I.

EARLY STAGE
Sessions 1 through 3

GENERAL GOALS ARE:

1. Elicit target complaints that could be addressed within the CBT model.
2. Elicit client’s cooperation to continue with you for the 20 sessions.
3. Be sure client understands the basics of the model and has discussed treatment expectations and how this type of therapy is similar to or different from prior therapy.
4. Engage the client in doing homework as part of treatment.
5. Orient the client to keep a notebook as a record of thoughts, concepts, homework, etc.
6. Model the use of a Unhelpful Thought Diary (UTD) as an essential tool in CBT therapy.

SESSION #1:

1. Describe the cognitive model of depression and give examples of the ABC approach; if possible, use material the client has talked about so that it is more personalized.
2. In the first session, go over client’s history as evidenced in the file and on the intake interview. Determine what is the “chief complaint” (what is bringing the person into treatment at this time) and use that to begin to think about and discuss the Target Complaints. This assessment technique should be completed by the end of Session 2 or Session 3.
Presentation of CBT Therapy model to client

It is helpful to present the CBT model on a whiteboard or easel, as the visual presentation enhances both the understanding of the material and the collaborative process. (Note: this presentation requires a substantial amount of participation from the client.) The following figure is drawn for the client:

THOUGHTS

BEHAVIORS

EMOTIONS

PHYSIOLOGY

Explain to the client: “I am going to be explaining to you the model of therapy that we utilize. I would like to explain how our thinking is related to the way we feel about things that happen to us and to the way we react to these events” (therapists should be at the white board drawing a schematic such as the one below).

“There are four basic factors that affect human functioning. The first one is physiology. As you know, our physiology and our physical well being has a great deal to do with how we behave. For example, if you have ever had the flu, you know that it has an effect on you. What was your mood like when you’ve had the flu” (Prompt: Do you feel happy? Do you feel like you have energy? Is your mood up?)

Write the client’s response underneath the “emotions” label in the figure. Draw a connection between physiology and emotions:
As the presentation continues, you will be making connections between all elements until the figure looks like this:

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THOUGHTS

BEHAVIORS

EMOTIONS

PHYSIOLOGY
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Continue with presentation:

“Usually, if one has the flu, one feels tired, a bit down, perhaps irritable. So it is clear that your physical health and physiology has something to do with your functioning. What kinds of thoughts might you have when you have the flu?...... (If no response, offer:) Some people with the flu may think, “I’m going to die.” “I will never get better.” et cetera. What did you do when you think these thoughts? (Prompt: Did you stay home? Did you have to go to work? Did you need to take care of the household?) What thoughts did you have in relation to these behaviors? If you laid in bed with the blankets over your head for a day, you would feel how? Right. You would feel (down, sad, blue). Both of these examples show how our behavior affects how we function. Now, if you were feeling sad and blue, what would happen to your physiology? (Some psychoeducation may be appropriate here.) You may have heard how people who are
under stress for long periods of time tend to become sick. So it is clear that your behavior, e.g., giving up pleasant activities, can also affect how you feel as well as your physiology. *(Therapists should continue along similar lines until all four components are interconnected by arrows to each other, representing their interactions).*

**Explaining the mechanism of CBT therapy within this model**

“People usually come to therapy because of this (circle emotions). Usually the person does not feel good emotionally for one reason or another. Unfortunately, it is not possible for me to “reach in” and change how you feel. Similarly, except for psychiatrists, therapists do not usually try to change your physiology in order to help you feel better. Therefore, we will not be trying to work with your physiology. If we can’t work with the emotions directly or your physiology directly, that leaves us with two factors, thoughts and behavior. This is very good because a CBT therapist can help you change what you do. Also, in therapy you can learn how to change your thinking so that you are not as upset or depressed or nervous about things. Behaviorally, we can help you to learn to build in more pleasant activities, express yourself more clearly, or eliminate unpleasant activities as much as possible. But you may be wondering how we can help you with your thinking.

“Let me give you an example. I am going to illustrate the ‘A-B-C Model.’ A-B-C signifies: Antecedent or Event, Belief, and Emotional Consequence.”

Draw the following diagram:
“Suppose that you are going up on an elevator when suddenly you receive a sharp poke in the ribs. What goes through your mind? *(Client will usually give a mixture of thoughts and feelings. Try to elicit both, while differentiating the two.)* Good! So you think to yourself, “This person is going to mug me,” *(write this under the “beliefs” column)* and you feel “scared,” *(write this under the “consequences column”)* or you might think “what an inconsiderate person,” *(write this under the “beliefs” column)* and feel irritated *(the ‘C’ column).* Now assume that you turn around and you notice the person who poked you is blind. How do you feel now? *(Elicit responses separating B and C column information).* What is different in these two situations? *(Try to get client to explain some variation of I learned something new about the situation.)* Right! You turned around and gained information that you didn’t have before in order to have a more comfortable reaction.

“That is a small example of CBT therapy. You will learn various ways to “turn around” your thoughts, assumptions, and perceptions in order to gain new insights and more helpful beliefs that will lead to more helpful emotions.
Summary and response

The client should be asked to summarize his/her understanding of the model and
the program, and the therapist should be gentle about correcting erroneous ideas but
use this as an opportunity to reinforce what the client did correctly understand. In the
workbook, the last page of each chapter contains a summary sheet with the following
questions:

What were the key points brought up in this chapter?

What skills did I learn?

What assignments might help me practice these skills?

Additional thoughts or questions I have about this material?

It is recommended that therapist and client get into the habit of completing it, or at
least for more insightful clients, start it during the session then assign the rest for homework.

Client workbook example:

The client manual illustrates the CBT model using the following example:

John is a 66 year old retired, married man who has weekend plans to finish
painting his wife's bookcases (behavior). Unfortunately, he wakes up feeling ill on
Saturday morning (health) and is unable to complete the project (behavior). As a
result, he feels angry and anxious about not getting to his work (emotions),
believing that he is disappointing his wife (thought). He thinks, "My wife will
think that I do not care about helping her decorate the study." This belief raises
his anxiety (emotion) as well as his frustration about not feeling up to par. This
makes it even harder for John to figure out how to face the day, and consequently
he stays in bed (behavior), which in turn only serves to raise his anxiety and
strengthens his negative thoughts about his wife's reaction.

If the client has difficulty with these concepts, pages 3 - 4 of the workbook has
worksheet reviewing this model and asking the client to fill out an example of their own.
Downward Spiral

Keep in mind an important idea in CBT is that events in these four components have a notable influence on one another, and that this influence is reciprocal in nature. Thus, a negative thought stemming from an unpleasant event can affect activities or emotions, which in turn can affect thoughts, etc. In some instances these components can start a downward spiral of negative changes that can throw you into a tailspin, leading to depression or an anxiety disorder. See the figure below:

This illustration shows that “giving in” to the “slowed down” feeling that often comes with depression leads to a downward spiral -- do less -- feel worse -- do even less, etc. You will learn ways of stopping a tailspin and also reversing one. Notice that the figure on the right shows you that you can “pull out” of a tailspin.
Discussing expectations from cognitive-behavioral therapy with clients:

It is important to explore your client’s past therapy experiences and clarify how CBT therapy is different from others. An explanation of the following concepts are often necessary:

a. **The collaborative relationship.** The heart and soul of CBT therapy is the formation of the collaborative relationship between the client and the therapist. As this element is explained to the client, it is helpful to discuss with clients past therapy experiences by comparing and contrasting those experiences with CBT therapy. Explain that the collaborative relationship means that both the client and the therapist take an active role in understanding the problems that brought the client to therapy, defining goals, working to achieve goals, and working through the termination.

b. **Goals for therapy.** The outlining of specific goals for therapy makes tracking progress a measurable task. This process is reviewed in a few pages.

c. **Homework.** We cannot put enough emphasis on the importance of practicing new skills in between each session. Practice is one of the best ways we know to make the therapy skills a routine part of daily life. Many clients are not comfortable with the term “homework.” So, if need be, find a term for it that will enhance compliance from the client. Homework should be given at the end of every session.

**Sometimes homework is hard to do.**

Many circumstances make it difficult for clients to complete homework. For example, time constraints, a difficult assignment, or fears that they are doing it "wrong" commonly interfere with completing homework. Some people may feel resentful of a therapist "telling them what to do," or sometimes people think that the homework is silly, or useless. Avoiding homework can seriously interfere with progress, so it is helpful to
engage in a dialogue around a homework task and finding strategies to enhance compliance.

a. Concerns regarding the “right way vs. the wrong way”. There is no way to do homework wrong the first time. We use the analogy of learning to ride a bicycle for the first time. “Think about when you learned to ride a bicycle. Did you ride it “wrong” the first time, or did it just take a little practice? You will not know if the homework is helpful unless you try it. Just like your first bike ride, get on and start pedaling!”

b. Time constraints. If clients report that they are “too busy” to do the homework, work with them to plan a time and manage the distractions around the assignment.

Mutual Feedback

Allow about five (5) minutes for mutual feedback at the end of this and all subsequent sessions. Model for the client by giving your own feedback as to how you think the session went. Ask client for both negative and positive feedback. Encourage honesty and explain that this is important information to help you in adjusting the pacing, tone, and content of future sessions.

The gift of rewards

Explain to the client that committing to actively change certain areas of his/her life is a major decision. As stated earlier, this is hard work that will require a good deal of attention. Ask the client how he/she can treat his/herself well as he/she works on these difficulties? We strongly encourage that that client’s think about nice things that they can do for (or say to themselves) as celebrations for even small steps of success.