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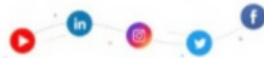


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Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.



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Instructor's Manual

for

DEPRESSION:
A COGNITIVE
THERAPY APPROACH

with

ARTHUR FREEMAN, EDD, ABPP

Manual by

Erika L. Seid, MA and Victor Yalom, PhD



The *Instructor's Manual* accompanies the DVD *Depression: A Cognitive Therapy Approach* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

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Instructor's Manual for Depression: A Cognitive Therapy Approach

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Instructor's Manual for

DEPRESSION: A COGNITIVE THERAPY APPROACH

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW

Allow the sessions to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions, as no therapist or therapy session is perfect. What do viewers think works and does not work in the sessions? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. REFLECT ON HOW THEORY BECOMES PRACTICE

Before showing the video, hand out copies of **Translating Basic Theory into Practice** from this manual, giving participants an overview of how Freeman conceptualizes his work. This gives them the background they need to better appreciate the development of the therapy on screen.

Review the section entitled, **Use of the Beck Depression Inventory Scores** so that viewers will have a better understanding of how and why this tool plays such an important role in this treatment.

6. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

7. CONDUCT ROLE-PLAYS

After watching the video, organize participants into pairs, so one person will play the therapist and one will play the client. Assign each pair to role-play a therapy session using Freeman's cognitive therapy approach. The *client* may resemble the client in the video, a current or previous real-life client, someone they know personally, or even themselves. Participants should switch roles if time permits.

As a basic instruction, suggest to therapists that they follow Freeman's outline for the first session: 1) gather data, 2) identify problems and strengths, 3) develop a problems list that will form the basis of the treatment plan, and 4) secure the client's agreement to therapy. For the next step, if time allows, encourage them to try out Freeman's *three column technique* to examine the client's thoughts and feelings related to the problem list. See **Translating Theory into Practice** in this manual for a brief review of how Freeman works.

Following the role-plays, have the groups come together to discuss the exercise. First, have the clients share their experiences; then have the therapists talk about what the session was like for them. What did participants find challenging about this way of working? Finally, open up a general discussion on what participants learned about Freeman's approach to cognitive therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion that explores what participants found useful and/or challenging about this way of working.

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel on the spot to put on a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance – all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

Translating Basic Theory into Practice

The cognitive view of depression is that it is characterized by negative views of the self, the world, and the future. This is called the negative cognitive triad and it is manifested in the individual's automatic, non-reflective responses to a situation. The negative triad is thought to constantly and automatically shape the individual's perceptions and interpretations of events. These automatic distortions intensify the impact of the underlying dysfunctional beliefs leading to the depressed mood. The depressed mood, in turn, negatively affects recall of past events and present evaluations, perpetuating and amplifying the depressed mood. This domino effect has been referred to as the *downward spiral of depression*.

The major therapeutic focus in cognitive therapy for depression then, is on helping the client to examine the manner in which he construes and understands the world (cognitions) and to experiment with new and more adaptive ways of responding (behaviors).

The immediate goal of cognitive therapy is to break the cycle of depression (negative automatic thoughts which lead to depressed mood which then leads to biased recall and perception). Distortions about the self, world, or future become the initial focus of therapy. The therapist works with the client through a Socratic questioning method known as *guided discovery*, to make the distortions manifest by tracking *automatic thoughts*, or the spontaneous thoughts associated with certain moods or situations. The spontaneously generated thoughts are then evaluated with the client for content, degree of client belief, style, and impact on the client's life. Rather than simply pointing out thinking errors, the therapist uses probing questions and capsule summaries to elicit, examine, and help the client to question and give up maladaptive automatic thoughts.

The main purpose of labeling the style or content of the distortion is heuristic; it provides the client with a conceptual tool that helps him to understand his thoughts and begin to alter those that are dysfunctional. Reinforcing the client for questioning the possibility of a distortion and testing alternatives is an important strategy. Further,

the therapist can offer hypotheses for consideration, act as a resource person, or directly point out areas of difficulty.

Cognitive therapy of depression concludes with the elucidation and modification of the underlying dysfunctional beliefs believed to perpetuate the depressed mood and heighten the individual's vulnerability to relapse. By learning to understand the idiosyncratic way in which he perceives himself, the world and his experiences in it, and his prospects for the future, the client can be helped both to alter negative affect and to function more effectively.

This text has been adapted from the viewer's manual, *Depression: A Cognitive Therapy Approach*, by Arthur Freeman, EdD with Marge Lurie. The complete viewer's manual is included with *Psychotherapy.net's Depression: A Cognitive Therapy Approach Continuing Education* course. See the **CE Credits** section at www.psychotherapy.net for more information.

Use of the Beck Depression Inventory Scores

Throughout the video, Freeman makes reference to the Beck Depression Inventory (BDI), which was a key component of Edward Crane's treatment. The test was self-administered in the waiting room prior to each session, and Freeman reviewed it at the beginning of each session. The score was then charted to maintain a graph of the mood fluctuation.

As a self-report measure, the BDI was used to reflect Edward's overall level of depression. It helped to provide objective data regarding therapeutic progress and also served as an aid in helping Edward validate, or invalidate, assumptions about himself, his world, and the future. By doing a weekly content analysis, the specific content of the depression was elicited and then incorporated into the session. For example, Edward was a chronic 2 (on a scale of 0 - 4) on several BDI items. When he checked a different number (whether 0, 1, or 3), he and Freeman looked collaboratively at the shift and incorporated it into the session agenda as needed. From the first session to the last, the BDI allows therapist and client to monitor the baseline level of depression, changes over time, and changes reflecting therapeutic gains as well as life stressors.

While Edward's depression met criteria for *major depression, recurrent*, it became apparent that even when his major depression remitted, he still had an underlying dysthymic personality style. The consistent scores of 14 toward the end of treatment are indicative of more chronic dysthymia, a style that is characterological for Edward. When the dysthymia has been present for many years, as it was for Edward, it is not readily distinguished from the person's usual functioning.

This text has been adapted from the viewer's manual, *Depression: A Cognitive Therapy Approach*, by Arthur Freeman, EdD with Marge Lurie. See note in previous section.

Reaction Paper for Classes and Training

Video: *Depression: A Cognitive Therapy Approach*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. Key points: What important points did you learn about cognitive therapy? What stands out in how Freeman works?

2. What I found most helpful: What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work?

What challenged you to think about something in a new way?

3. What does not make sense: What principles/techniques/strategies did not make sense to you? Did anything push your buttons or not fit with your own style of working? Did you experience any resistance? Explore these questions.

4. How I would do it differently: What might you have done differently than Freeman in the sessions in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. Other Questions/Reactions: What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?

Related Websites, Videos, and Further Readings

WEB RESOURCES

An interview with Albert Ellis on Psychotherapy.net

www.psychotherapy.net

The Association for Behavioral and Cognitive Therapies

www.abct.org

The Center for Brief Therapy

www.artcbt.com

International Association for Cognitive Psychotherapy

www.the-iacp.com

Beck Institute for Cognitive Therapy and Research

www.beckinstitute.org

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Cognitive Therapy for Addictions

Cognitive-Behavioral Child Therapy

Cognitive-Behavioral Therapy with John Krumboltz, PhD

Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD

Couples Therapy for Addictions: A Cognitive-Behavioral

Approach Effective Psychotherapy with Men

Mixed Anxiety and Depression: A Cognitive-Behavioral Approach

Multimodal Therapy with Arnold Lazarus, PhD

Positive Psychology and Psychotherapy

Reality Therapy for Addictions

Reality Therapy with Robert E. Wubbolding, EdD

BOOKS

- Beck, A. T., Freeman, A., Davis, D. D. (2004). *Cognitive therapy of personality disorders, 2nd Ed.* New York: Guilford Press.
- Beck, A. T., Rush, A. J., Shaw, B. F., Emery, G. (1979). *Cognitive therapy of depression.* New York: Guilford Press.
- Freeman, A., Datillio, F. M. (Editors) (1992). *Comprehensive casebook of cognitive therapy.* New York: Plenum Press.
- Freeman, A., DeWolf, R. (1990). *Woulda, coulda, shoulda: Overcoming regrets, mistakes, and missed opportunities.* New York: Harper Perennial.
- Freeman, A., Felgoise, S. H., Davis, D. D. (2008). *Clinical psychology: Integrating science and practice.* Hoboken, NJ: John Wiley and Sons.
- Freeman, A., Pretzer, J., Flemming, B., Simon, K. M. (2004). *Clinical applications of cognitive therapy.* New York: Plenum Publishers.
- Rosner, R. I., Lyddon, W. J., Freeman, A. (2004). *Cognitive therapy and dreams.* New York: Springer Publishing Company, Inc.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

SESSION ONE

- 1. First Impressions:** What are your initial clinical impressions of Edward? What do you observe about his verbal and nonverbal communication, his behavior, and his style of relating? What predictions might you make about working with Edward in therapy?
- 2. First Session:** Edward was sent to therapy by his wife, rather than coming on his own accord. What key points did you notice about the way Freeman used the first session to engage Edward? Was Freeman's approach effective? Why or why not? If you were the therapist, how else might you have engaged Edward in this first session?
- 3. Therapeutic Tasks:** Freeman identifies four therapeutic tasks for the first session: obtain data, identify problems and strengths, develop a problem list, and secure the client's agreement to therapy. How successful was Freeman in completing these tasks? Does this list of therapeutic tasks make sense to you? How does this approach fit with the way you work with clients and how you see the first session?

SESSION THREE

- 4. Sharon:** What do you think about the way Freeman works with Edward in his reactions to Sharon's behavior? Does his approach seem effective? In what ways? Would you have focused more on the content of Edward's complaints? Is there any other direction in which you might have pushed the conversation with regard to this issue?
- 5. Ventilation:** What do you think about Freeman's decision

to discourage Edward from ventilating his emotions? How do you see these interventions as helpful to Edward and to the goals of the therapy? How else might you have handled Edward's strong feelings here?

6. Three Column Technique: What do you think of the Three Column Technique? In what situations or with what kinds of clients do you think this approach might be most helpful? Can you imagine yourself using this technique with your own clients? What challenges do you think you might experience in using it?

SESSION FIVE

7. Success: What observations can you make about how Freeman worked with Edward's experience of having a good week? How do you see Freeman using this success in the therapy? Given the way this session started, how might you have proceeded with Edward if you were the therapist?

SESSION NINE

8. Reviewing the Therapy: What did you think about the therapy review in this session? What was helpful about it? Do the new goals make sense to you? Did anything surprise you? In reflecting on the cognitive therapy model, what do you see as the value of scheduling a review in advance as part of the treatment plan?

SESSION THIRTEEN

9. Schema: What stood out for you in this session regarding Edward's homework and its connection to change? What do you think it was about Freeman's interventions throughout the course of therapy that helped Edward get to the point of generating this list of schema?

SESSION TWENTY

10. Termination: What are your reactions to this termination session? What were the highlights? What points would you have approached differently than Freeman?

11. The Model: What do you think about using this cognitive model with clients who suffer from depression? Does it make sense to you? Do you see yourself using it in your work with depressed clients? Are there some components of this approach that you find helpful, and others that seem incompatible with how you work with clients? What in particular would you do differently from Freeman's model?

12. The Therapeutic Relationship: In what ways do you think the therapeutic relationship was important in this particular course of therapy? How did Freeman join with Edward? What was it about Freeman that allowed Edward to feel comfortable enough to engage in the therapy?

13. Personal Reaction: How would you feel having Freeman for your therapist? Do you think he would be effective with you? Why or why not?

Complete Transcript of Depression: A Cognitive Therapy Approach

Arthur Freeman Commentary: *Prior to our first interview, the client completed a standard clinical intake questionnaire about his family, his problems, his history, and his personal style, as well as completing the Beck Depression Inventory and the Beck Hopelessness Scale. These data indicated that he had met the relevant criteria for major depressive episode, recurrent, moderate severity, and provided background data for the initial case conceptualization.*

SESSION ONE

Arthur Freeman: Hi, Mr. Crane. Please come in.

Freeman Commentary: *Edward Crane, 42, was referred by a family physician for counseling. He is married with two teenage children. The sole financial provider of the family, he is a departmental supervisor for the regional office of a large national insurance company.*

Freeman: Mr. Crane, how can I help you?

Edward: Well, I'm not really sure. My wife thinks I should be here.

Freeman: You're here because your wife thinks you should.

Edward: That's right.

Freeman: Okay. And why, at this point, does your wife think you should be in therapy?

Edward: Well, things aren't going so well at home. She's gone back to school, and our whole life has been disrupted. And so she thinks I need therapy.

Freeman: I'm not clear. Why does she think at this point that you need therapy? That's really not clear to me.

Edward: Well, she thinks it's my problem. She doesn't seem to understand that her going back to school has disrupted everything, that I have a lot more responsibilities now at home than I used to

have. I'm having to... Look, I work. I come home, I've had a lot of pressure at work. I come home, I want to relax, I want to unwind. I can't do that because there's notes to go do the laundry or fix dinner or something. And this is not the way it's been. It's not the way I was raised. And, you know, it's all because she's gone back to school now, and she's not doing what she's supposed to be doing.

Freeman Commentary: *I've chosen to focus on Edward's feelings. Only if we know what the disturbed feelings are will we be able to focus on the important cognitions that are connected to those feelings.*

Freeman: ... the pressure that you're describing, Mr. Crane, but how does that make you feel?

Edward: I'm overwhelmed.

Freeman: So one of, one of your feelings is being overwhelmed. Anything else? Any other feelings that you have, because of all this pressure?

Edward: Well, I'm angry.

Freeman: Angry.

Edward: I'm angry because, because she's not taking care of, she's not, she's not living up to her responsibilities. She's not taking care of the house the way she's supposed to.

Freeman: The way she once did.

Edward: Yes.

Freeman: Okay. Overwhelmed, angry. Any other feelings? Any other emotions, reactions?

Edward: Yeah, I get kind of down.

Freeman: Do you mean depressed?

Edward: Yeah, I get depressed.

Freeman: Okay, so you get overwhelmed, angry, down, depressed. Anything else? Any other feelings?

Edward: Yeah, I, I, I get sad.

Freeman: So you're describing three, four pretty important things:

being overwhelmed, angry, down, and sad.

Edward: Yeah. Because I don't see why I should have to do all of this.

Freeman: And associated with those feelings, there are things like, "You shouldn't have to do all this."

Freeman Commentary: *At this point, I've made a clinical choice. I've chosen to not follow Edward's emphatic "should," but rather stay with the connection between his thoughts and his feelings. We'll come back to the "should" later.*

Freeman: Connected to these feelings, there are lots of thoughts.

When you have these thoughts, Mr. Crane, how does that make you feel?

Freeman Commentary: *It's far too early to challenge his insistence that his wife is the cause of all his problems. But I'll begin to acquaint Edward with the cognitive therapy model, introducing the idea that thoughts and feelings are separate but interrelated.*

Freeman: When you feel angry or sad or depressed, and you start thinking, "It's not fair, it shouldn't be this way," does that make you feel better or worse?

Edward: Well, I feel worse.

Freeman: Feel worse.

Edward: Yeah, everything's upside down.

Freeman: It's topsy-turvy.

Edward: Yeah.

Freeman: So that, "It shouldn't be this way. She should do what she used to do."

Edward: Right. See, I'm, I'm the primary caretaker. I have a job, make the money, I pay for the house, I pay for the cars, pay for the food. I pay for everything. She's supposed to take care of the house, raise the children. She's not doing that anymore.

Freeman: Your wife's name is...

Edward: Sharon.

Freeman: Sharon. You've been married for...

Edward: 21 years.

Freeman: 21 years. Has that been the agreement, the contract between you for the course of your marriage—that you work and she works at home?

Edward: Yes. Yeah.

Freeman: That's been the deal.

Edward: Right.

Freeman: But now that she's gone back to school, that's different?

Edward: It's all upside down. She's not living up to her part of the contract.

Freeman: So that contract is different.

Edward: Yes.

Freeman: You mean one day it just flipped around?

Edward: Well, I thought she was going to take a class. I said, "Sure, take a class."

Freeman: She says, "I'm going back to school," you thought she was going to take...

Edward: You know, a class on Saturday or one night a week or something.

Freeman: Wouldn't interfere with her household work.

Edward: No. But now she's out there all the time. She's studying for exams. She's going to the library, or having study groups with her girlfriends, or going off and doing stuff with them. She's not home, and I have to do everything. I'm not supposed to do that.

Freeman: What sort of school program is she in?

Edward: She's in a nursing program.

Freeman: A nursing program.

Edward: Yeah. It's a two-year program and she's about halfway through it, just starting her second year.

Freeman: And since she's been going to school you have all these problems, and there's another year...

Edward: Another year to go.

Freeman: Another year to go. Do the two of you end up fighting a lot?

Edward: Yeah.

Freeman: What do you end up fighting about?

Edward: Well, I tell her, you know, what I think the problem is. And she just starts yelling at me. She gets very angry.

Freeman: So you tell her the problem is, "You've gone back to school and that's the problem."

Edward: That's right.

Freeman: And then she says...

Edward: She says the problem's with me. She says it's my problem.

Freeman: "You'd better go to therapy."

Edward: Yeah.

Freeman: So the goal of therapy, then, is, in her view, to do what?

Freeman Commentary: *The problem of therapy goals will be a recurrent issue, given Edward has been sent rather than choosing to come for therapy. I'll try throughout the therapy to identify focused, short-term, workable goals with which Edward can agree.*

Freeman: So her view is you've got a problem. Your view is, it would be nice if I can fix her and her problem.

Edward: Yes.

Freeman: You have kids too.

Edward: Yeah, we have two children.

Freeman: Two kids. How old are they? What are they doing?

Edward: My son's a senior in high school. He's looking at colleges right now.

Freeman: He's how old?

Edward: 17, almost 18. My daughter's 15, she'll be 16 soon, and she thinks she wants to be a doctor. She's, she's a good student. I have a good relationship with them. My son, he drives now, he's... But he's always taking the car. My daughter, now, I have to chauffeur everywhere.

Freeman: So part of the pressure.

Edward: Yeah.

Freeman: Okay.

Edward: I mean, I come home, and now I have to, you know, he's taking the car the minute I walk in the door. She needs to be driven somewhere. I can't sit down and relax.

Freeman: Let me just kind of back up for a moment. May I call you Ed?

Edward: Uh, Edward, I'd prefer Edward.

Freeman Commentary: *At this point, I attempted to reach out to the patient to strengthen the therapeutic relationship. This may have been premature. His clear statement of preference for Edward, rather than Ed, is diagnostic in two ways. First, it indicates a formal style of interaction. Second, it shows that he's assertive enough to make a correction. I have to alter my initial impression that Edward has a highly dependent style. A desire to maintain a distant stance may be more accurate.*

Freeman: With the kids, do you end up in conflict? Do you have hassles with the kids?

Edward: Well, it's interesting. I try to be a supportive parent, an interested parent. I fix something at night, we sit down and we eat together. As soon as we're done, they take, clear their plates, they clear the table, and they're gone. They just disappear. I want to ask, "How was the day? How, how are things going at school?" And they just don't talk to me. They don't communicate to me anymore.

Freeman: They're gone. Well, they're kids, they...

Edward: Yean, yeah, yeah, I know. And they have their own lives and they've got their own friends, they're more important, and they just.... You know, they just don't need me anymore. Like the other day, I got

this note about, "Fix the kids something for dinner," so I wanted to order pizza. And then they go off to McDonald's and...

Freeman: Edward, before we get to that, let me just see if I'm understanding that there's no real conflict with the kids. Is that right?

Freeman Commentary: *I stopped Edward because he's opening up too quickly. Given his distant, rigid style, he's likely to feel guilty, foolish and angry if he reveals too much to me, a stranger. If he goes too far, he may even quit therapy. To slow him down, I interrupt his escalating complaints and take him back over safer ground. When we do get to the disturbing incident, I'll frame it as part of the therapeutic process.*

Freeman: The incident that you're referring to, is that going to help me understand what happens with you and Sharon and the kids?

Edward: I think so, sure. Yeah.

Freeman: Okay.

Edward: So I come home from work about 5:00. There's a note from Sharon to make something for dinner. Now, I come home at five, I usually expect dinner on the table at 5:30. So the kids come in. They say, "Well, what's to eat?" and I couldn't think of anything, so I said, "Well, let's get some pizza." And they said, "No, we don't want any pizza, we want McDonald's." And I say, "Okay, fine." And the next thing I know, my son's taking the car and my daughter and they go to McDonald's, and they left me home alone.

Freeman: You didn't stop them, say, "Gee, you know..."

Edward: Well, no, no. They're supposed to ask me. They're supposed to say, "Dad, would you like to come?" I mean, it's only logical. It's my car, it's my money. But they just, they just took off and left me, left me home alone.

Freeman: Okay, so they go to McDonald's, and you're home alone, and you what? You called up for pizza?

Edward: No.

Freeman: What did you do?

Edward: Well, I looked around. I see my wife has some dried-up ham

in the refrigerator, a couple of slices. And some cheese. So I make a sandwich, but I can't find any bread, because she doesn't go to the supermarket. So she's got a frozen muffin in the freezer and, okay, I'll defrost it. So I throw it in the microwave, and it comes out and it's like rubber. But I put the ham and the cheese on it, and there's not even mustard in the house. So I have this rubbery ham and cheese sandwich with no mustard, and, and, you know, I made do with that.

Freeman: So you end up with the dried-out ham, cheese, what, an English muffin, no mustard.

Edward: No mustard. And this is like after a full day of work.

Freeman: A day of pressure at work. How do you feel about that?

Edward: Well, I didn't enjoy it.

Freeman: It certainly sounds like you didn't enjoy it. How did it make you feel?

Edward: Makes me feel taken advantage of.

Freeman Commentary: *Clients often confuse thoughts and feelings. When I ask Edward for his feeling, he responds with a thought. To get past this, I rephrase the question: "When you have that idea or thought, how did that make you feel?"*

Freeman: Now when you have that idea, "They're taking advantage of me," how does that make you feel?

Edward: Down.

Freeman: Like you said just a moment ago, depressed?

Edward: Yes, depressed. And I just don't have any energy to do anything.

Freeman Commentary: *Once again we make the connection between thoughts and feelings.*

Edward: I just get depressed.

Freeman: Is that what Sharon is saying to you? That you're depressed?

Edward: Yeah, I guess that's what she's saying.

Freeman: What do you end up saying to yourself then? You're

feeling down, you're feeling depressed. What do you end up saying to yourself?

Edward: "Why, why is this happening to me?"

Freeman: "These terrible things happen to me."

Edward: That's right.

Freeman Commentary: *Global questions like this have no answer. I'm reframing it as a statement, which we can later examine and analyze.*

Edward: ... that need to be done.

Freeman: Do you feel, do you end up feeling abandoned?

Edward: Yes. I mean, she's going off and leaving me. The kids are going off. My son will be in college next year, and you know, once they go to college, you never hear from them again. And I'm, I'm going to just be left all by myself. And it's not the way I expected my marriage to turn out.

Freeman: So that, this is not only a time of pressure for you, but what you're saying now, this is also a time of crisis for you.

Obtaining Data

Identifying Problems and Strengths

Develop Problem List

Secure Client's Agreement to Therapy

Freeman Commentary: *The mid part of the session was focused on obtaining more data and identifying problems and strengths of Edward's that could be used in the therapy. In the final minutes of the session, I need to develop a problem list and secure Edward's agreement to work on those problems. This may not be easy.*

Freeman: Edward, we have about 10 minutes left in the session at this point. What I'd like to do is kind of pull some things together and offer some recommendations for where we go from here. Now, what we've done in the past 40 minutes is to come up with a general problem list, and I think that's something that we need to look at. You've talked about marital problems—how to cope more effectively

with Sharon and what's going on there. You have some work concerns, some sleep problems, your anger and the sadness, and the feeling down. So there are lots of pieces that need to be looked at. Did I leave anything out? That pretty well covers it. What I'd like to recommend is that you come in for 10 sessions.

Edward: You know, that sounds like a lot.

Freeman: Well, it's a long time, yes, but it's not forever.

Freeman Commentary: *My statement here is designed to challenge Edward's all-or-nothing thinking.*

Freeman: Given that these problems have taken a while to come together—they didn't just happen yesterday—it's going to take a few sessions for us to really get a handle on them and to get a head start on working with them. So what I'd like you to do is to come in for 10 sessions, and what we can do is to evaluate the progress that we're making at the fifth session and also at the ninth session, so if we need to make any mid-course corrections, we can do that.

Edward: Yeah, but you know, I know sometimes people do this, like, for years and years.

Freeman: They do it for a lifetime. But I'm not asking you to come in week after week, session after session, for a lifetime. What we're talking about is your coming in for 10 sessions.

Edward: And evaluate after the fifth and the ninth.

Freeman: And the ninth. To really look at how we're doing.

Edward: Okay, that, that, that would be okay.

Freeman Commentary: *It sounds at this point as if Edward has agreed to therapy. It seems too easy. This will have to be tested again later.*

Edward: Well, okay, I'd be willing to do that. But you know, what are you going to do for me?

Freeman Commentary: *It didn't take long. It's clear that we still don't have an agreement on the therapeutic goals or focus.*

Freeman: ...these problems and breaking them up into smaller pieces. It's like trying to digest a whole meal at once. We're going to break

up into smaller pieces so we can work on them. The second thing we're going to work on is really getting a handle on this down, sad, depressed feeling that you describe. One of the ways we're going to do that—I'm going to ask you each time you come in for the ten sessions to fill out this Beck inventory form out in the waiting room. And this will not only allow us to monitor how you're feeling over time, but also if there are any problems that affect you more keenly at one time than another. Does that make sense to you?

Edward: Sure, okay.

Freeman: The third thing, and perhaps the most important thing, that we'll have to work on is working on developing skills for more effectively coping with the broad range of problems that you experience. I think that's going to be the central issue. Does that make sense to you?

Edward: Sure.

Freeman: Would that be something you'd be willing to agree to?

Edward: Okay.

Freeman Commentary: *Throughout the session, I ask for Edward's agreement for each small part of the plan, rather than his commitment to some vague global therapy.*

Freeman: The work I do is called cognitive therapy. Do you know what that means?

Edward: Well, I know cognitive has to do with thinking.

Freeman: Good. An awful lot of the way that we feel has to do with how we think and how we see things. For example, if I were to give you a pair of glasses with very, very dark gray lenses, and you looked at the world, how would the world look?

Edward: Dark and dreary.

Freeman: Dark and dreary. If I gave you a pair of glasses with, say, pink lenses, and you looked at the world, how would the world then look?

Edward: Pink, pink and rosy.

Freeman: Pink and rosy. Okay. Let's suppose I gave you a pair of glasses with blue lenses. And I showed you a lemon. What color would the lemon be?

Edward: Green.

Freeman: Listen again. If you're wearing blue lenses and I show you a lemon, what color would the lemon be?

Edward: Well, green, because blue and yellow makes green.

Freeman: That's true. But the fact that it looks green—what color is the lemon?

Edward: Well, the lemon, still, it's really yellow.

Freeman: It's yellow. So the fact that it looks green doesn't make it green. It's still yellow. I think what I've seen over the years is that no matter how stressful a situation, how difficult a relationship, how problematic an interaction, that the way we see it is really important because we may in fact see it as far worse than it really is, far more serious than it is.

Edward: So you're saying that that's why I'm depressed? Not because of what Sharon's doing?

Freeman: No, I'm not saying that's why you're depressed.

Freeman Commentary: *Note how fragile the therapeutic contract is. When Edward challenges me, I back off quickly so as not to threaten our emerging alliance.*

Freeman: ...the situations you've described, the kinds of experiences you've had, but certainly I think the way that you see the world is an important element. The way that you interpret what's happening, I think, is a very important issue in why you're feeling the way you do. Does that make sense?

Edward: Sure.

Freeman: Now, well, sometimes it's very helpful and makes therapy go a whole lot more quickly if you'd be willing to do some homework between sessions. Does that make sense?

Edward: What kind of homework?

Freeman Commentary: *Homework is an essential ingredient in cognitive therapy. Here again, it's important to set the homework collaboratively, securing Edward's agreement.*

Freeman: Would you be willing to get a book and read it between now and then?

Edward: Sure. What book?

Freeman Commentary: *There are several introductory books for patients, including *Feeling Good*, by David Burns, and *The Ten Dumbest Mistakes Smart People Make*, by Rose DeWolf and myself.*

Freeman: Our time's almost up for today. Any final questions?

Edward: No, I'll, I'll get the book, and I guess I'll have a better understanding of what it is we're going to be doing.

Freeman: And if there are any questions as you read, write them down and we can talk about them next week.

Edward: All right.

Freeman: Do you have any reactions to our first session?

Edward: No. Except I feel like it's all me, like it's all my fault, all my responsibility.

Freeman: So you're blaming yourself.

Edward: Well, I'm the one who's here. It sounds like it's all me.

Freeman: Is that what you hear me saying? All you? Everything is your fault?

Edward: No. No, but you're talking about the way I see things, and really when I came in it was about what Sharon's doing.

Freeman: Right.

Edward: If Sharon weren't doing what she was doing, things wouldn't be like this.

Freeman: You think you could make Sharon stop going to school—stop doing what she's doing?

Edward: Well, I tried, but that doesn't seem to be working.

Freeman: Okay, so we're not going to be able to stop Sharon from doing what she's doing. Is that right? What we can work on is helping you deal with what you're experiencing, with all the problems that we've identified. Does that make sense to you?

Edward: Anything you could do to make it easier.

Freeman Commentary: *In session two, Edward's BDI had risen to 24. This increase may have been due to his being more sensitized to both internal and external experience. The session was dedicated to further problem definition and data collection. In session three, a crisis erupts.*

Freeman: How are you today?

SESSION THREE

Edward: Well, not so good. This has not been a good week.

Freeman: What's going on?

Edward: Well, it's all these things Sharon's doing again. She wants to go away to a conference.

Freeman: All right. Before we get on, let's just set an agenda and see what we're going to focus on today. Sharon and the conference has got to be a big piece. What else is doing?

Freeman Commentary: *Rather than simply letting Edward ventilate his upset, I'm going to model a focused approach to problem solving.*

Edward: Well, I think that should be the main piece. I mean, we've got to figure out how to get Sharon to stop doing the things that she's doing that are upsetting, that are upsetting our marriage.

Freeman: All right. We can save some of the other things, the homework and stuff, for the end. Tell me what's going on. What sort of conference? What's this all about?

Edward: Well, there's this state nursing conference, and she and some of the girls want to go to it. So they're going away for a couple of nights.

Freeman: Right.

Edward: And she, we've never been, we've never been apart all of this

time, and she's going to be away for a couple of nights and I'm really upset.

Freeman: I'm amazed. In 21 years, she's never been away on her own?

Edward: No.

Freeman: Never? Ever?

Edward: No. No. Well, except when she had the kids, you know. She was away at the hospital.

Freeman: Well, that's hardly being away on her own.

Edward: No, it's not.

Freeman: Any other times?

Edward: And there was another time when there was a problem with her mother and we sent the kids off to my parents' house. But this is the first time she's been away on her own. And you know, anything could happen.

Freeman: So if I'm hearing you right, this is the first time she's choosing to be away on her own.

Edward: Yes.

Freeman: And what does that mean to you? What's, what's going on?

Edward: Well, you know, they have these conferences every year, and then there's other conferences that she reads about...

Freeman Commentary: *Edward's thoughts are like a runaway train.*

Edward: ...and she's going to be away all the time now.

Freeman: Is that what she's planning? Is that what she's said? "Edward, I'm going to be at, you know, three or four conferences a month..."

Edward: She said...

Freeman Commentary: *Examining what Sharon did say, rather than encouraging ventilation of emotion, has a rather marked calming effect on Edward.*

Freeman: I need to understand just what's going on. Did she say, "I'm going to several conferences a year?"

Edward: No, no. She said she was going to go to this conference. She was choosing to go to this conference.

Freeman: Okay.

Edward: And she's leaving me alone.

Freeman: How'd you react to that? How do you feel about that?

Edward: Well, at first I was very upset. But then I had a good idea. I said, "Sharon, why don't I go with you? I could take a couple of days off work and we could go to the conference together. And there's some things that I could do. And we'd have a really nice weekend." I thought it was a great idea.

Freeman: Certainly an interesting idea. How did Sharon respond to it?

Edward: Well, she didn't like that idea at all. She said, "Oh no, no, me and the girls, we've made plans together, and they don't include you." She said, "We're going to go have dinner together at night and we're going to go to the movies, and we've, we've made other arrangements. And they don't include you, and we don't want you to come along." She doesn't want me.

Freeman: So you're clearly very upset.

Edward: Yeah.

Freeman: Okay, let's look at this in as systematic a way as we can.

Freeman Commentary: *The three-column technique is a basic cognitive therapy tool. My goal is to help Edward develop a format for examining his automatic thoughts and for problem solving.*

Freeman: Sharon and nursing conference. Okay? So that's the situation. And you have a number of feelings. What are your emotional reactions? What are you feeling?

Edward: Well, I, I'm sad, I'm angry, and I'm depressed.

Freeman: Okay, sad, angry and depressed. Anything else? Any other feelings?

Edward: Well, I feel abandoned.

Freeman: Okay. I'm going to put that over here under thoughts, that you're saying, "I'm being abandoned." Anything else?

Edward: Well, I feel like it's not fair.

Freeman: Okay. "It's not fair."

Edward: I feel like I'm not being treated fairly.

Freeman: "Not being treated fairly." What I want to point out here, Edward, is there's a real difference. There's a situation, but that's not the feeling. Situation is, Sharon's going to a conference. And you have certain specific feelings. Situations are not feelings, and feelings are not thoughts. You're having thoughts about being abandoned, that it's not fair. And the thoughts are not the situations. So what we need to do is tease these pieces apart so we can look at each separate piece of it. Okay? Do you understand what I'm suggesting here?

Edward: I think so.

Freeman: Okay. Do you have any other feelings or thoughts?

Edward: Well, she's going away now to this conference. And she's now going to start going to a lot of conferences, and, and I'm going to be left alone.

Freeman: Okay. "She'll go to many conferences." Now, the idea "I'll be left alone," where do we think we ought to put that? Is that a situation, a feeling, or a thought? That, "I'll be left alone"?

Edward: Situation?

Freeman: Well, the idea "I'll be left alone," if she does that, you may be left alone. But the idea, "I'll be left alone," would be put here. The "I'll be left alone."

Edward: Okay.

Freeman: When you have the thought "I'll be left alone," how does that make you feel? Does it make you happy?

Edward: No, it makes me sad and depressed.

Freeman: Okay, so that's, we have that, "sad" and "depressed." On a scale of zero to a hundred, zero being no sadness whatsoever, a hundred as sad as you've ever been in your life, how sad are you when

you have the thought, “I’ll be alone”?

Edward: Oh, I’d say that’s about a 90.

Freeman: How depressed are you from zero, no depression, to a hundred, being depressed as you’ve ever been in your life?

Freeman Commentary: *By using scaling, I want Edward to see his emotions within the context of his life, rather than as all-or-nothing experiences.*

Edward: At least an 85.

Freeman: So both are very, very powerful. Now, you also mentioned “angry.” Does the anger relate to being left alone? How angry would you be? When you have the thought, “I’m going to be left alone,” how angry does that make you?

Edward: Oh I’d, I’m pretty angry. I’d say, I’d say, I’d say 95.

Freeman: So the most powerful reaction you have is what?

Edward: Anger.

Freeman: And you’re really feeling that. That depression certainly is there, the sadness is there. Of any of these thoughts—“I’m being abandoned,” “It’s not fair,” “I’m not being treated fairly,” “She’ll go to many conferences,” and “I’ll be left alone”—which of these is the most upsetting to you?

Edward: I’d say, abandoned.

Freeman: So this last one... I’m sorry, “I’m being abandoned” is the most powerful one for you. Is that right? And that’s the one that seems to generate most of the upset. Now, is it that Sharon’s going to the conference that makes you sad, angry and depressed?

Edward: Yes.

Freeman: Or, is it the thought that you have, that “I’m being abandoned”?

Edward: Well, if she wasn’t going to the conference, I wouldn’t have the thought of being abandoned. She’s going away.

Freeman: That would be easy. That would be easy. But the likely...

Do you think you're going to change her and make her not go to the conference?

Edward: No.

Freeman: No. Okay, so that's a given. Sharon is going to the conference. Now, my question again—and it may seem real difficult at this point—if you're feeling sad a lot, angry a lot, and depressed a lot, what I'm suggesting is that it's not simply, not only, not exclusively Sharon's going to the conference, but the idea you have that you're being abandoned.

Edward: That's right. Well, I feel like I'm being abandoned. She's leaving. That's what will happen.

Freeman: Is she saying to you, "I don't want you to go to the conference with me," or is she saying, "I don't want you"?

Freeman Commentary: *It's important to challenge Edward's all-or-nothing thinking.*

Edward: She's saying, "I don't want you to come to the conference with me."

Freeman: Do you hear a difference in those two things?

Edward: Yes.

Freeman: What difference do you hear?

Edward: Well, one is, "I don't want you with me for a weekend," and the other is, "I don't want you with me for the rest of my life."

Freeman: What is she saying?

Edward: She's saying, "I don't want you with me for a weekend."

Freeman: Do you feel a difference in those two things?

Edward: Well, sure, one's lifetime. But it still doesn't feel good to be left alone for the weekend.

Freeman: You're right. I understand it doesn't feel good to be left alone for the weekend, but I think as we try to focus in. Is she saying "I don't want you with me forever"?

Edward: No, she's not saying that.

Freeman: She's saying, "I don't want you with me for two days."

Edward: Right.

Freeman: That right? Okay. Now, when she goes away, are you going to be alone? What about the kids?

Edward: Well, they're, they're not going to be around. My son's got football and he's going to be away for the weekend, and my daughter's staying with a friend.

Freeman: Okay, so you're going to be in the house alone.

Edward: Right.

Freeman: And if I'm hearing you right, what you're saying is, "I'm going to be alone, I'll be left alone..." It sounds like there's a sentence in here in parentheses, "...and that will be terrible." "I'll be left alone and that will be," what?

Edward: That will be lonely.

Freeman: Lonely.

Edward: That will be empty.

Freeman: Empty.

Edward: That will be unpleasant.

Freeman: Unpleasant.

Edward: That will be no fun. It will be... What am I going to do with myself?

Freeman: Well, wait a minute.

Edward: I like to have people around. I like to have my family around.

Freeman: All right. Sharon's going to be away for two days at this nursing conference. What are you going to do for those two days? What are your plans?

Edward: I don't, I don't know what I'm going to do. Probably just, I don't know, I'll just do nothing, sit around, no.

Freeman: Haven't thought about it.

Edward: I mean, mow the lawn? I don't know, maybe.

Freeman: Sitting home, feeling bad and mowing the lawn is one thing you can do. What else can you do? Is there anything else you can think of doing?

Freeman Commentary: *Having focused the problem, the next step is*

*to
develop strategies for coping.*

Edward: You mean like go bowling or something, or go to the movies? You mean like that?

Freeman: Well, I don't know. Do you like bowling?

Edward: Yeah. Yeah, I don't get to bowl anymore, but I used to, I used to do it a lot.

Freeman: Okay. And why don't you do it anymore?

Edward: Well, Sharon doesn't like to bowl, so you know, we, we don't do that anymore.

Freeman: And movies? Do you go to movies a lot?

Edward: Well, we never agree on the same movie, so we don't go to the movies much.

Freeman: Okay, so bowling is something you could do. Movies. Could you go out to a restaurant for dinner?

Edward: Well, yeah, but I don't like to do that. I mean, I don't like to sit alone in a restaurant.

Freeman: Why not?

Edward: Well, I just don't, I don't like to sit alone in a restaurant. I mean, you know. What would people think?

Freeman: Let's go back to our little form here, our little chart. Let's just do this. All right. Let me just write down, "Alone in a restaurant."

Edward: Yeah, I want to ask you something, though. This is like the third session I've been here. And I still don't understand what you're going to do for me. I mean, nothing's changed.

Freeman: Stay with me for just a minute, okay? We'll talk about that.

Freeman Commentary: *Edward offers several very juicy leads. I've decided not to follow them at this point. I want to stay with what we're*⁴¹

doing and to maintain a focus and come back to his question before the end of the session.

Freeman: You're alone in a restaurant. How do you end up feeling?

Edward: I feel depressed.

Freeman: How depressed, from zero to a hundred?

Edward: 85, 90.

Freeman: Depressed, 85, 90. Okay. And you're saying what to yourself, as you picture yourself sitting in the restaurant, what do you say to yourself that then gets you depressed?

Edward: Well, I'd be feeling like, you know, "That poor loser there. He's sitting there all by himself. Nobody loves him. Where's, you know... He has no family."

Freeman: No family, nobody loves him. Is that what you'd be saying, that you'd say, "What a loser, nobody loves him"?

Edward: Well, sure. And think that's what other people would be saying, too.

Freeman: You mean they'd come up to you and say, "Boy, you're a loser?"

Edward: Well, no, but you know how other people think.

Freeman: I want you to explain that to me. I don't. How do you know what they're thinking?

Edward: Well, if I'm in a restaurant with my family and I see some poor guy over in the corner eating alone and reading a book, I think, "Poor guy, he's got, nobody loves him. Nobody cares about him. He's all alone." And I think that's what people think, would be thinking about me.

Freeman: So that's something you're sensitive to. I just find it interesting as you say that. So I'm just thinking now, when I am out traveling, doing a workshop, very often—in fact, most often—I don't take my family with me. So that I end up going out to a restaurant in a hotel or somewhere and eating alone. So you're saying if you saw me at a table, having dinner alone, reading a book, you would say to

yourself, "Look at that guy. What a loser"? Is that what you'd say?

Edward: Well. I don't know if I'd say that about you.

Freeman: Why not? I'm eating alone, reading a book.

Edward: But, well, you know, I probably think, I don't know, maybe you were some important guy.

Freeman: Now I'm even more puzzled. How come if I do it, it's because I'm an important guy, and if you do it, you're a loser? How does that fit together?

Edward: I, I guess it doesn't. I don't know, it just feels that way.

Freeman: It feels that way, okay. I have an idea. You're going to be alone for two days. What if we could plan out things you could do? How you can spend the two days. You can go bowling. You say you like that. You can pick any movie you want to see and not have to consult anyone. Is there a restaurant or a kind of food you like?

Edward: Yeah. I like Chinese food. And we don't have Chinese, ever. Sharon doesn't like Chinese.

Freeman: She doesn't like bowling. She doesn't like the same movies. She doesn't like Chinese food. So is this possibly a very good time to have a great Chinese dinner, go to a movie, and go bowling?

Edward: I, I could, but...

Freeman: Yes, but...

Edward: It bothers me that I'd be alone doing all this. I've never done that before.

Freeman: Can you think of anything that would stop you? No one's going to say you can't do it?

Edward: No.

Freeman: Can you think of anything that would stop you from doing something differently?

Edward: Well, only if you know, I, you know, only if I just felt really depressed and I just didn't want to go. I mean, what if I made a plan and then I just, you know, 4:00 comes around and I'm feeling

miserable and I just decide to stay in, and I don't want to go anywhere? **Freeman:** All right. Do you think sitting home alone feeling bad would be preferable to doing something that is pleasurable, enjoyable? Which of those would you choose?

Edward: Well, I'd choose, I'd choose to do something pleasurable and enjoyable.

Freeman: So that's something you could choose to do. That's important. That's a word you, you can choose to do that. So that you could choose to go to a movie, you could choose to eat out. Maybe you can eat out both days. Chinese food every meal. Rather than sitting home feeling bad, could you do something for you, and then we can evaluate how it went—whether you felt worse, felt better? And begin to challenge some of this idea that, "If I do something alone, it would be awful." Maybe it will. But then again, maybe it won't. Maybe it'll be fantastic, maybe it'll be awful, or maybe somewhere in between. How can we find that out?

Freeman Commentary: *An important principle of cognitive therapy is seeking out and evaluating data.*

Edward: I guess, you know, by doing it.

Freeman Commentary: *Edward's subjective experience of success or failure will be far more powerful than any we can generate in the session.*

Freeman: Let me go back to your question of just a few minutes ago.

This is our third session. What's changed? What would be different, what would change, if you were to do what we're suggesting?

Edward: Well, I mean, like, I'd change?

Freeman: Well, maybe you could just do something differently.

Edward: But what about Sharon? What are you going to do for Sharon? How does that change, change her, what she's doing?

Freeman: It's not going to change Sharon. It's not going to change what she's doing. But it will start to change your view that "If I must do something alone, it's going to be terrible." Okay?

⁴⁴
Edward: Okay.

Freeman: So that's something you can try. And when we talk about, "What changes have there been," doing that would be a change. Would you be willing to try that?

Edward: Okay.

Freeman Commentary: *During session four, Edward's BDI rose to 28 in anticipation of Sharon's imminent conference. The session material and homework focused on his alternative plans during her absence. I was not sure if he would follow through.*

SESSION FIVE

Freeman: Hiya. What's doing?

Edward: Well, I had a great week.

Freeman: Okay, that's a good place to begin.

Edward: Yeah.

Freeman: What's, what's been going on?

Edward: Well, Sharon came back from the conference.

Freeman: Right.

Edward: And we had a nice week. She's been really nice. We haven't had any arguments. It's been pretty good.

Freeman: That's great improvement.

Edward: Yeah.

Freeman: What happened?

Edward: Well, I think once I decided that she was gonna go and I couldn't do anything about it, I just made sure she had enough money, she could go out with her girlfriends and have a nice time. And I think she did.

Freeman: So once you pulled back and didn't fight with her about that, it was easier.

Edward: Yeah, it was okay.

Freeman: Okay. How about you? What did you do?

Edward: Well, I had a nice week, too. You know, the weekend. Friday night, I, I went out for dinner. I went to the Chinese restaurant. It wasn't so bad.

Freeman: Wasn't so bad.

Edward: I mean, it wasn't great, but it was okay. I brought my book and I had a nice time. And I went home and...

Freeman: Nobody pointed at you in the restaurant and said, "Look at that weird guy"?

Edward: No, no, it was okay. It was okay.

Freeman: Good.

Edward: Then, Saturday, I got up and I did the lawn.

Freeman: Good.

Edward: And I went bowling in the afternoon. And...

Freeman Commentary: *Edward's success is gratifying to both of us.*

Edward: ...amazing.

Freeman: All right.

Edward: It was okay. I had a nice time. It was good to be there. And then Saturday night, I went out for dinner again, but I went back to the Chinese restaurant.

Freeman: Okay.

Edward: And I ran into some people there that I knew, a guy from work. And his wife, and they asked me to join them for dessert, and I did, and I had a nice visit with them. It was okay. And then I went to a movie. And then I got home, and there's messages on the machine from Sharon. She's, like, been calling me all day because she was worried. I think maybe she was a little jealous. And you know, like, where was I? "What were you doing?" Well, so, I got home at about 11:30, and she called again, about 12:00.

Freeman: Twelve.

Edward: Yeah. So she said, "Well, what have you been doing?" And I said, "Well, I had a nice day. I went bowling, I went to the movies, I

went to dinner.”

Freeman: So you didn't discuss this with her beforehand, that this was what you were going to do...

Freeman Commentary: *After letting him revel in his triumph, I ask him to examine what allowed him to be successful so that he can reproduce it again in the future.*

Freeman: So the result of all this has been what?

Edward: Well, I had a good time.

Freeman: Yeah.

Edward: I guess I can be by myself, and it's not so bad.

Freeman: You had a good time.

Edward: Yeah.

Freeman: How did you manage to have a good time?

Edward: Well, I think it helped that I had a plan. I decided some things that I would do, and I felt okay and I went and did them. And so I didn't sit at home and worry so much.

Freeman: Okay.

Edward: And it wasn't so bad to do those things.

Freeman: Wasn't great, wasn't horrible. But it wasn't so bad.

Edward: No, wasn't so bad.

Freeman: What a great way to start the session.

Edward: Yeah.

Freeman: And set an agenda.

Freeman Commentary: *Following Edward's success when Sharon was away, the BDI score rose to a more typical level in session six. During the next three sessions, Edward worked on collecting, examining and challenging automatic thoughts regarding work and Sharon. In session nine, as we had agreed, we'll evaluate the progress of therapy.*

SESSION NINE

Freeman: Okay, the next item on our agenda is reviewing therapy and talking about where we go from here. This is our ninth session. We said we'd review in the ninth session. What thoughts have you had about that?

Edward: As you know, I was a little reluctant to start this. I thought we'd have, like, three sessions.

Freeman: I remember.

Edward: But it's, it's been okay. I feel like it's helped a lot. My, my relationship with Sharon is getting better. She's not yelling at me all the time. If I, if I have a complaint or something, if I talk about how I feel about something, she'll listen to me. I think I'm also learning how to take care of myself, how not to upset myself, and how to, how to understand what it is that I, you know, that I want to do, and learn how to do things for me. So I think that's been good. But I feel like there are some other things that I'd like to work on.

Freeman: Okay. What sorts of things?

Edward: Well, like today we were talking about how angry I am.

Freeman Commentary: *Edward sounds much different than when he started therapy. His interest and willingness to continue will allow us to focus on the more dynamic level of his schema.*

Edward: I just don't feel as happy as I used to feel. And I think, I think Sharon and I could still do more work in our marriage. So I think I'd like to work together some more. So, what do you think?

Freeman: Whew. You've identified three pieces that I think are really important.

Freeman Commentary: *He has shifted some of his dependence from Sharon to me. And I'll be able to use that over the next sessions in the service of the therapy.*

Freeman: I think the anger can potentially be a really rough problem for you. Being happy, I think, makes sense, and improving the relationship with Sharon certainly makes sense also. Let me

recommend the following. Let's meet for ten more sessions. And do the same thing—evaluate at the end of five and then at the ninth session, so sessions fifteen and nineteen. And let's use these sessions to work on the anger, on issues in the relationship, and on your feeling better. Does that make sense to you?

Edward: Sounds good.

Freeman: Okay. How do you feel about that? About continuing?

Edward: Well I feel a little relieved actually. I, I like coming here and talking with you, and I was afraid maybe when 10 was over then that would be over.

Freeman: I'd throw you out.

Edward: Yeah.

Freeman: No, we've got work to do.

Freeman Commentary: *During the next three sessions, Edward's BDI score was fairly constant. Session 12 focused on understanding the dynamic substrate of schema responsible for generating his automatic thoughts. His homework was to write down those schema which he felt applied to him, and to think about where they might have come from.*

SESSION 13

Freeman: Okay, and let's move on to the homework. What you were going to do was take some things we talked about and write them down. What have you got? Okay. So these are the ideas, the kind of beliefs that you've identified. Okay. "I need to be needed." "I need..." That says what?

Edward: I need to be cared for.

Freeman: Okay, "I need to be cared for." "Change is threatening." "If others don't appreciate me, I'm worthless." "I need to know people appreciate what I do." "I must please others." What do you think as you wrote all these down? Any reaction, anything?

Edward: What do you mean?

Freeman: Well, as you wrote this stuff down, how did you feel? And

even as you hear me read it, you have any feelings about it? Any reaction?

Edward: Well, I get angry.

Freeman: Angry.

Edward: I don't know why, but I get angry.

Freeman: A little angry, medium angry, a lot angry?

Edward: Oh, 85, 90.

Freeman: Lot angry.

Edward: Lot angry.

Freeman: Do you have any idea why you're angry?

Freeman Commentary: *At this point, we clearly see the interaction of Edward's schema, automatic thoughts, and emotion.*

Edward: Makes me feel so... I mean look, everything says need need need. "Let me see. I need to be needed." "I need to be cared for." "Change is threatening." "If others don't appreciate me, I'm worthless." "I need to be appreciated." Everything is so needy. Why am I so needy?

Freeman: Why does it make you angry? What about that makes you angry?

Edward: Well, I feel like I'm, I'm so dependent on everybody all the time.

Freeman: Okay, but why does that make you angry? You could be dependent and not angry.

Edward: I don't like feeling that I need to be taken care of all the time.

Freeman: You don't like that.

Edward: No, I don't like it. I've always been taken care of. My mother always took care of me. My brother always took care of me. My sister always took care of me.

Freeman: Now, what do you mean, they took care of you?

Edward: Well, they would do things for me. I'd never have to do

anything.

Freeman Commentary: *This is an important shift in focus, from Edward's automatic thoughts to the underlying schemas.*

Freeman: Is that from the time you were born, or, always took care of you and did things for you?

Edward: When I was very little, things were always done. And then, when I got older and I tried to do things on my own, I couldn't do that, because I wasn't competent to do anything.

Freeman Commentary: *I'll use Edward's perceptions of his family of origin to demonstrate how these schemas have been reinforced, both then and now.*

Edward: I couldn't walk too far, you know. I couldn't walk across town or go certain places on my bicycle.

Freeman: Because...

Edward: Because I would get in trouble or I would, I would get hurt. Or, you know, I would mess up in some way, and my mother would have to take care of me. And she was always saying, "Well," you know, "I always have to take care of you." Like, when I was in college, she would call me all the time. Every day, she would call to see if I was all right, as though I couldn't take care of myself being away from home. And then she would always, she always put out my clothes, like when I was in high school.

Freeman: Did you ever say to her, "Mom, don't do that"? Or, "Mom, don't call me"?

Edward: I'm sure I must have. I must have said, you know, "I can pick my own clothes." She would make me change if she didn't like what I was wearing. Well, it got easier just not to argue about it after a while.

Freeman: So basically, she would tell you what to do because you couldn't do it yourself.

Edward: That's, that was the message I got. I couldn't do it myself and so she had to do it for me.

Freeman: So when you say, "I need to be cared for," it sounds like

there's another piece of that. "I need to be cared for," parentheses, "because I'm incompetent or I can't do it myself." Is that part of what you're saying?

Edward: Yeah.

Freeman: So I wonder if maybe the problem, what makes you angry, is not that "I need to be cared for," but "I hate to feel incompetent."

Edward: Yes.

Freeman: Okay. And that really makes you angry.

Edward: Yes.

Freeman: Okay. Now when you came in initially, what you talked of is that Sharon, you're angry at Sharon because Sharon was no longer taking care of you. She went back to school a year ago. So it sounds like you're angry both ways. You're...

Edward: I am angry both ways. I mean, you're right. I was angry when I came in at first because Sharon wasn't doing the things she used to do for me.

Freeman: She's supposed to do.

Edward: She wasn't taking care of me.

Freeman: Right.

Edward: And I didn't like that.

Freeman: Right.

Edward: But now I think I'm more angry that I need to be taken care of all the time. Why do I need to be taken care of? I'm a grown man.

Freeman: So if you thought, "I'm competent, I can do things," would that make you feel better or worse?

Freeman Commentary: *It's clear that the issue of "I'm not competent," is a central one. Rather than simply encouraging ventilation, I'll ask Edward to examine evidence for and against his belief.*

Edward: Sure.

Freeman: Now, important questions here, Edward. Are you

competent?

Edward: Yes.

Freeman: How do you know?

Edward: Well, I have an important job.

Freeman: Okay. And you do it well.

Edward: I do it well.

Freeman: Okay.

Edward: I have a lot of responsibility.

Freeman: And you do that well.

Edward: Yes. I get promoted on a regular basis. I get my bonuses.

I've taken in those other departments. I have a lot of responsibility there.

Freeman: So you're competent at work.

Edward: Yeah.

Freeman: How about at home?

Edward: Well, I bought a home and a car. I, I make my bills. I pay for insurance.

Freeman: Did your mother pick out the car for you?

Edward: No.

Freeman: Okay. So you are competent. Are you competent as a

father? **Edward:** Yes, I think so. I, I, well, I used to do homework with

the kids. I would go to little league on the weekend. I would do, I would do the right kind of fatherly things.

Freeman: Are you competent as a husband?

Edward: Well, I haven't felt that way much lately, but I try.

Freeman: Okay, so maybe we can come back to that piece of it. But there are lots of parts where you are competent.

Edward: Yes.

Freeman: When you think to yourself, "You know, I'm pretty competent in lots of areas," does that make you feel better or worse?⁵³

Edward: I feel better when I think that I'm competent.

Freeman: When you say to yourself, "I'm incompetent, I'm a loser," how does that make you feel?

Edward: That makes you feel lousy.

Freeman: Does it make you feel angry?

Edward: Yes.

Freeman: Okay. What are you going to do with this anger—the anger about feeling and believing you're incompetent?

Edward: Well, I guess if I, if I didn't think I was incompetent—

Freeman: Okay.

Edward: —if I didn't think I was incompetent, then I wouldn't feel so angry.

Freeman: That's probably true.

Edward: I wouldn't be upset.

Freeman: That's probably true.

Edward: If I thought I was competent, I would probably feel better.

Freeman: So this sounds like another area where we can use the format to begin to challenge the idea that you're incompetent.

Edward: Right.

Freeman: So this is something that you can do for homework, but maybe something we can start doing right now.

Edward: Okay.

Freeman: The night you went out for Chinese food, did you feel better or worse?

Edward: Better.

Freeman: Did you feel competent or incompetent?

Edward: Competent.

Freeman: When you went bowling, did you feel competent or incompetent?

Edward: Competent.

Freeman: When you went to the movies, did you feel competent or incompetent?

Edward: Competent.

Freeman: So when you do things for you, you feel better.

Edward: I feel competent. I feel better.

Freeman: Okay. If you thought, "I like to be cared for, I enjoy being cared for, it's fun to be cared for," is that the same as "I need to be cared for?" What's the difference?

Edward: One is "I like it," and one is "I need it."

Freeman: One is, you like it but maybe there are times you can do without it. The other is, "Unless I'm cared for, I'm going to be destroyed. I'll die."

Edward: Right.

Freeman: What else can you do for you to take care of you? Can you think of anything else you can do?

Edward: So that I'll feel more independent?

Freeman: As a start, yeah.

Edward: Well, there's something I've been thinking about doing. I went back to the bowling.

Freeman: Again.

Edward: Again.

Freeman: Okay.

Edward: By myself. I had a nice time. I'm still good at it. I saw a sign up there about a league that's starting up.

Freeman: Teams kind of stuff?

Edward: Mm-hmm. And I thought maybe I might join. What do you think?

Freeman Commentary: *Consistent with Edward's style, he asks my opinion, and perhaps permission.*

Freeman: What effect would it have? Why would you want to do that?

Freeman Commentary: *Although I think it's a great idea, it'll be far more valuable for Edward to come to this conclusion himself.*

Edward: ...Two, it would make me feel more, more independent. I wouldn't be at home every night with nothing to do.

Freeman: Okay.

Edward: And Sharon's out with her classes in the library and all this stuff.

Freeman: Okay.

Edward: So it would give me something to do.

Freeman: At least one night a week.

Edward: Yeah.

Freeman: Okay.

Edward: It might give me, I might make some friends.

Freeman: Okay. It'd be doing something for you.

Edward: Yeah. And I'm a good bowler, too.

Freeman: So even there, one of the things you wrote down was "I want to be appreciated." So if you're a good bowler and you add to the team, you'll be appreciated.

Edward: Yes.

Freeman: They may even need you.

Edward: Yes. Maybe I won't be so angry all the time.

Freeman: So if we look at the anger coming from, not that "I need to be cared for," but that "I think I'm incompetent," what would be important for you to do is to focus on competence, and that means being independent, doing things for you. So that would be an important part of your change.

Edward: I think I'd like to do it.

Freeman Commentary: *Sessions 14 through 19 were focused on consolidating Edward's gains. This was confirmed by Sharon when*

she came in for the fifteenth session, and demonstrated by Edward's assertive response to a potential crisis with his mother in session 16. In our last session, Edward's anxiety over termination is predictably high. I counter this with a Socratic dialogue to review skills, identify what he has learned, and emphasize what he's gained.

SESSION 20

Freeman: What are you taking home from therapy? What have you learned?

Edward: Well, using this list.

Freeman: Using the homework.

Edward: It's not what everyone else is doing, it's how I think about it.

Freeman: Do you buy that?

Edward: Yeah.

Freeman: Okay.

Edward: Yeah. I can change how I think about things. It's not the things that are such a problem, it's how I view them—the glasses illustration.

Freeman: Do you buy that?

Edward: Yes.

Freeman: Can you think of an example of how you've changed your way of thinking about something?

Edward: Well, when Sharon went away and I knew that she was going and I couldn't change that, then once I accepted it I felt better about it.

Freeman: You didn't like it, but you felt better. And she feels better.

Edward: Yeah. I can do more things for myself. I know how to do things for myself.

Freeman: Is that true?

Edward: Yes. Like, I can go to the movies by myself. And I can do bowling. We're doing very well, by the way.

Freeman: Okay, I'm glad to hear that.

Edward: I've learned about evidence. I've learned how, how to identify evidence, like when I was going to lose my job, or I thought I was going to lose my job, but when we looked at the evidence I could see that all the facts were that they would more than likely keep me, they'd probably keep me. So I'm less anxious about that right now. So I've learned how to use evidence. Okay. That situations aren't feelings, feelings aren't thoughts, thoughts aren't situations. And I know how to use this dysfunctional thoughts record so that I can examine all the things that are going into how I feel, and understand why I feel that way, and how I can change them so I don't feel so bad.

Freeman: Because you can take the broad pieces and break it up into bite-size chunks and look at the different pieces.

Edward: Right.

Freeman: Good.

Edward: And I've learned how to not upset myself so much, by using all these various tools.

Freeman: Now, that's a really important thing you just said. Say it again.

Edward: How not to upset myself?

Freeman: Right, how not to upset yourself. And maybe that's got to be the, one of the main things you take home with you. You're a whole lot different than when you came in. You're thinking differently, you're acting differently, and you're feeling better. Is that right?

Edward: I think I'm feeling better.

Freeman: All right. Our time's about up. Anything before we end?

Edward: Well, I have one question though. If, if, if I have a problem and I can't seem to work it out, will, can I call you or come and see you?

Freeman: Think of what we talked of earlier. If you need to see me, that's fine. You may just need to call. But one of the things I'd like to do is to see you again in three months. And I'd like you to give me a

call to set up an appointment in about three months, to have a booster session, just to check in and make sure everything's going well.

Edward: Okay.

Freeman: It's kind of like when Sharon went away to the conference. She was away at the conference—she wasn't off the face of the earth.

Edward: Right. I am starting to feel abandoned about not seeing you anymore. Which is like that feeling from when Sharon went away.

Freeman: So if we don't see each other every week, I'm not off the

face

of the earth. Just, you're not seeing me every week. But I'd like to meet with you in three months. Would that be okay with you?

Edward: Sure, that would be great.

Freeman: Then give me a call and see what your schedule's like, and we'll set up a time for that.

Edward: Okay.

Freeman: Well, Time's up for today. Edward, good luck.

Freeman Commentary: *Over the 20 sessions, another interesting*

change
For reasons of confidentiality, the foregoing is not a transcript of an actual course of treatment, and Edward Crane is not the name of an actual client. He is a composite of typically encountered depressed clients. The therapist in these sessions is Arthur Freeman. Edward Crane is portrayed by Bruce Katzman.
has occurred. I find Edward far more likable than I originally did, and miss working with him.

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