KST-IP TRAINING OUTLINE

This document is an online supplement for the following article published in the

Journal of Psychotherapy Integration:

Key Strategies Training for Individual Psychotherapy:

An Introduction to Multitheoretical Practice

Jeff E. Harris, Leslie J. Kelley, Elizabeth L. Campbell, and Erin S. Hammond

Texas Woman's University

Key Strategies Training for Individual Psychotherapy:
An Introduction to Multitheoretical Practice

Lesson One: Parallel Strategies for Exploration and Change

This introduction to Key Strategies Training for Individual Psychotherapy (KST-IP) teaches new psychotherapists that basic microskills are used to support common factors like a strong therapeutic relationship and a positive expectation for change (Prochaska & Norcross, 2014). Building upon this foundation, theory-based interventions are seen as ways to explore clients' experience and to promote change. Trainees are taught to recognize thoughts, feelings, and actions as three fundamental dimensions of human experience that are constantly interacting. Each of these three dimensions can serve either an adaptive or maladaptive function in clients' lives (Brooks-Harris, 2008). Dysfunctional thoughts, maladaptive feelings, and ineffective actions are closely related. Trainees are taught that they can focus on any one of these dimensions in order to encourage multidimensional change. The decision whether to focus on thoughts, feelings, or actions can be made based on collaborative dialogue to explore client preferences (Brooks-Harris, 2008). Cognitive therapy (A. T. Beck & Weishaar, 2011), emotion-focused therapy (Greenberg, 2002, 2011), and behavioral therapies (Antony & Roemer, 2011) are then introduced as complementary approaches to psychotherapy focusing on different dimensions of human functioning (Brooks-Harris, 2008).

Before teaching specific models of therapeutic change, KST-IP teaches students to recognize eight intervention processes that occur in parallel fashion within cognitive, emotion-focused, and behavioral therapies (see Table 1). The exploration phase is comprised of four therapeutic processes: (1) *Focusing on a specific dimension of functioning* involves asking clients to look at thoughts, feelings, or actions and examine how this dimension of functioning relates to clients' presenting concerns. (2) *Understanding context and function* encourages psychotherapists to look at how clients' thoughts, feelings, or actions occur in a broader context and how each dimension impacts the others. (3) *Analyzing adaptive value* permits psychotherapists and clients to look at patterns of thinking, feeling, or acting and explore whether the observed pattern serves an adaptive function or whether it may be dysfunctional and may contribute to distress. (4) *Discovering patterns outside of awareness* allows clients to look at deeper patterns including schemas (A. T. Beck & Weishaar, 2011), primary emotions (Greenberg, 2011), or patterns of reinforcement (Antony & Romer, 2011).

The transformation phase of treatment is comprised of four more therapeutic processes: (5) *Experimenting* involves considering new thoughts, feelings, or actions that may be more functional. (6) *Modifying* occurs when clients can identify and express specific thoughts, feelings, or actions that may represent more adaptive ways of responding to the environment that may alleviate psychological distress. (7) *Generalizing and consolidating* occurs when more functional patterns can be transported outside of psychotherapy sessions and translated to real-life situations. (8) *Assessing change and impact* occurs after other strategies have been utilized in order to measure their effect on the focal dimension and to see if treatment has been successful or if a shift in focus may be helpful.

Table 1

Interventions Processes, Treatment Phases, and Key Strategies from Three Foundational Theories

Intervention Processes	Cognitive Strategies	Emotion-Focused Strategies	Behavioral Strategies
- EXPLORATION PHASE -			
Focusing on a Specific Dimension	COG-1. Focusing on thoughts related to clients' presenting concerns	EFT-1. Focusing on feelings related to clients' presenting concerns	BHV-1. Focusing on actions related to clients' presenting concerns
Exploring Context, Function, and Impact	COG-2. Exploring the origins of thoughts, how they mediate experiences, and their impact on feelings and actions	EFT-2. Exploring the context and function of specific feelings and how they shape thinking and acting	BHV-2. Exploring the triggers and functions of specific actions and how they impact thoughts and feelings
Analyzing Adaptive Value	COG-3. Analyzing thoughts to evaluate their functional value	EFT-3. Analyzing feelings to evaluate their adaptive value	BHV-3. Analyzing actions to evaluate their effectiveness
Discovering Patterns Outside Awareness	COG-4. Discovering underlying core beliefs or schemas that influence conscious thought	EFT-4. Discovering unexplored emotional experiences outside of awareness	BHV-4. Discovering patterns of reinforcement that shape current actions
- TRANSFORMATION PHASE -			
Experimenting	COG-5. Experimenting with thoughts to evaluate accuracy and generate alternatives	EFT-5. Experimenting with new feelings and overcoming emotional blocks	BHV-5. Experimenting with new actions and observing results
Modifying	COG-6. Modifying beliefs and identifying more functional thoughts	EFT-6. Generating adaptive feelings as an alternative to problematic emotional patterns	BHV-6. Improving skills through training and behavioral rehearsal
Generalizing and Consolidating	COG-7. Reinforcing functional thoughts and putting these beliefs into practice	EFT-7. Generalizing adaptive feelings and reflecting on emotional responses	BHV-7. Generalizing effective actions to new environments outside of psychotherapy
Assessing Change and Impact	COG-8. Assessing cognitive change and multidimensional impact	EFT-8. Assessing emotional change and multidimensional impact	BHV-8. Assessing behavioral change and multidimensional impact

Key Strategies for Exploration and Transformation

The next six lessons (2-7) focus on teaching a repertoire of 24 intervention options. To show how these strategies are taught, emotion-focused strategies are described in detail here. In order to save space, detailed descriptions of cognitive and behavioral key strategies are provided in the supplementary materials online. PowerPoint slides that describe all 24 key strategies are available online (www.multitheoretical.com/MTP_pages/kst.html) for instructors interested in using KST-IP in graduate classes.

Lesson Two: Cognitive Strategies for Exploring Thoughts

Cognitive Therapy (CT) was first developed in the 1960's and applied to depression in the 1970's by Aaron Beck (A. T. Beck, Rush, Shaw, & Emory, 1979). CT focuses on identifying and modifying dysfunctional thoughts and beliefs that often are associated with psychological problems like depression and anxiety (A. T. Beck, 1976; A. T. Beck & Weishaar, 2014). CT is a time-limited, present-focused approach in which psychotherapists identify and evaluate clients' automatic thoughts as well as modify intermediate and core beliefs in order to relieve psychological symptoms (J. S. Beck, 1995, 2011). Research on CT has used clinical trials to demonstrate its effectiveness in treating depression, anxiety, eating disorders, and substance abuse (Hollon & Beck, 2004). CT operates from the supposition that "realistic evaluation and modification of thinking produce an improvement in mood and behavior. Enduring improvement results from modification of the patient's underlying dysfunctional core beliefs" (J. S. Beck, 1995, p. 1). The first four cognitive strategies described by KST-IP focus on exploring clients' thoughts and understanding the way thinking may contribute to psychological problems.

After participating in KST-IP, trainees demonstrated their skills in an improvised role-play at the end of the semester. These role-plays were video recorded and transcribed in order to provide real-life examples of how graduate students were able to implement key strategies at the end of a semester-long skills lab including both microskills training and KST-IP. Trainees used cognitive strategies to work with a client who had become depressed after her best friend had moved away. The following dialogue represents how one trainee implemented strategy COG-1 by beginning to focusing on the client's thoughts. Microskills used are noted in brackets to illustrate the way key strategies are comprised of combinations of more basic units of communication.

COG-1: **Focusing on Thoughts.** The first cognitive strategy is *focusing on thoughts related to clients' presenting concerns*. *Context:* Judith S. Beck (1995) described this preliminary cognitive strategy in this way: "The usual course of treatment in cognitive therapy involves an initial emphasis on automatic thoughts, those cognitions closest to conscious awareness" (p. 16). Automatic thoughts are those cognitions closest to conscious awareness. *Marker:* When dysfunctional thoughts seem to play a key role in promoting and maintaining emotional distress, it may be helpful for counselors to focus clients' attention on their conscious thoughts. *Suggestion:* In order to facilitate a cognitive focus, counselors may listen to a client's descriptions of specific events and ask, "What were you thinking in that situation?" or "What was going through your mind then?" *Consequence:* It is predicted that a focus on thoughts will lead to an overall increased awareness of cognition, which is necessary for clients to do more in-

depth cognitive work, such as evaluating automatic thoughts and observing their effects on emotions and actions. *Example:*

> THERAPIST: Last time we talked a little bit about some of the thoughts you have been having lately of wishing your friend was still around and she may have been the only person who understood you, you don't feel like anybody else does and you wanted to just make it go away, wanting to be over it? [Summarizing]
> CLIENT: Mm-hmm.
> THERAPIST: So, tell me a little bit more about some of these thoughts. [Encouraging]
> CLIENT: Well, I say I wish I could get over it because, I mean, I like being social but it's hard to kind of put myself out there. I just don't think that they'll get me like she does, you know?
> THERAPIST: Mm-hmm. So tell me a little bit about your relationship with your friend. How long did it take for you to build that friendship? [Open Question]
> CLIENT: I mean we've been friends for like 10 years and she just moved for a job. She moved a few states away, so even the time difference makes our relationship a little crazy.

COG-2: Exploring the Context, Function, and Impact of Thoughts. *Exploring the origins of thoughts, how they mediate experiences, and their impact on feelings and actions* is the second strategy for working with cognitions. *Context:* J. S. Beck (1995) stated, "The cognitive model states that the interpretation of a situation (rather than the situation itself), often expressed in automatic thoughts, influences one's subsequent emotion, behavior, and physiological response" (p. 75). *Marker:* Once clients are able to more intently focus on their conscious thoughts, the next step is to assist them in observing how their perceptions and interpretations of situations may negatively impact their mood and behavior. *Suggestion:* Counselors help clients to see links between thoughts, feelings, and actions, by eliciting specific emotions and behaviors that flow from the identified problematic thoughts. *Consequence:* The ultimate goal of this strategy is to increase clients' awareness of how thoughts contribute to affective distress and ineffective behaviors. Recognizing these links is necessary before strategies aimed at changing dysfunctional thoughts can be effectively used. *Example:*

> THERAPIST: So, you have mentioned that you feel nobody understands you. How do you think this impacts your feelings and some of your behaviors? [Open Question]
> CLIENT: Well, it definitely makes me sad to know that she's the only one who gets me and, in that way, it keeps me home because if I put myself out there and then they really don't like me then that's just going to make it worse. So, I can protect myself by staying home.
> THERAPIST: So you stay at home because you think that nobody will really understand you or nobody does understand you? [Paraphrasing]
> CLIENT: Right, because they just haven't been through the same things we've been through.
> THERAPIST: And you feel that may influence you to stay in bed? [Closed Question]
> CLIENT: Oh, definitely.

COG-3: Analyzing Thoughts. The next cognitive strategy focuses on *analyzing thoughts to evaluate their functional value*. *Context:* "The cognitive therapist is concerned with

identifying those thoughts that are dysfunctional, that is, those that distort reality, that are emotionally distressing, and/or interfere with the patient's ability to reach her goals" (J. S. Beck, 1995, p. 76). *Marker:* Once the impact of thoughts on feelings and actions has been clarified, the next step is to evaluate which thoughts are inaccurate or distorted and in need of modification. *Suggestions:* When faced with numerous dysfunctional thoughts, counselors can assess the frequency and intensity of distress caused by each identified thought in order to decide where to focus initially. It also may be helpful to consider which thoughts occur in distressing situations that clients are unable to resolve and how much they interfere with their ability to meet goals. *Consequence:* As counselors and clients analyze thoughts, it is expected that they will gain increased awareness about *how* particular thoughts are impacting the client and where subsequent interventions should be focused in order to maximize therapeutic efficiency and effectiveness. *Example:*

THERAPIST: How do you think thinking this way serves you? [Open Question]
CLIENT: It protects me because if I stay home, I don't have to put myself out there and then I don't have to feel rejected, like they don't understand me or I have to explain myself.
THERAPIST: Okay, so you want to keep from feeling rejected? [Paraphrasing]
CLIENT: Yeah, it sucks.
THERAPIST: Tell me more. What does that mean? [Open Question]
CLIENT: I mean, we spent a lot of time, like you said, building that relationship and to start over is hard because we're back to the beginning where I have to tell her where I came from and things like that. So, if I had to do that all over again, that's just hard. And I wonder if they'll like me and I don't think they will because they don't know me.
THERAPIST: So, you're saying it took you time to build that relationship with your friend but then after all that time, it was worth it? [Paraphrasing and Closed Question]
CLIENT: Yeah, yeah.
THERAPIST: So, it seems like, in the short-term, these thoughts seem to protect you from feeling rejected but then, in the long-run, they seem to keep you from building a connection with other people, and keep you in bed and feeling depressed. [Summarizing]
CLIENT: That sounds about right.

COG-4: Discovering Core Beliefs. *Discovering underlying core beliefs or schemas that influence conscious thought* is the fourth cognitive strategy. *Context:* The cognitive therapist "looks for *central themes in the patient's automatic thoughts,* watches for *core beliefs expressed as automatic thoughts,* and *directly elicits* the core beliefs" (J. S. Beck, 1995, p. 170). *Marker:* As automatic thoughts are elicited using exploratory cognitive strategies, counselors can listen for themes which may represent underlying core beliefs. *Suggestion:* Some helpful strategies for uncovering core beliefs include: asking clients for the meaning of their automatic thought(s), eliciting rules and attitudes driving automatic thoughts, listening for ideas related to helplessness and unlovability, and observing noticeable negative shifts in affect in conjunction with a particular thought (J. S. Beck, 1995). *Consequence:* When a counselor helps uncover core beliefs this will assist clients in gaining increased awareness of long-term maladaptive thought

patterns that serve as cognitive filters and influence interpretation of events in the environment.
Example:

      THERAPIST: So, if it is true that every time you reach out you're going to be rejected, what does that say about you, when you think about that, as a person? [Open Question]

      CLIENT: Maybe I'm not a loveable person, that deep inside, I'm not worth anyone's time, and…I don't know.

      THERAPIST: So, when you reached out to the girl in the band or when you have that relationship with your best friend, what does that say about you? [Open Question]

      CLIENT: I guess that someone cared about me, that I was worth something.

      THERAPIST: It seems like there are two thoughts here. One is that you're not a loveable person and the other is that you are a loveable person or valued. [Summarizing]

      CLIENT: Yeah, yeah. I guess so.

      THERAPIST: Which of those thoughts do you believe is more beneficial or helpful for you? [Closed Question]

      CLIENT: That I am a valuable person.

      THERAPIST: So, do you think it serves you better to think about the possibility that people will not always like you or the possibility that there have been people who see you and value you? [Closed Question]

      CLIENT: Yeah, I think so. If I definitely try harder, I can meet more people.

Lesson Three: Cognitive Strategies for Transforming Thoughts

After a psychotherapist and client understand the way thoughts may contribute to psychological problems, it is often helpful to identify new ways of thinking that may be more adaptive and relieve distress. CT is designed to "challenge dysfunctional beliefs and to promote more realistic adaptive thinking" (A. T. Beck & Weishaar, 2011, p. 290). For example, a client who feels inadequate because he or she believes that, "I need to be perfect at everything to prove my worth" may need help to revise their thinking and come to the conclusion that, " I have strengths and weaknesses in different areas." CT encourages psychotherapists to adopt an attitude of collaborative empiricism in which Socratic questioning and guided discovery are used to test the accuracy of thoughts, resulting in new, more functional beliefs. The next four cognitive strategies focus on transforming clients' thoughts by embracing new ways of thinking that may relieve psychological distress.

COG-5: Experimenting with Thoughts. The fifth cognitive strategy focuses on *experimenting with thoughts to evaluate accuracy and generate alternatives*. *Context:* J. S. Beck (1995) suggested that "Automatic thoughts can be evaluated according to their *validity* and their *utility*. The most common type of automatic thought is distorted in some way and occurs despite evidence to the contrary" (p. 77). *Marker:* When it becomes clear that clients hold strongly believed dysfunctional ideas, counselors can assist clients in gaining a more balanced perspective by exploring evidence for and against the thought and/or designing an experiment to test the belief in the outside world. *Suggestion:* Counselors can take a structured approach,

asking the client for possible alternative explanations for the belief; what the best, worst, and most realistic outcomes of a situation could be; the effect of believing versus changing their thinking; and what the client might say to a friend in the same situation (J. S. Beck, 1995). However, it is also important to validate for the client that the thought likely originated from a legitimate earlier situation, giving it a historical grain of truth for the client. With particularly rigid beliefs, it may be more persuasive to design a real-world experiment to test a problem based on the client's dysfunctional thoughts (J. S. Beck, 1995). *Consequence:* The process of evaluating, confirming, and disconfirming evidence—whether through questioning or experiments—teaches clients to reason inductively and use their own intellectual resources for problem-solving. Experiments may also be useful in counteracting clients' tendency to behave in ways that confirm their dysfunctional thinking. *Example:*

> THERAPIST: Okay, so if we were to come up with a new thought, can you think of something that might be a little more helpful for you? [Open Question]
> CLIENT: I mean, I think it's true though that nobody has gone through the same experience that we have, and they wouldn't really understand what I've been through, so I don't really know.
> THERAPIST: We talked a little bit about how your relationship with Ruby evolved over time. Are you willing to put some of that kind of time into making new friends? [Summarizing and Closed Question]
> CLIENT: Yeah, it's a little scary though.
> THERAPIST: Yeah, making new friends is very scary because it's something that's difficult to predict. But what might be some better thoughts to have to help you have that energy to get out and make new friends? [Reflection of Feeling and Open Question]
> CLIENT: Maybe eventually, somebody might understand me.

COG-6: Modifying Beliefs. *Modifying beliefs and identifying more functional thoughts* is the next strategy. *Context:* J. S. Beck (1995) suggested that, "What is of particular significance to the cognitive therapist is that beliefs that are dysfunctional can be unlearned and new beliefs that are more reality based and functional can be developed and learned through therapy" (p. 16). *Marker:* Once clients have worked to identify dysfunctional thoughts and evaluate their accuracy, they can work to replace these ideas with more functional and adaptive thoughts. *Suggestion:* Counselors can work collaboratively with clients to develop more adaptive alternative thoughts that are thematically related to the dysfunctional thoughts. In order to choose replacement thoughts, it may be helpful to identify advantages and disadvantages of maintaining the current belief(s), role play more adaptive thoughts, or use others as a reference point (i.e. "what would you tell a friend in the same situation?"). Clients can be encouraged to write down, remember, and actively practice using the new adaptive thoughts in the outside world. *Consequence:* Once dysfunctional thoughts are replaced with more adaptive beliefs, it is predicted that clients will experience less emotional distress and choose more effective actions. *Example:*

> THERAPIST: So, you're afraid of having to take so much time to get to know somebody. [Paraphrasing]
> CLIENT: Yeah, I kind of wish I had someone that knew me already, that would help me get over everything.
> THERAPIST: So, you want someone to already know you? [Closed Question]

CLIENT: Mm-hmm.
THERAPIST: And how would they already get to know you? [Open Question]
CLIENT: I know it's going to take some time making new friends, so I think that's where that word is really important, eventually. Maybe I should be more patient.
THERAPIST: I'm going to write that one down, it's going to take some time. How does that sound? [Paraphrasing]
CLIENT: That sounds about right.

COG-7: Reinforcing Functional Thoughts. The seventh strategy for working with cognitions encourages *reinforcing functional thoughts and putting these beliefs into practice*. *Context:* "The goal in cognitive therapy is to facilitate the remission of the patient's disorder and to teach the patient to be her own therapist…She can resolve difficulties before they become major problems, she reduces the possibility of relapse, and she can use her skills to enrich life in a variety of contexts" (J. S. Beck, 1995, p. 269-278). *Marker:* In order for these new adaptive ways of thinking to be strengthened, they must be reinforced. Counselors initially serve as powerful reinforcers and gradually teach clients to reward more adaptive thinking on their own. *Suggestion:* Counselors may reinforce adaptive thinking when it arises in session in the form of verbal acknowledgement and praise, with the goal of increasing this type of thinking in the future. It may also be helpful for clients to identify real world situations in which more adaptive thinking can be tried out and reinforced and to identify supportive people with whom the client can share and discuss changes in thinking. *Consequence:* Through repeated reinforcement of new thought patterns within psychotherapy and in the outside world, adaptive thinking becomes strengthened and internalized, while old maladaptive thoughts fade in strength and intensity. *Example:*

THERAPIST: Could you just repeat some of these statements for me? [Open Question]
CLIENT: Yeah. At the beginning, we kind of determined that I thought that nobody would understand me the way Ruby does, and in a way, I think that's true. But it's going to take time to make new friends and maybe I should be more patient with myself. And eventually somebody will probably understand me and that Ruby wants me to find new friends.
THERAPIST: And taking these statements further, what would you want to do in the coming week having these on your mind? [Open Question]
CLIENT: Probably the next time somebody talks to me, I'll be more open to having a conversation and maybe not hide myself.
THERAPIST: And how would that play out? [Open Question]
CLIENT: Like the girl who works in the office next to me, sometimes she'll come over and ask, like, if I need a cup of coffee. I'll usually just say no and stick to my work but I think that, maybe, I'll go to the break room with her and talk to her.
THERAPIST: Hmm, that sounds like it would be a great start. [Encouraging]
CLIENT: I think so. That's right.

COG-8: **Assessing Cognitive Change & Impact.** It is expected that if one set of skills is not effective that adjustments can be made, shifting the focus from one focal dimension to another. The eighth skill in each cluster involves considering a possible shift in focus. This evaluation process is consistent with the following idea drawn from EBPP: "Clinical expertise also entails the monitoring of patient progress…that may suggest the need to adjust the

treatment" (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 276). Shifting the focus from one dimension to another represents a practical way to adjust psychotherapy.

Assessing cognitive change and multidimensional impact is the final cognitive strategy. *Context:* J. S. Beck (2011) stated that, "patients may feel better during individual sessions but fail to make progress over the course of several sessions" (p. 355). Beck suggested that one option for dealing with an impasse in therapy is to reassess the patient's goals for therapy, applicability of the cognitive model, and other intervening factors (e.g. biology, interpersonal environment). The multitheoretical emphasis underlying KST-IP suggests that this reassessment process would include examining the need for a shift in focus toward either feelings or actions. *Marker:* When it is evident that a cognitive focus has produced change, but further therapy is needed to encourage emotional or behavioral change, it may be useful to assess if a shift to another focal dimension (i.e., feelings or actions) is warranted. This reassessment may also be necessary when therapy has reached an impasse. *Suggestion:* Once clients have demonstrated an ability to evaluate dysfunctional thoughts, identify more positive and realistic replacement thoughts, and generalize this more adaptive way of thinking to their lives outside of therapy, the impact of cognitive change on actions and feelings should be assessed with the client. The counselor and client should discuss if further change is desired and the potential benefits of shifting focus. Conversely, if the client does not seem to be making progress by focusing on thoughts, a change in focal dimension may be helpful. *Consequence:* It is predicted that clients who have engaged in cognitive therapeutic work but are not ready for termination may benefit from additional sessions focusing on emotions or behaviors. *Example:*

> THERAPIST: How have things been going? [Open Question]
> CLIENT: I think I am realizing that I need to reach out more but I feel a little awkward.
> THERAPIST: So, the work we've done on your thoughts has been helpful but you still aren't where you want to be? [Summarization]
> CLIENT: Yes, I want to be more open but I'm not really sure how to do that.
> THERAPIST: Do you think this is related to feelings of fear or not knowing what to say or do? [Closed Question]
> CLIENT: It seems like a lot of fear which may be related to being teased a lot as a child.
> THERAPIST: Do you think it would be helpful to focus on some of these feelings and the way they may be related to growing up? [Closed Question]
> CLIENT: Okay, I think that would definitely help.

Lesson Four: Emotion-Focused Strategies for Exploring Feelings

Emotion-Focused Therapy (EFT) is a contemporary experiential approach to psychotherapy that integrates key aspects of Roger's client-centered therapy and Perl's gestalt therapy (Greenberg, 2002). EFT "can be seen as operating according to two overarching principles: facilitating a therapeutic relationship and promoting therapeutic work" (Greenberg & Watson, 2006, p. 93). EFT utilizes experiential interventions such as focusing on emotions, expanding and validating emotions, and building emotional awareness. EFT encourages psychotherapists to work with primary feelings and discover adaptive responses through active emotional experimentation. By exploring secondary emotions and defensive responses, emotional responses can be transformed and new meaning can be consolidated (Montagno, Svatovic, & Levenson, 2011; Denton, Johnson & Burleson, 2009; Greenberg & Watson, 2006).

In EFT, "therapists work to enhance clients' emotional intelligence, which involves the recognition and use of their own and others' emotional states to solve problems and regulate behavior" (Greenberg & Watson, 2006, p. 9). Elliot, Greenberg, and Lietaer (2004) have summarized the research showing that experiential therapies are effective treatments for anxiety, trauma, depression, anger/aggression, schizophrenia, and health-related problems. As a specific example, EFT for depression has been tested using a randomized clinical trial and shown to be as effective as cognitive-behavioral treatment in relieving depression and related symptoms (Watson, Gordon, Stermac, Kalogerakos, & Steckly, 2003). More advanced EFT interventions include two-chair and empty-chair enactments (Greenberg & Watson, 2006) but these complex techniques are beyond the scope of this introduction. KST-IP describes four EFT strategies that focus on exploring clients' feelings and how they may contribute to psychological problems.

In order to illustrate EFT key strategies in practice, another set of role-play transcripts will be provided. Trainees used emotion-focused key strategies to work with a client who had been fired from a job and was becoming isolated and drinking increased amounts of alcohol. The following dialogue represents how one trainee implemented strategy EFT-1 by beginning to focusing on the client's feelings.

EFT-1: Focusing on Emotions. The first emotion-focused strategy is *focusing on feelings related to clients' presenting concerns*. *Context:* Greenberg and Watson (2006) stated that the "first and most general goal in EFT…is to promote emotional awareness. "Clients' ability to articulate what they are experiencing in their inner world is a central focus of EFT" (p. 75). *Marker:* When a counselor observes that maladaptive emotions seem to play a key role in promoting and maintaining dysfunctional patterns in a client's life, it may be helpful to focus attention on these distressing feelings and help the client identify specific emotions. *Suggestion:* A counselor first listens for the presence of emotional responses in the client's presenting concerns. This can be accomplished by focusing on a recent event and asking, "What were you feeling in that situation?" or by directing attention to the present moment and asking, "How are you feeling right now as you tell me about that situation?" *Consequence:* Helping clients identify feelings will lead to increased awareness of emotions, preparing clients for the work of determining how their affective responses function and whether they are adaptive. *Example:*

CLIENT: I usually wake up, and I am on the computer most of the day, like revising cover letters and trying to get things out there. After a while, that becomes discouraging, maybe. And then when I get into the afternoon, like 2:00 or 3:00, I'll have a drink just to calm down. And then that just continues for the rest of the evening until I go to sleep at 11:00.

> THERAPIST: And you said that you use alcohol to calm down? Can you tell me, so it seems like at some point, you're feeling discouraged, it sounds a little bit like sadness. And then at some point, you need some alcohol to calm down. What happens in the in-between? [Reflection of Feeling and Open Question]
> CLIENT: I think the sadness was a good point, I don't like to feel that. I don't like to feel the loss of that job because I loved what I did, so when I start to feel that, I want to feel something different instead so I go get a drink.
> THERAPIST: Okay, it's difficult to talk about something that you lost. You did what you loved to do and now it's not there anymore. [Paraphrasing]
> CLIENT: Yeah, it feels like the loss of a person, it feels similar to that.
> THERAPIST: So, there's some grief there? [Reflection of Feeling]
> CLIENT: Yeah, I think so.

THERAPIST: And to not feel those feelings of loss and grief and sadness, you drink? How do you feel when you drink? [Paraphrase and Open Question]

CLIENT: Well I feel less, I feel all those things less. I think it's just a distraction.

THERAPIST: A distraction? Do you think that feeling it less is better for you? [Closed Question]

CLIENT: It feels better until I wake up the next morning.

EFT-2: Exploring the Context, Function, and Impact of Feelings. *Exploring the context and function of specific feelings and how they shape thinking and acting* is the second emotion-focused strategy. *Context:* "Identifying the triggers helps clients and therapists begin to understand how clients construe the events in their lives and react to those events" (Greenberg & Watson, 2006, p. 175-176). *Marker:* After exploring specific feelings, it may be useful to identify emotional triggers and the interaction of these emotions with thoughts and actions. *Suggestion:* Counselors can assist clients to understand unclear or vague feelings by exploring emotions related to life events and asking clients what happened just before and after they began feeling certain emotions. *Consequence:* Clients who become more aware of how emotions function in their lives can better articulate those emotions, learn to evaluate them as they occur, and understand how the interaction of maladaptive feelings, dysfunctional thoughts, and ineffective actions may create and maintain distress in their lives. *Example:*

THERAPIST: So, because of your embarrassment, you've been avoiding having to deal with friends. You've been trying to avoid embarrassment by staying at home. [Summarizing]

CLIENT: Yeah. It feels good when I turn them down because I get to just stay home and have a couple beers by myself but then, ultimately, by the end of the night, I feel even worse because I'm totally alone.

THERAPIST: So, initially it feels good but then, as the night progresses, it feels not so good. [Reflection of Feeling]

CLIENT: Yeah, at first, it's kind of like, "Oh, I escaped this one."

THERAPIST: Okay, "I escaped this one." And that usually occurs early in the evening, I guess? [Clarification]

CLIENT: Yeah, like right after I call them back and say, "Oh, sorry, I can't make it.," and then I'll grab a beer and start watching TV and I'll feel okay and then, by the end of the show, I'm down in the dumps.

THERAPIST: And then, at that point, I'm curious if you're continually drinking more or what happens once you start feeling down in the dumps? [Open Question]

CLIENT: Probably like, "Oh, another night alone," and also, "It's not like I have work in the morning."

THERAPIST: In terms of how it makes you feel though, what goes on inside you? [Open Question]

CLIENT: Probably sadness, and maybe regret, because I wish I'd gone out with them and I wouldn't be sitting here.

THERAPIST: So some of these bad feelings, as the night progresses…so we have sadness as part of the bad, regret…what else are part of these bad things as the night progresses? [Paraphrasing and Open Question]

CLIENT: Maybe some, like, hopelessness.

EFT-3: Analyzing Emotions. The next strategy focuses on *analyzing feelings to evaluate their adaptive value*. *Context:* Greenberg and Watson (2006) suggested that a "crucial distinction to be made is between primary emotions that are adaptive, which are accessed for their useful information, and primary emotions that are maladaptive, which need to be transformed" (p. 69). *Marker:* A crucial step in emotion-focused work is determining the adaptive value of feelings in order to identify which emotional responses are fulfilling an adaptive purpose and which may need to be modified. *Suggestion:* Counselors can help reinforce healthy emotional responses that are experienced in a manner congruent with a situation. In contrast, maladaptive emotions may be overwhelming, avoided, intellectualized, blocked, or not expressed despite being felt (Greenberg & Watson, 2006). *Consequence:* Clients who become more aware of the adaptive value of their emotions are better equipped to reflect upon, evaluate, and modify their reactions to life events, thereby replacing maladaptive feelings with more adaptive, healthy emotional responses. *Example:*

> THERAPIST: Do you feel like that your anger won't go down until you get the chance to talk to your boss? What would it feel like if you never got those answers? [Open Question]
>
> CLIENT: Yeah, like right now, I can't imagine feeling less angry than I do. I think if I had a job, that might help. I think if I found another job, maybe I can let it go.
>
> THERAPIST: You're holding onto that anger. What does that anger serve to do? [Paraphrasing and Open Question]
>
> CLIENT: I don't know, I mean I don't know. I think it's his fault, I mean…it's his fault that I am sitting here at home drinking, not working.
>
> THERAPIST: So, if you're angry because it's his fault, if you were to say that your anger wasn't his fault, what would that mean? [Open Question]
>
> CLIENT: That it's my fault, it's my fault.
>
> THERAPIST: So it's helpful to say it's his fault? [Clarification]
>
> CLIENT: Yeah, yeah. And I do that sometimes; I wonder what it means about me that I was laid off but when I really started to think about it, I know that it wasn't me, that I was really good at what I did.
>
> THERAPIST: Okay. So, that anger you mentioned earlier serves as protection for yourself? [Clarification]
>
> CLIENT: Yeah, maybe.

EFT-4: Discovering Emotional Patterns outside Awareness. *Discovering unexplored emotional experiences outside of awareness* is the fourth strategy for working with emotions. *Context:* Greenberg and Watson (2006) pointed out that "primary and core emotions are often accessed through differentiation and exploration of the secondary emotion, and accessing…the primary emotions is the fundamental aim" (p. 208). *Marker:* When the therapist observes that a client may be avoiding or unaware of deeper feelings, a counselor can focus the client's attention on cues and possibilities that may help uncover hidden emotional responses. *Suggestion:* In order to access undiscovered emotions, a counselor may attend to incongruence between content and affect, drawing attention to the possibility of underlying feelings related to the client's concerns. This may be accomplished by saying, "I hear you saying that you're angry, but I notice that your eyes are tearing up" or by focusing on the present moment and asking, "You are saying that you felt irritated in that situation, but I wonder if you are feeling anything else as you tell me this story." *Consequence:* Helping clients discover unexplored emotional patterns may reveal

either adaptive emotional resources or maladaptive feelings that may need to be transformed.
Example:

> THERAPIST: Take a minute, and say all those three together. [Directive]
> CLIENT: I'm nobody and I don't have purpose and I'm hopeless.
> THERAPIST: In this moment now, saying those three together, what does that feel like? Is there any way maybe you could pinpoint it in your body? [Open Question]
> CLIENT: Yeah, I do feel like a tightness, you know, in my throat probably. I haven't said that, I think I have been thinking all of those things, but I haven't said that out loud to anyone because it's really scary, like that's a place I don't want to be.
> THERAPIST: Okay, so it's frightening to admit to other people that you've been feeling this way, and you just did, and you exposed yourself a little bit. [Feedback]
> CLIENT: Yeah, that and I think it just feels more real to say it to someone else, does that make sense? So thinking it is one thing, saying it out loud is like, "this is really happening."
> THERAPIST: So, I'm wondering if this sort of ties in with the drinking. So, when you're having a lot of these feelings and thoughts, you drink to avoid it, and it's almost like if I don't feel it, then it goes away, but it comes back in the morning. By not admitting it to other people, it's sort of pretending it's not there? [Interpretation]
> CLIENT: Yeah, yeah, I think so. That's kind of, maybe, trying to protect myself from that.

Lesson Five: Emotion-Focused Strategies for Transforming Feelings

After psychotherapists and clients have had an opportunity to explore feelings and understand how they may be contributing to psychological distress, it may be helpful to experiment with new emotions in order to discover more adaptive emotional responses. EFT suggests that emotions can be used to change emotions (Greenberg, 2002). For example, a man raised by an abusive father may have learned to habitually respond to life with a feeling of shame, blaming himself for the problems he encounters in life. EFT might lead to the discovery of protective anger as an adaptive primary emotion that might emerge after exploring the secondary feeling of shame. Therefore, KST-IP encourages psychotherapists to experiment with new feelings in order to modify emotional reactions that may be dysfunctional. KST-IP describes four key strategies from EFT that focus on transforming feelings.

EFT-5: Experimenting with Emotions. The fifth emotion-focused strategy encourages *experimenting with new feelings and overcoming emotional blocks*. *Context:* "As blocks to experience and expression emerge, therapists need to focus on them and help clients become aware of and experience how they interrupt their feelings or needs" (Greenberg & Watson, 2006, p. 251). *Marker:* When clients are unable to overcome blocked feelings which may impede therapeutic progress, the counselor can begin to help clients experiment with new emotions by focusing on alternative ways of experiencing life events that were not previously considered. *Suggestion:* Counselors may help clients overcome blocked emotions by encouraging the expression of feelings previously discouraged or forbidden. For example, a counselor may ask a client to emphasize or exaggerate blocked emotional experience by saying to the client, "You're

saying that you are angry at your mother, but you don't sound very mad. Try saying it like you are really angry." Once an emotion has been discovered, it may be helpful to ask, "What would it be like to express these feelings outside of psychotherapy?" in order to gauge the client's preparedness for further experimentation. *Consequence:* Clients who become more aware of blocked emotions and new feelings may discover hidden aspects of experience leading to changes that support adaptive functioning. *Example:*

> THERAPIST: Okay, in feeling angry toward your boss, you're describing the reasons why you're feeling angry, but I'm wondering about your feelings towards that boss. Tell me what that's like? [Summarizing and Open Question]
>
> CLIENT: I guess when I think about it, I get kind of flushed, and I feel…I don't know, like I want to do something to show him that his opinion doesn't matter. I just get really mad and it's hard to describe.
>
> THERAPIST: So, you get flushed and you feel like you want to retaliate in some way is what that sounded like. You also said in there that you wanted to be able to show him or feel like his opinion doesn't matter. [Paraphrasing]
>
> CLIENT: Yeah, like, "Who is he to judge me and saying that I'm not as good as everyone else?"
>
> THERAPIST: Mm-hmm. So that thought, "Who is he to judge me?" How does that thought make you feel when you say that? Say that again for me. [Open Question and Directive]
>
> CLIENT: Who is he to judge me?
>
> THERAPIST: To say that out loud, what does that feel like? [Open Question]
>
> CLIENT: It's energizing, I guess. Yeah, that's true.
>
> THERAPIST: In what way? [Open Question]
>
> CLIENT: Well, because I've kind of been languishing around the past couple months, not getting a job but, for the first time, I feel kind of like I want to show him that just because he fired me doesn't mean that this is the end for me as a graphic designer. I worked really hard all through college. For the first year and a half that I worked at this company, I did really well and it was just all of a sudden, when he came in, that things started going downhill.

EFT-6: Modifying Emotions. *Generating adaptive feelings as an alternative to problematic emotional patterns* is the next strategy. *Context:* Greenberg and Watson (2006) stated that after "clients have accessed core dysfunctional emotion schemes…such as feeling shamefully worthless or helplessly insecure, the scene is set for mobilizing alternative emotional responses based on adaptive needs and goals to expand clients' repertoire and transform the maladaptive state" (p. 281). *Marker:* After clients have experimented with new ways of emotionally responding to situations in their life, an important next step is to foster change by modifying old emotional patterns and finding consistent new ways of experiencing life events. *Suggestion:* When clients are unable to manage the ways in which they emotionally respond to events in their lives, it may be beneficial to help them systematically change their emotional responses by focusing attention on this process within psychotherapy. Subsequently, clients may target recurring situations outside of therapy to begin making use of these new ways of responding. *Consequence:* Clients who are able to make changes to problematic emotional patterns may initially experience conflict as they begin behaving in ways which others may not recognize. However, with practice and support, clients are likely to be more capable of

recognizing and expressing adaptive feelings with significant people in their lives. *Example:*

> THERAPIST: So you have all of these good things behind you…an education, experience, and you're good at what you do and take pride in what you do…and so, fundamentally, what he thinks doesn't matter, you're worthy of more than that, is what it sounds like to me. [Summarizing]
>
> CLIENT: Yeah, I guess so, yeah.
>
> THERAPIST: If you could tell him that, what would you say? [Open Question / Directive]
>
> CLIENT: After I've been fired?
>
> THERAPIST: Yeah, so if you could tell him that right now, if the boss was sitting here, what would you say to your boss right now? [Open Question / Directive]
>
> CLIENT: I'd probably say, "You made a big mistake firing me and you lost a hard worker and that was your mistake."
>
> THERAPIST: I'm curious if you want to tell him about some of the reasons for your justifiable brag? [Open Question / Directive]
>
> CLIENT: I'd probably say, "I had a really high g.p.a. in college, I always got good feedback from my professors, everyone in the company was happy with my work until you came along, and do you even know what you're doing?"

EFT-7: Generalizing and Consolidating Emotions. The seventh emotion-focused strategy encourages *generalizing adaptive feelings and reflecting on emotional responses*. *Context:* Greenberg and Watson (2006) described this process by pointing out that, "when clients reflect on their experiences, they make connections between different elements of their lives, begin to posit alternative explanations for their experiences, revise their views of themselves or their history, and develop new narratives" (p. 303). *Marker:* Clients who have modified emotional patterns in psychotherapy may be ready to generalize these results to other areas of their lives. Reflecting on these changes may help consolidate meaning and construct a new narrative leading to consistent emotional expression across situations. *Suggestion:* A counselor may encourage a client to become aware of emotional inconsistencies from situation to situation by asking, "Now that you are feeling more anger in here, how does that affect other areas of your life?" or "How does it change your life story?" *Consequence:* Clients who have changed problematic emotional patterns and have generalized these changes throughout their lives are expected to be more capable of contacting and expressing their feelings and may be ready to consider termination. *Example:*

> THERAPIST: The odds are unlikely that you'll actually be able to sit down with your boss and say those things but I think that everything you said is valid and important. So, I'm curious what things we could do with this emotion you're feeling—you feeling good about yourself, your job, your skills, your background—since we came to a loss, what can we do instead? [Feedback and Open Question]
>
> CLIENT: Well, it kind of makes me want to get back into designing. I haven't done it in a while and it's like maybe I should practice some more so that when I do get a job, I won't have to retrain or something.
>
> THERAPIST: When you said that to me just now, you look much happier than when you did prior, even ten minutes ago. Yeah, you look like you're beaming almost. I'm

just wondering if you could tell me what you're feeling inside as you say what you just said to me. [Feedback and Open Question]

CLIENT: Yeah, I guess I'm starting to feel more hopeful. I got into this field because I really love it. I shouldn't let one jerk ruin that for me.

THERAPIST: You believe that? [Closed Question]

CLIENT: Yeah. I'm almost excited to go home and see what happens.

THERAPIST: Yeah, I think that's some really important insight. We have discussed, though, certain things that are impeding you, and I'm wondering in what ways we can take these positive realizations you've been expressing and how we can go along with those instead of some of these other things that have been problematic for you? [Summarizing and Open Question]

CLIENT: Yeah, well, I've got to stop drinking if I'm going to start applying for jobs again and going on interviews. I can't be hung over so I've really got to get that under control.

THERAPIST: That makes good sense. In light of, again, this realization we've discussed, this positivity you express, when you think about stopping your drinking, how does that make you feel? [Open Question]

CLIENT: If I can replace it with something else, then I'd be willing to do it.

EFT-8: Assessing Emotional Change and Impact. *Assessing emotional change and multidimensional impact* is the final emotion-focused strategy. *Context:* Greenberg and Watson (2006) mentioned that a client may be "stuck" while focusing on emotions "if he or she experiences a primary maladaptive emotion persistently in the same manner, such that the manner of experiencing and emotional awareness do not progress" (p. 73). Within KST-IP's multitheoretical perspective, this may indicate a need to shift in focus toward another dimension of functioning. *Marker:* After significant emotion-focused work has been undertaken, it may be important to measure the impact of change on emotional, cognitive, and behavioral functioning, thereby determining whether further psychotherapy is indicated and whether this work should focus on thoughts or actions. *Suggestion:* When a counselor believes that a client has accomplished significant emotional progress or that a client is stuck and unable to make further progress by focusing on feelings, it may be helpful to shift focus toward thoughts or actions by discussing the potential benefits of utilizing cognitive or behavioral strategies. *Consequence:* It is predicted that clients who have undertaken several sessions targeting feelings and are not ready for termination may benefit from additional work focusing on thoughts or actions. *Example:*

CLIENT: I've started to do some design work at home and it's changing the way I'm feeling about myself.

THERAPIST: In what way? [Open Question]

CLIENT: I guess I'm feeling more confident that I'm good at what I do. I'm feeling a little pride and more hopeful about getting a job.

THERAPIST: I'm glad to hear that. How is that impacting the drinking? [Open Question]

CLIENT: I guess I'm not drinking to block the anger or humiliation any more but I'm still drinking more than I'd like. It's become a bad habit.

THERAPIST: Do you think we should focus more specifically on your drinking even though your feelings have begun to shift? [Closed Question]

CLIENT: Yes, I think I need some help getting this under control.

Lesson Six: Behavioral Strategies for Exploring Actions

The history of behavior therapy began with the discovery of two basic learning paradigms: Pavlov's classical conditioning and Skinner's operant conditioning. Wolpe (1958, 1990) described behavioral techniques based on classical conditioning and have been referred to as stimulus-response interventions (Wilson, 2011). Operant conditioning (Skinner, 1953) was the basis for techniques related to behavior modification and applied behavioral analysis. Behavioral approaches have been tested by research and have shown to be effective for the treatment of a wide variety of anxiety disorders, depression, sexual dysfunctions, substance abuse, schizophrenia, and personality disorders (Emmelkamp, 2004).

It appears easier for students to learn about operant conditioning compared to classical conditioning (Lawson, 1994; Colemen, Faneli, & Gedeon, 2000). Beginning psychotherapists may find the idea of exposing clients to feared stimuli more daunting than reinforcing positive actions and shaping behavior toward desired goals. Therefore, this introduction to behavioral skills draws upon Martell's *Behavioral Activation* (BA) as a contemporary example of behavior therapy utilizing operant conditioning as a theoretical foundation (Martell et al., 2010). BA aims to activate "clients in specific ways that will increase rewarding experiences in their lives" (Martell, et al., 2010, p. 21). Research has shown that BA is as effective for treating depression as a more comprehensive cognitive-behavioral treatment (Jacobson et al., 1996; Gortner, Gollan, Dobson, & Jacobson, 1998; Dimidjian et al., 2006; and Dobson et al., 2008). BA psychotherapists are taught to focus on motivating clients to bring about change in their lives through action. KST-IP draws four strategies from BA that allows psychotherapists to explore clients' actions.

After participating in KST-IP training, trainees demonstrated their use of behavioral strategies in an improvised role-play in which they worked with a client who was experiencing anxiety after being in a car accident. The following dialogue represents how one trainee implemented strategy BHV-1 by beginning to focus on the client's action. Microskills used are noted in brackets to illustrate the way key strategies are comprised of combinations of more basic units of communication.

BHV-1: Focusing on Actions. The first behavioral strategy is *focusing on actions related to clients' presenting concerns*. *Context:* According to Martell et al. (2010), "the job of the BA therapist is to engage the client in a careful and detailed examination of…behaviors" (p. 25). *Marker:* When clients do not realize how their behaviors may be related to psychological problems, it may be helpful to focus on actions. *Suggestion:* In order to focus on actions, counselors may begin by asking about what clients are doing in their day-to-day lives. A counselor should try to understand clients' behaviors in concrete terms by breaking concerns down into small, manageable action points. *Consequence:* When counselors focus on actions, it is expected that clients will gain insight into how their current behaviors contribute to and perpetuate negative thoughts and feelings. *Example:*

THERAPIST: I know you discussed wanting to get back to work or wanting to feel like you're able to do that. So, specifically, what kind of actions can I help you increase? [Summarizing and Open Question]

CLIENT: I need to get used to being in a car, being around cars, or I might take my bike or something. Yeah, being around them, being on the road. Those are some things I'm going to have to face. I'll hopefully get over my fear but I don't really know how to approach it.

THERAPIST: Okay. So before the accident, how did you typically get from point A to point B? [Open Question]

CLIENT: It would depend. I have a car so I can drive. I also have a bike that I'll take around sometimes. Usually those two modes of transportation.

THERAPIST: So, you drive your car or ride your bike. And so, now, after the accident, I'm curious how each of those would impact you if you were to get on your bike or drive your car. [Open Question]

CLIENT: Well, I drove once and it was really terrifying. The bike, I haven't tried it. I've done the walking thing which still makes me nervous. Sidewalks are right there next to busy streets but I walked here and that feels better than that one time I got in the car.

BHV-2: Exploring the Context, Function, and Impact of Actions. *Exploring the triggers and functions of specific actions and how they impact thoughts and feelings* is the second strategy focusing on behaviors. *Context:* Martell et al. (2010) suggested that understanding the impact of client actions involves noticing "what precedes and what follows important behavior. People are generally unaware of the connections interlocking various situations, activities, and feelings…Detecting such relationships helps guide the identification of the behavioral target of treatment" (p. 64). *Marker:* Once a firm understanding of client concerns in behavioral terms has been reached, it is important to gather information about the antecedents and consequences of those behaviors. *Suggestion:* In order to understand the impact of actions, counselors may listen to clients' descriptions of specific behaviors and ask about behavioral triggers (e.g., "When does it happen?"), functions (e.g., "How do you benefit?"), and impact (e.g., "What happens next?"). *Consequence:* By exploring the impact of actions, clients will gain insight into *why* they continue to act in ways that are incongruent with their desired goals and acknowledge secondary gains of which they were previously unaware. *Example:*

THERAPIST: What did you do after you were done driving? [Open Question]

CLIENT: I didn't get to the destination. I was trying to get to the grocery store, which is a five-minute drive from my house, and I turned back around after a minute or two or something and pulled back into the driveway. I ended up walking there later with a neighbor which was still a chore but, driving, I didn't end up where I was going.

THERAPIST: So, it sounds like you attempted to drive, but you had a fear reaction to it, and then you went back to your safety spot? [Paraphrasing]

CLIENT: Absolutely.

BHV-3: Analyzing Actions. The next strategy focuses on *analyzing actions to evaluate their effectiveness*. *Context:* When analyzing actions, Martell et al. (2010) suggested that, "behaviors to increase include those that are likely to bring the client into contact with positive reinforcement in the environment…Behaviors to decrease are those that make the client's life more difficult or interfere with managing one's needs; typically these are avoidance patterns" (p. 65). *Marker:* Once the impact of actions has been understood, it may be helpful to identify

specific actions that appear to be effective or ineffective and identify which behaviors to increase and which ones to decrease. *Suggestion:* To encourage the process of analyzing actions, the counselor may ask the client, "What are things you do that seem to make problems better?" or "What are things you do that seem to make problems worse?" *Consequence:* When actions are analyzed, it is expected that clients and counselors will gain increased awareness into *how* particular actions are impacting clients. This phase of assessment is useful in treatment planning, and prepares both clients and counselors for subsequent interventions aimed at increasing effective actions and decreasing ineffective behaviors. *Example:*

> THERAPIST: So, how might going back home after experiencing this fear of driving maybe reinforce your unwillingness to drive in the future? [Open Question]
>
> CLIENT: Well the response I had to driving, I mean my reaction to it, was very strong and, when I got back home or at least out of the car, as soon as I put my feet on the ground, I was out of the car. I felt an overwhelming sense of relief that felt comforted, and it felt good at that moment. A part of me figures that if I keep staying home, or if I don't get in a car or on a bike, it keeps feeling good. Like why would I leave if I feel safe here? Safety's important.
>
> THERAPIST: Why leave then? [Open Question]
>
> CLIENT: Because I have work. I'm going to get fired. I have to pay my bills. I have to see my friends. They can't always come over to my place. Friendships go multiple directions. I have lots of reasons I need to get over myself, but it's just difficult.
>
> THERAPIST: So, it sounds like I'm hearing you say that you want to be able to drive again, you're just not sure how to get there. [Summarizing]

BHV-4: Discovering Patterns of Reinforcement. *Discovering patterns of reinforcement that shape current actions* is the fourth behavioral strategy. *Context:* Martell et al. (2010) suggested that, "therapists can identify avoidance by being on alert for behavior that helps a client keep something aversive from happening…To the extent that the behavior is likely to recur as a result of escape and avoidance, we can then say that it has been negatively reinforced" (p. 116). *Marker:* Once behaviors have been described, it may be helpful to discover patterns of reinforcement that may shape clients' actions. *Suggestion:* In order to discover patterns of reinforcement, it is important that counselors develop a sophisticated understanding of clients' actions by teasing out similarities and differences between behaviors. The counselor may differentiate between similar events by asking a client, "What was similar about this event?" and "What was different?" *Consequence:* When patterns of reinforcement have been explored, it is predicted that counselors and clients will develop a more comprehensive understanding of client concerns and how ineffective actions are perpetuated. *Example:*

> THERAPIST: What might be reinforcing the behavior of staying at home even though you do want to go out? [Open Question]
>
> CLIENT: Well, first of all, I get to avoid the anxiety of driving because, really, a lot of people get in car accidents every year. Statistically, it's very dangerous. It's not a crazy thing to be worried. It's already happened once and so I feel like a magnet for disaster now that it's happened once.
>
> THERAPIST: So, it's happened once, but you're a magnet? [Confrontation]
>
> CLIENT: I feel like it; yeah, I do. I feel like somehow the universe is going to get me. I know that probably sounds paranoid but…so there's that, I get to avoid that

anxiety. And I'll be honest, it's kind of nice not having to go to work every day too. I like my job okay but when I think about the stress of coming back after a long time away and of all the work I'm going to have to catch up on…avoiding that, that's keeping me home a little bit I think too.

THERAPIST: So, that feels good to not have to deal with it? [Paraphrasing]

CLIENT: Wouldn't you feel good if you didn't have to go to work? Well, I guess I have to go to work, but you know what I mean. You can just stay home in your pajamas.

THERAPIST: That feels good. [Paraphrasing]

CLIENT: It feels comfy, yeah.

THERAPIST: So, it's almost like this is dealing you an out, like a legitimate kind of out? [Interpretation]

CLIENT: Yeah and, so far, my boss has been really understanding because it was such a bad accident. No one's really given me a reason to not use it as an excuse.

Lesson Seven: Behavioral Strategies for Transforming Actions

After psychotherapists and clients have a clear understanding of the way actions may contribute to psychological problems, it may be helpful to identify and enact more effective behaviors that may relieve distress. BA uses operant principles to encourage change based on Lewinsohn's (1975) observation that depression can be relieved through homework assignments that result in more positive reinforcement in the environment (Martell et al, 2010). For example, a socially isolated client experiencing depression may need help identifying social environments they enjoy that will result in positive experiences, social support, and enhanced mood. Therefore, KST-IP encourages psychotherapists to promote behavioral change by identifying actions that will result in reinforcement. To meet this goal, it is often necessary to experiment within psychotherapy sessions and improve skills before generalizing these new actions to natural environments. KST-IP describes four behavioral strategies designed to help clients transform their actions.

BHV-5: Experimenting with New Actions. The fifth behavioral strategy involves *experimenting with new actions and observing results*. *Context:* Martell et al. (2010) encouraged "an experimental approach that focuses on trying a behavior and observing the outcome… experiments are based on functional analyses of past behavior and hypotheses regarding potentially reinforcing activities for each client" (p. 31). *Marker:* Once counselors and clients have a clear understanding of client behaviors, they can focus on experimenting with new actions. *Suggestion:* To facilitate experimentation, counselors may focus first on actions that the client is readily willing and able to change and will quickly ease distress. A counselor may begin this process by asking, "If you were already feeling better, what might you be doing differently?" *Consequence:* When clients change what they do, it is expected that it will also impact how they feel as they will begin to experience relief from distress. *Example:*

THERAPIST: So, sitting with the car turned on, how anxious would you feel? [Closed Question]

CLIENT: Again at this point, I don't know…maybe a 3.

THERAPIST: And what about sitting in a car with it turned off? [Closed Question]

CLIENT: It'd probably be less than that, I just don't know. I guess maybe a 2, but something less than that, I imagine. Well it might not be, I don't know. I'm going to try it.

THERAPIST: Okay, great! In that case, I think that might be a good place for us to start. [Feedback]

CLIENT: Mm-hmm.

THERAPIST: Even though it's going to be a 2 or less, I am recognizing that you're still going to feel some anxiety just sitting in your car with it turned off and so I want to work out ways together to maybe help you deal with that anxiety when we try this experiment. Is there anything that you could do while sitting in the car that would maybe make you feel more comfortable? [Feedback and Open Question]

CLIENT: I just need to remember to relax. I feel like I'm usually pretty good, or historically pretty good; you know, a rational person, but I can be irrational. So, I think this is not very rational and I need to try to tell myself, "You're in a driveway in the car," and just sit with that.

THERAPIST: Okay, so you're in your driveway with your car turned off and you start to feel some anxiety about the situation. So, in order to combat that, you're going to tell yourself…? [Paraphrasing and Open Question]

CLIENT: Yeah, I should just chastise myself a little bit that, "You're going to be okay, Maria. Calm down."

BHV-6: Improving Skills. *Improving skills through training and behavioral rehearsal* is the sixth strategy for working with behavior. *Context:* According to Martell et al. (2010), "clients also should not be expected to simply rely on willpower to engage in an agreed-upon assignment. The therapist should take time to discuss a plan of implementation with the client. The more specific and detailed the plan, the better!" (p. 33). *Marker:* When potential actions seem difficult to implement, it may be helpful for counselors to help clients improve skills by providing training and practicing new skills within psychotherapy. *Suggestion:* To maximize the usefulness of this strategy, counselors should make certain that agreed-upon assignments are realistic and understandable. A counselor may reflect on the following question: Does this assignment give us both enough information so that the agreement we are making is clear? *Consequence:* If used effectively, training and behavioral rehearsal are expected to result in a wider repertoire of effective actions. *Example:*

THERAPIST: I think that using some anxiety-relieving techniques would help. So, your anxiety about the car is a lot at that moment but you still have a car around and so I think that sitting in your seat wherever you are…on your couch, in your desk chair…I think that maybe starting to visualize what it would be like to sit in the car and thinking about putting your hands on the wheel, no power or anything turning on, but just putting your hands on the wheel, what would that feel like to you? Imagine that you're sitting in the car and then put your hands on the wheel. How does that feel? [Directives and Open Question]

CLIENT: It's scary.

THERAPIST: Okay, what else? [Open Question]

CLIENT: It feels a little silly because I'm pretending to drive a car. Am I just sitting or am I driving?

THERAPIST: You're just sitting at this point. We won't turn the car on yet.
          [Directives]
CLIENT: I know that I think if I'm just sitting, I'm not driving, I'm safer, so that feels
          okay.
THERAPIST: How does the wheel feel in your hands? [Open Question]
CLIENT: It feels okay, smooth. The two-to-ten position…the safest way.
THERAPIST: Okay, so you're taking control of your safety? [Paraphrasing]
CLIENT: Mm-hmm.
THERAPIST: That's pretty good. You're holding your safety here and it feels smooth,
          it feels good. [Summarizing]

BHV-7: Generalizing Effective Actions. The next strategy is *generalizing effective actions to new environments outside of psychotherapy.* *Context:* Martell et al. (2010) suggested that, "instilling the ability to transfer what's been learned in one context to another is a critical component…It enables clients to respond effectively when presented with new situations" (p. 21). *Marker:* As clients learn to schedule and structure effective activities in session, it may be helpful for a counselor to begin to teach clients how to do so on their own outside of psychotherapy sessions. *Suggestion:* In order to help clients generalize effective actions, counselors may teach clients to structure and schedule activities that follow a plan, not a mood. A counselor may explain to clients the benefit of an "outside-in" approach: engage in a pleasurable activity and positive feelings will follow. *Consequence:* When counselors work with clients to generalize effective actions, the expected consequence is a more general pattern of proactive behavior resulting in positive reinforcement. When clients learn to activate their own behavior and identify situations that will result in reinforcement, they are more likely to maintain positive gains on their own. *Example:*

THERAPIST: The purpose of this exercise, in terms of just starting one thing at a time
          and working our way gradually up, is to allow that fear stimulus to kind of
          decrease in strength over time. So, my hope is that if we start with something that
          is not too terribly anxiety-provoking that if you do it long enough and work on
          your relaxation technique like we just described that, over time, that anxiety will
          start to diminish. [Psychoeducation]
CLIENT: Okay.
THERAPIST: And then when that happens, we can move on to the next thing, which
          would be sitting in the car with it turned on, and so if you sit there long enough,
          and use those same relaxation techniques, then gradually that anxiety will drop.
          We can work on these together and hopefully get you back driving on the freeway
          with enough time. [Psychoeducation]

BHV-8: **Assessing Behavioral Change & Impact.** *Assessing behavioral change and multidimensional impact* is the final behavioral strategy. *Context:* Martell et al. (2010) described this process as troubleshooting, and explained that, "Troubleshooting helps to make the best use of any client efforts aimed at activation and keeps therapy moving in the direction of the client's goals" (p. 185). *Marker:* Once behavior change has taken place, it may be important to measure the impact of change on clients' thoughts and feelings, thereby signifying whether further therapy or a shift in therapeutic focus is required. *Suggestion:* When counselors determine that clients have either made significant gains or are unable to make further progress by focusing on

actions, it may be helpful to discuss a shift in focus toward thoughts or feelings. A counselor may begin by explaining the potential benefits of shifting focus and presenting cognitive or emotion-focused strategies to the client. *Consequence:* It is predicted that clients who have been focusing on actions but are not ready for termination may benefit from additional work focusing on thoughts or feelings. *Example:*

> THERAPIST: What have you been doing lately? [Open Question]
> CLIENT: I'm driving my car in the neighborhood but I can't drive on the freeway yet.
> THERAPIST: So, the changes we've made in your behaviors have been helpful but you
>   still aren't where you want to be? [Summarization]
> CLIENT: Yes, I'm closer to my goal but I still don't believe I can do it.
> THERAPIST: Perhaps your thoughts or feelings may be getting in the way? [Closed
>   Question]
> CLIENT: Yes. I have this nagging voice in my head telling me I can't do it.
> THERAPIST: Do you think it would be helpful to focus on some of these thoughts?
>   [Closed Question]
> CLIENT: Sure, I think that would be helpful.

Lesson Eight: Using a Multidimensional Survey to Choose a Focal Dimension

In addition to learning cognitive, emotion-focused, and behavioral strategies, learning when to use each approach is also important for trainees. Brooks-Harris (2008) described a process of integrative treatment planning that involves conducting a multidimensional survey and choosing one or more focal dimensions. KST-IP teaches trainees to listen carefully to clients' presenting concerns and then to conduct a survey of specific thoughts, feelings, and actions. After all three dimensions of functioning have been explored with the client, the psychotherapist can track the firing order, the way each of these modes of functioning may influence one another (Lazarus, 1997). Based on this exploration, a psychotherapist can ask a client which dimension might be the most helpful place to begin the process of exploration and transformation. Collaborative dialogue with clients is an important factor when choosing an initial focal dimension, rather than an *a priori* decision based on the psychotherapist's preference. Once a client has chosen to focus on one dimension, exploration can begin. After a clear understanding of this dimension has been established, transformation strategies can be introduced. In some cases, change in one area may generalize to other dimensions of functioning. At other times, it may be helpful for psychotherapists to shift the focus of treatment over time and combine skills from more than one theoretical approach.

Using a multidimensional survey to choose a focal dimension is consistent with a common factors approach to psychotherapy integration. Because KST-IP encourages clients to help select a focal dimension for psychotherapy, it allows psychotherapists to adopt "the client's frame of reference as the defining 'theory' for the therapy" (Miller, Duncan, & Hubble, 2005, p. 87). Using collaborative dialogue to choose an initial focus is also consistent with EBP recommendation because it provides a practical way to assess client preferences and adapt treatment to these preferences (APA Presidential Task Force on Evidence-Based Practice, 2006). An example of the dialogue that one trainee used to conduct a multidimensional survey is provided in the supplementary materials online.

Example of Dialogue Used in a Multidimensional Survey

After completing KST-IP, trainees were required to participate in an eight- to ten-minute demonstration of a multidimensional survey. Some excerpts from a trainee's demonstration of a multidimensional survey with a role-play client are provided below. During this survey, the psychotherapist is filling out a worksheet with three circles labeled thoughts, feelings, and actions to summarize the client's input. Here is how the trainee introduced the multidimensional survey:

THERAPIST: So, we talked a little bit about how some of the medication hasn't been helping you get out of bed and how you're still feeling a little depressed, so I thought we would be able to do a little exercise together. Often times, our thoughts and our feelings and our actions are interconnected, so I thought we would be able to explore a little bit of each of them, is that okay? [Summarizing and Closed Question]

CLIENT: Sure.

THERAPIST: Okay, so where would you like to start? [Open Question]

CLIENT: Let's see, actions probably.

Actions. The next section of dialogue illustrates questions the trainee used to explore the client's actions:

THERAPIST: Okay, so you've mentioned not being able to get out of bed. Is there anything else you wanted to change or that's been helping you lately? [Summarizing and Open Question]

CLIENT: Well, yeah, I'll stay in bed all day on the weekends and during the week I have a hard time getting out of bed for work. I used to go out a lot with friends but I don't do that anymore. I just stay home and watch TV. I used to like reading, I can't really read anymore. It just reminds me that I'm alone.

THERAPIST: Are these things you want to do again? [Closed Question]

CLIENT: The reading and going out?

THERAPIST: Mm-hmm. [Encouraging]

CLIENT: Yeah, I would like to. I just don't really have the energy.

THERAPIST: Okay, is there anything else? Actions you would like to change or that's been helping you recently? [Closed Question]

CLIENT: Not really, I just don't feel like doing a lot anymore.

Thoughts. Here is how a KST-IP trainee explored thoughts during the multidimensional survey:

THERAPIST: Okay, what would you like to explore next? [Open Question]

CLIENT: Let's see, explore my thoughts.

THERAPIST: Okay, you've mentioned about you haven't been able to have much energy. [Summarizing]

CLIENT: Mm-hmm.

THERAPIST: Anything else? [Encouraging]

CLIENT: I kind of think I wish my friend hadn't moved away.

THERAPIST: You wish your friend hadn't moved away? What does it make you think of when you think of your friend? [Paraphrasing and Open Question]

CLIENT: She really understood me and she would always get our friends together and that's how we'd get out of the house before. It sucks that she's not here.
THERAPIST: So, she was the one arranging visits with other friends? [Closed Question]
CLIENT: Mm-hmm.
THERAPIST: And you mentioned she understand you? [Closed Question]
CLIENT: Mm-hmm.
THERAPIST: There's nobody there now you feel understands you? [Closed Question]
CLIENT: Right. Maybe they can't understand me. I've tried to go out with some friends and it's just different without her, like they don't get me.

Feelings. The role-play dialogue explored feelings next:
THERAPIST: Okay, and how about your feelings? [Open Question]
CLIENT: Well, I kind of just feel crappy all over.
THERAPIST: Tell me a little bit more about what crappy means. [Encouraging]
CLIENT: I don't have much energy. I feel kind of alone.
THERAPIST: Okay, so you feel alone? [Paraphrasing]
CLIENT: Mm-hmm. I don't really have any motivation to do anything because I'm probably not going to have a good time if I go out without her.
THERAPIST: So, it sounds like you really miss her. [Reflection of Feeling]
CLIENT: I do, yeah, you're right. And I think if I just had her back, everything would be okay.
THERAPIST: It sounds like you're sad that she's not here anymore, is that right? [Reflection of Feeling]
CLIENT: Yeah.

Firing Order and Focal Dimension. After surveying all three concurrent dimensions of functioning, KST-IP trainees are encouraged to explore *firing order*, the way thoughts, feelings, and actions interact with one another (Lazarus, 2005). The conclusion of a multidimensional survey involves asking a client which dimension it would be most helpful to focus on exploring or changing (Brooks-Harris, 2008).
THERAPIST: Okay, so now that we have a good idea of what's going on within each, like I said, often times they are interconnected, if we were to draw an arrow between any of these, where do you think the arrows would go? [Open Question]
CLIENT: Let's see, well I think feeling depressed and sad makes me stay in bed and I don't really do anything so from feelings to the actions.
THERAPIST: Feelings to the actions? Okay. [Paraphrasing]
CLIENT: And between these two, I don't know. I think my thoughts are affecting my feelings, so worrying about her and missing her makes me feel sad.
THERAPIST: Okay, does this look good? [Closed Question]
CLIENT: Yeah, that looks about right to me.
THERAPIST: If we were to focus in on one of these, which would you like to focus on? [Open Question]
CLIENT: My thoughts.

References

APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist, 61,* 271-285.

Antony, M. M., & Roemer, L. (2011). *Behavior therapy.* Washington, DC: American Psychological Association.

Beck, A. T. (1976). Cognitive therapy and the emotional disorders. Guilford, CT: International Universities Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emory, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Beck, A. T., & Weishaar, M. (2011) Cognitive therapy. In R. J. Corsini, & D. Wedding (Eds.) *Current psychotherapies* (9th ed.). Belmont, CA: Brooks/Cole.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford.

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York: Guilford.

Brooks-Harris, J. E. (2008). *Integrative multitheoretical psychotherapy*. Boston, MA: Houghton-Mifflin.

Coleman, S. R., Faneli, A., & Gedoa, S. (2000). Coverage of classical conditioning in textbooks in the psychology of learning. *Psychological Reports, 86,* 1011-1027.

Denton, W. H., Johnson, S. M., Burleson, B. R. (2009). Emotion-focused therapy – therapist fidelity scale (EFT-TFE): Conceptual development and content validity. *Journal of Couple and Relationship Therapy, 8*, 226-246. doi: 10.1080/15332690903048820

Dimidjian, S., Hollon, S., Dobson, K. S., Schmaling, K. B., Kohlenberg, R. J., Addis, M. E., Gallop, R., Mcglinchy, J. B., Markley, D. K., Gollan, J. K., Atkins, D. C., Dunner, D. L., Jacobson, N. S. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74,* 658-670. doi:10.1037/0022-006X.74.4.658

Dobson, K. S., Hollon, S. D., Dimidjian, S., Schmaling, K. B., Kohlenberg, R. J., Gallop, R. J., Rizvi, S. L., Gollan, J. K., Dunner, D. L., Jacobson, N. S. (2008). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the prevention of relapse and recurrence in major depression. *Journal of Consulting and Clinical Psychology, 76,* 468-477. doi: 10.1037/0022-006X.76.3.468

Elliot, R., Greenberg, L. S., & Lietar, G. (2004). Research on experiential psychotherapies. In M. J. Lambert (Ed.) *Bergin and Garfield's handbook ofpPsychotherapy and behavior change* (5th ed.). New York: Wiley.

Emmelkamp, P. M. G. (2004). Behavior therapy with adults. In M. J. Lambert (Ed.) *Bergin and Garfield's handbook ofpPsychotherapy and behavior change* (5th ed.). New York: Wiley.

Gortner, E. T., Gollan, J. K., Dobson, K. S., & Jacobson, N. S. (1998). Cognitive–behavioral treatment for depression: Relapse prevention. *Journal of Consulting and Clinical Psychology, 66,* 377-384.

Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.

Greenberg, L. S. (2011). *Emotion-focused therapy.* Washington, DC: American Psychological Association.

Greenberg, L. S. & Watson, J. C. (2006). *Emotion-focused therapy for depression*. Washington, DC: American Psychological Association.

Hollon, S. D. & Beck, A. T. (2004). Cognitive and cognitive-behavioral therapies. In M. J. Lambert (Ed.) *Bergin and Garfield's handbook of Psychotherapy and behavior change* (5th ed.). New York: Wiley.

Jacobson, N.S., Dobson, K. S., Truax, P. A., Addis, M. E., Koerner, K., Gollan, J. K., Gortner, E., & Prince, S. E. (1996). A component analysis of cognitive—behavioral treatment for depression. *Journal of Consulting and Clinical Psychology. 64,* 295 -304.

Lawson, T. J. (1994). The media assignment: Enhancing psychology students' ability to apply their knowledge of psychology. *Teaching of Psychology, 21(3),* 157-159.

Lazarus, A. A. (1997). *Brief but comprehensive psychotherapy: The multimodal way.* New York: Springer.

Lewisohn, P. M. (1975). The behavioral study and treatment of depression. In M. Hersen, R, M. Eisler, & P. M. Miller (Eds.), *Progress in behavior modification* (Vol. 1, p. 19-65). New York: Academic Press.

Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2010). *Behavioral activation for depression: A clinician's guide*. New York: Guilford.

Miller, S. D., Duncan, B. L., & Hubble, M. A. (2005). Outcome-informed clinical work. In J. C. Norcross, & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed., pp. 84-102). New York: Oxford.

Montagno, M., Svatovic, M., Levenson, H. (2011). Short-term and long-term effects of training in emotionally focused couple therapy: Professional and personal aspects. *Journal of Marriage and Family Therapy, 37*(4), 380-392. doi: 10.1111/j.1752-0606.2011.00250.x

Prochaska, J. O. & Norcross, J. C. (2014). *Systems of psychotherapy: A transtheoretical analysis* (7th ed.)*.* Belmont, CA: Brooks/Cole.

Watson, J. C., Gordon, L. B., Stermac, L., Kalogerakos, F. Steckley, P. (2003). Comparing the effectiveness of process-experiential with cognitive-behavioral psychotherapy in the treatment of depression. Journal of Consulting and Clinical Psychology, Vol 71(4), Aug 2003, 773-781. doi: 10.1037/0022-006X.71.4.773.

Wilson, G. T. (2011) Behavior therapy. In R. J. Corsini, & D. Wedding (Eds.) *Current psychotherapies* (9th ed.). Belmont, CA: Brooks/Cole.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition.* Stanford, CA: Stanford University.

Wolpe, J. (1990). *The practice of behavior therapy.* New York: Pergamon.