

COGNITIVE BEHAVIORAL THERAPY FOR ANXIETY

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*An application of
the F.E.A.R.
Model for
adults*

Cognitive Behavioral Therapy for Anxiety:
Application of the F.E.A.R. Model for Adults

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Preface

This counselor manual for a brief, 8-session cognitive behavioral therapy (CBT) approach to treat the symptoms of depression and anxiety across the lifespan was developed to reflect the practical integration of several popular CBT protocols (see Andrews, Crino, Hunt, Lampe, & Page, 2010; Clarke, DeBar, Ludman, Asarnow, & Jaycox, 2002; Clark, Lowenstein, & Hops, 1990; Cohen, Mannarino, & Deblinger, 2006; Kendall, Choudhury, Hudson, & Webb, 2002; Resick, Monson, & Chard, 2008). Although each of the aforementioned protocols has recommended the treatment of clients using distinctive process approaches to CBT, each of them includes the same content within treatment as those identified as essential by Beck (2011) and Ellis (1994). Based on the preposition that each of these strategies has been identified as having treatment validity and a reasonable amount evidentiary support for mitigating anxiety or depression symptoms, *the F.E.A.R. model* (Kendall et al., 2002) was selected as an organizational framework for presenting the protocol outlined in this manual. Despite the fact that the F.E.A.R. model was originally presented as a means for treating anxiety in adolescents, my colleagues and I have had notable success in applying the model to the treatment of individuals from diverse cultural backgrounds and across sexes who presented with a number of clinical issues including Posttraumatic Stress Disorder, Panic Disorder, Major Depressive Disorder, Dysthymia, and Adjustment Disorder.

Each of the 8 session summaries detailed herein will include four component parts: 1) Purpose; 2) Goals & Tasks; 3) Supportive Materials for Task Completion; and 4) Considerations for Counselors. Please note that the ethical use of supportive materials including a large white board and other materials that promote the individuation of this treatment manual to fit counselor and client characteristics is encouraged. Additionally, counselors are encouraged to increase treatment fidelity and compliance by integrating the motivational interviewing paradigm presented by Lewis and Osborn (2004) represented by the acronym FRAMES which encourages helping professionals to make present:

- **F: Feedback.** Give your clients relevant and immediate information about their treatment and relationship to norms and standards.
- **R: Responsibility.** Clients are in charge of their change process and counselors should facilitate their sense of responsibility associated with their choices.

- **A: Advice.** Provide supportive, culturally sensitive direction to clients through education, information giving, linking and referral to resources.
- **M: Menu.** Always provide clients with a menu of treatment opportunities to choose from, but remember that each choice has an associated responsibility.
- **E: Empathy.** Conveying an empathic understanding as well as other Rogerian principles is a critical task for promoting therapeutic reinforcement and humanistic growth.
- **S: Self-Efficacy.** Communicate observation of the clients' activities and attitudes that are congruent with producing the desired treatment results and/or effect. This includes communicating a general sense of optimism that the client is on the path toward recovery whether by long strides or smaller incremental changes.

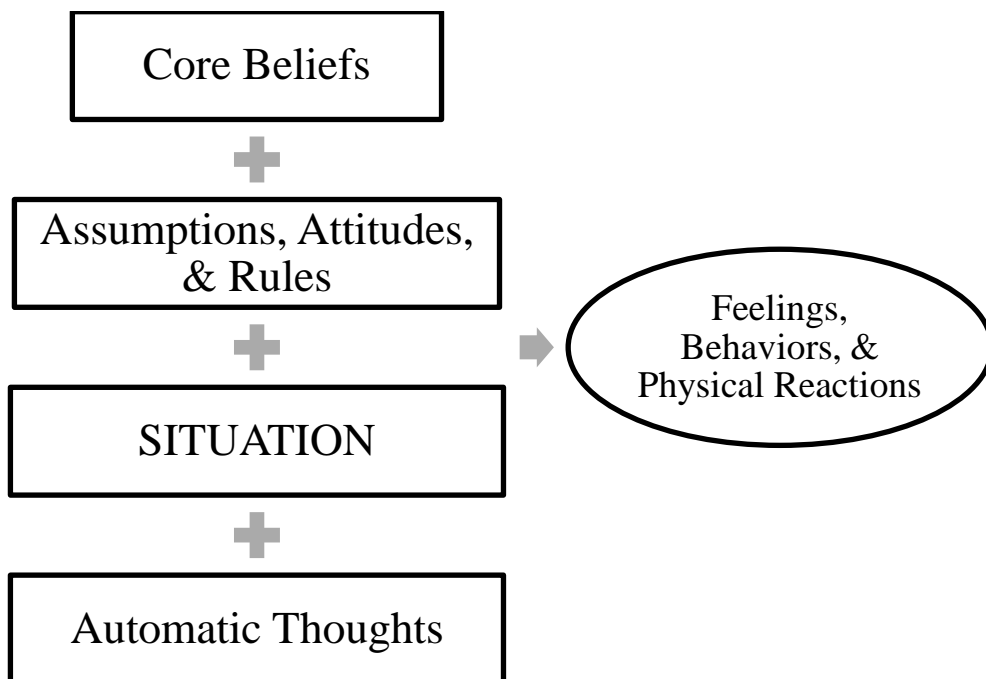
Miller and Rollinick (2002) also suggested that progress in developing rapport and promoting client change is positively associated with the degree that counselors exhibit some core foundational skills represented by the acronym OARS:

- **O: Open-ended Questions.** Asking open-ended questions gathers broad, descriptive data that moves from general experience to detailed accounts and conveys to clients that the session agenda is about them and their specific progress.
- **A: Affirmations.** When sincerely provided, affirming statements validate client experiences with their problem, strengths, and change process.
- **R: Reflective Listening.** Demonstrates counselor is following the client on content and process levels of experience and is evidenced via repeating key words, rephrasing statements to promote mutual clarity, paraphrasing, and reflection of overtly expressed and implied feelings.
- **S: Summarize.** Providing summative statements to clients not only demonstrates that you have been listening and developing a working understanding of their experience, but also provides an opportunity to transition to the next session task while reinforcing what the client has said.

Cognitive Worldview and Client Conceptualization

Throughout the application of this manual it is imperative that counselors continually develop the cognitive conceptualization of the clients presenting issue. On a basic level this indicates that thoughts about situations can influence feelings, behaviors, and physical reactions

in situations. Furthermore, Beck (2011) and Ellis (1992) both noted that individual's core beliefs, thoughts, feelings, behaviors, and physiology operate in a synergistic manner that cannot be reasonable separated from one another. Although you will educate, model, and practice strategies throughout this manual that work with these construct independently, the separation between them is artificial and is designed to facilitate skill development and conceptual learning. Additionally, it is important to remember that dysfunctional thoughts, behaviors, and physiology are not the cause of undesirable feelings, but instead are the symptoms that we are able to treat. Beck (1992) articulated this contention concisely by arguing to his colleagues that "to conclude that cognitions cause depression is analogous to asserting that delusions cause schizophrenia" (p. 371). Therefore, it is important to continually develop the conceptualization of your client as a complex and dynamic individual whose basic core beliefs about lovability, worth, and competence inform the assumptions, attitudes, and rules about life (i.e. intermediate beliefs) that prompt automatic thoughts during a particular situation that are associated with affective, behavioral, and physiological reactions. This relationship is depicted below:



It is important to remember that the presence of dysfunctional thoughts and behaviors is ubiquitous across populations and when subject to psychological, physical, and/or spiritual duress individuals are at greater risk for deleterious outcomes for symptom severity and decreased level of functioning. The CBT counseling process is intended to increase client awareness of their cognitive processes and teach them to cope with a range of experiences through use of functional, adaptive thoughts and actions. This manual is provided as a guide to assisting your clientele with this process and the activities herein should be implemented in a manner that recognizes client individuality, dignity, and respect for cultural pluralism. It is recommended that this manual be used within the context of a comprehensive training experience or supervision by a licensed counselor; all practitioners are expected to be familiar with and comply with the American Counseling Association's *Code of Ethics* (ACA, 2014) and the American Mental Health Counselors Association's *Code of Ethics* (AMHCA, 2010).

Session One:

Introduction to Relationships between Situations, Feelings, and Thoughts

Purpose: To get acquainted with the client, their presenting issue, and the worldview that they conceptualize their problem as occurring in. Provide basic information to the client about the CBT counseling process and obtain consent to treatment.

Goals & Tasks

1) Complete baseline measurement of client symptom severity

- Prior to the meeting with the client, have them complete the pretreatment assessments for your agency or use those included in the Appendix of this manual.
- Score the assessments so that your interview will have an informed perspective about the clients level of distress

2) Establish rapport and working alliance

- **Express gratitude** to the opportunity to meet with client
- **Normalize experience.** This includes some familiarity with the idea that of counseling is a process with a range of reactions from many people. For instance, some people enter it willingly, while others are more tentative; some are historically experienced as a client some are not. Identify where your client is along these two continua.
- **Provide information** about credentials and confidentiality
- **Describe nature of the counseling relationship.** This includes the idea that counseling is a collaborative process to develop coping skills that increase client functioning and decrease symptom severity. Also, progress is supported by the counselor, by determined by the client.
- **Discuss Confidentiality.** The terms and limitations of confidentiality should be adequately addressed in a developmentally and age appropriate manner.

3) Identify client's presenting issue and determine if you are the appropriate service provider

- **Encourage Discussion.** Clients should be prompted to describe how they perceive the presenting issue to be affecting their lives. In particular, identify perceptions about onset/course, severity, and the stressors/ triggers that are associated with issue. Collect data about clients' thoughts, feelings, and behaviors within their situation can help develop your cognitive conceptualization.
- **Impressions of Significant Others.** Clients are prompted to identify the degree that the problem is affecting other relationships. This is also an opportunity to identify the degree to which others are aware of the presenting issue and the amount of support that the client is presently receiving while attempt to cope
- **Identify Psychosocial Effects of Problem.** Clients are prompted to discuss effects of the problem on the functioning across relevant psychosocial domains including home,

work, with peers, academically, within familial relationships, socially, as well as, in relation to thoughts about self including their hopes, values, and aspirations.

4) Determine if adjunctive services are indicated

- While client is describing experience with the problem, make a note of any linking or referrals to community resources that may be relevant. It may be challenging to achieve therapeutic goals if the client has basic needs that are not being met. Some adjunctive services may include:
 - i. Referral to a primary care physician or psychiatrist
 - ii. Financial support
 - iii. Obtaining health care insurance
 - iv. Legal aide
 - v. Academic advising/ employment assistance

5) Complete treatment plan

- **Use standardized treatment plan.** The appendix of this manual includes one standardized treatment planning form that may be used. Some tips for completing include:
- **Problem statement.** The problem statement should include an objective fact about the referral such as *Client reported recent history of physical assault associated with domestic violence* or *Client was referred to treatment by primary care physician following report of low mood following termination of employment.* The second part of the problem statement should also include subjective data provided by the client such as *Client stated is having difficulty managing stress and becomes angry when overly stimulated* or *Client indicated a decreased interest in pleasurable activities, subjective sadness, perceptions of guilt, decreased motivation, and moderate fatigue.*
- **Treatment goal and strategies.** Each treatment plan will include a goal for therapeutic outcomes and case management. Therapeutic goals should be positively worded to reflect an increase in a positive, adaptive coping style rather than decreasing negative factors. Although the presentation of client anxiety and depression is individualized, the target strategies of this manual are three fold: 1) provide immediate support, 2) Increase use of coping skills to (manage stress/ decrease impact of problem, etc.), and 3) Increase use of problem solving strategies. Case management goals should identify intention for linking and referring as indicated.
- **Review and signature.** Treatment plans should be reviewed for accuracy across domains and to assure client understanding and consent to treatment. Both the client and counselor should sign this document prior to leaving session. Treatment cannot begin unless the treatment plan document is signed; only services indicated on treatment plan should be provided.

6) Begin to formulate initial cognitive conceptualization.

- **Listen for links between situations, thoughts, and feelings/behaviors.** Although it may be too soon for many clients to introduce the cognitive model into the intake session, you it is important for you to be identifying relevant data. At the end of this initial assessment session you should be able to complete the following diagram for at least two of the situations associated with the clients presenting problem. Early

identification of what thoughts, feelings, and behaviors are associated with problematic situations will help you glean out themes from the considerable amount of information generally given during the initial session.

7) **Socialize the client to session structure, content, and process**

- **Educate client about session structure.** Your CBT sessions will use a consistent structure to promote predictability and continuity from session to session with clients. In many cases this helps to reduce the ambiguity about the change process that causes anxiety for many individuals. For each session you will begin by reviewing the content and client experiences reported during the previous session, review any relevant developments, introduce your session goals, complete the related activities, summarize and process the activity, assign CBT practice tasks, and seek client feedback about the session.
- **Educate client about content and process.** The activities that will be completed throughout treatment will be intended to change ways of thinking about and what clients typically do when confronted with bothersome situations. The goals of CBT are to increase the use of functional thinking and behavioral responses while decreasing the use of thoughts and activities that are not helpful. All skills will be presented using an educate model, practice format and be related to the practice tasks that the client will complete between sessions.

8) **Get client feedback about client experience with the session**

- **Eliciting feedback** is an important part of counseling that should be included at the end of every session. Querying clients about their experience with session content and processes provides an opportunity to identify what was effective and meaningful to clients and what was less impactful; relational approaches and activities that are helpful should be noted and represented across session, those that were not should be modified or exchanged for alternatives. Soliciting feedback strengthens rapport, provides an opportunity to clarify any miscommunications of confusion, and communicates to clients that their therapeutic experience and treatment fidelity are a priority.

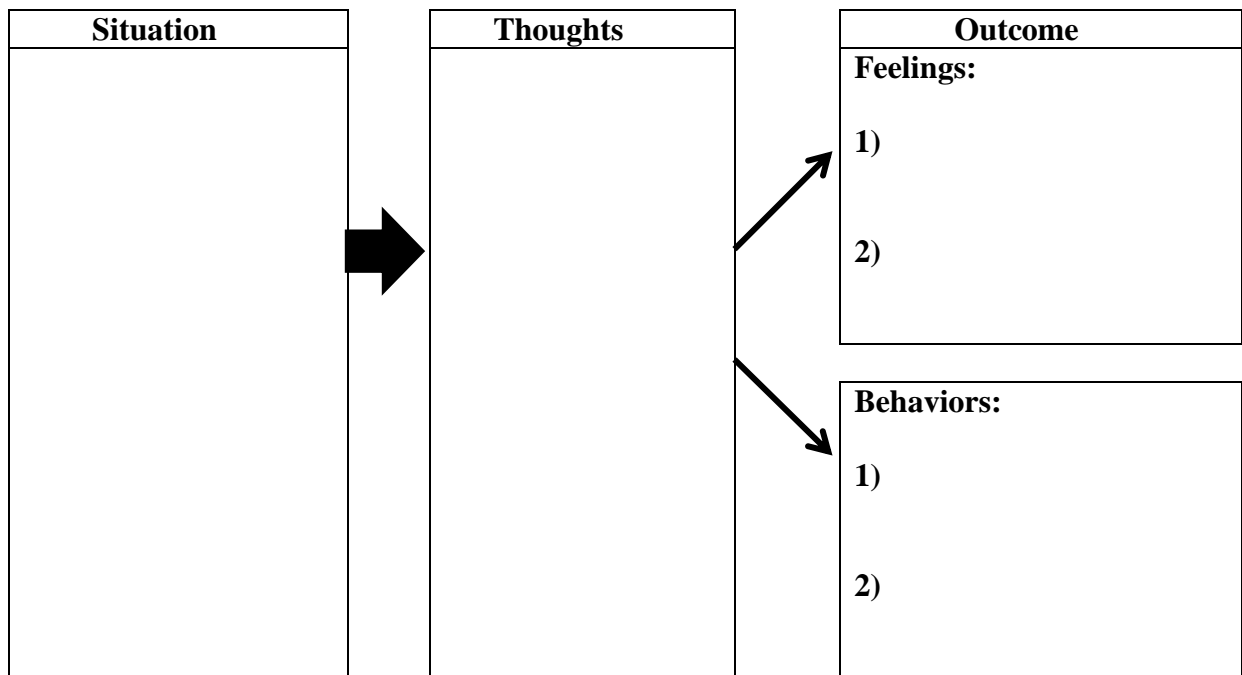
Considerations for Counselors

- 1) **This manual is a guide, not the map.** Although the structure and processes identified herein are regarded as important to establishing a database for proceeding with CBT treatment, you should check with your agency or setting policies to assure that all information gathered during intake is obtained.
- 2) **Emphasize goal of increased functioning and decreased symptom severity.** The practice of CBT is intended to increase individual autonomy during adverse situations and when coping with distress. Developing hope through the pursuit of activities and attitudes that promote these outcomes should be emphasized throughout your intake assessment.
- 3) **Place a premium on the relationship.** A significant proportion of the therapeutic change reported by clients can be attributed to the quality of the therapeutic alliance, regardless of

treatment modality. Keep in mind that this manual will provide a guide for implementing CBT practices that are supported by considerable outcome evidence; it is not a guide to developing warm and productive relationships. You are encouraged to put a premium on this aspect of the session to promote positive changes over time.

- 4) **Re-affirm the clients' sense of self-efficacy.** Express optimism that they have taken a critical step toward increased functioning and sense of self.

Basic Case Conceptualization Diagram



Session 2:

Identifying Vulnerable Situations and Associated Feelings

Purpose: To reestablish and strengthen the working alliance, educate your client about the FEAR model, and begin identifying the thoughts and emotions that are associated with certain adverse situations.

Goals and Tasks

1) Review previous session

- Briefly summarize content and client experience.
- Note treatment goals
- Review confidentiality

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Educate client about the *F.E.A.R.* model

- Introduce the FEAR model as one framework for learning skills that help with the symptoms of anxiety and/or depression. It can be helpful to illustrate the acronym in a stem-leaf format using a white board using the following format:

F eeling nervous/ depressed?
E xpecting bad things to happen?
A ctions and attitudes that can help
R esults and rewards

- The FEAR model is conceptualized as a paradigm for facilitating therapeutic change through learning new ways of coping. In the beginning clients are taught and supported in identifying the instances in which they experience the most symptoms and plot the related feelings, actions and physiological reactions. Following clients are educated about the effects of negative or irrational thinking has on their symptoms. With information from these first two domains, we can educate and practice new, more functional approaches that will decrease symptom severity including thought stopping, positive reframing, confronting irrational beliefs, relaxation strategies, behavioral planning, problem solving, and decision making skills training. Finally, we will establish ways to evaluate progress and help clients identify ways to reward themselves for their progress through treatment goals.

4) Labeling ways client is *Feeling nervous/depressed*

- **Bodily reactions and emotions** in response to events can be a great indicator of when it is time to do something about our situation. Oftentimes, clients are not intentionally conscious of these outcomes and respond by withdrawing from others and into themselves; eventually, when feelings and physical responses go unattended, problems may become chronic and can manifest into clinical syndromes. By helping them to accurately identify and describe feelings, we can raise awareness and establish some thematic cues that will prompt action.
- **Create a hierarchy of present or possible situations that are distressing.** You may have collected some examples from your initial interview, but this activity is used to create a list of distressing situations that will become the topic of clinical attention. Once a general list is made, have client rank order them from most distressing to least distressing.
- **Identify and list affective responses and physiological reactions.** Using the diagram below, have the client identify the feelings and physiological response to distressing situations using a *cause and effect* approach to your conceptualization. The rationale for this activity is to take the mystery out of what the client is experiencing and frame responses as something that is predictable and a problem to be solved- People are generally affected more by ambiguity and the unknown than something that they have given a name and is within their awareness.
- **Rate subjective distress.** For each of the situation-response chains, have the client rate how distressing the experience is for them using the Subjective Units of Distress Scale (SUD Scale) from 1-10 in which 1 represents the absence of distress and 10 represents a situation when distress is intolerable.

5) Assign the practice task.

- The practice task is intended to provide a bridge for understanding the basic concept taught in this session (i.e. body and affective cues can be used to become conscious of our experience as a problem to be solved) with the next session task of using feelings and physical cues to identify common thoughts that we can focus on changing.
- The practice task for this session engages clients in a self-monitoring activity in which they identify actual distressing situation along with the associated affective and body cues; clients also make note of the thoughts about the situation which will support the clinical work in the next session.

6) Get client feedback about client experience with the session

- What did they think about the session?
 - Anything that was uncomfortable or needs clarification?
 - What was most helpful?
 - Anything that they want to do differently next time?
-

Considerations for Counselors

- 1) **Be aware of thoughts labeled as feelings.** It is a common mistake in our culture for people to say “I feel” and then describe their beliefs about a situation. Although assertive correction is not necessary, it is recommended that this distinction be emphasized in your paraphrasing, restatements, and summaries. Inclusion of thoughts in the feelings domain of the session and practice tasks may complicate the next step in applying the FEAR model.
- 2) **Use visual displays.** Many clients report that it is helpful to see the linear relationships between situations, thoughts, and responses so using a large white board, a chalk board, or even a piece of paper can be helpful.
- 3) **Keep empathy and support in the foreground.** For many clients the act of creating an anxiety/depression hierarchy can be challenging. Although this session is task-oriented, it is important to demonstrate the core conditions, especially empathy and support, throughout the session. Successful achievement of this non-tangible aspect of your session may promote the working alliance and contribute to the trust in you that clients will desire in future sessions.

Situations and Feelings Diagram

Situation	→ Feelings
1)	Physical cues:
	Affective:
2)	Physical cues:
	Affective:
3)	Physical cues:
	Affective:

Practice Task 1: Feeling Anxious?

Step One: Feeling Anxious?

Rationale: Being able to recognize and predict situations in which you are vulnerable to anxiety is an important first step in starting to cope with these situations. Because our triggering situations are not always known, you can learn to recognize them through the body cues and emotional feelings that they are associated with.

During the next week describe 2 situations you experience that causes you some stress, nervousness, or anxiety and write down what you were feeling and thinking

SITUATION	FEELINGS	THOUGHTS
1)	Body cues:	
	Affective:	
2)	Body cues:	
	Affective:	

Practice Task 1: Feeling Depressed?

Step One: Feeling Depressed?

Rationale: Being able to recognize and predict situations in which you are vulnerable to a depressed mood is an important first step in starting to cope with these situations. Because our triggering situations are not always known, you can learn to recognize them through the body cues and emotional feelings that they are associated with.

During the next week describe 2 situations you experience that cause you some sadness or depression and write down what you were feeling and thinking

SITUATION	FEELINGS	THOUGHTS
1)	Body cues:	
	Affective:	
2)	Body cues:	
	Affective:	

Session 3:

Identifying Negative Automatic Thoughts and Using Coping Self-talk

Purpose: To reestablish and strengthen the working alliance, review FEAR model, educate client about thinking traps and emotions that are associated with adverse situations.

1) Review previous session

- Briefly summarize content and client experience.

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Review the Practice Task

- **Review task.** Encourage your client to talk about their experience with the practice task. If possible, review the actual document provided to them and make note of accurately identified thoughts/ feelings and make revisions as needed to assure that these components are in the appropriate place. If client did not bring physical copy, encourage them to share two situations and describe thoughts/ feelings while you make note of these occurrences.
- **Encourage practice task completion.** If client completed the task provide encouraging statement related to their commitment to success and change; if client did not complete task identify barriers and make sure to plan for them when assigning the practice task for this session.
- **Provide information about practice and success.** Make a brief statement about the positive relationship of practicing CBT skills learned in counseling and treatment effectiveness.

4) Educate client about step two of FEAR model- *Expecting bad things to happen?*

- **Introduce concept of self-talk.** Suggest to your client that they have established that certain feelings occur when feeling anxious or depressed, but that they also probably have some thoughts or images that automatically pop up too. This session is designed to practice noticing these and whether they are helpful to mood and functioning.
- **Provide examples of how thoughts affect feelings.** Provide a few examples to the client using one situation in which a person thinks adaptively in one instance and non-adaptively the other. How would this person feel? What would we see them doing?
- **Suggest that some common unhelpful thoughts appear when anxious/depressed.** Ask the client to think of some of the things that they say to themselves when feeling anxious or depressed and share them with you. Note that these are ways that people begin *Expecting bad things to happen* that influence how they feel in a situation; if the

client can recognize these thinking traps and change their thoughts, they can change their feelings too.

5) Educate about Common Thinking Traps and identify which ones client uses most.

- **Provide copy of Common Thinking Traps handout.** Suggest to client that there are a number of ways that we trick ourselves into thinking negatively or irrationally; however, these are some of the most common across age groups and biological sex.
- **Educate and provide examples.** For each of the thinking traps read the brief definition, provide an example that is age and context appropriate, and solicit client impression about whether this thinking trap is familiar to them. You will find that most clients will know right away so when they do ask for a specific example that includes the situation, the automatic thought, and the affective/behavioral outcome. Be sure to comment on the body language demonstrated by the client during this activity.

6) Illustrate relationship between client thinking and feelings

- **Provide client with thought tracking worksheet.** Ask them to place checks in the boxes next to their common thinking traps identifying during the previous educational component.
- **Provide information about worksheet.** This worksheet is designed to 1) illustrate the relationship between thoughts and feelings in situations and 2) facilitate practice identifying thinking traps.
- **Utilize examples from practice task.** Complete the worksheet using examples from the practice task or those that were identified during educational component. Make sure to accurately, but concisely depict the situation, automatic thoughts, consequent feelings, and thinking trap. This may take some re-education or clarification to assure that client is making correct interpretations of their experience.
- **Educate and practice use of relaxation and positive self-talk.** Now that the client knows what thoughts to challenge, they can begin using more positive, adaptive, or rational self-talk to change their feelings about situations. Encourage the client to develop practice identifying the thinking trap, using a brief deep breathing intervention, and developing coping self-statements for each situation identified. Explore how changing from thinking traps to coping self-talk will affect mood. A 3 step model will assist clients in calming down, considering the distortion, and reframing their thought:
 - **Relaxation to center self.** Although client will receive more education and practice about relaxation strategies later on, for now we just encourage them to engage in some basic deep breathing focusing on long breathes in and long breathes out. Suggestions may include rules of thumb for 5 or 10 breathes or you may opt for having client engage in activity until feeling well enough to confront the thinking trap.
 - **Identify the thinking trap.** Clients should be encouraged to name the thinking trap out loud and define the situation with the definition. For example, “I am making a mountain out of a molehill. Even though I forgot to bring mail the payment, the lights probably will not get turned off.”
 - **Bad news, good new paradigm.** Reframing of dysfunctional thinking can be facilitated through clients accepting the adverse situation as a tentative fact (Bad News), but identifying an aspect of the situation that is favorable,

humorous, or useful. For example, a client whose pet has died had lost a loved companion which may be associated with subjective sadness and other undesirable mood symptoms (Bad News); however, through the owner-pet relationship, the client has learned skills related to caring for others, is more prepared for next owner-pet relationship, felt loved, and accumulated a great deal of fond memories (Good News). Acknowledging both sides of thinking is important to the client's development, but the latter can promote coping through their bereavement.

7) Assign the practice task.

- The practice task is intended to provide a bridge for understanding the basic concept taught in this session (i.e. if clients can calm themselves, identify negative self-talk, and use coping self-talk, they can improve their mood) with next session task of restructuring more resistant automatic thoughts.
- The practice task for this session engages clients in a self-monitoring activity in which they identify actual distressing situation along with the associated affective and body cues; clients also make note of the thoughts about the situation which will support the clinical work in the next session.

8) Get client feedback about client experience with the session

- What did they think about the session?
- Anything that was uncomfortable or needs clarification?
- What was most helpful?
- Anything that they want to do differently next time?

Considerations for Counselors

- **Provide encouragement and convey optimism** for client ability to identify their thinking trap and beginning to use coping self-talk.
- **Avoid jargon.** Thinking traps are identified and discussed in the CBT community with elaborate and technical terms such as dichotomous thinking and selective abstraction; CBT is intended to be user friendly so keep your descriptions informal, but professional.
- **Check in with your client** to assess whether or not they believe the coping self-talk statements that they develop. Sometimes clients can opt for telling you what they think is socially desirable within the counseling milieu rather than report a minimal or marginal effect. In the spirit of individualized treatment make sure that the client is working with coping self-talk that will decrease symptom severity and increase functioning.
- **If at an impasse, call upon the imagination.** Sometimes it can be difficult to develop a coping thought given the longstanding, abstract, or intensity of a problematic situation. When

this occurs it can be helpful to ask clients to speculate about what people, real (e.g. a mentor or role model) or imaginary (e.g. an action hero or historical figure), may think in the situation.

Common Thinking Traps

Jumping to Conclusions	Reaching a conclusion and standing by it without much proof
The Catastrophe	Expecting the absolute worst outcomes are going to happen in a situation
Black/ White Thinking	Things are perceived in absolutes of black/ white, either/ or, all/ none without much consideration of compromise or a middle ground
Mountain out of Molehill	Making things more than they may be or notably overvaluing something
Molehill out of a Mountain	Discounting the gravity of a situation that is actually pretty severe
If once, then always	Assuming that because something happened once or even a few times, it will always be that way
It's not you, it's me	When things turn out less than favorable it is because of a personal flaw rather than circumstance or chance
Walking with Blinders On	Attending only to the aspect of a situation that confirms negative beliefs

Practice Task 2: Expecting Bad Things to Happen? Not for Long!

Situation	Thought	Feelings	Thinking Trap	Coping Thought
1)				
2)				
3)				

- Jumping to Conclusions-** reaching a conclusion and standing by it without sufficient evidence
- The Catastrophe-** expecting the absolute worst outcomes are going to happen in a situation
- Black/ White Thinking-** things are perceived in absolutes of black/ white, either/ or, all/ none
- Mountain out of Molehill-** making things more than they really are
- Molehill out of a Mountain-** discounting the gravity of a situation
- If once, then always-** because this happened once or even a few times, it will always be that way
- It's not you, it's me-** things turn out less than favorable because of a personal flaw
- Walking with Blinders-** attending only to the piece of the situation that confirms negative belief

Session 4:

Challenging Automatic Thoughts

Purpose: To continue to educate and support the client in identifying dysfunctional thinking and develop coping strategies that promote functioning and positive mood.

1) Review previous session

- Briefly summarize content and client experience.

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Review the Practice Task

- **Review task.** Encourage your client to talk about their experience with the practice task. If possible, review the actual document provided to them and make note of accurately identified thoughts/ feelings and make revisions as needed to assure that these components are in the appropriate place. Discuss experience of identifying thinking traps and whether self-awareness was insightful and/or liberating. If client did not bring physical copy, encourage them to share three situations, describe thoughts/ feelings, identify thinking traps, and speculate about what coping thoughts may have helped.
- **Encourage practice task completion.** If client completed the task provide encouraging statement related to their commitment to success and change; if client did not complete task identify barriers and make sure to plan for them when assigning the practice task for this session.
- **Provide information about practice and success.** Make a brief statement about the positive relationship of practicing CBT skills learned in counseling and treatment effectiveness.

4) Introduce step 3 of FEAR model- *Actions and Attitudes that help*

- **Educate about rationale for advanced coping strategies.** During tough times coping thoughts can help clients feel and act in more adaptive or helpful ways but, as they may have learned during practice task, some automatic thoughts/images are more resistant to change. When thinking traps are more convincing, we have to go beyond simple reframing. Suggest to clients that stopping negative thoughts, evaluating their veracity and/or functional utility, and changing them to be more helpful and accurate represents taking action and using attitudes that can promote more positive feelings about situations.
- **Identify common negative thoughts resistant to reframing and positive self-talk.** Query the client for examples of negative thoughts that are resistant to reframing that they are already familiar with. If the client cannot provide a handful of examples you can suggest that many individuals report common themes and provide some examples from

the Common Negative Thoughts list provided at end of section; it may also be helpful to have the client review the list and make a mark next to items that resonate with their personal experience. Be sure to normalize that everyone experiences negative self-talk and that everyone has the ability to challenge these thoughts to feel better.

- **Educate and model strategies for challenging negative thoughts.** As client become more adept at identifying negative thoughts within the situation-thoughts-feelings chain, they can begin to use four strategies to develop more functional believes and restructure their thinking style represented by the acronym CORE. The CORE strategies for changing challenging negative thoughts are:
 - i. **Calm Down and Consider the Distortion.** The first step for clients is to calm down by taking a few deep breaths and consider whether the thought associated with a situation and feeling chain represents distorted thinking (i.e., a thinking trap).
 - ii. **Observing Alternative Viewpoints.** Encourage client to consider: Is there another way to look at this?; Is there another reason why this would be happening?
 - iii. **Reviewing the Evidence.** Encourage clients to confirm or dispute the veracity of their negative automatic thoughts/image through identifying: What is the evidence for the belief? What is the evidence against the belief? Since you are considering evidence, be sure to emphasize only actual verifiable facts within this domain of restructuring.
 - iv. **Evaluating the Implications.** Encourage clients to realistically identify: If this thought were true, what is the worst thing that can happen?; What is the best thing that can happen?; What is the most likely thing to happen?
- **Practice challenging negative automatic thoughts.** Using the *Changing Your Thinking* worksheet, facilitate practice of disputing automatic thoughts and developing coping counterthoughts that are realistic, functional, and associated with desired changes in affect. Examples from the client's practice task can be used as well as data obtained during the check in.

5) Assign the practice task.

- The practice task is intended to provide a bridge for understanding the basic concept taught in this session (i.e. if clients can identify negative self-talk, challenge it using the CORE strategy, and use coping self-talk to improve their mood) and the continued practice in next session.
- The practice task for this session engages clients in a self-monitoring activity in which they will practice disputing automatic thoughts using the CORE strategy of considering the distortion, observing alternative viewpoints, reviewing the evidence, and evaluating the implications. Provide your client with at least two blank copies of the *Changing Your Thinking* worksheet to use for completing the practice between sessions.

6) **Get client feedback about client experience with the session**

- What did they think about the session?
- Anything that was uncomfortable or needs clarification?
- What was most helpful?
- Anything that they want to do differently next time?

Considerations for Counselors

- **Pacing your session.** This session involves a considerable amount of education, modeling, and practice so counselors are encouraged to be mindful of their pacing to assure that the client has enough of an understanding and familiarity with the CORE skills to be able to complete the practice task.
- **Using supplemental materials.** Counselors are encouraged to provide clients with handouts during the session and depict the change procedures using a blackboard, whiteboard, or some additional media.
- **Facilitate meaningful practice.** In some cases, counselors can dominate the CBT skill practice. It is encouraged to let the client guide the solution finding process, while using Socratic dialogue to assist them in identifying the data relevant to changing their dysfunctional beliefs about situations that are associated with undesirable feelings.
- **Highlighting FRAMES.** Activities such as challenging negative beliefs can be daunting to some clients; for all clients, this activity is well reinforced through the use of the skills inherent within the FRAMES strategy discussed in the preface. This includes giving feedback, emphasizing responsibility for therapeutic growth, giving timely advice, providing a menu of options to consider rather than an absolute perspective, being empathic, and communicating perceptions of the client's self-efficacy.

Some Common Negative Thoughts

- | | |
|--|---|
| <input type="checkbox"/> I'm stupid | <input type="checkbox"/> Everyone is just <i>being nice</i> to me |
| <input type="checkbox"/> I'm afraid | <input type="checkbox"/> They are probably talking bad about me |
| <input type="checkbox"/> Nobody loves me | <input type="checkbox"/> I cannot satisfy anybody |
| <input type="checkbox"/> I can't handle this | <input type="checkbox"/> I am weak |
| <input type="checkbox"/> I will end up living alone | <input type="checkbox"/> I'm a victim |
| <input type="checkbox"/> I do not have enough willpower | <input type="checkbox"/> I am out of control |
| <input type="checkbox"/> My friends aren't supportive | <input type="checkbox"/> I am a bad person |
| <input type="checkbox"/> I will let people down | <input type="checkbox"/> I am helpless to do anything about it |
| <input type="checkbox"/> There's no use in trying, I will mess up | <input type="checkbox"/> No one cares what happens to me |
| <input type="checkbox"/> I'm ugly | <input type="checkbox"/> I always get rejected |
| <input type="checkbox"/> Bad things always happen to me | <input type="checkbox"/> I am different than others |
| <input type="checkbox"/> No one understands me | <input type="checkbox"/> I'm worthless |
| <input type="checkbox"/> People who like me don't know the real me | <input type="checkbox"/> I end up hurting everyone |
| <input type="checkbox"/> It's all my fault | |
| <input type="checkbox"/> This always happens to me | |
| <input type="checkbox"/> Life is always unfair to me | |

Changing Your Thinking

Situation

Thoughts

Feelings



- 1.
- 2.



Take a few deep breaths, What thinking trap is happening? _____

What are some *other ways* to think about this situation? _____

What is the evidence for this belief?

Evidence FOR:

Evidence AGAINST:

If these beliefs *were* TRUE,

What is the WORST thing that could happen?

What is the BEST thing that could happen?

What is the MOST LIKELY thing that could happen?

Given this information, write a more realistic, coping counterthought here:

Session 5:

More Practice, More Motivation

Purpose: To continue to practice and support the client in identifying dysfunctional thinking and develop coping strategies that promote functioning and positive mood. Emphasis in this session is placed on empowerment and highlighting positive changes made in client's psychosocial environment as a result of changing their thinking.

1) Review previous session

- Briefly summarize content and client experience with the previous session.

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Review the Practice Task

- **Review task.** Encourage your client to talk about their experience with the practice task. If possible, review the document provided to them and make note of accurately identified thoughts/ feelings and make revisions as needed to assure that these components are in the appropriate place. Discuss experience of challenging resistant automatic thoughts, developing coping counter thoughts, and changing feelings. If client did not bring physical copy, encourage them to share one situation, describe thoughts/ feelings, identify thinking traps, and evaluate the cognition using the CORE strategy.
- **Encourage practice task completion.** If client completed the task, provide encouraging statements related to commitment to success and change; if client did not complete task identify barriers and make sure to plan for them when assigning the practice task for this session.

4) Continue to practice challenging resistant negative beliefs

- **Review CORE strategy.** Assess the clients learning of the CORE strategy by having them name and describe the 4 steps (i.e. calm down and consider the thinking trap, observing alternative viewpoints, reviewing the evidence, and evaluating the implications). Additionally, solicit whether the client has noticed that one strategy has been more effective than the others. For example, some clients report that reviewing the evidence is more effective than other strategies; some clients are preferential to the other strategies.
- **Practice applying the method.** Try to implement the CORE strategy two or three times in session. During the first example, counselor should guide the activity by writing on worksheets/whiteboard and prompting the client to address all domains and develop a coping counterthought. When practicing for subsequent examples, encourage the client to lead the application while you provide support, feedback, and reinforcement.

5) Assign the practice task.

- The practice task is intended to provide a bridge for understanding the basic concept taught in this session (i.e. if clients can identify negative self-talk, challenge it using the CORE strategy, and use coping self-talk to improve their mood) and the problem solving and decision making training used in the next session.
- The practice task for this session engages clients in a self-monitoring activity in which they will practice disputing automatic thoughts using the CORE strategy of considering the distortion, observing alternative viewpoints, reviewing the evidence, and evaluating the implications. Provide your client with at least two blank copies of the *Changing Your Thinking* worksheet to use for completing the practice between sessions.

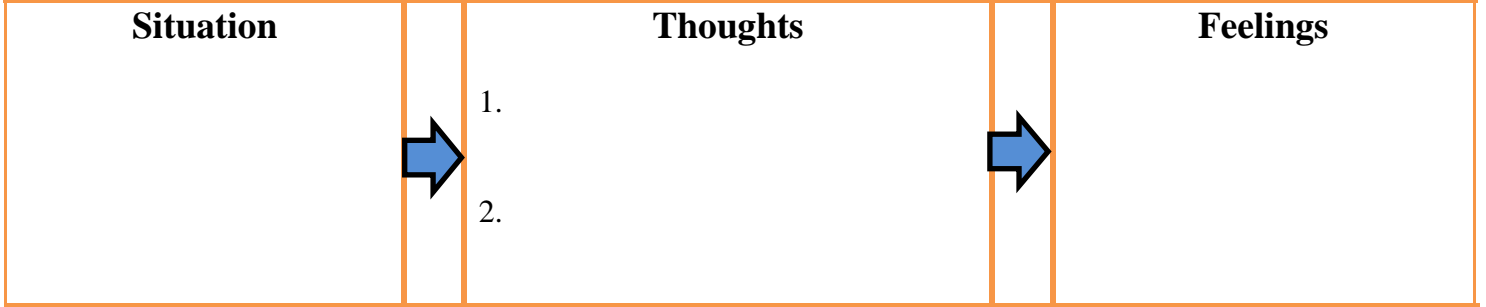
6) Get client feedback about client experience with the session

- What did they think about the session?
 - Anything that was uncomfortable or needs clarification?
 - What was most helpful?
 - Anything that they want to do differently next time?
-

Considerations for Counselors

- **Noting intermediate beliefs.** By now you should have enough data about your clients background and experiences to recognize some of the intermediate beliefs. As noted by Beck (2011), intermediate beliefs are the attitudes, assumptions, and rules for acceptable behavior that inform the clients' automatic thoughts. For example, a client may have the rule that only A's are acceptable in graduate school if they are going to be capable after graduation. Consequently when they receive a B on an assignment, the automatic thoughts "I am incompetent" and "I will never get a competitive job" emerge that are associated with feelings of anxiety and shame. When helping clients develop the situation, thought, feeling chains you may reflect perceptions of intermediate beliefs within your responses. One possible response for the aforementioned example might be, *"When you received a grade of B, began thinking 'I am incompetent' and 'I will never get a competitive job,' you felt anxiety and shame taking over. It sounds almost like you have a rule that only an A is acceptable; that is, if you are going to be able to get a job after graduation, it must be an A, always an A, only an A could be useful. I am curious if that resonates with you."*
- **Continue highlighting FRAMES.** Because this is the first explicitly repeated task, it is important to be empowering and encouraging about the effort that the client is making. As connoted by the FRAMES approach to working with clients, includes giving feedback, emphasizing responsibility for therapeutic growth, giving timely advice, providing a menu of options to consider rather than an absolute perspective, being empathic, and communicating perceptions of the client's self-efficacy.

Changing Your Thinking



Take a few deep breaths, What thinking trap is happening? _____

What are some *other ways* to think about this situation? _____

What is the evidence for this belief?

Evidence FOR:

Evidence AGAINST:

If these beliefs *were* TRUE,

What is the WORST thing that could happen?

What is the BEST thing that could happen?

What is the MOST LIKELY thing that could happen?

Given this information, write a more realistic, coping counterthought here:

Session Six: Problems Can be Solved, Choices Can be Made

Purpose: To introduce strategic problem solving and informed decision making as actions that can help decrease the symptoms of anxiety/depression and increase a sense of self-efficacy. Also, clients will begin to intentionally reward themselves for their successes when using CBT skills.

1) Review previous session

- Briefly summarize content and client experience with the previous session.

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Review the Practice Task

- **Review task.** Encourage your client to talk about their experience with the practice task. If possible, review the document provided to them and make note of accurately identified thoughts/ feelings and make revisions as needed to assure that these components are in the appropriate place. Discuss experience of challenging resistant automatic thoughts, developing coping counter thoughts, and changing feelings. If client did not bring physical copy, encourage them to share one situation, describe thoughts/ feelings, identify thinking traps, and evaluate the cognition using the CORE strategy.
- **Encourage practice task completion.** If client completed the task, provide encouraging statements related to commitment to success and change; if client did not complete task identify barriers and make sure to plan for them when assigning the practice task for this session.

4) Introduce using Strategic Problem Solving and Informed Decision Making as *Attitudes and Actions that can help.*

- **Provide rationale for and education about problem solving skills training.** Query how the client usually approaches the task of solving a problem that they have and identify if they have different approaches to small, medium, large problems? Suggest that as youth many individuals do not receive instruction, support, and practice of how to solve problems, in adulthood we often rely on *gut instinct* or the opinions of others to negotiate impasses. Common problems faced by adults include peer conflict, employer-employee relations, career choices, stage of life problems, and financial strife. With a systematic approach to solving their problems clients can meet adverse situations with a resource that promotes self-efficacy and practical results that make a difference in their lives. Solving problems can be as easy as:
 1. Objectively identifying the problem

2. Listing all possible solutions
 3. Rate how effective each solution will be
 4. Picking highest rated solution and planning for its use
 5. Assessing results and rewarding self
- **Provide rationale for decision making skills training.** Like approaches to problem solving, many individuals are not educated and supported on decision making skills as youth and so, consequently, as adults they also tend to rely on their *gut instinct* and social cues from others. This too, can lead to acute frustration and, in the long term, discouragement about ability to be effective when dealing with the complexities of adulthood. Common decisions that adults have to make include whether to go into the community or stay home, who to invite to social gatherings, personal expenditures, and making vocational choices. The distinction between decision making and problem solving lies in the fact that not all decisions represent *problems* per se; however, most problem solving will require decisions to be made. With the above model, clients often have to use decision making when rating solutions and picking a solution to plan for use. Decision making can be facilitated by having clients:
 1. List the advantages and disadvantages between options
 2. Weighing the value of the costs versus benefits
 3. Drawing conclusions given the information produced
 - **Practice Problem Solving & Decision Making.** Have the client identify 2 problems that are either currently pending or predicted to be occurring soon; problems identified can be acute or recurrent, but it is important that it is their problem, not ones they want to solve for someone else. Have your client rate the degree of subjective distress using the SUDS scale and practice the skills for this session using the more extreme example. Provide your client with a copy of the problem solving steps handout provided at the end of this section. While practicing the application of the problem solving strategy, use the decision making model as needed when client is rating possible solutions and deciding which one to use. For the first example, guide the client through application of the problem solving model; for the second example, support the client as they apply the skill more autonomously.
 - **Identifying rewards.** The last part of problem solving is including a reward for a task well addressed. Educate the client on the importance of rewarding functional behavior to promote the chance it is used in the future. Suggest to clients that is important to have an awareness of small, medium, and large rewards that can reinforce engagement in adaptive approaches to mitigating problem situations. Categories of rewarding experiences that can guide client choice of reward include:
 1. **People** they would like to spend more time with but usually do not.
 2. **Places** they like to spend more time but do not always get a chance to.
 3. **Things** that are affordable and they would like to own but do not.
 4. **Food and Drinks** (non-alcoholic) that are among their favorites.
 5. **Activities** they like to engage in but typically do not.

5) Assign the practice task.

- The practice task is intended to provide a bridge for understanding the basic concept taught in this session (i.e. learning to solve problems and making decisions systematically can increase positive views of self and decrease distress) and the continued practice in next session.
- The practice task for this session engages clients in behavioral rehearsal of applying problem solving and decision making skills for two examples. Provide your client with ample copies of the handout included at end of section to promote successful support during this task.

6) Get client feedback about client experience with the session

- What did they think about the session?
- Anything that was uncomfortable or needs clarification?
- What was most helpful?
- Anything that they want to do differently next time?

Considerations for Counselors

- **Continue to emphasize thoughts and feelings** associated with the behavior changes and new, adaptive approach to solving problems and making decisions. It can be a therapeutic pitfall for counselors to emphasize thoughts and feeling less during behavioral tasks; however, we are teaching out clients to draw the link between what they do, how they think about themselves, and what feelings emerge.
- **Lead first through example.** When learning educating new skill it is important to always model a successful application. In this case, you will use the clients' subjectively distressing problem as the example for modeling.
- **Size of Rewards.** Rewards should be commensurate with the size of the task accomplished by the client. For instance, overcoming a short-term difficulty may warrant a smaller, more nominal reward such as a phone call to a friend/loved one, a soda, or extra TV time. When clients overcome a medium or large-scale problem, the size of the reward should be commensurate with the effort and time put into overcoming the adverse situation.
- **Termination is approaching.** Remind your client that you have two more sessions. In one session you will learn some more coping skills through relaxation strategies; the last session will be planning for further use and evaluating progress.

Problem Solving Steps

1. Name the Problem
2. List possible solutions
3. Rate each option for how well will solve the problem
4. Pick highest rated solution and make a plan to do it
5. If it works, Reward Yourself!;if not pick next solution and make a plan

Let's Practice:

1. Name the Problem: _____

2. List possible solutions:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Rate your solutions.

4. Plan:

5. What is your reward when this is successful? _____

Session Seven: **Relax into Your New Lifestyle**

Purpose: Extend the clients' repertoire of *actions that help* through relaxation training. Continue practicing using the FEAR model to assuage adverse situations and prepare the client for the conclusion of the counseling relationship.

1) Review previous session

- Briefly summarize content and client experience with the previous session.

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Review the Practice Task

- **Review task.** Encourage your client to talk about their experience with the practice task. If possible, review the document provided to them and make note of accurately identified thoughts/ feelings and make revisions as needed to assure that these components are in the appropriate place. Discuss experience of challenging resistant automatic thoughts, developing coping counter thoughts, and changing feelings. If client did not bring physical copy, encourage them to share one situation, describe thoughts/ feelings, identify thinking traps, and evaluate the cognition using the CORE strategy.
- **Encourage practice task completion.** If client completed the task, provide encouraging statements related to commitment to success and change; if client did not complete task identify barriers and make sure to plan for them when assigning the practice task for this session.

4) Educate and facilitate the practice of relaxation skills

- **Provide Rationale.** Suggest to your client that everyone experiences stress when our appraisal of the severity associated with life events exceeds our appraisal of our ability to cope. In some situations, stress can lead to more chronic anxiety when our appraisal of the severity of a situation is considerably overwhelming. Fortunately, adaptive coping strategies can be learned and, just like with changing our thoughts in situations, we can change how we physically respond to situations we change how we feel. Provide the client with some awareness that although relaxation skills can be great for quelling stress and anxiety, it can also be helpful for focusing self with experiencing symptoms of depression such as sleep disturbances, psychomotor disturbances, ruminating thoughts, and diminished concentration.

- **Educate about sources of Stress.** Suggest to your client that stress is generally associated with some basic sources. After providing your client with information about four common sources of stress, ask them to provide an example of each one within their life. Following ask them to identify which one or two sources are most difficult for them.
 - i. **Our environment:** These stressors associated with our physical surrounding such as the weather, noise, pollution, traffic, etc.
 - ii. **Social demands:** These stressors are associated with the demands by others for your time and/ or attention, competing priorities, occupational demands and work-related deadlines, interpersonal problems, loss of a loved, etc.
 - iii. **Our physiology.** Sometimes changes or body-based factors such as not enough sleep, puberty, nutritional deficits, and developmental changes can influence our mood.
 - iv. **The way you think.** The way we interpret or label situations in our lives can influence how we feel about them. Situations perceived as threatening are associated with anxiety and/or depressed mood; situations perceived as manageable or hopeful are associated with a positive mood.

- **Review 3 Strategies.** Although there are a myriad of ways that relaxation can be learned and practiced, some common strategies include deep breathing, progressive relaxation, and meditation. Provide your client with a brief overview of each of the relaxation strategies including the expected effects, time requirements, and basic procedure (see handouts).
 - i. **Deep Breathing.**
 - ii. **Progressive Relaxation.**
 - iii. **Meditation.**

- **Client choice of strategy to practice.** Suggest to your client that deep breathing is a great strategy of acute stressors; however, more intense of chronic stressors may require use of mediation and/or progressive relaxation to prepare the body. Indicate that you will practice deep breathing first, but that they can choose which of the other to try in session. When client has selected the strategy of their choice or practice in session, provide them with the related handout included at the end of this section. Provide a more in-depth education about the procedure, model use of the skill, and facilitate practice through imaginal rehearsal with a situation described during overview of four sources of stress and/or data collected through previous sessions that is related to the client's presenting issue.

5) Assign the practice task.

- The practice task is intended to provide a bridge for understanding the basic concept taught in this session (i.e. we can calm our bodies down in event of overarousal through a number of techniques).
- The practice task for this session engages clients in behavioral rehearsal of deep breathing and their selected deeper relaxation activity at least twice before the next session. Optimally, you may be able to establish a regular routine for your client to engage in over the next week. Provide your client with ample copies of handouts included at end of section to promote successful support during this task.

6) Get client feedback about client experience with the session

- What did they think about the session?
 - Anything that was uncomfortable or needs clarification?
 - What was most helpful?
 - Anything that they want to do differently next time?
-

Considerations for Counselors

- **Establish the setting.** Relaxation training can be an awkward task if rapport is not firmly established; even when we have a strong working alliance it is important to recognize that relaxation training can promote self-focused behaviors that may limit effectiveness in session. On the other hand, many clients find that relaxation training has a powerful effect on their physiology and promotes a sense of calm that they do not experience regularly.
- **Make practice meaningful.** Relaxation training can be more effective when imaginal examples are relevant to client experience and may be something that they can actually apply in the near future such as a social gather later that day, a project they have to complete for work, or having difficulty falling asleep.
- **Provide reinforcement.** Imaginal exposure can be a stimulating experience for clients and successful approximations and completion of skill use should be reinforced positively through encouragement and praise statements.
- **Termination is your next session.** Remind you client that the next session will be your termination session that the agenda will be to review skill use, plan for continued use of the FEAR model and inherent skills, and evaluate progress during previous 7 sessions.

Deep Breathing

Rationale: Deep breathing is a great way to supply the body with life giving oxygen and get rid of carbon dioxide. As you learn to be aware of and practice slowing and normalizing your breathing, you mind and body will relax and allow to be more fully present, think more clearly, and increase positive feelings.

Time Requirements: 30 seconds to 10 minutes.

How to Do It:

- 1.) Inhale slowly and deeply using your diaphragm
- 2.) Hold your breath for a quick moment before you exhale
- 3.) Exhale slowly and fully as you say a soothing word to yourself such as “relax,” “calm,” or “peace.”
- 4.) Pause and wait for your next natural breath
- 5.) As you exhale, notice the sensation of the tension and stress leaving your body.
- 6.) With each exhale you can notice more of the stress and strain leaving your body.
- 7.) If thoughts, feelings, or noises pop up or distract you notice them and just return to your breathing exercise. Eventually, you will find yourself with the ability to breathe through many difficulties and distractions.



Progressive Relaxation

Rationale: The body responds to stress by tensing muscles and increasing physiological activities such as heart rate, body heat, sweating, and breathing rate. Progressive relaxation can provide you with a deep, lasting experience of calm that will promote resilience to many types of stressors.

Time Requirements: 10-15 minutes

How to Do It:

- 1.) Sit comfortably in a chair or lay down on a couch or other area.
- 2.) Take a few deep breaths and focus on the experience of your body as it presses into your where you are seated or lying.
- 3.) Begin with your feet and toes and focus on letting them relax. Try to imagine them having the feeling that you get when taking your shoes off after a long day.
- 4.) Once your feet are relaxed and you are in contact with this part of your body, let the relaxation spread upward to your calves and throughout those large and small muscles while imagining what it may look like to see those muscles letting go of the tension and strain and laying loose and slack.
- 5.) Slowly progress upward from muscle group to muscle group making your way through your legs, abdomen, chest, back, shoulders, neck, and face.
- 6.) When you experience calm and relaxation take a moment to experience your ability to consciously control your body and soothe yourself.



Sitting Meditation

Rationale: Meditation can strengthen our ability to focus on the body, tune out distractions, quiet obsessive thinking, calm the body, and increase mindfulness. With the opportunity to practice and develop this skill, people can become more aware themselves and accurately in tune with the connection between self and the environment.

Time Requirements: 5- 30 minutes

How to Do It:

- 1.) Choose a comfortable sitting position in which your hands, shoulders, and legs will be rested.
- 2.) Bring your attention to your breath and focus on the coolness of air going in through your nose and the warmth of the air as you exhale.
- 3.) Whenever you mind wanders away to a sound, body sensation, or thought gently bring the focus back to your breath and the coolness of the air going in and warmth of the air as you exhale.
- 4.) When you find yourself distracted by thoughts, simply notice and acknowledge them. It can be helpful to give them a *name* to acknowledge them. For example if you find yourself missing a friend or loved one, you can say to yourself, “longing, I am longing for someone” and then return your focus back to the breathing.



Session Eight:

Terminating Treatment, Evaluating Treatment Gains, and Planning for Future Skill Use

Purpose: Extend the clients' repertoire of *actions that help* through relaxation training. Continue practicing using the FEAR model to assuage adverse situations and prepare the client for the conclusion of the counseling relationship.

1) Review previous session

- Briefly summarize content and client experience with the previous session.

2) Check-in with client

- Problem severity
 - Scaling
 - What were you thinking, what did you feel, what did you do?
- Relational functioning

3) Review the Practice Task

- **Review task.** Encourage your client to talk about their experience with relaxation activities as a part of their FEAR plan. Review with them and make note of situations and the strategies that were helpful. Within your dialogue, be sure to link situations, thoughts, relaxation strategies, and feelings using the cognitive. Discuss the experience of calming the body and what potential this skill has for making a positive impact on the clients functioning and well-being.
- **Encourage practice task completion.** If client completed the task, provide encouraging statements related to commitment to success and change; if client did not complete task, identify barriers and make sure to plan for them when assigning the practice task for this session.

4) Discuss Termination and Evaluate Progress toward Treatment Goals

- **Termination as a timely, responsible activity.** Introduce termination as a timely, responsible activity given the time-referenced nature of this counseling experience.
- **Termination a model for growth.** From a CBT perspective, growth occurs as individual become more authentic, responsible, and accountable for the way that their experiences affect the functioning and well-being of themselves, those who they come in contact with, and their communities. Timely discontinuation of the counseling relationship provides clients an opportunity for the expression of autonomy and differentiation from dependency on non-adaptive styles of coping that have limited their unique potential. Some clients may look upon the ending of the counseling relationship as something to be worried about or think they are not yet capable of increased functioning. If this is present in your client, you should normalize this experience and encourage them to monitor their self-talk and adopt the more functional belief that “not ever relationship has to continue

forever for it to be helpful.” From this vantage point, clients can individualize their experience and identify evidence in the past that supports this assumption.

- **Evaluate treatment gains.** Evaluation of treatment gains should be conducted with reference to some diverse information sources. From these myriad perspectives, help your client to construct an accurate, adaptive belief about the changes that they have made during their meetings with you.
 - **Review assessment data.** Review changes in formal assessment data collected prior to treatment and today. Be sure to contextualize the results for your client and engage them in describing perceptions about the degree the results are accurate.
 - **Review subjective accounts.** Encourage the client to report their subjective account of what has changed since beginning counseling. Relevant domains may include beliefs about themselves, perceptions of coping and effectiveness, as well as, degree of symptom severity and functioning.
 - **Review social implications.** Encourage clients to describe changes they believe have taken place across important social domains that have been topics within your sessions (loving relationships, friendships, work-based, leisure, etc.). Additionally, you will want to define perceptions that clients are more effective in certain social situations that may have been previously challenging.
 - **Determine degree of practical significance.** Discuss the degree that treatment has been associated with practical, noticeable changes by themselves or others.

5) Plan for Future Skill Use

- **Identify future situations that may be challenging.**
- **Decide what skills may be needed in individual situations.**
- **Decide what skills are best made part of a lifestyle change.**

6) Provide Information about Community Resources and Counseling Referrals

- **Provide information about and linking to community resources.**
- **Provide information and linking to resources for continued counseling.**

7) Request Feedback about the Counseling Process

- What did they think about the counseling experience as a whole?
- Anything that was uncomfortable or needs clarification?
- What was most helpful?
- Anything that they want to do differently if they decide to pursue counseling again in the future?

8) Express Gratitude for Opportunity to Work with Client

Convey to your client the degree of professional development that you attribute to your relationship, convey a realistic perspective about the hope/optimism you have for them, highlight all the strengths, protective factors, and social supports you hope that they will use in the future.

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APPENDIX

Sample Treatment Plan

Client Initials: _____ Date: _____ Session #: _____

Brief Summary of Presenting Issue:

Goal 1: _____

Strategy 1: _____

Strategy 2: _____

Strategy 3: _____

Goal 2: *Increase knowledge and understanding of resources and supports available to individuals living in Nueces County.*

Strategy 1: Provide community referrals and links as needed.

Comments/Notes: _____

Next Appointment Date: _____

Signature of Client: _____ Date: _____

Signature of Student Counselor: _____ Date: _____

PROGRESS NOTE

Client Name: _____ **Date:** _____ **Time:** _____ **Session #** _____

PROBLEM/ BEHAVIOR:

INTERVENTION:

OUTCOME:

HOMEWORK:

REFFERALS:

PLAN:

COUNSELOR

DATE

SUPERVISOR

DATE