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## Collaboration in Cognitive-Behavioural Counselling: A Case Example

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### Abstract

This paper describes the use of collaborative empiricism in Cognitive-Behavioural Counselling. While some people view clients of Cognitive-Behavioural Counsellors to be passive recipients of interventions, counsellor-client collaboration is an integral aspect of the conceptualization of humans as active beings. This is a fundamental tenet of Cognitive Behavioural approaches. The case of a 73-year-old male client presenting with panic attacks is used to illustrate the importance of counsellor-client collaboration in promoting the selection of appropriate interventions and in facilitating client engagement in the counselling process. The use of investigative record-keeping assisted the counsellor and client in this case to gather baseline information about the panic attacks, and provided clues about contextual triggers and appropriate solutions.

### Résumé

Cet article décrit l'emploi de l'empiricisme collaboratif dans le counseling cognitif et comportemental. Alors que certains considèrent que les clients des spécialistes en counseling cognitif et comportemental n'ont qu'à accepter passivement les interventions de ces derniers, la collaboration conseiller—client fait partie intégrante de la conceptualisation des êtres humains en tant qu'êtres actifs. Elle constitue un principe fondamental des approches cognitivo-comportementales. Le cas d'un client de 73 ans ayant des crises de panique est décrit, afin d'illustrer l'importance de la collaboration conseiller—client pour faciliter la sélection des interventions nécessaires et pour encourager le client à participer au processus de counseling. La consignation des résultats d'enquête a aidé le conseiller et le client en question à recueillir les données de base relatives aux crises de panique; le procédé a permis également d'obtenir des indications quant aux facteurs de déclenchement contextuels et aux solutions à adopter.

In many cases, people's experiences become antecedents for the development of schemas that facilitate misappraisals of sources of distress, demand characteristics of situations, and the demand-coping resources ratio (Burns & Beck, 1978; Clark & Beck, 1989). Triggers for emotional problems can be wrongly attributed to uncontrollable rather than controllable factors, and coping resources may be under or overestimated resulting in a perceived mismatch between one's circumstances and skill repertoire. Misappraisals have been found to be self-perpetuating: the initial cognitive appraisal gives rise to negative affect, which motivates behaviour that reinforces self-defeating cognitions (Burns & Beck, 1978; Clark & Beck, 1989; Ellis, 1985; Lazarus, 1982). Given the human capacity for cognitive distortions, the Cognitive-Behavioural approach assumes that client perceptions of the etiological and maintaining factors underlying their presenting problems may be impoverished or erroneous (Burns & Beck, 1978; Hawton, Salkovskis, Kirk, & Clark, 1989). This

has important implications for the helping process. If a counsellor relies exclusively on the client's self-reports of his/her situation, the wrong intervention may be implemented, thus compromising therapeutic efficacy.

In order to prevent such errors, the counsellor must guide the client in collecting data surrounding the presenting problem and the counsellor and client must work together in examining the data. This technique is called collaborative empiricism (Burns & Beck, 1978). Its use is a direct extension of the conceptualization of humans as active beings who strive to organize and control their environments. The resulting formulation should direct the intervention process and function as a rationale for the specific intervention option selected. It is surmised that therapeutic resistance is a function of clients having negative cognitions about the therapy process and/or counsellors and clients pursuing different agendas (Cameron, 1978). The use of collaboration is thought to facilitate engagement and treatment adherence by making interventions meaningful and relevant from the client's perspective (Cameron, 1978). The following case example elucidates the importance of counsellor-client collaboration as a prerequisite for facilitating change.

#### THE COUNSELLING EXPERIENCE

##### *Client Background Information*

John Doe was a 73-year-old retired male client who came to the hospital outpatient clinic with a 30-year history of recurrent, unexpected panic attacks. A resident psychiatrist had prescribed .5 mg of Ativan, which John was to take only upon feeling that panic was imminent. John believed that his panic was likely precipitated by anxiety about his deteriorating health status as he was suffering from a serious case of peripheral neuropathy, along with coronary heart disease and respiratory problems. He also reported that the necessity of taking multiple medications for his physical and mental ailments was a major source of distress in his life. The client spent virtually all of his time at home with his physically and emotionally abusive wife, whose health was also failing. Her abuse consisted of such things as name-calling, slamming doors in his face, and punching him.

John came to the clinic seeking relaxation training in order to reduce his panic attacks and discontinue the Ativan. The counselling process consisted of three phases: assessment (including the establishment of a positive therapeutic alliance with the client), problem exploration/model building, and intervention.

##### *Assessment*

Initially, a great deal of information was collected in order to understand the factors affecting John's condition and to identify viable intervention

options. This information included the nature of John's childhood familial and social relationships; his current circumstances in terms of his marriage and family life, employment status, and level of social interaction; and his beliefs about his panic, his life situation and health, and his ability to act upon his environment. Descriptions of his childhood relationships were solicited in order to develop ideas about the contextual origins of his schemas. Inquiries about his beliefs served to shed light on schema-driven perceptions of himself, his environment (including his marital situation), and his ability to control or act upon his environment. Information about his current status and functioning was needed to objectively evaluate his personal coping abilities, and to identify situational demands and possible triggers for his panic attacks.

John described himself as a "loner" during his childhood years, and reported that he was constantly ridiculed by his father. His adult life was consumed by his work in the business sector, and was also marked by social isolation. His three adult children rarely visited him due to his wife's abusiveness, knowing that John spent the majority of his time with her since their retirement. John's perceived obligation to care for his wife due to her failing health resulted in constant subjection to her abuse. He attributed his panic to his own "uncontrollable" health problems.

John was asked to self-monitor data on his panic attacks, recording the date and time that each panic attack occurs, a rating of the intensity of the panic being experienced on a 10-point scale, and the antecedent situations (i.e. thoughts, feelings, and events). It was explained that this record keeping homework would help us achieve a better understanding of the triggers of his panic. To ensure that John understood the self-monitoring homework, the recording process was demonstrated using a hypothetical example. The record-keeping homework served two purposes: (1) it provided baseline information about the severity and frequency of John's panic symptoms, and (2) it enabled the counsellor to identify triggers for his panic attacks based on contextual/antecedent data.

### *Problem Exploration/Model Building*

John's records were examined and discussed in the problem exploration phase of counselling. Instructions for recording were clarified when errors were detected and appropriate praise was given for homework completion. Examination of the contextual information in the records about each panic attack assisted the client and counsellor to build a model of the panic symptoms which was grounded in factual evidence.

Contrary to John's perception that his deteriorating health was the main trigger for his condition, his records revealed that this concern only accounted for 10% of his panic episodes. The remaining 90% of his

panic episodes were immediately preceded by his wife's verbal and physical abusiveness. This picture of the presenting problem was shared with John, and his feedback was invited. John agreed that the data in his records suggested that his wife, not his health, was the main trigger for his panic attacks. Consequently, relaxation training was abandoned as an intervention plan.

### *Intervention*

A problem solving and decision making strategy (see Martin & Hiebert, 1985) was adopted to explore ways of altering the demands of John's marital situation by reducing his exposure to his wife's abuse. This intervention option was selected because it has been found to be highly efficacious in helping people to arrive at the most feasible ways of changing their situations (Martin & Hiebert, 1985).

After identifying the marital relationship as the primary trigger of his panic attacks, John was encouraged to think of ways to reduce the demands of his marital situation. The options he generated were: (1) leave his wife; (2) make himself less available to her by spending time away; (3) try to get her to attend counselling with him in attempt to stop her abusiveness; and, (4) confront her about her behaviour and give her an ultimatum of the nature "You stay this way and I'll leave." In the discussion that followed, he evaluated both the short- and long-term costs and benefits of each of these alternatives, leading to him rank-ordering the options in terms of their desirability. The collaborative nature of the counselling process permitted the counsellor to provide input in instances where John failed to consider all of the associated costs and benefits of an option when rank-ordering it. This led naturally into the next step: Working together to develop a plan for implementing the most acceptable and feasible option, which in his opinion was spending regular time away from his wife. John's decision to remain in his marriage was strongly influenced by his schema-driven perceived obligation to care for her due to her failing health. Since John had an interest in drama, he enrolled in an drama class. Also, he decided to take his dog for a one-hour walk each day, and to repair furniture in his garage for three or four hours at a time for two days per week.

John agreed that a major obstacle to him following through with this plan was his unassertive personality style. It was this factor which had caused him to 'give in' to his wife on almost all issues, as an attempt to avoid further angry outbursts on her part. She often objected to him leaving the home. To address this obstacle, John was assigned readings and activities in the *Assertive Option* (Jakubowski & Lange, 1978). In our sessions, John role-played assertive responses with the counsellor acting

as his wife. Focused feedback on his role-play performances was followed by further role-play practice of his new assertiveness skills. Home practice was assigned.

### *Outcome*

At intake, John reported having at least two panic attacks per week. After initiating the intervention, his panic attacks became less frequent, occurring approximately once every two weeks. About three months into the intervention, John's panic attacks completely subsided. He withdrew from Ativan. In addition, as his assertiveness started to generalize to a wide variety of interactions with his wife, he reported some significant changes in her behaviour; she began to apologize for her misconduct. The corresponding gradual decrease in her abusiveness increased the quality of their marital relationship.

John had two important accomplishments as a result of counselling. First, he gained insight into the triggers for his panic attacks, and this knowledge altered his initial cognitive appraisal; his wife's abusiveness created an excessive situational demand that was alterable. Second, the gradual elimination of his panic symptoms after acquiring assertiveness skills and spending time away from his wife educated John that he could control his panic attacks. The problem-relevant learning that occurred could be used in the future; John was left knowing how to record antecedents of his panic in order to identify and target triggers, and how to be assertive in demanding interpersonal situations. These skills would help him to maintain his gains. They would also assist him in dealing with possible relapse. Thus, John felt that he left the counselling experience being self-sufficient regarding the presenting problem.

### DISCUSSION

The above description attests to successful intervention with John. Collaborative empiricism is believed to underlie the positive outcome in this case. Since the type of change to be initiated in counselling is client-driven, the counsellor must work with the client to identify the factors responsible for the maintenance of the status quo. To be effective, this assessment should address the cognitive, affective, and behavioural domains (Hawton et al., 1989). In this case, the information obtained from the assessment and problem exploration made the initial intervention plan ill advised. When the data depicted some factors related to the panic attacks that differed from what the client expected, the counsellor shared these observations with the client and they discussed the legitimacy of the new model of his panic attacks. The client developed insight into the relationship between behavioural and social elements in this world and his panic attacks. Subsequently, the counsellor and client

embarked on the problem solving and decision making approach. Since the counsellor and client had collaborated to derive the new model of his panic, this intervention became relevant and meaningful for the client.

During the intervention process, the counsellor facilitated client brainstorming regarding possible ways to proceed and they reviewed the costs and benefits of each alternative, deciding together which one made the most sense. The counsellor was an active instructor in the treatment process, using modelling, clear and concise descriptions, home practice, and focused feedback to facilitate problem-relevant learning on the client's part. John was an active learner in the therapy process. As he came to see and understand the patterns in his records, he adhered to the treatment by engaging in stimulus control and skill practice homework. He readily accepted both corrective and positive feedback from the counsellor.

In Cognitive-Behavioural approaches, the type of client involvement described above is viewed to be integral to therapeutic change (Burns & Beck, 1978; Eifert, 1984; Hawton et al., 1989). Therefore, in actuality, counsellor-client collaboration is a characteristic of the entire counselling process. The successes produced by this type of interaction can be attributed to the client's active role in his/her own recovery, thus producing feelings of empowerment.

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