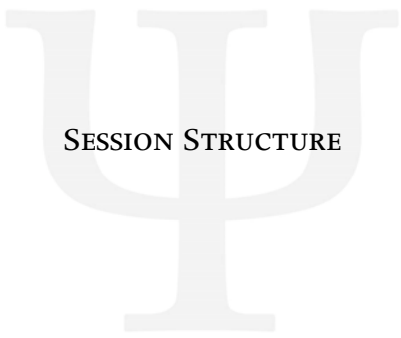


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SESSION STRUCTURE

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OPERATIONAL DEFINITIONS

Session structure is the general template for conducting psychotherapy

The "things you do" in therapy

Logical order of steps, but not a lockstep process

Provides direction to, focus for, and substance in therapy

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CORE COMPONENTS

1. Mood check-in
2. Homework review
3. Agenda setting
4. Session content
5. Homework assignment
6. Eliciting client feedback

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MOOD CHECK-IN

Serves several purposes

- Provides baseline information on symptoms
- Causes reflection by client by indentifying and rating moods, behaviors, and thoughts
- Recaps last session
- Compares symptoms now to previous sessions

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MOOD CHECK-IN

Obtaining baseline measurement can be done:

Verbally – “How was your week?”

Using self-report measures – BDI, CDI, MASC

Other-report – parents / significant others

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MOOD CHECK-IN

Causing the client to first identify, then connect thoughts, emotions, and behaviors increases distinguishing between moods

Leads to increased awareness of core CBT principles, which will improve treatment outcomes

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HOMEWORK REVIEW

Therapist needs to find out:

- Was the assignment completed?
- What was the content of the assignment?
- What was the reaction to the assignment?

This communicates the importance of homework and reinforces the client for completing it

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HOMEWORK REVIEW

Always tailor the level of the review to the developmental level of the client

May need to use alternative titles ("projects") with children to avoid negative connotation

To decrease resistance, may be best to present HW as hypotheses or experiments with adolescents

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AGENDA SETTING

Sets the stage for and adds direction to clinical work

Work with a client to set the agenda, but retain directive control

Number of agenda items will depend on the age of the client, type of problem(s), and length of session

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AGENDA SETTING

Client should be informed of the

- Pros and cons of setting an agenda
- Gains and losses from setting an agenda
- Gains and losses from *not* setting an agenda

Therapists should elicit client's

- Personal meaning in setting an agenda
- Any dangers they see from setting an agenda

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SESSION CONTENT

This is where agenda items are addressed

Therapist needs to maintain a balance between

- Content – what thoughts / feelings / behaviors are being elicited?
- Structure – what tasks are being used?
- Process – how does the client respond to content and structure?

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HOMEWORK ASSIGNMENT

Follows from session content and is central to progress

Should be meaningful and help increase motivation for continuing therapy

We'll spend a lot of time on this in a couple of weeks

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ELICITING FEEDBACK

Can happen at any point during the session

During session, might ask for feedback on understanding of concepts, how tasks change or don't change feelings / thoughts / behaviors

Can also get feedback on previous week's session, or the current session at the end

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ELICITING FEEDBACK

Important to reinforce and encourage giving of feedback to the therapist, even if it's negative

Also allows therapist to correct misperceptions and solidify therapeutic alliance

Can also help with conceptualization and problem identification

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SUMMARY


Structuring the session is a key part of CBT

Helps both the client and the therapist

Aids progress in therapy

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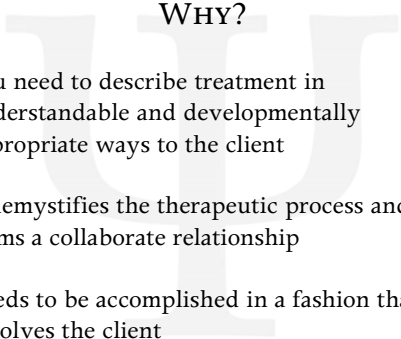
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INTRODUCING THE
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WHY?

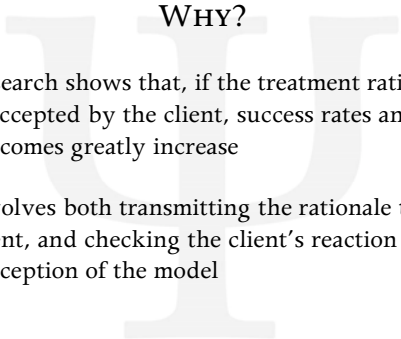
You need to describe treatment in understandable and developmentally appropriate ways to the client

It demystifies the therapeutic process and forms a collaborate relationship

Needs to be accomplished in a fashion that involves the client

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WHY?

Research shows that, if the treatment rationale is accepted by the client, success rates and outcomes greatly increase

Involves both transmitting the rationale to the client, and checking the client's reaction / perception of the model

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LAYERS OF INFORMATION

Not just information transmission, however, but introducing the treatment rationale also contains

- Generating expectations
- Negotiating control
- Assigning blame

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GENERATING EXPECTATIONS

Tells clients how therapy will proceed, but causes both hopes and fears at the same time

Rarely does a client just agree/disagree, but instead they'll have a mix of reactions

Hope, relief, worry, and sadness may all come into play

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NEGOTIATING CONTROL

Naming a problem can help gain control over it

Often involves reassuring / normalizing problems and instilling hope for success

The way something is named will cause different reactions, as well as the client's personality style

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ASSIGNING BLAME

Talking about problems usually means talking about what's responsible for them

We can speak objectively ("People who are depressed tend to...") but people hear it subjectively ("Something's wrong with me...")

CBT rationale is ambiguous in assigning blame, but many can take it personally

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STAGES OF TREATMENT

Clients will typically pass through stages of remoralization, remediation, and rehabilitation

Remoralization – rationale serves to combat demoralization by offering hope

Remediation – rationale places interventions in a logical process

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YOUNG CHILDREN

Using stories or diagrams that involve the client can be very useful

Can help break down triggers, behaviors, cognitions, and emotions into easily understood terms, then tie them together

Helps lay groundwork for further therapy

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ADOLESCENTS / ADULTS

Less story-focused, but use of diagrams is still encouraged

Weave their own problems into the diagram to drive home the connections

Can use standard thought records to introduce this as well (telephone example)

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TIPS

Sometimes clients need to vent – let them, but incorporate it into the agenda up front, and set up time for the rationale as well

Make the rationale personal, using examples from the client's life

Assume clients have reactions to the rationale, even if they deny it

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QUESTIONS TO ASK

What are your reactions to what you know about treatment so far?

What parts concern you? Positive or helpful?

If you were going to explain how this works to a friend, what would you say?

What do you think about the idea that thoughts play an important role in determining behavior and mood?

What do you think about changing your thoughts to change your behavior or mood?

What do you think about the idea of weekly homework related to your problem?

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TIPS

Explore the client's implicit attributions about their problem

Have client explain the rationale to you, until you are sure they understand it

Check-in regularly with client about their changing understanding of the rationale

Validate their understanding of the rationale

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TIPS

Emphasize the importance of the rationale up front

Trust the data, don't argue too much, and adopt a wait-and-see attitude

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COMMON CLIENT CONCERNS

Just treating the symptom and not the cause of the problem

Seen as too simplistic

"I can't do this" / "I'm not able to do this"

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SUMMARY

The treatment rationale is a necessary part of CBT interventions

Bidirectional communication about the rationale is very important

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