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Using client's resources in the cognitive behavioural therapy

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Abstract

Therapeutic work with clients' resources is one of common denominators of various cognitive behavioural strategies. A systematic focus on identification, utilization, and reinforcement of the resources has been found to improve the outcomes of cognitive behavioural therapy (CBT). This paper describes common resources, that can be found in clients, and categorizes them into four overlapping categories – cognitive, narrative, experiential, and behavioural. Each category includes examples of therapeutic work aimed at corresponding resources. The described therapeutic strategies mostly include traditional CBT strategies that are slightly modified to increase their focus on the resources.

Introduction

Since its beginnings, cognitive behavioural therapy (CBT) has focused on working with clients' struggles and helped them to deal with depression, anxiety, insomnia, chronic pain, and various other conditions (Butler *et al* 2006). CBT continues to evolve. It keeps developing and (to some extent) integrates with other psychotherapeutic approaches with a goal to boost the effectiveness of the established interventions, to find new working approaches, and to increase the scope of issues that CBT can treat (Hayes & Hofmann 2017; Andersson *et al* 2014; Beck 2005; Bannink & Jackson 2011). Its primary focus on clients' problems is understandable. People usually seek therapy when they do not feel well and face issues with which they find hard to cope. The therapist and the client then work together on solving the problems.

CBT offers a wide range of approaches to reach established therapeutic goals. Clients' resources are one of their common factors. These resources consist mainly of the clients' characteristics, skills, and abilities through which they can reach the goals. A hypothetical (and non-existent) client with no resources could not participate in the therapy, as he would lack any means to do so. Thanks to the internal resources, a client can actively work on his issues or focus on increasing his life satisfaction and well-being. The choice of specific therapeutic strategies to use in the treatment and their implementation also depend on the client's resources. For example, an athlete can naturally emphasize physical activity while battling depression. An open-minded woman in a marital crisis can quite easily involve her ability of perspective-taking and other cognitive techniques to overcome it. However, not all resources are internal. Other resources play a significant role in the treatment as well – those in the clients' environment, such as social connections or treatment accessibility.

The resources can be roughly divided into four categories (Figure 1). In the graph, the x-axis represents the extent of the focus on problems versus growth, and the y-axis shows the level of active approach towards the resources. Problem-oriented versus growth-oriented approach represents the attention paid towards the issues and deficits on one side and self-development and self-actualisation on the other side. The active attitude towards client's resources means that the therapist and the client identify strengths and take them into account during the conceptualisation and writing down of the treatment plan. Then they actively

involve identified resources in the treatment process. The passive approach takes place when the resources are not being paid attention. When tailoring the treatment plan, resources are omitted. They are not explicitly used during the treatment either. Although they are inherently present and involved in the process, they are not purposefully activated, and (often) remain underutilised. By combining both axes, we can identify several categories of therapeutic processes:

1. Problem-oriented and active – Therapy focuses on issues and generally on "things that do not work". Identification of the resources is a part of the case conceptualisation. They are also vital for the therapeutic plan and its realisation.

2. Problem-oriented and passive – The therapeutic attention is predominantly focused on client's struggles. In contrast to the previous approach, the resources are not identified, and they stay apart from the treatment plan and its implementation. The focus is solely on "things that do not work" and automatic "one size fits all" therapeutic strategies.

3. Growth-oriented and active – This process focuses on positive development and self-actualisation. The resources are considered during the conceptualising, planning, and implementation phase of the therapy.

4. Growth-oriented and passive – The last approach also targets self-growth and the development of positive characteristics of oneself. However, the treatment is not tailored according to the individual's resources and its character is a "one size fits all" type.

Each psychotherapeutic process takes place somewhere between the two axes and its position changes over time. For example, the therapy can start in the left part of the graph, focusing on problems that brought the client into treatment. As the issues get closer to being resolved, the therapy focuses more on growth, resiliency or the involvement of the resources in everyday life. The opposite course is also possible. The client may focus on her self-development, and only after she gains enough trust in her therapist, she brings up a serious life issue. Such topics may include childhood sexual abuse and its consequences or severe health issues such as cancer. The therapeutic processes vary in their relation to the resources.

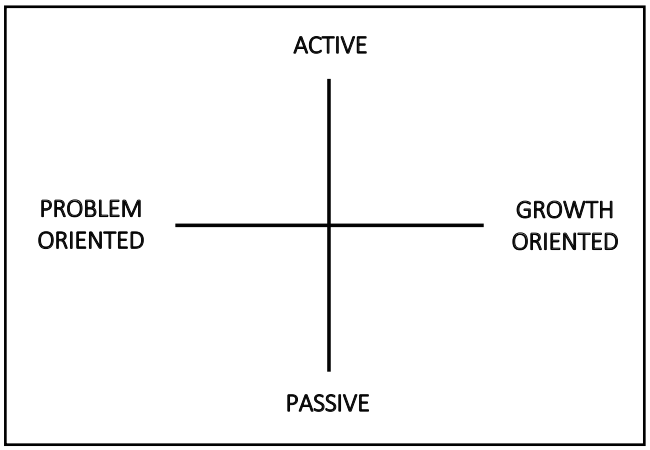

Fig. 1. Therapeutic approaches towards client's resources.

The choice of specific strategies addressing problems and growth and their timing then often predict the outcomes of the therapy (Babl *et al* 2016). Dealing with the resources seems beneficial. However, their usefulness depends on the context – a client's specific issue or a goal; characteristics of all participants in the therapy, including the therapist; factors of specific time and place, such as when the therapy happens and economic possibilities of the client or their insurance company. Still, some ways of handling this topic have been found quite useful. For example, the research of Flückiger and Grosse Holtworth (2008) showed that the active approach towards the client's strengths can create a sound therapeutic alliance and may improve the therapy outcomes. The focus on the resources also presents a simple way to increase the client's self-confidence and sense of mastery (Flückiger & Grosse Holtworth 2008).

Gassman and Grawe (2006) found that less successful therapists in their study tended to focus on their clients' problems but forget their strengths (so, their work would be placed in the lower left quadrant in Graph 1). When these therapists did focus on the strengths, they did it at the end of the sessions which was too late to positively influence the course of the session (Gassman & Grawe 2006). This brings up the question of how much time to dedicate to the problem versus growth approaches. Gassman and Grawe (2006) described that the more successful therapists in their study focused on the resources early in the therapy, often sooner than they started to work on clients' problems (they were in the upper part of Graph 1). They created an atmosphere in which the clients felt that they were perceived as well-functioning people. When this happened, it was more likely that the subsequent work on the issues would be effective. Therapists with more sounding results also usually took time at the end of the session to talk again about clients' strengths. The authors of the study conclude that therapeutic success seems to be influenced by the therapist's gradually increasing focus on "healthy parts" of the client. They also tend to actively work with the resources in the course of whole treatment (Gassman & Grawe 2006; Flückiger & Grosse Holtworth 2008). Would we return to Graph 1 once more, these therapists usually start the treatment in the upper left quadrant and gradually move to the upper right quadrant.

Regli *et al* (1998) state on this topic that sole activation of a problem does not necessarily lead to progress in the therapy. A favourable development of the treatment seems to happen when the activation of the resources comes simultaneously with the activation of a problem. The researchers described that participating therapists with more successful treatment were choosing a suitable ratio of these two types of activation and their timing during the therapy. The therapists with

worse outcomes focused on the activation of problems and were forgetting the activation of the resources.

While no treatment approach fits everyone, it seems that the treatment is often more encouraging and efficacious if a therapist focuses on the problems as well as on the resources. The goal of this paper is to describe several CBT ways for the activation and development of clients' internal resources.

Types of resources

Some clients perceive their resources as ordinary and not worth mentioning. They tend not to realize that these resources help them with overcoming obstacles and moving towards a fulfilled life. When therapists and clients talk about the resources, write them down, and reflect their usefulness, clients can gradually change their view of themselves and start to appreciate their strengths.

There are many types of resources, some of which are listed in Table 1. We focused on internal resources that can be readily addressed in the therapy in this paper. The social factors can perhaps be most directly approached in the couple and family therapy, and the contextual factors mostly belong in the area of social work and policy. However, both social and contextual factors influence individual therapy when clients recognize and utilise them in therapy.

From time perspective, resources can be divided into *historical* (what clients did in the past to cope or what external resources they had available), *current* (internal and external resources that are available now), and *potential future ones* (what clients can learn, which persons they could ask for help in future, etc.). The historical resources can often be "resurrected" (for example, a man returns to his former meditation practice or contacts friends after a period of social isolation). Some resources are largely *inherited* (for example, temperament and intelligence), other are mostly *acquired* (for example, coping strategies, conversational or social skills). Above all, most of the resources can be *improved, changed* or *built*. Individuals can reinforce them by systematic practice or weaken them (to the various extent) if they do not use them. Many resources are also somewhat *universal* which means that they can be effectively utilized in different situations and struggles.

Resource-related strategies

There is a range of therapeutic interventions that can help clients to identify, activate, and build internal resources and resiliency (Padesky & Mooney 2012). A complex resource work usually follows subsequent steps (adapted from Padesky & Mooney 2012):

1. Identification of the resources
2. Activation
3. Consolidation and strengthening
4. Reorganization if needed
5. Building up new ones
6. Practice

Resource-related strategies can be roughly divided into four categories:

a. Cognitive
b. Behavioral
c. Experiential
d. Narrative

Borders between strategies are not clear because each strategy usually belongs in several categories. The list, which is far from being comprehensive, is in Table 2.

(a) Cognitive

These resource-related strategies focus on therapeutic work with cognitions, whether at the level of automatic thoughts or core beliefs. From the beginning of treatment, therapists focus on identification of clients' strengths. In collaboration, they look for examples when and how clients have successfully solved problems, what obstacles they managed to overcome, what accomplishments they have achieved. Therapists and clients then discuss the possibility of transferring the past functional ways into present situations. A critical question is: *„When you have realized that you man-*

Tab. 1. Types of resources – Examples.

INTERNAL	SOCIAL	CONTEXTUAL
Temperament, character	Relatives	The overall state of society
Coping strategies	Friends	(safety or relevant policy)
Social abilities	Coworkers	Availability of treatment
Intelligence	Occupation managers	(outpatient, inpatient, day care centres,
Education	Former schoolmates	psychiatric, or psychotherapeutic)
Experience	Local church	Availability of social care
Motivation	Neighbours	(such as supportive housing)
Mentalization	Hobby or sports groups	Availability of free-time activities (such as
Empathy	Health-care workers	senior clubs organized by a city hall)
Hope	Social workers	Availability of employment
Self-confidence, self-acceptance, self-esteem	Support group	
Interests and hobbies	Social media	
Somatic health		

Tab. 2. Categories of resource-related strategies.

COGNITIVE	BEHAVIORAL	EXPERIENTIAL	NARRATIVE
Mapping internal and external resources Positive cognitive reconstructing Development of positive core beliefs Self-instructions and positive self-assertion Perspective-taking Self-appreciation Identifying the most important life roles Identifying the most important values in life Recognising own Healthy adult and Good parent modes	Planning pleasant activities Planning moderately challenging activities Self-rewarding Relaxation and meditation training Social skills training, including: Positive assertiveness Appreciation towards others	Mindfulness of positive experience Light Dream about oneself and own future Role-playing Encouraging therapeutic letters Message from Good Parent Imagery: Coping imagery Supportive and wise guide imagery Rescripting	Identification of past achievements Remembrance of overcoming obstacles and reaching successful solutions in past Connecting past coping with present situations Transformation of life story with emphasis on own strengths and successful coping Transformation of a family story with an emphasis on strengths and coping

aged to deal with this stressful situation in the past, how do you feel now? Could you identify which strategies worked at that time? Could you use some of them in the present situation?" Therapists and clients look for resources that are available or can be revived and formulate answers to subsequent questions: "*What have clients said in the past to encourage or appreciate themselves and what could they tell themselves now? How have they encouraged or appreciated others and how could they do it now?"* Therapists also focus on how clients would like to be and work with imagination – this is a Light Dream of oneself and own future. What the life would be like, how they would feel, what they would do, how would they solve current problems, what resources (preferably internal) can they use to get over them, and what can be done to make the dream come true? Also, a therapist can ask how a client will feel when they reach the goal: "*What will be the most enjoyable?"*

During the conversation and later as homework, the therapist asks the client to create a chart in which they map their internal, social, and societal/environmental resources, and then describe how they could be used to solve current problems. Although the focus is placed on internal strengths, therapists do not forget to monitor interpersonal and contextual resources and discuss possibilities of how they can be used. For example, the therapist can ask which family and friendly relationships can serve as a support or help and if they are any support groups in the area to help with this issue. They look for ways how to work with external resources. This approach is inherently cognitive because it requires utilization of various cognitive functions (memory, imagination, executive functions, or abstract thinking) and because the strategies themselves are cognitive (for example, a problem-solving technique).

Kathy complains that she is too tired at work and does not enjoy it anymore. The reason is that her supervisor delegates more and more of her own work to Kathy and does not deal with organizational issues which potentially endangeres Kathy's career. Kathy usually avoids talking with her supervisor about these issues because she fears that things will only worsen. When she recently spoke to her boss because of an urgent matter, she lost control and raised her voice during their conversation. The supervisor responded angrily, also indecisively, and promised something that she subsequently did not fulfil. The therapist with Kathy found that Kathy had been in a similar situation several times in her life. For example, when her supervisor at university stopped giving her feedback on her thesis or when her chemistry professor in secondary school did not let her take the advanced classes. In both cases, Kathy was able to stand up well for herself and to assert herself when she calmly and repetitively reminded these authorities of what she needed. This strategy was successful in the past. Kathy thought of how she could use such a strategy in her current situation. She planned a potentially useful approach towards today's workplace issue, utilizing her ability to abstract useful ways of dealing with issues in the past and to think of ways of transferring them to the current problem, the ability to realize cognitive errors, when she made them, and correct them, and the ability to place herself in "others' shoes" to understand her supervisor's motives and needs. Subsequently, Kathy used a behavioural strategy – role-playing with the therapist – and they practised the way Kathy could talk about her needs with her supervisor. They also applied a problem-solving strategy and Kathy thought of other actions, that she could take, if things would not go well in the planned conversation with her boss.

An important technique in resources activation, building, or reinforcement is cognitive restructuring. However, instead of asking about evidence for and against the thought, a therapist can ask:

- What would be most helpful for you to tell yourself about this situation?
- What would you say to your good friend, if they found themselves in this situation, to help them?
- Remember how you solved a similar situation in the past. What helped you the most? (The focus is on short-term and long-term adaptive reac-

tions.) Which thoughts helped you to cope with the situation?
- What would you say to yourself if you would feel in full of life and well?
- What would be best to do to cope with this situation?

Resource-oriented work with core beliefs does not necessarily focus on negative attitudes (for example „I am incompetent."). Instead, a therapist directly asks what kind of a person the client wants to be. This moves that the talking about problems towards talking about solutions of these problems.

Lucy: I am so incompetent, passive, useless…
Therapist: I understand that you expect a lot from yourself… Please tell me, how would you really want to be?
Lucy: Well, if I could, I would like to be active, capable, enthusiastic, creative…
Therapist: It sounds charming… the feeling that you are active, competent, enthusiastic, and have lots of ideas… How would it feel like?
Lucy: That would feel great, I would really enjoy it…
Therapist: I see you smiling… Tell me, what would happen if you were active, capable, full of enthusiasm, and creative…
Lucy: I would stop working as a cleaning lady, and I would do the job I have qualifications for, and it would be great… That's what I have really wanted. I would enjoy it… I should be doing it…
Therapist: If you would do the job that you would enjoy… Imagine that you already have it… What are you doing? What is important for you?
Lucy: I am a chemist… I am part of a team, and we look for a new molecule… I enjoy doing the lab work with others… I feel excited about what comes out of the experiments that we are doing… It is a lot of work, lots of attempts…. But the pleasant expectation that it will eventually be successful makes me feel energetic and enthusiastic… I also enjoy talking with colleagues… We have much in common. I go with them for lunch and talk about politics (laughs) and opinions on movies and music… It's great… I don't have much to discuss with my current cleaning colleagues… We have different interests.
Therapist: What else are you doing in this imagination?
Lucy: Occasionally, we also visit my relatives and their chidren, it is very nice…
Therapist: I really like what you are talking about. What could you learn from this imagination to step in that direction?
Lucy: I think that I just need the courage… Also, I should apply for a job… I have been out of it for a long time because I thought that I was useless…
Therapist: And if you believe that you could do it, what could you do?
Lucy: I could go to the lab… I would say I want to work there… That I have some research experience… and that I would be happy to learn everything…
Therapist: What is it like to say that you would like it and learn everything?
Lucy: It is perfect… I really want that…
Therapist: All right. What would you say, can we try it? I would play the head of the lab and you would apply for the job. Do you want to try it?
Lucy: Yeah…
Therapist: Let's go.

After this strategy, the therapist and the client together explore if the client already does something from their „wish-list "and if so, how could they reinforce it.

Therapist: Hello Jane, how was the week after our last session….
Jane: Bad. I am depressed again. My boss called me and asked me to return to work. She said that there was a lot of work and that she could not do it without me.
Therapist: I understand, it is pressure. There's much work, and the boss seems to think your presence is critical to get it done. Does she have previous experience with you that you have managed to overcome such a burden so now she can rely on you?
Jane: Yes, I was always reliable ... When I am fine, I am very active...
Therapist: It is good to hear ... It seems... It looks like you are proud of it...
Jane: Yes, I am. I am a good worker.
Therapist: Yes, you are proud of it...
Jane: Just now when I'm low, it's worse...
Therapist: You are disappointed that it is a worse now ... On the other hand, you are proud to be a good and efficient worker... Could it be said that now, despite the depression, you overcome the hardship and manage to do something?
Jane: Well, I do some things... I clean up and read bedtime books to Johnny and Lisa at home. I am no longer a lazar like four weeks ago...
Therapist: That's great. The change during the month has been considerable. Are you able to appreciate that you can manage these things now?... Tell me more about it ... What it is like for you when you can overcome it?
Jane: Yes, I am capable of acknowledgening it. When I realize it, I feel proud of myself that I just do it for a while... When I know what I am getting out of depression, and now a lot is going on ... Yeah, it is a thing to be proud of ...
Therapist: I totally agree with you ... I am proud of you ... I feel happy when I see your progress.
Jane: Well, I don't know if I could get already back to work. But I could try it.
Therapist: I see that you have courage. Is there a way to find how to make it easier for you to handle it? What helped you to adapt in the past when you returned to work after an episode of depression?
Jane: I've had two episodes of depression after which I returned to work. Everytime, I was always afraid at start, but in the end, I managed it. I could tell my boss, as I did in the past, that I need her to be slow and that I want to help but she can't hurry me. She knows me well, and we have a good relationship. She always helped me, and I think that she can help me now. My husband will also support me. He's been helping me a lot. I have many helpers, even the kids are supporting me. I might handle it...
Therapist: It is nice to hear it from you and to see that you have the resources to handle the situation and that you also have support from many people who like you. It's great.

(b) Behavioral

Behavioral strategies, that can be used for resource-oriented work, include planning of enjoyable and moderately challenging activities, self-rewarding, or social skills training (such as positive assertions). Compared to the standard CBT approach, the focus is on positive aspects of the activity. Number of questions can lead the therapist and clients in *activity planning* (see Table 3). The therapist can ask the clients to imagine what would it be like to do some activities and how he/she could enjoy them the best way.

The same goes for *challenging activities*. Which activities give clients a sense of mastery or achieve-

ment? Would the client change anything about them and if so, what could they do to achieve it?

In *social skills training*, the emphasis is put on favorable social exchange. Besides regular training of social skills in role-playing, the therapist helps the clients to focus more on their strengths and to learn the positive aspects of communication (Table 4). The therapist and the client then play roles and reflect it. Then, they can change their roles.

Another way of working with behavioral resources is to involve existing resources into problematic situations. A client may be able to be resourceful in one life area but does not use the resources in another one. Then she feels lost and helpless. For example, one depressed client often behaved non-assertively and in a self-defeating way. However, when he gave a lecture about a topic in his field of expertise, he switched and suddenly acted assertively, spoke openly and clearly, and set healthy boundaries if he felt that they were needed. One of the therapeutic tasks was to widen the range of his resourceful behavior to other life areas outside of work.

We usually find more behavioral resources in clients that help them function in some life areas and that can be transferred to problematic ones. We do not reinforce existing resources with this approach, nor do we build up new ones. We extend their effect to problematic areas that the client faces. Clients usually like this approach towards their issues. They come to realize that they are in many ways capable and that they can use their resources in various difficult situations. Their confidence grows. The next example describes the identification of behavioral resources in one area and their application in another one.

Anna:	I didn't do the homework. I wanted to look for a job but then I opened a job website, and it overwhelmed me. I clicked on a couple of offers, but all job offers were either low-paid, or I did not meet their requirements. So, I thought, well maybe I should stay in the fast food industry. But this job doesn't cover my expenses. Far from it. I don't know what to do… I feel lost…
Therapist:	Thanks for telling me this, Anne. I would like to praise you for doing a part of the homework. We were talking about your apprehension to do it in the last session, and you managed to start with it. This is great. You were looking for a job at the website, and none of those you looked at was appropriate for you. You started to feel overwhelmed and lost and quit it. So, there is one part of the home assignment – the part is that you overcame your fear and got to it. That is very important. Then, you found an obstacle, and it stopped you. Now, what would you say about trying to overcome the obstacle?
Anna:	I would like to get over it.
Therapist:	Great. Before we get to it, please tell me what you did after the job search.
Anna:	I was mindlessly browsing the net for some time. Then, Peter came home from his shift, and I made lunch. I felt better then (says smiling).
Therapist:	Oh, nice. Also, it seems that it went well.
Anna:	It did. I made a three-course lunch. A light salad as a starter, then Beef Wellington, and we finished with soufflé. Peter had a rough week in his job, so I wanted to cheer him up with a good meal.
Therapist:	Wow, what a lunch. The most, I could do from this menu, would be the salad. Maybe (laughing). I didn't know that you were such a talented cook. It is not an easy task to prepare a three-course meal, let alone one with such dishes.
Anna:	Thank you (smiling a bit shy). I think that is something that I am good at. I don't think that there's much to be proud of myself, but cooking belongs among the few things that I can do.

Tab. 3. Multiple questions which can help in activity planning.

- Which activities are fun or relaxing for you?
- Why are these activities rewarding for you?
- How do you feel when you are engaged in them?
- How to plan activities you enjoy and are meaningful to you?
- Which activities provide feelings of achievement, peace, and balance?
- What is needed to realize them in real life?
- Could you do them more often or make them more enjoyable or otherwise rewarding?
- What can you do for it?
- With whom could you engage in these activities?
- Who could join the activity to make it even more enjoyable?
- How do you feel when you engage in these activities and after them?
- What could you do to enjoy them more often?

Tab. 4. Multiple questions which can help in social skills training.

- What would the client want others to appreciate, praise, or respect in him/her?
- What would the client appreciate in concrete people around him/her (relatives, co-workers, etc.)?
- What could the client praise him/her for and for what would he/she feel respect towards this person?
- What would it look like to receive or give praise, respect, and appreciation?
- How would he/she and the other person feel?
- Can this change in the communication lighten his/her own and others' mood?
- How could the client ask for remarks of appreciation, praise, or respect from important people around him/her?
- How do the client and their counterpart feel when they engage in it?
- Could communication be further improved so that both could feel even better?

Therapist: I am very impressed. How do you manage to plan the stuff? You need to plan each step to finish cooking at the right time. How do you focus on the courses simultaneously when each of them requires different steps to complete?
Anna: It sounds hard when you say it like that, but it is not a problem for me. I don't have to think about it much. I look at the recipes and create a plan in my mind as to how I will cook the meals. Then I follow the plan.
Therapist: I see. And, what do you do when something goes wrong? For example, when a sauce doesn't come out as it should?
Anna: It can be unpleasant, but it usually isn't an issue. I just re-plan things. I might get a bit annoyed when I must re-do something that takes a lot of time to do, but I don't get stressed. I always tell myself: „Ok, it happened. Now I need to do X and Y to fix it." Then I do it.
Therapist: Aha, it sounds like a workable approach. So, it is unpleasant for you, but you tell yourself that what happened, happened. Then you work out a plan to fix it and follow it. And then you make yourself and Peter happy with a great meal (smiling). I wonder, have you ever made a dish and the cooking was problematic from the beginning?
Anna: Yes, I did. It happens rarely, but I have experienced it in the past. It was a bit demoralizing, and I wanted to quit it and order pizza instead (smiling). However, then I told myself to put myself together, find out what was going wrong, and fix it. On one occasion, I found a mistake in the recipe which was why I didn't make much progress. Oh, I see it now. Maybe I could apply the same procedure to my job search.
Therapist: That is a great idea. Clearly, when it comes to cooking, you can use several ways to overcome obstacles. Maybe, they could be used in your current struggles as well. How would it look like if you would plan to look for a job again and you'd come across several offers that don't fit you?
Anna: Umm….
Therapist: What could you tell yourself?
Anna: Maybe something like during the cooking. Something like „These job offers are not useful to me, this happens. Not every job offer will be my potential dream job. All I need right now is to find a job with a better salary. I want to do an IT specialist or something similar but this is not where I am now, and I have to work my way there from the start." Then I could look for other offers. It won't do to read through the first ten ads and call it a day.
Therapist: This sounds awesome. Could it help with the demoralization?
Anna: It could. When I remember my cooking skills, I will stick to the job search. Maybe, I could look for a job in other ways, as well. I was thinking about working as a shop assistant before I could land an IT job. I could go into Santovka, the local shopping centre, and ask there if they would like to hire a new assistant.
Therapist: I like the way you are thinking. Moreover, all it took was to take something, which has been working for you in the cooking, and use it in your current life struggles. Do you see that?
Anna: Yes, I do. I haven't realized that I have it in me. I was like „Ok, this is way too much for me to handle, I can't deal with the job search…" and stuff, but I have realized that there are some ways that could help (smiling).
Therapist: Great (smiling). There is one more thing about what you said about your cooking. When you finish the meal, you and your partner enjoy the food. Is that correct?
Anna: It is. I enjoy the meal and I like to see that Peter loves it as well.
Therapist: I see. Would you say that it might keep you going a bit, that it plays a role in your willingness to meet new challenges and to overcome obstacles?
Anna: Definitely. If Peter or I didn't like the food, I would probably not be doing it.
Therapist: That is understandable. So, the part of the cooking success may also be that you reward yourself after it.
Anna: It is. Otherwise, I wouldn't do it.
Therapist: Uhm. So, would you like to also incorporate a reward in your job search efforts?
Anna: Sure. I will reward myself. When I finish the homework, I could make myself some good meal or watch TV a bit or go for a walk. I will make it.

(c) Experiential

This group of strategies includes imagery work and metaphors, role-playing, writing, and reading therapeutic letters.

The induction of *positive imagery* and metaphors helps to enhance resilience. The concepts often have a stronger impact on emotions than words themselves. An imagination of positive events is associated with significantly greater mood improvement than positive thoughts (Holmes *et al* 2009). Imagination and metaphors can also help clients build their resilience model. It is possible to directly create an idea how to optimally manage the future situation, how to behave optimally, mentalizing the possible reactions of the others, and to find the optimal coping and feelings (Holmes *et al* 2009; Holmes & Mathews 2010).

Thirty-year-old Paula is in the sixth month of pregnancy. Four years ago, she lost a baby when ultrasound detected a fetal disorder incompatible with life. She had to undergo an abortion. Paula had then been sad for several years, remembering her pregnancy, remembering the circumstances of her hospital experience, being guilty, irritated, tormented. However, the biggest difficulties faded away within a year. Now she happily got pregnant again. Both Paula and her husband look forward to the baby. However, from the third month of pregnancy, she began to be excessively nervous, experience sleep difficuties, was hypersensitive, irritable, and restless. She often worried whether the baby was all right. However, she tried to suppress these thoughts. She did not want to think of anything like that. She was doing well, but she was stressed. Two weeks ago, Paula had amniotic fluid taken for genetic testing. Now she awaits results. Two days after the examination, she suddenly found herself breathing poorly as if she was drowning. It scared her. She began to observe her breath and felt that she could not breathe well. She could not sleep at night, with her heart pounding. She believed that this is because of the lack of oxygen. In the night, she is overwhelmed with worries. At the same time, she denies being afraid of the genetic test result. The child must be okay.

With Paula, we focus on imagination of the traumatic event from the previous pregnancy. The idea is gradually changing by focusing more on describing how her husband is devoted to her and protected her after losing their child. The anxiety during imagination gradually decreases. Then, in the imagination, we move on to the husband's present care and the baby that she is bearing now. Paula gradually elaborates on the idea of a child swimming in her belly, that has all the nutrients it needs from her, feels in perfect harmony and love as they are joined together. She is listening to the music she likes, and the baby swims in its rhythm. Gradually, we leave the child in the womb to grow – it still floats freely and calm. Then we go to the time of childbirth – Paula imagines how the walls of the uterus begin to push the baby out, and with his head out, it is strong and prepared for the world outside, Paula pushes the rest of the body out. Then she imagines how she has the baby in the bed, nurses him, and cuddles with him.

Different types of rescripting in imagination can be used in strength-based CBT. There is a possibility to

rewrite the view of the future, like it was done in the previous case, or rescript the past stressful or traumatic experience from childhood or adulthood. During the imagery rescription of the past trauma, a client first briefly describes the traumatic situation and their unfulfilled needs. The therapist asks what they needed the most in that situation. This question activates the client's resources – specifically the ability to identify their needs and ways of their fulfilment. The technique follows several steps (Prasko *et al* 2012):

1. Creating a therapeutic atmosphere (fulfilled basic needs of safety and control, acceptance, and appreciation)
2. A brief description of the painful experience of childhood or adulthood
3. Exploration of the patient's needs in that situation
4. Preparing an alternative experience with a positive outcome through a discussion. The therapist with the patient looks for a person who could help him. In case of childhood stressful experience, but also in adult stressful situation, it could be a loving relative, who could save the patient as a child or an adult (it also helps with a narrative description, because patient recognizes social resources in childhood and now and here), or the therapist coulds come to the story and helps the patient, or the patient, himself, comes to the past situation in the role of an adult or accompanied with strong helpers (for example, police).
5. An imagination of the new adaptive story – rescription. The aim of rescription is the creation of alternative imagery in which the patient experienced the optimal and desired end of the situation.
6. Calming down. The therapist's job is to help the patient revive his memories of a stressful event and at the same time express his emotions, and then help him rewrite the experience so that he can handle the situation.

In the first imagination, other person typically fulfils the client's needs in that situation, and in the second imaginary, the client himself fulfils his own needs (Prasko *et al* 2012). The second script strengthens the client's ability of self-care.

Therapist: How did you feel last week?
George: It was quite well, but I felt terrible this morning.
Therapist: What happened?
George: Actually nothing. I got up, went to smoke, and I still felt good. Then I realized I couldn't manage my work today. I must teach students, and they will see how useless I am.
Therapist: Hmm, hmm, how did you feel?
George: Miserable and helpless because I can't do anything about it.
Therapist: You say helpless… That you can't do anything about it… Do you remember when you've been feeling like that sometime in the past, like in childhood?
George: I do not know…. Maybe… I was four years old boy… I was in a nursery school and another boy, Ben, told me that I must obey him in all things. Otherwise, there would be a war, and it would be my fault. I was afraid that there would be a war and that it would be my fault. So, I obeyed him in everything. I felt that I couldn't do anything about it. He currently works as a prosecutor. I listened to him the whole kindergarten….
Therapist: Hm… I am wondering, what did you need the most at that moment…?
George: Someone to protect me, somebody who would tell him that he mustn't do such things… That he can't bully me… Somebody who would tell me that I am a good boy and I won't do anything wrong…
Therapist: I am glad that you are making your past needs clearer… Who could do it if he/she was there… From that time… Alternatively, from the present time? Who is the first on your mind…?
George: Probably my dad, he would handle him… Although, no, he would scream at me too…, So grandpa, he liked me very much… He would energically tell him that this was a bad thing, and then he would take me with him away…
Therapist: What should he say to make it work?
George: That if Ben says anything like that in the future, he will tear him like a frog. Also, that he tells about it to Ben's father and his father will give him a beating … It would have scared Ben… He was otherwise a bit cowardly in a childhood… However, in the kindergarten, he picked on me.
Therapist: What else would you need from your grandfather?
George: He could also tell me that I am a smart and good boy. He would probably say this because he loved me. He could take me into his hands. Then we would go home to my grandmother, and it would be fine, I liked playing there. They both loved me very much. I was their first grandchild.
Therapist: Your grandfather and grandmother were good to you and loved you very much. That is very good. You could have leaned on them as a child. You are now relying on them in fantasy we work with. You created it very nice. It is a nice story. Do you think that you could close your eyes and imagine your new story as a movie? The movie that's just running in front of you?
George: I will try (closes eyes).
Therapist: You can start as Ben bullies you and then your grandfather comes.
George: Ben says: "You will serve me in everything. Otherwise, there will be a war, and it will be your fault" Then grandpa appears and says: "Hey Ben, this is the last time you told George something like that! Apologize to him, or I will slap you!" Ben starts crying. "If you try again something on George, I will tell it to your dad, and he will give you a good beating."
Therapist: How do you feel?
George: Well, I'm not afraid of him anymore. I'm fine. He doesn't have power over me anymore. I don't have to serve him.
Therapist: What would you need from your grandfather? Try to imagine it.
George: Grandpa takes me into his hands. Takes me from the nursery to the car. I sit in the back seat, and he drives us to my grandma. I'm looking forward to some tasty cake that she cooks. Then we play with grandpa.
Therapist: How do you feel?
George: I feel so good. I am enjoying it. I am happy.
Therapist: So, enjoy it for a while… How do you feel now?
George: It is very beautiful. I feel perfect now.
Therapist: What if we use the feelings you have now, and information from your grandfather that you are a very smart boy, for the lecture in front of the students? What do you think about it?
George: I can handle the lecture. I have always managed it well. Students often praise me.
Therapist: It is so good. Do you remember any of those praises?
George: Yes, three weeks ago, there was one student who told me that she likes my lectures and practices. That all the

lecturers should speak as me. With dedication, love and enthusiasm for their field.
Therapist: How did you feel?
George: I didn't know what to say. However, it was charming.
Therapist: I bet it was. I wish you a nice lecture today.

Another way of working with images is to create a positive picture of oneself in important situations. That is a typical homework for a patient. Such images can be spoken and recorded to a cell phone and then repeatedly played. The next example shows positive imagination as a resource to face a stressful situation.

Jane: I scheduled a meeting with my boss to ask for a pay raise. I know that I have done good enough work to ask for it, but I am still nervous about it. What if I will come across as greedy? What if my boss reduces my salary instead? What if he thinks that I have been slacking? You never know…
Therapist: I see. You are about to see your supervisor and ask for a pay raise which is important for you. Moreover, you are a bit apprehensive about how things will go. What do think that you would you need to deal with this successfully?
Jane: I guess I would like someone there to pat me on the back and say that I am doing great and that it will end up well. Like Sam, my husband. Of course, this is impossible. It would probably not make a good impression if I would have shown at the appointment with my encouraging hubby behind my back (haha).
Therapist: (Haha) Like „You are doing great, Jane!", „This was a good argument.", „That is my girl!"? Maybe he could clap a bit?
Jane: (Haha) Exactly. But then the boss would call an ambulance to lock me up in psychiatric ward.
Therapist: I guess he would be quite confused. Anyway, I like the supportive scenario that you pictured. You are now visibly relaxed and uplift. Perhaps it wouldn't bet the best idea to bring Sam with you, but you might imagine him supporting you. What would you say about it?
Jane: I could imagine him standing next to me, being supportive, and giving me good arguments for the pay raise. I would probably feel more reassured.
Therapist: Could you close your eyes and imagine Sam standing next to you, doing all the things you need to feel calmer and more confident?
Jane: Yes. (Closes her eyes and describes in more detail how the support would look like.)
Therapist: Great. I like the image that you described. I want to suggest going one step further if you'd like. If you can imagine so vividly your husband's support, it means to me that you have this ability to calm and encourage yourself in you. So, what would you say about closing your eyes and imagine the same situation? Only this time, you could imagine that you yourself tell the encouraging and supportive things that your husband said in the previous imagination. Also, you could try to imagine how your boss would probably react and what she needs in this situation.
Jane: Ok. Not sure how it will go but I can give it a shot. I've never been very good in self-comfort. I know my boss well, in any case. This won't be a problem. (Jane closes her eyes and visualises the whole situation and this time encourages herself. She puts things into a perspective to help her boss understand Jane's request and makes a deal with him.)
Therapist: Nice. Your description felt very natural to me. Also, it seemed quite easy for you. I see that it helped you feel relieved as well.
Jane: It did. It was not as bad as I thought it would be. It will require a bit of practice. I'm not used to this kind of self-talk.
Therapist: No problem. Would you like to have it as a home practice until the meeting?
Jane: Yes, I will do that.
Therapist: Great.

(d) Narrative

As mentioned, it is possible to rewrite a stressful, traumatic event (rescription of a traumatic event). However, it is also possible to rewrite the narrative (rescription of life story). Narrative approaches include the re-narration of the life story or its parts as meaningful stories with multiple coping with problematic situations. It is ideal to rewrite the whole life story from childhood to the present (Prasko *et al* 2016). The important element in this strategy is the discussion of the things that the client has managed over the course of life (chronologically from childhood to the present) with an emphasis on the description of experiences and surroundings (situations, people, own pleasant feelings of coping and positive reactions of the environment). This results in a "new", more balanced life story, in which client realizes what was going on in her life and who have supported her and may perhaps serve as role models.

Roman complains at the group session that he always hears unpleasant voices which talk to him. Other members of the group describe the same experiences. One patient says that these voices are not real. They are manifestations of the disorder. Roman disagrees. They must be the real because the voices speak truthfully, comment on his behaviour and talk to him, when he makes a mistake or when he acts lazy. The therapist asks whether Roman himself sometimes criticizes or reproaches himself when he makes a mistake or is „lazy". Yes, he has criticised himself frequently. When asked about the content of his self-criticism, Roman says: "You idiot! You are worthless! You are lazy as a pig!" The therapist then asks if these critical remarks are similar with what the voices say. Roman realizes that they sound the same way. He is surprised when realizing that the voices sound completely the same. Therapist further asks whether Roman can recall if somebody said similar critical sentences to him sometimes in the past. Yes, it happened. Mother criticized him the same way when he was a child, and she keeps doing until today. However, she does it less frequently than he is doing it to himself. Another patient from the therapeutic group adds that he also sometimes has voices that say things just like his mother or father used to say to him. The therapist asks a question to the whole group: What do you think, is it true, that the Roman is a nitwit, is lazy as a pig, unworthy, and idiot? Or do you see him differently? Two patients who often talk with Roman say that they see him in a very different way. He is a good fellow, interesting guy. The therapist asks Roman: "What do you think, are there any experiences in your life which reflect that you are something different than a lazy pig, idiot, and nitwit? Has there been something other, what shows that you are not so much lazy and do something well?" "Yes", Roman replies, "I was helping my mother and father all my life, and the professor at the secondary school, before the illness started, told me, that I am clever and handy." "So, you were doing good at school before the illness has come, and parents saw you were clever and diligent as a child. Is it true? Am I right?" "Yes, that's right", says Roman delightedly. "Can we now write it on a board – all the facts against the assumption that you are lazy, unworthy, or idiot?" The therapist wrote on the table facts that Roman found – that he is handy in building airplanes models, hardworking, often assists with the garden work, ishelpful, offers to go shopping for others. Patients from the group praise Roman: how clever he is, how

they like chatting with him, how much he knows about music, how he encourages them, gives them advice, how helpful he is etc. The therapist now asks Roman if somebody from the family praised him in the past. Roman says that it happened. For example, mom praised him when he cleaned a courtyard or went shopping, and dad always admired his airplanes models. The therapist writes it on the positive list about Roman as well. At the end of the session, the therapist offers the homework for Roman and other members of the group. The homework is to make a list of things they are good at and how the family praises or rewards them.

Change

The change usually begins either with a new insight ("I see"; a cognitive change) or a new feeling ("Suddenly, I feel more confident and hopeful."; an emotional change). Usually, both modalities go together but sometimes they are desynchronized for some time. The next steps include building sources by experiments and practice of successful strategies. The client practices until the resourceful behaviour becomes automated in problematic or self-developmental areas. The main key is to exercise at home and at work/school. Homework is based on a specific problem/area of development and on strengthening of the resources. It may be a good task to practice imagination. Other time, it can be more useful to write a "new" life story (with all the achievements, competencies, joyful moments, and successes that the client has experienced). The patient can also elaborate on positive characteristics of his ancestors that he finds inspiring and which he can often find in himself to some extent (for example courage or kindness). The next case shows the transmission and reinforcement of resources in a problematic area.

Theresa came from a difficult family background. Her mother was addicted to alcohol, and her father was often physically abusive towards her. She had no-one in the family who could be a „good parent "to her. No-one who would protect her or comfort her when she needed it. Theresa sought therapy, when she was 22 years old, for intense emotional instability and disturbances in identity. What she did not notice, were her numerous internal resources. One of the most profound was her ability to look at things from different angles and a tendency to see positive characteristics in people. These strengths were apparent in many situations. However, she did not use them in highly emotionally charged situations or in family matters. Theresa was undergoing schema-therapy.

After some time (as a part of the Healthy Adult strengthening and near the end of her separation-individuation process), Theresa and her therapist started to work on transmission of her strengths into her relationship with her family. They were talking about her family as they had done many times before. However, now they focused on situations in which her parents functioned well, behaved in adaptive ways, and overcame significant struggles. Theresa was actively using her ability to look at things, even at unpleasant ones, from various perspectives. She realised that although her father had often behaved in a hurtful way, he was also curious, science-loving, and persistent. These strengths sometimes helped him to calm himself when he was close to the outburst. Her mother was severely addicted, but she was not always like that. She started to drink when Theresa's older brother died in a car accident. Her mother used to love culture and valued education. She was happy when the whole family went to a theatre. It seemed to give her life colour. Theresa thought that if mom stopped drinking, she would have returned to her values and hobbies.

After this realization, Theresa had a home assignment in which she wrote about her parents' resources and how they were present in herself. She found similarities. In the next step, Theresa wrote a third and a fourth therapeutic letter (a letter from her adult self towards her mother when she was a child and a "calling card" letter) and systematically worked on the transmission of her internal resources into problematic areas in her life – her partnership and relationship with her parents.

As mentioned, most of the resources are general and can be used in many life areas. And not just that – the same resource can be reinforced or built in more ways. Here, Theresa built up her strengths mainly by practising cognitive restructuring and assertive behaviour. Apart from work in sessions, she did home assignments that systematically focused on increasing her ability to control her emotions, and improve and set healthy limits in her relationship with her parents and partner.

This was a small part of a long-term therapy that was primarily focused on problems and the active approach towards resources. Three things were crucial here:

1. Timing – In a significantly emotionally deprived client, this kind of work needed to come later rather than sooner in the therapy. Only after her early aversive experiences were addressed and her process of separation-individuation was near its completion, Theresa could successfully see her parents in a complex way, identify some similarities of her and parents' strengths, and draw a bit of inspiration from it without feeling pulled towards symbiosis or absolute distance.
2. Choice of methods – The focus on her parents' strengths was not random. Since one of Theresa's main issues was her relationship with the parents, it was necessary to address it. Struggling with black-and-white thinking in close relationships and overall self-devaluation, Theresa needed to increase her ability to sense and relate with close ones in a more functional way and to increase her self-confidence. The chosen techniques helped to reach the targets. However, a therapist could choose different methods to reach the goals, for example, narrative techniques.
3. Gradual practising of the skills – As well known in CBT, gradual practising and improving of skills is useful to gain lasting results.

Advantages and disadvantages of resources based cognitive behavioral therapy

An advantage of resource-based CBT lies in the early increase in resilience and self-confidence and the transfer of attention from the analysis of problems to the work on solutions with insight. Another advantage is relatively fast increase in client's motivation and improved mood. Working with resources is often encouraging for the patient. By becoming aware of their resources and their activation, the client becomes less dependent on the therapist.

The disadvantage of resource-based therapies may lie in excessive focus on resources which prevents giving enough attention to the analysis of the problems themselves. This may result in a choice of ineffective methods to solve them. At the same time, some significant problems may escape attention. So, the analysis of issues is important as well. The focus on resources also may be artificial, especially if the patient finds himself in a difficult life situation and needs to accept it first (for example, has a handicap or gets ill). Without accepting the unchangeable, the focus on resources may be just a superficial distraction that works only for a short time. Patients need to be internally quite ready to change their situation. For example, if a client is still in shock

after a car crash, in which she lost a leg, and just starts to process the loss, she might not be prepared to move towards proactive coping. The timing is essential.

Conclusion

Resource-oriented cognitive behavioural therapy is not a substitute for classical CBT, which focuses directly on problem-solving, but can significantly complement it. Many techniques are the same as in the classic CBT, but they are used from a different angle. The increased focus on resources improves the therapeutic relationship, boosts the patient's self-confidence and can improve treatment outcomes. In practice, it is necessary to "dose" and time the focus on the problem analysis and the resource reinforcement so that there is sufficient understanding of the problematic areas and sufficient strengthening or building of the resources to solve them.

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