

When answers are hard to access

Treat possible causes as hypotheses to check, not explanations to impose on the client.

01 / “I don’t know” keeps returning

Possible causes: The question is abstract, memory is unclear, the pace is too fast, or the client is unsure what you mean.

Recommended fix: Return to one recent episode; ask about what they noticed first. Offer thinking time, writing or an image-based entry.

Need more information: Check language and access needs. Do not infer avoidance from the phrase alone.

02 / Answers stay broad and circular

Possible causes: Several episodes are being blended, the target thought is unclear, or discussion has become repetitive.

Recommended fix: Map one event: situation, meaning and response. Summarise where the discussion repeats and agree a more specific learning question.

Need more information: Check whether further analysis is useful or whether an action-based intervention better fits the formulation.

03 / The client agrees too quickly

Possible causes: The alternative genuinely fits, or the client is accommodating you, uncertain or trying to finish an uncomfortable exchange.

Recommended fix: Invite the client’s own wording and ask what remains doubtful. Accept disagreement without treating it as failure.

Need more information: Look for how the client applies the idea in their own example; verbal agreement alone is inconclusive.

FIRST MOVE: REDUCE DEMAND, CLARIFY THE EPISODE AND CHECK YOUR UNDERSTANDING

Clinical basis: UCL CBT competence framework; Beck Institute, “Why CBT Therapists Don’t Challenge Thoughts” and “Selecting Techniques in CBT”. Original educational examples; adapt within training and supervision.

When the relationship feels strained

Repair the interaction before trying to persuade the client to use another perspective.

04 / “You think I’m being irrational”

Possible causes: Your wording sounded corrective, distress was bypassed, or the client has prior experiences of being dismissed.

Recommended fix: Acknowledge the impact and reflect the concern accurately. Explain your exploratory intention and offer a choice about continuing.

Need more information: Ask which part felt dismissive. If repair is not occurring, review the interaction and formulation in supervision.

05 / The exchange becomes a debate

Possible causes: Both of you are defending a conclusion; evidence gathering is functioning as argument.

Recommended fix: Name the pattern neutrally, pause and return to the client’s goal. Agree what you do not know and whether anything can usefully be tested.

Common mistake: Increasing the number of counterarguments. A balanced outcome may include an accurate concern or unresolved uncertainty.

06 / Distress rises or engagement drops

Possible causes: The topic is too demanding, shame has increased, or the client feels exposed or pressured. Check rather than assume.

Recommended fix: Pause, ask what is needed and use an agreed response that supports participation. Attend to immediate risk through the relevant clinical pathway.

Need more information: Clarify whether the client wants to stop, change topic or continue with a different pace. Repeated difficulties warrant formulation review.

RELATIONSHIP CHECK: HEAR THE IMPACT, RESTORE CHOICE AND AGREE THE NEXT MOVE

Clinical basis: UCL CBT competence framework; Beck Institute, “Why CBT Therapists Don’t Challenge Thoughts” and “Selecting Techniques in CBT”. Original educational examples; adapt within training and supervision.

When insight does not carry forward

A useful conversation and lasting change are different outcomes. Review what happened between them.

07 / The view changes, but only briefly

Possible causes: New learning feels intellectual, key situations were not addressed, or a maintenance behaviour remains unchanged.

Recommended fix: Identify when the old view returned and what the client did next. Link a small, relevant test or action to that moment.

Need more information: Review actual observations rather than relying only on end-of-session belief ratings.

08 / The experiment feels inconclusive

Possible causes: The prediction was vague, the outcome could not be observed, several variables changed, or the task became a performance test.

Recommended fix: Review the prediction, action and observations separately. Record uncertainty honestly and agree whether a narrower test would help.

Common mistake: Claiming a successful outcome proves all future situations are safe. Test findings have limits.

09 / Questioning becomes reassurance

Possible causes: The same fear is being analysed repeatedly to reach certainty; discussion brings brief relief and an urge to check again.

Recommended fix: Review the function of the exchange. For OCD, use the agreed disorder-specific formulation and treatment plan rather than repeated reassurance.

Need more information: Take a concrete example to supervision if you are unsure whether dialogue supports learning or maintains a reassurance cycle.

REVIEW THE PROCESS: WHAT WAS LEARNED, WHAT HAPPENED NEXT AND WHAT STILL MAINTAINS THE DIFFICULTY?

Clinical basis: UCL CBT competence framework; Beck Institute guidance on guided discovery and technique selection; NICE CG31 (OCD). Examples are fictional; this aid is not a validated clinical measure.