# Table 4.2
## Common Challenges for CBT Session Structure

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Possible Considerations</th>
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| Too busy to follow through on the pre-session stage (reviewing client information, pre-session assessment) | --Try to formally schedule at least a small part of your day to review client information, even if it is not before every single session.  
--Even just taking a couple minutes to read last week’s progress notes is better than nothing.  
--Schedule at least some time during the week to score and interpret assessments, then review during next session. |
| Difficulty with pacing throughout the session (i.e., appropriate amount of time for each part of the session) | --To some degree, this improves with increasing therapy experience.  
--If necessary, it can be helpful to portion out time to be spent for each part before the session begins (but this can reduce flexibility; do not do this long-term term).  
--Be self-ware that relevant information is being addressed (i.e., minimize tangential distractions).  
--If the client is having difficulty staying on task, you will need to be clear in your redirection.  
--Be sure that agenda items are clearly prioritized. |
| Too rigid with structure                                                  | --More common with beginning therapists – so focused on “doing it right” that flexibility is lost.  
--Try to focus on the broader conceptualization of the client’s distress – thinking in themes allows for flexibility – for example, a topic that may seem “not relevant” may actually be related to the client’s distress.  
--Remember that although most parts of the session structure must be covered, it does not always have to have the same sequence and be explicitly noted. |
| Difficulty collaboratively agreeing on agenda topics                      | --Be clear in demonstrating that good agenda items are related to the treatment plan, which in turn is related to the conceptualization.  
--Is the client engaged or hesitant to put relevant problems on the agenda?  
--Some clients truly do not know what to put on the list; be sure to model early in therapy appropriate topics to put on the agenda.  
--Some clients may avoid certain problems that are specially distressing; in this case, take some time to process their thoughts and feelings about what they think it would be like to address the problem; client may not be ready or need to process the experience first. |
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| **Client distress at end of session** | --Some clients want to address too many problems at once; try to summarize problems into themes (i.e., condense) and have them choose the problem(s) they think is most important; “bench” the other problems for future sessions.  
--Some clients frequently present “in crisis” with a problem (at least perceived) that is very pressing; many times, this is a reflection of the client’s distress tolerance and problem-solving strategies – this can be an agenda item or treatment goal itself; sometimes adding the problem later on the agenda list can deescalate the immediacy and reduces distress while other problems are addressed.  
--This is largely due to timing of agenda items.  
--Try to prioritize the most distressing agenda item first to allow time for you to help deescalate the client before heading into the late session stage.  
--Increase frequency of check-ins to continuously monitor client distress and active coping skills. |

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