

# Therapy Session 2

## Annotated Transcript

Judith Beck, PhD, and Abe

From *Cognitive Behavior Therapy: Basics and Beyond*, 3rd Ed.

Judith:

Hi. Good to see you again.

Abe:

Hi.

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### MOOD CHECK

Judith:

Can I take a look at your scores?

Abe:

Sure.

Judith:

While I'm looking at these, just tell me, in your own words, how you've been feeling this week.

Abe:

Well, I would say I think a little bit better. I don't know if I know exactly why, but I feel a little bit better.

**[Dr. Beck will return to why he thinks he's a little better to reinforce the idea that the change is due to his change in thinking and behavior.]**

When I woke up in the morning, I was able to get up more easily. I think that when I was just reading the paper, even the sports section, I felt like I was able to concentrate a little better.

**[Dr. Beck uses this positive data later and provides positive reinforcement throughout the session.]**

Judith:

Oh, that's wonderful. I'm really glad to hear that. It looks like you're sleeping better too?

Abe:

Well, I think that what I meant by that was mostly that I didn't oversleep.

Judith:

Okay.

Abe:

Because I had been spending a lot of time in bed. I would say I got up at 7:00 a.m., but I didn't really get up at 7:00 a.m.

Judith:

Oh, that's great. That's great. Looks like your concentration on things, like reading the newspaper, you said, that's a little better, too?

Abe:

Yeah.

Judith:

Oh, I'm really glad. You said you don't have any idea as to why you're feeling better?

Abe:

Maybe that's not entirely fair. Maybe it's because of the things that we're doing here that are helping.

Judith:

Oh, that's great.

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## SETTING THE AGENDA

We'll get to those things in just a minute, but let's set the agenda. What would be your goal for today's session?

Abe:

Well, I guess to start thinking about working on the things that make it difficult for me to do things to get better. Like we talked about going out and doing things. And last time we talked about what I would like to be doing, like by Labor Day.

**[Having Abe think concretely and create an image about how his life could improve by a certain date gave him hope that his life could get better.]**

Judith:

What's something that you would like to be able to do, but you've been having trouble doing? With something, either going out, or in the apartment.

**[“Thinking about working on difficult things is too broad,” so Dr. Beck helps him be more specific.]**

Abe:

Well, it's kind of like the evenings are really hard for me because even if I go out and do something, then at the end of the day, I go back and I'm there by myself. Then I'm just sort of there with my thoughts.

**[Dr. Beck labels the goal as “evenings,” that is, to change his behavior and thinking at those times.]**

Judith:

Good, okay, so we'll try to get to evenings. Anything else? Any other goals you have?

Abe:

I would say that that's probably the main thing. Well, I should do something about my apartment. I don't keep after that like I should.

Judith:

You want to get your apartment in better order?

Abe:

Yeah.

Judith:

Okay.

Abe:

But that seems like such a big job. I don't know where to start.

**[Dr. Beck emphasizes teamwork.]**

Judith:

Well, maybe we could figure out together where to start.

Abe:

Okay.

Judith:

That sounds good.

**[Dr. Beck keeps track of what they're doing and then contributes to the agenda herself.]**

So, we're setting the agenda. I'd also like to talk a little bit more about these depressing thoughts that you've been having, and talk some more about credit, if that's okay.

Abe:

Okay.

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## REVIEWING THERAPY NOTES: PART ONE

**[It's not enough for clients to read the therapy notes on their Action Plans (formerly called homework) every day. It's important to reinforce them in future sessions by asking for their reaction to them. In this part of the session, Dr. Beck asks Abe about his therapy notes from the evaluation session, which had been two weeks before the current session.]**

Judith:

What I'd like to do next is just to turn to the notes from, actually, from the evaluation, and then the notes from last session.

Abe:

Okay.

Judith:

(being collaborative) If it's all right, I'll just read this and I'd like you to tell me what you think about this now. "When I start to feel more depressed, remind myself that the therapy plan makes sense." Does it still make sense to you?

Abe:

Yes, it does.

Judith:

"With Judith's help, I'll be working toward goals every week, step by step. I'll learn how to evaluate my thinking, which might be 100 percent true, or zero percent true, or someplace in the middle." What do you think about that?

Abe:

Well, I think the idea of working toward goals every week is a good idea. I think that your helping me to figure out what those things are is good. If I evaluate my thinking, which may be 100 percent, or not, or somewhere in the middle-

Judith:

We really haven't done that yet; help you evaluate your thinking. We've just been identifying your thinking. But does it make sense to you that you might still be seeing the world through black glasses?

Abe:

Mostly.

Judith:

Yes. Not all your thoughts are 100 percent true.

Abe:

I think most of my thoughts are, but when I go out and do things, then I feel better when I'm doing them.

Judith:

That's terrific.

Abe:

I don't have as many black dots now.

Judith:

Yes. It sounds like this next part is true, then? "The way I'll feel better is by making small changes in my thinking and behavior every day"?

Abe:

Yeah.

Judith:

Excellent. We covered it just a little bit last session, so I want to talk about it more this session. "Give myself credit for doing things on the Action Plan, for doing anything else that helps me get over the depression, and for anything that's even a little bit difficult, but I do it anyway." Were you any better at giving yourself credit this week?

Abe:

I think so. Last week, I hadn't really done that much that I really felt that I deserved any credit. But I tried to push myself this week and do the things we talked about, so yeah. I was better because I was able to recognize that.

Judith:

That's great.

Abe:

I was pushing myself and doing it.

Judith:

In a few minutes, maybe we'll talk about keeping a credit list, so we'll get to that, too.

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## UPDATE (BEST PART OF THE WEEK) AND DRAWING CONCLUSIONS

**[In a traditional CBT therapy session, we generally ask, “What should I know about that happened since the last time I saw you?” Clients who are depressed almost always report only negative situations. In Recovery-Oriented Cognitive Therapy, we ask about positive experiences and help clients draw positive conclusions about them.]**

Okay. So, again, what was the best part of this past week? Or, when did you feel the best? When were you at your best?

Abe:

Well, all of the things, just going out for a walk is better than sitting on the couch. But I went out with my grandson again, and that was good.

Judith:

Ethan again?

Abe:

Ethan.

Judith:

What did you do with him?

Abe:

We just went out and got ice cream again.

**[Dr. Beck becomes conversational, trying to lighten the mood and show interest.]**

Judith:

Vanilla?

Abe:

I tried a different flavor this time.

Judith:

Did you? What did you try?

Abe:

It was a chocolate swirl thing. It was different.

Judith:

Which do you like better? The vanilla the week before?

Abe:

I don't know.

Judith:

About the same.

Abe:

I like trying something new.

Judith:

Good for you. So, you were at your best when you took Ethan for ice cream again?

Abe:

Yeah.

**[Dr. Beck helps Abe draw positive conclusions about the experience.]**

Judith:

What was good about taking him for ice cream?

Abe:

I think it's just fun to be with him and just talk about stuff, and to feel kind of like a normal person.

Judith:

Yeah. So, you felt less depressed when you were out with him?

Abe:

Yeah.

Judith:

Yeah. That's good. Does that imply that actually you might be able to do things that can help you feel better?

Abe:

I guess so.

**[Dr. Beck asks a question so Abe will conclude that this difficult action had become easier.]**

Judith:

Was it easy to go out with him, or was it still hard?

Abe:

It was easier than the first time. It was a lot easier than the first time.

Judith:

Oh, good. I'm glad.

Abe:

I still have some questions, but it was a lot easier.

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## REINFORCING THE COGNITIVE MODEL

**[Dr. Beck next seeks an explanation for why this action was easier, identifies an adaptive cognition that was different from what he had previously thought, and subtly reinforces the cognitive model.]**

Judith:

If it was easier, it makes me think that your *thinking* must have been different. What were you thinking when you were getting ready to go out with him?

Abe:

I was thinking, "Well, last time went pretty good, so, no reason to think that this time won't be good too." So, I was just sort of more able to look forward to it as I was going to do it.

Judith:

That's terrific. This time you were making a positive prediction and your mood was better?

Abe:

Yeah.

Judith:

And it made it easier to go out.

Abe:

Yeah.

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## REVIEWING THERAPY NOTES: PART TWO

**[Dr. Beck checks on how often Abe read his therapy notes and reviews the notes from the previous session.]**

Judith:

Okay. I want to just get back to the therapy notes from last week, too. Were you able to read these every day?

Abe:

I did, yeah. I read it every day.

Judith:

Were you able to pull them out any other times during the day? I'm not sure we even asked you to do that.

Abe:

After I got up in the morning and took a shower and stuff, I would read it.

Judith:

Right, right. Okay. So, tell me what you think of this [reading]: "When I criticize myself, remember, I'm only looking at part of the scene, and it's through black glasses. Judy says it's not my fault. It's happening because I have depression."

Abe:

I think that there's some truth to that.

Judith:

Uh-huh [nods "yes"]. Do you think you're accepting this fact more, that you do have a real illness? Last week, I think it was a hard thing to even think about.

Abe:

I think that was the first time that I really thought about it in that way. When you went down and read the list of things to me,

**[Dr. Beck had shown him the diagnostic criteria in the DSM.]**

I could say, "Yeah, that's me."

Judith:

That's you.

Abe:

So, I think that it's in a book, it must mean something.

Judith:

Yeah. Are you thinking now that your condition is more like pneumonia?

**[Dr. Beck had given him an analogy, helping him conclude that he would have had some of the same symptoms--low energy, low motivation, difficulty pushing himself—if he had pneumonia. But he wouldn't have criticized himself for these symptoms. This psychoeducation helped him see that he had a very real condition, which, in turn, helped him to be less self-critical.]**

Abe:

I guess so.

Judith:

Something that happens that has these really negative symptoms, makes everything harder?

Abe:

Yeah.

Judith:

Then we talked about, last week, about how your thinking influences how you feel and what you do. Were you able to catch any of those automatic thoughts this week? I don't think I even called them automatic. They're just your depressed thoughts.

Abe:

Just my thoughts. Yeah.

Judith:

Did you catch any this week?

Abe:

Yeah. I guess the worst one was like when I said that sitting on the couch is hard, so when I was sitting there, there would be times when I would think that I'm not going to get better.

Judith:

Uh-huh [nods "yes"] When you had that thought, how did that make you feel?

Abe:

Bad.

**[Dr. Beck doesn't ask him to specify what "bad" means because she wants to emphasize a different point.]**

Judith:

Were you able to remind yourself at all that just because you think something, doesn't necessarily mean it's true?

Abe:

Yeah, I did. I can't say I believe that 100 percent, but I believe it more than I did in the beginning.

Judith:

Okay. That's good.

Abe:

Then, probably in my weaker moments, I said, "This isn't going to work."

Judith:

Uh-huh [nods "yes"]. Meaning this therapy?

Abe:

This therapy and all that. So, I went out and had ice cream with my grandson.  
[expressing additional automatic thoughts] Well, I ought to be doing that anyway.  
I went for a walk. Well, I ought to be doing that anyway.

Judith:

So, you got really self-critical?

Abe:

Yeah.

Judith:

Yeah. All right. I think I'll come back to the rest of the Action Plan in a few minutes.

**[Dr, Beck decides not to address the self-criticism directly at this point, but instead to teach Abe a technique to counteract self-criticism. His previous Action Plan had been to give himself credit. Now Dr. Beck will help him do this in an organized way that will help him focus more strongly on this task and remember what he has identified.]**

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## KEEPING A CREDIT LIST

Judith:

Let's talk about a credit list, [being collaborative] if that's all right?

Abe:

Okay.

Judith:

It seems to me that you've lost a lot of confidence in yourself.

**[Dr. Beck summarizes his difficulties in a normalizing, non-pathological, way.]**

Abe:

Losing my job really hurt.

Judith:

Yes. It seems to me you've lost confidence in a lot of ways. You've lost confidence about your ability to work. You're afraid that even if you got a job, you wouldn't do it very well. Seems like you've lost confidence in your ability to keep your apartment in order. Lost confidence in how other people might view you. It makes it harder to get together with friends. Do you think I'm right about this?

Abe:

Yeah. And we haven't even talked much about my ex-wife. About the fact that the marriage failed. That's pretty bad too.

Judith:

Well, it's not surprising that you've lost confidence in yourself [providing psychoeducation] because that's what depression really does. It really makes you lose confidence. It would be really, really important for you to recognize that you are taking steps to take control of your life again.

Abe:

Yeah.

**[Dr. Beck provides a rationale.]**

Judith:

That's why I'd like you to keep a credit list, in writing, if you can. You could just keep it on any kind of piece of paper, or you could keep this credit list on a three-by-five card that you keep in your pocket, or you could keep a list on your phone.

Abe:

This is just like my saying "Good job" to myself?

Judith:

Yeah, exactly. Exactly. This is when I want you to do it. We talked a little bit about this at the evaluation.

**[Dr. Beck reminds Abe of the guideline for giving himself credit.]**

Whenever you do anything that's even a little bit difficult, but you do it anyway, you deserve credit for that.

Abe:

Okay.

Judith:

Should I write that down on your Action Plan for you?

Abe:

Yeah.

Judith:

**[Dr. Beck writes the item on Abe's Action Plan and returns to the analogy of pneumonia.]**

Now, if you had pneumonia, and yet you were able to get yourself out of bed, you were able to go to the supermarket, you were able to put in a load of laundry, would you think you deserve credit for it?

Abe:

Yeah. Only because, even though I think I'm supposed to do them, I haven't done them for a long time.

Judith:

That's exactly right. The depression has been so severe, it's been so hard for you to do these things.

Abe:

Yeah.

Judith:

It sounds to me as if you've done some things this week that were even a little bit difficult, but you did them anyway. Is that right?

Abe:

Yeah. Going for the walks, and I walked by the church one day, too.

Judith:

Oh, that's great. All right, so we can start your credit list right now. Should I give you a piece of paper?

Abe:

I can write it on here.

Judith:

Okay. So, you said this week you walked by the church?

Abe:

Mm-hmm [nods "yes"].

Judith:

It was easier to take your grandson out for ice cream. Was it easy?

Abe:

Not easy, but easier.

Judith:

Okay, so if it was even a little bit difficult, then it goes on the list. Took Ethan out for ice cream.

**[It's a good idea to have clients practice writing the list in session by having them reflect on what they already did that day. Starting an Action Plan like this in the session makes it far more likely that the client will continue it at home.]**

What did you even do *today* that was a little bit difficult, but you did it anyway?

Abe:

Well, yeah, I don't know that this was even on the list, but when I... After I got up and took my shower this morning, I straightened up a couple things in the apartment.

Judith:

Oh, that's great. Was that even a little bit difficult?

Abe:

It was really hard.

Judith:

Okay, so write that on your list.

Abe:

I didn't make a big dent in everything that needs to be done, I just moved them around a little bit. Kind of make it a clearer path to walk through.

**[Dr. Beck is careful not to get sidetracked by asking more about this topic at this point, especially since Abe had put it on the agenda and she knows they will get to it later.]**

Judith:

Right. We have that on our agenda to talk more about today.

But you did some things around the apartment, and we hadn't even talked about your doing that. Was it good that you did that, or would it have been better if you hadn't done it?

Abe:

It was good I did it.

Judith:

It was good you did it, so it absolutely belongs on the list. How about getting out of bed? Was that easy today?

Abe:

It was a lot easier. I wake up, and lots of times I just stay in bed. But what I've been trying to do is push myself to actually get out of bed when I wake up at 7:00 a.m.

Judith:

I see, instead of lying in bed.

Abe:

So, I pushed myself and got up.

Judith:

All right. So, can you write down, "Got out of bed"?

**[Given what Abe said earlier in the session, Dr. Beck anticipates that he will have a similar automatic thought that could interfere with a recognition that he deserves credit for doing this. She normalizes a very common thought.]**

A lot of people say, "Well, why do I deserve credit for getting out of bed, it's just what I should do?" Is that something you were thinking?

Abe:

Oh, yeah.

**[Dr. Beck uses self-disclosure to encourage Abe to give himself credit.]**

Judith:

Okay. So, I have to tell you that every morning when I get out of bed, I give myself credit. Because I would much rather turn off the alarm and go back to sleep, but I don't. And I say, "Well, it's good you got up." And *I'm* not even depressed.

Abe:

Okay.

Judith:

So, Abe, once you're over the depression, it will be your choice as to whether you give yourself credit for getting out of bed or not. But while it's still even a little bit difficult, it's really important.

Abe:

Okay.

**[Next, Dr. Beck reinforces the rationale for keeping a credit list. Rather than telling him why, she asks him a question, prompting him to think about it.]**

Judith:

Can you see how giving yourself credit for these things might help you build up your confidence, show you that you are able to do things that are difficult?

Abe:

I wasn't thinking about it that way, but I just kind of feel better thinking about it, that I'm doing those things. But I have to somehow remind myself that it has to do with building confidence, too.

Judith:

Yes, that's good. Should I write that on your Action Plan, too?

Abe:

Yeah.

Judith:

So, [writing] "When I do anything that's even a little bit difficult, give myself credit," and how should I phrase it? "This will build my confidence"?

Abe:

This will build my confidence.

Judith:

[writing] "This will build my confidence." Anything else you did today that was even a little bit difficult?

Abe:

No. I thought about doing something, but I didn't do it.

**[Again, Dr. Beck is careful not to get side-tracked. She judges that sticking with the credit list is more important.]**

Judith:

Uh-huh [nods “yes’] How about coming to therapy today? Was that even a little bit difficult?

Abe:

Yeah. Yeah.

Judith:

Okay. That goes on your list too. So, "Came to therapy." So, we have a bunch of things that you did just even today, that you deserve credit for. Now, if you don't give yourself credit for those things, what happens?

Abe:

Then I just think about it the same way I always did, that I ought to be doing that stuff anyway.

Judith:

Yeah. So, you feel, what, guilty, you feel bad?

Abe:

Feel bad, guilty, lazy, incompetent.

Judith:

Right. Instead of, "Wow, these things are hard because I'm depressed." So, *of course* you deserve credit for doing them. Right?

Abe:

Yeah.

Judith:

Do you think you could keep a list like this every day?

Abe:

Yeah, I could. Maybe it would help if I would do this while I'm sitting on the couch at night.

Judith:

Oh, that's a great idea.

Abe:

Because that's when I have trouble.

Judith:

Yeah, okay. So, "Keep list. Do at night."

**[Dr. Beck anticipates a problem and normalizes it.]**

Now, the only problem with *only* doing it at night is that, if you're like most people, you're likely to forget 90 percent of what you actually did.

Abe:

Yeah.

Judith:

I see you're wearing the rubber band.

Abe:

Yeah.

Judith:

Right. Did that work to have you ask yourself what was going through your mind?

Abe:

Yeah. That's how I realized that the evenings were difficult because I was, I was sitting there and having a hard time. Normally, I'd just go get a beer and not think about it. But because of this, I thought about it.

Judith:

Terrific.

Abe:

Then I knew what the thoughts were.

**[Dr. Beck offers a solution to the problem.]**

Judith:

I wonder if you could use the rubber band to remind you not only to look for your depressing thoughts, which might or might not be true, but to also ask yourself, "What have I done in the last hour, or two hours, or something like that, that I deserve credit for?"

Abe:

Yeah.

Judith:

So, using the rubber band as a reminder.

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## ACTION PLAN REVIEW and DRAWING CONCLUSIONS

**[Dr. Beck has finished reviewing the therapy notes part of the Action Plan and set a new Action Plan to keep a credit list. Now, looking at her notes, she returns to the rest of the Action Plan and helps Abe draw positive conclusions about his experiences.]**

Judith:

Okay, so back to what you got done this past week, were you able to take a look at the goal list?

Abe:

Yeah. Right here.

Judith:

Do you have any changes on that?

Abe:

No. Visiting family is still really important. Still the idea about the job, like I really want one, but I'm still afraid I'll mess it up.

**[Again, Dr. Beck wants to stay on track. She notes a potential agenda item but then returns to reviewing the Action Plan. She recognizes that, if Abe is willing, they should probably postpone a detailed discussion of a job until he's made more improvement.]**

Judith:

Yes. So, if we have time, maybe we'll get back to that. [writing] "Mess up job."

Abe:

This was one of the things I said I'd thought about, but I didn't do. I thought about calling up one of my friends, but I didn't.

Judith:

Uh-huh [nods "yes'"] Well, I think we had agreed that that might be too hard for you.

Abe:

Yeah.

Judith:

So, I don't think that was even part of your Action Plan. Let me just see what was. "Walking by the church." You said you did that. Did you visit the kids, other than taking Ethan for ice cream?

Abe:

Well, when I went to see Ethan, the other kids were there. So, I spent a few minutes playing with them.

Judith:

That's great. You were going to go out to the supermarket. Were you able to do that?

Abe:

I did, yeah. It's just good to have some vegetables and stuff in the house instead of just eating everything out of a can.

Judith:

And you were supposed to try to get out of the house at least four times this week. Were you able to?

Abe:

Yeah, I did. If I get to count going out with Ethan as one of those times.

Judith:

Oh, sure. Was it even more than four?

Abe:

Well, I walked by the church one day. I did maybe five days.

Judith:

Oh, excellent.

Abe:

Five.

**[Next, Dr. Beck finds out how Abe wants to continue this Action Plan in the coming week.]**

Judith:

So, what would you like to do this week in terms of getting out of the house?

Abe:

I'm afraid to set the bar too high, so, maybe five times.

**[Dr. Beck wants to make sure that Abe will be successful.]**

Judith:

Why don't we give you a range? How about four to six times? How does that sound?

Abe:

I should be able to do that.

Judith:

Should I write that on your Action Plan?

Abe:

Yeah.

Judith:

[writing] "Get out of house four to six times." Okay.

**[Dr. Beck asks important questions to help Abe draw positive conclusions about his experience, then writes them down as part of Abe's therapy notes that he will review daily in the coming week.]**

So, you were able to get out of the house. What was good about getting out of the house? What did it show you?

Abe:

Well, one, that I can do things that, up to this point, I just thought I couldn't do.

Judith:

Right. I'm writing that down. "I can do things I thought I couldn't do."

Abe:

When I do them, I feel good about it.

Judith:

Yeah. [writing] "When I do them, I feel good about them." So, does this imply that maybe you can start to take more control over your mood?

Abe:

Maybe it does.

**[Noting some uncertainty, Dr. Beck asks Abe to put this concept in his own words.]**

Judith:

So, what should I write down about that?

Abe:

Well, I think it's still more in the form of a question in my head. Does this mean that?

Judith:

How about a, "Maybe this means?"

Abe:

Yeah.

Judith:

Is that about right?

Abe:

Yeah, maybe it means that.

Judith:

Maybe this means what? I can take more control?

Abe:

That there are things I can do to take control.

Judith:

Yes, exactly. [writing] "There are things I can do to take control." That's excellent. Okay. I want to talk just a little bit more about depressing thoughts.

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## PRIORITIZING THE AGENDA

**[Dr. Beck gives Abe the choice of how to spend the rest of the time in the session.]**

Then, maybe we can talk about getting your apartment in order, or would you rather talk about evenings? If we only have time to get to one of those, which would you like to get to?

Abe:

Evenings.

Judith:

Evenings, okay.

Abe:

Yeah. They're a problem.

Judith:

Yes. Okay, we'll do that.

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## REINFORCING THE COGNITIVE MODEL

Judith:

So, you were able to catch some of these depressed thoughts this week, right?

Abe:

Yeah.

Judith:

So, what do you think of this idea that the way that you feel, say, for example, as you're taking a walk, or as you're with Ethan, the way that you feel is going to depend, at least in great part, as to what's going through your mind?

Abe:

I think there's truth to that.

Judith:

Yes. For example, when you thought, "I'll never get better," what effect did that have on your mood?

Abe:

It just made me depressed. Made me want to give up.

**[Dr. Beck recognizes that it's likely Abe will have this automatic thought again, so she prepares him for it.]**

Judith:

Exactly. If you have that thought again, "I'll never get better," how would you like to answer that thought?

**[Dr. Beck doesn't need to use Socratic questioning, because Abe has already recognized there is evidence that he *is* starting to get better. But she doesn't supply him with an answer, either. The response will be more powerful if Abe himself states it.]**

Abe:

Well, I guess the first thing is, that's not a sure thing, that I'll never get better anymore.

Judith:

Right. That's excellent. [writing] "That's not a sure thing." What makes you think that it might not be true?

Abe:

Because when I do stuff, I feel better.

Judith:

Exactly. So, you've really started to prove that to yourself, then.

Abe:

Yeah.

Judith:

So [writing], "I've started to prove this to myself." What was the other thought? "This isn't going to work?"

Abe:

This isn't going to work. That therapy isn't going to work.

Judith:

What would you like to remind yourself about that?

Abe:

Well, I don't want to jinx it, but it seems like, a little bit, it already is.

Judith:

So [writing], "It seems, a little bit, that it already is." That's good. All right. I got that on your Action Plan for you.

Abe:

Okay.

**[Next, Dr. Beck provides additional psychoeducation.]**

Judith:

Now, we call these kinds of thoughts, these thoughts that just seem to pop up into your mind, we call them automatic thoughts.

**[Dr. Beck recognizes that many people who are depressed criticize themselves for having negative automatic thoughts.]**

It's not your *fault* that you're having them. The reason that you're having these really negative automatic thoughts is because you're depressed. So, we've been talking about that.

Abe:

Okay. Yeah.

**[Dr. Beck asks Abe about continuing an Action Plan.]**

Judith:

So, this week, you're going to use the rubber band again to try to keep on identifying those thoughts?

Abe:

Yeah.

Judith:

And to keep on reminding yourself that just because you think them, doesn't necessarily mean that it's true? And here I've written down answers to a couple of the automatic thoughts that you had this past week that you might have this coming week.

Abe:

Okay.

Judith:

[reading] If I think I'll never get better, remind myself that's not a sure thing. I've started to prove this to myself. And "This isn't going to work." If I think that, remind myself it seems, a little bit, that it already is." Good.

Abe:

I think that might help.

---

## WORKING ON GOAL #1 [Part 1]

**[Dr Beck addresses Abe's goal to make his evenings better in two parts. First, she asks if he could incorporate family into his evenings. She motivates him to work toward this goal by calling attention to his core value of family. They identify a step Abe wants to take in the coming week toward his goal. Dr. Beck conceptualizes an automatic thought that might be an obstacle and uses**

**[Socratic questioning to help Abe respond to it. Then they set a specific Action Plan and she writes it down for Abe.]**

Judith:

Now, before we get to evenings, you said earlier today that being with the family is really important to you.

**[At their first session, Abe had identified family as one of his core values. Dr. Beck also recognizes that Abe has become disconnected from almost everyone. And regaining a sense of connection is important for most individuals with depression. So, she weaves family into their discussion of how to make his evenings better. She starts by giving him a choice.]**

I wonder if there's something that you could do in the evenings? Either being with your family or talking to them on the phone? What would you like to be able to do?

**[The next question Dr. Beck asks is really key.]**

If you *weren't* depressed, what would you do?

Abe:

Well, I'd like to go over, but I don't want to invite myself.

**[Dr. Beck notes that Abe has probably had an automatic thought that leads him to feel reluctant to invite himself to their house. She recognizes that, if he's willing, having face-to-face contact with them will strengthen his sense of connection much more than a phone call. After specifying whom Abe will call, she addresses the automatic thought.]**

But I could call them and talk to them on the phone. Oftentimes, when I call, they invite me over.

Judith:

Okay. So, you're going to talk on the phone to whom?

Abe:

My son and my daughter.

Judith:

Great.

Abe:

I could give them a call.

Judith:

Uh-huh [nods "yes'"]. So, do you have some thought that gets in the way of your saying, "Hey, is it convenient for me to come over?"

Abe:

I don't want to impose.

Judith:

So, the thought is, "If I invite myself, I'll be imposing on them." Is that right?

Abe:

Yeah.

Judith:

"I'll be imposing on them."

Abe:

Yeah.

Judith:

If we can take a moment here to try to figure out whether that thought is 100 percent true, or zero percent true, or someplace in the middle. I don't know. It might be 100 percent true.

**[Dr. Beck now starts the process of Socratic questioning to evaluate the thought.]**

But what makes you think that they'll see it as an imposition?

**[In other words, what evidence does Abe have?]**

Abe:

I don't know if they will. I just think it.

Judith:

I see.

Abe:

I just think of myself that way.

**[Dr. Beck seeks evidence from the past]**

Judith:

Before you got depressed, did you ever invite yourself over?

Abe:

Yeah. "Can I come over and spend some time with the kids?" Yeah.

Judith:

Did they seem to have a negative attitude about your doing that?

Abe:

No, not at all. They always seemed happy to have me come over.

Judith:

I see. Were there any times when you invited yourself over where they said, "Gee, today isn't a really good time"?

Abe:

Instead of saying, "It's not a good time," they'd say something like, "Tomorrow would be better because we've got something scheduled today."

Judith:

Something scheduled. Right. So, if I could summarize what you just said, in the past, when you've invited yourself over, they've been glad to see you. And it sounds like they've been honest if it would be an imposition on them.

Abe:

Yeah.

Judith:

So, have they changed in some way, do you think, that they wouldn't want you to come over now?

Abe:

No. I think it's just I've changed my thinking, the way I think about my... When I get into that spiral, I start thinking that stuff, and then, I guess, it's stuff I just make up.

**[Dr. Beck offers another perspective and ask Abe what he thinks.]**

Judith:

I wonder if another way of looking at this is that maybe they would do exactly what they've done in the past, which is either to welcome you, or to reschedule? Do you think that's possible?

Abe:

Yeah. I think so.

Judith:

Yeah.

**[Dr. Beck de-catastrophizes the situation by having Abe think of how he could cope with the worst outcome and then what the best and most realistic outcomes probably are.]**

And if the worst happens, and they say, "Gee, sorry, but we're really busy now," then how could you cope with that?

Abe:

I could call the other one.

Judith:

That's a great idea. Right. But that's only the worst that could happen. What's the *best* that could happen if you called one of them?

Abe:

They'd say, "Sure, we'd love to have you over. When would you like to come?"

Judith:

Yeah, that sounds pretty good. What do you think is the most *realistic* outcome?

Abe:

They'd probably say something like, "Yeah, that'd be great. We'd be happy to have you over. Thursday night would be a good time. Can you come over then?"

Judith:

So, the most realistic is that they'd be really glad that you called.

Abe:

I think so.

Judith:

And they'd set a date with you.

Abe:

They were always good, in the past, about those kinds of things. It's just since I started going downhill, it was more like me not calling them. Not them saying they didn't want to see me.

**[Again, Dr. Beck asks Abe to take an active part in crafting a response instead of providing him with one.]**

Judith:

Right. So, how do you want to answer this thought, "If I invite myself, I'll be imposing on them"?

Abe:

Well, in the past, they've always been happy to hear from me.

Judith:

Yeah. So [writing], "In the past, they were always happy to hear from me." That's good.

**[Dr. Beck asks Abe to set a specific Action Plan]**

Would you like to set yourself an Action Plan item about this?

Abe:

I should call one of them anyway, if not both.

Judith:

What do you think, one or both?

Abe:

How about one, with other one being optional?

Judith:

That sounds good. Okay, so are going to call your son or the daughter? Which one's going to be optional?

Abe:

My daughter will be optional.

Judith:

Okay. So, do you think it might be a good idea for you to call them and try to go over one evening, since evenings are so tough for you?

Abe:

Yeah, that would be really good if I could do that.

Judith:

Yes. [writing] Then, optionally, you'd call the other one and see if you could go over one evening.

Abe:

Yeah.

---

## **WORKING ON GOAL #1 [Part 2]**

**[Next, Dr. Beck and Abe continue to talk about the goal of making evenings better.]**

Judith:

What else would you like to be able to do in the evenings?

Abe:

Well, the grandkids, they have different kinds of activities going on. I could go to something. I could go to a game, or a concert. This is sort of the end of the school year for them. They've got different kinds of things going on at school that I could go to.

Judith:

That sounds great. That's great. And on the evenings when you stay in your apartment, what would you like to be doing?

Abe:

Well, even if I could read the paper and concentrate on it, that would be an improvement.

Judith:

Okay. So, another thing is you might read the newspaper.

Abe:

Like read the entire sports section. That would be an improvement.

Judith:

Okay.

Abe:

I used to like politics, but that's getting harder, so I don't know if I want to do that now.

Judith:

Okay.

**[Dr. Beck wants to make sure that Abe will be able to successfully complete the Action Plan. Up to this point, he has been able to read a short part of the sports section but not the whole thing.]**

I think we should make the *entire* sports section optional, but at least you'd read part of it.

Abe:

Part of it.

Judith:

Is that all right?

Abe:

Yeah.

Judith:

[writes it down]

---

## WORKING ON GOAL #2

**[Dr Beck addresses Abe’s second goal, to straighten up his apartment. First, she asks him what steps he’d like to take. She makes sure that the steps are small so he won’t be overwhelmed and checks on the likelihood of completion. She also emphasizes another core value Abe has: being in control. Dr. Beck conceptualizes that an automatic thought might be an obstacle and uses Socratic questioning to help Abe respond to it. Then they set a specific Action Plan and she writes it down for Abe.]**

Judith:

You mentioned getting your apartment in better order. Is there something you'd like to do during the day, or the evening about that?

Abe:

I should probably clean up the kitchen. I'd just get the dirty stuff out of the sink and put it away.

Judith:

So, "Cleaning the kitchen." But not the whole kitchen, right?

Abe:

Yeah, not the whole kitchen. I would clean the sink.

Judith:

[writing] You said, “Just clean the sink.” Okay, that sounds good.

Abe:

Which would be, by itself, a big improvement.

Judith:

Yeah.

**[Dr. Beck then asks the most important question to assess the likelihood that Abe will take this step.]**

So, how likely are you to clean the sink?

Abe:

Part of it, for sure.

Judith:

Do you want to maybe set a time limit on it? Like clean the sink for 10 minutes, and then you can stop?

Abe:

That would be good.

Judith:

Okay.

Abe:

That way I could do that and be okay with putting the 10 minutes in.

Judith:

Is there something else you'd like to do this week? Something that, around the apartment, that if you did it, you could say, "Okay, this shows I'm starting to take control. Starting to take control of the apartment," like doing some of the dishes.

**[Dr. Beck emphasizes the importance of Abe's regaining a sense of control, another one of his core values.]**

What else would make a difference to you?

Abe:

Probably clean the bathroom.

Judith:

That sounds like a big job.

Abe:

Well, maybe just the sink.

Judith:

Okay [writing] "Clean the bathroom sink." Is this enough, or should we give you one more thing to do?

Abe:

It's starting to sound like a lot.

**[Dr. Beck realizes Abe is starting to feel overwhelmed so she next reviews the Action Plan, offering to change it if Abe wants.]**

---

## REVIEWING THE NEW ACTION PLAN

**[Dr. Beck reads through the entire Action Plan, which contains steps Abe has agreed to take toward both goals and also therapy notes, important things for him to remember.]**

Judith:

All right. So, let me go through, if this is okay, the Action Plan that we have so far, and then let's cross some things off, or make some things easier. Okay?

Abe:

Okay.

Judith:

All right. So, when you do anything that's even a little bit difficult, you're going to give yourself credit.

Abe:

Okay.

Judith:

And you're going to write it on a piece of paper. You've already started here.

Abe:

I've got my rubber band as a reminder to do that.

Judith:

Yes. [writing] I'm going to put down rubber band. Right. And we wrote down that the reason to do this is that it will build your confidence.

Abe:

Yeah. Yeah.

Judith:

This is something you're going to do at night, but you're going to keep the rubber band, and at least try to keep track of these things during the day also.

Abe:

Yeah.

Judith:

Okay. "Get out of the house four to six times." How does that sound?

Abe:

Yeah. I can do that.

Judith:

Okay. How much do you agree with this idea? "I can do things I thought I couldn't do." How true do you think that is?

Abe:

Well, little things anyway, that's true.

Judith:

Mm-hmm [nods "yes''] It's true. Good.

Abe:

I mean, I've already done that, a little bit.

Judith:

So, I'm writing true next to that. "When I do them, I feel good about them."

Abe:

Yeah. I agree with that.

Judith:

That's true. "Maybe this means there are things I can do to take control."

Abe:

I believe that 50 percent.

Judith:

Okay. Maybe we'll come back to that if we have time. "If I think I'll never get better, remind myself that not getting better is not a sure thing. I've started to prove this to myself."

Abe:

I've started doing things, and when I do those things, I feel better. So, that's kind of proof that doing things could help.

Judith:

All right. And, "When you think this isn't going to work, remind myself it seems, a little bit, that it already is." Do you believe that?

Abe:

That's true. Yeah, because I do feel better.

Judith:

Now, could you read these therapy notes every morning?

Abe:

Mm-hmm [nods "yes']

Judith:

You want to keep them by the coffee maker like the other ones? Could you read the other notes, too? The ones from last week, and the ones from the week before?

Abe:

Yeah, I got those.

Judith:

Okay. So, I'll write that here. [writing] "Read all the therapy notes in the morning." I think they probably are all still relevant to you. I do think it would help to read them later on in the day. Would you be willing to try to do that?

Abe:

Yeah. I'm just trying to think when would be the time to do it. I've said I'd do a couple things in the evenings on the couch, and I'm afraid to overload the evening to have too many things on the list at the end of the day.

Judith:

How long do you think it will take you to read the notes?

Abe:

Five minutes.

Judith:

No, I don't think so. I think it will probably take a minute and a half. If we had time, I'd have you read them right now and we could time you. But that's fine. If you'd like to read it in the afternoon, that's fine. What would you think about setting a timer on your phone? That's what I do all the time.

Abe:

I think maybe when I eat my dinner.

Judith:

Great. All right. So, how are you going to remind yourself? Do you want a note in the kitchen?

Abe:

I'll just make this a multipurpose rubber band.

Judith:

Okay. [writing] So when you notice the rubber band at dinner, you'll say, "Read the notes." Okay, so notice the rubber band to remind you.

Abe:

Okay. It helps me to write it down too.

Judith:

Good. I'm going to give you a copy of this, too.

Abe:

Thank you.

Judith:

So, then you'll have two copies. I want to make sure that these things don't sound overwhelming. "Talk on the phone to your son and daughter. To your son, and then talking to your daughter is optional."

Abe:

Yeah. I'll call him. I'll call him.

Judith:

And invite yourself over?

Abe:

Can we make that optional?

Judith:

Yes. Let's do that.

Abe:

I'll call him, but...

Judith:

[writing] "Inviting self over is optional." And I did put a note on here. "In the past, they were always happy to hear from me."

Abe:

That's true. If you could just draw a line from that over to making the phone call.

Judith:

That's good. In the evenings, we talked about trying to go to a game, or a concert, something that your grandchildren are involved in.

Abe:

Or even during the day because they have things during the day at school.

Judith:

Oh, that's good. So, day or evening.

Abe:

Or things in the late afternoon.

Judith:

Do you want to keep that on, or you want to make that optional?

Abe:

I'd like to do that.

Judith:

Okay. "In the evening, read the newspaper. If you can, even the entire sports section." Want to keep that on?

Abe:

Yeah.

Judith:

Okay. Then, I think these things were for the day, but I'm not sure. One was, "Clean the kitchen sink for 10 minutes."

Abe:

I think that was in the evening that I wanted to do that because that would give me something to do instead of just sitting on the couch.

Judith:

Got it. So, how likely are you to do that one evening?

Abe:

One evening?

Judith:

Mm-hmm [nods "yes'"]. For 10 minutes.

Abe:

I'll do that.

Judith:

And cleaning the bathroom sink?

Abe:

Less so.

Judith:

Optional?

**[It's much better for the client's confidence and sense of control to make an Action Plan easier or optional if it doesn't look highly likely that the client will do it.]**

Abe:

Yeah.

Judith:

Okay. So, there's a lot on the sheet, but most of it is just reading things to yourself. So [reading from Action Plan notes], the stuff we actually have you *doing* is giving yourself credit, getting out of the house four to six times, reading your therapy notes, talking on the phone to your son, going to a game or to a concert or something with your grandchildren.

Abe:

Looking at some kind of school activity.

Judith:

Okay. Reading the newspaper, at least once. And then cleaning the kitchen sink. How hard will it be to give yourself credit?

Abe:

I think I can do that.

**[Dr. Beck wants to reinforce the rationale for keeping a credit list, so she elicits it instead of providing it.]**

Judith:

Remind me what the point is of giving yourself credit.

Abe:

Well, I recognize then that I'm doing something, even though I have depression.

Judith:

Yeah.

Abe:

And that, by doing these things, it gives me a way to take control over that.

Judith:

Exactly. And then what happens to your confidence in yourself?

Abe:

Better.

Judith:

It gets better, right. So, you think you can give yourself credit? Do you think you can get out of the house four to six times?

Abe:

Mm-hmm [nods "yes"]., I can do that.

**[Rather than telling Abe she thinks getting out of the house will be easier this week, Dr. Beck asks him a question so he can draw that conclusion himself.]**

Judith:

Do you think it's going to be easier this week to get out of the house at least four times, or harder?

Abe:

Yeah, I liked doing that.

**[She asks additional questions to help him realize that other tasks won't be too difficult.]**

Judith:

Okay, so it sounds like that. Reading the therapy notes. How hard will that be?

Abe:

That won't be hard.

Judith:

Okay. Talking to your son on the phone. How hard will that be?

Abe:

After I call him, it'll be fine. He'll be happy to hear from me. It's just dialing the number that's going to be the hard part.

Judith:

Yeah.

**[Again, Dr. Beck elicits the rationale for doing something that is difficult.]**

So, is there something you want to remind yourself of? Why do something that's hard? Why call your son?

Abe:

Because they've always been happy to hear from me before.

Judith:

Yeah. Any other reasons to call your son?

Abe:

Family. Connections. Just a bunch of stuff.

**[Dr. Beck offers an additional rationale.]**

Judith:

Do you think your son might feel good if you called him?

Abe:

He'd probably be happy to hear from me.

Judith:

Yeah. So, it would help you, and it would probably make your son feel good. When you realize that, does it make it harder to do, or easier to do?

Abe:

Easier because I think they're worried about me, and if they hear from me, they'll feel better.

Judith:

Exactly. How hard will it be to read the newspaper?

Abe:

Well, that shouldn't be hard as long as I can concentrate on it.

Judith:

Right. Going to at least one event that your grandchildren are involved with.

Abe:

I can do that. I just know that towards the end of the school year, they do stuff.

Judith:

Yeah. So, maybe we'll just put [writing], "If it works out." That's good. Cleaning the sink for 10 minutes. How hard is that going to be?

Abe:

I think making it for 10 minutes makes it easier. If I think I have to clean up the sink, that would be really hard.

Judith:

You can do 10 minutes?

Abe:

I can do that.

Judith:

That's good. Reading all your therapy notes, not just this week, but from last week and the week before. Do you think you can do that?

Abe:

I can do that over dinner.

Judith:

Great. Well, Abe, I think you've got a great Action Plan here.

Abe:

Yeah.

**[Dr. Beck points out the progress he's making.]**

Judith:

Even if you could only do half of it, it would be so much better than you were doing three weeks ago, wouldn't it?

Abe:

It's a lot more.

Judith:

Yeah. I think if you're able to not only do it, but give yourself credit, my guess is you're pretty soon going to really notice small changes in your mood.

Abe:

I notice the change in my mood when I'm doing stuff.

Judith:

Yeah. That's great that you can see that.

---

## ELICITING FEEDBACK AT END OF SESSION

**[Next, Dr. Beck elicits feedback and takes the opportunity to provide additional psychoeducation and a behavioral guideline linked to Abe's values.]**

Judith:

So, what did you think of today's session?

Abe:

It's good. I start thinking, "Well, maybe this will work," because these are all things that I want to do.

Judith:

Yeah.

**[Dr. Beck reinforces the metaphor that explains why Abe has been having so many negative automatic thoughts.]**

But it's been really hard because of those black glasses, I think.

Abe:

Yeah.

Judith:

Don't you think that those thoughts have really gotten in the way?

Abe:

Yeah. I want to do them. And I think that if I do them, I think that things will go better.

Judith:

I think so, too.

**[Abe is feeling better but Dr. Beck wants to let him know that his mood will vary, so he won't get overly discouraged when it does and so she can make a recommendation of what to do.]**

Now, of course, you're going to have your ups and downs this week.

Abe:

Yeah.

Judith:

So, there are probably going to be times when you're more depressed. But when you are feeling more depressed, the best thing to do is just to get up off the couch. Anything that you do, other than sitting on the couch thinking depressing thoughts, is better than that. Anything that you do.

Abe:

Yeah.

**[Next, Dr. Beck provides additional psychoeducation, linking the guideline to Abe's value of being in control.]**

Judith:

The whole thing with depression is depression saps motivation. It makes you just want to sit on the couch. What's really important is not to do what you *feel* like doing when you're depressed, because all you feel like doing is sitting on the couch. What's really important to do is the things that will help you take better control. So, not what you feel like doing, but the things that will help you feel more in control. Should I write that down too?

Abe:

You can. I've got it, but you can, yeah.

Judith:

You got it. Yeah, well, I'll put it here so I'll know it for my notes too.

Abe:

Okay.

Judith:

So, (writing) "Not what you feel like doing, but what will help you feel in control." That's good. Was there anything I said today that bothered you, or you thought I got wrong?

Abe:

No. No. It was real helpful.

Judith:

And how about when you come in next time, anything you want to do differently?

Abe:

No. I think that if we just keep doing this, I'm hoping it will work.

**[Dr. Beck boosts Abe's confidence by expressing her genuine agreement.]**

Judith:

I think it's going to work. I really do. See you next time.

Abe:

Okay.

Judith:

Next week, same time.

Abe:

Mm-hmm [nods "yes"].

Judith:

Great.

Abe:

Okay. Thanks.