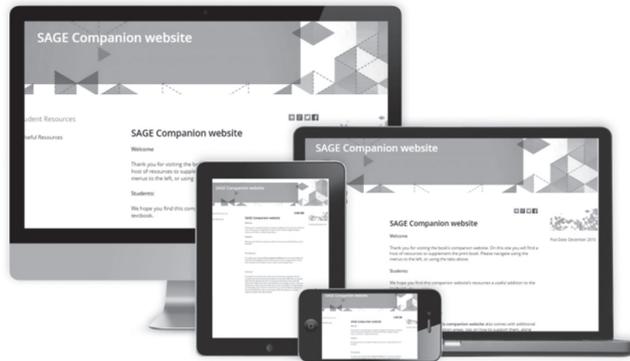


CBT *FOR* BEGINNERS

List of Digital Tools



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Resources include:

- 1 *Referral Criteria Handout* – a list of pointers to look out for in a general assessment to see if referring the client for a CBT evaluation would be relevant, alongside sample questions to ask a client before making a referral for CBT assessment.
- 2 *Chapter 3 Exercise* – a list of thoughts, feelings, physical sensations and behaviours to be used in an exercise designed to help clients recognise negative automatic thoughts (NATs).
- 3 *Formulation Sheet and Maintenance Cycle* – tables to help clients recognise situations that affect them negatively and the cycle of thoughts, feelings and emotions that arise in such situations.
- 4 *Physical Effects of Anxiety and How to Manage Them* – description of anxiety, and exercises to help control it.
- 5 *Graded Practice Diary* – a diary to note personal goals and rate anxiety levels before and after completing a goal.
- 6 *Detailed Activity Record Sheet* – to record and score a client's activities.
- 7 *Basic Activity Schedule* – to record and comment on basic daily activities.
- 8 *Thought Record Sheets* – to record, analyse and rate situations.
- 9 *Questions to Help Identify Negative Automatic Thoughts* – questions to help client identify negative thoughts.
- 10 *Thinking Biases* – identifying and clarifying unhelpful methods of thinking.
- 11 *Thinking Biases Exercise* – an exercise to help a client recognise thinking biases.
- 12 *Thought Evaluation Sheets* – tables to help clients recognise NATs and thinking biases.
- 13 *Questions to Ask When Evaluating NATs* – questions for clients to use to evaluate NATs.
- 14 *Responsibility Chart* – exercise for working with problems of exaggerated responsibility.
- 15 *Decisional Bias Sheet* – table to analyse pros and cons of decisions.
- 16 *Handout: Dealing with Setbacks during the Recovery Process* – tips and advice on dealing with setbacks.
- 17 *Relapse Prevention Sheet* – questions for clients to use in self-reflection.
- 18 *Ending Letters* – letter templates for therapists to give to clients at the end of therapy.
- 19 *BABCP Supervision Agreement* – an agreement regarding therapeutic methods and conduct within CBT assessment sessions.

CBT *FOR* BEGINNERS

JANE SIMMONS *AND* RACHEL GRIFFITHS



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Structure of Therapy and Sessions

The ability to structure CBT sessions and the therapy as a whole are core therapist competencies, as outlined by Roth and Pilling (2007). Without sound structure, therapy sessions and the therapy as a whole can lose focus and direction. This usually results in the therapy becoming less effective and efficient than it might otherwise have been. The therapy structure, along with the CBT formulation of the client's problems, provides a solid foundation on which therapy is built. This chapter will cover how to structure individual CBT sessions and plan the length and course of therapy. We would argue that there is no 'standard' course of CBT, as each client has a different set of circumstances, problems and symptoms. We have, however, outlined an example of what a course of CBT might look like. Throughout the chapter, we will look at some of the variables to consider when planning a course of CBT in order to individualise it to the specific needs of your client. We will also address some common problems that you may encounter when trying to maintain therapy structure.

Length of therapy

A 'typical' course of CBT lasts 12–20 sessions, depending on the nature, severity and complexity of the client's problems. Howard et al. (1986) conclude that most of the 'impact' of therapy occurs in the first 10–20 sessions, suggesting that there may be little benefit in lengthening therapy. CBT is a time-limited, 'skills'-based therapy, which requires active participation by the client. Therapist and client work together to enhance the client's understanding, insight and use of cognitive-behavioural strategies, so that the client will continue to use CBT techniques long after the end of therapy.

The Foundation for Cognitive Therapy and Research (www.beckinstitute.org) suggests that determining the length of treatment should be a collaborative process, depending on formulation and treatment goals. There is an interesting video on the Foundation's website, where three prominent therapists discuss factors to consider when deciding on therapy length.



The National Institute for Health and Care Excellence (www.nice.org.uk) in the UK makes recommendations on length of therapy depending on condition and severity. Please see condition specific advice on the website.

Frequency of sessions

The optimal frequency of sessions is usually weekly or fortnightly. This allows enough time for practice, experimentation and reflection between sessions without running the risk of losing momentum, which can happen if longer gaps are left between sessions. Frequency of sessions can be adjusted as therapy progresses. At the start of therapy, it can be beneficial to have sessions closer together to work on the early therapy goals of building a trusting therapeutic relationship, developing a formulation and giving the client a good understanding of the CBT model. Later in therapy, the main goals are practice and review of the cognitive and behavioural interventions. At this stage, bigger gaps between sessions can be beneficial as they allow for more experimentation by the client. Length of time between sessions can be reviewed and negotiated between therapist and client as the therapy progresses.

Session length

Optimal session length for both therapist and client is usually between 45 and 60 minutes, which allows enough time for all the agenda items to be covered without ‘burnout’ of either the client or therapist. If the client has difficulty in concentrating for long periods of time, for example as a symptom of depression, the session length can be adjusted accordingly.

The following may suggest that a shorter session length is needed:

- The client starts to appear restless or fidgety.
- The client is unable to reflect back an understanding of what has been discussed. This may indicate a difficulty in concentrating.
- The client is very socially anxious and finds it difficult to sit in a room with a therapist. In this case, sessions can be gradually lengthened as the therapy progresses and the client becomes more comfortable.

Structure of therapy

Although there is no ‘fixed’ session-by-session structure that must be adhered to, there are some useful principles to consider when planning a course of CBT. Early sessions should focus on engagement and assessment, leading on to education around the cognitive-behavioural model and then to the development of a CBT formulation (an understanding of the client’s problems from a cognitive-behavioural perspective).

A treatment plan should be developed with the client after the assessment and formulation stages of therapy. This should be based on a clear identification of



problems that will be worked on in therapy, what the treatment goals are and how these goals will be met by CBT interventions. This stage is particularly important when therapy is confined to a set number of sessions and addressing all of the client's problems would not be possible.

The main goal of the middle stage of therapy is the practice and review of cognitive and behavioural techniques and reformulation. The later stage of therapy

Task	Session															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Engagement	*	*	*	*	*											
Assessment	*	*	*	*												
Education around CBT model			*	*	*											
Developing shared formulation			*	*	*	*	*	*	*	*	*	*	*	*	*	*
Treatment planning			*	*												
Behavioural interventions					*	*	*	*	*	*	*	*	*			
Cognitive interventions						*	*	*	*	*	*	*	*	*		
Relapse-management/ending											*	*	*	*	*	*

Figure 5.1 The structure of therapy

focuses on relapse-management work, coping with setbacks and a review and summary of formulation and the skills and techniques learned. Figure 5.1 illustrates the timing of the key tasks of a course of CBT. The therapist might adjust the timing of later tasks, based on what is learned through the assessment and formulation stages.

Regular reviews

It is helpful to review the therapy regularly. We would suggest reviewing the therapy every six sessions, but the frequency can be agreed between the therapist and client. Review sessions provide an opportunity for the therapist and client to reflect on the therapy together. They can help to keep the therapy focused and problems and issues that have arisen can be discussed. The goals of therapy should be reviewed and the therapist and client should check that they are on target to meet these goals by the end of the agreed number of sessions. Therapy length can then be adjusted in light of the things that therapist and client have learnt about the problem. Keeping the end of therapy in mind is another important function of having regular reviews, and is discussed in more detail in Chapter 20 on therapeutic endings. Techniques for assessing symptoms are discussed in Chapter 7, and include self-monitoring and self-report questionnaires, which may be used again in the review sessions in order to monitor change throughout the therapy.

Sometimes, clients find it difficult to engage in therapy. This can happen for a number of reasons: a client is expecting a different kind of therapeutic approach; they wish that the therapist had a magic wand; they find it difficult to make the



commitment to change; change means that their family will offer less support; they don't get on with the therapist; or they don't fully understand or like the model. Regular reviews can help to identify situations where the client is having difficulties engaging in the therapy. Some clients may be able to identify the difficulties in engaging, while other clients may not see the lack of change as a problem because they are valuing the supportive element of the therapy.

As discussed above, it can be helpful to review the client's goals with them in some detail during the review process and to explore whether there are any difficulties in tackling any of the goals. If clients are finding it difficult to comment on the goals, therapists can be open and transparent and say: 'I note that you have been having difficulty tackling ... Do you know why you are having difficulties with those goals? ... What might be stopping you moving forwards?' Some clients may need to look at the pros and cons of making changes in certain areas of their lives, as change can be challenging. We have included a chapter on motivation for change (Chapter 19), which specifically deals with exploring the pros and cons of making change. This process can aid the therapist and client in making decisions about future therapy. In some cases, the therapist and client may choose to have a break from therapy, or to end the therapy. This might be because of a lack of progress, changes in life circumstances or a worsening of symptoms. If you are unsure about whether it is appropriate to continue along the same therapeutic path, it would be important to seek supervision.

Table 5.1 Factors to consider when planning therapy structure

Clinical issue	Therapy structure considerations
Client finds it difficult to express feelings or communicate problems.	Client may be embarrassed about problems, or find it difficult to build trust. Spend time on engagement. Non-problem-focused talk may be helpful. Assessment may take place over a number of sessions.
Client seems confused or has a lack of insight around problems.	A lengthened formulation period is indicated. The formulation should be revisited frequently.
Client is uncertain about whether problems can be addressed psychologically.	Spend time on formulation and education around CBT model. This may need to be revisited during therapy.
Client has very fixed negative thoughts, or capacity to view things from alternative viewpoints is limited.	Start with behavioural work. Introduce cognitive work once client has had some success in behavioural tasks.
Client is very anxious about completing behavioural goals.	Spend time planning behavioural goals. Plan very small goals if necessary; this can be adjusted as confidence builds. Consider using cognitive work to challenge negative beliefs about completing the goals.
Client finds it difficult to identify thoughts, feelings and behaviours.	Spend lots of time on education around the cognitive model, and the difference between thoughts, feelings and behaviours. Allow lots of session time for cognitive work.



The structure of therapy illustrated in Figure 5.1 is not fixed and should be adjusted for each individual client, but there are some general considerations when deciding on the length and course of therapy. If your client has long-standing or very severe depression, it is likely that his/her thoughts and beliefs will be very negative and fixed, resulting in a limited capacity to see things from alternative perspectives. Cognitive work involves consideration of alternative explanations and perspectives, which may be difficult at this stage. It is therefore usually better to start with small behavioural goals for clients with very severe depression. Success at these can then be used as ‘evidence against’ negative beliefs when you come on to the cognitive work.

Somebody with severe anxiety or agoraphobia may find it impossible to attempt a behavioural goal until some of their catastrophic thoughts about what might happen have been addressed using cognitive strategies. Table 5.1 lists some potential issues that may affect the structure of therapy.

Structure of the CBT session

A typical structure of a CBT session is outlined below. The structure of the session will vary according to the stage of therapy. Early therapy sessions will follow a different format, as they will focus on assessment and formulation, and later sessions will have a focus on maintaining progress and ending. The structure of these early and late therapy sessions will be discussed in more detail in the chapters on assessment and endings. The example below is for a mid-therapy CBT session when CBT strategies are being actively practised.

Setting the agenda (5 minutes)

Setting an agenda helps to keep the session focused so that all the relevant issues are addressed within the time constraints of the session. Therapist and client should set the agenda together and agree on the goals of the session. The therapist first asks the client what he or she would like to include in the session and then adds any additional issues to the agenda. Once therapist and client have generated a list of items, time can be allocated to each one. If there are too many items on the agenda for each item to have adequate time, therapist and client can discuss which should take priority and which can be postponed until the following session. The goal of each agenda item should be considered so that both therapist and client are clear about what they are hoping to achieve. This is a useful way of prioritising items for discussion.

Agenda setting is important from a practical point of view but it is also important for the client–therapist relationship. The client’s active involvement in agenda setting helps a collaborative relationship to develop between the therapist and client. Setting the agenda together with your client underlies the general philosophy of CBT, that of active collaboration between therapist and client. Some clients do, however, find being asked to contribute to the therapy process in this way intimidating to start with. Be aware that your client may not know what would be relevant or appropriate to add to a session agenda when they first start CBT, and consequently might need more guidance and suggestion from the therapist in early sessions.



Update (5 minutes)

This can contain a review of the previous session, including how the client felt after the session. A brief general review of life and events can provide a useful introduction to the session and help establish rapport. A risk of asking 'general' questions about events in the client's life is that the session can lose its focus and become more of a 'chat'. This can be avoided if the therapist uses the cognitive-behavioural model to help understand experiences that the client brings to the session. In this way, general 'catch-up' conversation can be linked in to the therapy and the direction and focus of the session can be maintained.

Homework review (5–10 minutes)

It is important that homework tasks are not just set but also reviewed in the following session. Reviewing homework tasks in session makes it more likely that they are completed by the client, and this is associated with better therapy outcome. Brent et al. (2010) completed a meta-analysis of manuscripts from 2000–10, examining the effect of homework compliance on treatment outcome. They found a significant relationship between homework compliance and outcome which was robust across all symptoms looked at. Homework review is therefore a very worthwhile agenda item, although it can be overlooked by therapists. The CBT model should be used to understand the client's experience of completing the homework tasks and the consequences for her thoughts, feelings, physical sensations and behaviour (i.e. the effect of the homework on the CBT maintenance cycle). If the client was unable to complete the task, the reasons for this should be explored.

Specific CBT strategies (20–25 minutes)

These will depend on the stage of therapy and the nature of the client's problems. These will be discussed in detail in later chapters on cognitive and behavioural interventions. The specific problems that the strategies aim to address will, of course, also be discussed.

Setting homework tasks/experiments (5 minutes)

These should be discussed between therapist and client and made clear and explicit. The rationale for the homework assignment should be discussed; if the client has a clear understanding of the purpose of the task, then compliance will be more likely. It is also important to identify any potential problems in completing the homework task. This gives the client and therapist the opportunity to overcome potential difficulties, and increases the chances of the client completing the task successfully. It is important that the client gains a sense of success, especially at the start of therapy, as this can increase hopefulness and self-esteem. It is important to give adequate time to planning homework tasks as the completion of



them is a factor that is related to the success of therapy, as discussed above. The nature of the homework task will depend on the client's particular problems as well as the stage of therapy; this will be covered in more detail in Chapters 11–15 on CBT interventions. Compliance with homework tasks has been shown to be related to better outcome in CBT (Niemeyer and Feixas 1990; Persons et al. 1988), and Roth and Pilling (2007) identify planning and reviewing homework as core competencies for therapists.

Reflections on session (5 minutes)

This is a time to summarise and get feedback on the session. Therapist and client can both take a turn in saying how the session has gone. The therapist's reflections will hopefully make the client feel listened to and understood. It is important that the therapist reflects on the positive aspects of the session as well as what was more difficult. Client reflections are very valuable to the therapist as they provide an insight into the client's emotional state, their hopefulness and their understanding of the session. Any new insights can be reflected on and then linked to how the client may be able to make changes in the way they deal with difficulties. Periodic summaries and reflections can also be useful within the session, as well as at the end.

Common problems in maintaining therapy and session structure

It is not uncommon for CBT therapists to find it difficult to stick to the structure of therapy and agreed agenda of each session. We will outline below the main issues that we have come across in our practice as CBT therapists.

Setting the agenda

As discussed above, it is important that the agenda is set collaboratively with the client. A typical problem with collaborative agenda setting is that the client does not contribute to the items on the agenda. Reasons for this can include lack of confidence, low mood and uncertainty about what to suggest. Taking an active part in treatment is often a new experience for our clients, who may have been used to a more 'expert-and-patient' approach to health problems, resulting in a belief that the therapist is there to 'cure' them.

From the therapist angle, one of the blocks to collaborative agenda setting is the therapist having a preconceived idea about the session and how therapy should progress in general. The therapist has a dilemma – on the one hand, a robust structure and focus to therapy is needed, but, on the other hand, collaboration with the client (who might have different ideas) is vital. We can recall countless sessions ourselves, when we have devised a session plan before meeting with the client, only to find later in the session (or therapy) that the client had completely different priorities. If the



client senses that the session has been pre-planned by the therapist (e.g. by seeing a list of goals), then he or she is less likely to feel able to contribute to the agenda process. On a practical level, starting the session with a blank piece of paper gives a different message from starting with a visible 'list' of items that has been drawn up prior to the session. There is nothing wrong with having a list, but this can be referred to after the issue of agenda setting has been raised with the client. It can be suggested that the client also jots down some potential agenda items to bring along to the session. If possible, the agenda should be placed between the therapist and client, or, at the very least, both therapist and client should be able to see it. This might seem trivial, but if both can see it, both can 'own' it.

If there is a lack of collaboration in agenda setting, this should be explored in session with the client and reflected on in supervision. Once the therapist has an understanding of the reasons behind the lack of collaboration, it can be addressed. Recapping on the CBT model and the rationale for a collaborative approach, addressing negative thoughts about treatment, and reflecting on the therapist's own anxieties and concerns about the therapy in supervision, are strategies that can all help overcome this problem.

Therapists often complain that they feel uncomfortable with agenda setting in therapy. It is our guess that this is because it can sometimes feel too 'businesslike' or 'formal'. Some therapists also feel that it makes the therapy feel less personal or warm. For these reasons, it is essential that the client is actively involved in the agenda setting, and the rationale behind an agenda is explained, such as in the following way:

Therapist: I think it is important that we make sure that we cover all the important issues each week. How about we make a list of these at the start of each session, and decide 'roughly' how long we should spend on each? That way we can be sure that we don't overlook anything important. How would you feel about that?

Sometimes, the process of thinking about important issues and making a list results in the agenda setting developing into a full description and discussion of the topic. This can feel awkward for the therapist, as it can feel insensitive to interrupt. It is important that the therapist does interject so as to ensure that the agenda is set, and the session maintains a focus, as in: 'That sounds really important/difficult/good. Let's make sure we allow plenty of time to discuss it later on ... Is there anything else you feel we should discuss today?'

Problems with the update

Sometimes, clients give too lengthy, detailed or unfocused accounts of events since the last session. In early sessions, this might be because the client does not know what is required of them. It can feel awkward to interrupt the client as they are describing how things have been to them, but not intervening can be at the expense of the other agenda items. When an interruption is needed, we have found the following sequence to be useful:



- Interrupt with a brief reflection of what the person has said.
- Reinforce how important it is that the therapist hears about significant things that have happened.
- Remind the client that to start with, it would be helpful to have a brief overview of how things have been, before discussing specific examples.

If this problem continues, consider asking the client to prepare a brief (a few sentences) written summary of how things have been.

Here is an example of an interruption for a client who goes straight into details about specific events:

Therapist: Can I just interrupt for a moment? It sounds like a lot has happened since we last met up, and I want to make sure that we can talk about everything we need to. Can you just summarise how things have been for you overall, before we go on to talk about some of these specific examples? That way, we can be sure that I will see the whole picture.

Some clients may understand what is required of a brief update, but still provide lengthy and unfocused summaries. It may be a symptom of anxiety or apprehension about what the rest of the session will hold. The CBT session may be the only time that the client stops and thinks about how they are feeling and the problems that they are experiencing. Having problems and emotions focused on can be difficult, and sometimes a lengthy introduction can be a way of avoiding this. If it is suspected that this may be the case, the client can be asked how they were feeling before the therapy session. What thoughts went through their mind about it? What emotions did they notice? It can then be helpful to normalise anxious feelings about therapy sessions and discuss anything that might make them feel easier. The therapist should remind the client that they do not need to talk about anything that they do not feel ready to discuss, and that they can feel free to say this to the therapist. If high levels of anxiety around talking about problems or emotions are identified, then frequent 'check-ins' on how the client is feeling through the therapy session can be helpful. For clients who are very averse to discussing emotions, some preparatory work on emotions (see Chapter 18) may be helpful.

Homework review

As discussed earlier, the homework review is an important part of the CBT session, but is often overlooked by the therapist. It is important that the therapist keeps an accurate record of the homework task and remembers to ask about it. If the therapist does not enquire about the homework task, it can make the client less motivated to complete it. The therapist should enquire about the homework task and help the client to understand their experience from a CBT perspective. In order to do this, specific questions should be asked about thoughts, feelings, behaviours and physical sensations. Non-compliance with



- Lack of understanding of the task.
- Lack of confidence in ability to complete the task.
- The task is too difficult or complicated.
- A lack of belief that the task will help.
- Not seeing the relevance of the task to treatment.
- Fear of change.
- Avoidance of thinking about problems between sessions.
- Lack of motivation to change (see Chapter 19).
- Problems in the wider system (e.g. family, work).
- Fear of unmanageable emotions (see Chapter 18).
- Time constraints.
- Embarrassment, should others see.
- Unpleasant association with 'school' homework.
- Wanting to be 'cured' by therapist, rather than taking an active part in treatment.
- Feeling better, so do not feel that the task is necessary.
- Previous negative experiences of therapy and homework.
- Practical constraints (e.g. transport problems, financial constraints).
- Forgetting what the task was.

Figure 5.2 Common reasons for non-completion of homework tasks

homework tasks is a common issue and the reasons for it should be explored. Common reasons that we have encountered for non-completion with homework are shown in Figure 5.2.

It is important that the client feels able to discuss the real reasons why they have not been able to complete the task. We often find that the client will initially say that they did not have time to complete the task, but after further discussion other reasons come to light. If you suspect that there might be reasons other than the one given, ask the client about their thoughts and feelings about the homework task.

Specific CBT strategies

One of the biggest problems that can occur in this part of the session is that the discussion is too general and not focused on CBT interventions. The conversation can be brought back to a CBT focus by asking for specific examples of thoughts, feelings and behaviours. Listening to the client's problems is an important part of the therapy, but, usually, a specific intervention is also needed for change to occur. It is therefore important that specific CBT strategies are discussed (see Chapters 11–15). Timing and pacing are often problematic – if the therapist underestimates the time it will take to discuss agenda items, then time can run out for important issues. This problem can be avoided if issues are prioritised during the agenda setting.



Setting homework tasks

Lack of collaboration can be a problem in setting homework tasks and can be addressed in the same ways as lack of collaboration in agenda setting. It is important that the client understands the homework task and the rationale for doing it. This is more likely if the client has played an active part in designing the task, rather than just having it ‘prescribed’ by the therapist. Homework tasks should be pertinent to the session and phase of therapy, but, if the session has had a lack of focus or has not covered specific CBT strategies, then it is difficult to base homework on what has been covered in the session. Setting homework should not be a rushed afterthought at the end of the session because adequate time for discussion of the homework is needed.

Reflections on the session

A typical problem here is that the client is unable to say how they have really found the session. Common responses are ‘fine’ or ‘a bit tired’. Reasons for this can include not wanting to offend the therapist or seeking the therapist’s approval. The therapist can increase the likelihood of an honest and open response by encouraging it, and also assuming that there will be both positive and more difficult aspects of the session. For example:

Therapist: So, before we finish for today, it would be good to discuss how you feel the session has gone and how you are feeling now.

Megan: Fine, it’s gone OK.

Therapist: Well, I guess that you may have found some parts of the session more helpful and maybe other bits less helpful. It would be really useful for me to hear about what you feel went well and what went not so well.

Megan: I thought it was really helpful when you drew out what happened in the supermarket on the diagram.

Therapist: Yes, when you felt panicky doing the shopping. How did drawing that out help?

Megan: Well, it helped me understand what was going on, and made the problem seem a bit smaller somehow – like I might be able to do something about it.

Therapist: OK, so it sounds like that was helpful. Perhaps we could do that again with the examples you bring next time?

Megan: Yes, I think that would be a good idea.

Therapist: So, were there any bits of the session that you didn’t find so helpful?

Megan: Well, you didn’t ask me much about my sister’s birthday. I found it really difficult but I didn’t think you were interested in talking about it.



Therapist: Yes, we didn't discuss that in much detail, did we? It sounds as though you felt I was dismissing that experience, and I am sorry that it came across like that as it was obviously a very difficult experience. Would it be helpful if we prioritise that discussion next time and leave 10 minutes at the end of the next session to make sure that we have given everything enough time?

Megan: Yes, that might be good.

Therapist: So, how are you feeling now, at the end of our session?

Megan: I feel a bit worried about the homework task but I think I can do it. I am really hoping that this is going to make a difference, but don't want to be disappointed.

Summary

- Length of the therapy, frequency of sessions and session length are important considerations when planning CBT.
- The focus of sessions changes throughout the course of therapy.
- Regular reviews can help to maintain therapy structure.

Further reading

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