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## BOB'S BEHAVIORAL EXPERIMENTS

The following responses are reprinted with permission from Bob and have been edited for clarity and client protection. The session that led to Bob's Behavioral Experiments can be viewed in its entirety on our CT Training DVD # vUAE, "Constructing NEW Underlying Assumptions."

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*Regarding the work we did\*, I am glad to make my experience available as part of your training material. I agree that it could be useful for therapists to see some real-life follow-up.*

*Thanks for your help,  
Bob*

*\*as seen in DVD # vUAE  
"Constructing NEW Underlying Assumptions"*

### PROBLEM

Procrastinate dictating client reports.

#### MY OLD WAY - PREDICTIONS

Anxiety = 70%  
Take about 45 minutes to dictate  
Think about others' evaluation = 20 - 30%

### GOALS

Get to it, jump into it and do it with clear ideas and sense I can do it.  
Formulate every case within first 10 minutes after saying goodbye.

#### MY NEW WAY - PREDICTIONS

Anxiety = 20 - 30%  
Get dictation done within 20 minutes  
Not think so much about others evaluation = 10%

## BOB'S APPROACH TO THE EXPERIMENT

I reviewed four of the most charged or "hottest" of the new and positive assumptions from the VUAE interview. They were

1. I am capable and can write the formulations
2. If I have enough information I can write a formulation
3. If I can't come up with something it's because I don't have enough information
4. If I don't have the information I can get it. (re: this last assumption, I actually called a patient back because I had forgotten to ask a question about why she was taking a specific medication. I felt free to do this because of this "rule".)

I also decided to write out briefly whatever initial notions about the formulation I had before I started dictating. This idea came from your note from the session:

"Do I have an idea? What is it?"

This turned out to be the most helpful tip because it helped coalesce my thoughts rather than coming up with the formulation "on the fly" as I did my dictation. (There is a certain pressure to keep on talking when using this telephone-based dictation system.) The result was a marked decrease in anxiety before I started to dictate.

## **PROBLEMS ENCOUNTERED**

I wasn't always able to do the dictation immediately after the session. I wanted to and was eager. The delay caused some anxiety with the thought, "What if I can't get to it at the next 15 minute block? Will my old habits kick in?" To counteract this thought I reminded myself of the work we did and of my confidence in it (belief = 80 - 90%).

## **EXPERIMENT ONE**

The first case was more routine but etiology of depression was not completely clear.

However, because of my new rules and assumptions, I did not feel that I had to come up with the perfect formulation because I did not have sufficient information yet. And I felt free to give a provisional formulation with the evidence I had. This worked well.

### **AT THE START**

Eagerness = 50%  
Optimism = 100%  
Anxiety = 5%

### **AT THE END**

Concern about what others might think of my work = 5%.

Disappointed = 40 - 50%

I did not complete the dictation within the time frame of 20 minutes. It took 15 minutes to review my notes and write out a brief formulation. It took 21 minutes to dictate.

Total time = 36 minutes.

However, that was the longest time. The dictations got shorter after this first one, which makes sense as my new skills increased.

## **SUBSEQUENT EXPERIMENTS**

Two of the next dictations were difficult and two were unusual. I applied the same techniques in approaching the dictations:

1. Review the new rules/assumptions
2. Before starting to dictate, write out a few ideas regarding my formulation

I continued to feel a small amount of anxiety as I prepared the notes, but it was less than the 20 - 30% I had predicted and certainly less than the 70% I felt the old way.

Dictation times decreased to as little as 11 min, start to finish (my shortest time yet, ever.)

Optimism remained.

Sense of satisfaction increased throughout the week as I saw myself getting the dictations done in less time and with much less anxiety.

I also saw that my original expectation that all of my notes could be dictated within 10 minutes following the session is unrealistic, but that the progress notes could be. However, my anxiety has been about the initial evaluations and formulations, not my progress notes. I did see that on more complex cases, the dictation may take as long as 25 to 30 minutes start to finish, but that the extra time is well spent on some preparatory notes regarding the formulation, which has resulted in much less anxiety.

## **SUMMARY CONCLUSION**

I concluded that this intervention and exercise has been very productive. It has all but ended my procrastination with its associated anxiety and substantially increased my satisfaction and confidence regarding the evaluation process. My belief in the validity of this new way of looking at this aspect of my work is 95%.

## **ONE MONTH LATER**

I have continued to be successful most of the time in getting to the dictations of initial evaluations and that feels very good. However, I have had one or two relapse incidents in which I delayed a couple of hours and one time overnight. Part of the reason is physiologic. I have sometimes felt spent at the end of the day and have either avoided or put off the work until I had more energy. I don't consider these incidents to be a major setback because the vast majority of work is getting done on time. However, I think I will try to do more evaluations earlier in the day when I have more energy.

Altogether, I believe I have moved on to a much better place with my procrastination and rarely experience any guilt over it.

## **EIGHT MONTHS LATER**

I am maintaining all the gains I had achieved before and even more. The average dictation time for the adult evaluations is about 16 min, +/- 2 min, but more importantly, I am getting them done quickly, without procrastination or performance anxiety. In some cases I even complete them within the patient's 60 minute time slot.