

## SEVEN The Skilled Client Model

Adaptation CHT and mental cultivation CHT can both be approached within the framework of the skilled client psychotherapy and counselling process model or, more briefly, the skilled client model. Therapists using the skilled client model are practitioner-researchers who, within the context of accepting, affirming and collaborative working relationships, assist clients to improve specific mind skills and communication/action skills in order to manage current and future problems more effectively and to become more fully human. Improving clients' skills can entail releasing skills already in their repertoires, lessening poor skills, and initiating and/or improving good skills. Box 7.1 shows the stages and phases of the skilled client model.

### **Box 7.1: The skilled client model**

#### **Stage 1: Relating**

**Main task: Form a collaborative working relationship**

##### ***Phase 1: Pre-therapy contact***

Communicating with and providing information for clients prior to the first session.

##### ***Phase 2: Starting the initial session***

Meeting, greeting and seating, making opening remarks, and encouraging clients to tell why they have come.

##### ***Phase 3: Facilitating client disclosure***

Allowing clients space to reveal more about themselves and their problem(s) from their own perspective.

#### **Stage 2: Understanding**

**Main task: Assess and agree on a shared definition of the client's problem(s)**

***Phase 1: Reconnaissance***

As necessary, conducting a broad review to identify the client's main problems and to collect information to understand her/him better.

***Phase 2: Detecting and deciding***

Collecting specific evidence to test ideas about possible poor skills and then reviewing all available information to suggest which skills might require improving.

***Phase 3: Agreeing on a shared definition of the client's problem(s)***

Arriving at a preliminary definition of the client's problem(s) including, where appropriate, specifying mind skills and communication/action skills for improvement.

**Stage 3: Changing**

**Main task: Achieve client change and the maintenance of change**

***Phase 1: Intervening***

Helping clients to develop and implement strategies for managing current problems and improving relevant mind skills and communication/action skills for now and later.

***Phase 2: Terminating***

Assisting clients to consolidate their skills for use afterwards and to plan how to maintain them when therapy ends.

***Phase 3: Personal coaching***

Former clients, acting as personal coaches, keep using their skills, monitor their progress, retrieve lapses and, where possible, integrate their improved skills into their daily living.

**Using the skilled client model**

There are numerous considerations in applying the skilled client model in a humane and effective way. A more detailed discussion of these issues may be found elsewhere (Nelson-Jones, 2002a). Therapists need to use the model flexibly. For instance, recently bereaved partners may require sensitive

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supportive listening with, possibly, some practical suggestions for getting through the day rather than any mention of poor skills. Another example is that of clients, badly emotionally undernourished by negative early experiences, who require therapists to bear sensitive witness to their previous and current suffering and to help them gain the courage to face what has happened and move beyond it. In sum, therapists should always tailor their application of the skilled client model to the circumstances, level of vulnerability, diverse contexts, learning styles and problems of individual clients.

The fact that the skilled client model is presented in a series of three stages, each of which has three phases, may imply a degree of tidiness inappropriate to the often more messy and unpredictable practice of psychotherapy and counselling. Often stages and phases overlap and therapists should not be surprised to find themselves moving backwards and forwards between them. In addition, sometimes in a single session, therapist and client can focus on more than one aspect of a complex problem.

Therapists need to use good judgement in whether and how they introduce the concept of skills. With some clients, especially in very brief therapy, it may be wise to assist them to become more skilled without emphasizing the term 'skills'. In general, the longer therapy lasts, the more reason there is for helping clients to see themselves as acquiring and maintaining skills. Furthermore, therapists may become better in the training aspects of therapy when they clearly view themselves as using client-centred coaching to impart applied skills.

A brief overview is now provided of each stage and phase of the skilled client model from both the therapist's and from the client's perspectives. Then the skilled client model is illustrated with a case study focused on the final phase of the understanding stage and the first phase of the changing stage.

### **Stage 1: Relating**

The main goal of the relating stage is for the therapist and the client to start establishing a good collaborative working relationship. Other goals are to find out why clients have come for therapy and to gain an initial understanding of their problem or problems.

#### **Phase 1: Pre-therapy contact**

##### **The therapist in the process**

Psychotherapy really begins from the moment the client first hears about the therapist. Therapists can gain or lose clients from how they advertise,

the quality of information they offer about their services, how easy they are to get hold of, the kind of messages they leave on their answering machine, how friendly they sound on the phone, and whether and how they answer e-mail enquiries.

If therapists work for an agency, how the office staff behave towards potential and first-time clients is very important. Warmth, tact and quiet efficiency all convey positive messages towards clients, some of whom may be feeling highly vulnerable. Comfortable and tasteful furnishings in reception areas can also be reassuring.

Arriving early gives therapists time to relax, get the room ready, and if using recording equipment, to ensure that it works. They can check the client's name and any pertinent details about him or her. If possible, therapists should do all their preparation in private. Then, when they meet clients, they can devote their full attention to them.

### **The client in the process**

Clients have different preconceptions about therapy. These ideas are of varying degrees of accuracy and some of the ways in which they are formed are mentioned above. Some clients may have had good, bad or indifferent experiences with other therapists prior to coming. Clients' expectations may also be shaped by whether they were referred either by previous clients or by referral sources who said positive things when making the referral. Sometimes clients come for therapy reluctantly because they have been made or told to do so. Clients' pre-therapy expectations are also shaped by factors like culture, social class, financial status, age and gender.

Most often clients have a limited idea of what to expect in therapy and what their role is likely to be. Clients consider coming to therapy with varying degrees of trepidation. It can be a huge step for some clients to seek therapy. Reasons for this include their reluctance to face up to difficult issues, to make intimate disclosures, and to break barriers about talking to third parties about family and other problems. Some potential clients will find it too difficult to come. Others may only come as a result of overcoming their fears and desperately wanting to ease their suffering.

## **Phase 2: Starting the initial session**

### **The therapist in the process**

Therapists need to develop good skills at meeting, greeting and seating clients. They can provide warm and friendly, but not effusive, welcomes

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to clients. Where clients are in reception areas, therapists can go over to meet them, call them by name and introduce themselves. Most therapists are relatively sparing about small talk. A little of it may humanize the process. Too much risks diverting attention from the client's agendas. Therapists show clients into the therapy room and indicate where they should sit.

When both parties are seated therapists can make an opening statement that indicates the time boundaries of the session by saying something like 'We have about 45 minutes together' and then give the client permission to talk. Sometimes therapists may need to fulfil agency requirements to collect basic information before giving permissions to talk. Furthermore, therapists may need to ask the clients if they can record the session. Examples of permissions to talk are 'Please tell me why you've come', 'Where would you like to start', 'You've been referred by \_\_\_\_ . Now how do you see your situation?'

Therapists should try to create an emotional climate of warmth, respect and interest in which clients can feel reasonably safe in sharing their inner worlds and wounds. They use active listening skills to help clients experience that their thoughts and feelings are being received and understood sensitively and accurately. At some stage therapists may make a further statement that describes to the client the structure of the initial session and how they work within the skilled client model. Therapists should be prepared to answer questions, but avoid long-winded replies. Some questions are really seeking reassurance and a counsellor's manner of responding can help calm unnecessary fears.

### **The client in the process**

From the moment they set eyes on their therapists, clients start summing them up. Therapists' vocal and bodily communication may speak just as loudly as their verbal communication. Therapists may feel anxious, but clients probably feel far more threatened by the situation. They are on unfamiliar territory, uncertain of how to behave, and know that they are likely to be asked to reveal personal information to someone whom they do not know.

Questions running through clients' minds include: 'Can I trust this therapist?', 'How confidential is the session?', 'How much am I prepared to reveal?', 'Will this person like me?', 'Will we be on the same wavelength?' and 'Can this person help me?' Clients come to therapy bringing varying degrees of wounds and unfinished business from past relationships. It may take them some time to view therapists as individuals in their own rights who differ from people who have inflicted past hurts and rejections.

### **Phase 3: Facilitating client disclosure**

#### **The therapist in the process**

A decision therapists have to make is when to curtail giving clients space to share their internal worlds on their terms and to change to being more active in collecting information. Where time permits, the author generally prefers to encourage clients to keep talking for the first 10 to 15 minutes rather than assume much direction near the beginning of the session. The main purpose of the early part of initial therapy sessions is to build good relationships with clients. Helping clients to feel accurately understood as they share their inner worlds is a good way of achieving this objective.

In addition, it can be good for clients to become used to the idea of participating actively in sessions and not just responding to the therapist all the time. Another reason is that therapists never know where clients are going to take them and by becoming too focused too soon they may stay on the surface rather than accessing material that is more important to clients. Furthermore, as clients reveal themselves on their own terms, therapists can start making useful hypotheses about what are their problems, their strengths, and their self-defeating thoughts and communications/actions.

During this process of client disclosure, therapists require good relationship-enhancement skills such as active listening, summarizing and sparingly asking questions, for instance encouraging clients to elaborate. When necessary, therapists can provide brief explanations of the stages of the helping process.

In the skilled client model, it is advisable for therapists to take notes discreetly in the initial session(s). They can explain that they take notes to remember relevant information for when they later suggest ways of viewing their problems differently. Memory is fallible. When attempting to agree on shared definitions of their problems, it is very helpful for therapists to do this from actual material that clients have provided, including quoting back pertinent statements that they have made. Clients vary in the degree to which they are emotionally accessible and willing to disclose. Assuming clients have come to therapy of their own accord and that the therapist is both confident and tactful when explaining the purpose of note taking, most clients do not mind it.

#### **The client in the process**

Clients possess varying levels of ambivalence about disclosing problems and talking about their lives. Many clients, at the same time as being willing

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and eager to talk about themselves, will economize on how much they reveal. Varying levels of client and therapist anxiety are ever present throughout the therapy process and can distort the amount and nature of disclosure. Although it is not always the case, during the initial session many clients' anxiety about the therapy process is at its highest. Some rationing or avoidance of disclosure is deliberate. On other occasions, as clients explore and experience themselves more, they get in touch with and reveal material of which they were previously unaware. Clients can be inconsistent in what they reveal. To maintain a safe emotional climate, sometimes it is best just quietly to notice this inconsistency rather than bring it to their attention. The time for greater consistency may be later rather than now.

### **Stage 2: Understanding**

The main goal of the understanding stage is for therapists to collaborate with clients to clarify and assess their problem(s) so that they can agree on shared initial definitions of how clients might change. Therapists, with the assistance of clients, move from describing and clarifying problem(s) in everyday terms to assessing and analysing how clients sustain their difficulties. Throughout, therapists respect clients as intelligent co-workers who are by the end of this stage entitled to a reasoned initial analysis of their problem(s). Depending on the complexity of problems and, sometimes, the verbosity of clients, the understanding stage may take place over more than one session. Furthermore this stage can include activities that clients undertake between sessions.

#### **Phase 1: Reconnaissance**

##### **The therapist in the process**

Even when, on the surface, clients' problems seem reasonably clear cut, it may be beneficial to conduct a broader reconnaissance. Together, therapist and client may identify further problems. In addition, they may uncover information relevant to understanding clients' presenting concerns. In stage two of the skilled client model, therapists perform a more active role than in stage one. While maintaining a relationship orientation, therapists adopt more of a task orientation as they assist clients to review various areas of their functioning. Some therapists will also use biographical information or life-history questionnaires that they ask clients to fill out either prior to or after the first session.

When conducting a reconnaissance, therapists tactfully move the focus of the interview from area to area. A reconnaissance varies in length and

depth according to what seems appropriate for each individual client. The areas that therapists and clients cover are influenced by the contexts in which they meet, the clients' presenting concerns, and anything clients have previously revealed about themselves.

Some of the reconnaissance may refer to clients' childhood and adolescence: for example, their early family experiences, schooling, relationships with parents and significant others, problems experienced when growing up, traumatic incidents, view of themselves and anything else that the client considers relevant. The reconnaissance can also review how clients function in their intimate and friendship relationships, what are their living arrangements, how they get on at work or in study, any health issues, and issues related to diversity such as culture and biological sex. Additional areas include information about their previous experience of therapy, any medication they are taking, any unusual current stress, and what clients perceive as their strengths. Further questioning can establish their favourite hobbies and pastimes, their short-, medium- and long-term goals, their central values and philosophy of life, and anything else that clients want to share.

Therapist skills for conducting a reconnaissance include helping clients to see that its purpose is to help them to understand themselves better and that it is not just for the therapist's benefit. Therapists should ask questions in ways that avoid making clients feel interrogated, for example by interspersing empathic responses with questions. Furthermore, therapists can make the process personal by letting clients know that they are interested in their experiencing and perceptions of events. The reconnaissance is an exploration of clients' subjective worlds as well as of external facts. Where possible, therapists should keep the interview moving because they can come back to areas requiring more detailed consideration later. In addition, therapists should continue to look for evidence concerning clients' main problems and what poor mind skills and poor communication/action skills sustain them.

### **The client in the process**

A few cautions are in order regarding the possible negative impact of a reconnaissance on clients. Clients need to perceive that the reconnaissance is of some potential benefit to them. Consequently its scope needs to be tailored to clients' purposes and problems. Clients who come to therapy with fairly specific concerns are only likely to respond positively to questions in or around the area of their concerns. Where clients' problems are multiple, complex or long-standing, there is more of a case for a thorough reconnaissance. Clients also may have areas they are reluctant to discuss in detail, if at all, and such wishes require respect.



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Often clients are willing collaborators in sensitively conducted attempts to understand themselves and their problems more fully. They appreciate the time, space and concern provided for reviewing their lives and problems. Many clients have been starved of opportunities to be the focus of attention. When helped to review different aspects of their lives aloud, they feel affirmed and can gain useful insights. In the initial session clients may feel more understood by therapists who both facilitate their disclosure and review different aspects of their lives than by therapists who facilitate their disclosure alone.

### **Phase 2: Detecting and deciding**

#### **The therapist in the process**

By now therapists have already assembled a number of ideas about clients, their problems, their strengths and potential poor skills. How therapists handle this next phase can depend on the complexity of clients' problems. For example, if clients come with specific problems, say improving public speaking skills, therapists can perform more detailed analyses of any feelings, physical reactions, thoughts, and communications/actions that can help them to make more accurate hypotheses about how clients are sustaining such difficulties.

In a more complex case, such as that of George presented later, the authors prefer to offer an overall definition of his problem rather than a detailed definition of any part of it. This overall definition consists of the main mind skills and the main communication/action skills the client needs to improve. In some ways providing an overall definition is made easier by characteristic poor mind skills tending to carry across a range of situations. This should come as no surprise, because Ellis manages to detect irrational beliefs and Beck manages to identify inadequately reality-tested perceptions in all of their clients.

Therapists may still collect more information to test ideas about possible poor mind skills and poor communication/action skills. When this process is over, they should pull together their conclusions for presenting to clients. Therapists can ask clients to give them a few minutes to look over their notes and any other information so that they can offer specific suggestions to them about where they might fruitfully work in future. Earlier, when making notes, the author may highlight any information that may be of later importance, for example by writing and encircling a 'T' by any thoughts that appear to be of particular relevance for subsequently identifying poor mind skills. Later these thoughts can be quickly spotted to provide evidence for, decide on and to illustrate potential poor skills.

### **The client in the process**

Clients can be very co-operative in providing additional information that helps them to understand specific problems more clearly. For instance, in the example of improving a client's public speaking skills, therapists may want to ask follow-up questions that elicit thoughts and feelings before, during and after giving a talk. Clients can also help the therapist to understand how their distress varies across different public speaking situations. Furthermore, therapists can ask clients to show them their actual verbal, vocal and bodily communication when, say, starting a speech.

The author finds that clients do not become upset if he politely asks them to give him some time to pull together the information that he has collected so that he can make some specific suggestions about how they might improve their lives. What is damaging is a confusing and ill-considered assessment of their problems, not one that is carefully constructed from what they have told the therapist.

### **Phase 3: Agreeing on a shared definition of the client's problem(s)**

#### **The therapist in the process**

Prospective skilled clients require some idea of where they have been going wrong. After making preliminary assessments, therapists attempt to agree with clients on shared definitions of the mind skills and the communication/action skills that clients need to improve. Therapists offer suggestions for discussion with clients. Furthermore they illustrate how they have come to their conclusions with material that clients have provided earlier.

Good therapist suggestions of skills that clients might improve follow logically from information revealed to date. If the groundwork has already been laid in the earlier parts of the session there should be no surprises. Therapists work with clients as appropriate to explain, modify or even discard suggestions with which clients are unhappy. It is vitally important that clients not only own their problems but agree on where best to improve their skills because they are the ones who need to work hard to change.

Often the author conducts therapy sessions with a small whiteboard between the rear ends of the therapist's and client's chairs, so that each person can turn to it when wanted. It is probably best to avoid using the whiteboard before agreeing on a shared definition in the initial session. Premature use of the whiteboard can slow the assessment process down and may divert it by getting into too much detail about a specific area too soon.

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Using visual as well as verbal presentation to define clients' problems has many advantages. As in teaching, visual as well as verbal communication can stimulate interest. In addition, clients' memories are fallible and by the time therapists move onto the next topic clients may have started forgetting what has just happened unless there is a visual record of it. Furthermore, therapists can use the whiteboard to modify suggestions of poor skills in line with client feedback. By the time that therapists finish, clients can see a good overview not only of their problems, but of goals for change. Once agreement is reached on the skills clients need to improve, both parties can record this as a basis for their future work. However, as psychotherapy progresses, therapists need to be flexible about modifying shared definitions of problems and the skills that clients need to improve.

### **The client in the process**

Most often clients come for therapy because they are stuck. Their existing ways of defining problems and their coping strategies are not working for them. They sustain their difficulties by under-utilizing their strengths as well as by perpetuating their weaknesses. Many clients genuinely appreciate therapists who take the trouble to break their problems down and show them how they can improve in easily understood language. Clients need to be active participants in the process. They should be helped to understand how important it is for them to question anything that seems unclear. In addition, clients should feel free to seek modifications of, or abandonment of, any of the therapist's suggestions concerning skills requiring improvement.

Clients like to be invited to contribute feedback. Furthermore, they want any suggestions of skills for improvement to be worded in language with which they are comfortable. They appreciate illustrations of how therapists have arrived at their suggestions based on material they have shared before. In short, clients like being treated as intelligent collaborators in the process of creating shared definitions of how they can change for the better. Often clients who see their problems broken down experience feelings of relief. They experience glimpses of hope that problems that up until now have seemed overwhelming can be managed both now and in future.

### **Stage 3: Changing**

The main goals of the changing stage are first for therapists to collaborate with clients to achieve change and then for clients to maintain that change on their own after therapy ends.

## **Phase 1: Intervening**

### **The therapist in the process**

Therapists intervene as user-friendly coaches as clients develop self-helping skills and strategies. To intervene effectively therapists require good relationship skills and good training skills. Skilled therapists strike appropriate balances between relationship and task orientations; less skilled helpers err in either direction.

Therapists work much of the time with the three training methods of ‘tell’, ‘show’ and ‘do’. ‘Tell’ entails giving clients clear instructions concerning the skills they wish to develop. ‘Show’ means providing demonstrations of how to implement skills. ‘Do’ means arranging for clients to perform structured activities and homework tasks.

Within collaborative working relationships, therapists deliver specific mind skills and communication/action skill interventions drawn from cognitive behavioural and humanistic sources to help clients manage problems and improve specific skills (Cormier and Nurius, 2002 Nelson-Jones, 2002a). In instances where therapists find it difficult to deliver interventions systematically, they weave them into the fabric of the therapy process. Whenever appropriate, therapists assist clients to acknowledge that they are learning and using skills. Frequently clients are asked to fill out ‘take away’ sheets in which they record skills-focused work done on the whiteboard during sessions. In addition, homework assignments form a regular part of therapy. Instructions for assignments are written down in order that clients are clear what they have agreed to do.

### **The client in the process**

The intervening stage focuses on assisting clients to manage current problems and to acquire mind skills and communication/action skills as self-helping skills. Clients are learners whose therapists act as user-friendly coaches as they change from their old self-defeating ways to using new and better skills. Clients actively collaborate during therapy, for instance in setting session agendas, sharing their thoughts and feelings, participating in in-session activities to build their knowledge and skills, and keeping their own records of work covered during therapy.

Clients also negotiate and carry out appropriate homework assignments. Some such assignments prepare for the next session: for instance, listing their demanding rules in a specific manner so that time can be saved when this topic is addressed during therapy. Other assignments

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involve implementing skills learned during previous sessions: for example, learning to challenge demanding thinking and replace it with rational statements or trying to improve their verbal, vocal and bodily communication in a specific situation.

### **Phase 2: Terminating**

#### **The therapist in the process**

Most often either therapists or clients bring up the topic of ending before the final session. This allows both parties to work through the various task and relationship issues connected with ending the contact. A useful option with some clients is to fade contact by spacing out the final few sessions. Certain clients may appreciate the opportunity for booster sessions, say one, two, three or even six months later.

The skilled client model seeks to avoid the ‘train and hope’ approach. Therapists encourage transfer and maintenance of skills by such means as developing clients’ personal coaching abilities, working with real-life situations during therapy, and using between-session time productively to perform homework assignments and to rehearse and practice skills. Often therapists make up short take away cassettes focused on the use of specific skills in specific situations – for instance, the use of coping self-talk to handle anxiety when waiting to deliver a public speech.

In addition, therapists work with clients to anticipate difficulties and setbacks with implementing and maintaining their skills once therapy ends. Then together they develop and rehearse coping strategies to prevent and manage lapses and relapses. Sometimes clients require help identifying people to support their efforts to maintain skills. Therapists can also provide information about further opportunities to build skills.

#### **The client in the process**

Clients terminate therapy for many reasons, some negative, some neutral and some positive. Negative reasons include feeling unhappy with therapists and their way of working and failure to make significant progress. Neutral reasons include clients or therapists moving to another location or either party only being available for a fixed number of sessions. In the skilled client model, positive reasons for terminating therapy are that clients have evidence that they can manage with their current problems better and possess some skills to prevent and/or successfully cope with future similar problems.

Clients can ensure that termination is handled as beneficially as possible for them. For example, they can actively participate in discussions about how they can consolidate and maintain their skills once therapy ends. Some dependency may arise in the earlier parts of therapy when clients may feel especially vulnerable, but the consistent message they receive during therapy is that they have the resources within themselves to become happier and more effective human beings.

### **Phase 3: Personal coaching**

This is presented as a single section rather than divided into two parts since it relates to what clients do on their own once therapy ends. The purpose of skilling clients is so that they become more skilled individuals independent of their therapists. Throughout the skilled client model, the emphasis has been on giving clients the skills to help themselves and, where relevant, others too. Therapists try to help them understand how to apply the skills so clearly that they carry them around in their heads afterwards and coach themselves in them.

Clients can view the time after therapy as a challenge to maintain and, where possible, to improve their skills. When necessary, clients can revise their skills by referring back to any notes and any records of skill-building activities made during therapy. Furthermore, clients can listen to cassettes made during therapy to reinforce their understanding and application of targeted skills. In addition, clients can apply strategies discussed during therapy to help them to overcome setbacks and to retrieve lapses.

Clients can also involve other people to support them in their self-helping. Before therapy ends they may have worked with their therapists to identify people and resources for assisting them afterwards. After termination, clients can request booster sessions and keep in touch with therapists by phone or e-mail to monitor their progress, handle crises, and become even more skilled.

Nevertheless, in the final analysis, it is up to clients to keep practising their skills and coaching themselves. The skilled client model assumes that there is no such thing as cure. Often, after termination, clients have to work hard to contain their poor skills and maintain their good skills. Sometimes using good skills provides obvious rewards, in which case it is comfortable to continue using them. On other occasions clients may perceive losses as well as gains when using good skills. One strategy for former clients tempted to go back to their old ways is to perform a cost-benefit analysis of why they should keep using their improved skills.

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### **Case study: George**

The following case study illustrates the final phase of the understanding stage and the first phase of the changing stage of the skilled client model.

George, aged 52, had been unemployed for six months after being fired from his position of managing director of a communications company. He was obsessed with getting back into the workforce and had become extremely depressed at his lack of success. He had discussed his depression with his doctor, who put him on anti-depressant medication that he felt terrible about taking. As part of his termination package, George was given the opportunity to use a well-respected outplacement company for senior executives, where he had been seeing a consultant to assist with his job search programme and to provide support and encouragement. The outplacement company hired the author on a sessional basis to work with clients whose job search problems went beyond the ordinary. While George felt some anxiety about seeing a counselling psychologist, he was prepared to give it a go and to reserve judgement.

### **Stage 2: Understanding**

#### **Phase 3: Agreeing on a shared definition of the client's problem(s)**

About two-thirds of the way through the first session the therapist told George that he was now ready to offer some suggestions for how he might become happier on the whiteboard. The therapist wanted this to be a two-way process and invited comments as he was making suggestions so that George would be satisfied with the way they were stated. Therapist and client agreed that there were three main inter-related areas requiring attention: his depression, his job seeking impasse and his marital difficulties.

Table 7.1 shows the shared definition of mind skills and communication/action skills that George might improve to become happier and more effective. Note that each key mind skill is illustrated with examples that George provided earlier on in the session. Other than his job-seeking skills, George is also provided with an indication how to improve each of the targeted communication/action skills.

George participated actively in this process of identifying skills that he might improve. He thought he had the job-seeking skills, but was just too depressed to use them properly. At the end of the session client and therapist each wrote down the mutually agreed definition for their records.

**Table 7.1 Shared definition of George's problem in skills terms**

<b>Mind skills I need to improve</b>	<b>Communication/action skills I need to improve</b>
<p><b>Creating rules</b> 'I must be successful' 'I must have approval' 'I must feel guilty' 'I must not get depressed' 'I must provide financial support for Jill' 'I must not take a break/enjoy myself'</p> <p><b>Creating perceptions</b> • myself 'I'm a failure, worthless, inadequate' 'I'm always letting Jill (wife) down' • others Inclined to put some people on pedestals 'Jill is highly dependent/vulnerable' 'Jill is powerful/tyrannical'</p> <p><b>Creating explanations</b> 'I'm totally responsible for Jill and for her feelings' 'My feedback hurts Jill, she is never contributing to hurting herself'</p> <p><b>Creating expectations</b> 'The future is hopeless' 'I'm unable to influence my future positively.'</p>	<p><b>Job seeking skills</b></p> <p><b>Assertion skills</b> (verbal, voice, body) • especially when Jill disparages me</p> <p><b>Friendship skills</b> • spending more time on own with friends • disclosing my feelings more</p> <p><b>Pleasant activities skills</b> • taking a vacation • playing sports with friends</p> <p><b>Managing sleep skills</b> • sleeping too much in day and then not sleeping well at night.</p>

### Stage 3: Changing

#### Phase 1: Intervening

When George came back for the second session, he was looking brighter and said that he had bottomed out. He had done some homework examining his thought processes. He now realised that he didn't want a job and found it scary to think that he was losing his work ethic. As therapy progressed, the prime focus was on learning to handle Jill's disparagement of him better both inside his mind and when dealing with her. Between the second and third therapy session, George had stood up to Jill and had taken a week's out-of-town holiday.

The therapist and George unearthed a self-defeating communication pattern that he described with the following imagery: 'The drier the (emotional) desert, the more I am looking for water (affection, love and unconditional acceptance).' He went on to reflect that 'Deserts are full of cacti,



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spiky plants, scorpions, no wonder it's a bloody unpleasant place.' With the therapist's assistance, George conducted a cost-benefit analysis on whether he wanted to stay in his marriage and decided that he did, partly because it made good economic sense. He explored, challenged and restated demanding rules about needing approval, feeling guilty and having to provide a high level of income and status.

George used skills of challenging perceptions about himself. For example, he made a list of over 100 people who valued him. Furthermore he listed his skills and strengths. He also tested the reality of his perception that Jill would provide him with emotional nourishment, an unrealistic perception that drove him to keep unsuccessfully looking for the approval he was never likely to get from her. Despite her deep unhappiness, Jill did not want to seek professional help.

George assumed more responsibility for acting independently in the relationship. Instead of discussing his job-search efforts with Jill daily and then being put down, he kept what he was doing more to himself. When Jill disparaged him, he developed better skills for either not responding or responding neutrally and not letting himself become hooked into responding aggressively.

The major focus of the therapy was on assertion skills for dealing with Jill. However, among other things, time was also spent on looking at sleep skills and the therapist lent George a cassette on the behavioural treatment of sleep problems. There was also a focus on engaging in more pleasant activities. George took a 320-item *Pleasant Events Schedule* (Lewinsohn, Munoz, Youngren and Zeiss, 1986) and listened to a cassette by Dr Peter Lewinsohn emphasizing the importance of depressed people engaging in more pleasant activities. There was never any great emphasis on improving George's job-seeking skills, since his depression was being sustained by poor skills elsewhere.

George received fourteen 50-minute sessions of therapy over an eight-month period, with sessions being more frequent at the start than at the end. In the first four months of therapy his mood and energy level gradually and intermittently improved and by the ninth session he was feeling noticeably happier. Despite occasionally having blue patches, by the fourteenth and final session George's energy level was hugely improved and he was actively pursuing a number of work-related pursuits as well as coping far better at home. He considered that he could get by on his own now, especially because he now understood how he had become so depressed in the first place and possessed the insight and skills to avoid this happening again.