Cognitive Behavioral Theory in Practice

About the Counselor in the Video
Dr. Janelle Pullen is a staff psychologist at the University of Kentucky. She earned her doctorate in Counseling Psychology from the University of Iowa. When counseling, she prefers to utilize a variety of theories and interventions. She chooses a clinical intervention based on each client’s individual differences and presenting problems. Cognitive Behavioral Theory is one therapeutic approach Janelle has used successfully with clients. She currently works with university students, but took on the role of a high school counselor to illustrate Cognitive Behavioral Theory in practice. Clinically, Janelle has a strong interest in how perfectionism and procrastination affect individuals’ emotional well-being. She is also interested in couples counseling. In her spare time, she enjoys horseback riding.

Dr. Pullen’s Summary of Her First Two Sessions with Kevin
Kevin is a high school student who was referred to counseling by his football coach. Kevin had not been performing well during games and the coach noticed that Kevin seemed to be more distant and didn’t have the same enthusiasm he used to have. Kevin did not have a history of being in counseling before and had never been diagnosed with a mental disorder. After meeting with Kevin, I decided to use CBT with him.

During the first session, I sought information from Kevin about what he perceived was happening and how he was feeling about life. I asked whether he had experienced any recent changes or differences in his life recently. In addition, we discussed what his preconceptions were about counseling and what he thought might happen. After Kevin agreed that he would be willing to try counseling, I spoke with him about his expectations and helped him to see what was realistic and what might be accomplished as a result of our work together. During this first session, I attempted to begin to establish rapport with Kevin and model an open, honest approach to talking with one another. I made an effort to encourage Kevin to tell me what he liked and didn’t like about counseling during the first session as well as future sessions.

The focus of the second session was to elicit Kevin’s irrational thoughts and begin to determine how these thoughts were affecting his mood. In addition, Kevin’s core schemas were identified. Much of the second session was spent informing Kevin about CBT and asking if he would be willing to take part in that type of counseling. Psychoeducation was used to describe to Kevin the way thoughts can affect mood. I made a point to begin to teach Kevin some of the important terms that are affiliated with CBT in an effort to help him learn how to talk about his feelings and experiences and to prime him for using self-talk methods in the future. The session ended by checking with Kevin to see how he felt about the session and what he hoped for in future sessions.

Key Terms
Ask students to apply the language of theory to the session they have witnessed. Here are a few relevant key terms:
automaticity
problem-solving
overgeneralization
guided discovery
A B C
disputing

Thought/Discussion Questions
1. What are your thoughts about the role of empathy in cognitive-behavior therapy? How did the counselor show empathy with Kevin? *(Empathy is necessary so that the client sees the therapist understands his feelings. The therapist restated Kevin's feelings and checked whether her restatements fit with his feelings. She also helped him name feelings and assisted him in scaling feelings to become aware of points between the extremes.)*

2. Why do you think the thought record was appropriate for helping Kevin? *(Help him understand his patterns of response to situations; help him dispute his automatic thoughts; give him a concrete task to keep lessons of counseling in mind; give him something similar to school homework, which he is used to.)*

3. If Kevin did not complete his thought record between sessions, what are three different ways the counselor might address the incompletion? *(Ask what made the assignment difficult to complete; review to make sure he understood the assignment, maybe doing another example together; revise the assignment so that it fits Kevin's daily habits better; remember to avoid chastising Kevin and making him feel more inadequate.)*

4. Make an educated guess about how the rest of the therapeutic process will unfold. Make sure to incorporate all that you know about Kevin as well as what you know about cognitive-behavioral therapy. *(The counselor may need to reinforce and review the thought record activity. Kevin's ready acceptance of the task might have meant that he was merely being compliant with an authority figure. Kevin and the counselor will discuss the thought record and develop more disputations of his automatic beliefs. Kevin will become more able to identify his own cognitions and analyze them logically. He may want to work on other related problems arising from a sense of inadequacy. Session frequency may be tapered off as Kevin becomes more sure of himself.)*

5. How might Meichenbaum work with Kevin? Would Lazarus approach Kevin's difficulties in a similar or different way? What other techniques of cognitive-behavioral therapy might you use with Kevin? *(Meichenbaum would work on preparing Kevin for disturbing incidents, while Lazarus would broaden the approach to target elements besides thoughts and emotions. Kevin might benefit from discussing Ellis's list of irrational beliefs and which ones he sees in himself. From reality therapy, Kevin might explore how he is getting his needs met and devise new alternatives. A DBT approach would help Kevin discover ways of soothing himself when distressed.)*

6. If you were Kevin's counselor, are there points in the session where you would have taken a different direction or explored a different area? *(Answers will vary. Some counselors might go into more detail about Kevin's life history and other incidents that*
have challenged his self-confidence; others might delve more deeply into his
descriptions of emotions, or his life goals in general.)

7. Do you think that the counselor should have brought up the sex and color difference
between herself and Kevin? (Students may point out that this may have been a topic in
an earlier session between Kevin and the therapist. Some counselors will think that it
needs discussion so that preconceptions about each other can be aired. Others will
think that if the counselor is not feeling countertransference reactions to a White male,
and she sees no evidence of his discounting her because she is a Black woman, it is
unnecessary to discuss these visible differences.)

Outside Paper Topic
Sometimes the best way to get a feel for a particular type of therapy is to apply it to
your own life. Think about a problem or disturbing situation that you currently face and
chart a cognitive-behavioral intervention for yourself. For example, try making your
own thought records for a week. Pay attention to your own comfort with the technique
you choose to try. Imagine how clients might perceive and experience the intervention.
Write an honest account of your trial period of cognitive-behavioral therapy.

Readings Recommended by Dr. Janelle Pullen
changing the way you think*. New York: Guilford Press.
York: Guilford Press.

Humanistic-Existential Theory in Practice

About the Counselor in the Video
Dr. David Hutchinson has been working as a Counselor Educator and Psychology Professor at
Johnson State College in Vermont for the past 20 years. Prior to his college teaching career, he worked
intensively in addictions treatment, both outpatient and inpatient as a clinician and program administrator;
and he maintained a private counseling practice. He also served as a Peace Corps Volunteer, and has
worked as a furniture mover and taxi driver. David did his undergraduate work at the University of
Vermont, and graduate work at Assumption College and SUNY Buffalo. His wife, Katharine, is Director of
School Counseling Services at the high school in St. Albans, Vermont; his daughter, Kait, is in graduate
school at Yale University; his son, Jon, is a freshman at Wesleyan University.

Dr. Hutchinson’s Summary of His First Two Sessions with Kim
The first two sessions with Kim were spent primarily in gathering information and
explanation of the process and ground rules of counseling. Information gathered
included family of origin history, current family configuration and status, reasons for
coming for counseling, and anticipated hopes and goals for what counseling might do.
Given that Kim had never been in counseling, time was spent in talking about how the
process could work, as well as in discussion of basic ground rules (meeting times,
confidentiality – and its limits, fees, etc.). Basic assessment of other potential
outstanding issues was also subtly completed (e.g. ruling out substance abuse issues,
legal or health problems, language concerns).
We clearly defined some topical issues that most concerned him (i.e. job choices, relationship with wife issue, concerns about children), as well as a second tier of concerns, most notably the recent death of his mother and the ill health of his father. Given the interesting multicultural context from which Kim operates (roots in India, schooled in England, lives in the States), there was also thus considerable assessment of match of counseling approach to this particular client. The counselor clearly saw Kim in these initial sessions as verbally skilled, with considerable ability to reflect on his inner and outer worlds, as a good candidate for a nondirective/humanistic approach.

**Key Terms**

Ask students to apply the language of theory to the session they have witnessed. Here are a few relevant key terms:

- actualizing tendency
- congruence
- death anxiety
- focused listening
- nondirective techniques
- self-disclosure
- isolation
- freedom

**Thought/Discussion Questions**

1. What was your impression of the general tone or feel of the interview? Was it infused with Rogers's core conditions of warmth, genuineness, accurate empathy, and positive regard? What about the nonverbal interactions between these two men? (Students will note the positive tone and the obvious working alliance between the two, particularly evidenced in their mirroring of each other's body language and the humor they share several times. There is a male-buddy atmosphere that is interesting to discuss, both its advantages and disadvantages.)

2. Most of the interviewer's interventions were paraphrases, with some questions. What did you think of the accuracy and appropriateness of these? (These are consistent with the nondirective listening techniques stemming from the theory. Letting the client direct the discussion is an important part of humanistic approaches. The interviewer’s paraphrases allowed the client to refine his descriptions to clarify his phenomenological experience to the counselor.)

3. The interviewer clearly chooses to selectively attend to certain material, excluding other issues. Point out issues the counselor attended to, and issues that could have been pursued but were not. (Answers will vary. Certainly the counselor feels that the client's life choices, their motivations, and their consequences are important. He focuses on meaning-of-life concerns, for example, the client's unfulfilled artistic drives and his promises to his mother. Existential concerns such as feeling alienated, yearning for authenticity, and feeling that time is running out are emphasized. Other therapists might have pursued certain details, such as the client's temptation to stray from his marriage. These are just samples of topics students may bring up.)

4. In the humanistic approach to counseling, the relationship between counselor and client is key to positive outcome. The core issues that the client faces in the outside
The desired outcomes of existential/humanistic counseling are self-actualization, growth, and full functioning. In comparison with other therapy goals, such as quitting smoking or altering social interaction patterns, these outcomes are difficult to quantify. As a humanistic therapist, how could you identify the signs of successful outcome? How can you tell whether a person has grown or become more self-actualized? Write a paper explaining how you would recognize success or failure in an existential/humanist course of therapy.

Readings Recommended by Dr. David Hutchinson

Object Relations Theory in Practice

About the Counselor in the Video
Dr. Kim Hays is the Associate Director of Programs at the Student Counseling Services of Illinois State University. As a licensed psychologist, Kim is involved in supervision and training, and the provision of individual and group therapy in addition to her administrative role within the counseling center. She has been at Illinois State
University for 14 years. In addition to working with college students, she maintains a small private practice in the community. Kim completed her graduate work at the University of Illinois in Urbana-Champaign, and her internship at Southern Illinois University.

**Dr. Hays's Summary of Her First Two Sessions with Marti**

In the first session, we focused on Marti's presenting concern. She had an opportunity to take an important promotion at work, and came to counseling to clarify her ambivalent feelings about accepting the advancement. Marti was anxious about her ability to handle the new challenges. Another major source of this ambivalence was her relationship with her partner, which she feared would suffer if she took on more intense job responsibilities. We explored some of the pressures Marti felt being in a lesbian relationship in a work environment that was not affirming of differences. I sent her home with the Life Experience Questionnaire, which is an eight-page document that explores a client's life history, such as important events and turning points, family constellation and relationships, and so forth.

In the second session, this questionnaire fostered discussion of Marti's family history. It seemed important to me that her mother had endured a long illness and then died during Marti's childhood, and that Marti had filled a major care-taking role during her demise. We also explored her relationship to her father and how they both coped with the mother's death. This let me get a sense of how Marti copes with stress, and the role she might have adopted with her life partner. In addition, we explored some of Marti's early life experiences dealing with her sexual orientation and dating relationships. Understanding how Marti felt about herself and how she typically engaged interpersonally with others helped provide insight into her current difficulty.

**Key Terms**

Ask students to apply the language of theory to the session they have witnessed. Here are a few relevant key terms:

- empathy
- object representations
- mirroring
- working-through process
- mother's responsiveness

**Thought/Discussion Questions**

1. Why might Marti's tendency to enact a care-taking role be an example of an internalized object representation? (Marti had a childhood history that cast her in this position with her mother from a very early age. Marti often was not in touch with her own needs while taking care of her mother.)
2. What are two examples of mirroring that occurred during the session? (Reflecting back using the client's own words; therapist sharing appreciation for the care-taking efforts the client made with her mother; admiring the client's ability to find a successful way to cope with her childhood, and so on.)
3. Marti began to consider whether it was okay for her to focus therapy in a direction that met her needs instead of her partner's needs. Why is this a positive direction for her? (A new way of thinking about herself, growing ego strength, breaking caretaking patterns established in childhood.)
4. At one point, Marti took on her partner's point of view and insisted that her work situation should be the focus of therapy. The therapist chose to continue asserting that
feelings were an important focus. She could have instead apologized and shifted back to the work issue. Why did she assert her own opinion? (The counselor's response could serve as a model for Marti. Marti sees how a person can gently but firmly stand up for her own opinion when confronted. She may be more able to do this in her own relationships after seeing her counselor do it. In object relations theory, corrective role models can become healthy internalized objects.)

5. In the debriefing after the session, the counselor noted that this session was more directive and confrontational than is typical for this type of therapy. What are some risks of interpreting behavior and challenging a client's world view too quickly? (Overwhelming the client and increasing her defensiveness; rupturing the relationship by challenging the client before she is ready; not being respectful of the client's prerogative and time-line for life change; unwittingly reproducing old patterns of the client's being dominated)

6. The therapist in this session did not focus on Marti's lesbianism. Were you surprised? What questions might an object relations therapist pursue with a lesbian? Do you think it was a mistake not to bring it up more in this session? (Questions about early relationships with male caregivers as well as female and questions about how prejudice affects her relationships and work settings should be investigated. In this session, the counselor's warm acceptance of Marti's lesbian relationship may be a good enough background for the topic they are exploring.)

7. What elements of object relations or psychodynamic therapy were not evident in this particular session? What other techniques would you expect to see as the therapy unfolds? (You might expect interpretation of transference, extension of the discussion to include other personal relationships through life so Marti can see the connections, investigation of developmental stages, interpretation of resistance, exploration of the relationship between therapist and Marti)

8. What common factors of successful counseling are evident in this particular session? (Rogerian conditions of accurate empathy, positive regard, genuineness, and warmth; working alliance)

**Outside Paper Topic**

Everyone has preferred ways of relating to the world and to others. Consequently, some types of interaction feel more comfortable than others. Some types feel stressful to you from the outset, before other people might be disturbed at all. Think about your own personality and how you tend to relate to others. What roles do you tend to fill in your relationships? What roles do you strongly avoid? What type of countertransference might you be likely to experience with clients? How would you be able to discern that countertransference was operating? How might this be disruptive or helpful to your therapeutic relationship? Write a paper exploring these topics.

**Readings Recommended by Dr. Kim Hays**
