# INTERNATIONAL COGNITIVE THERAPY NEWSLETTER

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## CLINICAL TIP
## PRESENTING THE COGNITIVE MODEL TO CLIENTS

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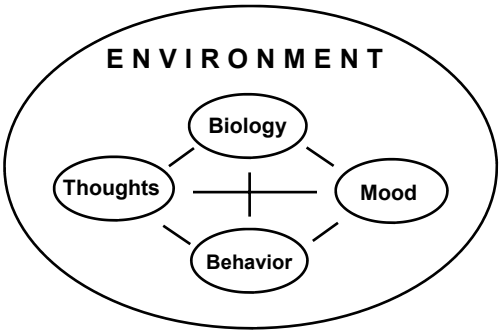
It is very useful to give clients a written model to help them understand their difficulty and the treatment plan. Sometimes the therapist may be able to draw an individualized model to describe and understand the problem along with a very specific treatment plan.

We have found, however, that it can be quite helpful in the first or second session to present the following generic model to the client:

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We present this model to the client using summaries of what he or she has presented to the therapist during the intake combined with Socratic questioning. For example, the therapist might say,

> *This is a model we use to help understand* [depression, anxiety, guilt, etc.]. *All of us live in an environment -- family, culture, weather, etc.* [point to environment on the model]. *We are affected by both our current environment* [e.g., job and family stress and supports] *and our past environments* [e.g., whether we have had successes, losses, criticism]. *In addition, we each have four aspects to ourself -- a biological or physical aspect, feelings, behavior, and thoughts* [point to each on the model].
>
> *I've drawn lines between these aspects because each of these four parts is connected to the others. They all sit inside our environment and interact with it as well. What we feel is closely connected to our thinking, our behavior, our biology and our environment.* [Next, give a personalized example of the model based on the intake information such as the following paragraph].
>
> *For example, you told me that some mornings you feel very tired* [write ``tired'' next to physical] *and depressed* [write depressed next to feelings]. *When you are tired and depressed, what is usually going through your mind as you lie in bed?* [ Write these words next to thinking.] *And when you are feeling and thinking this way, how does your behavior change?* [Ask questions to elicit signs of decreased or withdrawn behavior and write these next to the behavior section.] *And how do these changes affect your environment* [family, job, etc.*]? So, as you see, changes in one of these areas affect changes in all of the others. And over time, these effects can build as you go round and round. Does that make sense to you?*
>
> *Now, the good news is that, just as changes in any one of these areas can make you feel worse, changes in any one of these areas can also help you begin to feel better. For example, in the past few weeks, have you ever had the experience of [pick a change most likely for this client, such as a child or job demand when they felt depressed or anxious and yet they were forced to act]? When that happened your environment put pressure on you, your behavior changed. Do you remember any changes in your thinking or mood? How about your energy* [a rough

measure of biology]? *So, as this example shows, if one of these areas change the others can change as well.*

*What we will be doing in this therapy is: first, learning if this model is true for you; and second, figuring out with you what small changes in your thinking, behavior, environment, biology and feelings lead to the biggest improvements in your life.*

Most clients find this simple model presentation very interesting and often a relief. It seems to provide a relief for clients to see that all their many problem areas (e.g., anxiety, insomnia, and procrastination) may be connected. It also provides relief for them to hear changes may be small. This presentation leads nicely into a homework assignment of charting behavior and mood or other pairs of the model to see if this model "applies to [the client's] life." It also helps clients accept a beginning focus on behavior change or relaxation (biological change) even when their main concern may be emotional relief or solving life problems.

Another advantage of this simple model is that it helps integrate other ideas they may have learned prior to starting cognitive therapy. For example, a client may have been told by his or her physician that depression or anxiety is "biological." This model incorporates that view and demonstrates how even if depression or anxiety starts from a biological root, these other factors get involved.

A client can be told about research which suggests that depressed or anxious individuals still do well with cognitive therapy even if there is a possible biological basis to their disorder, often with lower relapse rates than medication treatment alone (for a review of these studies see Beckham & Watkins, 1989). The connection between thoughts, feelings, behavior, biology and environment provides one model for understanding why changes in thoughts and behavior can help even problems with biological or environmental components.

**References**

Beckham, E. E., & Watkins, J. T. (1989). Process and outcome in cognitive therapy. In A. Freeman, K. Simon, L. E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 61-81). New York: Plenum Press.

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