Academic Writing Task

[Name of the Writer]

[Name of the Institution]

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**Introduction**

Advisor utilized the Adult learning hypothesis of Lewin (1946) and Kolb (1984) by utilizing the 4 phases of viable learning knowledge, perception, reflection and arranging. The specialist gave data in the first video by utilizing a Socratic strategy to make out of the session task for the customer. In the second session, specialist surveyed the errand related associations between his negative musings, emotions and his activities. Advisor connected his findings to the state of the patient and worked out a plan for the treatment.

Specialist then asked the customer in the form of Socratic inquiries to share his experience. On doing the movement calendar log and requesting what he considers on accomplishing what he did and how he felt while posting and finishing the everyday exercises. In addition to this it was also asked that how his family felt and reflected how his family felt when he finished a few exercises. She utilized subjective systems to form new knowledge into customer's issues, 'which is a key element of CBT and she connected the learning cycle'. The new learning drove specialist to design the new assignment for the customer. Checked on the errand in subtleties and connected customer's when doing the out of session undertaking to grow new learning and plan for the next assignment. Advisor concentrated on the best way to Implicate and checked on the involvement with customer completely to design future learning.

**Discussion**

A number of theories can be used to defines the availability of the mental disorder and the destructive or constructive mechanism that has been used by the therapist to explain the mental disorder in detail and the phenomenon going on with the patient.

**Video 1**

**Conduct Activation for Anxiety Video Clip summation:**

Customer reports low in disposition and the mindset has been noticed to be very steady since the last session. The Therapist begins by asking how he has been giving the rating size of 0-10. The customer rates his temperament 3, which is exceptionally low. The customer has been wiped out recently and the specialist recognizes that customer has been wiped out of late.

Specialist attempting to get how the customer day by day exercises are. She investigates the balanced. What he supposes and what he does to connect an inconsistent schedule. His perceptions of His physical side effects. She approaches if things have changed for him or still an incredible same. She keeps on demonstrating to him how the endless loop is encouraging one another. He comprehends what's happening for him and. The specialist discloses how to break the cycle which keeping up the issue for the customer. Acquainting with accomplishing more exercises which has sway on his state of mind. She presents and clarifies the week after week movement plan. She goes on and clarifies how happiness and accomplishment and how to rate them when finished. The intention is to implement the movement plan for a standard premise so the customer remembers the rating and accounts. A specialist gives the customer the week after week movement recorder and approaches him to record his action for now. By recording the structure. She at that point asks how he feels its accomplishment and charming. It is to perceive how the day by day schedule is making him pulled back from them. He was given the assignment of filling the week after week movement plan. Specialist attempts to disclose to him how he should fill the paper and on the off chance that it is reasonable for him. Guarantees if the customer has any inquiries

**Second session:**

Specialist begins by asking how the customer has gone with the week after week action plan.

**Beginning with High score**

He attempted to escape the house and join his significant other for a motion picture on Tuesday night. As a family nearby ball game. Which he scored a 6 out of 10 as far as satisfaction. What's more, the customer was asked how his temperament and minimal better. Occupied with an action. When he occupied with family action he detailed that he felt unique.

The advisor continues investigating the endless loop and attracted him to his discernment and how it has been changed or remained the equivalent. Taking a gander at the customer gets the possibility of on the off chance that he continues doing things it will assist him with his disposition. There are various methods to measure how the patient supposes and feels (Gilbert, 2016). Utilizing a Socratic strategy for questing asking him what his family considers his difference in demeanour. Invested energy with family is worth. The family remarks imply it feels great to get notification from his family. Specialist presents how the action log would support the customer plan in more exercises. More exercises. Standard rest design. To me, the treatment session appears to be very extreme and exhausting. Knowing the indications of the downturn in one hand it’s doubtful that the specialist attempted to be in a similar level as the customer anyway it brings up the issue of how the customer would feel if the advisor state of mind would be a remarkable same as the customer. Somewhat the specialist looked irate and very ill-humoured herself. Lacking warmth and compassion through the two sessions.

**Critique of the Video under the light of the Theories:**

**Distinguishes social hypothetical ideas supporting treatment.**

Pulling back from recently delighted in action particularly pulled back from day by day schedules and low state of mind for a degree time of times are regular indications of misery. CBT intercessions focusing on the day by day activities of the customer through an organized and well‐paced session can improve disposition. The job of conduct initiation hypothesis is proposed for people with melancholy. This significance is perceived, calculated and hypothetical underpinnings are very much clarified likewise the strategies for intercession executed in the downturn video cut.

Kennerley et al. (2017, p.7) recommend that both hypothesis and treatment need to utilize exact worth. For a treatment to be applicable it should be proof based, which implies that examination is joined with training. The key component of CBT is that it has advanced after some time through the 'logical research'. Utilizing experiential proof to rehearse as an expert social insurance supplier mean the end of professional's inclination assessments and perspectives in their training. In like manner, cook et al. (2017) likewise stressed for training to be moral and successful it should be sponsored up by proper information to diminish account treatment. The proof based intercession gives the clinicians a system to work in an educated manner through fundamentally assessing and thinking about their very own training (538). It is like a guide to utilize when particularly beginning the training as a CBT advisor as, it provides guidance on the most proficient method to rehearse the hypothesis and settle on choices for best treatment with a customer (Kennerley et al. 2017). For patients to get the best nature of consideration the clinicians need to look for progressing preparing and should be fully informed regarding new intercession, rules and learning (Cook et al. 2017).

**Recommendations and suggestions under the light of Findings**

I would suggest the specialist could bring or could request to include his accomplice into one of the sessions to see his improvement and for support of doing the movement calendar task which alone is extremely hard for some discouraged customers. Having a strong collaborate with him guarantees that he isn't the only one, and it will include the family. The customer in the video demanded that he needs to change for concealed family and that would be a strong incentive for him to change. This would be a help to the customer and proceeds with the update out of a session that the family is remaining with him. Having somebody by the customer guarantees that out of session assignment is significant and would be useful for the treatment.

**Video 2**

**Introduction treatment for a fit of anxiety summation:**

The treatment session begins with the portrayal of presentation treatment and unwinding breathing system for the fit of anxiety. The specialist attempts to inspire customer's physical side effects of uneasiness. The specialist distinguishes and attempts to connect the fast breathing system to expanded physical manifestations and sentiments of uneasiness. Advisor begins the session with teaching the container breathing method designs. Which means gives a sane to an interoceptive presentation. Can utilize the breathing to decrease them for the customer. Fast breathing or hyperventilation. Setting up the customer to envision tension manifestations from fast relaxing. In a session, the errand is finished.

The specialist is recognizing and empowering resistance of uneasiness side effects. The indications are discombobulated, sweat-soaked, shiver hands which are making connects to fits of anxiety. Utilizing the case breathing system to decrease the incited uneasiness (Abramowitz, 2013). Checking to re-rate the side effects and the side effects are decreased for the customer. Urging the customer to re-assess her ability to adapt to tension indications. Connecting intellectual reappraisal potential diminished tension. The customer is guaranteed to do the breathing systems at whatever point she needs it.

In the second session, the advisor begins with presentation treatment by taking a gander at the customer list chain of importance of tension inciting circumstances. Beginning within case tension inciting to the most uneasiness inciting around 5-15 circumstances and triggers. Creating the rundown of circumstances or triggers that induce her uneasiness. Starting to rundown and rate dreaded exercises. 0-100. Additionally, recognizing diverse dreaded circumstances other than the customers' list.

Distinguishing circumstances that produce insignificant uneasiness on the dread pecking order. Circumstances that have been maintained a strategic distance from yet doesn't create as much uneasiness (Turner, 2014). Then the specialist presents the evaluated introduction treatment strategies.

1. Beginning with cultivating a workable plan
2. Starting with a number of things
3. Clarifying the principals of Exposure treatment.
4. Moving 1 stage at any given moment.

Working through the rundown of the chain of importance the advisor appears to be extremely sure talking about the following stage for the customer. Discussing sensible and not reasonable undertakings. Arranging reasonable items of presentation on the dread chain of command (htt). Giving the customer an out of session undertaking to finish and getting some information about she feels and she appears to be glad to provoke herself to give it a shot. Attempting to disclose to the customer to remain in the circumstance for the tension to decrease without anyone else's input. And furthermore working on breathing procedure with the assignment. Anyway, the specialist should make reference to for the customer that the breathing procedure shouldn't be utilized as an evasion or security conduct.

**Critical Evaluation on the light of the findings and on the basis of Theories.** Pulling back from recently delighted in action particularly pulled back from day by day schedules and low state of mind for a degree time of times are regular indications of misery. CBT intercessions focusing on the day by day activities of the customer through an organized and well‐paced session can improve disposition (Segal, & Teasdale, 2018). The job of conduct initiation hypothesis is proposed for people with melancholy. This significance is perceived, calculated and hypothetical underpinnings are very much clarified likewise the strategies for intercession executed in the downturn video cut.

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**Recommendations and Suggestions**

Treatment session was assessed by looking at CBT/BA hypothesis with devices and systems utilized in the video session. The paper will likewise audit some future advancement to productively give CBT and BA to despondency in the treatment session. I would suggest incorporating the chronicle list in various language or for those requirements to a particular proposal that doesn't have an education in any language (Chukhraev, Vladimirov, Zukow, Chukhraiyeva, & Levkovskaya, 2017). The examinations which were looked into doesn't demonstrate any comprehensiveness for individuals with various foundations. The explored papers, articles and especially CBT/BA intercession just can be connected to western English-talking foundation and particularly work should be done all together for individuals with various language, culture and individuals’ inability (Iqbal, Gupta, & Venkatarao, 2015). Nor the video neither has the articles given any suggestions and focal point into investigating those areas. All things considered; practice specialists will be tested with circumstance where the individual will have the mental issue. If the sessions glanced through a similar focal point is on the off chance that they would for a person than somebody with various social foundation and individuals with handicap would be fairly an alternate case situation and these papers doesn't take into account such audit.

**Conclusions**

Hence, it can be concluded in the light of the above mentioned critical analysis of both the videos that the successful clinical diagnosis and the treatment of depression and anxiety attacks are possible under the light of various renowned theories. Practical application of these theories is hugely present and known in the sector of psychology. The first video explains the side-effects and implications of the depressive disorder in light of the study of Kenerly. The study forms an important part of the CBT and helps significantly in the explanation of the behaviour in the patient. The second video can extensively be used in the explanation of the anxiety disorders and the panic attacks associated with them. These symptoms and studies also form an important part of the CBT by the explanation of the various sorts of behaviours exhibited by the patients in different situations. Both depressions and anxiety are treatable; only the application of the right kind of theories is required. These theories help to understand the process much better and help in the successful treatment of both these disorders. Psychologists have been working in t5he field of both these orders and have achieved an amazing rate of success.

**References**

A Comparison of Exposure Therapy, Stress Inoculation Training, and Their Combination for Reducing Posttraumatic Stress Disorder in Female Assault Victims

Abramowitz, J.S. (2013). The Practice of Exposure Therapy: Relevance of Cognitive Behavioral Theory and Extinction Theory. Behavior Therapy, 44, 548-558.

An Introduction to Cognitive Behaviour Therapy : Skills and Applications. (2017). Westbrook. D., Kennerley. H., and Kirk. J. 3rd ed. Sage Publications. Chapters 1. P7.

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of affective disorders*, *173*, 90-96.

Bennett-Levy, Thwaites, R., Haarhoff, B., & Perry, H. (2014). Experiencing CBT from the Inside out: a self-practice / self-reflection workbook for therapists. The Guilford Press. New York, New York

Bond, F. W., & Dryden, W. (Eds.). (2002). *Handbook of brief cognitive behaviour therapy*. Chichester: Wiley.

Chukhraev, N., Vladimirov, A., Zukow, W., Chukhraiyeva, O., & Levkovskaya, V. (2017). Combined physiotherapy of anxiety and depression disorders in dorsopathy patients. *Journal of Physical Education and Sport*, *17*(1), 414.

Corey. G (2013). Theory and Practice of Counseling and Psychotherapy. California. Brooks and Cole.

Cormier, L.S., Nurius, P., & Osborn, C. (2016). Interviewing and Change Strategies for the Helpers (8th Ed). Cengage Learning. CA.

Craske, M.G., Treanor, M., Conway, C.C., Zbozinek, T. and Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23.

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Gerlach, A.L. and Neudeck, P. “Interoceptive Exposure.” (Chapter 11) In Neudeck, P. and Wittchen, H. (Eds.) (2012). Exposure Therapy: Rethinking the Model – Refining the Method. New York: Springer.

Gilbert, P. (2016). *Depression: The evolution of powerlessness*. Routledge.

Iqbal, S., Gupta, S., & Venkatarao, E. (2015). Stress, anxiety & depression among medical undergraduate students & their socio-demographic correlates. *The Indian journal of medical research*, *141*(3), 354.

Koerner, N. and Fracalanza, K. “The role of anxiety control strategies in imaginal exposure.” (Chapter 12) In Neudeck, P. and Wittchen, H. (Eds.) (2012). Exposure Therapy: Rethinking the Model – Refining the Method. New York: Springer.

(n.d.). Retrieved from https://books.google.com.au/books?hl=en&lr=&id=JTFVJghmpo4C&oi=fnd&pg=PP2&dq=theoretical+underpinnings+of+behavioural+activation&ots=hRv2S16GOC&sig=oBRVFuWwuW1j9zjegYYiVlnZh1k#v=onepage&q&f=false

Segal, Z. V., & Teasdale, J. (2018). *Mindfulness-based cognitive therapy for depression*. Guilford Publications.

Telch, J. and Lancaster, C.L. “Is There Room for Safety Behaviors in Exposure Therapy for Anxiety Disorders?” (Chapter 18. pp-313-334) In Neudeck, P. and Wittchen, H. (Eds.) (2012). Exposure Therapy: Rethinking the Model – Refining the Method. New York: Springer.

Turner, M. (2014). "Evidence-Based Practice in Health.” Retrieved from University of Canberra website:  <https://canberra.libguides.com/evidence>

Welfel, E. (2012). Ethics in Counselling and Psychotherapy: standards, research, and emerging issues. Cengage Learning. CA

World Health Organization. (2017). *Depression and other common mental disorders: global health estimates* (No. WHO/MSD/MER/2017.2). World Health Organization.