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REFLECTIONS ON PERSON-CENTERED AND COGNITIVE BEHAVIORAL PRACTICES FOR THERAPIST GROWTH: A COMPARATIVE CASE STUDY

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ABSTRACT

Reflective practice is central to the development of therapists, enabling growth in self-awareness, clinical skills, and professional identity. This paper presents a comparative reflection on the therapist therapeutic practice across two modalities: Person-Centered Therapy (PCT) and Cognitive Behavioral Therapy (CBT). Drawing on process reports from two sessions, the therapist analyzes the strengths, challenges, and learning across both approaches. In Person-Centered practice, the therapist develops relational qualities such as empathy, congruence, and unconditional positive regard, while also recognizing a tendency to remain at a surface level and hesitate to guide the process. In CBT practice, the therapist-built skills in collaboration, agenda setting, and guided discovery but struggled with questioning style, conceptualization, and occasional lapses in language use. Reflecting across both experiences revealed common themes, including the importance of presence, the challenge of balancing depth with structure, and the role of the "internal supervisor" in developing self-awareness. The paper concludes that the therapist growth is less about allegiance to a single approach and more about integrating relational depth with technical competence. Through reflection, the therapist highlights how combining insights from both PCT and CBT contributes to the development of an authentic therapeutic identity.

KEYWORDS: Reflection, Person-Centered Practice, Cognitive Behavioral Practice, Therapist Growth, Identity, Case Study.

INTRODUCTION

Therapist growth is a dynamic and lifelong process that involves continuous learning, self-awareness, and the integration of experience into professional identity. One of the most effective ways to foster this development is through reflective practice, which enables therapists to critically examine their thoughts, emotions, and actions to improve both personal and professional effectiveness (Johns, 2017; Schön, 1983). Reflection allows therapists to deepen their understanding of themselves, their clients, and the therapeutic process, ultimately enhancing empathy, competence, and ethical awareness (Thompson & Pascal, 2012).

Reflective practice is a cornerstone of therapeutic training and professional development because it involves critically analyzing experiences to gain insights, identify areas for improvement, enhance self-awareness, and develop new skills, ultimately leading to better patient care and more effective practice (Johns, 2017; Schön, 1983). It allows therapists to critically evaluate their practice, recognize personal strengths and limitations, and gradually develop a professional identity, becoming more confident, authentic, and compassionate in their roles (Bennett-Levy, 2019; Knight, 2017). This ongoing self-evaluation promotes ethical and effective practice, ensuring that interventions remain client-centered and responsive to individual needs (Thompson & Pascal, 2012). By engaging in structured reflection, the therapist begins to cultivate what Henderson and Bailey (2009) describe as the "internal supervisor" an inner voice that guides self-awareness and informs therapeutic decision-making. Within psychotherapy, both Person-Centered Therapy (PCT) and Cognitive Behavioral Therapy (CBT) offer distinct yet complementary frameworks for reflective practice, each promoting therapist growth in unique ways.

Person-centered approach

It is one of the most influential humanistic theories in psychotherapy as a form of counselling psychology that emerged in the 1940s in the United States, devised by Carl Rogers. It is a form of counselling where the therapist takes a non-directive role, and that puts much of the responsibility for the treatment process on the client (Corey, 2001). Rogers held the assumption that people are trustworthy, and they have the potential to understand themselves and find their own answers to problems without the therapist's interference. He believed therapy is a process to free an individual, remove obstacles, and

help normal development and growth to proceed so they can become self-directed and independent.

Carl Rogers (1957) emphasized that a therapist's personal growth and self-understanding are essential for fostering a genuine therapeutic relationship. Reflection in this approach is experiential and relational, focusing on the therapist's internal process and emotional responses during and after sessions (Cooper & McLeod, 2011). Reflective practice helps the person-centered therapist develop congruence (authenticity between inner experience and outward expression), which enhances therapeutic trust. Through reflection, therapists examine how their attitudes, biases, or emotional reactions grapple with embodying empathy, congruence, and unconditional positive regard for clients, which provided the foundation for my initial growth as a therapist and highlighted both the strengths and limitations of the developing practice (Mearns & Thorne, 2013).

The person-centered approach was mainly based on the idea that the way therapy takes place should always provide a supportive and nurturing environment, which makes it possible for the client to experience personal growth and be able to solve their major problems (Butterfield et al., 2009). The environment is created by the therapist, based on the closeness and the personal relationship that happens between the client and the therapist (Luke, 2010). From the person-centered approach perspective, there are three core attitudes that are necessary on the part of the therapist: empathy, unconditional positive regard, and congruence. Empathy is the ability to see the client's world through their own eyes. It shows a profound understanding of the client's internal frame of reference without any judgment. Unconditional positive regard is the acceptance of each human being as a unique individual, with the therapist deeply valuing the client's uniqueness without any disapproval of their feelings, actions, and characteristics. Congruence is the therapist's ability to be honest and genuine with the client without hiding behind a professional façade (Corey, 2001).

Rogers (1951, 1961) proposed that a facilitative environment that allows clients to freely explore and understand themselves leads to therapeutic change. Central to this approach is the idea that people have within themselves the resources for personal development, but these can only emerge under certain relational conditions. The therapist's role, therefore, is not to direct or diagnose, but to create a therapeutic climate characterized by empathy, unconditional positive regard, and congruence (Rogers, 1957).

Rogers (1957) also proposed that there are six essential and sufficient conditions required for therapeutic change:

1. The two people are in psychological contact: a meaningful relationship between the client and the therapist should exist, in which each person's perception of the other should be significant.
2. The client is incongruence, which is a state of vulnerability or anxiety. Furthermore, the client's vulnerability or anxiety motivates them to stay in the relationship.
3. The therapist is congruent or genuine within the therapeutic relationship, deeply involved with the client and not acting. The therapist also can point to their own experiences (self-disclosure) to facilitate the relationship.
4. The therapist shows unconditional positive regard: the therapist accepts the client without judgment, disapproval or approval, and experiences unconditional positive regard towards them.
5. The therapist shows empathic understanding: the therapist practices an empathic understanding of the client's inner frame of reference. Truthful empathy from the therapist's side helps the client believe the therapist's unconditional regard for them.
6. The client recognizes, at least to a minimal degree, the therapist's unconditional positive regard and empathic understanding.

Cognitive behavioural therapy approach (CBT)

CBT is a structured, time-limited, and evidence-based psychological approach that focuses on identifying and modifying maladaptive thoughts, beliefs, and behaviors. The fundamental principle of CBT is that cognitions influence emotions and behaviors, and by changing dysfunctional thinking, individuals can alter their emotional experiences and actions (Beck, 2011; Dobson & Dozois, 2019).

CBT is a combination of behavioral and cognitive therapy because our behaviors are reflections of the thoughts that we have during various situations (Rotter, 1954). For example, in eating disorders, the general recommendation is to first focus on behavioral therapy to change the repetitive actions, which are the main problem, then use cognitive therapy to challenge these dysfunctional thoughts about body image (Fairburn et al., 2009). While in depression, cognitive therapy was used to change negative thoughts, although behavioral activation can be used to encourage more activity and change the behavioral patterns that maintain depression (Ferster, 1973). During cognitive therapy, the client describes the feelings they have, the way they view

the entire world and the world to which they are exposed, and also the ways they view and see other people in the world (Meichenbaum, Carlson, & Kjos, 2001).

Reflective practice is a vital component of Cognitive Behavioral Therapy (CBT), as it enables therapists to critically examine their interventions, assumptions, and therapeutic stance to improve effectiveness and client outcomes. Through structured self-reflection, CBT practitioners develop greater self-awareness of their cognitive and emotional processes, which in turn enhances their ability to apply techniques such as guided discovery, formulation, and cognitive restructuring with sensitivity and precision (Vyskočilová & Praško, 2012). Reflective practice supports the development of clinical reasoning, helping therapists adapt standard CBT protocols to the unique needs and contexts of clients rather than applying techniques rigidly (Beck, 2011). Moreover, reflection fosters professional growth by allowing therapists to identify personal biases, manage countertransference, and refine the therapeutic alliance—an element recognized as central to effective CBT outcomes (Norcross & Lambert, 2019). As Schön (1983) emphasized, practitioners evolve through a process of “reflection-in-action” and “reflection-on-action,” where they continuously learn from experience during and after sessions. Therefore, integrating reflective practice into CBT supervision and daily clinical work is essential for maintaining both competence and authenticity in therapeutic engagement.

This paper presents a comparative reflection on the therapist growth as a therapist through two distinct modalities: Person-Centred Therapy (PCT) and Cognitive Behavioral Therapy (CBT). Both approaches differ significantly in philosophy and technique: PCT emphasizes empathy, congruence, and unconditional positive regard (Rogers, 1992), while CBT focuses on identifying and restructuring maladaptive thoughts and behaviors (Beck, 1967). Yet, the therapist experiences practicing both revealed that each modality offered complementary opportunities for learning and development.

The purpose of this paper is not to evaluate the effectiveness of the therapies themselves, but rather to reflect on the therapist's own development as a therapist. Drawing on two process reports, the therapist described the experiences in both modalities, highlighted the challenges and strengths encountered, and explored how these shaped my evolving therapeutic identity. While person-centered practice highlighted the importance of presence and

empathic understanding, CBT practice required the development of structured questioning and collaborative skills. Together, these experiences offered valuable insights into the balance between relational depth and technical competence in therapeutic work.

Person-Centered Approach Practice: Case Report

The client was a woman in her mid-thirties from another country who had moved to the UK when she was a child. She appeared to be calm and willing to talk about her issue and discuss feelings and thoughts around it in the second session, although it was the first time she mentioned her issues and feelings when the therapist worked with her. The client spoke about her constant feelings of identity crisis or the lack of identity, which was due to having a Middle Eastern background from her childhood and growing up in a British culture. Additional feelings related to the presenting issue included confusion and feeling trapped between the two identities. She expressed thoughts about how her identity is going to affect her future work and establishment of a family. The therapist genuinely tried to engage with the client and listen to her and show acceptance and empathy.

The main purpose of this self-case study is to examine the therapist's ability to apply and practice the person-centered approach and to reflect on his work as a therapist. The focus is on the therapist and the whole picture of practice rather than on the client and the content. For this process of case report, the therapist has chosen to use a recorded video of a person-centered session that was 17 minutes and 15 seconds long; consent was obtained from the client, and the session was observed by two colleagues and one of the therapist's tutors. Their feedback has been considered in analyzing the session.

Process Analysis of Person-Centered Approach Practice

In this section the therapist reflected on some of the person-centered interventions with the client. From Rogers' point of view, empathy, unconditional positive regard, and congruence are the three important ways to make therapeutic changes with clients (Corey, 2001). Throughout the session, the therapist tried to communicate these three skills without judging the client's feelings or thoughts by utilizing some of Rogers' remarkable interaction methods that were used in the well-known session with the client.

1- Convey Unconditional Positive Regard

One of the communication styles Rogers' the therapist used is first-person quotes to externalize the client's internal dialogue (Wickman & Campbell, 2003).

For example, in lines 75-77 the client stated, "...externally that conflict flies up again and makes me question. Umm, what is my identity? Yeah," and I repeated her words, "What's my identity? How can I identify myself?"

Another Rogerian conversational method put into practice was the invitation for correction to convey empathy and genuineness. This communication skill was to ensure that the message the therapist received from the client was accurate and to show transparency from the therapist' side (Wickman & Campbell, 2003).

Two examples to illustrate that are in lines 40 when the therapist asked the client "So you struggle with how you identify yourself, right?" and in lines 140 therapist asked, "so that makes you feel OH like. Lack of identity... you said?"

The third communication tool that the therapist used to show unconditional positive regard towards the client is withholding direct responses to the client's request for an answer.

Such as in lines 109-111 when she repeated the same question about her identity "...so what am I?" And in line 147 "...may be I need to find somewhere else... move to another place...."

The reason for doing this was based on Rogers' use of this technique. The therapist showed unconditional positive regard for client by allowing her to make her own decision. Instead of responding to the client's request for advice the therapist emphasized her ability to make her own meaning (Wickman & Campbell, 2003).

2- Therapist non-directedness

Another person-centered intervention the therapist practiced throughout the session was being non-directive of the client's content and responding to her in a natural manner. According to Merry & Brodley (2002), non-directedness from a person-centered philosophical background is an attitude and not a technique; that attitude respects the client's ability to change in a space that offers empathy, genuineness, and unconditional positive regard. On the other hand, such non-directedness from a practical point of view is intended to maximize the client's participation and actions. Nondirectivity can be shown by the therapist being with the client in an equal relationship and responding in a respectful manner (Merry & Brodley, 2002).

When the therapist started the session, the mind was only focused on not directing the client's content or interrupting her flow by letting her finish her sentences and giving her more space to explore feelings around them. Merry and Brodley (2002) pointed out that empathetic responses from a person-centered therapist are attempts to understand the client's internal frame of reference and to find out if that understanding is accurate and correct. Having read the session transcript and watched the video several times, the therapist thinks that at some points she could have directed the process but not the content to allow the client to express her feelings in depth.

For instance, in line 164 she talked about questioning where she belongs, and she went on describing feelings of confusion, and in my opinion that was a good place to direct the process by asking about her feelings of confusion at that moment, but the therapist' response was very short and only said "yeah."

3- Being congruent or genuine

Another point the therapist highlighted in analyzing the session is the third condition for therapeutic change, which the therapist is being congruent or genuine throughout the therapeutic relationship. According to Rogers (1957), the therapist doesn't need to always be a completely congruent person; in fact, it is enough to be congruent in an individual relationship with the specific client. Regarding that, the therapist believed that during the session, he was able to be congruent, fully involved with the client, and was not acting.

4- The Silence in the Session

The final point the therapist would like to discuss in this section is the silence in the session. Watching the session's video and reading the transcript, there were a few small pauses in general. Mostly the client did all the talking with small inputs from the therapist' side. The session rhythm was not too slow or too fast. In my opinion, the client may have benefited from longer pauses where she could reflect, explore, and understand her feelings.

5- Verbal and Non-Verbal Language Used

Practicing therapy in English, which is the therapist second language, is always a challenging task for the therapist. The therapist tried to keep up with the client's flow and understand what she was communicating through non-verbal language. Therefore, the therapist used a lot of nodding, yeah, and umm responses.

For example, in lines 32, 65, 87, 91, 123, 162, 170, 184,

192, and 224, therapist responses to the client were only one word: "yeah" The therapist was consciously aware of that through the whole session, which made me a little bit anxious.

During the session the therapist was able to maintain good eye contact with the client, the tone of voice was calm, and the therapist sat still and confident. Overall, the therapist's body language was relaxed and didn't show any disturbance. According to Rogers (1975), if the therapist is in doubt or not sure what to say, he or she should attentively listen to the client's feelings and emotions and reflect them back to the client. In the session, the therapist tried to reflect on the client's feelings by using her own words.

For instance, in line 103, therapist used the client's words to reflect on her feelings: "...you feel trapped between the two identities..."

6- Convey Empathy

From the person-centered perspective, empathy is not a technique of replying to the client; rather, it's a process of being with the client. It's understanding the experience that the client brings to therapy and communicating that understanding to the client. Kauser and Ahmed (2000) suggested empathy towards clients should be communicated in verbal and non-verbal language; therapists who show a high level of empathy repeatedly use active listening skills to hear beyond the client's feelings and expressions. Furthermore, body language or non-verbal communication such as eye contact, body lean, and hand gestures have been linked to empathy (Kauser & Ahmed, 2000). According to the literature, therapists can convey empathy towards the client at two different levels, which are the primary and advanced accurate levels. At the primary level, the therapist understands feelings that are at the surface level of the client's participation, whilst at the advanced level the therapist understands meanings or feelings that are hidden inside the client's expressions, and the therapist then summarizes the client's talk and assists them to see the bigger picture (Kauser & Ahmed, 2000). In this session, the therapist believed she was able to communicate empathy at the primary level more than at the advanced accurate level.

For example, in line 59 the client expressed feelings of racism, and my response was only "umm, I see," and I did not convey empathy at a deeper level. Also, in line 180 she described feelings of identity crisis, and it was a good chance to summarize her disclosure to show empathy at the advanced accurate level, but instead I just said "yeah."

From Rogers' findings, a therapist who is more experienced and has more integrity and confidence

within themselves will show a higher degree of empathy and understanding. And in contrast, therapists who are troubled in interpersonal relationships or have self-disturbance will offer a low degree of empathetic understanding (Rogers, 1975). Considering that, the therapist believed he would gain a more empathetic attitude after practicing and having personal therapy.

The Therapist's Weaknesses and Missed Opportunities

- Throughout the session in general, the therapist' reflective statements to the client's feelings were on the surface and did not explore the client's feelings in depth, and the therapist missed several opportunities to go deep and ask the client about her feelings toward the situations she was describing. This made the therapist less involved with the client and slightly hold on to the client's overwhelming experience.

For example, in line 45 she talked about experiencing "racism," and I did not ask her how that made her feel.

Another missed opportunity was in line 106 when she expressed feeling trapped between two identities: "...it's something that I had experienced when I was a child. I experienced it in secondary school, in college, in university, umm, in my workplaces...." and I was trying to track the client's frame of reference, so I stayed on the surface and did not ask how being trapped made her feel.

Also, in lines 181-183 the client talked about having an identity crisis "...just to.... for my own peace of mind... just to feel like I belong. Because at that age, you have an identity crisis anyway. I feel, and then on top of it. I had an actual identity crisis with it." And my reply was "yeah."

The therapist's critique is that he should have asked her to explore that more, but the therapist was concerned about directing the content. A reflection from the therapist tutor was that exploring feelings deeper would direct the process but not the content.

- Other opportunities the therapist missed were to pick up on the client's non-verbal language; there were moments when the client smiled, laughed, and sighed, and the therapist failed to reflect on those.

Examples of that are in line 114 when the client said, "Yeah. Yeah. It is. It is that feeling. And. Yeah." And then she sighed.

Also in line 121 the client talked about situations when she has to explain to people her an identity: "...I live in London. And then I was. Thought Manchester was coming into it as well....," and she laughed.

One more example is line 124 when the client stated, "So it's like. Umm this belonging. So where do I belong?" and she laughed again.

The Therapist's Strengths in the Practice Session

Analyzing the practice of person-centered interventions in this report helped the therapist recognize the strengths, criticize mistakes, and consider challenges in practice. Some of the strengths were being warm and respectful, showing genuineness towards the client, tracking the client's frame of reference with short responses, conveying unconditional acceptance of the client's experience, and being attuned with the client's pace. The therapist believed that he was able to show empathetic understanding of the client's experience without losing the sense of myself. The therapist was able to enter the client's world and see the problem from her own perspective and convey complete genuineness. The therapist also was able to keep professional boundaries and managed the time appropriately.

CBT Approach Practice: Case Report

The therapist here moved into a different therapeutic landscape with CBT after reflection on PC practice. This shift from a non-directive, relational stance to a structured, problem-focused framework challenged the therapist to adapt style while also drawing on the relational grounding therapist had developed through PCT. The client is a British Caucasian female in her mid-twenties. In the second session, the therapist worked with the client who appeared to be engaged and willing to talk about her issue and discuss feelings and thoughts around it. Client presenting problem was having migraines caused by stress from her university workload. The presenting problem has affected the client's mood, sleep, thoughts, feelings, and behavior.

Process Analysis of CBT Approach Practice

The essential aim of this part is to evaluate the therapist's ability to apply and practice cognitive behavioral therapy and to reflect on work as a CBT therapist. Moreover, this report helps the therapist in working with clients and allows them to develop in CBT practice. In addition, this report helps the therapist develop an internal supervisor (Henderson & Bailey, 2009). An internal supervisor is the concept of having a supervisor inside your own head, offering an outsider's perspective by questioning therapist behavior and attitude (Henderson & Bailey, 2009). Having an internal supervisor is important for a therapist's future clinical development.

In this report, the emphasis is on the therapist themselves as a CBT therapist and the practice rather than on the content and the client (Parrott, 2011). For

this report, the therapist has chosen to use a recorded video of a CBT session. It was 30 minutes long, and the therapist chose the first 20 minutes of the session to analyze. The therapist has obtained consent from the client. In this section therapist reflected on the verbal and, nonverbal interventions, collaboration, and the therapeutic relationship.

This session was the second session with the client, and the therapist used limited CBT interventions as a therapist and was more concerned about building a relationship with the client and collecting enough information about the presenting problem. Some of the implications of focusing on building a therapeutic relationship rather than using CBT interventions are firstly, that the therapist can be seen as an indirect or passive therapist, while the structure of CBT requires a therapist to engage in a certain degree of directedness. In addition, this particular therapy is considered to be high in the level of directedness (Branagan & Becker, 2017). It is worth noting that developing a professional relationship is not essential for therapeutic change due to the time-limited nature of most cognitive behavioral therapy.

1- Guided Discovery

One of the CBT methods the therapist attempted to use in the session was guided discovery. It is a method of communication that helps the therapist understand the client's past experience, conceptualize her story, and offer a new perspective on the client's presenting problem. Instead of presenting facts, the therapist uses "inductive questions" to assist the client in discovering those (Vyskočilová & Praško, 2012). The therapist practices guided discovery to construct new concepts rather than explain current thoughts. To do so requires using constructive language and constructive questioning methods. The cognitive behavioral therapy approach encourages the therapist to deconstruct the client's statements by asking questions that point to something new (Padesky & Mooney, 2012).

Reflecting on the therapist's attempt to use this method, the therapist asked the client "*How did you manage the migraines at the migraines times when they happened?*" which can be a helpful question to understand the client's past coping mechanisms, but perhaps the therapist needed more in-depth investigation. Also, the therapist briefly presented the formulation to the client and missed the opportunity to ask the client to add more items to it. In the therapist's trail of the guided discovery method, the therapist asked the client multiple

questions at one time, and sometimes the therapist tended to answer them for the client.

For example, the therapist asked the client "Is that what you think? Is that how? When you feel worried? This is what comes into your mind? What if the medication does not work?" So I asked the client about her thoughts, then answered my question and missed the chance to discover something new.

The therapist thinks the reason behind asking multiple questions and sometimes answering them is therapist anxiety and insecurity about whether the therapist asked the right questions, which made the therapist feel hesitant to ask deeper questions that can lead to more discovery. Overall, the therapist believes their questioning style needs to be better developed to help clients discover a new way to understand their presenting problem.

2- Conceptual Integration

Another CBT method the therapist tried to facilitate in the session was conceptual integration. The therapist tried to use the five-factor model and covered the client's main feelings, thoughts, behaviors, and physical symptoms, but the therapist believed his model was lacking and needed more development. This is one area the therapist knows and needs to develop more alongside learning how to use open-ended questions to explore more aspects. Also, the therapist shared his conceptualization with the client but did not explain the arrows and that therapeutic change happens when they try to change one of the factors. The therapist thinks the skill to demonstrate this particular CBT competence will develop more with time and practice.

3- Verbal and Non-verbal Language Used

Even though therapists can use different verbal interventions with clients to explore cognitions and feelings, they are encouraged to have the skills to pay attention to nonverbal communication and body language in sessions (Leijssen, 2006). In fact, nonverbal communication can be used to build strong rapport with the client (Duffey & Hodges, 2003). One of the communications the therapist used in this session was nodding and active listening; uhhh, yeah, thus allowing the client to express her views and opinions before facilitating any further. As English is the second language for the therapist, practicing therapy has a challenging task for them. A study by Mittal and Wieling (2006) showed that international trainees experience more anxiety practicing therapy in a second language. Moreover, similar to the study findings, the therapist anxiety on working in a second language forced the therapist to

clearly reflect on the point that was discussed and not procrastinate. This may have impacted the session by not allowing further exploration of the topics that needed to be addressed.

In the session, the therapist tried to show the client that he genuinely understood what she was communicating by relying solely on body language rather than verbal cues. The therapist was consciously aware of his nodding and using "yeah" and "umm" responses through the whole session, which made them slightly anxious. The therapist felt it was not engaging enough; however, it resulted in a positive response from the client. To communicate therapist understanding, the therapist used a lot of nodding, "yeah," and "umm" responses. For example, at different times, the therapist only responses to the client were one word, "yeah" or "umm." According to Hill & Stephany (1990), nodding can be seen as an attempt to show support or encouragement.

Another nonverbal communication technique practiced in the session was mirroring the client's body language. Studies have shown that synchronization with the client's body language can help to develop and maintain the therapeutic relationship (Cooper, 2001; Davis & Hadiks, 1994). For example, in different parts of the session, the client had a modest smile on her face, and the therapist mirrored that smile. At that time, the therapist's smile was a natural response that therapist did not think of and did not intentionally make.

In addition to that, during the session therapist was able to maintain good eye contact with the client which conveys interest in listening to the client. Kelly & True (1980) concluded that maintaining eye contact has a strong correlation with the counsellor's genuineness and respect. In addition, therapist tone of voice was calm, and therapist sat still and confidently. Overall, therapist's body language was relaxed and did not show any disturbance. However, at one point the therapist leaned towards the client to share the conceptualization and said, *"I'm just trying to get a sense of your problem and how we can tackle it"*. The therapist did not realize that there was a plant in the middle that acted as a barrier and may have impeded the client-practitioner relationship. The therapist did feel that they had violated the client's personal space which made them sit back and keep some distance until they could establish connection. The reason therapist felt that way was client's reaction to therapist getting closer, she became apprehensive and tried to keep some distance between them. This may have influenced the session in terms of maintaining a professional distance.

4- Collaboration

Collaboration in therapy is defined as "shared responsibility for deciding treatment goals and planning activities, active involvement with the therapist's proposals, compliance and participation in therapy tasks, and affirmative, cooperative, and engagement behaviors" (Ribiero et al., 2013). In this session, the therapist believed collaboration was evident throughout the session. In the beginning, therapist sat the agenda collaboratively with the client, then both planned for the client to take half a day off weekly. Therapist also showed collaboration by constantly checking with the client if therapist understood her points correctly.

For example, therapist asked the client "Do you mind if I ask you" and "...if I've missed something maybe you can tell me and if I got something wrong you can correct me".

5- Therapeutic relationship and interpersonal effectiveness

As a counselling psychologist, the therapist holds a humanistic value base and focuses on the client as an individual (Cooper, 2009). As this was the second session with the client, the main goal was to establish positive therapeutic relationship and to facilitate wellbeing of the client. To do so, the therapist focused on showing the client warmth and empathy by being an active listener, offering reassurance and understanding, and normalizing the client's feelings and frustration. In fact, the focus was not to apply CBT techniques and interventions at this point because Lambert's pie suggests that the therapeutic relationship is a major part of the effectiveness of therapy, more than the type of therapy (Assay & Lambert, 1999). Moreover, some studies have shown that better therapeutic relationships can lead to better outcomes in CBT therapy (Klein et al., 2003). Alongside the research, the therapist personally believes that therapeutic relationship is a unique relationship, where a person can find a genuine human being that can relate to them, provide warmth and safe environment, and has a non-judgmental attitude. Having such a relationship can help the client to engage and talk openly and freely.

One other hand, this session was a cognitive therapy scale-revised assessment session, and the aim was to evaluate the CBT skills and techniques. The therapist believes that transitioning from practicing person-centered therapy to CBT might have influenced the style in offering CBT engaged therapy.

One example of normalizing the client's feeling was when the client talked about feeling frustrated about the

noises and parties in her accommodation and my response to her was "that sounds reasonable for me ... everyone wants."

Reflecting on and thinking about the therapist response, it might have helped the client to normalize her feelings, but therapist believed judgment came from the personal experience of wanting to have peace and feel relaxed in own living place and thinking that it is "reasonable" to get frustrated if it did not happen. In future practice, it is important for the therapist to be aware of own personal beliefs and assumptions and be cautious before making a judgment and taking the client's side as this can limit the client's opportunity to explore others' points of view. Rather, it can be helpful to take a curious approach and evaluate alternative points of view.

The Therapist' Weaknesses and Missed Opportunities

- One missed opportunity to show empathy and interpersonal effectiveness that the therapist has identified in the session was when the client talked about her past experience with migraines and feeling worried about having to live that experience again. The client described how difficult her experience was, and the extreme worries she feels about living that pain again. At that moment, therapist focused on imagining her difficulties and understanding her feelings at an intellectual level, but therapist failed to offer her genuine empathy, pay attention to her body language and perhaps explore her deep feelings further at this point. The Therapist thinks the reason they stayed at a surface level is that they have never experienced having margarines in the life and it was challenging to relate to what the client is presenting. This realization is important to be aware of future practice and reflect on how to overcome such an obstacle as the therapist will have clients with different presenting issues they have never experienced.

- Also, the therapist has picked on the language used with the client when therapist described her coping mechanisms and therapist said "*it's affecting you in a way that you avoid. you get migraines and headaches and because of the migraines and headaches you tend to avoid everything and just go to sleep right?*", reflecting on that the therapist believes the word "avoid" sounded judgmental and might have caused a rupture in the therapeutic relationship. It also made the client get defensive as she justified herself by saying "*yeah because if I got migraine I can't actually physically do anything so I just have to sleep it off*". Therapist was aware of the misuse of the word "avoid" and immediately the internal supervisor

warned the therapist that it sounded judgmental and that the therapist must be more careful with the language use.

- Some of the therapist's mistakes were staying at the surface and not exploring the client's feelings and thoughts in depth, being less involved with the client, and not planning change efficiently. The challenges the therapist might face in the future practice include being more engaged with clients and using open-ended questions to explore deeper meanings that could lead to a therapeutic change. Another challenge the therapist may come across is contributing to a clear language that does not sound judgmental or confusing to the client. The reason the therapist thinks the communication could get misunderstood or sound judgmental is that English is the second language and sometimes the therapist seems unclear or choose the wrong words to express.

- Reflecting on the emotional process in the session, the therapist believes that anxiety was the main feeling from their side. There are multiple reasons why the therapist felt anxious like practicing a CBT skills session with no previous experience, trying to understand my client's issues and empathize with her, and communicating in English which is the second language. From the client side, the therapist thinks the client expressed various feelings such as feeling worried, frustrated, down, not sure about the point of what she is doing, and angry.

The Therapist' Strengths in Practice Session

This report helped the therapist develop as a counselling psychologist by reflecting on own practice using cognitive behavior therapy. It is particularly important to be reflective as a psychologist on CBT practice within counselling psychology. The reason why it is important is that it is essential to learn from experience throughout professional life and reflexive practice is a way of practicing and developing this skill and gaining insight.

Also, analyzing CBT interventions in this report helped the therapist recognize the strengths, criticize his mistakes, and consider the challenges in practice. The therapist strengths were being warm and respectful, showing genuineness towards the client, and being collaborative. In addition, analyzing the therapist CBT interventions encouraged the therapist to pay attention to both the clients' body language and therapist's body language and reflect on that in sessions when necessary. In addition, it helped the therapist develop the internal supervisor which is instrumental when reflecting on the therapist

practice and for gaining self-awareness about the CBT therapeutic skills.

In conclusion, after evaluating the therapist CBT interventions, the therapist recognize that practicing CBT is still a new experience for them, and their confidence in applying it is continuing to develop. The therapist believes that engaging in further sessions where they can apply the knowledge and expertise will greatly support the growth of skills in this area. Moving forward, the therapist aims to reflect on the topics discussed and incorporate changes into his future approaches, building on the experience they have gained so far.

Comparative Reflections on PC and CBT Approaches Practices

These two experiences reveal complementary lessons. Whereas PCT grounded the therapist in empathic presence, CBT pressed the therapist toward structure and collaboration. Reflecting across them highlights both contrasts and overlaps, which the therapist now explores in a comparative discussion. Looking across both modalities, the therapist came to see that his growth was less about allegiance to one approach and more about weaving their strengths together. This realization has significant implications for the emerging professional identity, which the therapist considers next.

The reflection reveals that the engagement with both Person-Centered Therapy (PCT) and Cognitive Behavioural Therapy (CBT) produced complementary growth outcomes rather than conflicting ones. Each approach contributed distinct yet synergistic dimensions to the therapist therapeutic development. Through PCT which emphasizes empathy, unconditional positive regard, and congruence (Rogers, 1957), the therapist developed:

- Empathic presence: You learned to fully attend to clients' emotions and meanings without judgment, which deepened your ability to understand the client's inner world.
- Authenticity and acceptance: PCT helped you appreciate the power of genuine, non-directive interaction in fostering client trust and self-exploration.
- Therapeutic relationship as central: You recognized that growth often emerges not from interventions but from the quality of the therapeutic relationship itself. This approach cultivated the therapist emotional atonement and humanistic orientation, grounding therapist identity in empathy and respect for the client's autonomy.

In contrast, CBT provided a structured, goal-directed, and evidence-based framework (Beck, 2011). The therapist developed:

- Guided discovery: explore clients thought processes by answering thoughtful, open-ended questions.
- Collaboration and accountability: CBT's emphasis on therapist-client teamwork enhanced your capacity to engage clients in active problem-solving.
- Outcome orientation: the therapist learned to evaluate progress through measurable change, improving the analytical and evaluative abilities. This approach strengthened the technical competence, strategic thinking, and collaborative goal-setting skills.

When reflecting comparatively by Bridging PCT and CBT, the therapist realized that the professional growth lies not in choosing one approach, but in integrating their strengths. The therapist found that:

- Empathy (from PCT) enhances cognitive restructuring (from CBT) by making clients feel heard and supported before tackling thought patterns.
- Directedness and guided discovery (from CBT) provide direction and containment for the openness fostered by PCT's emotional exploration.
- Collaboration, therapeutic relationship, verbal and nonverbal communication are a shared value—PCT encourages mutual understanding, while CBT fosters shared problem-solving. The interplay between the two created a balanced therapeutic identity—emotionally attuned yet methodologically disciplined.

Therapist Growth and Professional Identity

These comparative reflections study marks a significant developmental milestone:

- The therapist is evolving toward an integrative practitioner identity, valuing both the human connection of PCT and the structured effectiveness and conceptual integration of CBT.
- The therapist self-reflection indicates growing reflexivity and awareness of how theoretical orientation shapes therapeutic stance and self-perception.
- The therapist now perceives flexibility as a strength, allowing to tailor interventions based on the client's needs rather than strict adherence to one school of thought. Therapist professional identity is becoming more nuanced, integrative, and reflective rooted in empathy, guided by structure, and informed by evidence.

Taken together, these reflections underscore that therapist development is not about choosing between approaches, but about learning to integrate their strengths. The following section considers how these experiences contributed to the therapist's emerging professional identity and the therapist they would like to become.

Reflecting on the therapist practice across both Person-Centered Therapy and Cognitive Behavioral Therapy has highlighted that the therapist growth is a continuous, iterative process of learning, self-awareness, and refinement. Each modality offered distinct lessons. Both approaches also exposed shared challenges, such as the therapist's tendency to remain at a surface level, the therapist's occasional uncertainty with language, and the therapist's hesitation to fully engage with difficult emotions.

Looking ahead, the therapist recognizes the need to continue strengthening the ability to use advanced empathy, deepen the therapist exploration of clients' emotions, and refine use of CBT techniques with confidence. The therapist also remains mindful of the ways therapist cultural and linguistic background shapes the communication with clients. Ultimately, the therapist journey across these two therapeutic paths demonstrates that growth as a therapist lies not in choosing one way of working, but in weaving together diverse approaches into a coherent, congruent, and compassionate practice.

DISCUSSION

Cognitive Behavioral Therapy (CBT) practice in the current study, the therapist reported progress in collaboration, agenda setting, and guided discovery, but also struggled with questioning style, conceptualization, and language precision. These experiences closely mirror recent findings by Roscoe, Bates, and Blackley (2022), who noted that CBT trainees frequently understand the theoretical foundations of guided discovery yet find it challenging to apply effectively in real sessions. They described guided discovery as "the unicorn of the therapeutic world" because, while highly valued, it was rarely achieved in practice. Similarly, Presley and Jones (2024) found that CBT trainees improve conceptualization and questioning skills gradually through structured self-practice and self-reflection exercises, emphasizing that reflective learning bridges personal insight with professional skill. These findings confirm that technical mastery in CBT develops over time through ongoing reflection rather than mere repetition of techniques.

A significant theme across both modalities in the current study was the emergence of the "internal

supervisor", representing the therapist's growing self-awareness and reflective monitoring of practice. Recent research supports this developmental process. Presley and Jones (2024) demonstrated that engaging in self-practice and self-reflection helps therapists cultivate an internal supervisory voice that balances self-compassion with accountability, leading to greater confidence and presence in therapy. Likewise, Ooi et al. (2023) found that supervision fostering reflective inquiry strengthens this internal voice and improves emotional resilience, allowing trainees to self-correct and adapt in real time. These findings underscore reflection as a meta-competence essential for continuous therapist growth. Ooi, Coker, and Fisher (2023) also, found that trainee therapists often value relational presence but avoid emotional risk-taking. As well as they suggest that while relational authenticity is essential, structured reflection and supervisor feedback are needed for therapists to move beyond surface-level empathy and promote deeper emotional engagement, which agreed with the current report.

However, maintaining balance between relational depth and structured technique remains a challenge. Roscoe et al. (2022) observed that CBT trainees often revert to directive questioning when under pressure or uncertainty, sacrificing empathy for task completion. This difficulty parallels the hesitation seen in Person-Centered practice, where therapists may prioritize relational safety over challenge. Recent integrative perspectives suggest that therapist development involves learning to hold both structure and relational depth—being both present and purposeful (Presley & Jones, 2024). This view is aligned with findings from a recent clinical comparison trial, which demonstrated that both structured CBT and relationally focused approaches yield positive outcomes depending on client needs and timing (Rosner et al., 2024).

Furthermore, the reflection on cultural and linguistic influences aligns with growing evidence that cultural self-awareness significantly shapes the therapeutic relationship and informed reflection in therapist growth. Developing awareness of how one's language and cultural context influence therapeutic style can enhance authenticity and attunement (Vekaria et al., 2023).

These findings reinforce that therapist development is not about choosing between PCT and CBT but about integrating their strengths through reflective practice. As recent literature suggests, the capacity for self-awareness, cultural sensitivity, and reflective integration defines the modern therapist's path toward competence and authenticity (Ooi et al.,

2023; Presley & Jones, 2024; Roscoe et al., 2022).

The reflections on PC and CBT presented in the current case report highlighted that therapist growth involves integrating empathic depth from Person-Centred Therapy (PCT) with the structured, goal-directed framework of Cognitive Behavioral Therapy (CBT). This finding aligns with previous studies emphasizing that effective therapist development depends on reflexive integration in which the therapist actively reflects on and integrates insights, skills, and perspectives from different therapeutic approaches based on ongoing self-awareness and client needs—rather than rigidly following one theoretical mode or adherence to a single orientation (Cooper & McLeod, 2011; Dryden, 2012). The process of blending empathy and structure promotes both relational depth and technical competence—two dimensions that have been identified as central to therapist effectiveness (Norcross & Lambert, 2019). These findings suggest that integrative practice requires continuous reflection, supervision, and contextual sensitivity to maintain both empathy and effectiveness (Watts et al., 2022).

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CONCLUSION

This comparative reflection highlights that therapist development emerges through an ongoing process of integrating relational presence with technical skill. Experiences from both Person-Centred Therapy (PCT) and Cognitive Behavioral Therapy (CBT) demonstrate that effective therapeutic practice relies not on allegiance to a single model but on the therapist's capacity for reflexivity, adaptability, and self-awareness. PCT fostered the cultivation of empathy, genuineness, and unconditional positive regard—qualities that nurture trust and connection—while CBT enhanced structure, collaboration, and guided discovery, supporting goal-oriented change. Through critical reflection, the therapist recognized that both modalities complement each other: relational depth provides the foundation for technical interventions to be meaningful, and structured methods help channel empathy into effective therapeutic outcomes. The integration of insights from PCT and CBT reflects a maturing professional identity and therapist growth.

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Appendix 1

Session annotated transcript

T: Therapist

C: Client

	Transcript	Comments
1 2 3 4 5	T: Good morning, thank you for coming in today, my name is Baraa I'm a Counselling psychologist, we have twenty minutes today for our session, umm can I go over some stuff with before we start?	Contracting with the client
6	C: aha...	
7 8 9 10 11 12 13 14 15 16 17 18	T: ok. so everything you say here or share with me is gonna be confidential, umm it's gonna stay between you and me, umm unless I feel you're at risk of harming yourself or someone else I may have to disclose that to a third party, but before I do that I probably will have a discussion with you and talk about it. Umm I have a supervisor, I reflect on our sessions with my supervisor and this's only for my own growth. Umm other than that everything you say here is gonna be confidential. Umm I keep notes of our sessions, this's kept in a safe space and I'm the only who has access to it. Is that ok with you?	
19	C: yeah. That's fine.	
20	T: good. So, what brings you here today?	
21 22 23 24 25 26 27 28	C: ah. What brings me here today, umm I wanted to talk about umm this issue that I carry around with me, I feel quite on daily bases, which is umm identity and umm like often I. I ask myself like what's my ethnicity? What's my nationality? Where was I born? Where am I living? Umm where's my childhood?? Where did I become an adult?? Umm and I say that it is daily because of my name...	Active listening to let the client open
29	T: ok.	
30 31	C: umm, it's very distinctive and when I introduce myself or when I give my name for example at Starbucks	
32	T: yeah	Very short response, to give unconditional acceptance
33 34 35 36 37	C: it's so obvious that it's foreign. And I. I get different questions consistently for example, umm oh that's a nice name, where is from? And then when I say where I'm from. Like do I say where I was born? Do I say where I grow up? And do I say where I feel I belong?	
38	T: ok.	
39	C: Umm so yeah	
40	T: so you struggle about how you identify yourself, right?	Summarize the issue and ask the client for correction (Right?) to show empathy and genuineness.
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57	C: yeah. Yeah. It's like how do I identify myself? And umm and sometimes umm I feel like another issue comes in to it, umm which is maybe I'm being too sensitive to it? But it's like sometimes I also feel like I do experience some. Racism umm and. and then it conflicts with me and my identity. Because like for example someone the other day said to me oh. I said my name and they said oh that's a nice name and where is it from? And I was like oh I was born in Kurdistan. But I was raised in London and she was like oh and how do like living in London. And I was like. umm actually I came when I was a child and I really I had no choice in that matter because I was a child, my parent made that decision to take me from Kurdistan and to bring me to London and that's all I know. I. I. weather I like it or not, it's. It's where I live. Umm and I don't know if it was like some kind of in-hidden racism in there or....	

58	T: that's how you felt?	Client talked about experiencing "racism" and I didn't ask her how she felt? I should have gone deeper, but I was nervous, so I stayed on the surface
59 60	C: I felt. Yeah I felt kind of. Like...like. She was like. Oh like almost why you're here?	
61	T: umm. I see	Again, this was another missed opportunity to discuss her deep feeling of racism
62 63 64	C: and... And I did explain that I didn't really choose to be... that decision was made by my parents when I was a child.	
65	T: yeah.	
66 67 68 69 70	C: they decided to come here. Umm and. Yeah it's just this. I feel like. It's like a conflict. Conflict I have within me. And from time to time, externally that conflict fly's up again and makes me question. Umm what is my identity? Yeah...	
71 72	T: So... some incidents happen and like umm the question you got from that person.	Show the client genuineness and warmth by quoting the client internal dialogue "I question myself" "how can I identify myself"
73	C: yeah	
74 75	T: make you feel like ok. I question myself. Who's? What's my identity?	
76	C: yeah	
77	T: how can I identify myself?	
78 79 80 81 82 83 84 85 86	C: yeah. Yeah. And it's like umm. and then when I... when it's reversed as well, so when I do go back to Kurdistan, and then I'm there and I'm like ok..(Smile) aah people say oh so how is like in living in London? And how. How do you feel about that? And then I question like well I. I'm Kurdish. (smile) I was born here umm and you know. And someone said to me oh don't never come back. Don't never come backs to Kurdistan...	
87	T: yeah.	
88 89 90	C: stay in London and make that your home. And I'm like but why would you force that decision on me. I was born there.	
91	T: yeah.	
92 93 94 95 96 97 98 99 100 101 102	C: and I have... it's. It's a land that I have a right to as much as anyone else does. Why you're forcing that decision on me saying don't never come back. Stay there. Umm and then it's just like... and then this. Another issue comes into it... is being trapped. And it is like am I... am I British? Am I Kurdish?? OH. Where's... where is home? Umm. You know like. Who. Who. Who. Which. Which side do I identify with? Am I. am I British or am I Kurdish? How do I introduce myself in? In social places or how do I explain myself to people when they say to me where are you from?	
103 104	T: uh, you feel trapped between the two identities? Yeah?	Reflect on the client's core meaning
105 106 107 108 109 110 111	C: yeah. Yeah. I do. I do. Yeah and it's something that you know. This feeling of being trapped. It's something that I had experienced when I was a child. I experienced it in secondary school. In college. University. Umm in my work places of like. You know. Like. I wasn't quite behaving like a. British woman but then I don't behave like a Kurdish woman ether. So what am I?	Withhold direct response to answer the client repeated question
112 113	T: so it's again the feeling trapped between the two identities...	I was trying to track the client frame of reference but again I was on the surface and didn't ask how being trapped made her feel

114 115 116 117 118 119 120 121 122	C: yeah. Yeah. It is. It is that feeling. And. Yeah. (Sigh). So I do question it and I do experience it like I said sometimes on a daily bases where I get asked. Oh what's your name? Oh that's a nice name, where's it from? And I say it's Kurdish and they're like oh so are you from there. And I'm like yes. And then they're like oh so. But you live here? And I'm like not in Manchester, I live in London. And then I was. Thought Manchester coming into it as well (laugh).	
123	T: yeah. Yeah.	I was trying to be attuned with client flow
124 125	C: so it's like. Umm this belonging. So where do I belong? (Short laugh)	
126 127	T: and you feel you need to explain to people like. Your belongings. Or like your identity.	It could have been a nice moment to pause and let the client lead the conversation, but I got scared of silence and I jumped in
128	C: yeah	
129 130	T: and explain that you come from Kurdistan but you lived in London. Right?	
131 132 133 134 135 136 137 138 139	C: yeah. Yeah. And then off course when I do say Kurdistan. Kurdistan doesn't exist as a country. So I then have to explain. It doesn't exist as a country. It's. Then they're like where is it? Show us on a map? But it doesn't exist on a map. How can I show you? And again that reinforces my feelings of identity. Uh or maybe the lack of it. And it reinforces these feelings I have of where do I belong? I mean I don't even have a country to belong to. So where do I belong?	
140 141	T: so that makes you feel uh like. Lack of identity. You said?	ask the client for correction (you said?) to show empathy, and genuineness, and understanding
142 143 144 145 146 147 148 149 150	C: yeah... yeah. Yeah. It's like I question my identity again because... I was born in a place where it's not a country, it is a part of Iraq. And then I grow up in London. Umm and then I moved to Manchester now which again I question if I belong here... and it's like where do I belong?? (Smile) Maybe I need to find somewhere else... move to another place and say I belong there (little laugh) ... but I think I will never belong there either... because again I'll be asked where you from are?	Withhold direct response to answer the client question
151 152 153 154	T: so now you moved from feeling... like trapped between two identities to thinking about oh maybe I should move to somewhere else then you reflect again no then. Still I'm not gonna be from that place.	I sound a little bet judgmental here? I was trying to understand the client frame of reference
155 156 157 158 159 160 161	C: yeah. Yeah. Still I'm gonna be questioned because my name... it's so obvious. Umm it's like oh again I'm sure where do I go I'm gonna be questioned, where's your name from. And then I have to explain. (Smile). Well I was born there. I live there. And now I moved here. Just consistently feeling I have to explain my identity...	
162	T: yeah... yeah....	
163 164 165 166 167 168 169	C: and it gets tiring... it does. And then it. It is like. It makes me question again. So where do I belong? And for some time when I was an adolescent. Because I was feeling a lot of confusion at that point in my life in most. Umm I would say oh... I try to... like decide. Like. May be I should just say. I should identify just with the British side... just to make it easier for myself...	Good place to direct the process not the content and ask about feeling "confusion"
170	T: yeah	
180 181 182 183	C: just to. for my own peace of mind... just to feel like I belong. Because at that age. You have identity crisis anyway. I feel. And then on top of it. I had actual identity crisis with it.	
184	T: yeah...	Missed opportunity to ask about core meaning of "identity crisis"

185 186 187 188 189 190 191	C: so. At that age. I decided you know what. I'm gonna be British... and just fully embrace it. And kind of almost forget the Kurdish side... just to make my life a bit easier. But then as you grow older. You feel you can't get away from it. I. I. weather I like it or not. I wasn't born here. Even if I was born here. I'm sure people would still question. Because I don't look.....	
192	T: yeah. Yeah.	
193 194 195 196	C: like... I don't know. I don't know what British person looks like... but I don't.... I look. I look foreign. So yeah. It is just consistently questioning and asking where I belong.	
197	T: and you mentioned confusion...	In short language, I asked about feeling "confusion"
198 199 200 201 202 203 204 205	C: yeah. Yeah it does confuse me even now. I feel confused about it. And then I think about the future for when I have children. Like what will my children be like and how. Where would they belong? And also it gonna depends on who I marry. If I marry a Kurdish man or if I marry a British man. It is gonna really affected my children's identity. Like who they identify with. If they. Especially if they born here.	
206 207	T: yeah. Yeah. So that. You're thinking that. How that's gonna affects like. In the future your kids as well.	Reflect on client's thought but not feelings
208	C: yeah. Yeah.	
209	T: so it's not something just affecting you.	
210 211 212 213 214 215 216 217 218 219 220 221 222 223	C: um. Yeah. Yeah. I think it will. It will. Uh. Like I have friends who have. They're Kurdish and they've married. And they've married Kurdish men. And they had. They have children. And they've decided that even the. To name the children non-Kurdish names to make their lives easier. And they've changed their surname to a name that is similar to a. British names just to make their kids' lives easier because they like me struggled so much with trying to identify themselves as what do I identify yourself as... and they're like we gonna make that decision for our children so they can say this is my name... I was born in Britain but not saying to them that there isn't any Kurdish heritage. There is but just identify as British.	
224	T: yeah.	I'm trying to apply active listening skills and not direct the content
225 226 227 228 229 230 231 232 233 234 235	C: yeah. Just to make the. The kids. The lives... the lives of the kids easier. they gonna have to struggle so much with being trapped and confused... and having identity crisis... and just having to explain themselves on a daily basis... of where they're from.... (Sigh) so yeah I know how I deal with this issue as I get older and older... um or when I start working as a therapist... How I will, how that dynamic would blend with my clients. Um because I'm sure a client would ask me at some point "where are you from" um and I wonder how I would address that... when I become a qualified therapist.	
236 237 238	T: so you're thinking about how that's going to affect your work as well. When you're... you finish your degree, and become a therapist	Reflecting on thoughts but not feelings
239 240 241 242 243	C: yeah yeah I do think about that as well in the future um.... or say if I have clients who are experiencing what I'm experiencing how much empathy I would share with them or how much I would share that I've experienced that as well... um I do think about that for the future yeah	

244		
245		
246	T: so, you've talked about your identity and how you feel trapped between the	This was an attempt to summarize the session and show the client my understanding of the content she presented Using the client's own words "crisis" to show non-judgmental attitude
247	British and the Kurdish identities. And then you moved to think about the future... uh	
248	when you have kids and about their identities... uh you also talked about your identity	
249	at work when you finish the program and you start working as a therapist, how that's	
250	gonna like affect doing therapy with clients if they start questioning you and then you	
251	mentioned also uh the empathy you might have towards the clients who has like the	
252	same identity you mentioned crisis right?	
253		
254		
255	C: yeah identity crisis	
256	T: yeah so that's a lot like of feelings and thoughts you're having right now. Our time	Offering the client more space to talk about her feelings next time. I was trying to show acceptance to what client brings
257	is coming to an end right now... um would you like to discuss this more in our future	
258	sessions.	
259		
260	C: that would be good yeah	
261	T: ok ok definitely we will do that. Would you like to come next week maybe sometime	
262		
263	C: ohm	
264	T: ok that sounds good for me, thank you for coming in today	
265		
266	C: thanks for listening to me.	

Appendix 2

Session transcript (First 20 minutes)

T: Therapist

C: Client

1	T: Hello. Good morning	
2	C: good morning	
3	T: thank you for coming in today. Mmm today is our second session. It's going to be 30	<p>Agenda setting Considering the length of the session I included two topics. Collaboration Asking the client to give me feedback to insure I understood her well.</p>
4	minutes. Before we start I would like to set an agenda for today. Is there anything on your	
4	mind that you would like to discuss today?	
5		
6	C: mmm, yeah I think like. over the last week it's been quite difficult in my	
7	accommodation just coz everyone is really noisy and there's lots of parties is happening	
8	and it's just like.. This is like. And being with masters students is like sort of...	
9		
10		
11	T: ok	
12	C: they do whatever they want kind of annoying me.	
13	T: yeah so difficulties with your accommodation?	
14	C: yeah	
15	T: ok. That's one thing. Is there anything else you want to discuss today? Apart from that?	
16		
17	C: Mm. Well. Yeah. I'm still a bit worried because like last week I had a migraine but I'm	
18	not had one since but I'm still kind of concerned.	
19		
20	T: ok. So the migraine is still an issue you want to talk about. Ok. And maybe we can	
21	discuss how. The activity I suggested. We came up with last week to do and see how that	
22	went with you.	
23		
24	C: yeah	
25		
26		
27	T: yeah. So we will review what you have done and how did that make you feel. And I	
28	was thinking to share my understanding of your problem with you and then we can work	
29	on it and see what. If I've missed something maybe you can tell me and if I got something	
30	wrong you can correct me and you know. Because we try to work together here. I would	
31	like to have your feedback from time to time and tell me if I got something wrong or I	
32	misunderstood something.	
33		
34		
35	C: yeah ok	
36		<p>Feedback / Gathering more information. Asking for more details to make sure I have a clear idea about the client issue and it was my way to get the session going.</p>
37	T: ok. That sounds good. Mm. So last week I asked you. You talked about the stress	
38	related to the course and how it's affecting you emotionally. Feeling stressed and	
39	sometimes mood change and it's affecting you in different aspects of your life. and the	
40	problem was you get migraines and headaches and we suggested that to manage the	
41	stress and to have less migraines maybe you can have one day off and do nothing related	
42	to the course and just enjoy one of the things you like and I think you told me you like to	
43	dance or go out with your friends.. How did that go? Did you manage to have one day	
44	off?	
45		
46		
47		
48		
49	C: yeah I took Saturday off and just like went dancing and saw my friends from dancing	
50	star. So mm I mean I did do some work on Saturday? I didn't take the whole day off. And	
51	that tends to be quite helpful. Yeah so this week I think it was quite useful because even	
52	though I was feeling a bit unwell like a bit drained and tired and then I just went anyway	
53	but it was more helpful than just sort of not doing anything. yeah because I think	
54	sometimes I can just sit and do my work and then but actually I'm not working I'm just	
55	starting at my laptop.. It's not actually. It's better just to go get on with something...	
56		
57		
58		
59	T: mmm I see. Yeah change the environment a little bit.	

60	C: yeah	
61	T: yeah. So you did. It was a little bit helpful?	This question was to understand what could help dealing with the client problem
62	C: yeah it was quite helpful.	
63 64 65	T: it was? Ok. And you said you took most if the Saturday off but not the whole day as we agreed to. Is there any reason why not the whole day as we agreed?	Review of homework / discuss the obstacles without challenging the client
66 67 68 69 70	C: mmm I don't know. I think I was just like mmm a bit aware of deadlines. Like I just thought the whole day is. If I take half the day then I will be more effective because I knew then I've got something to do half of the day so I just work.	
71 72 73	T: so for you half day was more manageable than taking the whole day off and you have you know deadlines and assignments you want to work on them?	Negotiate the homework without pushing the client
74 75	C: yeah I think it was just a bit more. Because so much at the moment. It was easier.	
76 77 78 79 80 81 82 83 84 85 86 87 88 89 90	T: ok and last week. I'm just trying to get a sense of you problem and how we can tackle it and I think you said because of all of the work load and how you have a lot of deadlines and assignments and all of that pressure it's making you stressed and and it is affecting your mood and if you can see here. These are your emotions so, you feel stressed, and you have mood changes. Then you think. Your thoughts would be what am I doing here? Can I manage to do? To get it done? Or so I still want to do this? You have. You're questioning basically what you're doing right now and it's affecting you in a way that you avoid. You get migraines and headaches and because of the migraines and headaches you tend to avoid everything and just go to sleep right?	Conceptual integration Collaboration Verbal communication (misused the word avoid)
91 92	C: mmm. Yeah coz like if I got migraine I can't actually physically do anything so I just have to sleep it off. Yeah	
93 94 95 96 97 98 99 100	T: Yeah so from my understanding, it's the stress causing you to get migraines right? Ok and we thought to manage migraines and not to have any more. May be we can manage the stress? Yeah? And that's how we thought maybe taking a day off will be helpful and you think it was ok it went fine	Application of change method I tried to suggest a way to manage the client stress which will lead to managing migraines. Negotiate change
101 102 103	C: yeah I think it's definitely helpful to just take some time off and forget about it coz then I'll be more affective when you get back to it. Yeah.	
104 105 106	T: but you mentioned also that you had one episode of migraine last week and you still worried about that. Can you tell me more about that?	
107 108 109 110 111 112	C: yeah just because it was like. It reminded me when I was younger coz I had these migraines when I was younger. They were so horrible and last week it happened. It's called migraine with ora. you have alter sensations and stuff on your hands and I had pens and needles in my mouth and stuff	Missed opportunity (interpersonal effectiveness) Client shared her past experience with migraines and I failed to offer empathy.
113	T: yeah so you can feel it	Didn't show empathy
114 115 116 117 118 119 120 121 122	C: yeah so it's really horrible and then like my vision is like missing and this like weird stuff in front of my eyes and. so that's happened last week but then it just reminded me when I was 16 maybe a little bit older as well.. it's like it used to go to my leg and stuff like tingling and weird stuff like that and it was like an ongoing thing at the doctors and getting referred to the neurologist and all this stuff	Missed opportunity (interpersonal effectiveness)
123	T: yeah so it was a big issue at the time	Still didn't show empathy

124 125 126	C: yeah so it just brought back memories then I got really worried like what if this is a thing that gonna start all over again just bad news like it's not what I wanted	
127 128 129	T: so you worried that the same thing is gonna happen and you gonna have to make doctor's visits and... You know. yeah	Missed opportunity (interpersonal effectiveness) I covered the feeling here which was worry but should have explore more that worry and show more understanding.
130 131 132 133	C: yeah it didn't want to have to be in the doctors again asking what to do and it's always like the advices get unclear anyway so it's never a straight forward just answered. It's just like.	
134 135 136	T: yeah so you feel like even going to the doctor is not that helpful because you don't get the answer you know to deal with it so it's unclear.	Offering empathy but I think it was superficial
137 138 139 140 141	C: yeah. Coz it's like a combination of things like they gave me medication but then like then obviously I have to manage all my stress. I don't know. It's just kind of. It seems like one of those things that a bit difficult to pin point what's going on.	
142 143 144	T: mmm and so that's why you were worried if it's. this migraine you had is one of a serious ones that they gonna happen	
145 146 147 148	C: yeah because they used to happen a lot. It wasn't just every one and again it was like maybe once every two weeks like quite severe. So I just don't want ever to go through this again	
149 150	T: yeah. Do mind if I ask you how did you at the time managed the migraines when they happened?	Guided discovery / exploring past coping mechanism
151 152 153 154	C: Mm well literally as soon they started coz we knew how bad it can get I had to leave school and go home like straight away just had to. Whatever activity I was doing I just have to go straight away.	
155 156	T: so it basically. mainly you take rest when you start feeling it's gonna happen	
157 158 159 160 161	C: yeah then I just have. That was the whole day written off once it started. It's like I I couldn't recover from it. Like it was horrible. I had to just sleep for like few hours before even the headache kicked in because it started of weird sensation and stuff.	
162	T: so you have signs before the headache starts	Gathering information / exploring past coping mechanism
163 164	C: yeah the headache is the best bit. Once the headache is there it's like ok it's gonna go quite soon.	
165	T: yeah. You take medication for it?	Gathering information / exploring past coping mechanism
166	C: mmm yeah	
167	T: does it help the medication?	Gathering information / exploring past coping mechanism
168 169	C: mmm, I think so but then I think when you go off the medication it gets worse I think. So	
170	T: are you taking medication at the moment?	Gathering information / exploring past coping mechanism
171 172	C: mmm, yeah just trying to prevent it from happening. It seems to be working to be honest.	
173	T: mmm, good	
174	C: yeah	
175	T: but you still have the worry that what if.	Eliciting of emotional expression. I focused on only worries and didn't explore other feelings
176 177	C: yeah coz then I'm just kinda. I don't know. I think last time I took medication and it didn't work...	

178 179 180	T: is that what you think. Is that how. When you feel worried. This is what comes into your mind? What if the medication does not work?	Eliciting of key cognitions. It was a try but the client didn't give enough information and I moved to exploring behaviours
181 182	C: yeah it's like oh I don't know. I just don't want it to get to that stage again like last time. So yeah.	
183 184 185 186	T: so mmm coz you mentioned is the stress is causing all of this migraines and things so maybe to prevent it from happening our way is to manage your stress and control you know the stress?	Eliciting and planning behaviour
187	C: yeah I think that's right. I think it's like.	
188 189 190 191	T: mmm so yeah last week I think we said maybe taking one day off is a way to deal with the stress and I think maybe that. What do you think about keeping this as ongoing thing?	
192	C: yeah I think that would be helpful coz mmm...	
193 194 195 196	T: yeah. And make it as you know. A weekly thing that you take some time off and if you think half day is more manageable for you and it does do the work.. you know relax you then yeah we will make it half a day	
197 198	C: yeah I think that. I think whatever time I take off is good.	
199	T: you think you can manage to take some time off?	
200 201 202	C: yeah I think so. I think the crunch point has kind of passed coz the deadlines are passed. So I can definitely take more time off now	
203 204 205	T: ok, that's great that's great. Mmm ok so, something else you said happened this week and it's bothering you and you want to talk about it	Perhaps moving to the other topic in the agenda didn't allow exploring in depth
206 207 208 209 210 211 212 213 214 215 216 217 2018	C: mmm yeah so it's in my flat like its constant parties and shouting and screaming and I'm just a bit like. I'm not sure whether to move coz it's really good. It's really convenient for me there and stuff. mmm and I think there's a good chance I can get of contract because I've been talking to people about it and mmm it's not 100%.. I'm not 100% sure if I can but until I fell out a form I don't know and once I fell it out that means if they offer me to move.. I have to move. I don't know. So it's just one of the situations I'm a bit like ah. I'm trying to figure out is it best to move and. yeah I don't. I feel a bit locked in. just because I have some friends at my flat and yeah. I just.	
219 220 221	T: so part of you doesn't want to move but at the same time you can't stay because of the noise and you have to do work of course.	
222 223 224 225 226 227 228 229 230 231 232 233 234 235	C: yeah I think. It's just. There's just loads of parties and mmm one of my flatmates has only friends around them and this one particular guy that I'm really not comfortable with. It's like a bit. He is always asking about me. He is always like trying to find out if I got a boyfriend and stuff and it makes me really uncomfortable. And he's always in the flat. And he talks really really loud and. So even when I go into my room. He just. He constantly. I can still hear his voice and he's like a bit. A bit not pervy but a bit like too interested and it's kind of getting me nervous. It's like. He's always like Jessie and I'm just like. I just don't like it. I just want to have my tea. I don't wanna. I don't want you here in my face constantly.	
236 237 238	T: it must be difficult, have you tried to talk to your friend about this issue specifically the guy and how you feel about it	Interpersonal effectiveness (showing understanding to the client frustration) and examine other solutions

239 240 241 242 243 244	C: Mmm no I just feel bad. I don't wanna. Coz I know they got on and they do work and stuff together. Mm I don't really.. I just cope with it really. I don't wanna cause conflict so I just kind of. I think if it's. If she's gonna. If she's having a friend over. She's having a friend over. I'm not gonna argue with that	
245 246	T: yeah but. But why do you think having a conversation with your friend will make it. You know. A conflict.	Challenging the client's thoughts It was more of an attempt but didn't stick with it.
247 248 249 250 251 252	C: it's just because she. Mmm some of our friends ask her to be quiet coz she's quiet noisy sometimes and then because they asked her to be quiet she purposely started to be more noisy. It's like one of those. Mm so I rather to keep on good terms with her and just pretend we're best friends and then she.	
253 254 255 256	T: mmm so is there any other way to deal with this situation. Other than moving. Like. If you like the accommodation. Is there anything else you can change to deal with it?	Guided discovery Exploring other options
257 258 259 260 261 262 263	C: Mm I think I definitely being overreacting at the moment because of my stress. So I think it is the stress management. Coz I think. If I didn't have always work. I wouldn't be really complaining much. I think I just got to a point where I was really tired and stressed. It's like I'm doing lots of things as well as the course and I'm just tired. a lot of the time I just want to sleep	
264 265 266	T: of course you're tired but does it increase your stress? The situation that's happening or is it because of your stress. You're as you said overreacting? It can be both.	Interpersonal effectiveness I tried to give the client insight about her stress.
267 268 269 270 271 272 273 274	C: yeah I think like I went home already just need some really some good rest. I was really really exhausted and I was just like oh I just really need a bit of space. I feel a bit. Yeah just a bit tired. Just need peace and quiet. To process things over and then there's a massive party and it's like. Yeah. And then you start thinking what the point coz you work really hard is and if you can't even relax on the weekend it's like what is the actual point in this.	
275	T: you mean the actual point of doing this course?	Clarifying with client
276 277 278 279 280 281	C: yeah just what's the point like. You work really really hard and then you get to the weekend and it's just parties and you can't relax so. Like what what am I even doing? Like am I spouse not be in Manchester. Might as well. Just I don't know. Just not working. Is it? What's the point?	
282 283 284	T: so I'm trying to figure out what do you mean by what's the point? Is it more of what's the point of doing this course? Or what's the point of not being able to relax.	Feedback, checking with the client my understanding
285 286 287 288 289 290	C: I think it's like what's the point of trying really. Sometimes I just think. You try really hard and you work really hard and then it's like. It's just kind of what the point of when I finish is. When you finish you want to relax and then it's like oh can't even do that anyway so yeah.	
291	T: you can't relax because of the noises and the partying	
292 293 294 295 296 297 298	C: yeah and I think the course becomes completely. Like my hard work just went to nothing. Coz I really really worked hard to get rid of this stress and then it is more stressful when I get home coz I'm faced with massive party. I have nothing wrong with parties but not. I don't know not. Maybe go out and have a party. Don't do it when people have exams.	