SESSION #2:

1. Before starting the second session, quickly examine total on short form BDI; note increase or decrease. Recall that rating a core complaint was discussed earlier. For the purpose of continuity, we will refer to that step as “Reviewing the BDI,” but choose measurements that are relevant to your client.

2. Set an agenda. It is very important to begin to do this quite early on in treatment so that bad habits of rambling, talking, or unstructured use of time do not get established; they are harder to break once established than to prevent from occurring. Do this by saying that this is what you are doing in order to make the best use of the available time. THE FIRST ITEM ON THE AGENDA SHOULD ALWAYS BE HOMEWORK REVIEW. If this is not done, the client will soon realize that homework is not that important, despite what you might say, and so compliance will be minimal. A sizable body of research says that depressed patients who do homework regularly obtain greater benefit from therapy and have less difficulty generalizing what is learned in therapy to the rest of their lives. Also, homework is a skill that the person can use after therapy is over. It is wise in the early sessions to take most of the responsibility for setting what you think will be a useful, productive agenda. Besides homework review, you might add a particular idea you’ve been thinking about that seems pertinent, such as getting more information or history about a certain event or period in the client’s life, or finding out more about the family, living, or job situations, etc. ALWAYS ask the client to add to the agenda; what does he/she want to talk about today? Add to the list and then prioritize (and later on, it’s good to add projected amounts of time to each item so that the session moves along and everything gets at least some time).
3. **Review homework**  If homework wasn’t done, discuss the problem: lack of clarity of assignment; lack of time on client’s part; lack of motivation; no real belief in the model, etc. You need to elicit reasons and respond within a CBT framework; e.g., this is an experiment, it would be good for you to collect data about whether or not doing homework is helpful rather than to just assume it isn’t, etc.

4. **Target Complaints and Goals**  “Target Complaints” refer to delineations of what situations are troublesome, so that specific measurable behavioral goals for change can be set. We recommend the identification of three target complaints for the course of therapy. The remainder of the session before homework, summary, and feedback will be devoted to the following components of identifying target complaints and goal setting.
   
   1. Identify the target complaint.
   
   2. In what situations does this occur?

   3. What does the client attribute to the cause of this difficulty?

   4. Has this problem come up before?

   5. What strategies have been used in the past to cope with this problem?

   6. The client rates the severity of this problem from 1 (least severe) to 10 (most severe).

   All six components are explored for each problem. As you discuss this, the client should complete pages 16 - 18 in the workbook. In the workbook, the client sees the following case example explaining how to think about target complaints and how to set goals:

   **Mabel is a 77 year old woman who states that she has had bouts of depression all her life. Mabel lives with her husband of 51 years, and they have three grown children who all live nearby with their families. Mabel reports that she has virtually no contact with her children stating “they blame me for everything and believe that I was**
a bad mother.” She also reports that she has a difficult relationship with her husband, especially when they disagree about their children’s decisions.

Mabel explains that this time her depression began three months ago when she stopped volunteering at the local children’s hospital. Mabel states that it was her decision to end this activity when she discovered that her co-volunteers did not have the same values that she held. Mabel was able to identify 3 areas that she would like to change:

| Problem #1: | I would like to find more things to do with my day. |
| Problem #2: | I would like to be completely free of depression. |
| Problem #3: | I would like to communicate better with my husband and children. |

5. Translating target complaints into goals. The difference between a target complaint and a goal is that a goal is a well defined plan of change (whether focusing on behaviors or beliefs) that is: important, time-limited, specific, realistic, positive, and measurable. Each of these properties are defined below and illustrated through the case example’s (Mabel) desire to increase time for herself and the things she enjoys.

Important: Your goal must be a priority for you or else you will not have the motivation to work on it.

Mabel’s goal was very important to her. She believed that unless she started treating herself better she would not be an active member of her family.

Time-limited: As you know, cognitive-behavioral therapy is a short-term treatment, therefore, the goals you set must be manageable within the time allowed.

The therapist explained to Mabel that brief, cognitive-behavioral therapy has been shown to be quite effective in helping people organize their time and introduce pleasant activities.

Specific: If a goal is too complicated, or depends on too many components and regulations in order to be met, it is not a good recipe for success. It is always recommended that goals be straightforward and be targeted to a definite area of your life.
Mabel's desire to introduce new hobbies or pick up old ones is a very specific goal.

**Realistic:** A goal must be something that you can do independently.

Mabel is the only one who will be ultimately responsible for making these changes. She will not be able (nor does she need) to rely on others to either give her time during the day or provide her with hobbies.

**Positive:** Often, when people are depressed, they phrase their needs in terms of losses or negatives. Stating your goal with positive language will help you begin to understand how you can be in control of the changes that you want to make.

Mabel has presented a negative state of being such as "not having any time for myself," and she has restated it in terms of what she wants to gain and how she wants to take an active role in these changes.

**Measurable:** In order for you to recognize changes in your goals, it is important that the stated goal can be assigned a value along the 10-point scale to be used later in comparing the status of your complaint at the beginning of treatment to different times throughout therapy. The same rating scale will be provided at these times. Aside from measuring change, the comparison of these values can initiate the discussion between you and your therapist about which strategies have been helpful to making change, or if little change has been seen, what new strategies can be introduced to enhance improvement.

Remember that Mabel rated the strength of her distress over this issue as an "8," which is quite high. This value will be compared to her perceptions of this issue at both the midpoint and the end of therapy.

The case example continues with an explanation of how a target complaint becomes a specifically stated goal:
Goal # 1

To increase pleasant activities in my day.

1. Is your goal:
   - ✔ Important to you? ✔ Specific? ✔ Positive?
   - ✔ Time-limited? ✔ Realistic? ✔ Measurable?

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please specify some concrete behaviors or concrete events which might be used as criteria that the goal has been met.
   
a. If treatment is a success in regard to this goal, I will probably:

   Have consistent, scheduled time for both my household responsibilities and fun activities. I will probably feel less depressed and less trapped in my home.

   b. If treatment is partially successful, I will probably:

   Have inconsistent (less planned) time for myself. I will probably still have strong moments of sadness about not being in control of my day.

   c. If the goal is not met at all, I will probably:

   Nothing will change, and I will still be depressed.

Pages 22 - 24 in the client’s workbook are blank worksheets outlining the specific goal and the questions relating to the goal in the above example.
6. Explain how progress is made: Successive Approximation.

Clients often expect that change happens immediately once the process of therapy begins. See the figure below:

![Diagram](image1)

It is important to discuss the process of change and help the client to avoid thinking in extremes. Help clients to avoid thinking that if goals are not reached quickly, it does not mean that “nothing” was accomplished. In addition, progress on the goals we set rarely occurs at a steady pace, or in a continuous direction, like smooth curve:

![Diagram](image2)

Rather, it is difficult to learn a new way of thinking and new behaviors that we have seldom or never tried out before. And, some days making the effort and showing progress is easier than others. Just as importantly, encourage clients to recognize and then reward themselves for each step made toward achieving the goal. So when reviewing the progress of goals, remember most change happens with setbacks in between, and looks more like the “saw toothed” curve below:
Encourage clients to evaluate the overall process, not just compare the result of one week against the result of the previous week.

7. Set up new homework assignment. If you have begun a UTD in session, a good homework assignment is to have the person keep going on recording thoughts in the first three columns only. It is usually too soon to have them do adaptive responses now. They could continue on the theme started in session (that often makes sense and has face-validity for the client), or you can just ask them to record once a day or each night about any negative emotions experienced during the day and associated thoughts. Try to set the specific time that the client will do the homework, since increased structure and collaboration will improve the probability of the client completing the task. Again, the homework is ideally related to a theme discussed during the session or to a client’s target complaint. It is important to state clearly that the client bring the UTD to next session, as that will provide a focus to the next session. If UTD was not used in session, then homework should reflect whatever was worked on; e.g., write down priorities for therapy; do Activity Schedule; complete the Pleasant Events Schedule and bring it in, etc.

8. Summary of session. The importance of summaries was discussed in the previous chapter. Page 27 of the client workbook contains the 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?

9. Mutual feedback: Feedback in session is designed to encourage your client to discuss what was helpful about the session and what was not helpful. You also want to be able to give selective praise and positive reinforcement for the client’s compliance with the session’s focus. Also, problems in the relationship can be discussed (e.g., I don’t think we are understanding each other as well as I’d like us to; let’s talk about what seems to be the problem in communication between us). It is very important to attend to any process-issues that could interfere with the successful implementation of CBT therapy, but we generally reserve discussion of this for the end of the session.

10. Repeat time and date of next appointment. It’s good early on to set up the full 16-20 session schedule with client if at all possible, so that times and days of the week become “regular” for you both. Laying out all the following planned sessions can be helpful too in reassuring your client that therapy will go on, even if client is not responding yet or doesn’t know how helpful it will be, etc. WE STRONGLY RECOMMEND DOING THIS AS A REGULAR PRACTICE.