

TEAM-CBT

Relapse Preparation & Termination Session

It's not always easy parting ways. Prepare your clients ahead of time for the end of coaching/therapy with proper relapse preparation and hope: Relapse moves you into recovery!

- **T = Testing**
- **E = Empathy**
- A = Assessment
- M = Methods

Relapse Preparation

What is Relapse?

- Relapse in the context of TEAM-CBT therapy or coaching is when a client reverts in ANY way, however small, to their previous way of thinking, feeling, or behaving. Examples:
 - Being tempted to drink after getting sober.
 - Feeling nervous and inferior after crushing their performance anxiety.
 - Not feeling motivated to get out of bed after they have worked through depressive thinking.
 - Getting annoyed at a partner and not wanting to use the 5 Secrets.
- These need not go any further than one initial temptation, thought, or feeling.

How TEAM defines it vs “others”

- Most modalities only see relapse as the goal failure itself. IE: They take a drink, or need anti-depressants. But as we saw on the previous slide, TEAM-CBT treats any small movement in the wrong direction as a relapse.
- This is because “relapse,” either way, is gradual¹, so if we address it right away, we can often prevent worse outcomes. We normalize the ebbs and flows of life while avoiding a pathological response by allowing the little steps in the wrong direction, culminating in a full-blown episode of whatever issue the client initially came to you for.

1. Melemis, S. M. (2015). Focus: Addiction: Relapse Prevention and the Five Rules of Recovery. The Yale Journal of Biology and Medicine, 88(3), 325-332. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553654/>

Why should we address relapse?

- It is crucial to long-term recovery/goal success. Not addressing it leads to less optimized long-term outcomes.¹
- It will happen; ignoring it may cause clients to think therapy/coaching failed.
- It's not problematic if we address it ahead of time. It is just part of developing healthy coping skills; in fact, it provides an opportunity for reinforcing a client's successes. Often it's why clients came for therapy/coaching in the first place.²

1. Ludgate, J. (2021). Relapse prevention. In A. Wenzel (Ed.), Handbook of cognitive behavioral therapy: Overview and approaches (pp. 385–414). American Psychological Association. <https://doi.org/10.1037/0000218-013>

2. Melemis, S. M. (2015). Focus: Addiction: Relapse Prevention and the Five Rules of Recovery. The Yale Journal of Biology and Medicine, 88(3), 325-332. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553654/>

When to address

- During the initial 15min consultation. 100% Money back guarantee, you will relapse.
- When there is a successful DML completion.
- Before the termination session.

How to

- ➊ After a successful DML, go over the client's Recovery Circle / Circle of Hope or list of most effective tools and point out the ones that worked well for them.
- ➋ Inform the client to keep this list handy to practice whenever they relapse. Remind them to address even the little "slips" so they can practice full recovery over and over, embedding the success in their minds.
- ➌ Create a Relapse DML or add relapse thoughts to the current DML.
- ➍ Do Externalization of Voices!



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Externalization of Voices

Description

- David's Favourite tool, a role play technique.
- Client & Therapist take turns playing the role of client's negative thoughts and works to come up with more realistic, positive ones. The person playing the negative thoughts attacks, and the person playing the positive thoughts defends. Use role-reversals when client gets stuck.

Purpose of EOV

- Helps with turning cognitive wins into more emotional and powerful wins.
- May result in epiphanies.
- Can be used to create new positive thoughts or reinforce ones already done on the DML, such as when doing relapse preparation.

3 or 4 Ways to Win!

- Acceptance Paradox: Instead of defending against your own self-criticisms, you can find truth in them and accept your flaws.
- Self-Defense: You can argue against the NTs and put the lie to the thought.
- CAT - Counter Attack Technique: Talk back to the negative voice itself, “I’m not listening to your baloney anymore!!!!”
- Use a combo of any of the above.

Key points

1. Clearly identify the roles – who is playing what.
2. Four ways to defeat the NT – self-defense, self-acceptance, CAT, or combo
3. What level of win? Small, Big, Huge
4. Do role reversal if client gets stuck or offer to let the client try again.
5. Client needs to get the Huge win (not just the therapist).

Other tips & info

- If your client seems to have difficulty with EOV they may need to identify a few more distortions, use a few more tools before doing EOV, or this just might not be the right tool for them.
- Record the session if possible AND TAKE a lot of notes because when the client can get a huge win, that is the PT! Have them write it down on their DML especially if you are NOT recording the session. Also this can give you insight as to what to say during a role reversal if they didn't get to huge.
- If client gives you a big or huge win when you do a role reversal, then ask 'What was big/huge about it?' Then right away hit them again so they can use what they learned for themselves.

When to Use it

- Use for any distortion or NT on the DML. Can use after Identify the Distortions, or Explain the Distortions, if client is motivated and seems to have a grasp on CBT. I like to use it after the client has defeated at least a couple NT's using other tools. EOVS is great for solidifying the learning and crushing the rest of the thoughts on a DML. BUT EOVS is also a great way to gently offer suggestions. IE: when you are doing a role reversal you can use any of the other tools that seem to fit, like Shades of grey, Be Specific, etc.
- EOVS should also be used for relapse preparation training. Either after the client has completed a DML (best time) or during your last session together, or both!

How to do it

- ④ “This is a role play where I will be the negative voice in your head and you try to defeat me.
- ④ You can defeat me in 3 ways, 1. You can use self acceptance where you accept something true about the NT, 2. You can use self-defense where you argue against the NT and point out the errors or distortions, 3. You can use the CAT tech where you tell the critical inner voice to get lost. OR 4. You can use any combination of these. So I’ll be negative _____ (client’s name) and you be positive _____ (client’s name). Don’t worry if you get stuck, we can do a role reversal and I’ll be positive _____. Do you understand?”

How to do it

Therapist: “Ok, great, so who am I?”

Client: “my negative thoughts/critical voice/etc.”

Therapist: “Right and who are you?”

Client: “me/myself/positive thought”

Therapist: “That’s right! So ____ I wonder if you have a couple minutes to have a chat. I don’t want to be mean, but I just wanted to tell you _____ (NT - word for word, NO embellishing!)”

Client: comes up with positive thought

Therapist: “Who won? me or you?”

Client: “I did.”

Therapist: “Big or Little?”

Client: “Big”

Therapist: “Big or Huge?”

Client: “Big”

Therapist: “Ok, would you like to do a role reversal or try it again?”

Client: role reversal

Therapist: “Ok, you hit me with the NT.”

Client: Says NT.

Therapist: Give an example of a positive thought. Try a combo of the 4 ways to crush it. Or can use any tools you think helpful like Shades of Grey, Examine the Evidence, Semantic, etc. Then ask who won.

Client: “You did.”

Therapist: “Big or Little?”

Client: “Big”

Therapist: “Big or Huge?”

Client: “Huge”

Therapist: “What made it huge?”

Client: Responds

Therapist: “Ok, now you give it a try. This is your negative voice talking, I just wanted to tell you ____ (say client’s NT).”

Client: “Responds”

Therapist: “Who won? me or you?”

Repeat back and forth till client gets to huge on their own, then have them write down this PT on the DML if not done so already. Repeat with other NT’s.

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Termination

Termination of Therapy

- Our goal is to teach clients to have healthy, truthful thinking. Once they learn that, they need space to implement that on their own. Clients can take ownership of the progress with termination.¹
- It's important you have a positive view of termination and the client's ability to move forward on their own.²
- Therapists may have to be very explicit in what to expect and review the successes to help the client see the value in going for it on their own.³

1. Goode J, Park J, Parkin S, Tompkins KA, Swift JK. A collaborative approach to psychotherapy termination. *Psychotherapy (Chic)*. 2017 Mar;54(1):10-14. doi: 10.1037/pst0000085. Epub 2016 Nov 21. PMID: 27869471.

2. Bhatia A, Gelso CJ. The termination phase: Therapists' perspective on the therapeutic relationship and outcome. *Psychotherapy (Chic)*. 2017 Mar;54(1):76-87. doi: 10.1037/pst0000100. PMID: 28263654.

3. Bachelor A. Clients' and therapists' views of the therapeutic alliance: similarities, differences and relationship to therapy outcome. *Clin Psychol Psychother*. 2013 Mar-Apr;20(2):118-35. doi: 10.1002/cpp.792. Epub 2011 Nov 14. PMID: 22081490.

When to Terminate

- There are many reasons to terminate working together, and it's important to do a termination session for ANY of these. Some are from the client's perspective, and some are from the clinician's.
- The client has met the therapeutic goals they came to you for. The client can't continue for financial reasons.
- Their insurance only covered x many sessions.
- The client and clinician are not a good fit (for various reasons).
- The client would be better served getting a different perspective/modality.
- You are taking a leave of absence.
- You may change clinics or move.
- I'm sure there are other reasons I've missed. Can you think of any?

How to do it – Assessing Readiness

- ④ **1. Evaluate Progress: Review the client's progress and goals.**
 - ④ Has the client met the main objectives they came to therapy for?
 - ④ Are they equipped with the coping skills and insights needed to manage future challenges?
 - ④ Are there unresolved issues that require further attention?
 - ④ Have new issues arisen that should be addressed?
 - ④ Does the client want to address Self-Defeating Beliefs?

How to do it – Assessing Readiness

- ② **2. Client's Input: Have a conversation with the client about their readiness.**
 - ② “How do you feel about the progress you've made?”
 - ② “Do you feel we've worked through the issues you initially came here for?”
 - ② “Are there any goals you still want to work on?”
 - ② “Can you walk me through how you've been using [coping technique] in your day-to-day life?”
 - ② “How confident do you feel in managing future difficulties on your own?”
 - ② “How do you feel about the idea of ending therapy?”

How to do it – Termination Session

1. Prepare the client a few sessions before. Explain that termination is a natural part of therapy and reflects growth and progress. Address any feelings of sadness, loss, or anxiety the client may feel. See Assessing Readiness.
2. Once you've had a conversation about termination and the client is ready, book a session for this purpose. Send them the termination survey to fill in before you meet.
3. Go over key points of the survey together during the termination session.

How to do it – Termination Session

- 4.** Create a Post-Therapy/Coaching Plan (see sample in the handout)
- 5.** Administrative and Ethical Considerations (see final two pages). Document the reasons for termination, the client's progress, and any follow-up plans. Ensure the client is not left vulnerable and that termination is not premature unless the client insists or ethical considerations require an early end.

Demo & Practice

Demo

& Practice



