

## CBT Self Assessment

### A cognitive-behavioral therapist will demonstrate the ability to skillfully:

be socratic and collaborative.

- **Effective:** Client and therapist collaborate together to dictate content and tempo based on agreed-upon plan
- **Less Effective:** Non-directive where the client dictates content and tempo
- **Less Effective:** Directive where the therapist forces agenda without client input

... explain cognitive-behavioral model of anxiety, and formulate and share cognitive-behavioral conceptualization of the presenting problems.

- **Effective:** Therapist broadly describes the cognitive-behavioral model of anxiety, emphasizing and highlighting aspects that are particularly germane to the client's individualized experience of the antecedents, behaviors, and consequences
- **Less Effective:** Therapist broadly explains the cognitive-behavioral model of anxiety, but does not emphasize how it applies to the client's own experiences
- **Less Effective:** Therapist reviews the client's specific experience of anxiety, but without couching it in the larger perspective of a cognitive-behavioral model of anxiety.

... effectively demonstrate and teach Cognitive Restructuring skills.

- **Effective:** Therapist guides client through selecting an Automatic Thought, identifying Thinking Errors, asking and answering Disputing Questions, and formulating a Rational Response
- **Less Effective:** Therapist attempts to convince the client of an alternative belief rather than guide the client to his or her own plausible alternative
- **Less Effective:** Therapist attempts to replace threat or danger thoughts

... plan and assign Cognitive Restructuring exercises for self-directed practice between sessions.

- **Effective:** The therapist stresses the importance of seeing Cognitive Restructuring as a skill that needs to be practiced, and negotiates and outlines the steps of cognitive restructuring (e.g., identifying ATs, identifying Thinking Errors, Anxious Self/Coping Self Dialogue, using Disputing Questions, or developing Rational Responses) to be rehearsed between sessions.

- **Less Effective:** The therapist anticipates that cognitive restructuring in session will be sufficient for lasting schema change, even when the client reports a strong belief in the alternate thought
- **Less Effective:** The therapist abandons cognitive restructuring if the client does not report a high degree of belief in the restructured alternative thought

... develop a rank-ordered hierarchy of fears, including dimensions that make fears more or less intense.

- **Effective:** Identifying a range of different fear triggers (e.g., “giving a presentation in class,” “talking to strangers,” “standing at a crowded bus stop”) including dimensions that might make triggers more or less anxiety provoking (e.g., speaking to men vs. women, small or large audience, friends vs. acquaintances vs. strangers, etc.)
- **Less Effective:** Identifying fear triggers based on “typical” clients with that diagnosis
- **Less Effective:** Identifying overly broad (e.g., “doing things in public”), narrow (e.g., “being called into work on Christmas Day”), or personally-irrelevant (e.g., “meeting with world leaders”) targets for the hierarchy

... identify safety behaviors and collaboratively negotiate to minimize or eliminate safety behaviors during exposures.

- **Effective:** The therapist and client jointly explore strategies the client uses to minimize anxiety or perceived threat, and negotiate an agreement to minimize of, ideally, refrain from engaging in these strategies while conducting exposures.
- **Less Effective:** The therapist adopts an authoritarian stance of response prevention without client input or consideration of client concerns
- **Less Effective:** Therapist does not attend to, or is permissive about, the use of safety behaviors during exposure.

... plan and conduct exposure exercises in session.

- **Effective:** Therapist and client select an appropriately challenging in-session exposure that is relevant to client’s treatment goals and follows logically in the sequence of exposures. Therapist works out the details of the exposure with the client, collaboratively sets a behavioral goal that is achievable, observable, and measurable, and initiates an appropriately difficult in-session exposure
- **Less Effective:** The therapist dictates the exposure to be conducted without client input, consideration of client concerns, or consideration of relevance to the client’s environment

- **Less Effective:** The therapist places little structure around the exposure, and allows the exposure to unfold in a haphazard manner

... effectively debrief the client following completion of the exposure

- **Effective:** Therapist engages in post-exposure debriefing, acknowledging the difficulties faced, reinforcing efforts, and reviewing pattern of anxiety during the exposure. Therapist explicitly facilitates processing of what client has learned from the experience that he/she can apply to future situations
- **Less Effective:** The therapist focuses on difficulties, mistakes, or client difficulties during the exposure
- **Less Effective:** The therapist fails to discuss the exposure, facilitates processing of the experience, or reinforce the effort and successes

... plan and assign exposure exercises for self-directed practice between sessions.

- **Effective:** Therapist negotiates an appropriately challenging homework assignment for exposure that fits with client's treatment goals and logically follows from previous in-session and homework exposures.
- **Less Effective:** The therapist does not assign between-session exposure practice
- **Less Effective:** The therapist assigns between-session exposure practice that is unrelated to the in-session exposure, or is likely to be too easy or difficult for the client

... discuss and formulate relapse prevention plan, including ongoing post-therapy cognitive restructuring and exposure exercises.

- **Effective:** Therapists review and effectively convey the importance of continuing to use of cognitive restructuring and self exposure in order to maintain gains and continue to improve.
- **Less Effective:** The therapist explains that since treatment goals have been met, ongoing self-directed exposure or cognitive restructuring is unnecessary.