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PRACTICE ARTICLE

Therapeutic presence, immediacy, and transparency in CBT with youth: *carpe* the moment!

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Abstract. Cognitive behavioural therapy (CBT) with youth owns a solid and growing empirical literature base. CBT also recognizes the contribution a good therapeutic relationship makes to favourable treatment outcome. However, it is argued that the therapeutic relationship is insufficiently operationalized and the extant definitions neglect the role of therapeutic presence, immediacy, and transparency. Indeed, presence, immediacy, and transparency represent critical elements in creating the necessary therapeutic alchemy leading to propitious symptom change. Accordingly, therapeutic presence, immediacy, and transparency are defined and explained. Additionally, clinical parameters for using presence, immediacy, and transparency in clinical encounters with young patients are articulated. Finally, these crucial processes pervade cognitive behavioral modules such as self-monitoring, cognitive restructuring and behavioural experiments/exposures are explicated through specific examples and therapeutic dialogues.

Key words: CBT, child behaviour problems, childhood anxiety, psychotherapy process.

Introduction

Cognitive behavioural therapy (CBT) with children and adolescents enjoys a growing empirical literature base (Weisz & Kazdin, 2010; Kendall, 2012) and is widely adopted by many practitioners. At its nucleus, CBT with children remains an interpersonal encounter (Shirk & Saiz, 1992). Indeed, establishing a productive working relationship represents a historical tradition in CBT (Beck *et al.* 1979).

This working relationship between young patients and cognitive behavioural therapists is experiencing a renaissance (Creed & Kendall, 2005; Karver *et al.* 2005, 2008; Chiu *et al.* 2009). Cognitive behavioural therapists agree that the collaborative relationship between patient and therapist embodies a necessary but not sufficient condition for change. Therapists' collaboration, patience, informality, and credibility are viewed favourably by young patients (Creed & Kendall, 2005; Shirk, *et al.* 2010; Shirk & Karver, 2011). Frequently, the therapeutic relationship and specific therapeutic methods are seen as distinct constructs

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(Waddington, 2002). Procedural competency and the working relationship enjoy a reciprocal bond (Newman, 2012). When young patients improve, treatment relationships are enhanced. Clinical experience also shows that effective treatment does wonders for the relationship between clinicians and patients.

This paper proposes specific aspects of therapeutic relationships such as presence, immediacy, and transparency foster necessary collaboration as well as requisite patience and warmth. Transparency increases informality in therapeutic sessions without sacrificing authority. Finally, presence, immediacy, and transparency pave the way for essential clinical flexibility and good practice. The basic characteristics and essential application of these stance variables are explained in the following sections

Presence, immediacy, and transparency: what do they have to do with CBT?

CBT is fundamentally a phenomenological approach emphasizing individuals' subjective interpretation of experiences and construction of personal meaning structures (Beck *et al.* 1979). Patients' first-person accounts, which are unsullied by clinicians' interpretations are prized. Moreover, at its core, CBT with youth is an emotionally rousing and interactive approach (Friedberg & Brelsford, 2011). Emotional alertness is positively associated with favourable ratings of the treatment alliance (Karver *et al.* 2008). An emotionally present cognitive behavioural therapist appears especially credible due to increased transparency and immediacy. Presence is characterized by therapists' appropriate transparency and ability to authentically remain in psychological contact with patients and their emotionally potent phenomenological experiences (Greenberg, 2007; Geller & Greenberg, 2012).

As the third-wave CBT advocates of Acceptance and Commitment Therapy (ACT) argue, 'Life only happens in the present moment' (Pierson & Hayes, 2007, p. 221). Simply, immediacy in CBT means attending to what is happening right in front of clinicians. Cognitive behavioural psychotherapists seize these robust therapeutic moments. Immediacy pervades clinical practice of CBT. For instance, therapists are taught to ask the cardinal question, 'What is going through your mind, *right now*?' at the immediate moment of a young patient's mood shift. When clinicians attend to in-session mood shifts, they are embracing immediacy. Certainly, good Socratic methods, behavioural experiments, and exposures are the ultimate immediate experiences.

Pierson & Hayes (2007) added,

> by dancing back and forth between processes occurring in the moment and functionally similar processes occurring in other settings, the present can become a kind of tangible laboratory to unravel functional patterns and to learn new ones, while also making obvious to the client that this is highly relevant to other times and places. (p. 223)

Transparency and empiricism are intertwined in CBT with youth. Both serve to reduce the mysterious nature of psychotherapy as well as reduce power differentials between patients and therapists. Granting genuine informed consent is made easier by transparency and empiricism. When transparency is integral to every practice in CBT, patients are able to grant consent in each session multiple times. Obtaining informed consent can become a rote procedure. Patients are given vague or generalized descriptions of procedures at the first session and then often therapists might forget to check back in. The collaborative check-in process, so fundamental to CBT, operationalizes transparency. Cognitive behavioural psychotherapists

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join forces with young patients and ask them directly how therapy is going for them or whether they are willing to experiment with different procedures. For instance, transparent cognitive behavioural therapists will let young patients know they will be making an emotionally provocative statement ('This may piss you off but . . . '). Additionally, before cognitive restructuring procedures are practised, transparent and immediate cognitive behavioural psychotherapists assess patients' willingness to proceed (e.g. 'Now that we have grabbed hold of your thoughts, how willing are you to test them out?').

Therapeutic transparency is augmented by authenticity. In the classic Brian De Palma (1983) film *Scarface,* there is a great line which defines authenticity. A drug lord, Alejandro Sosa, tells aspiring gangster Tony Montana, 'I like you Montana; there is nothing false in you.' Good authentic and transparent cognitive behavioural therapy is highly interactive. Padesky (1996) emphasized that clinicians who are not comfortable in a highly interactive psychotherapeutic process are not good candidates for cognitive therapy training. Therapeutic presence augments this authenticity and creates a genuine readiness to act

Some readers may see similarities to procedures such as mindfulness (Coyne *et al.* 2011; Semple & Burke, 2012) and radical genuineness (Klein & Miller, 2011) with youth. Mindfulness and radical genuineness may be best described as practice elements whereas presence, immediacy, and transparency are therapeutic stance variables. Indeed, these widespread and popular methods used in ACT and Dialectical Behaviour Therapy are founded on the seminal processes of therapeutic presence, immediacy, and transparency. For example, therapists' mindfulness fundamentally requires presence and immediacy. Radical genuineness by a therapist demands transparency. Presence, immediacy, and transparency are associated with methods such as mindfulness and radical acceptance but are not limited to them or any other specific technique. Rather, they are integral to all cognitive behavioural practices and cut across all the therapeutic modules

Carpe presence, immediacy, and transparency in CBT with youth

A modular approach (Chorpita *et al.* 2005; Friedberg & Brelsford, 2011) to delivering CBT is gaining favour. The modular approach also seems very consistent with the emerging transdiagnostic treatment model (Ehrenreich *et al.* 2009). Simply, in the modular approach, essential components to treatment are extracted from manuals then systematically applied based on case conceptualization and clinical indications. Modules represent different broad categories of interventions which are comprised of specific techniques. Typical modules are self-monitoring, affective education, behavioural interventions, cognitive interventions, and experiments/exposures. The following sections illustrate the way presence, immediacy, and transparency may be exercised in self-monitoring, cognitive restructuring, and experiments/exposures.

Self-monitoring

Self-monitoring is central to CBT. Self-monitoring may be accomplished by standardized measures and/or individualized thought diaries/behaviour logs. While completing a thought diary is a basic and commonly used procedure, a nuanced application requires therapeutic presence. Ideally, thought diaries are not mechanistic dry techniques separated from patients' immediate experience. The best time to use a thought diary is when patients experience strong

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negative affective arousal. More precisely, they are immediate, present-focused, emotionally evocative clinical tools. They should be used when patients are experiencing mood shifts.

Consider this example. Tasha is a 14-year-old Latina female who is socially anxious, approval seeking, and highly perfectionistic. Her core belief system reflected a view that unless she was absolutely approved of by others, regularly 'perfect', others would see her as weak and she would be a 'worthless wimp'. Not surprisingly, Tasha arrived at sessions carrying typed daily thought records written in a precise and pristine manner. The therapist then intervened with immediacy and transparency based on his conceptualization.

THERAPIST: Tasha, let's take a look at your thought records.

TASHA: Here they are. I typed them so they would look good and be easy to read!

THERAPIST: I see. Wow, these are perhaps some of the neatest thoughts records I have ever seen! [*Transparency and immediacy*]

TASHA: Do you think so? Thanks. I want to be the best patient so I can make the most out of this.

THERAPIST: That's a lot of pressure to put on yourself.

TASHA: Not really. It's nothing … I'm used to it.

THERAPIST: I'm sure you are kind of trying to be extra perfect. But where do I fit in with this? [*Presence, immediacy, and transparency*]

TASHA: I don't know what you mean.

THERAPIST: Well, what if you try your hardest and are really perfect but I drop the ball?

TASHA: I don't think that will happen and plus I typed it all out so things can be really clear.

THERAPIST: I know. You are taking care of both of us. However, it is my job to help you take care of your anxiety. You are taking on so much responsibility … Think about this for a second or two … What would it be like for you if you handed in a messy thought record?

TASHA: I couldn't do that! … You would think I was careless and irresponsible.

THERAPIST: And if I saw you in that way? [*Presence, immediacy, and transparency*]

TASHA: I would HATE that. I'd feel like I was a worthless wimp … Horrible … I want you to think I've got it all together and am not a wacko.

In this exchange, the therapist socratically processed the thought record with therapeutic presence, immediacy, and transparency. He elected to focus on Tasha's immediate perfectionism and approval-seeking which was contingently tied to her appraisal of self-worth.

Consider another example. After completing a Beck Depression Inventory (BDI) and handing it to the therapist, a 16-year-old Euro-American female patient appeared sullen and angry staring at the therapist with fire in her eyes. The therapist alertly seized the moment and asked, 'Lexi, what is going through your mind, right now?' Lexi replied, 'You care more about that fricking BDI than you do me.' At this point, the therapist used a thought diary to process this transaction.

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THERAPIST: Lexi, I'm pleased you shared this with me. May we take a look at this through our thought diary?

LEXI: Go for it.

THERAPIST: So the situation is filling out the BDI. And you feel . . . ? [*Presence, immediacy*]

LEXI: Angry.

THERAPIST: How angry on a 1–10 scale?

LEXI: Right now, an 8.

THERAPIST: I see. Furious. OK, what is running through your head now that you are so angry? [*Presence, immediacy*]

LEXI: Like I said . . . It is so annoying . . . This form, it's like, uh, you care more about that paper than you do about me!!! It sucks . . . It's so unfair. [*Presence, immediacy*]

The dialogue illustrates several very worthy points. The thought diary came to life during the interaction between Lexi and the therapist. Therefore, the technique became a centerpiece in the work. Second, the therapist maintained presence and focused the self-monitoring with the here-and-now with his statements (e.g. 'And you feel?'; 'What is running through your head now when you are so angry?') Finally, by doing a thought diary on Lexi's urgent expression (e.g 'You care more about that paper than you do about me'.) as well as writing thoughts and feelings down on paper, the therapist transparently communicated that Lexi's experiences are so serious that they are noted verbatim. Accordingly, the therapist demonstrated immediate responsiveness.

Cognitive restructuring

Cognitive restructuring renovates children's maladaptive thinking patterns. Nonetheless, re-engineering children's internal dialogues is never an easy task. The emotional currents of their thoughts and images need to be activated otherwise therapy risks being overly abstract and intellectualized. Moreover, without transparency, immediacy, and presence, cognitive restructuring takes on an interrogatory flavour or becomes another lecture by an adult. However, when cognitive therapists embrace transparency and immediacy in their therapeutic stance, cognitive restructuring catches fire.

Greg is an 11-year-old Euro-American male who carries the diagnosis of high functioning Asperger's disorder. Not surprisingly, Greg miserly held onto his beliefs with unwavering determination. However, presence, immediacy, and transparency decreased his unyielding attitudes. Below is a description of the therapeutic process.

GREG: My father treats me like an infant. I want to use the circular saw in the garage and help him. He won't let me because of my diagnosis. I hate this diagnosis and I hate him for treating me like a baby. I hate being an Ass Burger!

THERAPIST: I can see how strongly you feel this Greg. I see your face getting red.

GREG: What's wrong with that? What am I like an abnormal specimen in some stupid laboratory?

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THERAPIST: You're angry with me. What's going through your mind about what I just said? [*Presence and immediacy*]

GREG: You're just like my dad ... judging me because I've got this stupid diagnosis.

THERAPIST: What makes you think that? [*Presence, immediacy, and transparency*]

Greg: I know where this is going and it's not going to help.

THERAPIST: Oh, do you? Where do you think it is going because I am not sure myself? [*Presence, immediacy, and transparency*]

GREG: Oh, c'mon, you know.

THERAPIST: Actually no, I'm not sure yet but you seem sure. So where do you think this going? [*Presence, immediacy, and transparency*]

GREG: That I have to be more respectful to my elders.

THERAPIST: Hmm. I see. Do you want to check out whether your prediction is right? [*Presence, immediacy, and transparency*]

GREG: Sure, why not?

THERAPIST: So how would this be as a way to check it out: What if you asked me if that's what I think you should take away from this? [*Presence, immediacy, and transparency*]

GREG: OK.

THERAPIST: [*laughs*] ... Well you have to ask me!

GREG: OK, OK ... Is that what you want me to think?

THERAPIST: No, not at all. I want you get a sense that perhaps your predictions or guesses about what other people think may be a little off target. [*Presence, immediacy and transparency*]

GREG: OK.

THERAPIST: Wait, that was a little too easy. How do you know I am being honest with you, right now?

GREG: I am not sure.

THERAPIST: What are the signs I am being honest? [*Presence and immediacy*]

GREG: I guess you wouldn't be doing this with me if you were dishonest.

THERAPIST: So what is it like for you to test these thoughts out rather than just believing your own guesses? [*Immediacy*]

GREG: Weird ... really different ... kinda strange.

The therapist fuelled by a present stance caught Greg's perception of being judged. Moreover, Greg voiced blind faith in his perceptions (e.g. 'I know where this going and it's not going to help.'). Transparency enabled the therapist to authentically respond to this belief (e.g. 'Where do you think this is going because I am not sure myself?'). The therapist then used immediacy to test his hypothesis (e.g. 'Do you want to check out this prediction?'). The

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therapist responded transparently in the session when Greg experimented with testing out his hypothesis. Additionally, the therapist used immediacy in the session to facilitate his cognitive restructuring (e.g. 'How do you know I am being honest with you, right now?'; 'What is it like for you to test these thoughts rather than just believing your own guesses?').

Behavioural experiments and exposures

CBT is action-oriented. Padesky (2004) eloquently explained that the fundamental task for cognitive behavioural psychotherapists is to bring the head and heart to consensus. Waller (2009) urged cognitive behavioural therapists to rely more heavily on action-based strategies rather than purely verbal interventions. Indeed, frequently talking about problems and solutions is overvalued. Genuine change and authentic mastery regularly call for reasoned *action*.

Therapeutic presence and immediacy are especially vital during behavioural experiments and exposures. Karver *et al.* (2008) added that therapists' application of experiential strategies improved therapeutic relationships with adolescents. Therapeutic presence boosts behavioural experiments. When therapists demonstrate their undivided attention during an exposure, patient engagement in the task is increased (Friedberg *et al.* 2011). Experiments and exposures make new thinking patterns more credible. Without experiments and exposures, young patients must blindly base their new conclusions on verbal persuasive methods. Behavioural experiments and exposures precisely provide this good clinical recipe. Behavioural experiments and exposures are typically graduated and applied with alert sensitivity to the delicate calculus balancing the intensity of emotional challenge with young patients' coping capacity.

Misty is a 12-year-old Latina female who struggles with perfectionism. Misty became very anxious at the prospect of any mistake. She and her therapist designed several behavioural experiments. One specific experiment involved purposefully dialling a wrong number on her cell phone. Misty misdialled the number in session and became extremely anxious. The following dialogue illustrates the process.

THERAPIST: How was this for you, Misty? [*Presence, immediacy, and transparency*]

MISTY: [*quiet*] It was OK.

THERAPIST: Really? You looked a little worried to me right after you hung up. [*Presence, immediacy, and transparency*]

MISTY: Well, maybe a little.

THERAPIST: What are you feeling right now? [*Immediacy*]

MISTY: My stomach is jumpy. I feel weird ... This is stupid.

THERAPIST: So what's going through your mind right now? [*Immediacy*]

MISTY: That person thinks I am an idiot.

THERAPIST: Perhaps ... Let's sit with that for a bit.

MISTY: Why?

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THERAPIST: Remember that you believe if you don't fix a mistake right away something bad might happen.

MISTY: [*hesitates*] I know.

THERAPIST: So let's wait. When do you believe something bad will happen?

MISTY: I don't know ... In a few minutes.

THERAPIST: So let's experiment, OK? [*Both wait*]

MISTY: This is awkward... it's uncomfortable ... I'm getting a little freaked out.

THERAPIST: Good ... That's exactly what we want to happen [*more waiting*]. What's happening to your sense of freaking out? [*Immediacy*]

MISTY: It's going down I think.

THERAPIST: So perhaps the bad thing that happens is that if you don't think you fix a mistake immediately you get very worried. What do you make of that?

MISTY: Probably true.

THERAPIST: So from this experiment, what conclusion can you make about bad things happening if you don't fix them right away?'

MISTY: I'll get freaked out.

THERAPIST: And how long will that last?

MISTY: Maybe 15 minutes or so.

THERAPIST: So if we put this together, what did you learn from this?

MISTY: The bad thing about this is that I freak out for a while... but it does go away.

The therapist's presence enabled instant processing of Misty's thoughts, feelings, and behaviours. Transparency was realized throughout the dialogue (e.g. 'You looked worried right after you hung up'; 'That's exactly what we wanted to happen'). Immediacy was achieved during the experiment (e.g. 'What's going through your mind, *right now*?'; 'Let's sit with this'; 'What did you learn from this?').

Conclusion

Conducting CBT with therapeutic presence, immediacy, and transparency propels the empirical, goal-directed, see-through process co-engineered by two human beings. Combining presence, immediacy, and transparency with empirically supported practices work to individualize treatment making CBT more relevant, real, and emotionally engaging. These processes may be seamlessly integrated into modular CBT with children. Typical modules such as self-monitoring, cognitive restructuring, and behavioural experiments may be enriched with presence, immediacy, and transparency. Additionally, third-wave CBT approaches such as ACT, Mindfulness Based Cognitive Therapy, and Dialectical Behaviour Therapy incorporate these stance variables in their procedures. When beginning and advanced cognitive behavioural therapists add presence, immediacy, and transparency to their treatment

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regimen with children and youth, increased patient involvement and therapeutic momentum is likely to be realized.

Declaration of Interest

None.

Recommended follow-up reading

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Learning objectives

(1) Recognize the importance of presence, immediacy, and transparency in CBT.
(2) Identify ways to incorporate these variables in practice.
(3) Appreciate the role presence, immediacy, and transparency play in modular CBT with youth.

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