?

What do you feel when the other teachers don't talk to you?

Response #1 is the best answer to help Suzanne identify what the situation means to her and to help Suzanne identify her hot thoughts. Response #2 starts problem solving, and response #3 takes therapy into a different direction.

Therapist: Help me understand what it is about the other teachers not

talking to you that is a problem for you.

Suzanne: The main problem is that I stand alone, while all the other teachers stand with a friend and talk to each other.

Look at the three possible responses below. Choose the response that will help Suzanne explore what the situation means to her.

When the other teachers don't talk to you, how do you feel?

What does it mean to you that you are standing alone, and the other teachers are standing with a friend and talking to each other?

When you say the other teachers don't talk to you, how many other teachers are outside at recess?

Response #2 is the best response to explore what the situation means to Suzanne. Response #1 would be a good response if you wanted to identify her feelings, and response #3 would be a good response if you wanted to understand the situation.

Therapist: What does it mean to you that you are standing alone, and the other teachers are standing with a friend and talking to each other?

Suzanne: It means that the other teachers don't want to talk to me, because none of them approaches me.

At this point, Suzanne has identified a hot thought that explains her distress at recess. Her hot thought *The other teachers don't want to talk to me* is a thought about others. Her therapist could continue using the "Just Ask" questions and the questions about the meaning of the situation to explore whether there were other hot thoughts.

WHEN THE SITUATION INVOLVES ANOTHER PERSON

Many difficult situations involve other people besides your client. It can be helpful to ask what your client thinks the other person's behavior means about how he or she thinks or feels about your client. For example, in Suzanne's situation, her therapist asked, "What do you think the other

teachers not talking to you means about how they feel toward you?" Suzanne responded that she thought it meant that they did not want to get to know her and liked to stay in their own little cliques.

A good follow-up question is whether there is anything about your client that causes the other person to behave in this manner. For example, Suzanne's therapist asked if there was anything about her that would cause the other teachers not to include her. Suzanne responded that she was shy and awkward and would not fit in.

Exercise 7.1

Practice identifying what situations mean to your clients.

FOCUS ON FEELINGS

Another approach to exploring your client's thoughts is to ask what thoughts go with specific feelings. I often use this approach when my client is very aware of his feelings but is having trouble identifying his thoughts.

There are a number of ways I ask what thoughts go with my client's feelings. I have used these questions to explore a great variety of feelings, including sad, hurt, annoyed, disappointed, angry, and anxious. I often ask my client to take a moment, go back to the situation in his mind, and focus on the feeling. I then ask one of the following questions:

- What thoughts go with this feeling?
- Help me understand, when you have this feeling, what thoughts go through your mind?
- Just before you started to have this feeling, what went through your mind, or what were your thoughts?

Let's look at an example of how you could use these questions. Jasmine just found out that her grandfather, who lives out of town, was not feeling well. She has been feeling overwhelming guilt that she had not visited him in a few months.

Therapist: When you found out that your grandfather was not feeling well, what were your thoughts?

Jasmine: I just felt so guilty.

Therapist: Any other thoughts?

The therapist starts by using one of the "Just Ask" questions. When Jasmine was unable to identify a hot thought but kept repeating her feelings, the therapist decided to try and identify the thoughts that went with Jasmine's feelings.

Jasmine: No, just this really strong, overwhelming feeling of guilt.

Therapist: Can you go back in your mind to when your mother told you that your grandfather was not well?

Jasmine: Sure, I can remember it really clearly.

Therapist: Can you focus on your feeling of guilt? Really let yourself feel the guilty feeling. (*pausing*) I am wondering what thoughts go with this guilty feeling.

Jasmine: I just think that a good granddaughter would visit more regularly; now he is sick and old.

Video 7.1

LIST WORRIES

Often when clients are in emotional distress, they worry. Worry is a big component of anxiety, but clients who feel depressed, guilty, ashamed, and angry also often worry. Worry is about expecting bad things to happen. When my client is anxious or worried, I start by making a list of all the "bad things" he is worried will happen. The more concrete the list, the more useful it is. Remember, I am looking for what my client is expecting to happen, not what he is expecting to feel. For example, "I am worried I will be anxious when giving a presentation," or "I am worried that my presentation will not go well" are less concrete worries than "I am worried I will forget my talk."

Below are some good questions to explore what specifically your client is worried or anxious will happen:

- What are you anxious or worried is going to happen?

- Is there anything you are specifically worried about happening?
- What is the worst that could happen? Or what is your worst-case scenario?
- What do you imagine happening?

Suzanne's therapist realized that she did not fully understand what Suzanne was worried would happen at the barbecue. The therapist said, "I can tell that you are pretty anxious about the barbecue. I thought it would be helpful if we could make a list of what you are worried will happen, including your worst-case scenario." Together they made the following list:

> When I get there, everyone will be talking to each other, and no one will say hi to me.
>
> If I approach one of the new teachers, she will turn her back on me.
>
> I will stand there alone, with no one to talk to.
>
> If I go up to one of the other teachers and say hi, I will have nothing to say.
>
> Clear image of standing next to the barbecue, looking very awkward, holding a glass in my hand. I see myself standing there all alone as everyone else is talking together.

Making a specific list of worries can be a very helpful tool to manage anxiety. Often, when clients see their worries written out, they realize that some are unrealistic.

I want you to try a quick exercise. Think of an upcoming event that you are somewhat anxious or worried about. Now, write down every bad thing you are worried might happen, and look at the list. Try to make your worry list as specific and concrete as possible. Do your worries seem more manageable? Maybe some of your worries are reasonable, in which case you can start to problem solve. Making a list takes anxiety from a big ball of bad feelings to specific worries you can start to address. It is one more way to hit the pause button on your automatic negative path.

Exercise 7.2

Practice helping your clients list their worries.

Agenda Item #3*: Your Clients' Images*

Some of the most exciting work in CBT involves working with clients' images (Hackmann, Bennett-Levy, & Holmes, 2011). Imagery can be a very useful tool to help clients identify their hot thoughts.

USE IMAGERY TO RECREATE THE SITUATION

Sometimes when you ask your client, "What were you thinking?" he will respond with, "I don't know." I usually follow up with one of the "Just Ask" questions. I might say, "Was anything going through your mind?" Often that is enough to prompt my client to start talking about his thoughts, but sometimes my client still says, "I don't know," or tells me a thought that is not a hot thought. In that case, one way to help your client identify his thoughts is to ask him to take a moment and imagine himself back in the situation. When a client imagines being back in the situation, some of the feelings he had at the time come back and he has better access to his thoughts.

When you recreate a situation using imagery, you can use all of the five senses; however, asking clients to imagine *seeing* the situation and *hearing* anything that was said or any other sounds in the environment is often the most effective way to recreate the situation (Richardson, 1999).

Here is an example of how recreating the situation in imagery helped Charles identify his thoughts. Charles is newly married and has a two-month-old baby. He has had trouble with alcohol in the past and is trying to drink moderately. He comes to therapy saying he "blew it." He tells his therapist that a few nights ago he went out with his buddies to a bar for a drink. When he got home he was very depressed and had three glasses of scotch.

Charles: I was so depressed when I got home, I just thought if I had a drink I would feel better.

There is no one right way to respond. Before she addressed the drinking, Charles's therapist wanted to understand what had happened at the

bar that he became so depressed.

Therapist: When you were out with your buddies, do you remember what you were feeling?

Charles: Just normal, sort of down.

Therapist: And your thoughts?

Charles: Nothing, just hanging out with the guys.

CBT theory tells us that if a client becomes distressed, there was a thought that fueled the distress. Charles's therapist wanted to discover what Charles was thinking that led to his feeling so depressed.

Therapist: I am wondering if we could go back to the situation in the bar and try and figure out what was going on with you, in particular your thoughts and feelings. Before you started feeling down, can you remember any particular incident?

Charles: My buddies were all talking about the baseball game, and I hadn't gone with them as I had to stay home with my kid that night. They were drinking and talking about all these plans that I knew I couldn't do, 'cause I now spend weekends with my wife and son.

Therapist: Can you go back to the night in your mind? Take a moment to see the bar, look around. (*pauses*) See your buddies' faces. Can you hear them talking about the game they went to? Now hear them talking about the other plans. Take a moment to really go back to the bar in your mind. See if you can remember what is going through your mind as your buddies were talking.

The therapist uses both visual and auditory imagery.

Charles: I guess I started thinking what a great time they were having, and that now all I do is change diapers and work. Feels like my life is at a dead end. My wife never wants sex anymore; she just complains about how tired she is.

Once Charles can identify his thoughts, his depression and drinking make a lot more sense.

EXPLORE IMAGES

Strong negative feelings are often accompanied by intense affect-provoking images. For example, clients who are scared of spiders tend to have images of huge horrible spiders (Pratt, Cooper, & Hackmann, 2004), and clients who are socially anxious tend to have negative images of themselves in social situations. A socially anxious client may have an image of himself stuttering, sweating, or behaving in an extremely awkward manner (Hirsch, Clark, Mathews, & Williams, 2003). Images can also be about the past. It has long been known that clients with post-traumatic stress disorder (PTSD) frequently have intrusive images in the form of flashbacks of the traumatic event. What researchers and clinicians are discovering is that clients with a variety of problems can have intrusive images that contribute to their distress. For example, often clients who are depressed have intrusive images of negative events that occurred in the past (Wheatley & Hackmann, 2011).

Some clients can easily identify their images; however, many clients become aware of their images only when specifically asked whether images accompany their emotional reaction (Brewin, Christodoulides, & Hutchinson, 1996). In my article "Incorporating Imagery into Thought Records" (Josefowitz, 2017), I describe different types of questions that can help clients identify their images. You can find a Questions to Identify Your Client's Images handout at http://www.newharbinger.com/38501.

Start with a general question. Do you have any images or memories connected with this situation? When you think of this situation, does it bring up any images or memories?

Explore worries. Many clients who are anxious have very clear images of their feared event occurring. If your client has a worst-case scenario, be sure to ask whether he actually sees the worst case happening in his mind.

Ask about images that accompany your client's feelings. Do you have any images or memories that accompany your feelings? When you have this feeling, do you ever see pictures or images in your mind of yourself or other people?

Ask about images that accompany your client's verbal thoughts. Clients often have thoughts about themselves (*I don't fit in*); thoughts about others (*my father is always critical of me*); and thoughts about the future (*my boss will refuse to pay me overtime*). You can ask, "When you have this thought, do you see or imagine this happening? Do you get a picture in your mind of yourself or the other person? What do you see yourself or the other person doing or saying?"

Some clients' images are very detailed and elaborate. Many clients tell themselves long, complex stories; others have very brief, fleeting images. Try to notice your own images.

Suzanne had a very clear image of herself standing in the principal's backyard, looking very awkward. She is holding a drink in her hand and is slightly sweaty. She is all alone and everyone else is happily talking together. Her therapist asked if there were any sounds in her image or if she heard anything. Suzanne said she could hear the other teachers talking and laughing, and she was outside the group with nothing to say.

Images hold encapsulated meanings. Once you have identified your client's images, you can ask what these images mean about himself, other people, or the future. Often images hold the same meaning as—and reinforce—the hot thought (Josefowitz, 2017). In Suzanne's case, her images reinforced her hot thoughts that no one would want to talk to her and that she would not fit in.

Exercise 7.3

Practice helping your clients identify their images.

Video 7.2

Agenda Item #4*: Additional Strategies to Identify Thoughts*

Clients' hopes, questions, and mood shifts can also provide glimpses into their thoughts.

WHEN THOUGHTS ARE HOPES OR QUESTIONS

Thoughts that are hopes or questions pose unique challenges because they do not clearly explain the meaning of the situation. This means that you need to continue to explore these thoughts in order to identify a hot thought. Let me give you some examples.

Karl is very depressed. When his therapist asks about his thoughts, he sighs sadly and says he really hopes one day he will have children. This hope is not a thought that captures what his depression is about. If Karl were truly hopeful, he would not be feeling depressed. When clients are depressed or anxious, they sometimes express as *hopes* the very things they feel *hopeless* or *worried* about. Karl's therapist follows up and asked, "I hear you *hope* that you will have children; are you worried that will not happen?" Karl became teary and responded, "Yes I think that for me having children is pretty hopeless, and it is the most important thing to me." Karl's thought, *It is hopeless that I will have children*, starts to explain his sadness.

Karen is also depressed. When her therapist asks about her thoughts, she becomes teary and says she keeps thinking, *Will my husband leave me?* The problem is you can't look for evidence for a question—you need a statement to look for evidence. You can turn the question into a statement by either rephrasing it or exploring how your client would answer the question. For example, Karen's therapist rephrased her question by asking Karen, "Are you thinking, *My husband will leave me?*"

Let's see how Raoul's therapist helped him further explore a thought that was in the form of a question. About a week ago, Raoul's boss asked him to work on a new project with some of his junior colleagues. He had been procrastinating over contacting them. Raoul was able to identify his feelings and told his therapist he was embarrassed (8) and anxious (8). His therapist then asked him what he was thinking.

Raoul: I keep wondering, *Why didn't I get the promotion?*

Therapist: When you think, *Why didn't I get the promotion*, how do you answer the question in your head?

Raoul: I guess I think I just wasn't competent enough.

Therapist: So one answer you give yourself is, *I just wasn't competent enough*. Do you give yourself any other answers?

Raoul: Well, I also think my colleagues and boss don't respect me, and don't respect my work.

When Raoul's therapist starts to explore how he answers the question, he starts to identify thoughts about himself, I wasn't competent enough*, and thoughts about others,* My colleagues and boss don't respect me and don't respect my work.

Exercise 7.4

Practice exploring thoughts that are facts, hopes, or questions.

USE SHIFTS IN YOUR CLIENT'S MOOD

When clients talk about a difficult situation, they often become emotional. A shift in your client's mood usually goes with an important thought about self, others, or the future. For example, if a client looks sad, blushes, or becomes agitated, it is an opportunity to "catch" important thoughts. I usually say, "I noticed you looked sad [or I noticed you looked upset]; what were you thinking?"

Let's look at an example that Suzanne brought up in the sixth session. Suzanne came into the session saying she wanted to talk about her relationship with her husband. She started in a very calm manner, saying that last night, she said she was tired and wanted to go to bed early. Her husband became annoyed and angry and told her that she was always tired and never wanted to do anything fun anymore. Suzanne started to become teary as she described her husband's response. Her therapist wanted to identify what thoughts went with her change in mood.

Therapist: You looked teary as you remembered what your husband said.

Suzanne: Yes, it was pretty awful to hear him say that I never want to go out anymore.

Therapist: I am wondering what was going through your mind just now, as you got teary.

Suzanne: (*looking very sad and more teary*) I thought that if I don't start being more fun, that he will leave me, and I will be all alone.

YOUR TURN! Notice Raoul's Change in Mood

Up to now Raoul has mainly focused on work issues. In session 7 he comes in and tells his therapist that his youngest niece may have a serious illness. He explains in a calm voice, "When I think of the possibility of my niece being sick, I know the whole family will just have to find a way to cope, as hard as it will be." He then goes on:

Raoul: We will know for sure whether my niece has the illness on Monday, when we get the results of the lab tests. (*His voice cracks, he takes a deep breath, and looks very upset.*)

How could his therapist use the shift in Raoul's mood to help him identify his thoughts about the lab results?

Look at the three possible responses below and pick the one that will help Raoul identify his thoughts:

What a hard situation. I hope that you are taking care of yourself.

You just looked so upset, I am wondering what was going through your mind when you thought of getting the lab results?

I can see how upset you are, but I also hear how important it is to you to cope. How are you coping?

Response #2 is the most likely to lead Raoul to identify the thoughts that accompany his change in mood. In response #1, the therapist tries to be supportive but does not ask about Raoul's thoughts and is giving advice that Raoul did not ask for. In response #3, the therapist tries to be empathic and then moves to problem solving without having a good definition of the problem.

Agenda Item #5*: How Do You Know Which Questions to*

Use?

It can be hard to know which question to use, and there is no right answer. Here is a summary of the questions I use, in the general order in which I use them. You may initially find it helpful to keep this list by your side during therapy. (You can download a Questions to Identify Your Client's Thoughts handout at http://www.newharbinger.com/38501.) The more you use these questions, the more they will start to feel natural.

- What were you thinking? Any other thoughts?
- When a client's mood shifts, ask about thoughts.
- What does the situation mean to you? OR What does the situation mean about yourself, others, or your future?
- How is this situation a problem for you?
- What are some of the thoughts that go with your feelings?
- Let's make a list of your worries. Do you have a worst-case scenario?
- Do you have any images?
- If the thought is a question: How do you answer this question in your mind?
- If the thought is a hope: What are you worried about?

Let's use some of these questions to help Michael, a twenty-eight-year-old client of mine, to identify his thoughts. Michael's main agenda was addressing his anxiety about his relationship with a new girlfriend. He didn't understand why he was so anxious. We began with identifying situations where he felt anxious. Michael told me that his girlfriend was rarely verbally affectionate toward him; she almost never said she missed him or that she was happy to see him. He described a text message he just received where she said, "See you tonight for dinner." As he talked about her behavior, he became almost teary. Below is how I explored his thoughts; however, there

are many other possible helpful responses. As you read through the dialogue, consider what you would have said.

Therapist: When you received the text, what were your thoughts at the time?

Michael: I don't know, it just doesn't feel good to get a text like that (*eyes well up with tears*).

I started with using one of the "Just Ask" questions. However, Michael responded with a thought that was not a hot thought, so I wanted to try another approach.

Therapist: I can see you're becoming almost teary. What thoughts are going through your mind?

I noticed the shift in his mood and thought it probably signaled an important thought.

Michael: I know she had a relationship with another man for two years before me. I keep wondering, *Did she treat him the same way?*

Michael's first thought is a fact: She had a relationship for two years before me. *His second thought is a question:* Did she treat him the same way? *I chose to explore how he answered the question, as there seemed to be more emotion attached to that thought.*

Therapist: And how do you answer the question, "Did she treat her past boyfriend in the same way"?

Michael: I think she treated him differently, or the relationship wouldn't have lasted.

I wanted to explore what it meant to Michael that he thought his girlfriend had treated her previous boyfriend differently.

Therapist: If she did treat her previous boyfriend differently, what would it mean to you?

Michael: That she doesn't care about me as much as her previous boyfriend, maybe that she doesn't really care about me at all.

At this point, Michael started to talk with more emotion about his fears that

his girlfriend was not committed to the relationship and that he was not very important to her.

Agenda Item #6*: Link Thoughts to Feelings, Physical Reactions, and Behavior*

At this point in therapy, you have identified a specific situation that is problematic for your client, and you've explored your client's reaction using the four-factor model. Identifying the relationships among the four factors provides your client with a structure for understanding what is maintaining his problems, and provides you with a way of organizing your client's treatment. Here's where the written worksheet Understand Your Reaction comes in handy: you and your client have a document you can look at when developing a model to understand the factors that are maintaining his problem.

I start with asking my client to look over the Understand Your Reaction worksheet and ask if he sees a connection among the four factors. Often a client will spontaneously comment that his reaction makes more sense, or that given his thoughts, it makes sense how he is feeling or behaving. If a client does not see the link between his thoughts and his feelings, physical reactions, and behaviors, I point it out to him. For example, I might say, "When I look at your thoughts, it makes sense to me that you would be [a feeling, for example depressed], or do [a behavior, for example procrastinate]. Does this make sense to you?" If my client agrees with me, I ask him to explain the link among the four factors in his own words.

Let's look at the Understand Your Reaction worksheet that Suzanne completed to see how we can help her understand her difficulties.

Understand Your Reaction				
Situation	**Feelings (Rate 1–10)**	**Physical Reactions (Rate 1–10)**	**Behaviors**	**Thoughts**
What? Who? Where? When?	What did I feel?	How did my body react?	What did I do?	What did I think?

Principal invited me to barbecue with the three other new teachers	Nervous (7) Worried (8) Embarrassed (6)	Clenched stomach (4) Tense shoulders (5)	Has not responded	I don't want to go. The other new teachers will be there. I won't fit in. I will just stand there looking awkward. No one will want to talk to me. I will probably get all sweaty.

Therapist: Let's look at what you wrote down. (*Suzanne and her therapist look at the worksheet*.) When you look at it, do you notice any connection among the four factors?

Suzanne: Sort of…I wasn't aware that I had all of those thoughts.

Suzanne's therapist wants to positively reinforce Suzanne for identifying her thoughts. Rather than telling her, she wants Suzanne to make the link between her thoughts and how she was feeling and behaving.

Therapist: You did a really good job of identifying your thoughts. Do you see a connection between your thoughts and your feelings, physical reactions, and behaviors?

Suzanne: I do. It makes sense to me that if all these thoughts were going through my head, I would feel anxious.

Therapist: I think you are right, and you said it very well. The thoughts really explain your feelings.

Notice how Suzanne's therapist reinforces Suzanne's understanding of the relationship between her thoughts and her feelings; she tells Suzanne that she articulated the relationship well, and repeats the connection.

At this point Suzanne's therapist would introduce the idea of examining her thoughts, to see if there is any evidence for her beliefs. In the next chapter, we are going to cover how to look for evidence for your clients' thoughts.

DO I ALWAYS EXPLORE ALL FOUR FACTORS?

For most clients I use the Understand Your Reaction worksheet. However, you can start with just focusing on one aspect of a client's problem. For example, remember my client Elsbeth, in chapter 5, who was angry at her son for not doing his homework and chores? We started with just monitoring situations where she was angry. With other clients, if behavior is not part of the presenting problem, I start with exploring feelings, physical reactions, and thoughts. Once my client understands the feeling–thought connection, we add exploring his behaviors.

EVALUATING YOUR CLIENT'S WORKSHEET

Below are five criteria I use to evaluate whether I need to spend more time exploring any aspect of a client's Understand Your Reaction worksheet. If a client did not find completing the worksheet helpful, I check that it was done well; if it was not done well, I keep working with my client. You can download Understand Your Reaction Checklist at http://www.newharbinger.com/38501.

Is the **situation** a factual description of what occurred or does it include feelings, physical reactions, behaviors, or thoughts?

Is the **feeling** really a feeling or is it a thought or behavior?

Did the client rate his or her feelings and physical reactions?

Is the **behavior** a factual description or does it include feelings, physical reactions, or thoughts?

Are the **thoughts** hot thoughts?

Are the thoughts about self, others, or the future?

Are the thoughts related to the client's feelings?

Exercise 7.5

Practice evaluating the Understand Your Reaction worksheet.

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 7.1: (a) Yonas Asks a Question, and (b) Diana Wants to Go to College

Exercise 7.2: Isabella Lists Her Worries

Exercise 7.3: Aabir Explores His Images

Exercise 7.4: Carol Wants to Apply for a Job

Exercise 7.5: Sophia Completes the Understand Your Reaction Worksheet

Apply What You Learned to Your Own Life

Before you try completing the whole Understand Your Reaction worksheet, it is helpful to practice identifying just your thoughts and feelings.

Homework Assignment #1 Identify Your Own Feelings and Thoughts

This coming week, choose two situations when you had at least a moderately strong negative reaction. Describe the situation, identify and rate your feelings, then identify your thoughts using Questions to Identify Your Client's Thoughts. Record your responses on the What Are My Feelings and Thoughts? worksheet, which you can download at http://www.newharbinger.com/38501.

What Are My Feelings and Thoughts?		
Situation	**Feelings (Rate 1–10)**	**Thoughts**
What? Who? Where? When?	What did I feel?	What did I think?

Homework Assignment #2 Complete the Understand Your Reaction Worksheet

Once you have practiced the What Are My Feelings and Thoughts? worksheet, you are ready to try completing the entire Understand Your Reaction worksheet. There is a copy below, and you can also download it at http://www.newharbinger.com/38501. Once you have identified your thoughts, ask yourself if they are about self, others, or the future.

Understand Your Reaction				
Situation	**Feelings (Rate 1–10)**	**Physical Reactions (Rate 1–10)**	**Behaviors**	**Thoughts**

What? Who? Where? When?	What did I feel?	How did my body react?	What did I do?	What did I think?

Apply What You Learned to Your Therapy Practice

It's time to try the same exercise that you just did, but this time with a client.

Homework Assignment #3 Identify Your Client's Feelings and Thoughts

Choose a client who is easy to work with and follow these steps:

Identify a situation that is problematic.

Introduce the What Are My Feelings and Thoughts? worksheet, which you completed in Homework Assignment #1, and explain that you want to use it to help identify your client's feelings and thoughts.

Identify and rate your client's feelings.

Use Questions to Identify Your Client's Thoughts.

Help your client link his or her thoughts to his or her feelings.

Homework Assignment #4 Complete the Understand Your Reaction Worksheet with a Client

If the last exercise went well, try the Understand Your Reaction worksheet with a client. The first time you try this you may feel awkward and worry about your client's reaction. This is a normal response to trying something new. However, try to put your worries aside and focus on the task.

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: Identify automatic thoughts.

- What is the most straightforward way to identify negative automatic thoughts?

Agenda Item #2: Helpful questions.

- How can you ask what a situation means to your client?

Agenda Item #3: Your clients' images.

- What are two good questions you could use to ask about your client's images?

Agenda Item #4: Additional strategies to identifying thoughts.

- If a thought is a question or a hope, how can you explore it further?

Agenda Item #5: How do you know which questions to use?

- What are some of the questions you could use to help your clients identify their thoughts?

Agenda Item #6: Link thoughts to feelings, physical reactions, and behavior.

- Why is it helpful to look at the relationship among the four factors?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

PART 3

COGNITIVE AND BEHAVIORAL INTERVENTIONS

Chapter 8

Look for Evidence and Create Balanced Thoughts

In chapter 7 we covered how to help your clients identify their thoughts. Did you have a chance to notice your own thoughts? Did you ask your clients about their thoughts and feelings? What did you discover?

If you did not do the homework, think about an upsetting experience that happened last week. Try to identify your feelings and thoughts. What did the situation mean to you? What was your worst-case scenario? Did you have any images?

Set the Agenda

In this chapter we are going to build on the Understand Your Reaction worksheet and learn how to work with thought records. You will ask your clients to examine the evidence for their negative thoughts and develop a balanced thought that takes into consideration all of the evidence. The whole process is called *cognitive restructuring*.

Agenda Item #1: What are thought records?

Agenda Item #2: Explain looking for evidence.

Agenda Item #3: Find evidence that supports negative thoughts.

Agenda Item #4: Find evidence against negative thoughts.

Agenda Item #5: Develop balanced thoughts.

Work the Agenda

In chapter 5 we talked about how your client has a well-worn automatic negative path that she zooms down, ending up in a big black jumbled ball of

feelings, physical reactions, behaviors, and thoughts. One way to hit the pause button on your client's automatic negative reaction is to use the four-factor model to help your client understand her reaction. Once your client has identified her feelings, physical reactions, behaviors, and thoughts, she is ready to actively change her negative path. One way to help your client change her negative path is to ask her to step back and examine the evidence for her thoughts. Negative thoughts are like thinking habits; we assume they are true and don't stop to question whether they make sense. However, habits can be changed. Looking for evidence starts a process of developing new and more positive thought habits that are based on reality.

Agenda Item #1*: What Are Thought Records?*

A thought record is essentially a structure for helping your client look for the evidence for her hot thoughts. In its simplest form, a thought record is a worksheet where a client identifies a problematic situation and then records her feelings and thoughts about the situation. The client then choses one thought to focus on. For a thought record to be effective, the thought the client chooses needs to be a hot thought. Once your client has identified the hot thought she wants to explore, she then looks for the evidence for and against her thought. After the client has examined the evidence, she develops a new more balanced or alternative thought. Many thought records also include space to record physical reactions and behavior. The Understand Your Reaction worksheet can be used as the first five columns of a thought record. Thought records also frequently involve having clients rate how much they believe their new balanced thought and rerate their feelings after completing the thought record; however, this is not essential. Below are the steps to complete a thought record. The steps in italics are common but not essential to the process.

Identify a problematic situation.

Identify and rate feelings.

Identify physical reactions.

Identify behaviors.

Identify thoughts.

Choose a hot thought (a thought that is related to a negative feeling and a negative evaluation of self, other, or the future).

Look for evidence for and against the hot thought.

Create a balanced or alternative thought based on all of the evidence.

Rate the extent to which you believe the new balanced thought.

Rate your feelings now that you have examined the evidence.

I use the Examine the Reality of Your Thoughts worksheet, which follows, to help clients complete the rest of the thought record process.

Examine the Reality of Your Thoughts **Thought I want to examine:**	
Evidence for My Thought	**Evidence Against My Thought**
Conclusion or thoughts that consider all the evidence:	

The theory behind thought records is that clients assume their negative thoughts are true. Asking clients to examine the evidence for their thoughts stops their automatic reaction and starts a process of self-reflection. When clients examine the evidence for their thoughts and create their own balanced thought, they develop new ways of thinking and less extreme attitudes toward the world and themselves. New ways of thinking open up the possibility of behavioral change. Evidence clearly shows that this process of cognitive restructuring is related to alleviating depression and anxiety (Beck & Dozois, 2011).

A written thought record is not essential. Looking for the evidence for a thought can be done as part of a therapy conversation. However, I would encourage you to use the Understand Your Reaction and Examine the Reality of Your Thoughts worksheets as written tools. A written thought record provides a structure and makes the process of identifying thoughts and looking for evidence very concrete. Some therapists like to use a seven-column thought record with space for identifying the four factors, looking for

evidence, and developing a balanced thought. Dennis Greenberger and Christine Padesky use this type of thought record in their book *Mind Over Mood* (2016). Personally, however, I like to break the thought record down into two stages, first using the Understand Your Reaction worksheet and then the Examine the Reality of Your Thoughts worksheet. You can download both at http://www.newharbinger.com/38501.

Although looking for evidence is a powerful intervention, looking for evidence once will not shift a longstanding negative thought. Your clients will need to complete many thought records, over a period of time, to change their negative thoughts. However, while a client's thoughts vary somewhat from situation to situation, most clients have recurring negative thinking patterns. If you identify a client's thoughts in one situation, most likely these thoughts will recur in other situations. This means that the thought record you complete for one situation will often be relevant to other situations.

CHOOSE A HOT THOUGHT

If your client has one central negative hot thought that is closely related to her emotional distress, that is the thought you will focus on. However, your client may have more than one hot thought, for example, *I am an inadequate mother* and *My partner does not love me*. In this case, your client needs to choose which thought to work with, as you can only examine the evidence for one thought at a time. If a client has more than one hot thought, I ask, "Which thought do you think is the most central, or the most important for us to examine?" Another question I have found helpful is, "Which thought do you think is most closely related to your strongest negative emotion?" Clients usually know which thought they need to focus on. Most of our negative thoughts are repetitive. If your client chooses to examine *I am an inadequate mother*, she will have another chance to examine *My partner does not love me*.

WHAT IS SOCRATIC QUESTIONING?

All CBT books talk about the importance of Socratic questioning. The term comes from the Greek philosopher, Socrates. Socratic questioning is the idea that skillful questioning can help your clients examine the assumptions behind their thoughts, consider aspects of the situation they had ignored, or understand their situation from a different perspective. Your role is to ask questions that help your client understand her problems in a new light.

The basic idea is that it is more effective to ask questions that help clients reach their own conclusions than to tell a client what to think. If I could post one sticky note on all my readers' heads, it would say:

> Conclusions you reach yourself are more convincing than conclusions someone tells you.

Agenda Item #2*: Explain Looking for Evidence*

Once your client has identified a hot thought, you need to explain the idea of looking for evidence. Essentially, you are going to teach your client to examine her thoughts for their validity rather than treating thoughts as facts. Your client needs to learn to take a step back and put some distance between herself and her thoughts.

My clients almost always immediately grasp the idea of looking for evidence, though sometimes they assure me that they know their negative thoughts are accurate. Here is how I usually explain looking for evidence (you can find a copy at http://www.newharbinger.com/38501):

> You did a really good job of identifying your thoughts and catching the negative thoughts that cause you to feel bad. I am wondering if you would be willing to examine your thoughts. I would like to look at the evidence that supports your negative thoughts, and also at evidence that doesn't support your negative thoughts. Negative thoughts are like thought habits. By that I mean they are ways of thinking that you are used to, but you have not examined whether they are accurate. When we look for evidence, I want us to focus on facts. That way, we can evaluate the accuracy of your thoughts. Would that be okay with you?

We need to pick one thought that we want to examine. I want to look over the thoughts you identified that go with your negative feelings and see if we can pick one that feels the most central to you, or is the most related to your strongest negative emotional reaction.

YOUR TURN! Practice in Your Imagination: Explain Looking for Evidence

▼

I want to ask you to imagine explaining looking for the evidence for a hot thought. Before you start, rate from 1 to 10 how comfortable you feel explaining looking for evidence for and against a hot thought. At the end of the exercise, rate your level of comfort again to see if it changed. Now, let's try this exercise.

Choose a client who you think would benefit from looking for evidence for his or her thoughts. Try to get a picture of him or her in your mind. Imagine yourself in your office with your client. See your office; notice the sounds and smells in the room. Imagine that your client has identified a negative thought and you want to explain how to examine the evidence for his thought. Read over how I suggest explaining the process of looking for evidence while imagining yourself saying the words. You can also use your own phrases. Really hear and feel yourself explaining how to examine the evidence. Now, imagine explaining looking for evidence two more times with the same client. Each time, imagine that your client responds positively.

Agenda Item #3*: Find Evidence That Supports Negative Thoughts*

If you are going to help your client reevaluate her negative thoughts, you need to understand the evidence she uses to support them. Many clients find that writing down the evidence, or saying the evidence out loud, makes it more manageable. It becomes a fact that you can talk about, rather than something that sits in your head. Sometimes when a client starts to look for facts that support her negative thoughts, she realizes that there aren't any, or not as many as she thought. Sometimes a client discovers that her negative thoughts are fairly accurate. This can also be helpful, as it highlights the need to problem solve and cope with a real problem.

SUZANNE EXAMINES THE EVIDENCE

Let's look at how we could help Suzanne with her anxiety about the invitation to the principal's barbecue. She identified her hot thought as *No one will want to talk to me*. Suzanne's therapist explained the process of looking at the evidence, and Suzanne was willing to try.

Therapist: I want to start with looking for the evidence that supports your thought, *No one will want to talk to me*. What makes you think that it might be true?

Suzanne: Well, I know that I will feel anxious when I go to the barbecue.

Suzanne's thought, I will feel anxious when I go to the barbecue, *is not a fact. It is a* prediction *about how she will feel. Suzanne's therapist wants to explore whether there are any facts that support her hot thought.*

Therapist: I hear you will feel anxious, but I wonder if there are any facts that support your belief that no one will want to talk to you.

Suzanne: What do you mean?

Therapist: If I wanted to prove that no one would want to talk to you, I would have to back up my opinion with facts. For example, if you were in a court of law, the judge would look only at the facts. Does that make sense to you?

The therapist wants to be sure that Suzanne understands the idea of facts. Sometimes using the analogy of a court of law can be helpful.

Suzanne: What about the fact that I hardly know any of the other teachers,

does that count?

Therapist: Of course, that is a fact. I wonder…how is it related to no one wanting to talk to you?

Suzanne: Well, none of them have made an effort to talk to me. I usually stand alone at recess and I eat lunch by myself also.

Therapist: Okay, so let's write down what you just said, to be sure we don't forget. How would you put that in your own words? (*Either Suzanne or her therapist writes.*) Other evidence that makes you think, *No one will want to talk to me*?

Notice that Suzanne's therapist is gathering data; she is not refuting or problem solving.

Suzanne: I think it's mainly at lunch and recess. Maybe also when I arrive in the morning, no one says hi to me, or smiles.

USE THE PAST TO UNDERSTAND THE PRESENT

It can be helpful to ask your client if she had any experiences in her childhood or past that support, or that are related to, her negative thoughts. Making the link between her history and her current thinking can help your client start to see that what was true in her past is not necessarily true in her current life.

Take a moment to think about how you could ask Suzanne about the relationship between any past events and her hot thought.

Therapist: Suzanne, is there anything in your past that would cause you to think, *No one will want to be my friend*?

Suzanne: Actually, when I was in high school, in my last year, there was a group of really awful girls who made my life miserable. They wanted to use my house for a drinking party when my parents were away for the weekend, and I said no. They spread awful rumors about me, and I lost almost all my friends. It was a horrible, lonely time in my life. I felt then that no one wanted to be my friend.

When a client discloses painful memories from her past, you need to decide if you want to focus on the memory or continue with the thought

record. Generally, if it is the first time a client discloses a traumatic memory, I ask my client if she would like to focus on the memory. Suzanne disclosed a painful memory from high school that was upsetting, but not traumatic. Her therapist thought it was more important to continue with the thought record than to explore the high school memory.

Therapist: It must have been very upsetting to have this happen. Is that when the thought *No one wants to be my friend* started?

Suzanne: It was pretty awful. Yeah, that's when I became more self-conscious and started worrying about people liking me. Before that, I just had a bunch of friends whom I hung out with.

Therapist: It sounds like it really changed your outlook. In another session, it might be important for us to talk about what happened in high school. For now, could we just put it down in the "Evidence for" column?

Let's see how Suzanne filled in the "Evidence for My Thought" column of her Examine the Reality of Your Thoughts worksheet.

Thought I want to examine: No one will want to be my friend.	
Evidence for My Thought	**Evidence Against My Thought**
No one has made an effort to talk to me. I am alone at recess and lunch. Other teachers do not say hi when I get to school in the morning. In high school, some girls started rumors and I lost almost all my friends.	

Agenda Item #4: Find Evidence Against Negative Thoughts

Clients tend to focus on information that confirms their negative thoughts. Your job is to help your client focus on information she usually ignores and that challenges her negative thoughts. You can think of your client as living in a room filled with information, but only the information that supports her negative thoughts is lit; the rest of the room is in the dark. Your job is to use

questions so that the whole room is in the light. Once the whole room is lit and your client sees all of the evidence, she can decide if her previous belief still makes sense.

Figure 8.1 shows how a therapist used a drawing of lighting up a room to help her client Paula, who is a doctor, understand that she was only looking at information that confirmed her hot thought. In one of Paula's therapy sessions she was very distressed and told her therapist she thought that she was not a good doctor. Her evidence for her belief was that this past week she had misdiagnosed a patient and another patient had been very angry because she had kept him waiting half an hour. Paula and her therapist looked at the evidence against her belief. Paula noted that she had been a successful doctor for twenty years, almost all her patients are happy, and she rarely keeps patients waiting; she also gave examples of many complicated diagnoses she made over the years.

Her therapist drew figure 8.2 to help Paula understand that she only sees information that confirms her belief that she is a bad doctor, and that all of the information that suggests she is a good doctor is ignored or kept in the dark. Her therapist told Paula they had to shine a light on all of the information.

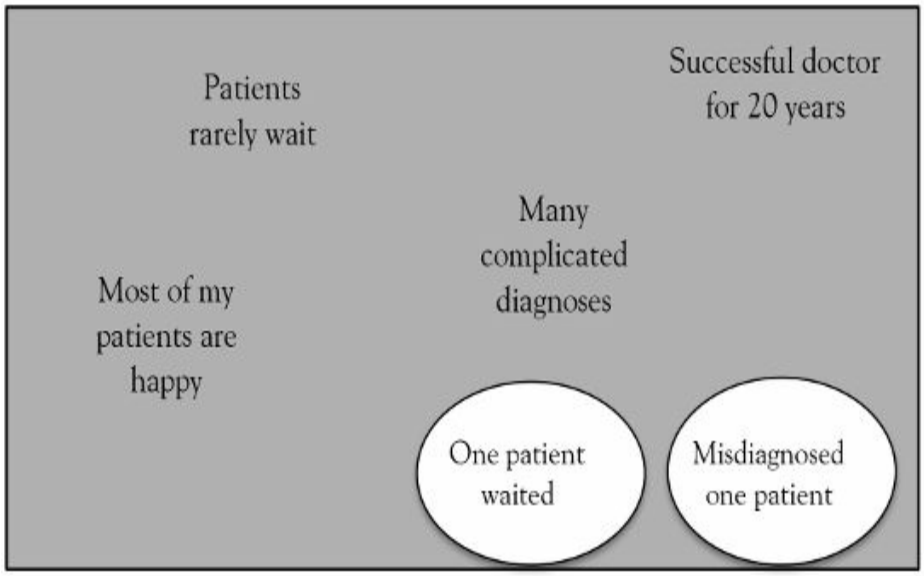


Figure 8.1. Paula's therapist shines some light on ignored information.

There are three types of questions you can use to examine the evidence against a hot thought:

Is there evidence that contradicts my negative thoughts?

How probable is my negative prediction?

Is there another perspective?

EVIDENCE THAT CONTRADICTS YOUR CLIENT'S NEGATIVE THOUGHTS

I generally start by directly asking my client if she has any experiences that suggest that her hot thought is not true, or not true all of the time. When Suzanne's therapist asked, "Have you had any experiences that suggest that people may want to be your friend?" Suzanne responded quietly, "I had some friends in my previous school."

Evidence needs to be concrete and detailed. Examining the evidence for and against a negative automatic thought is similar to weighing evidence on a scale. On one side is the evidence for the negative thought and on the other side is the evidence against the negative thought. The evidence for the negative thought is usually very heavy and full of details. The evidence against the negative thought is often more abstract and lacking in details. It can feel light compared to the heavy evidence for the thought. The more your client can provide detailed examples of evidence against the negative thought, the more she will be emotionally engaged, and the more the evidence against the negative thought will weigh compared with the evidence for it.

Suzanne's evidence against her hot thought is that she had "some friends." This is not very strong or emotionally compelling evidence. To make the evidence more compelling, her therapist started by asking for specific examples, and then asked for details about the examples. Below are some of the questions her therapist asked.

- Can you give me examples of some of your friends?
- When you say you had "some friends," can you tell me about them?

- What kinds of things did you do with your friends, both at school and outside of school?

- How did you know that they wanted to be your friend?

Her therapist discovers that Suzanne was friendly with many of the teachers at her previous school, but she had two good friends, Rita and Faiza. They generally ate lunch together and worked on the school play together. They often saw each other on weekends, and sometimes they would get together with their children and spouses. Suzanne thought they were funny, nice, warm people whom she had a good time with. Since she moved to her new school, she has seen less of them. They have often called to see if she wanted to do something on the weekend, but she's been too tired. Faiza dropped by the other day with a cake she had made to cheer Suzanne up.

What was the effect of making the evidence more concrete and detailed? Did it become more emotionally compelling? When her therapist explores the details of her friendship with Rita and Faiza, Suzanne's mood lifts. When her mood lifts, she is also more likely to remember other situations that challenge her negative automatic thoughts. Figure 8.3 captures the idea of making the evidence heavier: when Suzanne's evidence against her hot thought *No one will want to be my friend* becomes more detailed and concrete, it becomes more compelling.

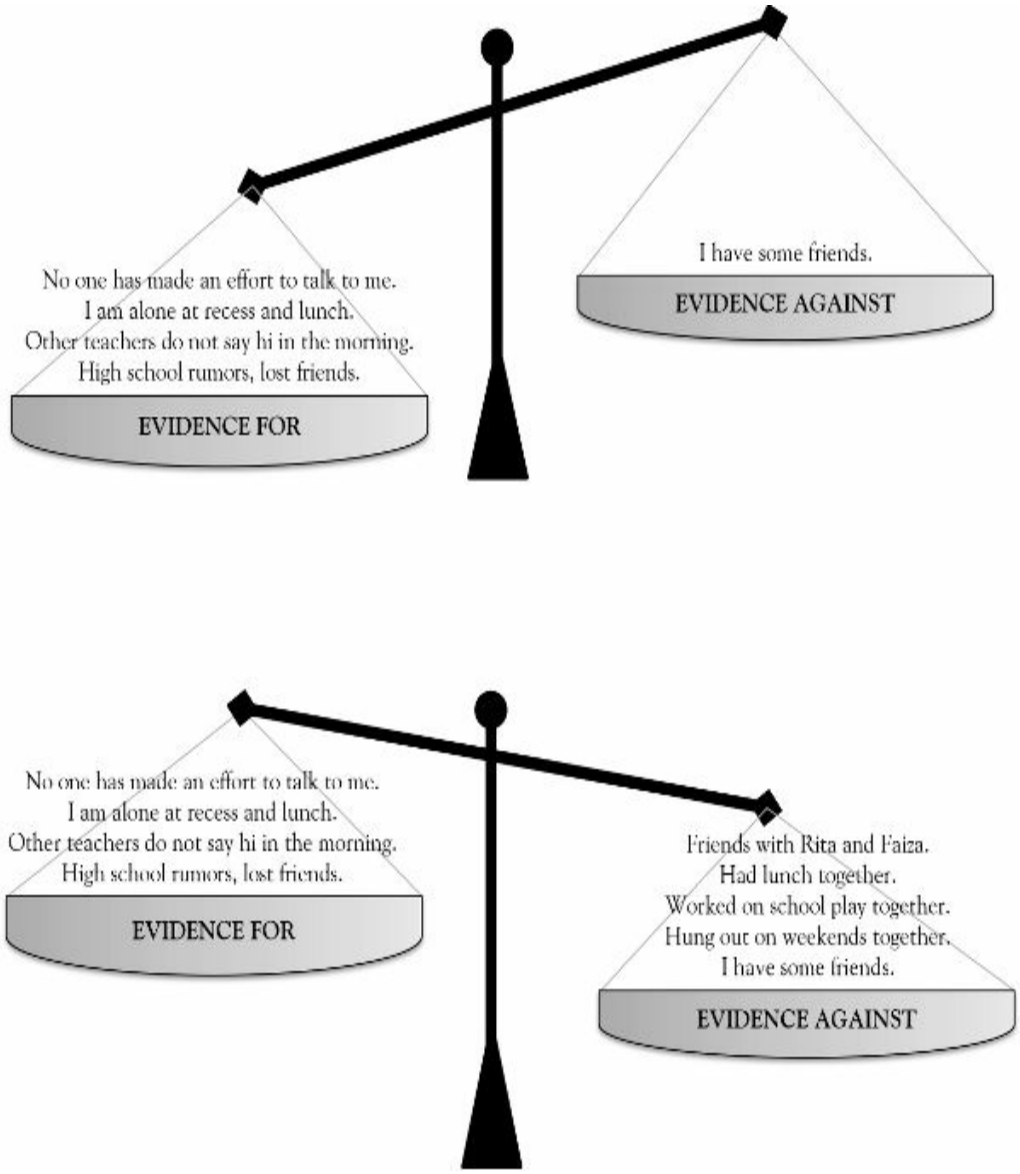


Figure 8.3. Weighing Suzanne's evidence.

Exercise 8.1

Practice making evidence concrete and detailed.

ADDITIONAL QUESTIONS TO CHALLENGE YOUR CLIENT'S HOT THOUGHT

Clients may need additional help to think of evidence against their hot thoughts. The following questions are inspired by a number of wonderful CBT therapists, including Judy Beck (2011), Dennis Greenberger and Christine Padesky (2016), and Jackie Persons and colleagues (2001). You can download a Questions to Identify Evidence Against Negative Thoughts handout at http://www.newharbinger.com/38501.

- What would you say to someone who thought this way?
- What do you think a friend or someone who cared for you would say if he or she knew you had this thought?
- If you were in a better mood, what would you think?
- Five years from now, looking back, what might you think?
- Is there any information that contradicts your interpretation? Even small pieces of information?
- Is there any positive information that you are ignoring?

Let's see how Suzanne's therapist uses some of these questions.

Therapist: It sounds as if Faiza and Rita are really good friends. What do you think they would say if they knew you were thinking, *No one will want to be my friend*?

Suzanne: They would say it was ridiculous. That of course people would want to be my friend.

Her therapist wants to expand this evidence.

Therapist: And if they really wanted to convince you, what might be some evidence they would tell you?

Suzanne: Well, they would probably remind me of all the friends I had at my previous school; they would also remind me that they like me.

Therapist: So they would remind you of your friends from your previous school and that they like you. And how is the fact that Rita and Faiza like you evidence against *No one will want to be my friend*?

The therapist starts with a summary statement and then relates the evidence to the hot thought.

Suzanne: (*tentatively*) Well I guess, if they like me, other people might like me?

Therapist: (*smiling*) Do you think that might be true?

Suzanne: (*smiling*) Yeah, I guess so.

Given that Suzanne's mood has lifted a bit, she is more likely to remember other positive information.

Therapist: I am wondering if there is any positive information that you are ignoring.

Suzanne: (*smiling*) When I think of it, there is actually quite a bit. In college I had lots of good friends whom I still see, at least I saw them until I got depressed. I also have a bunch of friends from my neighborhood that I see on weekends, at the park.

How could you expand the evidence that Suzanne just discussed? Remember, ask for an example and then ask for details.

Suzanne's evidence is starting to look very different!

Thought I want to examine: No one will want to be my friend.	
Evidence for My Thought	**Evidence Against My Thought**
No one has made an effort to talk to me. I am alone at recess and lunch. Other teachers do not say hi when I get to school in the morning. In high school, some girls started rumors and I lost almost all my friends.	I had some friends in my previous school. Rita and Faiza are good friends; ate lunch together; worked on the school play; hung out on weekends; went out as couples; still call to see if I want to do something; Faiza brought a cake. Friends from college whom I still see Friends from neighborhood

Video 8.1

HOW PROBABLE ARE MY PREDICTIONS?

Clients' thoughts are often about the future and include negative predictions. Some examples might be *No one will like me, I will fail the test, I will not get the job,* or *No one will like my Facebook post*. When thoughts are about the future, you want to look for evidence about how likely it is that the negative event will occur. Below are the steps I usually use.

Identify what your client fears will happen, and make the list as concrete as possible.

Rate the probability that each feared event will occur.

Examine the evidence for the probability that each feared event will occur.

Rerate the probability that each feared event will occur.

I often use the following worksheet, How Probable Are My Predictions?, which you can download a full-scale version of at http://www.newharbinger.com/38501.

How Probable Are My Predictions?				
What I Fear Will Happen	**Probability That Feared Event Will Occur (0–100%)**	**Evidence That Supports the Probability**	**Evidence Against the Probability**	**Rerate the Probability That Feared Event Will Occur**

Here is Suzanne's list of what she feared would happen at the barbecue:

- When I get there, everyone will be talking to each other, and no one will say hi to me.
- If I approach one of the new teachers, she will turn her back on me.
- I will stand there alone, with no one to talk to.
- If I go up to one of the other teachers, I will have nothing to say.
- Clear image of standing next to the barbecue grill, looking very awkward, holding a glass in my hand, and being all alone as everyone else talks together.

Rate the probability of each event occurring. Suzanne's therapist asked her to rate from 0 to 100 percent how likely it was that each of these events would occur. Suzanne thought that the first three events, as well as her image,

were very unlikely and rated them at 20 percent. Her therapist asked Suzanne to explain what made them unlikely. Suzanne laughed and said that it was a small group, and the principal would make sure everyone was talking to someone. She rated "having nothing to say" as probable, at 80 percent.

Examine the evidence. Suzanne and her therapist looked at the evidence for "If I go up to one of the other teachers, I will have nothing to say." Suzanne explained that when she was anxious, she sometimes had difficulty finding something to talk about. This had happened at her husband's holiday party. When Suzanne and her therapist examined the evidence against her prediction, she was able to think of many examples when she had been able to find something to say at social events, even if it had been difficult. Even at her husband's holiday party she had found something to talk about with her husband's colleagues.

Rerate the probability. After looking at the evidence, Suzanne rated the probability of having nothing to say at about 50 percent. Before and after probability ratings allow your client to see that there has been a decrease, even if the probability is not a 0.

You can see how Suzanne and her therapist completed the How Probable Are My Predictions? worksheet at http://www.newharbinger.com/38501.

Real and false alarms. Friedberg, Friedberg, and Friedberg (2001) have a wonderful exercise that helps clients look at whether their negative predictions actually occur. The therapist asks the client to list all of her worries for the coming week. The next week they check which worries actually happened. Most of the time, the majority of worries are "false alarms."

Tolerance of uncertainty. Unless your client's negative predictions are totally bizarre, no one can guarantee that they will not occur. Clients need to learn to tolerate uncertainty (Dugas & Robichaud, 2007). This can be hard, but a first step is talking honestly with your clients about accepting that life is uncertain, and that while not impossible, the probability of the feared events occurring is small.

Video 8.2

IS THERE ANOTHER PERSPECTIVE?

Sometimes a client's negative thought is based on an overly negative interpretation of an event; you want to help your client find a more benign interpretation. Let's look at an example. Raoul was upset because a colleague walked past him in the hall without saying hello. Raoul thought this meant that his colleague was avoiding him. Another possible interpretation is that his colleague was in a hurry or preoccupied.

Sometimes simply asking your client whether she can think of a different perspective is enough to start her thinking in a different way. However, sometimes you need to be more active. The following two approaches can help clients reach a more benign interpretation: (1) taking a close look at the facts of the situation and (2) exploring whether your client is blaming herself for something she has little or no control over.

Take a close look at the facts. Clients tend to focus on narrow information that reinforces their thoughts; your job is to help your clients broaden their perspective and look at all of the facts of a situation to see whether there is a more balanced interpretation.

Do you remember in the last chapter Raoul was extremely upset that he had been assigned to work with junior colleagues on a report? He was sure this meant that his boss did not respect him. Below are questions you can use to help your client examine her interpretation of a situation. You can download a Questions to Gather More Information about the Situation *handout* at http://www.newharbinger.com/38501.

- How did this situation come about?
- Who are the other people you will be working/interacting with?
- Is there any information that contradicts your interpretation? Even small pieces of information?
- Is there any positive information that you are ignoring?

- Have you ever behaved in a similar way? What was your motivation?

Let's see what happens when Raoul's therapist uses these questions to explore Raoul's interpretation of the situation.

Questions to Gather More Information about the Situation	
Questions	**Raoul's Response**
How did this situation come about?	My boss approached me and said he would like me to work on this report, as he thought I had the needed expertise and had done this kind of work before.
Who are the other people you will be working/interacting with?	Two junior colleagues, who have been hired in the past two years.
Is there any information that contradicts your interpretation? Even small pieces of information?	Often senior people are asked to work with more junior people on reports. It is pretty common in the firm.
Is there any positive information that you are ignoring?	One of the junior people told me she was really glad to have me on the team, that she had heard great things about me.
Have you ever behaved in a similar way? What was your motivation?	In the past, I assigned a senior person to work on a project, to be sure that there was someone with the needed expertise on the project.

Raoul's therapist asked him whether this additional information had any implications for his thought that being assigned to the project meant that his boss did not respect him. Raoul replied that it *might* mean they wanted a senior person on this project. I am looking for a crack in my client's beliefs. Just like water seeping through a stone, if you can get a small crack, it can spread.

Your Turn! Help Suzanne Take a Close Look at the Facts

Suzanne was very distressed that none of the teachers talked to her at recess. This was a key piece of evidence in her belief that no one would want to be her friend. Her therapist thought it would be worthwhile to see if there was a more benign interpretation.

Therapist: One of the pieces of evidence you use to support your belief that none of the teachers would want to be your friend is that no one talks to you at recess.

Look at the three possible responses below and pick the one that will help Suzanne start to gather facts about the situation.

It seems strange to me that they don't talk to you; they sound like horrible people.

How could you join one of the groups of teachers?

Can you describe to me what happens at recess, what the other teachers do, and what you do?

Response #3 is the best question to help collect information on what occurs at recess. Depending on the answer, the therapist can follow up in different ways. Response #1 supports Suzanne's interpretation of the situation. Response #2 starts a problem-solving process before the problem is clarified.

Therapist: Can you describe to me what happens at recess and what the other teachers do?

Suzanne: We each have an area we are responsible for. Actually, when I think of it, only the two teachers who are assigned to the jungle gym stand together. The rest of us stand alone in the school yard. Some of the other teachers might approach each other and say a few words. I just stand in the back of the school yard next to the swings.

Look at the three possible responses below and pick the one that will help Suzanne start to gain a different perspective.

I hear that everyone is assigned to an area and that most of the teachers

are standing alone; do I have it right?

How much of a discipline problem are the children? What kinds of things do you find help with maintaining order?

It seems to me that everyone is alone, and it doesn't mean they don't want to talk to you.

Response #1 is the best response. It is a summary of what Suzanne has told her therapist and is most likely to encourage her to consider a different perspective on what standing alone at recess means. In response #2, the therapist is gathering data about the situation, but the data is not relevant to Suzanne's thought, No one wants to be my friend*. In response #3, the therapist is telling Suzanne what to think.*

Video 8.3

Is your client blaming herself for something she has little or no control over? Many clients feel responsible for situations they have no control over or believe that the situation is a reflection of themselves, when it is at least partially due to external factors. Two of the questions I find most helpful are:

Are there other factors that could contribute to this situation?

Am I blaming myself for something I have little or no control over?

Let's look at some examples of clients' thoughts and see if there are other ways of looking at the situation. You can download a Other Ways of Understanding the Situation worksheet at http://www.newharbinger.com/38501.

Other Ways of Understanding the Situation			
Situation	**Client's Thought**	**Are there other factors that could contribute to this situation? List all of the factors.**	**What can I control? Am I blaming myself for something I have little or no control over?**
		Many factors	I can control telling my child not to use marijuana, but there are many other factors that

Client's 16-year-old son is using marijuana	I am a bad mother.	contribute to a child using marijuana, including availability, peer group, and laws.	contribute to marijuana use. Yes, I am blaming myself for something I do not have complete control over.
Only 15 people came to my talk at the confer-ence; many people had over 25 at their talks.	My work is not interesting or important.	My talk was at the end of the day; it was a beautiful day outside; there were other similar talks at the same time.	I can control how much work I put into my talk. I cannot control when my talk is scheduled or the weather. Yes, the other factors would also impact how many people came.

HELP YOUR CLIENTS REACH THEIR OWN CONCLUSIONS

Sometimes you remember information that challenges your client's negative thought, but your client does not think of the information. Should you just tell your client? Let's go back to the basic principles of Socratic questioning. You want to ask questions that draw your client's attention to information she is not thinking about. Once your client has the information, you want her to draw her own conclusion.

For example, Raoul tells you that he has stopped contributing to meetings because he believes that "no one is interested in my comments." You remember that a few weeks ago Raoul described making a comment in a project meeting, to which one of his colleagues responded, "That is the best solution anyone has suggested so far." You could remind Raoul of his colleague's comment and then *tell* Raoul that clearly people are interested in what he has to say. However, it is more effective if Raoul can reach his own conclusions. It is better to ask Raoul if he remembers what his colleague said, and then once Raoul has told you, ask him what his colleague's statement might mean about his thought, *No one is interested in my comments*.

YOUR TURN! Help Cynthia Reach Her Own Conclusions

Cynthia was in therapy because she was having trouble with low self-esteem that was affecting many different areas of her life. She tells her therapist, “I was so embarrassed. I was at a party and a guy I know from work kept hitting on me. He kept telling me he wanted to go out with me and that I was beautiful. I just kept ignoring him. Men are only interested in me for sex.”

Cynthia’s hot thought is *Men are only interested in me for sex*.

Cynthia’s therapist tells her, “You are a wonderful woman; you deserve to find a great man. You have told me that lots of your male colleagues like and respect you.”

Instead of telling Cynthia what to think, what questions could the therapist ask that would help Cynthia reach her own conclusions?

From previous sessions her therapist knows that Cynthia is dating John, who frequently tells her that he cares about her. John always checks that she also wants sex before they have sexual relations. Cynthia has also talked about male colleagues who made comments indicating they respect Cynthia, especially Mike and Chris, whom she works closely with.

Your job is to think of questions that you could ask to help Cynthia reach her own conclusion about whether men are only interested in her for sex. You can find my suggestions in the appendix.

Exercise 8.2

Practice developing questions to help your clients reach their own conclusions.

Exercise 8.3

Practice using a therapy dialogue to help clients reach their own conclusions.

CONSOLIDATE THE EVIDENCE AGAINST THE HOT THOUGHT

Most likely your client is used to thinking about the information that supports her negative thoughts and tends to minimize the information against her negative thoughts. If you want your client to emotionally connect to the information against her negative thought, it is important to review the information. Reviewing focuses your client’s attention on this information

and starts to create new thought habits.

Usually I simply say, “Let’s review the information we have gathered.” If you have not written down the evidence, this is a good time to do so. You can say, “You collected some very important evidence about your thoughts. I think it would be helpful if we wrote it down, to be sure that we don’t forget it.” I encourage my clients to do the writing, as I think it helps with the review process. (If I am doing the writing, I repeat out loud what I am writing.) This also provides the client with a piece of paper she can take home and review as part of homework.

You can also use imagery to help evidence against a hot thought come alive (Josefowitz, 2016) by asking your client to form an image in her mind of the memories and situations that constitute the evidence against the hot thought. For Suzanne, an important piece of evidence against her hot thought was eating lunch almost every day with Rita and Faiza at her previous school. Her therapist asked Suzanne to form an image in her mind of eating lunch with her friends. She asked Suzanne to remember the lunchroom, the fun of being together, and how much they liked each other. Her therapist then went over the rest of the evidence, asking Suzanne to form an image for each example. When they had finished, the evidence felt much more real and emotionally engaging.

Agenda Item #5*: Develop Balanced Thoughts*

The final step in completing a thought record is evaluating the original hot thought and creating a new more balanced thought that takes all of the evidence into account. This is when you fill in the “Conclusion” section of the Examine the Reality of Your Thoughts worksheet. The basic question is, “Given all of the evidence, is your hot thought accurate, or does it need to be modified?” Here are some questions I regularly use. You can find Questions for a Balanced Thought at http://www.newharbinger.com/38501.

- When you look at all of the evidence, what does this say about your original hot thought?
- When you look at all of the evidence, what would be a more accurate thought?

- What might be a thought that captures all of the evidence?
- Let's take a moment and look at all of the evidence. What did you learn?
- You initially interpreted the situation in a specific way. When you look at the evidence, is there another interpretation that either makes more sense or might be equally true?
- What would you tell someone who thought the way you did, and had all of this evidence?

Let's look at how Suzanne initially completed the Understand Your Reaction worksheet and the Examine the Reality of Your Thoughts worksheet. Then, let's look at the evidence that Suzanne and her therapist collected.

Situation	Feeling	Physical Reaction	Behavior	Thoughts
Principal invited me to barbecue with the three other new teachers	Nervous (7) Worried (8) Embarrassed (6)	Clenched stomach (4) Tense shoulders (5)	Did not respond	I don't want to go; the other new teachers will be there; I won't fit in; I will just stand there looking awkward; no one will want to talk to me; I will probably get all sweaty. Image: Standing alone in backyard as other teachers talk HOT THOUGHT: *No one will want to be my friend.*

Thought I want to examine: No one will want to be my friend.	
Evidence for My Thought	**Evidence Against My Thought**
No one has made an effort to talk to me. I am alone at recess and lunch. Other teachers do not	I had some friends in my previous school. Rita and Faiza are good friends; ate lunch together, worked on the

say hi when I get to school in the morning. In high school, some girls started rumors and I lost almost all my friends.	school play; hung out on weekends; went out as couples; still call to see if I want to do something; Faiza brought a cake Friends from college whom I still see Friends from the neighborhood

Try to think of a balanced thought that captures all of the evidence. Write it down so you can compare it to the one Suzanne came up with.

Therapist: It seems to me that when you think, *No one will want to be my friend*, you are only considering the evidence that supports your thought. What happens when you consider all of the evidence?

Suzanne: I guess that it doesn't seem to be so true.

Therapist: In what way is it not so true?

Suzanne: Well, I do have friends who like me and want to be my friend. I think one of the problems is that I have been avoiding my friends from my old school.

Therapist: I think you are right; we discovered that you have quite a few friends who like you. What would be a thought that captures all of the evidence?

Suzanne: Well, I guess, even though I haven't yet made friends at my new school, I had friends in the past and there really is no reason I won't have friends in the future.

Is Suzanne's balanced thought better than the one you came up with? My clients often come up with far better balanced thoughts than I could ever have "told" them. Your job as a therapist is now easy—you just need to reinforce and consolidate the balanced thought.

There are two tasks left before completing the thought record. First, ask your client how much she believes the thought from 0 to 100 percent. Even if she gives a fairly low score, it is still a start to believing a new balanced thought. Second, ask your client if she believed the balanced thought, how would this affect her feelings, and ask her to rerate her original feelings. Suzanne believed her balanced thought 75 percent. She rerated her feelings

Nervous: 5, Worried: 5, and Embarrassed: 4.

CONSOLIDATE THE BALANCED THOUGHT

You have just spent a great deal of time and effort creating a balanced thought. It is worth spending a bit more time to consolidate this thought. First, be sure to smile and express interest in your client's balanced thought. Your enthusiasm is reinforcing. Second, review the balanced thought in as many ways as you can. Here are some suggestions.

- Say the balanced thought out loud and add a compliment. For example, I might repeat the balanced thought and say, "I like the way the balanced thought captures all of the evidence."

- Ask your client if she would like to write down the balanced thought so that she can remember it. My clients have written their balanced thoughts on coping cards, kept the balanced thoughts on their phones, or made the balanced thought into their screen saver.

- Ask your client to repeat the balanced thought out loud. Depending on the balanced thought, I might ask my client to try a more assertive tone, or a more compassionate, gentle tone.

- Ask your client to regularly review the balanced thought. I find it helpful to specify a set time to review, such as first thing in the morning.

Develop a metaphor or an image. Often a balanced thought is fairly long and complex and can be hard to remember. It can be helpful to create an image of the evidence that is the most compelling for your client and attach it to the balanced thought. An image that symbolizes the balanced thought, a metaphor, or even a shortened version can increase the emotional strength of the balanced thought and make it more memorable (Hackmann et al., 2011; Josefowitz, 2017). Here is Suzanne's shortened version of her balanced thought: *Hang in there, you will make friends again.*

Exercise 8.4

Practice reviewing a balanced thought.

Video 8.4

USE BALANCED THOUGHTS TO CREATE A NEW IMAGE

When Suzanne's therapist initially asked her about her thoughts and images, Suzanne reported that she had an image of herself alone in the principal's backyard while the other teachers talked to each other. Once you have examined the evidence against the hot thought and created a balanced thought, you can go back and directly modify your client's original image. Given the close connection between imagery and emotion, this can be a very powerful intervention. Let's see how Suzanne's therapist helps her create a new image.

Therapist: You started out with a very clear image of yourself standing in the principal's backyard, awkward and alone, as the other teachers talked together.

Suzanne: That's right, I wasn't even aware that I had that image until you asked.

Therapist: Given the evidence that we just looked at, and your balanced thought, how accurate do you think your original image is?

Suzanne: (*laughing softly*) Probably not accurate at all.

Therapist: I think it would be really helpful if we could develop a more realistic image of what you think will happen. Could we try?

Suzanne: When I look at the evidence, and I really think about it, a more realistic image would be of my standing in the principal's backyard talking to the other teachers, or at least being part of the group, even if I am not talking.

Suzanne's therapist thought this was a good start for a new image. However, the initial negative image was very detailed and vivid. Suzanne's therapist wanted the new image to be as compelling.

Therapist: Can you tell me a little bit more about this new image?

Suzanne: Well, I see myself standing there with my drink, and I am part of a small group. I am listening as one of the other teachers says something.

Therapist: Can you get a clear picture in your mind of this new image?

Suzanne: Yes, I can see it clearly (*smiling*).

Therapist: And how do you feel when you get this image?

Suzanne: A lot more relaxed about going, and a lot less depressed. Almost makes me wonder if it could be a good experience.

After they had developed this new image, Suzanne's therapist asked her to consciously practice seeing the new image three times a day. They discussed specific times that Suzanne could practice. Her therapist told Suzanne that the practice could be very short, even a few minutes, but it was important to practice regularly.

USE BALANCED THOUGHTS TO MANAGE STRESS

Balanced thoughts generally move your client away from extreme thinking, such as *No one will like me*, to more balanced thinking that generally helps with anxiety and depression as well as self-esteem. Balanced thoughts provide a more resilient attitude toward life's stressors. As we discussed earlier, most clients have typical negative thoughts that tend to recur. This means that the balanced thoughts you develop for one situation will most likely also be relevant to other situations.

When Suzanne's therapist asked if there were other situations where she had the thought *No one will want to be my friend*, Suzanne said she had this thought "all the time." Her therapist asked for examples, and Suzanne replied that she often had these thoughts when she was alone at school during recess and lunch and at the end of the day when she left without saying good-bye to anyone. If you look at all of these situations, the thought *No one will want to be my friend* leads to Suzanne feeling depressed and withdrawing from the other teachers, making it almost impossible to make friends, leading to a vicious cycle where it seemed true that no one wanted to be her friend.

Suzanne's therapist asked her, "Instead of thinking, *No one will want to be my friend*, if you thought your new balanced thought, *Hang in there, you will make friends again*, how do you think you would feel?" Suzanne smiled as she responded that she would be less depressed. Suzanne and her therapist problem solved how she could remember her new balanced thought in the other situations when she starts thinking, *No one will want to be my friend*.

Suzanne's therapist also encouraged her to notice if she had any unrealistic images in these situations.

Sometimes, completing a thought record influences how your client wants to behave. After Suzanne developed a balanced thought, she turned toward her therapist and said, "I have been really silly about the barbecue. I would like to go. It would be good to meet the other teachers, and there is no reason to be so anxious." Let's see how Suzanne's therapist could help her use her balanced thought.

Therapist: When you think about it, you would like to go to the barbecue.

Suzanne: I think it would be a good thing to do. I want to make friends at my new school, and it's just silly to avoid social events because of my anxiety.

Therapist: After we did the thought record, you came up with a really good balanced thought; do you remember what it was?

Suzanne: Yes, it was, *Hang in there, you will make friends again*.

Therapist: That's right. I am wondering if you could remember your balanced thought when you think of going to the barbecue, if that would help with your anxiety.

Suzanne: I think it would.

Therapist: Sounds like a great plan.

CHECKLIST OF COMMON PROBLEMS WITH THOUGHT RECORDS

Thought records are generally an effective intervention; however, some are more helpful than others. Below is a checklist you can use to check that a thought record is well done. You can find a copy of Checklist of Common Problems with Thought Records at http://www.newharbinger.com/38501.

Is the situation a factual description of what occurred?

Did my client identify and rate his or her feelings?

Did my client identify his physical reactions?

Is the behavior a factual description of what my client did?

Is the thought my client wants to focus on a hot thought?

Is the thought about self, others, or the future?

Is the thought related to his or her negative feelings?

Does the evidence against address the hot thought?

Does the balanced thought address the hot thought?

It is important that the evidence you gather challenge the hot thought you are working on. For example, a colleague had passed Raoul in the hall and had not said hi. Raoul thought, *My colleague is avoiding me*. His evidence against his thought was, *My bowling buddies are happy to see me*. This evidence will help Raoul feel better, but it is not related to the thought, *My colleague is avoiding me*. In this situation you need to keep exploring Raoul's thoughts using Questions to Identify Evidence Against Negative Thoughts to find evidence related to the hot thought you are working on.

It is equally important that the balanced thought directly address the hot thought. For example, if the original thought was about self, the balanced thought needs to be about self; if the original thought was about others, the balanced thought needs to be about others. When Raoul was assigned to work with junior colleagues, his original thought was *My boss doesn't respect me*. After examining the evidence for and against, his initial balanced thought was *I work very hard and do a good job*. This is a generally helpful thought that will increase Raoul's positive mood. If I were his therapist, I would be delighted that he was able to have such a positive thought about himself. However, the hot thought was about others (his boss), and the balanced thought needs to also be about others. A better balanced thought would be, *Even though I was asked to work with junior colleagues, this does not mean my boss does not respect me. There is a lot of evidence that my boss still respects me and my work.*

It is helpful to keep this list in mind when examining your clients' thought records. Take a moment after your session is over and on your own review your client's thought record, using the checklist. After you have used it a few times, it will become second nature.

Exercise 8.5

Practice using the checklist for identifying common problems in thought records.

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 8.1: Suzanne Is Upset with Her Husband

Exercise 8.2: A Therapist Is Having a Bad Day

Exercise 8.3: Suzanne Is Asked to Be a Maid of Honor

Exercise 8.4: Suzanne Reviews Her Balanced Thought

Exercise 8.5: Common Problems with Thought Records

Apply What You Learned to Your Own Life

I think you only become a committed CBT therapist when you experience how helpful it can be to identify your own negative thoughts, step back and examine the evidence, and then develop a balanced thought.

Homework Assignment #1 What Is the Evidence?

This coming week, when you have a strong emotional reaction, try to identify the situation, identify and rate your feelings, and then identify your thoughts. Choose one thought to examine using Questions to Identify Evidence Against My Negative Thoughts. Record your answers on the following worksheet.

Examine the Reality of Your Thoughts Thought I want to examine: Evidence for My Thought	Evidence Against My Thought
Conclusion or thoughts that consider all the evidence:	

Homework Assignment #2 How Probable Is My Prediction?

This coming week when you are anxious, notice your negative predictions. Rate the probability that each will occur, look at the evidence, and then rerate the probability. Try to use the How Probable Are My Predictions worksheet.

Homework Assignment #3 Is There Another Interpretation?

This coming week when you are upset by what someone did to you or by a situation, ask yourself if there is a more benign interpretation. Ask yourself if you are considering all of the facts of the situation. Are you blaming yourself for something you have no control over? Try to use the Other Ways of Understanding the Situation worksheet.

Apply What You Learned to Your Therapy Practice

It is time to start asking your clients to examine the evidence for their thoughts. Try to help a client identify her trigger situation and then identify and rate her feelings and thoughts. Once you have identified a central thought, introduce the idea of looking for evidence and use the Questions to Identify Evidence Against My Negative Thoughts. Make sure that the evidence is concrete and addresses the hot thought. Use the Examine the

Reality of Your Thoughts worksheet to record your client's responses.

Let's Review

Answer the questions under each agenda item.

Agenda Item #1: What are thought records?

- What are the essential steps in a thought record?

Agenda Item #2: Explain looking for evidence.

- How could you introduce looking for evidence to your clients?

Agenda Item #3: Find evidence that supports negative thoughts.

- Why is it important to look for facts that support negative thoughts?

Agenda Item #4: Find evidence against negative thoughts.

- What are three questions that will help gather information against a client's negative thoughts?

Agenda Item #5: Develop balanced thoughts.

- How could you consolidate a balanced thought?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

Chapter 9

Problem Solving—Finding a Better Way

My hope is that you're becoming more aware of your own thoughts. Did you try looking for evidence for one of your hot thoughts? Did you try writing out the evidence for and against a client's hot thought? What did you learn from the homework?

If you did not try any of the homework from the last chapter, take a moment to think of a difficult situation from last week. Identify your hot thought, and now look for the evidence.

Set the Agenda

In this chapter I am going to cover problem solving. We'll also see how a problem-solving approach can help Raoul and Suzanne address the various issues they bring up in therapy.

Agenda Item #1: What is problem solving?

Agenda Item #2: Develop a positive problem orientation.

Agenda Item #3: Identify your client's problems.

Agenda Item #4: Brainstorm solutions.

Agenda Item #5: Choose a solution.

Agenda Item #6: Develop coping thoughts.

Work the Agenda

One of the strengths of CBT is the universality of the approaches. All people encounter problems, and everyone can benefit from a step-by-step approach to solving them.

Agenda Item #1*: What Is Problem Solving?*

Problem-solving therapy was originally developed by D'Zurilla and Goldfried (1971), and although it has been revised over the years (D'Zurilla & Nezu, 2006), the core process and principles have remained essentially the same.

OVERVIEW OF THE PROBLEM-SOLVING PROCESS

Problem solving involves both an attitude that problems can be solved or at least improved, and a process based on a specific set of skills. The process of problem solving has four distinct steps. For many clients, you will want to go through the whole problem-solving process step by step; however, for some clients, you may use only parts of the process. Below are the four steps.

Identify the problem and set realistic goals.

Generate new solutions. This is often called *brainstorming*.

Evaluate the different solutions and decide which one to try.

Try one of the solutions: evaluate the consequences and decide whether the problem is solved or whether you need to continue to problem solve.

You can find the Problem-Solving Worksheet at http://www.newharbinger.com/38501. The worksheet summarizes the steps and includes helpful questions for each section. You can use the worksheet as a guide for therapy as well as a handout to give your clients.

THE THEORY BEHIND PROBLEM SOLVING

The theory underlying problem solving is that clients' emotional distress is due to poor problemsolving skills which lead to dysfunctional ways of coping. Poor problem solving leads to more problems, which in turn are poorly solved. Clients quickly find themselves dealing with multiple problems and it becomes a vicious negative cycle. Problem solving stops the vicious cycle and helps clients find better ways to cope (D'Zurilla & Nezu, 2010).

Problem-Solving Theory

Good Problem Solving = Better Coping = Improved Life and Better Mood

When you help your client find solutions to his problems, you are also saying, "You matter, I care about your welfare, and together we can figure out how to address your problems." These are very powerful messages. For many clients the whole problem-solving process feels new and empowering.

IS PROBLEM SOLVING EFFECTIVE?

Let's look at the research. Good problem-solving skills are consistently associated with better overall emotional adjustment, and poor problem-solving skills are associated with more distress and poorer adjustment (D'Zurilla & Nezu, 2010). For example, poor problem-solving skills are related to drug and alcohol addiction, criminal behavior, and psychological distress. The good news is that individuals with good problem-solving skills are less likely to become depressed after a stressful event (Nezu, Nezu, Saraydarian, Kalmar, & Ronan, 1986).

Over the past three decades, a large number of studies have demonstrated that problem solving is an effective treatment for depression (Bell & D'Zurilla, 2009), anxiety, and a variety of other mental health problems (D'Zurilla & Nezu, 2010; Malouff, Thorsteinsson, & Schutte, 2007). Problem solving has also helped people learn to cope with serious physical illnesses such as diabetes (Glasgow, Toobert, Barrera, & Stryker, 2004) and cancer (Nezu, Nezu, Felgoise, McClure, & Houts, 2003). Interventions that focus on developing a positive problem-solving attitude as well as teaching problem-solving skills seem to be the most effective (Bell & D'Zurilla, 2009).

Research Summary

Positive Problem-Solving Orientation + Problem-Solving Skills = Effective Treatment

Agenda Item #2*: Develop a Positive Problem Orientation*

A positive problem orientation is a core element of good problem solving. The table below compares the beliefs of individuals with positive and negative problem orientations (Nezu, Nezu, & D'Zurilla, 2013).

Characteristics of a Positive and Negative Problem Orientation	
Positive Problem Orientation	**Negative Problem Orientation**
Problems are a challenge. It is possible to improve most situations. One has the ability to successfully solve problems or make the situation better. Successful problem solving takes time, effort, and persistence. Initial failure is part of finding a solution.	Problems are unsolvable and frightening. It is useless to try to improve most situations. One does not have the ability to successfully solve problems or make the situation better. Initial failure means the problem cannot be solved.

Individuals with a positive problem orientation see difficulties as normal life challenges and try to find solutions to their problems. Individuals with a negative problem orientation tend to either avoid their problems or approach them with an impulsive or careless problem-solving style. Clearly, a positive orientation is better, but how do you help your clients develop one?

Modeling optimism and having faith in your client's ability to problem solve is one of the most effective ways to help your client develop a positive problem orientation. Here are some phrases I use to encourage a positive problem-solving orientation:

- Let’s see if we can find a way to solve your problems.
- I wonder if there is something you can do that will help this situation.
- I know it feels hopeless, but I wonder if we could find a way to make things even a little better for you.
- I’m not sure we’ve looked at all of the possible solutions. Would you be willing to try to problem solve?

Such relatively simple interventions communicate that you believe in your client’s ability to find a better solution, and that together you will be able to improve his life. You will also find that as your client uses the problem-solving process successfully, his problem orientation will start to automatically become more positive.

Let’s see how Raoul’s therapist helps him develop a more positive problem orientation. Raoul was telling his therapist about his poor relationship with his boss, who gave him a poor work evaluation.

Raoul: I feel so depressed when I think of going to work. I used to like going to work, but I feel so awkward and anxious with my boss since I received the poor work evaluation. I think we have a terrible relationship. It just seems hopeless to do anything about it.

Therapist: I hear you’re thinking that it is hopeless to try and change your relationship with your boss, is that right?

His therapist has identified a negative problem orientation: It is hopeless to try and change the relationship with his boss.

Raoul: Definitely, what can I do?

Therapist: I am wondering if you would be willing to put aside the thought that it is hopeless to do anything and see if we could find some better ways to cope with the situation, to help you feel better.

Raoul: What do you mean?

Therapist: Well, when you tell yourself that it’s hopeless, how does that affect your behavior?

Raoul: I just avoid him, and keep doing the same old thing.

Therapist: And does avoiding help?

Raoul: No, in fact, it is getting worse. I just feel more and more awkward.

Therapist: I am wondering if you would be willing to work with me to see if we could problem solve some different ways of coping with your boss that might improve the situation.

Raoul: I would be willing, but I don't think we will find any.

Therapist: You may be right, but I want to see if we put our heads together if we could find a better way for you to cope.

Notice how the therapist acknowledges that Raoul might be right but asks him to try problem solving. The therapist is modeling a calm, thoughtful approach to the problem.

Agenda Item #3*: Identify Your Client's Problems*

Before your client can solve his problems, he needs to identify them. Defining the problem and setting realistic goals are the first components of a problem-solving skill set. Problems can be a one-time event, such as a divorce or a serious health problem. They can be situations that happen fairly regularly, such as disciplining a child who refuses to do chores, fighting over finances with a partner, or dealing with constant daily difficulties such as a long commute to work, chronic pain, or loneliness.

Sometimes it is very clear that a client needs help problem solving. A client may start therapy saying, "I don't know what to do about X," or one of your client's thoughts may be, *What else can I do?* or *I don't know how to handle this*. In other cases, it can be more difficult to identify your client's need to problem solve. Clients with a negative problem orientation often avoid their problems but feel anxious. It is helpful to teach a client who tends to avoid that if he is anxious, he should ask himself whether there is a problem he is not looking at.

PROBLEM DEFINITION

The more specific and concrete the problem, the easier it will be to think

of helpful solutions. For example, “I don’t communicate well with my partner” is a very vague problem and hard to start solving, whereas, “My partner and I don’t agree on how to discipline our children” is much clearer and an easier problem to address.

Raoul had started his therapy session by saying in a low voice, “I feel so depressed when I think of going to work. I used to like work, but I feel so awkward and anxious with my boss since I received the poor work evaluation. I think we have a terrible relationship. It just seems hopeless to do anything about it.”

At this point, Raoul’s problem is not very specific. His therapist uses the questions under “Questions to Help Define the Problem” in the Problem-Solving Worksheet to help Raoul become more specific and concrete. Sometimes you may want to use all of the questions, and sometimes only a few may be relevant. You can find Raoul’s answers in the table below.

Raoul Defines His Problem	
Questions to Help Define the Problem	**Raoul’s Answers**
What happened or did not happen that bothers your client?	Raoul’s boss handed him his poor work evaluation, but his boss has never talked to him about it. Tension between Raoul and his boss Presently, almost no casual contact with his boss Boss never asks for his opinion, never chat together, boss often ignores him
Who is involved? Where does the problem happen? When does the problem happen?	The problem involves Raoul and his boss; it happens at work during the day.
Why is this problem difficult for your client?	Raoul feels ashamed about the poor work evaluation. Raoul feels judged, hates work, has trouble concentrating, and thinks everyone knows about his problems with his boss. Raoul does not know what to do about the poor evaluation.
What does your client currently do to handle the problem? Is your client avoiding or acting in an impulsive manner?	Raoul tries to avoid interacting with his boss. In the past, Raoul used to drop by his boss’s office in the morning for a five-minute chat; he used to ask his boss for his opinion on a project. Now Raoul goes straight to his desk.

What does your client hope will happen as a consequence of his/her behavior?	Raoul hopes “things will go back to normal.”

Exercise 9.1

Practice defining your clients’ problems.

SETTING GOALS

Both Raoul and his therapist now have a much better sense of his problems. The next step is setting goals. Goals need to be specific and concrete, realistic, and possible to accomplish. You also want to articulate both short-term and long-term goals. For example, a short-term goal might be becoming more assertive with your boss and asking for an extra two weeks of holiday time during the Christmas season, but that might conflict with the long-term goal of being seen as a team player and getting a promotion.

Often after your client answers the questions to help define the problem on the Problem-Solving Worksheet, his goals are clear. If your client’s goals are not clear, the following questions may be helpful.

- How would your client like the situation to change or be different?
- How would your client like other people in the situation to change or be different?
- How would your client like to change or be different?

When Raoul’s therapist asked how he would like the situation to change, Raoul responded that he wanted “everything to go back to normal.” This is not a very specific goal. His therapist then asked how he would like his boss to change and if there were ways that he would like to change. Raoul explained that generally he wanted to have a good relationship with his boss again. He wanted his boss to joke with him and talk to him easily. He also wanted to be comfortable asking his boss for his opinion about projects. As Raoul articulated his goals, he realized that he also wanted to understand his negative work evaluation better. When a client slows down and examines his problems and goals, he often realizes aspects of the problem that are

important to him that he had not focused on before.

You can also identify goals by paying attention to what your client hopes will happen as a consequence of his current behavior. As ineffective as their behavior may be, most people act in a way that they hope will make their situation better. In Raoul's case his therapist could have asked, "What are you hoping will happen when you avoid your boss?"

Once you have identified your client's goals and explored what he hopes will happen as a consequence of his behavior, it is important to examine the *actual* consequences of his behavior. Unless your client understands that his behavior is ineffective, he will not be motivated to problem solve. In Raoul's case, he hoped that by avoiding his boss everything would "go back to normal." When his therapist asked Raoul what were the consequences of avoiding, Raoul quietly acknowledged that it was not helping, and was in fact making things worse.

EXPLAIN PROBLEM SOLVING TO YOUR CLIENT

Once you have established that what your client is currently doing is not working, it is a good time to explain problem solving. You want to give your client an overview of the process and instill hope that problem solving can help. Here is how I explain problem solving (you can find a copy of this script at http://www.newharbinger.com/38501):

> We have been talking about your problem and how hopeless you feel. Sometimes people get into negative cycles and don't see alternative possibilities. I am wondering if you would be willing to see if we could find some other ways of coping with your problem. I want to explain a process called problem solving. We start with identifying a specific problem and then we brainstorm to try to think of different possible solutions. We are looking for as many solutions as we can find, without judging them. Once we have thought of some alternative ways of handling your problem, I want to spend some time evaluating the different solutions to see if there is one that makes more sense. Would you be willing to try?

Your Turn! Practice in Your Imagination: Explain Problem Solving

▼

I would like you to imagine explaining problem solving to a client. Before you start, rate from 1 to 10 how comfortable you feel explaining problem solving. At the end of the exercise, rate your level of comfort again to see if it changed. Now, let's try this exercise.

Choose a specific client who you think would benefit from a problem-solving approach. Imagine that your client has identified a problem and you want to explain problem solving. Try to get a picture of him or her in your mind. Imagine yourself in your office with your client. See your office; notice the sounds and smells in the room. Read over how I suggest explaining problem solving while imagining yourself saying the words. You can also use your own phrases. Really hear and feel yourself explaining problem solving. Imagine explaining problem solving two more times with the same client. Each time, imagine that your client responds positively.

Video 9.1

Agenda Item #4: Brainstorm Solutions

The next phase involves helping your client find new solutions for his problem. Finding new solutions to problems is difficult—if clients knew of better ways to manage their lives, they would already be doing things differently. Problem solving involves asking your client to step outside of his usual mind-set. You want to engage in a process called brainstorming, which means coming up with as many varied solutions as you can. When brainstorming, it is helpful to follow these three principles:

- **Quantity:** Try to generate as many solutions as possible.

- **Variety:** The greater the variety of solutions, the more chances that you will have a good idea.

- **Deferred Judgment:** Write down all solutions that come to mind, no matter how silly, irrelevant, or outrageous.

Include a few far-fetched and seemingly impossible solutions; they can help your client think outside the box. Sometimes combining a far-fetched solution with another solution can lead to a good solution.

FINDING NEW SOLUTIONS

It can be very hard not to jump in and solve your client's problems. Ideally, brainstorming new solutions is a collaboration between therapist and client. The more your client can discover his own solutions, the more empowering the process will be. I start with asking my client for his suggestions. Often, all I need to say is, "I wonder if there are some other ways of handling this situation." If I think of a specific strategy that my client did not mention, I usually say, "I have an idea that might help. Let's see if you like it." If my client likes the suggestion, I encourage him to apply the strategy to his specific problem.

For many of your clients, the process of stopping and consciously looking at their problems will naturally lead to thinking of new, effective solutions. However, some clients find it hard to think of alternative ways of handling their problems. Try the "Questions to Help Find New Solutions" list on the Problem-Solving Worksheet. Below are the questions.

- What are some different ways you could handle your problem?

- What would you suggest to someone who had this problem?

- What do you think a friend or someone who cared for you would suggest if he or she knew that you had this problem?

- How have you handled similar situations in the past?

- How do you overcome obstacles in other areas of your life?

- Is there any positive information that you are ignoring that could be

helpful in solving this problem?

- Is there an aspect of the problem that cannot be changed and that you have to accept? (The challenge is to accept what cannot be changed and find coping strategies for what can be changed.)

Let's see how Raoul's therapist helps him brainstorm. Initially Raoul has some difficulty finding alternative solutions. However, his therapist maintains an optimistic attitude and sticks to problem solving.

Therapist: Right now you are avoiding your boss, and you were saying that it doesn't seem to be improving the situation. Let's see if we can think of some other things you could do. I want us to write down everything we think of. In this early stage, we're looking for quantity and variety of solutions. Every idea is a good idea. Later we'll figure out which one we want to use.

Notice how his therapist explains the principles of quantity, variety, and deferred judgment.

Raoul: Anything I can think of just seems impossible.

Therapist: You may be right, but let's see if we can think of what you could do to improve your relationship with your boss.

Notice that Raoul's therapist acknowledges that he might be right but maintains an optimistic attitude.

Raoul: I think that the best solution may be to get out of the department and ask for a transfer.

Therapist: So one option is to ask for a transfer. Any other options you can think of?

Raoul: I could just keep doing what I am doing; it is not going so badly. I've also thought of asking a friend who works in another department if he had any ideas.

Therapist: We have a couple of solutions; let's write them down. First, ask for a transfer; second, keep doing what you are doing; and third, ask a friend for advice. I'm going to ask you some questions to see

if they help you come up with any other solutions. I'm wondering…if a colleague had this problem, what would you suggest to him?

Notice how Raoul's therapist starts with a summary statement to indicate she heard Raoul, and then follows up with a question from the "Questions to Help Find New Solutions" list.

Raoul: That's easy, but I don't think it would work for me.

Therapist: You might be right, but let's look at what you would suggest in any case.

Raoul: Well, the first thing I would suggest is that my colleague stop avoiding his boss and behave in a friendly manner.

Your Turn! Help Raoul Find New Solutions

Raoul's suggestion that he stop avoiding his boss and behave in a friendly manner is a good overall strategy, but it is not very concrete.

Look at the three possible responses below and pick the one that will help Raoul be more specific and concrete.

Great suggestion. I wonder if you started generally participating more in meetings whether that would be helpful.

When you think of being friendlier, what are your thoughts?

If your colleague wanted to stop avoiding his boss and be friendlier, what are some things he could do?

Response #3 is the most likely to help Raoul develop specific and concrete solutions. In response #1, the therapist is solving the problem for Raoul. Response #2 would be a good question if we had a specific, concrete solution, but it is too soon in the problem-solving process.

Therapist: If your colleague wanted to generally stop avoiding his boss and

be friendlier, what are some things he could do?

Raoul: (*laughing slightly*) Well, I guess I would suggest saying hello to his boss before meetings, speaking up at meetings, and probably letting his boss know how some of his projects are going.

Therapist: Could we put these down as possible solutions for you? (*Raoul nods and smiles.*) You've come up with quite a long list.

Look at the three possible responses below and pick the one that will help Raoul continue to find alternative solutions.

I'm wondering whether we could find more solutions. What would someone who knew you well suggest as a solution?

What are the obstacles to starting to speak up at meetings?

Let's make a plan for when you could start speaking up more at meetings.

Response #1 is the most likely to help Raoul continue to find solutions. Responses #2 and #3 would be good responses if Raoul had already picked speaking up at meetings as a solution; however, he has not yet finished listing all of his possible solutions.

Therapist: I'm wondering whether we could find more solutions. What would someone who knew you well suggest as a solution?

Raoul: Honestly? I think my wife would suggest that I wait until the next evaluation, which is in six months, before I do anything. My daughter would suggest that I make an appointment with my boss to talk about the poor work evaluation. But that's totally impossible for me to do. I would just be too anxious.

Often when clients think of an assertive response, they immediately back away. It just feels too hard. That's what happened when Raoul thought of talking to his boss about his poor work evaluation. It is worthwhile spending some time exploring what exactly your client could say. Often when clients have a concrete scenario, the assertive response feels more doable.

Here is Raoul's list of possible solutions:

• Keep doing what I am doing

• Ask for a transfer to another department

• Ask a friend for advice

• Talk to my boss before meetings, participate in meetings, and tell my boss how my projects are going

• Wait for next evaluation

• Arrange a meeting with my boss to discuss my evaluation

Agenda Item #5*: Choose a Solution*

For many clients, calmly evaluating different solutions is a new and empowering experience. You want your client to evaluate the likelihood that the different solutions will either resolve or improve the problem. I teach my clients to ask themselves the following questions from the Problem-Solving Worksheet so that they can make an informed choice.

- What are the short-term and long-term benefits of each solution?
- What are the short-term and long-term drawbacks of each solution?

If my client finds the concept of benefits and drawbacks too abstract, I ask, “If you use this solution, what are some of the good things that might happen and what are some of the bad things that might happen?” We make a chart and write down the answers; clients can then take the chart home and spend more time thinking about the decision. Below are some of the questions that I ask to encourage clients to think about the short-term and long-term consequences of each solution.

- How will this solution affect me, other people, and the situation?
- How will I feel after implementing this solution?
- Is this solution consistent with my values? Will implementing this solution be important to me in terms of acting on my values?

- Does the solution generally feel doable?
- Does the solution feel doable in terms of time and effort required?

Raoul has a large number of solutions; it's hard to evaluate all of them. His therapist asked him to pick three solutions to evaluate. Below is how Raoul completed his evaluation. You can download the worksheet Benefits and Drawbacks of My Solutions at http://www.newharbinger.com/38501.

Benefits and Drawbacks of My Solutions

Solution	Short-Term Benefit	Short-Term Drawback	Long-Term Benefit	Long-Term Drawback
Ask for a transfer	Will get me out of the office A change might be good	I have to tell my boss, and until I leave it will be worse Applying for a transfer is difficult, hard to get a good reference, can take a long time	It might lead to a better situation	I lose some of my seniority if I change departments Next job might be worse
Talk more with boss; discuss projects, etc.	Relationship might improve Fairly easy to do	Does not address the poor work evaluation	Relationship might improve	Still do not understand poor work evaluation
Meet with boss to discuss poor work evaluation	Might resolve the issue	Might make it worse; could find out boss very critical of my work High anxiety	Ideally will help with relationship and work performance	Might make it impossible to stay in job

Once Raoul and his therapist had evaluated the three solutions, his therapist asked him to summarize the benefits and drawbacks of each solution.

Asking for a transfer: It might make me feel good initially, but it will be a lot of work and may not lead to a better solution. Plus, I lose my seniority.

Talk more with the boss: It might help with the relationship. There is no real risk. Only problem is that it does not address the poor work evaluation.

Meet with boss to discuss poor work evaluation: The most high risk and the hardest. Might be the best solution, but might make it hard to stay.

When Raoul evaluated the different solutions, it was clear that asking for a transfer was not a good idea. He decided he wanted to start with dropping by his boss's office to chat and also try talking to his boss about different projects he was working on. He wanted to see what happened when he started talking more to his boss before deciding whether he wanted to discuss his poor work evaluation with him.

Video 9.2

MAKE A PLAN

Next, your client needs to develop a plan for implementing the solution he chose. Make sure that the plan is specific and concrete. It is helpful to write out what your client will actually do. Next, specify a first step to the plan and a time and date when your client will try the first step to the solution. You also want to check if there are any obstacles to the plan, and try to address them.

Raoul decided he wanted to try dropping by his boss's office the next day. He had meetings on Monday, Wednesday, and Friday, and he would make a point of getting there early to chat with his boss before the meeting.

PREPARE FOR THE WORST

Sometimes your client wants to try a solution where there is a realistic possibility of a negative outcome. For example, my client Julia decided to disclose to her partner that she had been sexually abused as a child, even though she knew there was a realistic possibility her partner would blame her for the abuse. Other clients have raised various difficult issues with their bosses, partners, and friends, hoping to improve the relationship, but instead the discussion resulted in increased tension. You want to be sure your client understands the realistic risk of a negative reaction and is prepared for that should it occur.

USE IMAGERY TO PRACTICE

Rehearsing using imagery is an opportunity to practice the new solution and to check if there are any obstacles. I ask my client to imagine doing the new solution in his mind. I encourage my client to close his eyes, and I describe him carrying out the new solution. I ask him to see and feel himself in the situation, and if the solution involves talking, to hear himself and the other people. After he has imagined doing the solution once, I ask him to open his eyes and I ask if there were any obstacles, or if he would like to change anything. We address the obstacles. I then ask him to imagine doing the new solution two more times and incorporate any changes he wanted. I ask my client to rate how doable the solution is before and after practicing in his mind.

When Raoul imagined dropping by his boss's office to chat, he realized it would be easier if he had a specific question about a file that he wanted to ask. His therapist incorporated that into the next two imaginal rehearsals.

YOUR CLIENT TRIES HIS NEW SOLUTION

Think of your client's new solution as an experiment that will provide additional data, rather than the one right way to proceed. Often clients prematurely dismiss a solution because the outcome wasn't perfect. Results need to be evaluated on a continuum rather than a "perfect or else failure" yardstick. It is helpful to decide ahead of time how your client will evaluate whether his new solution is successful. If the solution did not work out, or if aspects of the problem remain, you need to continue to problem solve. It may also be helpful to reevaluate what aspects of the problem can and cannot be changed. The reality is that many of life's difficulties take time and effort to address, and often there is no perfect solution.

It is also important to teach your client to give himself a pat on the back for trying his new solution. Even if the new solution did not work out, trying indicates a willingness to attempt to solve the problem rather than staying stuck. I model a positive problem orientation. Depending on what happened, some of the statements I use are, "That went well," "Trying is an important first step," and "Even though it wasn't perfect, it is a step in the right direction."

SUZANNE PROBLEM SOLVES

If you remember, in the last chapter we helped Suzanne manage her anxiety about going to the barbecue by looking at her hot thought and developing a more balanced thought. Her worry had decreased sufficiently that she decided to go to the barbecue. However, she still worried that she would not know what to say and that the other teachers would not talk to her.

Her therapist thought it would be helpful to problem solve what Suzanne could do to make the barbecue easier for her. They came up with a number of strategies, including offering to help with any food preparation and the cooking; thinking of some questions she could ask that might start a conversation, such as how long the other teachers had been at the school and whether they had children; approaching the other teachers, introducing herself, and standing there as part of the group; focusing her attention on what the other teachers were saying; and spending some time playing with the principal's young children.

When Suzanne evaluated the different solutions, she picked offering to help with the cooking, thinking of some questions she could ask to start a conversation, and then approaching one of the teachers at the party and starting to talk. She felt a lot better once she had a plan.

Agenda Item #6*: Develop Coping Thoughts*

Once your client has decided how he wants to handle the problem, and has a plan, it can be useful to develop coping thoughts that help him focus on the task and manage any negative feelings. Highly critical thoughts about ourselves or others not only make us feel bad, but also distract us from the present moment, making it harder to handle a stressful situation. In a coping thought model, you and your client actively develop thoughts that help your client execute his plan and manage his negative emotions. Coping thoughts tend to be short and provide directions as to what to do in a specific situation.

Here is the general process that I use to develop coping thoughts:

Identify the behavior your client wants to accomplish and his plan.

Check if your client's current thoughts are interfering with or sabotaging his plan.

Develop coping thoughts.

Use imagery to practice your client's coping thoughts.

IDENTIFY THE BEHAVIOR YOUR CLIENT WANTS TO ACCOMPLISH

In addition to being part of a problem-solving plan, coping thoughts can be used for any specific behavior your client wants to accomplish. For example, I have used coping thoughts to help my client Elyse stop procrastinating, sit down, and complete her tax return; I have also used coping thoughts to help clients drink only one glass of wine a night, start an exercise program, use relaxation for pain control, and raise an awkward topic with a friend or family member. You can also use coping thoughts to help clients manage their feelings of anxiety or of being overwhelmed. You want to be sure the behavior is specific and doable. If Elyse does not know how to complete her tax return, all the coping statements in the world will not help her.

IDENTIFY CURRENT THOUGHTS THAT ARE INTERFERING WITH THE PLAN

Sometimes when clients think of a solution to their problem, they are optimistic; however, often negative, sabotaging thoughts interfere with their ability to implement their plan. I usually ask my client what might interfere with his plan, and specifically whether there is anything he is likely to say to himself that would sabotage the plan. I want to make sure my client understands the impact of his thoughts on his ability to complete his plan. Let's see if Suzanne has any thoughts that will sabotage her plans for how to handle the barbecue.

Therapist: Suzanne, I am wondering, when you think of helping with the food at the barbecue, or starting to talk to one of the other teachers, what thoughts go through your mind?

Suzanne: Helping with the food at the barbecue is easy, a really great idea. When I think of going up to the other teacher and starting a conversation, I get pretty anxious.

Suzanne has identified a feeling, but we are looking for sabotaging thoughts. We know from our four-factor model that thoughts lead to feelings.

Therapist: What are some of your thoughts that go with your anxious

feeling?

Suzanne: I guess I think that no one will find my questions interesting, and that it was probably a mistake to go to the party.

Suzanne's therapist wants her to see how these thoughts might sabotage her plan.

Therapist: When you have these thoughts, how does it affect your plan to start talking to the other teachers?

Suzanne: It makes it really hard and makes me not want to go or just stand there quietly, instead of trying to talk.

I sometimes draw a diagram to help my client see how his thoughts are sabotaging his plan. Many clients find it helpful to visualize the process. This can be especially helpful if a client wants to accomplish his plan but then doesn't carry out the plan and doesn't understand what got in the way. Figure 9.1 shows what Raoul's therapist drew for Raoul to help him understand the impact of his thoughts on his procrastinating around writing a report.

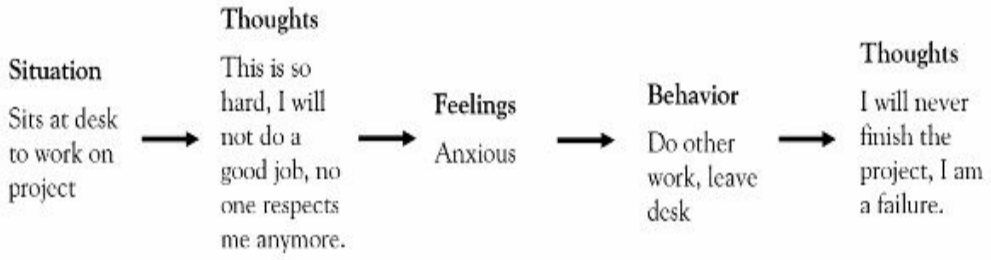


Figure 9.1. Raoul avoids a project.

Exercise 9.2

Practice using a diagram to explain the consequences of your client's thoughts.

Once you have identified your client's negative sabotaging thoughts, you use a coping thought model to ask him to put aside these thoughts.

Unfortunately, if you tell your client to *stop* a thought, it just bounces back stronger. However, your client can learn to ignore his interfering thoughts, especially if he has developed coping thoughts. You can't think of coping thoughts and interfering thoughts at the same time.

HELP YOUR CLIENT DEVELOP COPING THOUGHTS

The next step is to develop thoughts that help your client cope with the situation and manage his disruptive feelings. Below are questions to help your client develop coping thoughts. You can download a Questions to Develop Coping Thoughts handout at http://www.newharbinger.com/38501.

- What could you say to yourself that would help you cope with this situation?
- What advice could you give a friend in terms of helpful coping thoughts?
- What would someone who knows you well suggest as helpful coping thoughts?
- If you were in a more optimistic mood, what might you think?
- When you have coped successfully in the past, either with a similar or a different type of situation, what have you told yourself?

Once you have a list of coping thoughts, write them down. Coping thoughts generally fall into three categories: placing the situation in a realistic perspective, focusing on the task at hand, and managing anxious or overwhelming feelings. Different types of thoughts will be helpful in different situations. Let's look at some examples of thoughts in each category. You can download a copy of Examples of Coping Thoughts at http://www.newharbinger.com/38501.

Examples of Coping Thoughts		
Place the Situation in a Realistic Perspective	**Focus on the Task**	**Manage Anxiety**
	You have a plan.	Anxiety is not dangerous.

Try not to take this too seriously. This is just one situation. If this situation doesn't work out, there will be others. Don't blow this up out of proportion.	Do the first step of your plan. Focus on the task. It does not have to be perfect. One step at a time Even if I'm upset, I can do my plan.	It doesn't matter if my heart is pounding. I can take some deep breaths. It will pass. Anxiety is normal. Remember your rational thoughts. You don't have to listen to worry thoughts.

Suzanne, together with her therapist, identified a number of thoughts she could use as coping thoughts to help her start talking to one of the other teachers. They included *Stick to your plan*, *Just ask a question*, *There are only three other teachers*, and *Don't listen to anxiety*.

Use imagery to practice. Once your client has developed coping thoughts, you take him through his plan again in his imagination, this time adding coping thoughts. After we have practiced once, I ask if there is anything he would like to change and if any of the coping thoughts were particularly helpful or not that helpful. I make any changes and then we practice two more times in his imagination.

When Suzanne rehearsed her plan and coping thoughts in her imagination, she particularly liked the thoughts *Just ask a question* and *Don't listen to anxiety*.

YOUR TURN! Help Raoul Develop Coping Thoughts

Raoul decided that he wanted to call one of his colleagues whom he had been avoiding and suggest that they have lunch together. He was fairly anxious about calling, and rated his anxiety at a 6 out of 10. His thoughts were *I haven't had lunch with him in a long time; he will think it weird that I phone him*. How could you help Raoul develop coping thoughts that would help him call his colleague?

Look at the three possible responses below and pick the one that will help Raoul develop coping thoughts.

How could you contact your colleague to ask him out for lunch?

I think it is important that you tell yourself to stop thinking these thoughts; they are clearly stopping you from calling your colleague.

I am wondering if you could try to put these thoughts aside and see if we could come up with some thoughts that will help you call your colleague.

Response #3 is the next step in developing coping thoughts. Response #1 will help Raoul develop a specific plan of what he will do, but it will not help develop coping thoughts. In response #2, the therapist is telling Raoul to try to stop his thoughts. This will backfire—when we try to stop thinking a thought, we just think about it more.

Therapist: I am wondering if you could try to put these thoughts aside and see if we could come up with some thoughts that will help you call your colleague.

Raoul: What do you mean?

Look at the three possible responses below and pick the one that will help Raoul develop coping thoughts.

If a friend were anxious about inviting a colleague for lunch, what would you suggest that he tell himself?

Your problem is that you are not positive enough.

Just say to yourself—be positive!

Response #1 is the best answer. It uses the question "What advice could you give a friend in terms of helpful coping thoughts?" and applies it to Raoul's situation. In responses #2 and #3, the therapist is trying to use positive thinking. The problem is that positive thinking doesn't work because it is too general and doesn't address the specific behavior the client wants to do.

Video 9.3

Video 9.4

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 9.1: Nasir Has a Busy Clinic

Exercise 9.2: Suzanne Goes to the School Fair

Apply What You Learned to Your Own Life

For the following homework assignment, you can use the guided audio file to help you go through each step; I think it is more effective than reading the exercise.

Homework Assignment #1 Practice Using the Problem-Solving Steps

Accompanying audio file: Solve Your Own Problems

▼

Think of a problem that is currently troubling you. Don't choose something huge, as it may be too challenging for an initial attempt at problem solving. Choose a problem that is sufficiently large that you care about it, but sufficiently small that there is a chance you could solve it. Go through the

four problem-solving steps in order using the Problem-Solving Worksheet as a guide.

Problem-Solving Steps:

Identify the problem and set realistic goals. Remember to ask yourself what you hope will be the consequences of your current behavior.

Generate new solutions. Try to think of at least three. Don't evaluate them until you have completed your list.

Evaluate the different solutions and decide which one to try. Remember to look at both the short-term and long-term benefits and drawbacks.

Try one of the solutions: evaluate the consequences and decide whether the problem is solved or if you need to continue to problem solve.

Apply What You Learned to Your Therapy Practice

This coming week I would like you to try to apply the problem-solving process with a client.

Homework Assignment #2 Help a Client Problem Solve

Start by asking your client to identify the problem that is causing his or her distress. See if you can engage your client in a problem-solving process. Remember, all you have to do is the following: identify the problem and how your client is currently coping, identify his goal, brainstorm alternative solutions, choose a solution to try, and make a specific and concrete plan. You may also want to try asking your client to rehearse his new plan in his imagination. Fill in the form below so you can monitor how you are doing.

Identify the Problem and Set	Brainstorm New	Evaluate and Choose a	Make a

Client	Goals	Solutions	Solution	Plan

Let's Review

Answer the questions under the agenda items.

Agenda Item #1: What is problem solving?

- How can you explain problem solving in one or two sentences?

Agenda Item #2: Develop a positive problem orientation.

- What is the difference between a positive problem orientation and a negative problem orien-tation?

Agenda Item #3: Identify your client's problems.

- How can your clients use their anxiety to identify a problem?

Agenda Item #4: Brainstorm solutions.

- What are the three principles of brainstorming solutions?

Agenda Item #5: Choose a solution.

- What are two criteria for evaluating a solution?

Agenda Item #6: Develop coping thoughts.

- What are two categories of coping thoughts?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Chose a specific client.)

Chapter 10

Behavioral Activation—Action Plans for Depression

In the last chapter we covered problem solving. Did you notice your clients' problem orientation? Did you have a chance to try problem solving in your own life or with any clients? What was it like to consciously evaluate different solutions? Was it hard not to jump in and solve your clients' problems?

Set the Agenda

In this chapter you will learn how to help your clients who have depression by increasing their activity level to improve their mood. The technical term for this intervention is *behavioral activation*.

Agenda Item #1: How does behavioral activation work?

Agenda Item #2: Help your clients understand their depression.

Agenda Item #3: Monitor your clients' daily activities.

Agenda Item #4: Plan activities that increase positive moods.

Agenda Item #5: Graded task assignments.

Agenda Item #6: Increase well-being.

Work the Agenda

Behavioral activation is primarily a treatment for depression. It is based on the premise that when your clients change their behaviors, and increase activities that promote pleasure and a sense of competence, their mood will improve.

Agenda Item #1*: How Does Behavioral Activation Work?*

You can think of depression as a cycle that is caused and maintained by avoidance and a lack of positive reinforcement. Depression starts with changes in a client's life that lead to a decrease in events that she enjoys and an increase in unpleasant events. As a result of these changes, your client's overall mood declines and activities she used to enjoy are less pleasurable. Clients start avoiding activities such as seeing friends and family and pursuing hobbies, exercise, or leisure activities. The more clients avoid activities that might lift their mood, the less contact they have with positive reinforcements. The less contact with positive reinforcements, the more down they feel and the less they feel like doing anything (Martell, Dimidjian, & Herman-Dunn, 2010).

When clients become less active, their overall routine is disrupted, which may lead to sleep problems, poor appetite, and generally feeling out of sync with their environment, all of which exacerbate depression (Dimidjian, Barrera, Martell, Muñoz, & Lewinsohn, 2011). The more your clients are caught in this cycle of depression, the more they disengage from their normal life and the more likely they are to develop secondary problems. For example, the student who is too depressed to attend baseball practice may eventually be kicked off the team. Figure 10.1 shows how the cycle of depression works.

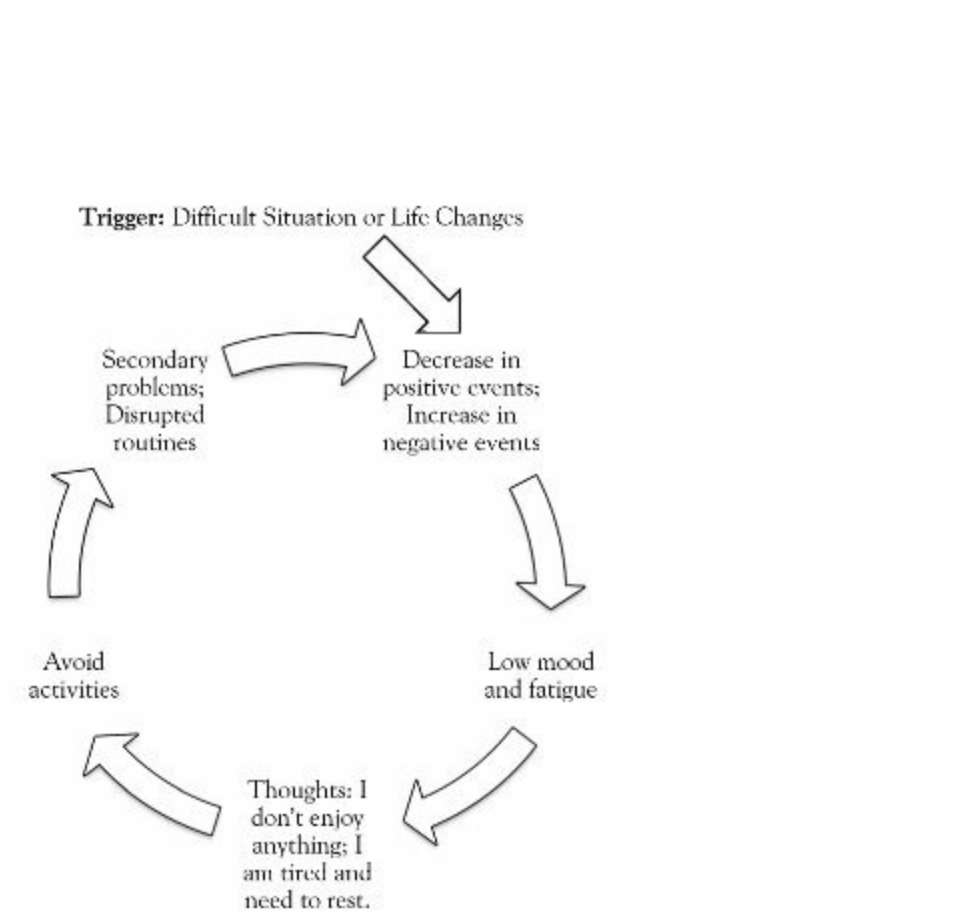
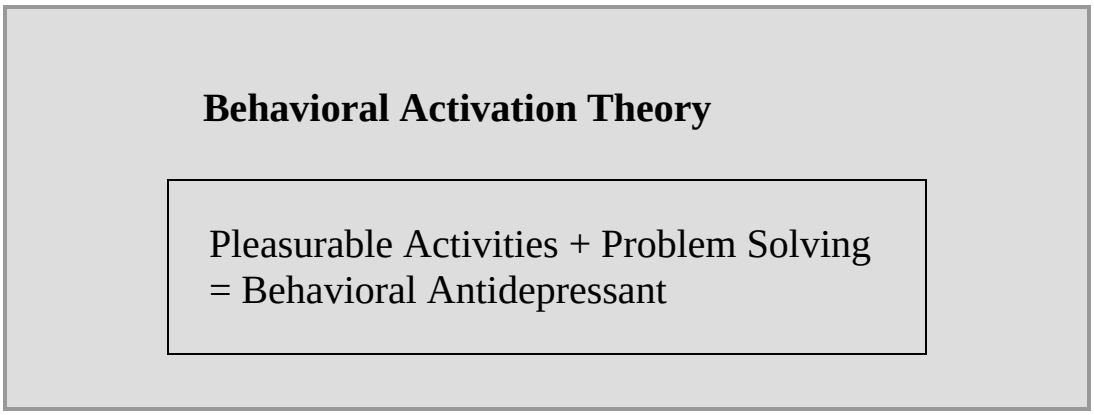


Figure 10.1. Cycle of depression.

BREAKING THE CYCLE OF INACTIVITY AND DEPRESSION

Behavioral activation interrupts the cycle of depression by directly targeting avoidance and encouraging clients to engage in mood-boosting activities. Clients identify activities that (1) are enjoyable, (2) increase their confidence or sense of mastery, or (3) are functional in that they decrease the negative consequences of avoidance. The therapist works with clients to schedule these activities into their week in a step-by-step manner and uses the problem-solving process to address any obstacles (Martell et al., 2010). As clients start to engage in pleasurable activities, their mood improves. As

clients feel better, they have more energy, they stop wanting to avoid activities, and they engage in healthy routines. In short, a mood-boosting cycle starts.



OVERVIEW OF BEHAVIORAL ACTIVATION

The formal goal of behavioral activation is for your clients to return to their pre-depression level of functioning. I prefer to tell my clients that our goal is to help them have a life they enjoy. The focus is to actively encourage clients to engage in activities even though they "feel" like avoiding or resting. It seems to me that folk wisdom often captures the essence of behavioral activation. My Aunt Tanya, who is eighty-eight, always told me, "No matter what, get up every morning and put on your makeup, and before you go to bed at night, have a sip of vodka." In other words, according to Aunt Tanya, no matter how you are feeling, get up and face the world, and before the day ends, do something nice for yourself.

Generally, the behavioral activation process unfolds in the following order.

Understand your client's depression in relation to changes in his or her daily activities.

Monitor your client's daily activities.

Plan activities that increase positive mood.

Monitor your client's mood before and after activities.

Problem solve obstacles.

Establish healthy routines and prevent setbacks.

IS BEHAVIORAL ACTIVATION EFFECTIVE?

Even though I have practiced behavioral activation for many years, when a client with severe depression comes into my office, I often find myself thinking that behavioral activation will not be enough. How can adding pleasurable activities be sufficient to help this very depressed client? But rather than believing my automatic thoughts…I look at the evidence!

Over the past three decades, numerous studies, including a number of meta-analyses, have consistently demonstrated that behavioral activation is an effective treatment for mild, moderate, and severe depression (Dimidjian et al., 2011; Soucy-Chartier & Provencher, 2013). This is true for children, teens, and adults of all ages. Behavioral activation alone has been found to be as effective as treatments that include both behavioral and cognitive interventions, such as identifying and challenging negative thoughts (Dimidjian et al., 2006; Richards et al., 2016). There is some indication that if clients are severely depressed, therapy provided over a sixteen-week period that includes only behavioral activation is more effective than therapy that includes behavioral and cognitive interventions. Behavioral activation is also an effective intervention for relapse prevention (Dobson et al., 2008). A recent study found that clients with complicated bereavement also responded positively to behavioral activation (Hershenberg, Paulson, Gros, & Acierno, 2014).

Research Summary

Clients with mild and moderate depression: Behavioral activation should be a component of treatment.

Clients with severe depression: Behavioral

activation should be the first intervention.

Agenda Item #2*: Help Your Clients Understand Their Depression*

A client who is depressed often starts therapy saying, “What is wrong with me? I used to be so strong” or, “I think I am going crazy, I just feel like crying all day.” You want to help your client understand that her depression is related to a lack of mood-enhancing activities and is not a personal failure.

You can use the cycle of depression as a model for gathering information that will help your clients understand the factors that caused and maintain their depression. If your clients understand that their depression is related to a lack of pleasurable activities in their lives, they will be more motivated to engage in mood-boosting activities. This is important, as you are going to ask your clients to engage in activities even if they don’t “feel like it.”

Start with looking at the changes in your client’s life that preceded her depression, in particular, decreases in reinforcing and/or pleasurable activities and increases in unpleasant activities. You also want to look at how your client coped with these changes, and the role of avoidance. The two main questions I ask my client are:

What life changes occurred prior to your depression?

How did these changes affect your daily life activities in relation to an increase or decrease in pleasurable activities?

SUZANNE’S CYCLE OF DEPRESSION

Suzanne started therapy saying she didn’t know what was wrong with her. She had a great house, great kids, a good job, and a great husband, but she was just so overwhelmed that she didn’t enjoy life anymore. She cried softly as she told her therapist that she wasn’t coping.

In chapter 2 we listed the stressors and recent changes in Suzanne’s life

that happened prior to her depression.

> Suzanne started teaching at a new school. The school is a thirty- to forty-minute commute from home; she does not know the other teachers, who form a tight group.
>
> Her mother-in-law is no longer able to babysit.
>
> Genia, her best friend, moved away.

Let's see how her therapist uses the two questions we just identified to understand Suzanne's depression.

Therapist: It sounds like there have been a lot of changes in your life. I am wondering if we could spend a moment and think about how each change has affected your life. Which one should we look at first?

Suzanne: Well, I think the really big one is the new school.

Therapist: I think it would be helpful to look at how your life has changed since starting at the new school. I want to look at activities you stopped doing, and activities you started doing because of the new school.

The therapist instills hope by starting with, "I think it would be helpful." Notice her therapist did not ask Suzanne how she feels about the new school. She asked her to look at how her life is different.

Suzanne: One of the biggest changes is the morning. I used to walk to school; it was about fifteen minutes each way. I now spend forty-five minutes commuting. The extra thirty minutes I used to have meant that I had time to get the kids ready in the morning. Now everything has to be ready the night before. The kids have to be completely ready to be dropped off at my neighbor's home by 7:30. It's really hard getting them up, dressed, and fed. My neighbor takes them to school. My husband leaves early for work and can't help.

Therapist: That sounds like a really big change to your morning routine.

Suzanne: Yes, I used to enjoy the mornings—it was a nice time with the kids, and I liked the walk to school. Now it is just so stressful.

The therapist makes a supportive comment, and Suzanne goes on to elaborate how her life has changed.

Therapist: I want to start making a list of the ways your life has changed. I think it will help us understand your depression and how to help you. What would you put down?

Notice how her therapist instills hope. The therapist asks Suzanne what she would put on the list.

Suzanne: Well, I guess, I no longer have the fifteen-minute walk to school, I no longer have a nice time with my kids in the morning, and actually, I rarely eat breakfast, I am so frazzled. I am often starving by the time I get to school.

Therapist: I think that's a really good list of all the things that you are no longer doing. What about anything that you now do because of the new school that you were not doing before?

Suzanne: Well, I guess I have to be really organized the night before, which I find hard. I make my daughter's lunch, put out the kids' clothes, and make sure I am all organized for school. Also, I have to be really strict with the kids, as I am on a tight schedule. Which means I yell more to get them going in the morning. I also have the long drive to work, which I hate. I spend the whole time in the car thinking about what a bad mom I've become, how I yelled at the kids once again, and how I wish I were back at my old school. It's just awful.

Therapist: Sounds like a lot of changes. When we look at how different your morning is now to how it used to be, what are your thoughts?

Note that the therapist first asked Suzanne what had changed, second asked her how the change had affected her daily life, and third asked her what she thought when she looked at the changes.

Suzanne: Well, no wonder I am depressed; it sounds like an awful way to start the morning.

By examining how her morning has changed, Suzanne has shifted from "something is wrong with me that I am depressed," to realizing that the changes in her morning routine may be contributing to her depression.

Therapist: I think you said something important. Seems like the change in school caused a lot of other changes in your life and had a negative effect on your morning routine and mood. I think we are discovering some important information. I want to see if there are other ways that starting at the new school has impacted your life.

Notice how Suzanne's therapist reinforces her awareness that her morning routine is impacting her mood. Also notice how the therapist keeps Suzanne on track with the task.

Suzanne used to spend time with other teachers, who were her friends, and now she sees few of her friends. She had enjoyed being involved in the school play and had received a lot of positive feedback from many people in the school. She was well known as a popular teacher. At her new school she participates in no extracurricular activities and knows none of the other teachers socially. She gets home late from work, tired and frazzled from the drive.

Suzanne had not realized that since her mother-in-law had become ill and could no longer babysit, she and her husband had practically stopped going out in the evening. It had been ages since they had seen many of their friends. Suzanne also realized that since Genia had moved away, she had stopped her weekly walks and talked to her friend much less. Suzanne was surprised when she looked at the impact of all the changes in her life.

Exercise 10.1

Practice using the cycle of depression to understand your clients.

USE A WRITTEN SUMMARY

After I have explored with my client how her life has changed, I find it helpful to provide a written summary. Sometimes I draw the cycle of depression and together we look at how it is related to my client's specific situation. Other times I use the Understand Your Depression worksheet, which you can download at http://www.newharbinger.com/38501. The

worksheet gives your client an overview of how her activities have changed since she became depressed. When Suzanne looked at her Understand Your Depression worksheet, it made sense that the changes in her activities were affecting her depression.

Understand Your Depression		
Changes or stressors in your life prior to your depression? New school, mother-in-law no longer babysitting, and Genia, her best friend, moving away. **Since these changes or stressors, how have your activities changed?** Complete the form below.		
	Increased Since Life Changes or Stressors	**Decreased Since Life Changes or Stressors**
Activities I enjoy or that provide pleasure or mastery	None	Walk to school; nice time with children in the morning; going out with husband and seeing friends; Sunday walk with Genia; talking to Genia
Activities I do not enjoy	Getting ready the night before; long drive to work; getting up early and getting children ready	None
Exercise		No walk to school, no Sunday walk
Spending time with friends		Stopped seeing school friends, Genia moved away
Spending time with family	See mother-in-law more, as she has been ill	Less time with children in the morning; less time with husband overall
Leisure or hobbies	None	No school play; no other extracurricular activities
Smoking, overeating, alcohol or drug use	None	
Routines related to eating and sleeping		No breakfast routine, often fall asleep in front of TV

USE AN ANALOGY

I sometimes use a flower analogy to help my client understand her depression. This analogy was inspired by Melanie Fennell's virtuous and vicious flowers (Fennell, 2006). I explain that feeling happy is similar to a brightly colored flower with lots of petals. I then draw a flower with a circle in the middle and petals around the circle. I ask my client to fill in each petal with an activity she did before she became depressed that she enjoyed or gave meaning to her life. I look for healthy routines; social activities with colleagues, friends, and family; activities that are pleasurable or meaningful; and activities that lead to a sense of competence or mastery.

Once my client has completed filling in her flower, I ask her to draw an X through all the petals that have changed since the depression. Usually, almost all of them are gone. What was once a full bloom is often only a few petals.

With some clients, instead of a flower I draw a picture of a wall. I use bricks to build a strong wall; if you take out too many bricks, the wall will fall, or have big holes.

Suzanne's therapist used the flower analogy, and Suzanne was surprised to see her flower. Her depression was making more and more sense to her. Her therapist explained that together they would help Suzanne start to add petals back into her life so that she could start to feel better. Suzanne said this was a good idea, but added that she couldn't imagine where to begin. Her therapist assured her they would work together and go slowly.

Your Turn! Understand Mayleen's Depression

Below is a description of Mayleen, a fifty-eight-year-old woman who has come to therapy because she is currently depressed. Try to complete the Understand Your Depression worksheet with the information below. You can see my answers in the appendix.

Mayleen is a successful sculptor. She lives alone, has never married, and

has no children. Two years ago her mother became ill, and Mayleen has been very involved in her care.

Mayleen's mother lives alone in the town where Mayleen grew up, about three hours away. Mayleen left when she was eighteen and no longer has any friends or other family who live there. She spends four days a week visiting her mother and attending to her needs, looking after the house, and taking her to doctor's appointments. Mayleen is happy that she is able to care for her sick mother but feels lonely when she visits. She and her mother watch a lot of daytime TV, which Mayleen finds boring.

Over the two years that her mother has been ill, Mayleen has become increasingly depressed and feels guilty about not spending all her time caring for her mother. She has stopped seeing many of her friends, has given up exercise, and has almost completely stopped sculpting, as she believes there is no time for these activities, and she is so tired most of the time.

Video 10.1

Agenda Item #3*: Monitor Your Clients' Daily Activities*

Behavioral activation involves asking your clients to engage in pleasurable activities. Sounds easy. The difficulty is that depressed clients don't feel like doing anything. They will tell you, "Nothing helps." You are going to ask your clients to act according to a plan rather than according to how they feel. If your clients can see the connection between an increase in their activity level and an increase in their mood, they will be more motivated to add pleasurable activities to their lives, even if they don't "feel" like doing them.

The easiest way for clients to see the connection between their mood and specific activities is to monitor their daily activities and rate their moods. I ask clients to complete a Daily Activities Schedule (available at http://www.newharbinger.com/38501), where they write what they do, hour by hour, and rate their mood. I usually complete the first day of the Daily Activities Schedule during the therapy hour. That way, I am sure my clients understand what to do. (If the session is early in the morning, we complete it

for the previous day.) Then for homework I assign the Daily Activities Schedule for the rest of the week.

Here is how I introduce the Daily Activities Schedule. I explain both the rationale behind the intervention and what we will be doing.

> I think it is important to understand how you spend your days, and if your mood changes with the types of activities that you do. I have a Daily Activities Schedule where you can write down what you do throughout the day, and rate your mood. That way, we can see whether there are times during the day when you feel better, and times when you feel worse. We are going to try and increase the times you feel better and learn how to cope with the times when you feel worse. Does this make sense to you?
>
> Let's take today and see if we can complete the schedule together. Is that okay with you? What time did you wake up? If you had to rate your mood from 1 to 10, with 10 being the most depressed you have ever been, and 1 being not at all depressed, where would you rate your mood when you woke up today?

I then take my client through her day, rating her mood during each activity.

Your Turn! Practice in Your Imagination: Explain a Daily Activities Schedule

▼

Before you start, rate from 1 to 10 how comfortable you are explaining a Daily Activities Schedule to a client who is depressed. At the end of the exercise, rate your level of comfort again to see whether it changed. Now, let's try this exercise.

Choose a client who is depressed and who you think would benefit from using behavioral activation. Try to get a picture of him or her in your mind. Imagine yourself in your office with your client. See your office; notice the sounds and smells in the room. Imagine that you want to introduce a Daily Activities Schedule. Read over how I explain using a Daily Activities Schedule while imagining yourself saying the words. You can also use your own phrases. Imagine getting out the Daily Activities Schedule and explaining it to your client. Now, imagine explaining the Daily Activities Schedule two more times with the same client. Each time, imagine that your client responds positively.

WHAT DID YOUR CLIENT LEARN?

The next step is to use the Daily Activities Schedule to help your client discover an activity/mood relationship and to decide which times of day to target and which activities to introduce or expand. I start with asking my client about the general experience of completing the Daily Activities Schedule and then ask whether she learned anything in the process. I then go over Questions to Explore a Mood/Activity Relationship (Martell et al., 2010). When I first started doing behavioral activation, I kept these questions next to me. You can download a copy at http://www.newharbinger.com/38501.

- Do you see an activity/mood relationship?
    - What activities help you feel better?
    - What activities or situations are connected to a low mood?
- What time periods are you most at risk for a low mood?
- Do you have any routines that help you maintain a positive mood?
- Is there anything you are avoiding?

Below is the Daily Activities Schedule that Suzanne completed and brought to therapy. She rated her depression from 1 to 10, 1 being not at all

depressed and 10 being the most depressed she had ever been.

Suzanne's Daily Activities Schedule
(1 = not at all depressed; 10 = very depressed)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sun
6:00	Wake kids (8)	Wake kids (8)		Wake kids (6)	Wake kids (7)		
7:00	Drop off kids (8)	Drop off kids (9)		Drop off kids (9)	Drop off kids (7)		
8:00	Drive to work (9)	Drive to work (9)		Drive to work (7)	Drive to work (7)	Lie in bed (9)	Li bed (9
9:00	Teach (6)	Teach (5)	Sports day at school (4)	Teach (5)	Teach (5)	Clean house; errands (4)	Pl friend Pl with (4)
10:00							
11:00						Visit mother-in-law (4)	
12:00	Recess and lunch (8)	Recess and lunch (8)	Help with food (4)	Recess and lunch (7)	Recess and lunch (7)	Lunch (5)	Lu (5)
1:00	Teach (5)	Teach (5)	Sports day (4)	Teach (5)	Teach (5)		
2:00						Take kids to park (4)	

3:00	Meeting to discuss winter holiday assembly (4)	Drive home (9)	Clean up with other teachers (4)	Meeting to discuss winter holiday assembly (4)	Drive home (6)		Pa with friend
4:00	Drive home (7)	Pick up kids, watch TV (6)	Drive home (6)	Drive home (6)	Pick up kids, watch TV (6)		
5:00	Pick up kids; make dinner (7)	Pick up kids; make dinner (6)	Pick up kids; make dinner (7)	Pick up kids; make dinner (6)	Pick up kids; make dinner (7)	Friends house for dinner with kids (4)	Pa came pizza dinne
6:00	Dinner with kids and husband (5)	Dinner alone with kids (7)	Dinner with kids and husband (4)	Dinner alone with kids (7)	Dinner at friend's house (4)		
7:00	Put kids to bed (7)	Husband puts kids to bed (4)	Put kids to bed with husband (5)	Put kids to bed (7)			
8:00	Phone Genia (4)	TV with husband (4)	Play game with husband (4)	Chat with neighbor (4)	Put kids to bed with husband (4)	Put kids to bed with husband (4)	Pu kids bed (5
9:00	Get ready for next day (8)	Get ready for next day (6)	Get ready for next day (5)	Get ready for next day (7)	Watch TV with husband (3)	TV and games with husband (4)	G ready Monc (7)
10:00	Bed	Bed	Bed	Bed	Bed	Bed	Be

WHAT DID SUZANNE LEARN?

Before looking at Suzanne's answers to Questions to Explore a Mood/Activity Relationship, examine her week and see how you would answer the following questions. After each question, I have included Treatment Implications, where I encourage you to think about how you would use the answers to the questions in guiding future therapy.

Do you see an activity/mood relationship? What activities help you feel better? What activities or situations are connected to a low mood? When Suzanne reviewed her Daily Activities Schedule, it struck her that she was doing almost nothing fun. She was surprised that when she was more active, her mood improved. In particular, socializing with other people helped her feel better. Suzanne also noted that she felt better when her husband was home and that she felt fairly good most of the time at school. Suzanne had always thought that she felt better on the weekends because she slept more and was away from school. After looking at her Daily Activities Schedule, she wondered if she felt better because she was more active and spending time with her husband, friends, and family.

Suzanne noted she was very depressed during her drives to and from school. She explained that she spent most of the drive thinking about how horrible the morning had been and how she wished she was back at her old school. Watching TV at night with her kids and without her husband was also a low time. She also noted how much she disliked getting ready for the next day and how hard she found the morning routines.

> *Treatment implications:* How would you use Suzanne's answers to the questions above to reinforce the importance of adding pleasurable activities to her life?

What time periods are you most at risk for low mood? Suzanne noted that mornings were particularly bad. When she wakes up, she lies in bed and thinks about what a bad mother she is and how her husband must be fed up with her. She has images of him leaving her and of being alone and miserable. Suzanne had not realized how depressed she was every morning and how hard it was for her to get the kids ready on a tight time schedule. She also noted that the nights she was home alone with the kids were particularly

hard, and she was often depressed.

> *Treatment implications:* What time period would you target first for adding pleasurable activities?

Do you have any routines that help you maintain a positive mood? Suzanne could not see any routines that helped her feel better. She realized how different that was from the previous year, when she had a good morning routine, walked to school, and regularly saw friends. Her therapist noticed that she put her children to bed at a regular and appropriate time. Suzanne and her husband also went to bed at a regular time and early enough that they got eight hours of sleep. Her therapist thought that these were real strengths and important routines.

> *Treatment implications:* How would you use this information in therapy?

Is there anything you are avoiding? Suzanne could not think of anything she was avoiding. She mentioned that she did not go out with her friends much anymore, but that was because she was so tired all of the time.

> *Treatment implications:* From a behavioral activation perspective, do you think she is avoiding friends?

Agenda Item #4*: Plan Activities That Increase Positive Moods*

After looking at her schedule, Suzanne agreed it would be a good idea to start a mood-boosting plan. Her therapist explained that when you are depressed, doing pleasurable activities is like taking medicine—you do it because you know it will help, not because you want to. As a therapist, you need to encourage your clients to follow their mood-boosting plan rather than their depressed feelings.

ACTIVITIES THAT ENCOURAGE MASTERY AND PLEASURE

In behavioral activation you want to increase activities that provide your client with a sense of mastery or competence and pleasure. However, such a general statement does not provide much guidance for therapy. I suggest activities in the following categories to help boost a client's mood. It is important to remember that this is a very individualized process, as activities that provide a sense of mastery or competence and pleasure are different for every individual.

Activities of daily living. First and foremost, I want to be sure that my client is accomplishing the basic business of living, including feeding herself, cleaning her clothes, getting enough sleep, doing basic chores, and addressing responsibilities to family, friends, or work such as taking care of children or completing minimal work tasks. For example, Suzanne is often too frazzled to eat breakfast and arrives at school starving. She often eats a chocolate bar or is hungry all morning. It would be important for her therapist to help Suzanne make an effort to eat breakfast.

Social contact. People vary in how much and what kind of social contact they want, but everyone needs some. When clients become depressed, they usually withdraw from family and friends. It can be hard to re-engage. You want to start slowly with small steps.

Exercise. There is increasing evidence that regular exercise boosts your mood and can counter depressed feelings (Trivedi et al., 2011). Exercising outdoors may lift your mood even more than exercising indoors (Barton & Pretty, 2010). This makes total sense to me; I am far happier walking outside on a beautiful spring day than using the treadmill in the gym. In fact, I am even happier if I walk outside with a good friend…and pick up a coffee (and maybe even a cookie!).

Clients vary tremendously in how much exercise they want to do. Generally, any increase in activity is good. With some clients I have started by encouraging them to go outside for five minutes.

Pleasurable activities. When clients are depressed it can be hard to find activities that they find pleasurable. Here are some suggestions.

- Build on existing activities. Identify mood-boosting activities your client is already doing and expand the activity. For example, if your client enjoyed talking to a friend about the recent political situation, can she see this friend more often? Can she contact another friend? Maybe the stimulation of discussing politics increased her mood. Could she read the newspaper or listen to a podcast?

- Try activities your client used to enjoy before she was depressed. She may be surprised at how much she still enjoys them. Just make sure your client doesn't expect to enjoy these activities as much as before.

- Use the Pleasurable Activities List, which you can download at http://www.newharbinger.com/38501. The list can start clients thinking about possible activities they don't usually do but might like to try.

- Choose activities that lead to a sense of mastery or competence. People tend to enjoy doing things they are good at. You also want to address any avoidant behavior that is likely to create additional problems, such as avoiding completing a work project or enrolling children in camp.

- Encourage activities that are consistent with your client's values and are meaningful. For example, volunteering may be enjoyable because it is related to a client's values.

Practice being mindful. I encourage my clients to gently put aside their critical mind and allow themselves to concentrate on the activity in the moment. For example, if a client is walking outside, I encourage her to notice the fresh air, see the flowers, and feel the wind. Don't tell your client to *stop* thinking negative thoughts. When we tell ourselves to *stop* thinking something, the thought bounces back stronger. Some of my clients like the idea of taking a holiday from their negative thoughts.

GUIDELINES FOR EFFECTIVE ACTIVITY PLANS

Suzanne wanted to start with an activity that would have an immediate effect on her mornings, as she arrives at school already very depressed. She

decided to try listening to music and podcasts in the car on the way to work as a way to boost her mood.

Suzanne also wanted to add telephoning Genia, her best friend; contacting Rita, her friend from her previous school; and seeing her mother-in-law. She set a time when she would call Rita and Genia. Rather than set a specific time to see her mother-in-law, Suzanne wanted to see how her weekend developed. Sometimes it is helpful to set specific times for activities, but sometimes clients want a more flexible schedule. If we were flexible in terms of when an activity would get done, and my client didn't do the activity, the next week I try to set a specific time. Suzanne was not optimistic that these would make much difference to her mood, but she was willing to try.

Though these activities sound great, often clients don't do the activities they plan. Activities that follow the guidelines below have a better chance of being done. You can find a Guidelines for an Effective Activity Plan handout at http://www.newharbinger.com/38501.

- Was the plan developed collaboratively with your client?
- Is the plan specific and concrete?
- Is the plan doable?
- Is the plan naturally reinforcing?
- Can the plan be part of a regular routine?

Developed collaboratively. I start by asking, "What would be a good activity to add to your week that would help you start to feel better?" Clients often have very good suggestions; however, sometimes they need help thinking of good activities. If you suggest the activity, try to involve your client in tailoring your suggestions to her situation. The key is to develop the activity *with* your client, not *for* your client.

Suzanne's therapist was careful that the activities were either Suzanne's idea or developed together.

Specific and concrete. Use the same criteria we used to decide whether

homework was sufficiently specific and concrete: Is there a specific behavior your client is going to do? How often will your client do the activity? Where and when will your client do the activity?

Suzanne's activities are specific and concrete. Suzanne wanted some flexibility in planning to see her mother-in-law. That seemed fine to her therapist. Not every activity has to be rigidly scheduled.

Doable. Start at your client's current level of activity, not where she would like to be, or where she used to be. Start small, so that your client can experience success. I always ask if the activity "feels doable." I also check if my client has everything she needs to complete the activity. Ask if your client foresees any obstacles and problem solve how to overcome them.

When Suzanne's therapist checked if the activities felt doable, Suzanne said that listening to music while driving to and from school felt doable. However, the idea of finding a podcast, downloading it, and then concentrating on someone talking felt overwhelming. They decided she would focus on listening to music.

Naturally reinforcing. Choose activities that are intrinsically enjoyable or that your client will receive positive reinforcement for doing. For example, fifteen minutes of playing a board game with your child is more naturally reinforcing than fifteen minutes of doing dishes. This is particularly important in the beginning, when you want your client to experience positive results and stay motivated.

The activities Suzanne and her therapist chose were naturally reinforcing. Suzanne likes music and enjoys spending time with Rita, Genia, and her mother-in-law.

Regular routine. Many of my clients initially suggest planning a big, faraway event, such as a vacation for next December. However, positive, routine activities sustain a positive mood more than one-time, big events. Examples of routine activities include a regular date with a friend or a weekly exercise class. A good routine is like a good structure that maintains a good mood.

The activities Suzanne and her therapist picked could become part of her routine.

YOUR TURN! Develop Mood-Boosting Activities for Anna

Anna recently graduated from a community college program and has been living at home with her parents for the past six months while she looks for work. She is increasingly depressed. She completed a Daily Activities Schedule, which she reviewed with her therapist, who wanted to add activities that would increase pleasure or a sense of mastery or competence.

Anna noticed that her lowest mood is around 5:00 p.m. She is alone in the house, and her parents do not get home for another two hours. She spends the time surfing the web and ruminating. Her therapist tells her to stop ruminating and that surfing the web is not helping her. Anna used to like running, but she has not run for over a year. Her therapist suggests that Anna go back to running, starting with three times a week for an hour. Anna likes the idea. Together they decide that Anna will run Monday, Wednesday, and Friday for an hour at 5:00 p.m.

Now try the following exercise:

Evaluate her therapist's interventions in relation to the Guidelines for an Effective Activity Plan, and complete the following table. You can see my answers in the appendix.

Suggested Activity	Developed Collaboratively	Specific and Concrete	Doable	Naturally Reinforcing	Regular Routine
Run three times a week for an hour					

After you assess the current plan, design a more effective one.

Exercise 10.2

Practice assessing whether planned activities are likely to be effective.

Video 10.2

MONITOR YOUR CLIENT'S MOOD BEFORE AND AFTER ACTIVITIES

If you ask your clients who are depressed if they will enjoy an activity, they will probably say no. Clients who are depressed don't enjoy activities as much as they used to. However, clients tend to enjoy activities more than they think they will. Often, starting the activity is the hardest part. Rating moods before and after a pleasurable activity provides your client with important data on how adding mood-boosting activities to her life affects her moods. I usually ask clients to complete the Predict Your Mood worksheet, shown below. (You can download a blank copy at http://www.newharbinger.com/38501.)

After clients try an activity, if their mood ratings improved, I ask what they learned. I want my clients to see that even though they believe that they will not enjoy an activity, their predictions are not necessarily accurate.

Let's see how Suzanne completed the Predict Your Mood worksheet for two of the activities she was going to try and how her therapist used the worksheet.

Predict Your Mood				
Date and Activity	**How much will I enjoy this activity? (rate from 1–10; 1 = not at all; 10 = a lot)**	**Mood Before Activity (rate from 1–10; 1 = very happy; 10 = very depressed)**	**How much did I enjoy this activity? (rate from 1–10; 1 = not at all; 10 = a lot)**	**Mood After Activity (rate from 1–10; 1 = very happy; 10 = very depressed)**
Monday: Listened to music in the car	3	7	5	5
Called friend, Rita	3	7	6–7	4

Therapist: Looks like you did a great job of completing the Predict Your Mood worksheet. When you look at your responses, what do you notice?

Suzanne: Well, for one thing, in both cases my mood went up.

Therapist: Could you tell me more about that?

The therapist wants to expand and consolidate Suzanne's awareness of the activity/mood relationship. When her therapist asks for details, Suzanne remembers the experience and it becomes more salient.

Suzanne: Well, I actually enjoyed listening to music. I chose some really upbeat old songs that I like. I think it distracted me from my bad morning.

Therapist: So listening to music was a good idea. What about talking to Rita?

Suzanne: That was also more enjoyable than I expected. We had a really good talk and caught up. She told me she missed me, and all my friends have been asking about me.

Her therapist uses a summary statement to consolidate the experience.

Therapist: I hear Rita missed you, and your other friends also miss you. Hmm (*therapist gently smiles*). Let's look at the accuracy of your predictions. What did you initially predict? (*They look at the Predict Your Mood worksheet.*)

Notice how Suzanne's therapist is not giving Suzanne the answers but is asking her for the information and letting her draw her own conclusions.

Suzanne: I predicted that I would not enjoy listening to music and calling Rita very much. I gave both a 3.

Therapist: And what actually happened?

Suzanne: (*laughing a bit*) Well, I actually enjoyed listening to music quite a bit; I gave it a 5. And I enjoyed talking to Rita way more than I expected; I gave it a 6 to 7—it was great to catch up.

Therapist: And what does that say about your predictions?

Suzanne: I guess I was wrong.

Video 10.3

OVERCOMING ROADBLOCKS: YOUR CLIENT DID NOT TRY THE PLANNED ACTIVITY

Despite your best efforts, your client will not always do the agreed-upon activities. First, ask your client what got in the way. Sometimes it is a simple answer. Next, ask what went though her mind when she thought of doing the activity. Did she think it was too hard? Did she think it would not help, or did she have other thoughts? I go back to the fundamental principle: Follow your mood-boosting plan rather than your depressed feelings. Remember, for depression, activity is like medicine. There is some evidence that clients who make a public commitment to doing an activity are more likely to follow through (Locke & Latham, 2002). If my client has supportive family members or friends, I encourage her to share her plans.

I then problem solve how my client could do the activity the next week, or modify the activity so that it is more doable. I make sure I remain encouraging and optimistic and convey my belief that treatment will work.

The first week, Suzanne listened to music every day on the way to and from work. However, at her next appointment, she told her therapist that she had stopped listening to music, that this past week she was just "too down." Her therapist reviewed what Suzanne had learned from her Predict Your Mood worksheet. She decided to try again. Suzanne laughed and said she would have to listen to music "even with her depressed hat on." Her therapist thought this was a great image, and used it often in therapy.

WHAT IF I HAVE ONLY A FEW SESSIONS?

The research on behavioral activation has generally evaluated a protocol that involves sixteen weeks of treatment, and often two sessions a week for the first eight weeks (see, for example, Dimidjian et al., 2006). However, many therapists see clients for only a few sessions. If I have only a couple of sessions, I start with exploring what my client is no longer doing that she used to enjoy. I then explain the activity/mood relationship. Either in the first or second session, we work together to identify specific pleasurable activities she could start doing. I make sure the activities make sense given my client's current level of activity. I try to target a period of the day when her mood is particularly low. If possible, I encourage social contact, as there is such strong evidence that it is a mood booster.

PREVENTING RELAPSE

To maintain a positive mood, your client needs to have good routines. What is involved in a good routine is different for every person, but it generally includes a structure to the day, socializing, some exercise, activities that are meaningful and connected to your client's values, and some fun. I use the analogy of creating a strong structure for a building. If the supporting beams are rotten and weak, even if you have good drywall and a beautiful paint color, you will have an unstable house.

I teach my clients that after therapy ends, if they start to get depressed again or are going through a stressful time, they should examine their daily routine. I encourage them to notice their worst times of the day and think about how they can make those times better. I also encourage them to try adding even small mood-boosting activities throughout the day.

I also use activity scheduling to prevent depression with clients who are going through a particularly difficult time. If you have ever gone through a difficult time, I am sure people have told you to "take care of yourself." This is good advice, but very general. I examine pleasurable activities my client has stopped doing because of the stress and see if we can add them back into her life, or add other activities that she enjoys. Together we make a specific plan that is doable and can be part of my client's routine.

Agenda Item #5*: Graded Task Assignments*

Graded task assignments are used primarily when your client is avoiding important tasks that feel overwhelming. It is often a component of activity scheduling, problem solving, and treating procrastination.

Graded task assignments involve looking at a whole activity and breaking it down into smaller pieces, or chunks. These smaller chunks feel doable in a way that the whole task does not. Your client starts with completing the first chunk and progresses to additional chunks. It can be helpful to limit the amount of time a client spends on each task to make it feel more manageable. By breaking tasks down into specific chunks, your client can feel she is progressing as she completes each task. It can also be helpful to set a specific time when the tasks will be done.

For graded task assignments to be effective, the tasks have to be very specific and concrete behaviors. For example, if a client is procrastinating

over filing his taxes, the first task might be spending twenty minutes reviewing the tax form, the second task might be spending half an hour gathering income statements, and the third task might be entering the income information he gathered on the tax form. You don't need to set out all the steps, but it is helpful to specify the first few.

YOUR TURN! Use Graded Task Assignments

Below are examples of clients who are feeling overwhelmed. Their therapists want to use graded task assignments as an intervention. Look at their first task and decide if it is sufficiently specific and concrete, doable, and time-limited. I will do the first one; you do the next two. You can find my answers in the appendix.

Cynthia's boss asked her to be in charge of the site visit when members of the head office come to inspect their unit. She is feeling very overwhelmed. She and her therapist thought a good first task would be reorganizing the filing system to make it more systematic.

Richard wanted to invite his whole family—about fifteen people—for Thanksgiving dinner. He is feeling very overwhelmed. His therapist and he thought that spending thirty minutes making a list of the food he wanted to cook would be a good first task.

Alexandra wanted to find a part-time job. She is feeling very overwhelmed and tells her therapist she does not know where to start. She and her therapist thought that exploring her options for work would be a good first step.

Task	Specific and Concrete?	Doable?	Time-Limited and Specific Time for Task?
	No. Not clear what		No time limit given; will Cynthia

Cynthia: **Reorganizing the filing system**	the criteria are for a systematic filing system; first action is not clear	Not sure who will do this and what exactly the person/people will do; hard to know if it is doable	work for 10 minutes or the whole day? No specific time for starting the task
Richard: **Make a list of food I want to cook**			
Alexandra: **Explore options for work**			

Agenda Item #6*: Increase Well-Being*

The goal of behavioral activation is to decrease depression; however, most clients want to feel good, not just "less bad." Positive psychology seeks to identify factors that lead to a happy, engaged, and meaningful life. The focus is on developing interventions that promote well-being rather than on alleviating depression (Seligman, Steen, Park, & Peterson, 2005). Most CBT therapists I know incorporate some of the following interventions into behavioral activation. Though less robust than the research demonstrating the effectiveness of behavioral activation, there is some evidence that these interventions may increase happiness (Duckworth, Steen, & Seligman, 2005; Sin & Lyubomirsky, 2009).

ACTIVITIES THAT INCREASE WELL-BEING

Socialize with friends and family. Social contact is the single factor most consistently related to happiness (Leung, Kier, Fung, Fung, & Sproule, 2013; Parks, Della Porta, Pierce, Zilca, & Lyubomirsky, 2012). Increasing positive social interaction is also one of the most effective interventions to increase happiness (Seligman et al., 2005).

Keep a journal of positive experiences. Write down one to three positive experiences a day. I ask my clients to take a moment to remember the experience fully and to see it occurring again in their mind's eye.

Savor the moment. Make a conscious effort to enjoy a pleasant moment. It is helpful to focus on one's senses to stay present. For example, if a client plans to take a walk, remind her to notice the flowers or the fresh air.

Express gratitude. Write one to three things to be grateful for every day. This is also called "counting one's blessings." I ask my client to take a moment to remember the blessing fully and to appreciate that it was in her life. Another form of expressing gratitude involves consciously telling, or writing to, others to say that you appreciate them or what they have done.

Practice acts of kindness. Consciously do a kind act you would not normally do. This may involve consciously acting in a kind manner to someone you would not normally be kind to, or doing an additional kind act to someone you would normally be kind to. Ask your client to notice the other person's reaction to her acts of kindness. Often people smile, say thank you, or react in a positive manner, which in turn will contribute to your client's feeling happy. It's nice when someone smiles at you.

Think optimistically. Identify a potentially stressful upcoming event and then describe the best possible outcome. The more detailed the description, the more emotionally engaged your client, and the more positive her mood. Encourage your client to write the description and to form a detailed image in her mind of the positive outcome.

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 10.1: Raoul's Cycle of Depression

Exercise 10.2: Jamar Is Feeling Depressed

Apply What You Learned to Your Own Life

Therapists often talk about the importance of self-care. The exercises below are an opportunity for you to take some of the interventions from this chapter and, instead of using them with your clients, apply them to your own life—and in the process take care of yourself.

Homework Assignment #1 Add an Activity to Your Life That You Enjoy

Identify a low time in your day. Think of a small, doable activity you could add that you would enjoy or that provides a sense of competence. Use the Predict Your Mood worksheet, available at http://www.newharbinger.com/38501.

When I did this exercise, I realized my husband and I used to have a favorite TV series we watched Monday evenings. The series ended, and instead of watching TV together, we each did our own chores. Watching a favorite show with my husband versus doing chores—which do you think boosts my mood more? We picked a new TV series to watch.

Homework Assignment #2 Increase Your Happiness

Look over the list of interventions that increase happiness:

Socialize with friends and family.

Keep a journal of positive experiences.

Savor the moment.

Express gratitude.

Practice acts of kindness.

Think optimistically.

Pick one intervention and try it for a week. Do the following: (1) rate your overall mood before and after each time you practice the intervention; (2) rate your overall mood at the beginning of the week and at the end of the week.

Apply What You Learned to Your Therapy Practice

For this next assignment, pick a client whom you know well and who is depressed.

Homework Assignment #3 Complete the Understand Your Depression Worksheet with a Client

Using the information you already know about your client, complete the Understand Your Depression worksheet. How did this exercise help in understanding your client? Remember, you can download the worksheet at http://www.newharbinger.com/38501.

Homework Assignment #4 Try Behavioral Activation

Choose one of the following interventions, and try it with a client this coming week. You can find the worksheets on the website.

Introduce the Daily Activities Schedule and complete the first day in session.

With your client, pick an activity to add to his or her life that will promote pleasure or mastery. Use the Predict Your Mood worksheet to evaluate whether the activity had an effect on your client's mood.

Let's Review

Answer the questions under each agenda item.

Agenda Item #1: How does behavioral activation work?

- What is the main idea in behavioral activation?

Agenda Item #2: Help your clients understand their depression.

- How can you use the flower analogy to help your clients understand depression?

Agenda Item #3: Monitor your clients' daily activities.

- What is the purpose of the Daily Activities Schedule?

Agenda Item #4: Plan activities that increase positive moods.

- What are two types of activities you might want your clients to add to their lives to help them feel better?

Agenda Item #5: Graded task assignments.

- What are graded task assignments?

Agenda Item #6: Increase well-being.

- What are two interventions that evidence indicates would increase well-being?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

Chapter 11

Exposure Therapy—Clients Face Their Fears

In the previous chapter we covered behavioral activation. Did you have a chance to ask a client to monitor his or her daily activities? What about adding mood-boosting activities to a client's life, or your own? Did you try graded task assignments to help a client break down an overwhelming task?

If you did not have a chance to do the homework, think of a mood-boosting activity you could add to your own life this week. Choose a small, doable activity. Schedule it into your week. Then try it, and notice the effect on your mood.

Set the Agenda

In this chapter we are going to learn how to use exposure therapy to help your clients face situations they have been avoiding.

Agenda Item #1: What is exposure?

Agenda Item #2: Prepare to do exposure.

Agenda Item #3: Implement exposure.

Agenda Item #4: Do postexposure debriefing.

Agenda Item #5: Discuss relapse prevention.

Work the Agenda

As with all interventions, to use exposure effectively, it's critical to begin with a clear understanding of how and why it works.

Agenda Item #1*: What Is Exposure?*

Exposure therapy is a treatment for anxiety based on gradual, planned, repeated exposure to what we fear, starting with easy situations and progressing to more difficult situations. It is based on the premise that the more we face our fears, the less anxious we become and the more we learn we can cope.

I want to start by telling you a story related to exposure from my own life. I am at Disneyland. My kids want to ride the really big roller coaster. We wait in line. I start to get anxious; the roller coaster looks pretty scary. I wonder, *Are there lots of accidents?* It occurs to me that if planes can crash, roller coasters can also crash. We get to the front of the line, I look at the roller coaster, and I have one of the most intense anxiety reactions of my entire life. I turn to my husband, with panic in my voice, and say, "I am absolutely not going on that thing!"

If I do not get on the roller coaster, what will happen to my fear? Next time, will I be more or less likely to go on a roller coaster? How will I feel about my ability to cope with roller coasters? How will I feel about my ability to cope with scary rides generally?

I am embarrassed to say, I turned around, made my way back through the long line, and did not go on a roller coaster for many years. If I wanted to get over my fear of roller coasters, what would you suggest? Here is my plan: Start with a really small roller coaster, and ride it a few times until I am comfortable. Next, try a slightly larger roller coaster. Once I am comfortable with this larger roller coaster, try an even bigger one. Basically, my plan for overcoming my roller coaster anxiety is exposure therapy.

Exposure therapy involves identifying the feared object or situation your client is avoiding and making a plan to face the fear. Your client starts exposure with objects or situations that elicit little fear and stays in the situation until either habituation occurs or he learns that he can cope with the situation. Your client then progressively faces situations that elicit more fear.

Exposure Therapy

Overcome Anxiety = Face Your Fears

THE THEORY BEHIND EXPOSURE

There are basically two theoretical models that explain exposure: habituation (Foa & Kozak, 1986) and exposure as a behavioral experiment (Clark & Beck, 2010; Craske, Treanor, Conway, Zbozinek, & Vervliet, 2014). My own sense is that both models are accurate and reinforce each other.

Habituation is based on the observation that when an anxiety-provoking stimulus is consistently paired with a neutral consequence, the fear response eventually extinguishes. Let's look at my roller coaster example. The roller coaster is the anxiety-provoking stimulus. I think about riding a roller coaster and I get anxious. If I frequently ride a roller coaster and consistently nothing bad happens, riding the roller coaster becomes paired with a neutral consequence (nothing bad happening). If I ride often enough, I will habituate to the roller coaster and no longer be afraid. In our daily lives, exposure occurs naturally, all the time. Can you remember a situation where you were initially anxious, but as you got used to the situation, your anxiety diminished or disappeared? Maybe it was your first night in a new house, driving on the highway, or jumping off a diving board? By staying in the situation until you were no longer afraid, you were naturally doing exposure therapy.

Exposure can also be understood as a behavioral experiment that tests your client's negative fear predictions (Clark & Beck, 2010; Craske et al., 2014). If you remember, anxiety is about expecting bad things to happen. Anxiety is fueled by your client's overestimation of the danger of a situation and an underestimation of his ability to cope with both the situation and his feelings of anxiety. Clients often predict that something awful will happen or that their anxiety will become intolerable. For example, I believe that if I go on a roller coaster, there is a good chance that it will fall off the rails (this is an exaggerated belief in the danger of roller coasters). I also believe that I will become so anxious that I will be unable to stop screaming (this is an exaggerated belief in my inability to cope).

The exposure task is an experiment that tests the accuracy of your client's negative predictions. By facing his fears, your client learns that the situation

is not dangerous and that he can cope with both the situation and his feelings of anxiety. Your client will also learn that when feared situations are faced, over time, anxiety diminishes. By the way, I did go on a roller coaster recently; it did not crash, I did scream, and by the end of the ride I actually enjoyed it!

HOW AVOIDING MAINTAINS FEARS

The key treatment component in exposure is to stop avoiding and to repeatedly confront your fears until you are no longer afraid. When we avoid situations, initially our anxiety decreases as we leave the feared situation. However, in the long term our anxiety increases because when we avoid we never learn that the situation is not dangerous and that we can cope. Over time, the number of situations we fear expands. We are caught in a self-fulfilling cycle. Take a look at Figure 11.1, the Cycle of Avoidance; you can see how avoiding leads to more avoiding and more anxiety and becomes a vicious cycle.

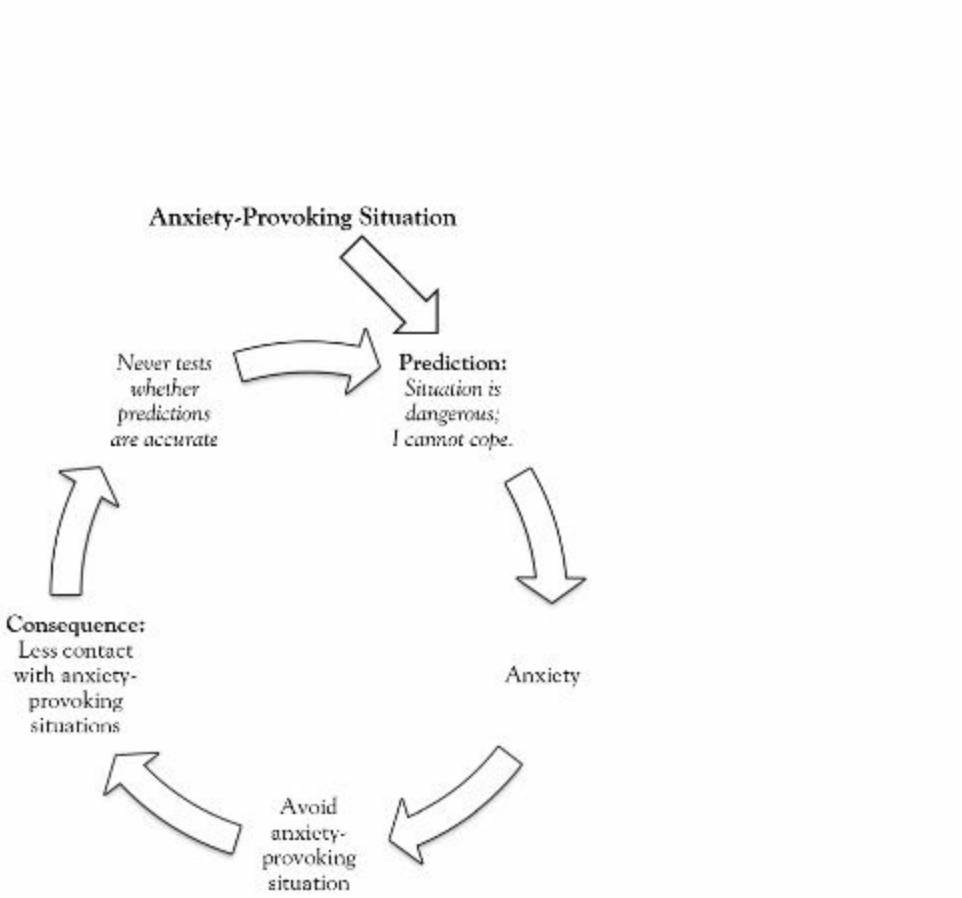


Figure 11.1. Cycle of avoidance.

Can exposure therapy help Suzanne? At this point in therapy, Suzanne is doing better. She has been listening to music on the way to work and arriving in a better mood. She has also started socializing again with her old friends. As her mood has lifted, her relationship with her husband has improved and her mornings with the children have become less difficult. So generally things at home are going better. However, she still dislikes her new school and hardly interacts with the other teachers. Let's see if exposure therapy can help her.

First let's check if the cycle of avoidance applies to Suzanne. Situations that involve interacting with other teachers have become increasingly anxiety provoking for Suzanne. She believes that the other teachers do not want to be her friend and that even if she tried they would not like her (negative predictions). She is coping by avoiding almost all social contact. Since she avoids social contact, she never gets to check whether her negative predictions are accurate. In addition, if Suzanne is avoiding the other teachers, how do you think they react to her? Most likely they leave her alone, which reinforces her thought that they are unfriendly. Suzanne is caught in a vicious cycle.

Exercise 11.1

Practice applying the cycle of avoidance.

Role of safety behaviors. Anxiety is maintained not only by avoidance, but also by what are called *safety behaviors*; I think of them as "fake" safety behaviors. Fake safety behaviors increase how safe you *feel*; they do not actually decrease the danger of the situation. Real safety behaviors, such as wearing a seat belt or looking both ways before crossing the street, do in fact increase your safety. For example, if I was only willing to get on a roller coaster with my daughter, having my daughter with me in the roller coaster is a fake safety behavior—if the roller coaster crashes, will it help if my daughter is with me? The problem with safety behaviors is as long as you use them, you never learn that you can cope without them.

The best way I know to explain safety behaviors is to tell you one of my favorite jokes. Harry is walking along the street, when he sees his old friend George. George is shaking his head from side to side saying, "shush, shush." Harry goes up to George and says, "George, great to see you, but why are you saying, 'shush, shush'?" George pauses. "I am keeping the zebras away." Harry is a bit stunned. "But George, there are *no* zebras in America!" George smiles and says, "See, it works!" So, why have I told you this silly joke? Saying "shush, shush" is George's safety behavior. Because he always says, "shush, shush," he never learns that if he stops, there still will be no zebras in America.

It can take a while to learn to recognize safety behaviors. They generally fall into four categories (Abramowitz, Deacon, & Whiteside, 2011):

Avoidance. Never putting your hand up in class to avoid sounding stupid; avoiding elevators because you fear they will fall.

Checking, reassurance seeking, and rehearsal. Repeatedly checking if the door is locked; spending hours searching the Internet for information on every small ache and pain; mentally rehearsing what you say in casual conversations to be sure you do not look silly.

Compulsive rituals. Washing your hands for half an hour after you go to the bathroom; needing to check twelve times that the windows are closed before you go to bed.

Safety signals (objects you carry or have near you to be sure you are safe, even though the chances of needing them are slight or they could not really help). Having another person or an animal with you; making sure your cell phone is in your pocket with your finger on the emergency button in case you need to call for assistance.

The problem with safety behaviors is that they interfere with everyday functioning, and some safety behaviors actually make things worse. For example, a client is worried about germs and washes his hands for half an hour every time he goes to the washroom. This interferes with his ability to get his work and other tasks done, and, if excessive, can cause irritation and skin problems. A client with social anxiety is worried that she looks messy and awkward. While talking to a friend she constantly checks her hair. The constant checking makes her hair look messy, annoys and distracts her friend, and makes the client look awkward.

During exposure therapy, clients give up their safety behaviors in a planned, systematic manner so they can see that it is possible to cope without them.

Identify your clients' safety behaviors. Sometimes when clients describe their anxiety, they include their safety behaviors. For example, when a client of mine described her fear of flying, she mentioned that she always has two or three glasses of wine before getting on the plane, to numb the anxiety. The wine is her safety behavior; she believes she needs it to tolerate the anxiety of flying.

You can also ask your clients directly about their safety behaviors. Next time one of your clients is describing her anxiety, try using Questions to Assess Your Client's Safety Behaviors, available *as a handout* at http://www.newharbinger.com/38501.

- Are there things or situations you avoid because of your anxiety?
- Are there things you do to make yourself feel safe, or to be prepared in case of danger, such as carrying things or being with certain people?
- Is there anything you do to make yourself feel comfortable in situations where you feel anxious?

YOUR TURN! Identify Suzanne's Safety Behaviors

See if you can help Suzanne identify her safety behaviors.

Therapist: We've been talking about how anxious you feel around the other teachers at work, and generally how hard it's been for you to make friends. I am wondering if there are things you do to make yourself feel more comfortable when you are with them.

Suzanne: Well, I guess I have just been trying to avoid everyone as much as possible.

Look at three possible responses below and pick the one that will help Suzanne identify her safety behaviors.

What are some of your thoughts when you feel anxious?

Is there anything you do to make yourself feel more comfortable in situations where you have to interact with the other teachers?

What are some of the worst situations for you, when you feel the most anxious?

Response #2 is the best response to help Suzanne identify her safety behaviors. Response #1 would be a good response if you wanted to explore her thoughts, but that is not the task at the moment. Response #3 would be a good question if you were starting to develop a hierarchy of situations, but not for identifying safety behaviors.

Therapist: Is there anything you do to make yourself feel more comfortable in situations where you have to interact with the other teachers?

Suzanne: If I really have to interact with them I try very hard to say something smart or funny. I will often rehearse a comment in my mind before saying it.

Therapist: Anything else that you do to feel comfortable?

Suzanne: Well, I usually wait until someone asks me a question before speaking. That way I don't have to talk as much.

Suzanne identified two safety behaviors. The first is to rehearse in her mind what she will say before speaking. Do you think this will make her more or less fluent as a speaker? More or less anxious? The second safety behavior is waiting to talk until someone asks her a question. Is that likely to make her more or less engaged in the conversation?

One of the difficulties with safety behaviors is that there can be a fine line between coping and safety behaviors. For example, before cutting a piece of wood it is good practice to double check your measurements; however, checking six times becomes a safety behavior. Some safety behaviors are benign. For example, if my daughter is happy to come with me on roller coasters, and I will only go on a roller coaster if she is with me, this is a benign safety behavior. The assessment issue is whether the behavior interferes with your client's functioning or causes her to avoid a situation that is not dangerous in reality.

Exercise 11.2

Practice identifying safety behaviors.

IS EXPOSURE EFFECTIVE?

The answer is yes; in fact, exposure therapy is considered the most effective treatment we have for fear and anxiety disorders (Clark & Beck, 2010). Exposure has been used effectively for a variety of anxiety-related disorders, including panic disorder, obsessive-compulsive disorder (OCD), social anxiety disorder, PTSD, health anxiety, and specific phobias (Abramowitz et al., 2011; Clark & Beck, 2010). Despite its effectiveness, exposure therapy does not work 100 percent of the time. Some clients do not respond, and for some clients, after successful treatment, fears return. Researchers are exploring factors that predict who will respond and how to make exposure more effective.

OVERVIEW OF EXPOSURE THERAPY

There are three types of exposure: in vivo, virtual, and imaginal. In vivo exposure involves exposure to what you actually fear. For example, if you fear needles, exposure tasks would involve an actual needle. Virtual exposure involves using the Internet, or another medium, to simulate the experience you fear. Often exposure to fear of flying relies on virtual exposure. Imaginal exposure is when your client uses his imagination to experience the situation. It is used primarily when in vivo or virtual exposure is not feasible. Trauma work usually relies on imaginal exposure to help clients face their trauma memories.

A word of caution: if your clients have poor impulse control, difficulty controlling their substance use, or suicidal ideation or urges, or if they engage in self-injurious behavior when under stress, it is generally not recommended to use exposure until they are stabilized (Taylor, 2006).

Exposure therapy generally occurs in three phases: preparing to do exposure, implementing exposure, and debriefing after exposure.

Agenda Item #2*: Prepare to Do Exposure*

Before you actually implement exposure, you want to prepare your client by going through the following steps:

Identify the fear your client wants to address.

Help your client understand how avoiding maintains his fears.

Explain exposure.

Develop a hierarchy of feared objects or situations.

IDENTIFY THE FEAR YOUR CLIENT WANTS TO ADDRESS

You can use exposure in almost any situation where your client copes by avoiding. Suzanne was socially anxious, and in particular she was anxious about interacting with other teachers and colleagues at her new school. Below is a list of other types of fears you could treat with exposure. Take a moment to think of your clients and whether any of their fears fit into these categories.

- **Fear of living creatures:** Clients may fear dogs, insects, or human beings who remind them of an individual who hurt them.
- **Fear of inanimate objects:** Many clients fear germs, toilet seats, blood, or needles.
- **Fear of specific situations:** Clients may fear going to the dentist, public speaking, all kinds of social situations, and places that remind them of where they were hurt.
- **Fear of specific thoughts, memories, or images:** Clients with PTSD fear remembering the trauma; clients with OCD have specific thoughts that they try to avoid.
- **Fear of specific physiological reactions:** Clients can fear the sensation of having to cry, the physical symptoms related to going to the bathroom, or vomiting. Individuals with panic disorder fear the physical symptoms of anxiety.

AVOIDING IS NOT THE SOLUTION

Exposure is hard work. Unless clients understand the negative consequences of avoiding, they will not be motivated to engage in exposure. Many clients are so used to avoiding that they minimize the impact on their lives. I find the following questions helpful:

- How is avoiding a problem for you?
- If you were not avoiding this situation, how would your life be different? What would you be doing differently?
- Why is it important to you to stop avoiding?

When Suzanne's therapist explored the consequences of avoiding social contact with the other teachers, Suzanne realized that she was lonely and felt isolated.

You can also increase motivation to engage in exposure tasks by linking cessation of avoiding to your client's values. An important value for Suzanne is being friendly and having good relationships with other people. When Suzanne saw the connection between interacting with the other teachers and acting on her values, her motivation to stop avoiding social contact at school increased. Especially if clients are hesitant to engage in exposure, I examine how the exposure task is related to values that are important to them.

EXPLAIN EXPOSURE

Exposure involves asking clients to do what they fear most. They need to trust you. I tell my clients that I will not ask them to do anything they do not want to do. I fully explain exposure and communicate my optimism. I often say, "This will initially be hard, but I think you will be glad you did it."

I model a matter-of-fact attitude toward anxiety: anxiety is unpleasant but not dangerous. I let my clients know that anxiety will decrease as they avoid less and face their fears. I cannot promise to eliminate anxiety, but I can help them learn to cope with their anxiety. Below is how I generally explain exposure to my clients, of course, tailoring the explanation to each client. You can find Explain Exposure to Your Clients at http://www.newharbinger.com/38501.

> We have been talking about how you avoid situations that make you anxious. We have also talked about how avoiding these situations has not helped and has actually caused you some difficulties. We have also talked about how being able to do the activity you have been avoiding is related to some very important values for you. (Only say this if you have been able to

make the link to your client's values.)

I think exposure therapy would be a very helpful treatment for you. Exposure therapy involves facing your fears. We will make a list of the situations that make you anxious, starting with situations that are fairly easy and going up to situations that are hard for you. We will start with the easiest and see if together we can help you learn to cope with the situation.

Once you have learned to cope with the easiest situation, we will progress to more difficult ones. We will work together and go at whatever pace works for you. How does that sound to you? (I pause to check if my client has any questions.) As you face your fears, you will learn not to be afraid.

I want to talk a bit about anxiety. You will feel some anxiety as we do the exposure tasks. But that's okay; you need to feel some anxiety for exposure to be effective. We'll go slowly. Also, the more we face what makes us anxious, the less anxious we feel. This means that the more you do the exposure tasks, the less anxious you will feel and the more you will learn to manage your anxiety.

YOUR TURN! Practice in Your Imagination: Explain Exposure Therapy

▼

I would like you to imagine explaining exposure therapy to a client. Before you start, rate from 1 to 10 how comfortable you feel explaining exposure therapy. At the end of the exercise rate your level of comfort again to see if it changed. Now, let's start this exercise.

Chose a client who you think would benefit from using exposure therapy. Try to get a picture of him or her in your mind. Now, imagine yourself in your

office with your client. See your office; notice the sounds and smells in the room. Imagine that you want to explain exposure therapy. Read over the words I suggested while imagining yourself saying them. You can also use your own phrases. Really hear and feel yourself explaining exposure therapy. Imagine explaining exposure therapy two more times with the same client. Each time, imagine that your client responds positively.

DEVELOP A FEAR HIERARCHY

A fear hierarchy is a list of situations that are increasingly anxiety provoking for your client. Fear hierarchies usually include objects or situations that are either increasingly similar in some way to the feared stimulus or involve physically approaching the feared stimulus. For example, if a client is afraid of spiders, a hierarchy of similar stimuli might include looking at a picture of a spider, touching a plastic spider, looking at a real spider, and finally touching a real spider. If a client was avoiding a street where she had been assaulted, a hierarchy based on physically approaching the feared stimulus might start with standing four blocks away, progressing to standing three blocks away, then two blocks away, and eventually standing on the street where the assault occurred.

I ask clients to give me examples of situations they find fairly easy, moderately hard, and very difficult. Here is Suzanne's list of anxiety-provoking situations related to engaging in more social situations at school. Her therapist asked her to list three situations for each level of difficulty.

Fairly easy:

- Saying hello to other teachers I pass in the hall when I arrive at school
- Saying hello to another teacher on the way to recess
- Saying hello to the teacher next to me at assembly

Moderately hard:

- Eating in the lunch room and sitting down at a table with the other

teachers

- Starting a conversation with the teacher next to me at assembly
- Asking for help with a school-related task, for example how to use the copier or where a resource is located

Very difficult:

- Asking another teacher to have lunch with me
- Making a comment at a staff meeting
- Volunteering to participate in the school play and letting the other teachers know that I have experience

When creating fear hierarchies, clients rate the difficulty of the tasks and their anxiety using subjective units of distress, or SUDS. A SUDS of 100 is the most anxious your client has ever been, and a 0 is not at all anxious. Using SUDS ratings helps clients keep track of their level of anxiety. You can download an example of a fear hierarchy that I used with a client who was afraid to go into a subway car after an accident. (See Sean's Fear Hierarchy at http://www.newharbinger.com/38501.)

Exercise 11.3

Practice developing a fear hierarchy.

Video 11.1

Agenda Item #3*: Implement Exposure*

You are now ready to start doing exposure. This phase involves developing effective exposure tasks, identifying your client's negative predictions, and actually doing exposure.

DEVELOP EFFECTIVE EXPOSURE TASKS

Exposure tasks should be sufficiently easy to ensure success, but sufficiently difficult that your client learns that exposure works. I usually start

with a task that has a SUDS rating of around 30 to 40.

There are three criteria for good exposure tasks:

The task is sufficiently specific and concrete that it is clear to your client what he will do as well as when and where he will do the task, and he will be able to measure whether he was successful.

The task specifies an action your client will do, and not how he will feel.

The task is under your client's control.

Let's look at a couple of tasks and see if they meet these criteria.

Task	Specific and Concrete?	Action the Client Can Do?	In Client's Control?	Conclusion: Is This an Effective Task?
Impress my boss with a good question	No, not clear what he will do, when or where	No, not clear what he will do	No, can't control whether your boss will be impressed	No BETTER TASK: Ask one question at staff meeting.
Walk in the area where I was assaulted	Not sufficiently specific. Where will client walk? For how long?	Yes, client can walk	Yes, in client's control	No BETTER TASK: Walk for fifteen minutes, three blocks from where the assault took place.

YOUR TURN! Develop Effective Exposure Tasks

Look at the two exposure tasks below and decide whether they are (1) sufficiently specific, (2) an action that the client can do, and (3) under the client's control. If you do not think they are good tasks, develop a better task. You can find my answers in the appendix.

Task	Specific and Concrete?	Action the Client Can Do?	In Client's Control?	Conclusion: Is This an Effective Task?
Stand in front of the elevator in my building for 5 minutes every day				
Look at photos on the Internet of cars similar to the one that hit me				

FIRST EXPOSURE TASK

If possible, either conduct the first exposure task with your client in your office or go with your client to the situation he fears; that way, you can be sure that your client understands the process and you are there for support. In my many years of doing exposure, I have played with plastic spiders and plastic knives; stood in front of elevators, subways, and streetcars; and looked at photos of cars, knives, and vomit. The Internet is fabulous for exposure therapy—you can find photos and videos of almost anything!

For her first exposure task, Suzanne suggested starting with saying hello to teachers she passed in the hall on the way to class in the morning. Her SUDS rating was a 40. The task is specific and involves an action that Suzanne will do. However, her therapist thought the task was not sufficiently specific, and it would be hard to measure whether she was successful. They decided she would say hello to at least three teachers, five days a week in the morning on the way to class.

MOVE UP THE HIERARCHY

Once a client has accomplished the first task on the hierarchy, we develop the next step collaboratively. I ask my client what would be a good next task. Generally I aim for tasks with SUDS of 40 or 50, though sometimes clients want to try a task with a higher SUDS rating that they feel is doable. Traditionally, you would not move up the hierarchy until your client's anxiety in response to the present task had decreased by 50 percent. However, recent research (Craske et al., 2014) suggests that this may not be necessary. I usually move up the hierarchy when my client indicates he is ready and can manage the next task.

MAKE EXPOSURE EFFECTIVE

There are some specific factors that can help make exposure tasks more effective.

Tasks should be frequent and prolonged. Do you think it would be more effective for me to ride a roller coaster three times a day for five days in a row or once a week for fifteen weeks? Probably three times a day for five days. What about a two-minute ride or a fifteen-minute ride? It is important to repeat the exposure task a number of times to consolidate the learning experience.

Tasks should be varied and done in multiple contexts. Do you think I should ride one roller coaster at one amusement park over and over, or a variety of roller coasters in a variety of amusement parks? Various roller coasters in various amusement parks will be more effective.

Exposure should be mindful. Clients often distract themselves during exposure to avoid really facing their fears. When a client is mindful, he is present in the moment (Teasdale, Williams, & Segal, 2014). Many of my clients say mantras, space out, close their eyes, or pretend they are not there. I use various grounding techniques to help clients stay present (Dobson & Josefowitz, 2015). For example, I watch my client's eyes to make sure he is looking at the anxiety-provoking stimuli, and during exposure I ask him to label what he sees, to feel the ground beneath his feet, and to notice any sounds. I also ask my client to notice and label his feelings or thoughts without needing to change the thoughts or the physical sensations.

Safety behaviors should be eliminated gradually over the course of exposure therapy. Eliminating safety behaviors is part of the fear hierarchy (Rachman, Shafran, Radomsky, & Zysk, 2011). For example, a client kept a clonazepam in his pants pocket as a safety signal whenever he had to fly. As he became more comfortable with flying, he moved the clonazepam to a bag at his feet, then to a bag in the overhead compartment, and finally, he flew without the clonazepam. For my roller coaster exposure, I would start with riding roller coasters with my daughter (being with my daughter is my safety behavior) and then go on them by myself.

Between-session exposure tasks should be assigned. It may not be possible to conduct the exposure tasks with your client, as the anxiety-provoking stimuli may not be easily accessible. This occurred in Suzanne's case, where the exposure task involved behavior that would take place at school. A lot of exposure work is done between sessions, as homework. If we completed an exposure task during therapy, my client's homework is usually to do the same task on his own. This enables the client to consolidate the work we did together.

Video 11.2

IDENTIFY YOUR CLIENT'S NEGATIVE PREDICTIONS

Remember that you can think of exposure as a behavioral experiment. This means you ask your client to predict what will happen during the exposure task. The exposure task is a test to see if the prediction was accurate (Craske et al., 2014). Remember, in chapter 6 we defined anxiety as expecting bad things to happen and we used the following equation to understand anxiety.

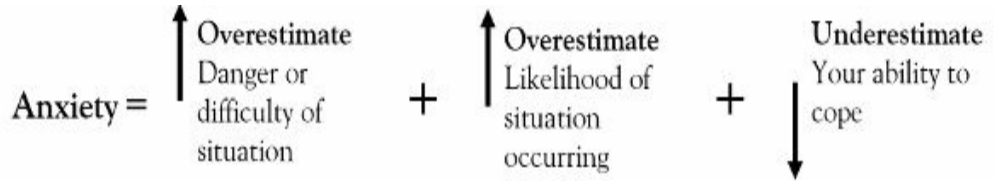


Figure 11.2. Understand anxiety.

I want clients to predict what will occur and how they will react so that we can examine the accuracy of their predictions and change the anxiety equation.

Clients often have "realistic" predictions and "worst-case" predictions. I ask for worst-case predictions because I want to test whether the belief that is driving the anxiety is accurate. I look for two types of predictions: first, what is my client's worst fear, or what is he most worried will occur? I then ask my client to rate the likelihood of his prediction occurring. Second, I ask my client to predict his worst fear about how he will react—about how he will feel, about the symptoms of these feelings, and about what he will do. I then ask him to rate the likelihood of this occurring. It is important that the predictions are sufficiently concrete that your client can judge the accuracy of

his predictions. Often a client's prediction involves how he or other people will feel. Try to specify the behaviors your client predicts will happen as a consequence of the feelings; predictions that are behaviors are easier to assess than predictions that involve feelings. For example, if a client predicts he will be anxious, ask what he is afraid he will do because of his anxiety, or what symptoms he is afraid he will have. For example, is he afraid he will talk too quickly, or blush, or have a crushing feeling in his chest? If a client predicts that a friend will be bored, ask how he will know that the friend is bored.

Below are some examples of predictions.

Exposure Task	What are you most worried will occur? (Likelihood 0–100%)	How am I most worried I will react? (Likelihood 0–100%)
Stand in the subway station and watch a train	Someone will throw himself on the track and get killed. (80% likely)	I will be so anxious that I will lose control and throw myself on the track. (50% likely)
Look at a drawing of a cockroach for 15 minutes	I will find it too difficult to do. (50% likely)	I will be so anxious that I will run out of the room screaming or faint. (40% likely)
Ask a question in class	The teacher will say it is a stupid question. (60% likely)	I will freeze and stumble on my words. (95% likely)
Ask a friend to go to the movies	My friend will not want to go. (90% likely)	If my friend says no, I will be quiet on the phone and stay home feeling depressed the rest of the day. (90% likely) If we do go out, I will have nothing to say and will be quiet the whole evening. (80% likely)

Below are some questions to help your clients identify their predictions. You can download Questions to Identify Your Client's Predictions During Exposure at http://www.newharbinger.com/38501.

I start with saying, "When you think of doing the exposure task,"

- What is your worst-case scenario?

- What is your worst fear about what will happen, including how other people will react?
- What is your worst fear about how you will feel, including your worst fear of the symptoms you will have?
- What is your worst fear about what you will do or how you will behave?
- What do you imagine will happen? Do you see it happening? (Clients often have images of what will occur during the exposure task.)

Suzanne's therapist asked her what was the worst that could happen if she said hello to the teachers in the hall. Suzanne responded that she would be anxious and rated her anxiety a 5 out of 10. Her worst-case scenario was that she would say hello in a hesitant and awkward manner and her face would turn bright red. She rated the likelihood of being hesitant at 75 percent and turning bright red at 45 percent. Suzanne's therapist then asked for her worst-case scenario of how she expected the other teachers to react. Suzanne responded that the other teachers will "ignore me and walk past me without saying anything." She had a clear image of two teachers in particular smirking at her. Suzanne now has a concrete prediction that she can assess. Suzanne's therapist wrote down her worst-case predictions and her likelihood ratings so that they had a record to refer back to.

In exposure therapy you do not verbally challenge your client's predictions, no matter how farfetched they may seem. You write them down and use the exposure task as an experiment to test whether the prediction is accurate.

Agenda Item #4*: Do Postexposure Debriefing*

Once your client has completed the exposure task, you want to discuss what he learned.

MONITOR OUTCOME OF EXPOSURE TASKS

It is helpful if your client can monitor, on a written worksheet, the outcome of his exposure task and his anxiety level. This provides data that

can be used to challenge his predictions. I ask clients to monitor their anxiety every five minutes if the task involves staying in a situation for a prolonged period of time, or until their anxiety decreases. In Suzanne's case, she recorded her anxiety at the beginning and the end of the task. Below is Suzanne's monitoring worksheet.

Task: Say hello to three teachers a day on the way to class in the morning.			
	Number of Teachers Said Hello To	**Anxiety (SUDS)**	
		Start of Task	**End of Task**
Monday	3	40	40
Tuesday	3	40	35
Wednesday	4	30	25
Thursday	5	20	10
Friday	5	10	10

COMPLETE THE POSTEXPOSURE DEBRIEFING

The next step is to debrief or explore what your clients learned from the exposure task. I use the anxiety equation we looked at earlier as the conceptual model that guides my debriefing. You want to review:

- The accuracy of your client's initial predictions
- The danger or difficulty of the situation
- Your client's ability to cope with the task and with his anxiety
- What happens to anxiety with exposure

In debriefing, you are gathering evidence and looking for facts that will enable your client to evaluate the accuracy of his prediction. I usually use the Are My Predictions Accurate? worksheet, which you can download at

http://www.newharbinger.com/38501. Let's look at how Suzanne and her therapist completed the worksheet.

Are My Predictions Accurate?			
Exposure Task	**Your Predictions (Likelihood of Happening: 0–100)**	**Gather Data**	**What Did You Learn?**
Specific? **Action you will do?** **Under your control?**	**Worst that could happen?** **Worst I could feel?** **Worst behavior I could do?** **Images of what will happen?**	**What occurred?** **How did I feel?** **How did I behave?** **Was my image accurate?**	**Was my prediction accurate? (Yes or No)** **How dangerous or difficult was the task?** **Could I cope with the task and my anxiety?** **What happened to my anxiety with exposure?**
Say hello to three teachers in hallway on the way to class, five days a week.	Other teachers will ignore me, walk past me, and two teachers will smirk (90% likely). I will be anxious (8/10). I will say hello in a hesitant and awkward manner (75% likely) and my face will get bright red (45%). Clear image of teacher smirking	Other teachers said hello and smiled. At least one teacher a day stopped and chatted. No one smirked. I felt anxious in the beginning, but by the end I was fine. I was not hesitant or awkward and my face was not red. My image was not accurate.	No The task was not very difficult, and became easier. I could cope with my anxiety and still do the task. The more I did the task, the easier it became.

You will use the data you collected to debrief and assess whether your

client's predictions were accurate. I explore both my clients' ability to stay in the anxiety-provoking situation and their ability to tolerate anxiety. Anxious clients often use their anxiety as a sign that they need to avoid the situation. I want my clients to learn that they don't need to listen to their anxiety but rather can make decisions about how they want to behave. You also want to reinforce that anxiety will decrease with exposure.

Let's look at how we might debrief with Suzanne. Notice how her therapist helps Suzanne reach her own conclusions and then reinforces the conclusions.

Was Suzanne's prediction accurate in relation to the danger or difficulty of the situation?

Therapist: Do you remember what you predicted would occur if you went up to teachers and said hello?

Suzanne: Yes, I predicted that they would ignore me, and two teachers would smirk.

Therapist: And what occurred?

Suzanne: Almost all of them smiled and said hello back.

Therapist: Hmmm, what do you make of that?

The therapist is asking Suzanne to reach her own conclusions.

Suzanne: I guess my prediction was wrong; people were friendly.

Therapist: (*smiling*) Can you say that again?

The therapist is reinforcing Suzanne's conclusions by asking Suzanne to repeat her conclusion.

Suzanne: (*laughing slightly*) People were friendly.

Therapist: I think that is a very important observation.

Was Suzanne able to cope with the task and her anxiety?

Therapist: When you started the task, on the first day, where was your

anxiety?

Suzanne: It was at a 40.

Therapist: And were you still able to say hello to the other teachers and accomplish the task?

Suzanne: Yes, I was.

Therapist: The fact that you were able to say hello to teachers even though you were anxious, what does that tell you about needing to avoid if you are anxious?

Suzanne: I guess I can still do things, even if I am anxious. It seems that just because I am anxious, I don't have to avoid.

YOUR TURN! Continue Debriefing with Suzanne

Try using what you've learned to help Suzanne understand the effects of exposure on her anxiety.

Therapist: I'm curious what happened to your anxiety over the course of the week as you said hello to the other teachers.

Suzanne: Well, it got easier and easier, and my anxiety went down.

Look at the three responses below. How could you help Suzanne reach her own conclusions about the effect of exposure on anxiety?

I think that's great. This is exactly what we would expect from exposure therapy. The more you do a task, the easier it will be and the less anxious you will be.

Given that your anxiety went down, what did you learn about what happens to anxiety when you do exposure?

What helped you confront the task?

Response #2 is the best response to help Suzanne reach her own conclusions. Response #1 would be a good response after Suzanne had reached her own conclusions in order to reinforce them. Response #3 would be a good question if you wanted to understand how Suzanne had motivated herself.

CONSOLIDATE WHAT YOUR CLIENT LEARNED

After you have debriefed the exposure task, you want to help your client consolidate what he learned. I use three approaches: developing a more accurate prediction, imaginal rehearsal, and review.

To develop a more accurate prediction, I refer to my client's original prediction and then ask what would be a more accurate prediction, given what occurred during the exposure task. I encourage my client to write down his new prediction. Next I use imaginal rehearsal to review the outcome of the exposure task and the new prediction. In Suzanne's case her new prediction was that the teachers would be friendly when she said hello. Her therapist asked her to create an image and see the various teachers smiling at her and saying hello. Her therapist then asked Suzanne to review this memory three times a day as part of her homework.

Video 11.3

Agenda Item #5*: Discuss Relapse Prevention*

One of the difficulties with exposure treatment is that fears can return after treatment (Craske & Mystkowski, 2006). I explain to clients that exposure is similar to exercise. Even if you exercise every day and get into really good shape, you have to keep exercising or you will not stay in shape. Exposure is similar; you have to keep practicing for the benefits to last. At the end of therapy, I explain the principles of relapse prevention:

- Continue to face situations you previously avoided. Remember: anxiety is not a reason to avoid.
- The more you face your fears, the easier it becomes. Remember: anxiety is normal and exposure works.

Homework: Practice CBT

Before continuing with the next chapter, take some time to try the homework.

Apply What You Learned to a Clinical Example

Complete the following exercises.

▼

Exercise 11.1: Suzanne Avoids the Other Teachers

Exercise 11.2: Maia Was Attacked

Exercise 11.3: Aiden Uses a Knife Again

Apply What You Learned to Your Own Life

After you have completed the homework assignments below, pause and take a moment to think about what you learned about yourself. Then, think about the implications of your experience with these exercises for your therapy with clients.

Homework Assignment #1 Identify Your Own Safety Behaviors

Think of a situation in the past month where you were anxious. What did you do to make yourself more comfortable? For example, did you carry an object or be with a certain person? Did any of your strategies involve avoidance, checking, reassurance and rehearsal, compulsive rituals, or safety signals? What was the consequence of your safety behavior?

Homework Assignment #2 Develop a Fear

Hierarchy

Try to think of any situations that you have been avoiding. It could be a social situation or a specific fear.

Develop a fear hierarchy for your problem. Think of situations that are fairly easy, moderately hard, and very difficult.

Choose a first task; make sure it is concrete, an action that you can perform, and in your control.

Make a prediction of what will occur if you do the first task.

Now, it is up to you to try the task.

Apply What You Learned to Your Therapy Practice

For this next assignment, think of a client whom you are currently working with and who suffers from anxiety.

Homework Assignment #3 Identify Your Client's Safety Behaviors

Once you have chosen a client, complete the following steps.

Ask one or two questions from the handout Questions to Assess Your Client's Safety Behaviors.

- Are there things or situations you avoid because of your anxiety?

- Are there things you do to make yourself feel safe or to be prepared in case of danger, such as carry things or be with certain people?

• Is there anything you do to make yourself feel comfortable in situations where you feel anxious?

If your client is avoiding, ask how avoiding is a problem in his life.

Once you have identified your client's safety behavior, explain safety behaviors and explore the consequences of the client's safety behavior.

Homework Assignment #4 Develop a Fear Hierarchy

Think of a client who is avoiding and who you think would benefit from facing his or her fears.

Develop a fear hierarchy with this client. Identify situations that are fairly easy, moderately hard, and very difficult.

Identify a first exposure task. Make sure it is concrete, an action your client will take, and under his or her control.

Ask your client to predict what he or she thinks will occur.

Steps 1 through 3 may be enough for your first experience with developing a hierarchy. However, if you feel you are ready, and it would be helpful to your client, ask your client to try this first task.

Check whether your client's predictions were accurate.

Let's Review

Answer the questions under each agenda item.

Agenda Item #1: What is exposure?

- What is the central theory of exposure?

Agenda Item #2: Prepare to do exposure.

- What two things do you want to do before you start exposure?

Agenda Item #3: Implement exposure.

- What are three factors that make for an effective exposure task?

Agenda Item #4: Do postexposure debriefing.

- Why is it important to have a postexposure debriefing?

Agenda Item #5: Discuss relapse prevention.

- What are two important things to tell your clients about relapse prevention?

What Was Important to You?

What idea(s) or concept(s) would you like to remember?

What idea(s) or skill(s) would you like to apply to your own life?

What would you like to try this coming week with a client? (Choose a specific client.)

PART 4

CBT IN ACTION

Chapter 12

Suzanne’s and Raoul’s Therapy

In the last chapter we covered exposure therapy. Did you notice your own or one of your client’s safety behaviors? Did you identify any clients who you thought might benefit from exposure? What about explaining exposure or developing a fear hierarchy?

If you did not have a chance to do the homework, think of a situation you are currently avoiding, and try to develop a plan to face your fear.

Set the Agenda

Although Suzanne and Raoul are composites of a number of clients, they are based on my clinical experience. I want to give you a sense of how their therapy unfolded and how I used the various interventions we covered in the book. The preceding chapters were too short to cover everything we did in Suzanne’s and Raoul’s therapy, so I’ve included some of the additional interventions in this final chapter. However, I want to start with discussing core beliefs.

Agenda Item #1: Identify Suzanne’s and Raoul’s core beliefs.

Agenda Item #2: Suzanne’s therapy

Agenda Item #3: Raoul’s therapy

Work the Agenda

Up to now we have focused on automatic thoughts and behavior. I want to look at how we can use core beliefs to understand Suzanne and Raoul.

Agenda Item #1*: Identify Suzanne’s and Raoul’s Core Beliefs*

Automatic thoughts are situation specific and are just below consciousness. This means that it is fairly easy to teach people to notice their automatic thoughts and then to evaluate and modify them. Core beliefs are stable, deeply held beliefs that affect how you feel and behave in many different situations. It is much harder to identify and modify core beliefs than automatic thoughts. Most CBT focuses on modifying automatic thoughts and behaviors.

In chapter 1 we talked about how we all have core beliefs about the self, others, and the world. Core beliefs can be negative or positive. Examples of core beliefs about one's self might be *I am lovable* or *I am incapable*; examples of core beliefs about others might be *People do not care about me* or *People will try to help me*; and examples of core beliefs about the world might be *The future will be good* or *The world is unpredictable*.

I want to go over three approaches for identifying core beliefs: (1) noticing patterns in problematic situations and automatic thoughts, (2) identifying themes in a client's psychosocial history, and (3) the downward arrow technique.

NOTICING PATTERNS IN AUTOMATIC THOUGHTS

Core beliefs are basically an information-processing filter; they influence what you notice, the meaning you give to events, and what you remember. You can think of core beliefs as large magnets that go around attracting and picking up information that confirms the core belief. People either don't notice information that contradicts their core beliefs or minimize the information. For example, before Suzanne started therapy, how would you expect her to react if a teacher came up to her at recess and said hello? Would she think (A) *I am starting to make friends; this teacher likes me* or (B) *This is a fluke; I am sure that she won't talk to me tomorrow*? I would guess B. What about when she gets home at night and her husband asks her about her day? Will she remember the teacher who came up to her, or will she remember that a lot of the time she was alone at recess? I would guess she will remember that she was alone. We can look for patterns in the types of situations that are stressful for our clients and patterns in the types of automatic thoughts that cause our clients' distress. Once we identify these patterns, we can start to hypothesize about our clients' core beliefs.

I find it helpful to think of core beliefs about the self as falling into three

areas: (1) judgments about how competent or incompetent one is; this includes beliefs related to being helpless, unintelligent, or incapable; (2) judgments about how lovable or unlovable one is; this includes beliefs related to being unattractive, unlikable, vulnerable, or different; and (3) judgments about how basically worthy or worthless one is; this involves a very deep sense of being basically an okay person or a deep sense of something being horribly wrong with you. Core beliefs related to worthlessness often are the result of severe childhood abuse. Noticing which category is the most triggering for your client can help you focus on situations and thoughts that are central to your client's distress. When I look for patterns in my client's automatic thoughts, I ask myself which of the three categories seems the most relevant to my client.

Suzanne's core beliefs. Let's think about Suzanne. The major stressors in her life have been a new school, which has disrupted her friendships and family relationships; her best friend moving away; and her mother-in-law's illness. From what you know, would you expect her core beliefs to center on competence, lovability, or worthlessness? It seems to me that the types of situations that caused her stress were social.

Suzanne's negative thoughts frequently center on not being liked or feeling accepted. At both the barbecue and recess, her thoughts are related to the other teachers not liking her or not wanting to be her friend. When her husband didn't give their son a bath, one of her thoughts was *He doesn't care about me*. During the exposure tasks, she didn't expect people to react positively to her friendly overtures.

What would you hypothesize were Suzanne's core beliefs? When we examine the type of situations that she found stressful and the pattern to her automatic thoughts, I would hypothesize that these were her core beliefs:

Core belief about self: I am not lovable.

Core belief about others: People will not like me and will not be friendly.

Core belief about the world: The world is not safe.

Raoul's core beliefs. From what you know of Raoul, what would you guess were his core beliefs? Being passed over for a promotion triggered his difficulties. I would hypothesize that being successful is very important to Raoul. This leads me to hypothesize that his core beliefs would center more on being competent than on being lovable. I wondered if one of his core beliefs about self was *I am only valuable if I achieve*, or maybe, *If I fail, this is proof that I am stupid*. I also wondered if there was an underlying core belief: *I am incompetent*.

What about his core beliefs about others? I noticed that he doesn't trust his boss or colleagues to be supportive and helpful. However, he has a good relationship with his wife and children. I wondered if one of his core beliefs about others was *You can't trust people outside the family*. What about his core belief about the world? Raoul was very upset about being passed over and felt that it was unfair. I would wonder if he sees the world as unfair, and not just this one experience. These would all be initial hypotheses; I would want to know more information. Given my hypothesis of Raoul's core beliefs, what kinds of information do you think he might ignore about himself and others?

Clinical implications. Once I have a hypothesis of my client's core beliefs, I am particularly attuned to how she dismisses or minimizes information that would challenge her core belief. Let's take an example. Suzanne tells her therapist that one of the teachers asked her if she would volunteer to be on the committee that was responsible for the winter holiday assembly. Will Suzanne think: (A) *This is a good start to being more part of the school; I will get to know some of the teachers better* or (B) *I am sure I will not fit in*? I would guess B. As her therapist, I am especially attuned to how she interprets social situations that might challenge her core belief. I pay particular attention to gathering facts about the situation because I know that Suzanne will minimize indications that others are friendly or like her. I also know that Suzanne will have a hard time remembering examples that contradict her core belief and that reviewing them will be very important.

IDENTIFY THEMES IN A CLIENT'S PSYCHOSOCIAL HISTORY

Core beliefs generally develop during childhood and are a consequence of

experiences in one's family and the larger social world, though experiences in later life can also influence core beliefs. I know of many shy, socially anxious children and teens who developed into outgoing young adults after positive experiences at camp, school, work, or college. These young people had a series of positive social experiences that changed their core belief from *Others will not like me* to *Others will respond positively to me*. Traumatic experiences can also change core beliefs. Subsequent to trauma, many people start to believe that the world is dangerous, and if the trauma involved another person, their belief about others becomes *Other people can hurt you*. Often individuals who experience trauma also develop core beliefs about the self, such as *I am vulnerable or weak* or *I am somehow damaged after the trauma*.

Remember in chapter 2 we talked about listening for the meaning of events when you take a psychosocial history? When I take a history, I am listening for the core messages my client learned about herself, others, and the world. Let's look at Suzanne's and Raoul's psychosocial history and see if we can hypothesize what their core beliefs might be.

Suzanne's history. Suzanne was the eldest of four siblings. Her parents were hard-working people who had enough money for the family's needs, but there was no extra. Suzanne described her parents as cold and strict. They had very high standards for Suzanne, expecting her to do well at school and help take care of the household and her three younger brothers. They made it clear that they preferred boys, and she worried about pleasing them and being good enough. Suzanne did well in school, the one area where her mother did not criticize her; otherwise, her mother was very critical of her, which Suzanne thought was "for her own good." Her mother was also a very anxious woman who had few friends and worried about whether she would fit in and whether people would like her.

Suzanne described herself as a "good kid" with no problems. She had very few friends at school, which she attributed to often being needed at home and having no time to be with her peers. She did make some friends in high school, but after she refused to let her house be used for a drinking party, most of the class turned against her. She graduated from high school and attended a teacher's college. She was the first person in her family to go to college and was very proud of her accomplishment. She is married to her

first boyfriend, who was her high school sweetheart.

If you remember, from examining the types of situations that she found stressful and the pattern to her automatic thoughts, I had hypothesized that her core beliefs were *I am unlovable*, *People will not like me and will not be friendly*, and *The world is not safe*. Her psychosocial history is consistent with the development of these core beliefs.

Raoul's history. Raoul's family had immigrated to the United States when he was two years old. He lived close to his aunt and uncle and grew up in a large extended family. Raoul described having a happy childhood until age eight when his father died, after which his life became more difficult. His mother had two jobs, and he was often home alone. He continued to see his extended family, but he missed his father. In school he felt that the teachers did not respect him or his family, who had less money than many of the other families. He also had a slight learning disability, which was not diagnosed until high school. Though he tried hard at school, his teachers often complained to his mother that he was not working up to his potential. He remembers being humiliated at school when he could not answer questions or did poorly on a test. The one area where he did well was math. He was also on the football team, which he loved. After high school, his uncle paid for his college education and he obtained a degree in accounting. He met his wife after college, and they have had a good marriage.

Raoul's psychosocial history supports the development of the core beliefs we wondered about earlier. We hypothesized that one of his core beliefs about self was *I am only valuable if I achieve*, or maybe, *If I fail, this is proof that I am stupid.* We wondered if there was an underlying core belief: *I am incompetent*. His history of not doing well in school and having a learning disability would support the hypothesis that one of his core beliefs about self was *I am incompetent*. His psychosocial history also supports his core beliefs about others and the world that we identified earlier: *You can't trust people outside the family* and *The world is unfair*. Given my hypotheses of Raoul's core beliefs, what kinds of information do you think he might ignore about himself and others?

DOWNWARD ARROW TECHNIQUE

The downward arrow technique involves starting with an automatic

thought and tracing it back to the core belief. Because you are accessing very deep beliefs about the self, others, and the world, you don't want to use this approach until you have worked with your client for a while, have established a solid relationship, and know that she is strong enough to find this kind of work helpful. As in all therapy, it is important to use a gentle tone and caring curiosity.

The therapist starts with the automatic thought, usually a thought that is (1) a negative prediction, such as *My new date will not call back*; (2) a fact, such as *I did not get the promotion*; (3) a "what if" statement, such as *What if my mother gets angry at me?;* (4) a prediction of the future, such as *No one will talk to me at the party*; or (5) a thought about self, such as *I did not study hard enough to get good grades*. The therapist then asks, "If the thought was true, what would that mean?" Additionally, I sometimes ask, "What would that mean about you?" or, "If that was true, how would that be a problem for you?"

Let's look at a brief example. One of Suzanne's thoughts at the barbecue was *I will stand there looking awkward*. Let's see what happens when we use the downward arrow technique. Look at figure 12.1. Suzanne's therapist starts with the thought *I will stand there looking awkward*, which is a prediction about the future. The therapist then asks what it would mean if that was true. After all, you could think that if I stand there looking awkward, if the principal is a good host, she will come up and talk to me. Suzanne's therapist uses the downward arrow technique to discover Suzanne's core belief: *I am not a likable person*. You can see from the example how this technique can lead to important but painful cognitions and how vital it is to have a good therapeutic relationship before using this technique.

Suzanne: I will stand there looking awkward.

Therapist: If that was true, how would that be a problem for you?

Suzanne: No one would talk to me.

Therapist: And if that was true, what would that mean?

Suzanne: I guess it would mean that none of the teachers likes me.

Therapist: (gently) And if it was true that none of the teachers liked you, what would that mean about you?

Suzanne: (softly) That I am not a very likable person (*looking sad*).

Therapist: And do you think that sometimes?

Suzanne: Yes, often.

Figure 12.1. Suzanne's therapist uses the downward arrow technique.

Agenda Item #2*: Suzanne's Therapy*

This book has roughly followed the order of Suzanne's therapy. After completing the assessment and setting goals, we started with thought records, moved on to problem solving and coping thoughts, then worked on behavioral activation, and lastly I introduced exposure therapy.

SESSIONS 1 AND 2

In the first two sessions, I focused on understanding Suzanne's problems, taking a history, and identifying her goals. Suzanne was easy to connect with, and from the first session we started to form a good relationship.

From the very beginning, I noticed Suzanne's strengths and started thinking about which interventions might make sense. I also started to hypothesize about her core beliefs.

SESSION 3

If one of my clients is suffering from depression, I usually start with behavioral activation. However, at the start of session 3, Suzanne's main agenda item was the barbecue she had just been invited to. I had to decide whether to focus on the barbecue or introduce behavioral activation. Although Suzanne was depressed, she was in the moderate range. I was concerned that if we did not start with the barbecue, she might think that therapy would not address the problems that she identified and that our relationship would be negatively affected. If she had been significantly depressed, I might have started with behavioral activation, as the evidence is clear that for severely depressed clients, behavioral activation is an essential component of treatment.

We started by exploring Suzanne's reaction to the barbecue using the four-factor model, and we completed the Understand Your Reaction

worksheet. Suzanne found it helpful to see the links between her thoughts and feelings, and it started making sense to her that she found the decision about the barbecue so difficult. Her homework was to use the Understand Your Reaction worksheet to try and identify her thoughts, feelings, physical reactions, and behavior in two other situations in the coming week. (Some of the work we did was described in chapters 6 and 7.)

SESSIONS 4 AND 5

Suzanne came to session 4 having completed the Understand Your Reaction worksheet for two other situations: one, being alone at recess, and two, a staff meeting where she had made a comment and no one had responded. She was surprised at how often she thought, *No one will want to be my friend* and, *The other teachers will not like me*. Suzanne also wanted to focus on a situation at home with her husband, where she had gotten angry that he had not bathed their son.

Suzanne wanted to spend most of the time talking about the invitation to the barbecue, though we spent some time exploring the situation at home. I explained the idea of looking for evidence and creating balanced thoughts. We continued working on the invitation to the barbecue and looked for evidence for her hot thought *No one will want to be my friend*. We also created a balanced thought. (See chapter 8 for how I looked for evidence and helped Suzanne create a balanced thought.) We then explored whether the evidence we had collected was relevant to the other two situations she had identified in her homework, where her hot thoughts were the same or almost the same. At the end of the session Suzanne had decided she wanted to attend the barbecue.

I asked Suzanne what she thought would be helpful as homework. She suggested reviewing the thought record we had completed every morning before she went to school. I thought this was an excellent idea, as I wanted her balanced thought to be fresh in her mind when she started school. I also suggested that she complete an entire thought record for two other situations.

In session 5, we started by going over the two thought records Suzanne had completed as homework. She had found them helpful and spontaneously mentioned that she wondered if she was being unfair to the other teachers at her new school. Her agenda items for session 5 were her anxiety about attending the barbecue the next week and her continuing depression.

We problem solved how to handle the barbecue and developed coping thoughts. (See chapter 9 for excerpts of this session.) Since Suzanne had mentioned her depression, I thought this was a good opening to introduce behavioral activation. We explored her depression using the Understand Your Depression worksheet, and it made sense to her. I then explained that it would be helpful for us to understand how she spends her week and whether her mood fluctuates with the different activities. I introduced the Daily Activities Schedule, and we filled in half of the previous day before our time was up. I asked her to complete the Daily Activities Schedule as homework for the following week.

SESSIONS 6–9

Suzanne had completed the Daily Activities Schedule for homework. We reviewed it using Questions to Explore a Mood/Activity Relationship. (You can find the work we did in chapter 10.) The next few sessions were focused on a combination of behavioral activation, problem-solving obstacles, and developing coping thoughts. We focused on her early morning schedule as well as the time at home after school, as these were the lowest times of her day. We carefully planned activities that she could do to boost her mood and used problem solving and coping thoughts to address any obstacles. Over the course of these few sessions, her mood improved as she started seeing friends again, playing with her children more, and spending quality time with her husband.

Many of the activities we considered to improve her mood in the morning and after school involved asking her husband to be more active with the children and housework. I did not have a chance to address this issue earlier in the book, so let me spend some time explaining how I dealt with it.

Suzanne was anxious about talking to her husband about his lack of participation in household chores and childcare. Her negative thoughts included *He will react negatively and be resentful*; *He will be angry, as it is my job to take care of the children*; *Even if asked, he will not help more*; and *I am an inadequate mother for having difficulties*.

Over sessions 6 through 9 we spent about half of each session on increasing pleasurable activities and the other half on examining these thoughts. I asked Suzanne to list her specific worries about what would happen if she raised the issue with her husband, and we looked at the

evidence for how likely these outcomes were. (In chapters 7 and 8 I helped Suzanne list her worries about going to the barbecue, and then we looked at the probability of each worry. We did a similar type of intervention for her worries around raising issues of childcare and housework with her husband.)

When Suzanne started looking at the evidence, she realized that it was unlikely that her husband would resent being asked to be more involved with the children, and it was unlikely that he would think that it was only her job to take care of the children. Suzanne thought that there were probably realistic limits to what he could do, given his work schedule, but she thought it was worthwhile to raise the topic. We problem solved and role-played how best to raise the subject, and Suzanne also practiced in her imagination.

Suzanne found getting the children ready in the morning very difficult. I suggested we do a thought record. She initially identified the situation as "I am a bad mother for being angry at the kids in the morning when they don't get up." In chapter 5 we talked about the importance of separating the facts of a situation from the meaning of the situation. I helped Suzanne specify the facts of the situation: her children refusing to get up in the morning. We then identified her thought: *I am a bad mother*, and her feelings: anger. Once Suzanne was able to separate her thoughts from the situation, we could then evaluate her thought that she was a bad mother.

Next we made a list of criteria for being a good mother. Suzanne's criteria included expressing love and affection, spending time with your children, providing for them financially, organizing their lives, and reading to them. We then evaluated her behavior in relation to the criteria she had developed. Initially, I had to draw Suzanne's attention to evidence that she was a good mother, though I was careful not to *tell* Suzanne about the evidence. For example, I asked her what she did with the children on the weekend. What had she done for their birthdays? And even though the mornings were difficult, did she give them breakfast and get them ready for school? When she described what she did with the children, I asked her if that was part of being a good mother. Eventually she was able to recognize that she was a good mother.

We also examined her belief that if she is having difficulty getting her four- and six-year-old children ready in the morning, this meant she is an inadequate mother. I tried to help Suzanne take another perspective. (In chapter 8 we covered taking another perspective.) Let me ask you, besides

being an inadequate mother, are there any other explanations that could account for Suzanne having difficulty getting her four- and six-year-old children ready in the morning? I know when my children were little, they wanted to dawdle, stay in bed, and play rather than get ready for school on a tight schedule. When we looked at all the facts, it seemed to Suzanne that most mothers would find it a challenge to get young children dressed, fed, and ready on time every morning. Taking a different perspective on her morning difficulties with her children helped Suzanne be less stressed and consider different ways of handling the children. She started leaving for work in a better mood and was less critical of herself.

SESSIONS 10–16

By session 10 Suzanne's mood had significantly improved. She was regularly using thought records at school and often at home when she was upset with her husband and children. However, she remained very withdrawn at school. I thought she was caught in a negative cycle where the more she withdrew, the harder it was for her to get to know the other teachers, and the more she then withdrew. Suzanne agreed with me that she was caught in a vicious cycle and thought it would be a good idea to engage socially with the other teachers. However, she felt very anxious whenever she thought of starting to make friends with them and did not know where to begin. In sessions 10 through 16 we used exposure therapy to help Suzanne overcome her social anxiety and start to make friends at school. (In chapter 11 you can see excerpts from Suzanne's exposure therapy.)

Often during the exposure tasks her thought *No one will want to be my friend* was triggered. Suzanne used the positive experiences from the exposure tasks as additional evidence to challenge this thought. For example, when Suzanne talked to her colleague sitting next to her in assembly, they discovered they had gone to the same school as children. The talk in assembly led naturally to having lunch together, and they started talking to each other at recess. This became evidence against her thought *No one will want to be my friend*. We started a written log of situations that challenged this belief.

SESSIONS 17 AND 18

At session 17 Suzanne wondered if it was time to end therapy. She was no longer depressed, her husband was helping more at home, their

relationship had improved, and she was feeling better about herself. When her children were difficult, she was able to see their behavior as normal and cope rather than blame herself. She was developing some friends at her new school, and she no longer minded the commute as much; she had even started listening to books on tape during the drive. Suzanne and I reviewed her goals, and she had met all of them or was well on her way.

When we started talking about ending, Suzanne realized she was worried about being able to cope without therapy. We decided that we would meet in two weeks and see how Suzanne had managed.

Suzanne had to cancel our next meeting, so it was three weeks before we met. We went over all the ways her life had changed and what she had learned. Suzanne found the thought records and behavioral activation the most helpful. We talked about continuing to face her fears in social situations. Suzanne thought that therapy had been very helpful. While she would miss me, she was ready to end. I told her that she was welcome to come back for a booster session any time.

I usually end therapy with telling my clients how much I have enjoyed working with them. If a client gives me a compliment, I accept the compliment but add that we worked well together and had a good relationship. That way we share the compliment, and the importance of our relationship is central.

Agenda Item #3*: Raoul's Therapy*

Although we have followed Raoul throughout the book, the order of the interventions I used was different than the order of the book. I started with problem solving and graded task assignments. We then did behavioral activation and used cognitive interventions only in the latter part of therapy.

SESSIONS 1 AND 2

Raoul was harder to engage in therapy than Suzanne was, and he was much more skeptical about whether therapy would work. Initially, Raoul had a hard time identifying his feelings and thoughts, and I believed that he would have an easier time with behavioral interventions. From the beginning I hypothesized that his core beliefs were related to being successful. I consistently listened for thoughts related to being respected or valued. I also

made an effort to notice any times he minimized evidence that he was respected.

Let's look at Raoul's goals:

- Cope better at work, particularly concentrate on my work and get my projects done on time.
- Socialize with people at work the way I used to. This includes talking to people, having lunch in the lunchroom, going out for lunch, and chatting in the hallways.
- Not get anxious every time the boss talks to me.
- Start to like work again.

SESSIONS 3 AND 4

After the first two sessions I was somewhat unsure where to start. I was concerned about Raoul's depression and considered starting with behavioral activation. On the other hand, his first goal was to cope better at work and get his projects done on time. I wanted to address an issue that was immediately relevant to him. I was also concerned that if Raoul continued to procrastinate, he would receive another poor evaluation. This would potentially cause real difficulties at work, and also add to his depression. I decided to first address his procrastination and other work-related difficulties.

We started with identifying projects that were going well and projects where he was procrastinating. We also assessed where his procrastination might have the most negative consequences. We discovered that Raoul was accomplishing the majority of his work on time and at a level he was satisfied with. I used this information to question his global negative judgment that he was not coping at work. Since I had hypothesized that one of his core beliefs centered on not being respected, I also made sure to ask if other people respected this aspect of his work.

We spent most of sessions 3 and 4 looking at the projects where he was procrastinating. We used a combination of problem solving (see chapter 9) and graded task assignments (see the end of chapter 10). Raoul found it very helpful to break the projects down into chunks, as it made the tasks more manageable. We also looked at his schedule and specified the time during the

day when he could complete each chunk.

Raoul liked the idea of developing coping thoughts. We examined how he approached the projects that were going well and applied these strategies to the projects he was struggling with. We developed a number of coping thoughts, including *One step at a time*; *This is just a task, get it done*; and *Play ball*. Raoul had been a successful football player in high school. We explored how he had coped as an athlete when he was feeling down or having trouble concentrating. He replied that he just focused on the task; it was not an option to stop playing. I wondered how he could apply this strategy to his current work. The phrase "play ball" reminded him to treat his current work as if it were a football game—no option but to play!

When Raoul began procrastinating less, he started to feel somewhat better, but he was still depressed. At the end of session 4, I introduced the idea of behavioral activation. In session, we completed the Daily Activities Schedule for the day before. Raoul agreed to try and complete a Daily Activities Schedule for the following week as homework.

SESSIONS 5–8

Raoul completed the Daily Activities Schedule and we used Questions to Explore a Mood/Activity Relationship to understand his day and how his activities were affecting his mood. Raoul had not realized how much he had withdrawn from family and friends. Given the strong evidence for the importance of social relations in boosting and maintaining a positive mood, I focused on having him increase his social activities with his wife, children, and friends. The next few sessions involved a combination of behavioral activation, problem solving, and coping thoughts. Within a couple of weeks, his mood had started to improve.

It also became clear when we looked at his Daily Activities Schedule that Raoul did not have a good sleep routine. This was very different from when he was not depressed. Clients who have experienced sleep difficulties for many years may need to see a therapist who specializes in CBT for insomnia (Edinger & Carney, 2014). However, for many clients, adhering to basic sleep hygiene guidelines can be sufficient to significantly improve sleep. Below is the Good Sleep Guidelines list that I use; you can download it in handout form at http://www.newharbinger.com/38501.

Have regular bedtimes, both for going to sleep and for waking up.

Restrict napping to twenty minutes a day and only in the early afternoon.

Do not do strenuous exercise within two hours of bedtime.

Avoid exposure to bright lights and make sure the bedroom is dark; some people find computer use before bed disruptive to sleep.

Avoid heavy meals or drinking before bedtime.

Avoid caffeine or alcohol before bedtime.

When Raoul looked at his Daily Activities Schedule, he noted that he came home from work, watched TV, and immediately fell asleep for at least an hour. He then went to bed between 1:00 and 2:00 a.m., and he was exhausted in the morning. On the weekend he woke up tired and lay in bed until 9:00 or 10:00 a.m., hoping to "make up" for his lack of sleep.

We went over the Good Sleep Guidelines. Raoul decided he would try to establish a regular sleep schedule. Raoul wanted to try to go for a walk when he got home from work instead of watching TV and napping, and to try to go to bed at 11:00 p.m.

The next session, Raoul reported that he had found it very hard to give up napping in front of the TV. He had liked the idea of taking a walk when he got home, but in reality he never did it. We problem solved other activities he could do, and he suggested that he help his wife with the cooking, call his children, and go through his emails. The next session Raoul reported that this plan worked better. When Raoul stopped napping, it became easier for him to get to bed at an earlier time, and his sleep started to improve with a more regular sleep schedule.

SESSIONS 9–16

We continued to work on a combination of behavioral activation, problem solving, graded task assignments, and coping thoughts. Raoul started coming to therapy with increasingly more agenda items he wanted to address. Once Raoul was no longer procrastinating, he started bringing up issues related to

social relations at work. We made a list of social activities he had stopped doing since his depression and slowly introduced the ones that felt the easiest. I always made sure that Raoul had a concrete plan that was doable. Raoul started having lunch with colleagues in the lunchroom, speaking up at meetings, talking to his boss about some of the projects he was involved with, and generally acting more like his "old self." (You can see some of this work in chapter 9.)

Usually Raoul expected that he would not enjoy these social activities and that they would not go well. However, he learned that the activities usually did go well and that once he did them, he felt better. We stressed the importance of acting according to his plan and not his depressed feelings.

In the course of trying to connect with his colleagues and boss, Raoul often thought, *They do not respect me,* or *They do not value my opinion*. (See chapter 7 for how I identified Raoul's thoughts.) Situations he raised included a time when he thought his boss had criticized him at a meeting (see chapter 5) and another time when he asked a colleague to go to lunch and his colleague was busy. In both those situations Raoul was able to look at possible alternative, more benign interpretations. I suggested to Raoul that he tended to catastrophize (see chapter 6 for a list of cognitive distortions), and he agreed. We often used catastrophizing as a shorthand way of checking if there was another more benign interpretation.

By session 9, Raoul had started spontaneously applying some of the interventions we were using for work to his personal life. For example, a friend had told Raoul that he could not go bowling. Normally Raoul would have thought this meant his friend did not respect him, especially if his friend canceled on short notice. However, he was able to consider that there could be other interpretations.

In session 14, Raoul told me that he had had his six-month review and everything seemed to be back on track. We talked about how much progress he had made since he started therapy. Raoul wondered whether he could skip the next session as there was an office social event and he wanted to go. He usually looked forward to our sessions, but he seemed quite casual about planning our next meeting. I asked how he was feeling about coming to therapy. Raoul explained that I was a very nice lady, but he didn't think he needed therapy anymore. Raoul's experience is very common. As clients get better, therapy becomes less important to them, and the rest of their life

becomes more important. I suggested that we have a session in two weeks to check that everything was going well, and if it was that we plan one more meeting after that to end therapy.

SESSION 17

At our final meeting, we reviewed what Raoul had accomplished in therapy and looked at his original goals. Raoul was surprised to see how much he had improved, as he had forgotten how he was feeling when he first came. His sleep was more regular and he was no longer depressed. He and his wife were back to socializing and seeing friends and family. I stressed the importance of continuing to engage in enjoyable activities with his wife, family, and friends. We spent some time exploring what had been the most helpful for him. He thought that breaking large projects down into chunks had really helped, and he said he used it all the time and had even taught it to other colleagues. He also thought not catastrophizing was helpful. As I had said to Suzanne, I told Raoul that if he needed a booster session I was available and that I had enjoyed working with him.

Homework: Practice CBT

I hope you've found the homework throughout this book valuable. I know that for myself, in the course of writing this book, I have found many of the CBT interventions extremely helpful. I rediscovered positive psychology, and I have been trying to pause and savor the moment. Throughout the course of writing, I was particularly appreciative of the following CBT friends, without whom this book would never have been written.

Agenda setting: You kept me organized. Reviewing at the end of a day of writing helped me remember that I actually had accomplished something!

The four-factor model: Whenever I got stuck, you helped me pause and figure out my thoughts. I noticed my negative automatic thoughts, looked for the evidence, and usually was able to get back to the task.

Coping thoughts: You kept me focused.

Behavioral activation: I think my whole family wants to thank you. For a while I did nothing but write this book; you made me schedule daily walks and fun times.

Problem solving: When I found myself staring at the computer and ruminating, I problem solved. My favorite solution was emailing the paragraph I was struggling over to one of my colleagues or a student and then asking my husband when he got home; all of them always had good advice.

Graded task assignments: Without you this book would not have been completed. No matter how overwhelmed I got, you were there to help me break the task down into manageable chunks. I think you are the hero of the book.

Apply What You Learned to Your Own Life

Take a moment to think over everything that we have covered. How have you applied it to your own life? What changes have you made? What do you want to keep doing? I hope that you have had a chance to see firsthand how helpful CBT can be. Remember, the data is clear that if you apply CBT to your own life, you will become a better CBT therapist.

Apply What You Learned to Your Therapy Practice

Before we say good-bye, let's end with a self-assessment. How have you changed your therapy practice over the course of reading this book? What new skills and interventions have you tried with your clients? Are you setting agendas? Identifying your clients' thoughts? What about looking for the evidence and creating balanced thoughts? Did you have a chance to try problem solving, behavioral activation, or exposure therapy? What do you need to do to keep learning and improving your CBT skills? Can you set one or two professional goals and develop a learning plan?

Time to End

Dear reader, we have come to the end of the book. At this point it is up to you

whether you use what you learned. I surely hope you will. If you have made some changes in your therapy practice, or in your own life, take a moment to acknowledge the work you have done and give yourself a well-deserved pat on the back. Change is hard for both our clients and ourselves.

By reading this book, it's as if you have taken a course on CBT, complete with check-ins and reviews, agenda setting, action plans, homework, and practice, practice, practice. My hope is that you will have an easier time applying this structure to your therapy practice, and that both you and your clients will benefit from the work you have put in. It has been a pleasure to be your guide.

Acknowledgments

We have been married for over thirty years, have raised our children together, and have had countless discussions about our patients and CBT. This book comes out of our partnership.

The book would not have been possible without our many client and patients who were willing to share their stories and problems, and in the process help us learn to apply CBT principles and become better therapists.

We would like to thank the editors at New Harbinger for their enthusiasm and support for this project and for all of their helpful guidance. We would particularly like to thank Elizabeth Hollis Hansen and Vicraj Gill, who always had time for our numerous questions. Rona Bernstein provided detailed and constructive advice that greatly improved the final drafts.

Nina would like to thank her many students at the University of Toronto, as well as all of the participants in the various workshops she has given over the years. This book would not exist without the many gifted students whose questions pushed her to think about how to explain CBT.

We would also like to thank our many colleagues and friends who read parts or all of the manuscript. In particular, Dr. Joyce Isbitsky was never too busy to read and reread numerous versions of the same chapter, our research assistant Julie Hong was invaluable, and our friend Bernice Eisenstein was particularly helpful.

David would like to thank Zindel Segal, Martin M. Antony, and Cynthia Crawford, who over many years of friendship were always willing to discuss challenging cases. David would also like to thank Dr. David Conn, Dr. Victoria Lee, and his many wonderful colleagues at Baycrest for their ongoing support and friendship. He would also like to thank the Geriatric Psychiatry Outreach Team, and in particular Joy Lipkin, Nira Rittenberg, and Peggy Solomon.

Appendix

Answers to YOUR TURN!Exercises

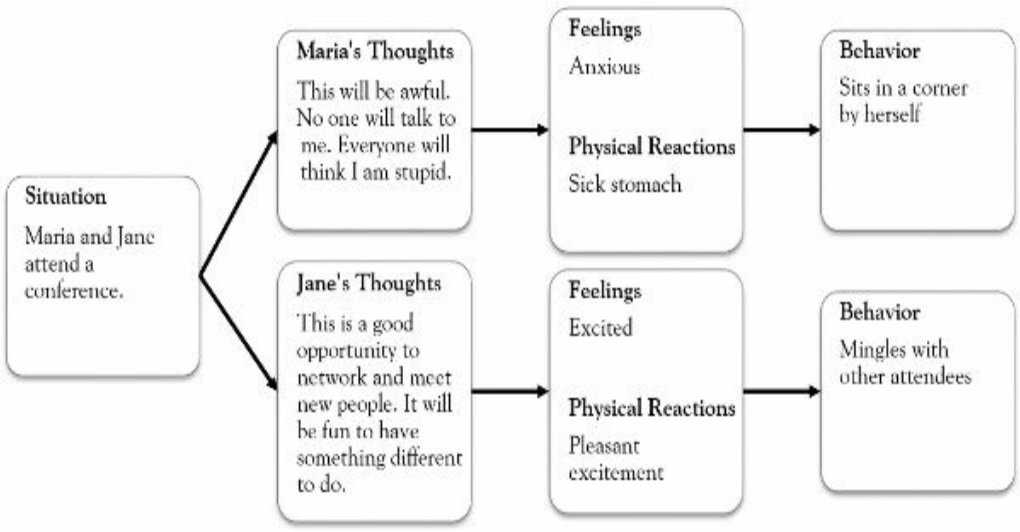
Chapter 1

Identify Situations, Thoughts, Feelings, Physical Reactions, and Behavior

Identify Situations, Thoughts, Feelings, Physical Reactions, and Behavior	**Situation, Thought, Feeling, Physical Reaction, or Behavior?**
Staying up late and studying	Situation
No matter what I do, no one likes me.	Thought
I feel tense all over.	Physical reaction
Even if I study hard, I will still fail.	Thought
I am so happy.	Feeling
My boss hates my work.	Thought
I am late for work.	Situation

How Thoughts Influence Feelings and Behavior

Below is how I completed figure 1.4.



Identify Clients' Thoughts, Feelings, Physical Reactions, and Behavior

Situation: Boyfriend arrived thirty minutes late, did not let her know he would be late

Sara's Thoughts: I hate it, he doesn't care about me; I am worthless; what else can I do?; he takes me for granted.

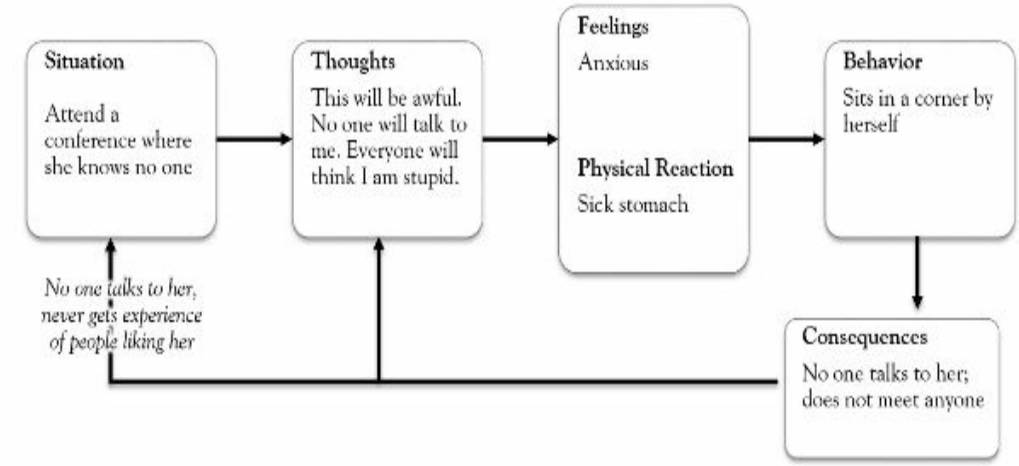
Sara's Feelings: Depressed, irritated

Sara's Physical Reactions: Tense

Sara's Behavior: Gives dirty looks, acts cold

Maria's Symptom Maintenance Cycle

Below is how I completed Maria's symptom maintenance cycle.


Situation
Attend a conference where she knows no one
Thoughts
This will be awful. No one will talk to me. Everyone will think I am stupid.
Feelings
Anxious
Physical Reaction
Sick stomach
Behavior
Sits in a corner by herself
Consequences
No one talks to her; does not meet anyone
No one talks to her, never gets experience of people liking her

Chapter 2

Raoul's Stressors and Strengths

Raoul's Stressors and Strengths		
	Difficulties or Stressors	**Strengths or Areas of Resilience**
Family	No information Children live out of town	Long-term marriage Wife encouraged him to bowl, suggests caring relationship Close enough relationship with daughter that she noticed his distress and was able to convince him to go for therapy
Friends and Social Contacts	No information	No information
Recreation & Organizations	No information	Past five years, part of a bowling league
Work or School	Recently passed over for a promotion Recent poor work evaluation	Has maintained steady employment for twenty years Works in a demanding area that requires understanding of taxes Previously enjoyed work Risked applying for a promotion History of good work evaluations
Health	Sleep difficulties Anxiety	Moderate drinking Health "good"
Finances	Postponed retirement	Some indication that financially responsible Planning for retirement
Changes	Financial worries	No information

Chapter 3

Identify Specific, Measurable Goals

Assess Whether the Goal Is General or Specific and Measurable	
Goals	**Is This Goal General or Specific and Measurable?**
Talk to my boss about getting paid for working overtime	Specific and measurable
Be less demanding of my friends	General
Stop smoking by the end of the month	Specific and measurable
Take better care of my health	General
Get along better with my parents	General
Do a pleasant activity with my partner on a weekly basis	Specific and measurable
Learn better parent management skills for when my eight-year-old has a temper tantrum	Specific

Chapter 4

Evaluate Suzanne's Homework

Suzanne's therapist says, "I would like to give you some homework. I think it would be really helpful if you could try to do some fun things with your children this coming week."

Helpful Homework Guidelines	Does Suzanne's Homework Meet This Guideline?
The homework is developed collaboratively.	No, the therapist suggested the homework at the last minute. There is no opportunity for Suzanne to have input.
The homework is specific and concrete.	No, no clear idea what Suzanne will do.
The homework is related to the session.	Yes, Suzanne had been talking about her feelings related to not doing fun things with her children and indicated she would like to start again.
The homework is doable.	We don't know, as there is no specific task.

Chapter 5

Separate the Facts about the Situation from the Thoughts about the Situation

Examples of Situations	Facts about the Situation	Client's Thoughts about the Situation
Instead of doing homework, I was lazy and went out with friends.	Instead of doing homework, client went out with friends.	I was lazy.
My boss told me I did a good job, but he didn't really mean it.	Boss said client did a good job.	He didn't really mean it.
My child is not normal; he is not crawling at age five months.	Client's child is not crawling.	My child is not normal.
The huge mess my husband left in the kitchen.	Not clear what the husband did; therefore, you don't have any facts. You would need to gather facts.	My husband left a huge mess in the kitchen.

Chapter 6

Identify Suzanne's Thoughts about Self, Others, and the Future

He didn't give Andrew his bath.

This is a fact. It is true that her husband did not give Andrew his bath. This thought is not an evaluation but a statement of fact.

No matter what I do, it won't make a difference.

This thought is about the future. She thinks the future will be the same as the present.

He doesn't care about me or the kids.

This thought is a judgment about her husband. Therefore, it is about others.

You can't count on men.

This is a general rule about men. Therefore, it is about others.

I'm a completely inadequate mother.

This thought is a negative judgment about herself. Therefore, it is about self.

Why do I have to do everything in the house?

I ended with a trick question. This is a question. We are going to look at questions in more detail. However, for this exercise, there are a number of implied thoughts that you would want to help your client make explicit. It is a thought about self, as Suzanne is really saying, "I have to do everything in the house," but it is also a thought about others, as the implication is "My husband does nothing."

What Thoughts Go with These Feelings?

The correct answer is in bold.

Cameron is feeling *furious*. What might he be thinking?

- Our team will never have another chance to play in the semi-finals.
- **That guy is an animal; he should be punished; it's unfair.** This thought is most likely to lead to feeling furious. It is about rules being broken, and being treated unfairly.
- If we lose, it is all my fault.

Annette is feeling *disappointed*. What might she be thinking?

- I will never get a decent job; my life is over.
- They should have hired me; what idiots!
- **I had hoped to get the job, but at least I was second choice.** This thought is most likely to lead to disappointment. Disappointment is related to sadness, but it is not a strong feeling. The other thoughts are too extreme for disappointment.

Orly is feeling *guilty*. What might he be thinking?

- **I am a bad friend; I should have gone; I bet I hurt Roy's feelings.** This thought is most likely to lead to guilt as it is about breaking a moral rule.
- My friend is probably furious at me.
- I bet Roy will not want to be my friend anymore.

Identify the Cognitive Distortion

If I don't get this job, my life will be over.

Cognitive distortion: catastrophizing

To be a good therapist, you have to give it your all and be there 100 percent of the time for your clients.

Cognitive distortion: shoulds

I'm sure that no one will ever want to hire me after this last fiasco of a job interview.

Cognitive distortion: overgeneralizing

If I don't help all of my clients, I am an inadequate therapist.

Cognitive distortion: polarized thinking

I know that my last client canceled because she thinks I'm a bad therapist.

Cognitive distortion: personalizing and mind reading

A colleague told me he wondered if the group check-in should be a bit shorter next time. That was a terrible mistake I made in the first group.

Cognitive distortion: magnifying; could also be catastrophizing

Chapter 8

Help Cynthia Reach Her Own Conclusions

Below are some questions you could ask.

Can you tell me about your relationship with John?

Are there ways that John shows he cares about and respects you? (*If Cynthia did not mention their sexual relationship*) In your sexual relationship, are there ways John shows he cares about and respects you?

How do Mike and Chris treat you? Can you give me some examples?

Have Mike and Chris ever made any comments indicating that they respect you? Could you give me examples?

When you think of the evidence from John, Mike, and Chris, what does it tell you about your belief that men are only interested in you for sex?

Chapter 10

Understand Mayleen's Depression

Mayleen's Understand Your Depression worksheet		
	Increased Since Life Changes or Stressors	**Decreased Since Life Changes or Stressors**
Activities I enjoy or that provide pleasure or mastery	Taking care of mother Going to mother's doctor's appointments (mixed: enjoy as sense of purpose and consistent with values, but do not enjoy activity)	Stopped sculpting
Activities I do not enjoy	Driving to see mother Looking after the house TV	
Exercise		Stopped exercise
Spending time with friends		Stopped seeing many friends No friends when with mother
Spending time with family	More time with mother	
Leisure or hobbies		
Smoking, overeating, alcohol or drug use		
Routines related to eating and sleeping		

Develop Mood-Boosting Activities for Anna

Suggested Activity	Developed Collaboratively	Specific and Concrete	Doable	Naturally Reinforcing	Regular Routine

Run three times a week for an hour	No	Yes	No	Yes, if she could do it	Yes

Run three times a week for an hour. This is a concrete plan, and it is naturally reinforcing because Anna likes to run. It could also be part of a routine. The problem is that it is probably not doable. Very few people could go from no exercise to running for an hour three times a week. Plus, if she has not exercised in a while, an hour of running may be physically too much. In conclusion, it is not a good plan.

*A more effective plan***:** To develop a more effective plan, you would start with asking Anna what she would like to add to her life and how she would like to change the period of time around 5:00 p.m. If running was of interest to Anna, it would be important for her to start slowly. Depending on how long it has been since Anna has exercised, it might make sense to start with walking, or a combination of walking and running.

Use Graded Task Assignments

Task	Specific and Concrete?	Doable?	Time-Limited and Specific Time for Task?
Cynthia: Reorganizing the filing system	*No. Not clear what the criteria are for a systematic filing system; first action is not clear*	*Not sure who will do this and what exactly the person/people will do; hard to know if it is doable*	*No time limit given; will Cynthia work for 10 minutes or the whole day?* *No specific time for task*
Richard: Make a list of food I want to cook	Yes, this is a specific task.	Yes, though you would have to check	Yes, a time limit was set, but no specific time was specified when the task would be done
Alexandra: Explore options for work	No, it is not clear how Alexandra would explore her options for work.	Because as task is unclear, hard to know if it is doable	No time limit and no specific time set for task

Chapter 11

Develop Effective Exposure Tasks

Task	Specific and Concrete?	Action the Client Can Do?	In Client's Control?	Conclusion: Is This an Effective Task?
Stand in front of the elevator in my building for 5 minutes every day	Yes	Yes	Yes	Yes
Look at photos on the Internet of cars similar to the one that hit me	No. We do not know which photos he will look at. There is a great range of cars that are "similar" to the one that hit the client.	Yes	Yes	No, because it is not sufficiently concrete and specific

References

Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). *Exposure therapy for anxiety: Principles and practice.* New York, NY: The Guilford Press.

Barton, J., & Pretty, J. (2010). What is the best dose of nature and green exercise for improving mental health? A multi-study analysis. *Environmental Science and Technology*, *44*(10), 3947–3955.

Beck A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy*, *1*(2), 184–200.

Beck, A. T., & Dozois, D. J. A. (2011). Cognitive therapy: Current status and future directions. *Annual Review of Medicine*, *62*, 397–409.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression.* New York, NY: Guilford.

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York, NY: The Guilford Press.

Bell, A. C., & D'Zurilla, T. J. (2009). Problem-solving therapy for depression: A meta-analysis. *Clinical Psychology Review*, *29*(4), 348–353.

Bennett-Levy, J., & Lee, N. K. (2014). Self-practice and self-reflection in cognitive behaviour therapy and training: What factors influence trainees' engagement and experience of benefit? *Behavioural and Cognitive Psychotherapy*, *42*, 48–63.

Brewin, C. R., Christodoulides, J., & Hutchinson, G. (1996). Intrusive thoughts and intrusive memories in a nonclinical sample. *Cognition and Emotion*, *10*(1), 107–112.

Clark, D. A., & Beck, A. T. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. New York, NY: Guilford.

Clark, D. A., Beck, A. T., & Alford, B. A. (1999). *Scientific foundations of cognitive theory and therapy for depression.* New York, NY: Wiley.

Craske, M. G., & Mystkowski, J. L. (2006). Exposure therapy and extinction: Clinical studies. In M. G. Craske, D. Hermans, & D. Vansteenwegen (Eds.), *Fear and learning: From basic science to clinical application*. Washington, DC: American Psychological Association.

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, *58*, 10–23.

Dimidjian, S., Barrera M., Jr., Martell, C., Muñoz, R. F., & Lewinsohn, P. M. (2011). The origins and current status of behavioral activation treatments for depression. *The Annual Review of Clinical Psychology*, *7*, 1–38.

Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenberg, R. J., Addis, M. E.,…Jacobson, N. S. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology*, *74*(4), 658–670.

Dobson, D., & Josefowitz, N. (2015, August) Using our five senses to address safety behaviours during the exposure task. Paper presented at skill-building session: Using a case formulation approach to address safety behaviors in exposure therapy, American Psychological Association, Toronto, Canada.

Dobson, K. S., Hollon, S. D., Dimidjian, S., Schmaling, K. B., Kohlenberg, R. J., Gallop, R. J.,…Jacobson, N. S. (2008). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the prevention of relapse and recurrence in major depression. *Journal of Consulting and Clinical Psychology*, *76*(3), 468–477.

Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review in Clinical Psychology*, *1*, 629–651.

Dugas, M. J., & Robichaud, M. (2007). *Cognitive-behavioral treatment for generalized anxiety disorder: From science to practice*. New York, NY: Routledge.

D'Zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. *Journal of Abnormal Psychology, 78*(1), 107–126.

D'Zurilla, T. J., & Nezu, A. M. (2006). *Problem-solving therapy: A positive approach to clinical intervention* (3rd ed.). New York, NY: Springer.

D'Zurilla, T. J., & Nezu, A. M. (2010). Problem-solving therapy. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (3rd ed.). New York, NY: Guilford.

Edinger, J. D., & Carney, C. E. (2014). *Overcoming insomnia: A cognitive-behavioral therapy approach, Therapist guide* (2nd ed.). Oxford, England: Oxford University Press.

Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. In J. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press.

Fennell, M. (2006). *Overcoming low self-esteem self-help course: A 3-part programme based on cognitive behavioural techniques. Part One*. London, England: Robinson.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin, 99*(1), 20–35.

Friedberg, R. D., Friedberg, B. A., & Friedberg, R. J. (2001). *Therapeutic exercises for children.* Sarasota, FL: Professional Resource Press.

Glasgow, R. E., Toobert, D. J., Barrera, M., & Stryker, L. A. (2004). Assessment of problem-solving: A key to successful diabetes management. *Journal of Behavioral Medicine, 27*, 477–490.

Greenberger, D., & Padesky, C. A. (2016). *Mind over mood* (2nd ed.). New York, NY: Guilford Press.

Hackmann, A., Bennett-Levy, J., & Holmes, E. A. (2011). *Oxford guide to imagery in cognitive therapy.* Oxford, England: Oxford University Press.

Hershenberg, R., Paulson, D., Gros, D. F., & Acierno, R. (2014). Does amount and type of activity matter in behavioral activation? A preliminary investigation of the relationship between pleasant, functional, and social activities and outcome. *Behavioural and Cognitive Psychotherapy, 43*(4), 396–411.

Hirsch, C. R., Clark, D. M., Mathews, A., & Williams, R. (2003). Self-images play a causal role in social phobia. *Behaviour Research and Therapy, 41*(8), 909–921.

Hofmann, S. G., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research, 36*(5), 427–440.

Josefowitz, N. (2017). Incorporating imagery into thought records: Increasing engagement in balanced thoughts. *Cognitive and Behavioral Practice, 24, 90–100.*

Josefowitz, N., & Myran, D. (2005). Towards a person-centered cognitive behavior therapy. *Counselling Psychology Quarterly, 18*(4), 329–336.

Kazantzis, N., Whittington, C., & Dattilio, F. (2010). Meta-analysis of homework effects in cognitive and behavioral therapy: A replication and extension. *Clinical Psychology: Science and Practice, 17*(2), 144–156.

Kendall, P. C., Choudhury, M., Hudson, J., & Webb, A. (2002). *The C.A.T. project manual for the cognitive-behavioral treatment of anxious adolescents.* Ardmore, PA: Workbook Publishing.

Leung, A., Kier, C., Fung, T., Fung, L., & Sproule, R. (2013). Chapter 13—Searching for happiness: The importance of social capital. In A. Delle Fave (Ed.), *The exploration of happiness, Happiness studies book series* (pp. 247–267). Netherlands: Springer.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder.* New York, NY: Guilford.

Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American Psychologist, 57*(9), 705–717.

Malouff, J. M., Thorsteinsson, E. B., & Schutte, N. S. (2007). The efficacy of problem-solving therapy in reducing mental and physical health problems: A meta-analysis. *Clinical Psychology Review, 27*(1), 46–57.

Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2010). *Behavioral activation for depression: A clinician's guide*. New York, NY: The Guildford Press.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438–450.

Mausbach, B. T., Moore, R., Roesch, S., Cardenas, V., & Patterson, T. L. (2010). The relationship between homework compliance and therapy outcomes: An updated meta-analysis. *Cognitive Therapy and Research, 34*(5), 429–438.

McKay, M., Davis, M., & Fanning, P. (2011). *Thoughts and feelings: Taking control of your moods and your life* (4th ed.). Oakland, CA: New Harbinger Publications.

Nezu, A. M., Nezu, C. M., & D'Zurilla, T. J. (2013). *Problem-solving therapy: A treatment manual.* New York, NY: Springer.

Nezu, A. M., Nezu, C. M., Felgoise, S. H., McClure, K. S., & Houts, P. S. (2003). Project genesis: Assessing the efficacy of problem-solving therapy for distressed adult cancer patients. *Journal of Consulting and Clinical Psychology, 71*(6), 1036–1048.

Nezu, A. M., Nezu, C. M., Saraydarian, L., Kalmar, K., & Ronan, G. F. (1986). Social problem solving as a moderating variable between

negative life stress and depressive symptoms. *Cognitive Therapy and Research, 10*(5), 489–498.

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy, 48*(1), 98–102.

O'Brien, M. A., Freemantle, N., Oxman, A. D., Wolfe, F., Davis, D. A., & Herrin, J. (2001). Continuing education meetings and workshops: Effects on professional practice and health care outcomes (Cochrane Review). *Journal of Continuing Education in the Health Professions, 21*(3), 187–188.

Padesky, C. A., & Mooney, K. A. (1990). Presenting the cognitive model to clients. *International Cognitive Therapy Newsletter, 6,* 13–14. Available from http://padesky.com/clinical-corner/publications.

Padesky, C. A., & Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical Psychology and Psychotherapy, 19,* 283–290.

Parks, A. C., Della Porta, M. D., Pierce, R. S., Zilca, R., & Lyubomirsky, S. (2012). Pursuing happiness in everyday life: The characteristics and behaviors of online happiness seekers. *Emotion, 12*(6), 1222–1234.

Persons, J. B., Davidson, J., & Tompkins, M. A. (2001). *Essential components of cognitive-behavior therapy for depression.* Washington, DC: American Psychological Association.

Pratt, D., Cooper, M. J., & Hackmann, A. (2004). Imagery and its characteristics in people who are anxious about spiders. *Behavioural and Cognitive Psychotherapy, 32*(2), 165–176.

Rachman, S., Shafran, R., Radomsky, A. S., & Zysk, E. (2011). Reducing contamination by exposure plus safety behaviour. *Journal of Behavior Therapy and Experimental Psychiatry, 42(3),* 397–404.

Rees, C. S., McEvoy, P., & Nathan, P. R. (2005). Relationship between

homework completion and outcome in cognitive behaviour therapy. *Cognitive Behavior Therapy*, *34*(4), 242–247.

Richards, D. A., Ekers, D., McMillan, D., Taylor, R. S., Byford, S., Warren, F. C.,…Finning, K. (2016). Cost and outcome of behavioural activation versus cognitive therapy for depression (COBRA): A randomised, controlled, non-inferiority trial. *Lancet*, *388*, 871–880.

Richardson, J. T. E. (1999). *Imagery*. East Sussex, England: Psychology Press, Ltd.

Roediger H. L., III, & Karpicke, J. D. (2006). Test-enhanced learning: Taking memory tests improves long-term retention. *Psychological Science*, *17*(3), 249–255.

Safran, J. D., Vallis, T. M., Segal, Z. V., & Shaw, B. F. (1986). Assessment of core cognitive processes in cognitive therapy. *Cognitive Therapy and Research*, *10*(5), 509–526.

Safran, J. D., & Wallner, L. K. (1991). The relative predictive validity of two therapeutic alliance measures in cognitive therapy. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *3*(2), 188–195.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*(5), 410–421.

Shaw, B. F., Elkin, I., Yamaguchi, J., Olmsted, M., Vallis, T. M., Dobson, K. S.,…Imber, S. D. (1999). Therapist competence ratings in relation to clinical outcome in cognitive therapy of depression. *Journal of Consulting and Clinical Psychology*, *67*(6), 837–846.

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology*, *65*(5), 467–487.

Soucy-Chartier, I., & Provencher, M. D. (2013). Behavioural activation for depression: Efficacy, effectiveness and dissemination. *Journal of Affective Disorders*, *145*(3), 292–299.

Stallard, P. (2005). *A clinician's guide to think good–feel good: Using CBT with children and young people.* West Sussex, England: John Wiley.

Taylor, S. (2006). *Clinician's guide to PTSD: A cognitive-behavioral approach.* New York, NY: The Guilford Press.

Teasdale, J., Williams, M., & Segal, Z. (2014). *The mindful way workbook: An 8-week program to free yourself from depression and emotional distress.* New York, NY: The Guilford Press.

Trivedi, M. H., Greer, T. L., Church, T. S., Carmody, T. J., Grannemann, B. D., Galper, D. I.,…Blair, S. N. (2011). Exercise as an augmentation treatment for nonremitted major depressive disorder: A randomized, parallel dose comparison. *The Journal of Clinical Psychiatry*, *72*(5), 677–684.

Weinberg, R. (2008). Does imagery work? Effects on performance and mental skills. *Journal of Imagery Research in Sport and Physical Activity*, *3*(1), 1–21.

Wheatley, J., & Hackmann, A. (2011). Using imagery rescripting to treat major depression: Theory and practice. *Cognitive and Behavioral Practice*, *18*(4), 444–453.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). *Schema therapy: A practitioner's guide.* New York, NY: Guilford.

Nina Josefowitz, PhD, is a psychologist in private practice and has taught a graduate-level course on cognitive behavioral therapy (CBT) for over fifteen years in the Counselling and Clinical Psychology Program at the Ontario Institute for Studies in Education (OISE) at the University of Toronto. Josefowitz has offered workshops in CBT throughout Ontario and internationally. She has appeared in court numerous times as an expert witness in cases involving interpersonal violence. Josefowitz was on the Council of the College of Psychologists of Ontario for nine years, and

president of the college from 2001–2003. She has published in the areas of trauma, women's issues, ethics, the therapeutic relationship, and a variety of issues related to CBT. Her most recent interests include incorporating imagery into CBT.

David Myran, MD, (1949–2016) was a geriatric psychiatrist and assistant professor in the department of psychiatry at the University of Toronto. For many years, he was director of the Geriatric Psychiatry Outreach Team at Baycrest Health Sciences—a University of Toronto-affiliated hospital, where he served as a staff psychiatrist. Myran was also a CBT supervisor for psychiatry residents at the University of Toronto. Myran published and presented at professional conferences on a wide number of topics, including psychological treatment for irritable bowel syndrome, a range of topics within geriatric psychiatry, the therapeutic relationship, and depression. His interests also included using telehealth to provide psychiatric services to older adults who are housebound.

Foreword writer **Zindel V. Segal, PhD**, is professor of psychology at the University of Toronto Scarborough. He is coauthor of *Mindfulness-Based Cognitive Therapy for Depression* and *The Mindful Way through Depression*.

Index

Register your **new harbinger** titles for additional benefits!

When you register your **new harbinger** title—purchased in any format, from any source—you get access to benefits like the following:

- Downloadable accessories like printable worksheets and extra content
- Instructional videos and audio files
- Information about updates, corrections, and new editions

Not every title has accessories, but we're adding new material all the time.

Access free accessories in 3 easy steps:

1. Sign in at NewHarbinger.com (or **register** to create an account).
2. Click on **register a book**. Search for your title and click the **register** button when it appears.
3. Click on the **book cover or title** to go to its details page. Click on **accessories** to view and access files.

That's all there is to it!

If you need help, visit:

NewHarbinger.com/accessories