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# Examples

## Example 1

### Interviewing for Depression in Practice

The following scenario looks at using a brief CBT approach for a depressed mother with a young child. Depression is characterized by a negative thinking style, low mood, fatigue, and a reduction in activity levels. Notice how the therapist uses the structured five areas of the cognitive-behavioral model to identify the individual patient's specific negative thoughts about herself as a mother, as well as her key unhelpful behavioral changes. These five areas—thoughts, feelings, physical symptoms, behavior, and the environment—interact with one another and often reinforce and amplify negative thoughts, feelings, and behavior in a destructive cycle. Later, she offers an empowering explanation for the patient's tiredness symptoms, which she calls "depression tiredness". This helps to provide a rationale for increasing her activity level.

(Therapist): I know when we met a few weeks ago, you were quite keen to look at some ways to manage your depression, maybe without medication. Is that what we're doing today?

(Client): Mmm, yes, I would like that.

(Therapist):OK. I'd like to take some notes if that's OK—just to keep track of what we talk about? Will that be OK with you? [Take notes]

(Client): Yes. That would be fine.

(Therapist): You can have a copy to take with you afterwards. Um...what I find quite helpful is if we talk about a specific situation. I wonder if you can just think of a time—maybe a recent time—when you felt particularly depressed and it affected you? [Focus on a specific example]

(Client): Um...well, a few weeks ago, we were due to meet up with some friends from antenatal classes. We used to meet up every week...um... but I felt so tired and low that I just couldn't go.

(Therapist):What was going through your mind when you were feeling tired and low that stopped you wanting to go?

(Client): Um...well, I started thinking of the other mothers laughing, and chatting, and I wouldn't have anything to say. [Thoughts are important]

(Therapist):And what would that mean—if you didn't have anything to say? [Clarify]

(Client): They'd probably think that I was boring, and why would they want me there if I was just going to make everyone else miserable?

(Therapist):Those sound like very difficult thoughts to have. And how did it make you feel when you were thinking that? [Feelings are important too]

(Client): Really low.

(Therapist):Right. OK. It's really understandable that you'd feel low if you're having quite self-critical, very negative thoughts, and that's quite common in depression to have those thoughts. [Validation] Did it make you think anything about how they might see you for feeling low?

(Client): Well, the other children always seem so happy. I started thinking maybe the other mothers are doing a better job than me. [Thoughts] I worry a lot about Molly, wondering if she'll be better off with one of the other moms.

(Therapist):Right. OK. That must be really painful. [Empathy] How does it make you feel to think that she might be better off with one of the other moms?

(Client): I feel really sad.

(Therapist):What tells you that Molly might be better off with one of the other moms?

(Client): I don't always feel so in control...with my depression. I feel guilty that I'm not a very good mother.

(Therapist):You've been through a number of emotional feelings. You said you feel fed up, low, sad, and sometimes guilty. [Summarizing] Do you have any physical symptoms or body reactions? [Physical symptoms are important too]

(Client): Um...I get quite tearful, although it's mainly when I'm on my own. And I'm so tired, I just don't have the energy...

(Therapist):Right. Are you getting good sleep at the moment?

(Client): Molly keeps me up sometimes at night; that makes me tired. But, even after a good night's sleep, I'm still exhausted.

(Therapist):Right.

Note that this is the beginning of an exploration into the client's specific thoughts and feelings and how they relate to dysfunctional behavior. In the cognitive-behavioral approach, underlying causes are typically not considered, and the main counseling or therapy focus is to change the client's behavior, thereby improving their wellbeing. The counselor validates the client's thought, feelings, and behavior as reasonable given their experiences and circumstances, and shows empathy for their problems. The essence of a cognitive-behavioral approach is to understand how important thoughts and feelings are in relation to behavior.

After identifying specific unhelpful thoughts and feelings, the client is assisted to be aware of them as dysfunctional and develop and try healthier alternatives. Instead of continuing to believe that "I am a bad mother", the counselor will dispute this dysfunctional belief, often by starting with a scale approach that we have demonstrated in earlier modules. "On a scale from zero to 10, with zero meaning never and 10 all the time, are there times that you feel good as a mother?" As before, expand on the response. Continue to use this as basis to build the client's confidence and motivation with the interviewing techniques that we previously described, and to change her behavior through changes in thoughts and feelings.

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The basis of most counseling approaches and techniques is the examination of the client's thoughts and feelings. In this case, did the counselor identify and explore negative thoughts and feelings? Did he investigate the situations in which they occur? Remember, thoughts and feelings are important in counseling.

As stated many times already: Counselor-client rapport is the most important factor in counseling effectiveness. How did the counselor build trust in this example? Did he ask the client's permission before questioning certain aspects? Did he validate the client's thoughts and feelings? Did he empathize with her?

The client is worried or believes that she is not a good mother. Counseling is goal-directed and solution-focused. Which goal(s) would you have set with the client? How would you have motivated her to achieve the goal(s)? Think again about the principles of motivational interviewing!

Source:

[https://www.researchgate.net/publication/367392088\\_Interviewing\\_for\\_Depression\\_in\\_Practice\\_transcript](https://www.researchgate.net/publication/367392088_Interviewing_for_Depression_in_Practice_transcript)

## Example 2

### **Cognitive Behavioral Therapy Questions to Ask Patients**

Cognitive behavioral therapy is a type of therapy where a therapist or counselor works on producing change by helping unlearn behaviors that don't serve them and helping them relearn specific behaviors.

There are 3 most commonly asked cognitive behavioral therapy questions to ask patients/clients are also known as the "Three Rational Questions" technique.

Therapist instructs the patient/client to ask themselves the following 3 cognitive behavioral therapy questions:

1. Is the thought I'm having based on fact?
2. Does that thought help me achieve my goals?
3. Does that thought help me feel the way I want to feel?

If the client's response is a "No" to at least two out of these three cognitive behavioral therapy questions to ask clients, then they know the thought they're having is irrational.

CBT counseling questions and answers examples:

Thought: I am going to lose my job if my boss finds out about my anxiety.

1. Is this thought based on fact?

Answer: No.

2. Does this thought help me achieve my workplace goals?

Answer: No. (This way of thinking won't help me become a better colleague or employee.)

3. Does this thought help me feel the way I want to feel?

Answer: No. (This way of thinking makes me feel insecure and incompetent.)

Source: <https://www.socialworkportal.com/questions-therapists-ask/>

## Example 3

### **Cognitive Behavioural Therapy for Depression: First Session with a Client, Gabriella**

#### **Summary**

In this video, Dr. Judith Johnson meets with Gabriella for a first session. Gabriella comes to therapy having some trouble trying to pull herself out of her low mood. Dr. Johnson uses CBT to address some of the triggers, thoughts, feelings and responses linked with Gabriella's problematic low mood.

The following transcript represents the first 13 minutes of an initial therapy session but moves faster than an average session might for teaching purposes.

*Subject*

Depression and Depressive Disorders

Cognitive Behavioral Therapy

*Demographics*

Counselor / White

Counselor / Female

Client / Female

Client / White

**Transcript**

00:00:13

Hi Gabriella. Um, I understand that you're here today because you've been experiencing some low mood. Yeah, I just, recently I just, I'm just feeling down a lot and I can't really like snap out

00:00:26

of it. Like sometimes if it's happened before, I can just like get myself back on track. But recently I'm just find it really difficult to do. So it sounds like you've been experiencing some low mood

00:00:36

and you're kind of struggling to get going a bit. Yeah, definitely. You've had low mood in the past, but it's kind of, you've been able to pull yourself out of it before, but more

00:00:46

recently you found that harder. Okay, So I understand that you first went to your GP, he referred you here about two months ago. Can I ask what led you to go to the GP in

00:00:57

the first place? And my long term boyfriend broke up with me and it was such a shock, like I really wasn't expecting it and it's got me really down and she felt really lonely and, and

00:01:11

I didn't really want to see people and she wants to be a main space. And my mom told

me I should probably go to the doctors and,  
oh, and here's your family to you. Okay.

00:01:23

So it sounds like you had that break up and  
you weren't expecting it. So it kind of came  
out of the blue a bit and that you've been  
on your own quite a lot. So you've been

00:01:33

seeing people as much. And it sounds like your  
mom noticed that there's been a bit of a change  
in you. Um, Okay. And how have  
things been then, since then, since that happened?

00:01:42

And since you went to the GP, I just,  
nothing's really changed. Nothing's really improved. I just,  
she fell down like everything's an effort and feel distant  
from things and like I said, I can't stop

00:01:57

all of that. Okay, and how did you  
feel about coming here today? And that's kind of  
disappointed in myself because I feel like nobody else my  
age is doing this, like I should have been

00:02:14

able to snap out of it. Like it's just  
another thing that I've not really, some of the  
things making me stand up for their own reasons.

Okay, so you feel like it's kind of odd

00:02:23

or unusual to be coming to see a clinical psychologist  
I suppose. I just want to reassure you that  
it's absolutely normal to have feelings of depression. Um  
and anxiety. It's it's really very common and it

00:02:37

certainly isn't odd or strange at all. Um So  
it sounds like it was actually quite hard for you  
to come here today. So what I guess led  
you to do that because it sounds like maybe there

00:02:46

was a lot pushing you against coming here today,  
but you've managed to come anyway and I'm just hoping  
that it's going to help. I think I didn't

I didn't really want to admit it because like it's

00:02:59

just another failure, but my mom was talking to

me and and she's she's not really happy with the way of behaving and I don't really want to disappoint her again. And so I felt there's no harm

00:03:12

in it. Okay, So it sounds like partly your doing it then for your mom because you're a bit worried that she she isn't pleased with you at the moment. Yeah. Okay. Um well I

00:03:25

think it's great that you've come here and definitely there's a lot of evidence to suggest that psychological therapy can help depression and particularly the type of therapy that we're gonna be doing, which is called cognitive behavior therapy.

00:03:37

And I'll tell you a bit more about that as we go on. But I'm just trying to find out a bit more about you today. So I saw from your notes that your medic student, Yeah.

00:03:46

And I'm not currently in Union Moment, but yeah, last year as a medic season. Okay. So I guess why what's what's the reason that you're not in the early this year? And I was like,

00:04:00

it was it was pretty tall first year. So they suggested that I took a year out. This is the break. Okay, so just thinking, so that would be about six months ago. Was

00:04:12

it that your ear out started and it sounds them maybe like your first year was also quite tough. Yeah, I thought it still for everyone, but obviously we'll take it in different ways, don't we?

00:04:25

And you're planning on are you planning on returning and Yeah, I'm gonna have to really. So yeah you don't sound too sure about that. They I think the tannins probably that's what's going to make everyone

00:04:41

happy and I think at least I'll be able to end finally achieve something and get something right. So yeah next year I'm gonna I'll go through it. Yeah. Okay. So it doesn't it doesn't sound

00:04:55

like you want to go back. I do um  
I did enjoy it. I just I just don't  
feel like me at the moment and I just it's  
a lot of work and a lot of pressure and

00:05:10

but that's what comes with it and you know it'll  
work out for the best if I go okay.

So I guess there's quite a lot of thoughts and  
feelings about going back at the moment. I'm just

00:05:24

wondering in the meantime, what are you what are  
you up to? What have you been doing?

I've not really had much on the horizon memo men  
her friends owns a restaurant and she suggested that a

00:05:35

bit of a chance in there just you know,  
for a bit like money and stuff. Because I've  
seen like uni so you know, I've done that.

Okay. How many shifts have you done that?

00:05:48

And I've only done one so far. Yeah.

I don't know whether it's something that I'd probably go  
back to. Okay. How when was that shift?

It was last week actually. Okay. And and

00:06:03

how was it? I suppose I'm intrigued. Tell  
me a bit more about that. Is it was  
different because it was like I could I did enjoy  
it because there's like it's just different aspects and I

00:06:17

had to speak to people and try to get their  
orders and try to remember it and stuff. Like  
I wasn't very good thought I suppose like it was  
handy to have some money and to get out the

00:06:30

house. Okay. So it sounds like you quite  
enjoyed that then. Yeah. What makes you think  
you weren't very good? I just I just bit  
slow and people sometimes he didn't stand I was saying

00:06:44

so I'd have to talk louder or quieter or slower  
and I got a bit confused sometimes with the orders  
and I just don't really think that I'm not really  
like a friendly people don't really think that I'm a



00:06:59

friendly person so they didn't really want to talk to me and stuff. I felt like I was like inconveniencing them by like asking them things and getting things wrong. Yeah. Yeah. They said they said

00:07:12

that apparently most people get a few mistakes on the fair shift, but then again she's my mom's friends, so that's probably why she's saying it. So the person who owns a restaurant is your mom's friends,

00:07:27

okay. So it says you're saying that you think you weren't very good and that's because you're a bit slow and you got confused with some orders. You said it's common for people to do that on the

00:07:36

first shift. That's what she said to us.

But but it's probably just she's just trying to make me feel better. She probably felt sorry for me because I'm obviously not very good at it. Like

00:07:49

I'm not very good at anything recently. I think she just felt sorry for me. Okay. So I've just been looking down some of those thoughts that you've been having, you kind of say that you

00:08:00

feel like you're not very good, you're slow, you're confused with the orders. You feel like you're inconveniencing her and she feels sorry for you. I suppose. I'm wondering. I mean, what makes

00:08:09

you think that she feels sorry for you? Oh, like, like such as my mom's friends and she's obviously feeling sorry for her mom as well. Because she's got a daughter that's not like anyone else of

00:08:22

marriage and she's just like all alone and she's not getting involved. So I think she just feels sorry for me and she doesn't want to like Santon's upset me. Yeah. When you're having these kind of

00:08:35

thoughts because that's quite a lot of negative thoughts you're describing. How do you feel? It's feel empty.

I don't, I'm just calling as it is and

just calling it as reality. Mm And I feel

00:08:52

like I'm being honest with myself by just leasing it  
and not trying to go around hides in it.

Because I know I can see in myself. So  
it sounds like you feel like these thoughts are very

00:09:05

true then. I mean if you were going to  
rate them if so I'm going to pick out some  
of those thoughts he describes. He said I'm not  
very good. Um and I'm inconveniencing them. How

00:09:16

much would you say you believe those on a scale  
out of 100? Where hundreds? Like I absolutely  
believe it in zeros. Like I don't believe it  
at all about 80. So yeah, so you

00:09:30

feel quite sure that you definitely believe those. Okay?  
And he said that when you're thinking those thoughts,  
she started to feel quite empty, I just feel  
distant and like said I'm not really myself. I

00:09:43

just like, it's like I'm not really there,  
but when I am, I can't even do a  
good job. Are there any other emotions that you  
experience? Feel drained? But I feel like I'm

00:09:58

in touch with anything. Just it's like everything's going  
on around me but I'm just not there. I'm  
just it's like I'm just watching. Okay so you  
feel empty, distant, you feel drained. Um

00:10:15

And how when you're feeling these emotions, how do  
you feel in your body? Kind of, what  
sensations do you notice? Mm I don't know how  
to describe it. A gap. Like I have

00:10:31

a bit of like like you know any kind of  
like butterflies when you're never seen store? Mhm.  
Kind of got the job. Do you feel some  
butterflies? Yeah. Did you have butterflies that night

00:10:41

when you were at the restaurant? Yeah that was  
pretty nervous then. Uh huh. When I got

into it they want to lie. And like it  
distracted me for a bit and so obviously I realized  
00:10:54

that I wasn't doing a very good job. Mhm.  
Okay And when you when you have those emotions,  
how does it affect your energy levels? Do you  
feel more energetic? Less energetic or about the same  
00:11:07

one of feelings are? Yeah. And when you're  
having those emotions that you were describing, I feel  
drained. Like didn't even have the energy to wake  
up in the morning. Sometimes the God felt pointless  
00:11:20

and like my body is heavy and I don't want  
to. Yeah. It sounds like you feel very  
tired, you're struggling to wake up, you said  
it's pointless. And what do you do then when  
00:11:35

you feel like that? So I guess you just  
talked about when you wake up in the morning and  
you feel heavy and I suppose you've been maybe having  
some of these thoughts and those emotions potentially the night  
00:11:45

before. What do you then do? How do  
you respond to that? I just have to get  
all suppose they don't really have a choice because my  
mom, I lived with my mom and I know  
00:12:00

it's hard for her so I don't want her to  
be too worried. So I just, I just  
tried to carry on as normal. I got all,  
it takes longer and I don't want to, but  
00:12:11

I do. So I got on with my routine  
so you're a bit slower and getting up but you  
are still getting up anyway. And what about your  
kind of, what do you think about when you're  
00:12:22

doing that? I'm just thinking that nobody else is  
like me my age, like nobody should be feeling  
like this and it's and the only one that does.  
So it sounds like you think a bit more about  
00:12:39

the problem and you kind of spend time thinking about

how having it. I don't want to feel like this, but I do and nobody else I know doors so it makes you feel even more alone.

00:12:52

I got to me even more down and I just don't want to disappoint anyone, right? You don't really want it. Okay. So it sounds like you're trying to toughen up on yourself a little bit,

00:13:03

tell yourself to work harder to be different. Yeah. Okay. And when you start telling yourself that kind of thing and how does that make you feel, does that make you feel better afterwards or worse?

00:13:16

It feels worse because I still can't snap out of it, like I'm aware it's happening and I just and I'm trying but I just can't and then and then it's just another thing that I'm feeling up.

00:13:30

Just another thing that can't really get Yeah.

Source:

<https://mindscapecommons.net/view/cognitive-behavioural-therapy-for-depression-first-session-with-a-client-gabriella>

## Example 4

### **Cognitive Behavioural Therapy for Social Anxiety Disorder: First Session with a Client**

#### **Summary**

Cognitive Behavioural Therapy for Social Anxiety Disorder: First Session with a Client illustrates the use of CBT in treatment for social anxiety. This case represents the first 12 minutes of an initial therapy session and demonstrates some of the triggers, thoughts, feelings and responses linked with problematic social anxiety.

In this demonstration, Dr. Johnson works with Hannah, who recently moved out of her parent's home, is on her own for the first time, and has been feeling increasingly anxious in social situations.

#### *Subject*

Cognitive Behavioral Therapy  
Anxiety and Anxiety Disorder

## Stress Management

### *Demographics*

Counselor / White

Counselor / Female

Client / Female

00:00:16

Hi Hannah, nice to meet you. Hi.

So I understand that you were referred to me by your GP because you've been experiencing some anxiety, difficulties.

Yeah. Yeah, I guess it kind of started

00:00:31

like 5, 6 years ago. Okay. Um

kind of escalated a bit, I've just recently moved out from living with my parents, so just made it a bit worse I think. Okay. Is

00:00:44

this the first time that you've left home? Yeah, I am, yeah, it's the first time much.

So yeah, I was going to a few years ago just so it's easier to stay home. Okay?

00:00:56

So it's been quite a big step in a big change and it sounds like that that was what led you to go to your GP. Yeah, so how has that changed things for you? You know,

00:01:06

it's kind of, I haven't really told anyone, so, I mean, it's made it better in the sense. I feel hopefully this is this is it like it will, it will help. But

00:01:15

I don't know, I don't like thinking that I've like, had to do this. I never thought I'd like be the kind of person you'd have to actually go and get help. That makes sense.

00:01:26

Okay, so how do you feel about being here today? It's like scared and hopefully it will help.

Okay, so being a little bit anxious about today.

Yeah. Okay, so I guess just going back

00:01:38

to why you went to the GP and how you've

ended up kind of coming here today. So it sounds like you've been experiencing anxiety for quite a few years, but just recently you moved out of home

00:01:48

for the first time and that was what kind of led you to go to the GPS. So how did that change things? How are things after you moved out? Um I thought that they'd be better,

00:02:00

but because I thought I'd have to kind of be independent and it's actually a lot worse, I'm just kind of staying in the house a lot. I

don't really have any friends or anything, I mean

00:02:09

my family come and visit a bit, but it's not, I don't know, it's kind of scary because I've just been kind of that should just end the flat by myself, which I always thought I'd

00:02:21

like, but I don't actually like it. Okay, so what are the kind of difficulties that you have been experiencing? I mean, I'm I'm a photographer um so I kind of, it's been stopping me

00:02:35

a bit, my anxiety from being able to get work and because every time, you know, there's an opportunity that is kind of involving me having to interact with people, I just tend to just turn

00:02:46

it down, so kind of making things hard in that respect and just kind of friends wise and everything, I feel like I'm just kind of increasingly more alone.

It's kind of stopping me from making friends and you

00:03:01

know, like relationships and stuff. Okay, so he said that your difficulties are getting in the way of you doing certain things, so there they're stopping you from taking up kind of certain types of work

00:03:14

as a freelance photographer, I guess that can be kind of a problem and they're also stopping you or you feel like stunting you socially, you're not able to make new friends and get to meet new people.

00:03:25

Yeah. Um it was kind of easy when I was at home because I was obviously me and my parents and that's fine, but you know, they would go to places with them or I kind of

00:03:37

have people there but more and more, I'm just finding myself just staying in a lot. I mean I went like two weeks, give coffee with my friends and the whole time I was just kind of

00:03:46

wanting to go home again. So I don't I just don't want to I don't want that tough and I don't want to lose everyone. So you kind of worried about where this is going to lead to.

00:03:58

Yeah. Yeah. So you said that you first noticed the anxiety kicking him and about five or six years ago, so you would have been about 19.

Yeah. And what was happening around that time?

00:04:11

I guess I'd finished school about a year before that and I mean I've always been a bit shy at school, but it was never ever, like it didn't really affect things as much as not at all

00:04:25

as much as it has been doing the last few years, I guess. It just our third when my friends went to university and I don't know, I felt like I was expected to kind of move

00:04:33

out or just do something and then and just kind of escalated from there. I just stop going to parties or I'd just say no to invitations or and I thought my job would help because I mean,

00:04:47

I love it. I really like doing photography, but I'm just kind of getting less and less work as it goes on, so, which is my fucking thing. No, but what kind of work

00:05:00

is the most difficult for you? Your job, I guess when I have to kind of be working with other people, um I don't like that. It's like when I'm trying to kind of would do

00:05:13

an event or something where there's a lot of people,  
they're not just photographers, but actually, you know,  
if I'm like taking places of people that I don't  
know, I just kind of find myself saying,

00:05:21

you know I mean I want to do them but  
just scary so I just don't do it. So  
just tell me a bit more about what happens then.  
So let's focus on maybe an invitation to do a

00:05:34

job with. You know, it's gonna involve photography  
with with a group of people and you're gonna have  
to have social interaction. What kind of thoughts go  
through your head just I mean I get really hot

00:05:48

and sweaty and I don't I feel like everyone's kind  
of looking at me and thinking that I'm just like  
really stupid and I feel like they're all gonna be  
staring and thinking I just can't do my job and

00:06:00

I'm just an idiot. And I mean they'll think  
that I just look like a weirdo and I just  
try and I mean I just kind of just try  
and get out of the situation or just focus on

00:06:12

something else, so that's why I like doing shots  
where it's just me and the camera, because then  
I can just put all my attention on that instead  
of having to, you know, be with other

00:06:23

people, okay, So it sounds like you have  
quite a lot of thoughts rushing through your head.  
Then at the point where you get that invitation,  
you think people look, people stare. People think

00:06:32

I'm a weirdo says quite a lot about what,  
what you think other people will think, yeah,  
how does that make you feel? Um Just makes  
me feel like an idiot. It makes me feel

00:06:45

like I just shouldn't even bother trying to do anyone,  
I should just go home and I just, I  
think I just don't want to be in that situation.



I just feel like everyone else is fine and they're  
00:06:57

normal and I'm just the freak. You can't like  
do normal things and okay, can you give me  
an example of a recent situation? Maybe we can  
focus on that um like a work situation or just  
00:07:08

a time when you were maybe doing a job with  
some people and you felt the social anxiety, you  
know, that you're describing, you felt that kick  
in. Yeah. I was doing a job where  
00:07:16

it was kind of like a nature issue and I  
was having to work with a lot of different people  
and when they told me about the job, I  
thought it would be fine. I thought it was  
00:07:26

just going to be a few other photographers, but  
there were actually people in, you know, taking  
photos of people kind of in the trees and stuff  
like that and I guess they asked me to.  
00:07:38

That sounds quite interesting. Was a fashion shoot?

Yeah, yeah, it was a fashion thing.

I think it was some kind of I'm not sure  
if it was a campaign or something, but it  
00:07:46

was yeah, it was really cool, but I  
find it found it really hard to try and focus  
on that. So I was so I was kind  
of feeling really anxious and it wasn't what you expected.  
00:07:58

So how long ago was that? That was two  
weeks ago. Okay, so it's quite recent.

So on that particular day, what were the thoughts  
that you had in your head when you were in  
00:08:07

that situation? I just felt really just really kind  
of hard, I couldn't really breathe and just felt  
like I wanted to just get out and I was  
kind of trying really, really hard to just focus  
00:08:20

and just you know, like I hold the camera  
and just not think about anything, but I just

felt like everyone was looking at me and when they  
say action and they're trying to get me to start

00:08:31

and I was just felt like everyone was just thinking  
I was really stupid and I shouldn't have been there  
and I can tell you getting kind of actress even  
just thinking about that day. Yeah, okay,

00:08:39

so you're describing quite a lot there to me,  
so you're saying that you kind of got hot and  
sweaty, you said that you held the camera,  
what was jimmy, you're kind of trying to hide

00:08:50

behind it or just focus on it? I was  
just thinking if I could just hold it really tightly  
it would just I don't know, I'd kind of  
just be able to just get through it and just

00:09:01

focus you're holding the camera very tight. Yeah.  
Why was that? Why was that helpful? Because  
I felt like I was getting really like hot and  
flushed and I just thought at least if I can

00:09:09

just I don't know it sounds weird but I was  
just trying to keep my hands still on it because  
my hands are kind of sweaty and shaking like loads  
like and I could just tell everyone was looking and

00:09:20

they could see and I just thought if I just  
managed to hold on to it it wouldn't be as  
noticeable but okay so okay so it sounds like you  
had a lot of thoughts going through your head.

00:09:31

He said that you worried that everyone's looking at you,  
what other thoughts were there that are in your mind?

Just I was just just stupid and it was just  
really just felt really like kind of like everyone was

00:09:46

just going to be staring and just thinking that I  
just felt like everyone was looking at me and just  
they could tell and just thinking of what she's doing  
and they could tell what I was just really like

00:09:58

sweaty and just like that they could see that.

Yeah. Yeah. I was trying to wear black  
so this kind of tries to cover it up and  
just like a lot of layers so they can't tell.

00:10:09

But I mean my hands like they were so shaking.  
I was really red and just just just wishing that  
I just wasn't there. So you've already described it  
to me a little bit. But if you think

00:10:22

about how you look that day, how do you  
say, how do you think he looked? I  
think just really stupid and like I think my face  
was really red, I could feel it flushing and

00:10:31

I knew that was probably sweating and shaking. My  
hands were definitely really, really shaking and it was  
definitely really noticeable. Everyone could definitely stay okay.  
And what did you do about how did you try

00:10:46

and conceal that or hide that? Um Well again  
I was trying to grip the camera, just look  
down, just trying not to do anything weird or  
because I mean they could probably tell I was being

00:10:58

weird anyway, but hopefully I just tried really hard  
to just focus and look down, not trying not  
to look at anyone else and just yeah just kind  
of try and get on with it as best as

00:11:09

I could. But so you avoided looking at people,  
it sounds like you wore black as well in kind  
of preparation anyway. Yeah, no I always do  
that even if it's really hot or I were just

00:11:20

loads of layers and just because otherwise I'll just be  
really sweaty and like people would definitely be able to  
see how did it end well, it kind of  
went on for like an hour or so, and

00:11:35

then people were going just after every shoot, people  
go out for drinks after just to kind of celebrate  
like that we've done it, but I just I  
went home straight away, just got in my car

00:11:46

and went home. I just didn't want to be around them, especially after they would have seen me being weird and I just wanted to get home straight away. Okay. Yeah.

Source:

<https://mindscapecommons.net/view/cognitive-behavioural-therapy-for-social-anxiety-disorder-first-session-with-a-client?theater=true>

## Example 5

**Therapy Session 10 Annotated Transcript Judith Beck, PhD, and Abe From Cognitive Behavior Therapy: Basics and Beyond, 3rd Ed.**

This whole PDF:

<https://beckinstitute.org/wp-content/uploads/2021/06/BB3-Session-10-Annotated-Transcript.pdf>

## Example 6

Norena, a Hispanic student in Grade 7, is a client to be described in this case study. Norena's teacher referred her to guidance because of recently observed changes in her behavior. The problem is that the girl has difficulties in relationships with her peers as she tries to isolate her from other students, her mood is mostly sad, and she often becomes angry in interactions with peers, yelling at friends and using negative wording when communicating with them.

These changes in Norena's behavior became observed after the vacation, and in the past, the girl was an active student involved in extra-curricular activities. Thus, Norena was one of the best students in her class, interacted easily and friendly with peers, performed as a member of the honor society and the leadership group, demonstrated an interest in music and art. After the vacation, the girl's grades became lower, and she did not participate in extra-curricular activities anymore. Problems in performance and interactions have led to Norena's participation in the ISS (in-school suspension) program. Currently, Norena's attitude to study, her mood, and performance are the areas of concern for her parents and teacher.

The communication with Norena's mother helped to determine that Norena's behavior began to change after her family had planned to move to Ohio, where the father could get a good position. Their relatives also live in a town in Ohio, and the family plans to move at the end of the year. Thus, it is possible to assume that Norena experiences stress and emotional pressure associated with moving and other coming changes in her life as transitioning to a new town and

school is challenging and difficult for students (Zyromski, Dimmitt, Mariani, & Griffith, 2018). The girl experiences problems with coping with her feelings and possible fears about uncertainty.

These expected changes in Norena's life could potentially lead to changes in her behavior and emotional state, leading to problems with academic performance and communication (Dollarhide & Lemberger-Truelove, 2018). In this report, Norena's words will be represented using the label Student and the counselor's words will be represented using the label Counselor. The purpose of this paper is to present the analysis of the verbatim transcription of a session with the client along with discussing the theoretical framework and providing reflection.

Verbatim Transcription	Clinical Skills and Competencies	Analysis of Clinical Thinking	Evaluation of Counselor's Response
Student: Hi, are you the counselor?			
Counselor: Hi, yes. I'm one of the counselors, how can I help you?	Counselor uses a probe to continue a conversation and stimulate Student to describe the problem (Sommers-Flanagan & Sommers-Flanagan, 2018).	It is important to stimulate Student to describe the problem in her own words, to make her formulate the request for help.	Counselor appropriately uses a probe and creates a trigger for Student to ask for some help, but the utilized wording could be more emotionally colored.
Student:I got sent here by my teacher to see you.			

Counselor: Your name is Norena, right? From Mrs. Lefano's class.

Counselor establishes rapport with Student.

The used approach can be discussed as easy to demonstrate that Counselor is focused on Student and her needs and ready to help.

At this stage of the conversation, Counselor's technique is appropriate to start a positive and client-oriented conversation.

Student: Yep, that's me.

Counselor: Well, thanks for coming, and happy to help you, and go over few things with you. I just want you to know that everything we talk here is confidential. I will let your mom know that we have talked today, and I'm sure your teacher probably is going to email her to let her know she sent you to guidance.

Counselor demonstrates respect and validates the client while discussing the conditions of the session (McLain & Lewis, 2018).

The reason for the statement is the necessity to ensure Student that the session will be confidential, but parents will be informed that it took place.

It could be possible to add more words about the purpose of this session and its potential usefulness for Student. This approach would help Student adapt to the situation of communicating with Counselor.

Student: Yeah... that's fine.

Counselor: What happened in class that you got sent down to guidance?

Counselor uses a direct and appropriate open question in order to learn more about a situation or a problem (Sommers-Flanagan & Sommers-Flanagan, 2018).

This question is necessary to help Student start telling about the problem, and it is important for Counselor to collect all the required information (Jayawardene, Erbe, Lohrmann, & Torabi, 2017).

The use of general and unbiased open questions is appropriate to stimulate clients' speaking and sharing details about their problems and concerns.

Student: Well, during math, I was working with my group and the teacher overheard me calling Natalie stupid, so she sent me down. Whatever, I don't care, they are all stupid, I'm sick and tired of everyone.

Counselor: Norena, I understand you are mad and aggravated because of what happened. However, it is truth that you were calling Natalie stupid, right, is that what you said?

Counselor uses Student's feelings reflection and clarifies the case (McLain & Lewis, 2018).

It is necessary to demonstrate that Counselor understands the client's feelings and wants to learn more about the problem to help while establishing effective rapport.

The used technique is effective to build positive relations with the client, but wording used for asking the question could be improved to accentuate Counselor's awareness of Student's concern.

Student: Well, I was trying to help her and she didn't get it.

Counselor: So you guys were working in a small group and everyone was supposed to do this activity together. And Natalie didn't understand it, and you called her that. Right?

Counselor rephrases the case in order to emphasize the clear understanding of the situation (Sommers-Flanagan & Sommers-Flanagan, 2018).

Rephrasing or paraphrasing is important to provoke Student to add more details and demonstrate that Counselor is interested in understanding the case. This technique allows for creating a list of problems to focus on during the session (Sommers-Flanagan & Sommers-Flanagan, 2018).

The used statement is effective to accentuate that Counselor is focused on Student's vision of the problem without making prejudiced assumptions when paraphrasing the client's ideas.

Student: Yes.

Counselor: How would you feel if that would happen to you, if someone called you that name in front of other students?

Counselor asks an open question to learn about Student's feelings.

It is important to gain information about the emotional background of this situation and help Student see a situation from a different perspective.

Counselor effectively helps Student focus on her own feelings rather than actions using an alternative perspective.

Student: I guess ... I would be embarrassed ... I just feel bad...



Counselor: When you say you feel bad, you meant sad?

Counselor uses restatement to clarify Student's words (Sommers-Flanagan & Sommers-Flanagan, 2018).

This practice allows for gaining clarity about Student's feelings associated with her fears regarding moving to another town.

Counselor could use an open question for this case: When you say you feel bad, what do you mean? This approach provides Student with more opportunities to share deep feelings and thoughts.

Student: Yes, kind of ... silence ... I just want to be by myself, I have a lot going on home, and I don't understand why now things are changing. Why now ...

Counselor: Norena, I'm very sorry you are sad and feel a little confused. I'm glad you came down to talk to us. You know ... Sometimes when we feel that something is bothering us, one good way to feel better is to express those feelings, and let out what is bothering us.

Counselor uses empathetic and reassuring statements.

Counselor needs to demonstrate support and stimulate Student to share her concerns. Student's expected reaction is the willingness to continue conversation and share her fears and anxiety (Jayawardene et al., 2017).

This practice is effective to encourage the client to share her feelings and emotions. No changes can be proposed.

Student: I'm just not comfortable leaving everything behind, why they couldn't wait until I finish 8th grade.

Counselor: I'm sorry that you are so sad, and frustrated and you're going through this. And I can only imagine how you feel letting your friends behind and everything, I totally see how this is affecting you. What is it that you want?

Counselor demonstrates empathy, reflects Student's feelings, and asks about wishes.

Empathetic and reflective statements create a positive atmosphere. Counselor continues them with an open-ended question to learn more details about the nature of Student's interactions with friends (McLain & Lewis, 2018).

Student is effectively encouraged to share her feelings without being judged. This approach can be viewed as appropriate, and no changes are necessary.

Student: I just want to graduate here, you know ... I started here when I was in PK, and now I have to meet new people and make new friends and I don't know if I'm going to feel comfortable in the new school.

Counselor uses reflective statements, rephrasing, and open questions.

It is necessary to learn more about the situation and Student's feelings associated with it to understand what provides the background for her negative behavior at school.

The order "reflection of feelings-rephrasing-open questions" is appropriate to support Student's speaking and gather required data.

Counselor: I totally understand how you feel, I can tell you're not happy moving. Can you educate me more about what's happening at home? When I spoke to your mom, I understood your dad got a new job opportunity in Ohio.

Student: Yes, you know my dad has been working in this company for many years and now they offer him a better position ...

Counselor: Our parents always want the best for us ...Ok ... Go on... How does that make you feel?

Student: Yeah, and you know he's very happy because he is going to have more time to spend with us, and he's going to get more money to take us on vacation...

Counselor: I see a little smile on your face when you talk about this... I meant this is great, right. Have you pictured you in a new house, new room, going with your parents over the weekends to the park or doing a little vacation together? That's amazing.

Counselor uses verbal listening techniques (McLain & Lewis, 2018).

Counselor accentuates a positive experience associated with changes with the help of interpretation (Jayawardene et al., 2017).

Counselor needs to learn more details about the problem and stimulates Student's speaking about the situation at home.

It is necessary to help Student become aware of the positive aspects of moving to another town. That is why, it is important to learn whether Student has any positive visions of the situation with moving to Ohio.

The supportive phrase about the role of parents can be changed and refocused on Student's feelings, but the question is effective.

The used technique is effective to provoke alternative thinking about the problem. The technique of open-ended questions could be utilized to change this question: Have you pictured you in a new house?

Student: Yeah ... I know, I've been a little hard on myself and my parents...

Counselor: Now let's explore ... Walk me through those happy moments that you had experienced at this school. You told me that you started here on PK ... Wow, that was 7 years ago. Your teacher told me you are great in art, you like music and you are in the honor society and the leadership group, how do you feel about that?

Student: Good... I have the student of the month recognition at the end of the school year and we had ice cream and a diploma, Ms. Ramos put some music for us, and my parents came.

Counselor helps Student shift to positive associations related to her study at school and asks open questions (Sommers-Flanagan & Sommers-Flanagan, 2018).

It is necessary to learn why Student's attitude to study has changed. In addition to the situation at home, Student could experience some difficulties with her extra-curricular activities that could change her attitude to these courses. Therefore, it is important to learn more details about this aspect.

Clarifications about Student's previous experience and her thoughts about interesting activities provide the background for understanding the problem. Nevertheless, the reference to the past events is not typical of the choice/reality therapy, and the used wording can be changed to focus on accentuating Student's relations.

Counselor: Ok. Let's go back to that part and reflect on what you're saying, I love the smile on your face, and how enthusiastic you sound when you talk about these positive things that you earned with your good behavior. What changed? Checking on your grades, I can see they are dropping. Little be.

Counselor helps Student reflect on her experience, interpret it and realize changes in the emotional state and behavior (Zyromski et al., 2018).

Counselor makes a smooth shift to discussing problems with academic performance. In this case, the use of positive regard is important (Sommers-Flanagan & Sommers-Flanagan, 2018).

The selected technique is appropriate as it is based on the positive analysis of the problem and the application of unconditional positive regard.

Student: It just makes me sad that I won't be able to be with the friends I grew up with, you know...

Counselor: I totally get it... But, we have to face reality here, don't you think that is better if you create more positive memories with them? You still have an entire school year, before you move.

Counselor demonstrates acceptance, the understanding of Student's feeling through reflection and interpretation (McLain & Lewis, 2018).

It is needed to help Student change her perspective of perceiving the situation and see the advantages. After finding out the aspects that cause the changes in Student's behavior, Counselor wants to propose the ways to overcome the problems.

Counselor's approach is appropriate as the technique is used without pressure, but with respect. Still, the use of an open question can be more preferable in this case.

Student: My best friend...  
Already told me that she is  
going to miss me, but she  
will FaceTime me to talk...

Counselor: You see, you  
found a great solution to  
the issue, even though you  
will be a little far from your  
friends, you still can  
communicate over the  
phone and talk about the  
experience you are having  
in the new town, and  
school district...

Counselor  
emphasizes the  
solution found by  
Student with the help  
of interpretation and  
acceptance  
(Sommers-Flanagan  
&  
Sommers-Flanagan,  
2018).

Interpretation adds clarity  
for Student to see more  
solutions to the  
problematic situation.  
Counselor uses this  
technique in order to  
encourage Student to  
focus more on positive  
moments.

This approach allows for  
accentuating the  
importance of positive  
relations with peers, and it  
helps to change Student's  
attitude to the overall  
problematic situation  
according to the principles  
of the choice/reality  
therapy (Dollahide &  
Lemberger-Truelove,  
2018).

Student: Yes...  
Absolutely... At the end, is  
it not too bad, right?

Counselor: Not too bad at  
all... I see it as an  
opportunity to meet new  
people and always think  
that changes are good ...  
and this is totally a positive  
one for you and the entire  
family.

Counselor continues  
interpreting the  
experience for  
Student.

The practice allows for  
getting rid of negative  
emotions associated with  
moving.

The path followed by  
Counselor is effective as  
Student accepts this  
approach to shifting her  
perception from negative  
to a positive one.

Counselor: I will just keep on calling on you. I hope after our talk today, you think and reflect on your feelings and thoughts, and maybe something to consider is to talk to your dad and mom, and let them know how deeply happy you are for them and his new job opportunity.

Counselor demonstrates support and helps to choose a solution (McLain & Lewis, 2018).

Student needs this encouragement from an adult respecting her needs and understanding her fears. As a result, it is possible to achieve the situation when Student feels safe and can get rid of her anxiety.

The technique is effectively introduced because, at this stage, Student is ready to accept the way of interpreting the situation promoted by Counselor and take certain actions to improve her relations with peers and parents.

Student: I think I will miss... I totally see things from a different now.

Counselor: I want to check on you every Monday, is that ok?

Counselor proposes regular support in a positive manner.

Student needs to be aware of Counselor's support and care to change her behavior. The purpose of Counselor is to continue cooperation with the client to guarantee they will achieve goals associated with changing ineffective behavior.

The form of a question indicates that Student is the main and respected decision maker in this relationship.

Student: Yes, that's fine...

Counselor: You guys have leadership during the first period, just come by to say Hi, and if you feel that you want to share something with me, or there is something bothering you, don't hesitate to talk to me... I'm here to help you...

Counselor explains how their further communication will be organized to provide necessary support for Student (Sommers-Flanagan & Sommers-Flanagan, 2018).

Counselor needs to demonstrate what will be done to really help the client. As a result, Student can realize that this adult will always be ready to help her.

This approach can be viewed as rather effective to guide and encourage Student.

Students: I appreciate it ...

Counselor: Oh, I totally forget, may sure you apologized to Natalie and the teacher.

Counselor proposes an indirect solution to resolve the conflict.

This statement is necessary to ensure that Student will make changes in her behavior.

The form of the proposition can be improved to become more effective to guarantee Student is not under pressure. It is possible to use an open question for that purpose (Jayawardene et al., 2017).

Student: I was thinking about to write a note to Natalie and talk to Mrs. Lefano.



Counselor: You see that's the Norena we know... I'm happy you're willing to change and make things better.

Counselor demonstrates appreciation and affirmation (McLain & Lewis, 2018).

It is important to support Student with affirmation in order to ensure her progress to changes. At this stage of the session, Student needs to be encouraged and motivated to change.

The selected technique is effective for closing the session in a positive and encouraging manner. No specific changes are required.

Student: Thanks. See you Monday.

Source: <https://ivypanda.com/essays/transcription-of-counseling-session/>

## Example 7

### Healthy Living

#### Depression: Conversation Starters

##### Two people talking.

Depression can be hard to talk about. But if a friend or loved one is depressed, having a conversation about getting help can make a big difference. Use these tips to start talking.

##### **Show you care.**

You can say:

"How are you feeling? I'm here to listen to you and support you."

"I'm concerned about you. I think you may need to talk to someone about depression. I want you to get the help you need to feel better."

"I'd really like to spend more time with you. Let's take a walk, grab something to eat, or go to a movie."

##### **Offer hope.**

You can say:

"You're not alone. Many people suffer from depression — it's nothing to be ashamed of."

"Depression is treatable. Getting help is the best thing you can do."

“Many people get better with treatment — even people who have severe depression.”

“There are different ways to treat depression, including therapy and medicine.”

### **Offer to help.**

You can say:

“Let me help you figure out what’s going on. You can start by making an appointment with your doctor — or I can help you find someone else to talk to, like a counselor, therapist, or social worker.”

“I can give you a ride to your therapy appointment or remind you to take your medicine.”

“You can call or text me at any time if you need support — or if you just want to talk.”

“Getting more physical activity can lower your stress level and help you feel better. Would you like to go for a walk together this weekend?”

### **Ask life-saving questions.**

For example, you might ask: “Have you felt hopeless or thought about hurting yourself recently? I’m here for you. Let’s call or text the Suicide & Crisis Lifeline at 988.”

This information on depression was adapted from materials from the National Institute of Mental Health.

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National Institute of Mental Health

February 2023

Source: <https://health.gov/myhealthfinder/healthy-living/mental-health-and-relationships/depression-on-conversation-starters>

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## **Bank of Questions**

The following questions can be used by our ai to ask the user in the hope of uncovering underlying problems and personalizing the suggestions.

### **Preliminary questions:**

- What made you consider counseling now?
- Do you have any questions for me?

- How have you been coping with problems that made you seek counseling?
- What do you hope to accomplish in counselling?

## Questions without Context

1. Open Ended Questions in Counseling. Examples:
  - a. Are you feeling better today?
  - b. Do you have any siblings?
  - c. Is everything going well at your new job?
  - d. Is that your typical behavior?
2. Closed Questions in Counselling
  - a. What's on your mind?
  - b. What can you tell me about your family?
  - c. How are you liking your new job role/position? or Why did you choose this field?
  - d. How do you normally handle that situation?
  - e. How is your relationship with your family?
  - f. How do you cope with stress?
  - g. What are some of your strengths?
  - h. What are some things that make you feel stressed? How are you coping with stress?
  - i. What are 3 things you like about yourself? Explain why.
  - j. What are three bad habits that you'd like to replace with good ones?
  - k. What are the good habits you can replace the bad ones with?
  - l. What are you willing to do to make the changes happen?
  - m. What have you done as a family so far to improve the situation?
  - n. Have you attempted harming yourself?
  - o. How is your relationship with others around you?
  - p. How do you see the problem?
  - q. How would you define the biggest challenge you're facing right now?
  - r. What are the things or people in your life that are causing problems for you?

## Questions with Context:

What is the problem from your point of view?

Defining a problem in the initial stage of therapy can often be challenging; clients come in with unique perspectives on what the problem is and sometimes with what the solution to that problem should be.

Empathic, nonjudgmental listening is crucial. The goal is to make the client feel acknowledged and accepted for who they are, and for that, caution and patience are required.

The point of counseling is to create positive changes without the client feeling hurried or being worked on.

1. How do you see the problem?
2. How would you define the biggest challenge you're facing right now?
3. What are the things or people in your life that are causing problems for you?

## How does this problem typically make you feel?

Validating clients' feelings is an integral part of rapport building. Feelings are not facts, and there is no right or wrong way to feel about any given situation. Some clients are less equipped at articulating their feelings and may need help naming them.

When strong negative emotions show up, one way to deal with them is to parse them into smaller, less potent feelings. Practitioners also often observe that their clients are subject to conflicting emotions, and probing into those can often prove to be very useful, although at times uncomfortable for the client.

1. How does this problem typically make you feel?
2. How do you feel when a problem pops up unexpectedly?
3. Do you feel sad, mad, hopeless, stuck, or something else?
4. What else do you feel? Tell me more.
5. When you tell me you feel angry, what else do you feel? Disappointed, hurt, betrayed, lonely, or something else?

## What makes the problem better?

1. How often do you experience the problem?
2. How have you been coping with the problem(s) that brought you into therapy? What have you tried so far?
3. What do you think caused the situation to worsen?
4. How does the problem affect how you feel about yourself?
5. What avenues have you pursued in the past that have worked well to solve the problem?
6. Tell me about a time when you were not experiencing these difficulties.

## Overall, how would you describe your mood?

Robert Thayer (1997), who studied how moods influence behavior, suggested that we should see moods as a form of internal barometer and a reflection of the interactions between our psychological states and our physiology, rather than mysterious, purely emotional reactions to events around us.

Unlike fleeting emotions, moods are more like the weather and represent the underlying biology of our daily cycles of energy and tension.

When we find ourselves overwhelmed by stress or tiredness, we are more likely to reach for self-destructive habits. Understanding our moods and their fluctuations better can allow us to improve our personal effectiveness substantially, both mentally and physically.

1. Describe your typical daily mood. Is your mood like a roller coaster, or is it pretty steady?
2. What energizes you and makes you feel more upbeat?
3. What brings you down or makes you feel blue?
4. How do you typically handle irritations, aggravations, and frustrations? Do you get mad easily? How does your anger come out?
5. Do you feel mad when you don't get your way or lose control?
6. How do you get yourself out of a bad mood?
7. We all use different strategies to cope. Do you find yourself reaching for caffeine, drugs, alcohol, sex, shopping, the internet, or something else to make you feel better?
8. What have people close to you told you about your moods?

## How connected do you feel to the people around you?

Exploring the dynamics of clients' relationships with people in their lives can be a good predictor for how they will respond to forming a relationship in therapy, as we often play out similar tendencies in most of our relationships.

1. Tell me about the important relationships in your life.
2. What was it like growing up in your family?
3. What do people keep doing that you dislike, and what do you wish they would change?
4. What wrongs have been done to you that you haven't forgiven?

Source: <https://positivepsychology.com/common-therapy-questions/>