Worksheet
UK English

Reciprocal CBT Formulation

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Reciprocal CBT Formulation

Description

A CBT formulation helps therapists and clients to understand a client's presenting problems within the framework of the cognitive behavioural model. Persons (2008) describes how formulations are described at three levels: case, disorder or problem, and symptom. These levels can be embedded in one another: for example, a case-level formulation may contain symptom-level cycles. Therapists use a wide variety of formulation tools, from cross-sectional models, which capture the effect of the environment on an individual's thoughts, feelings, body, and behaviour at a moment in time, to longitudinal models, which also seek to understand the underlying factors that predispose a client to the problems they are experiencing.

CBT theory can be applied to interpersonal problems. For example, Safran and Segal's cognitive interpersonal model (1996) describes how an individual's behaviour within relationships arises from unhelpful interpersonal schemas, which in turn provoke others to respond in ways that reinforce beliefs and difficulties. Beck's generic cognitive model (Beck et al, 1979) can also be used to understand issues within relationships. Flecknoe and Sanders (2008) illustrate the use components of the CBT model to develop behavioural experiments when working with client's beliefs about relationships.

Notwithstanding the examples above, CBT therapists often describe finding it difficult to apply CBT skills when clients bring relational problems to therapy. Clients might report problems such as fearing and avoiding emotional closeness, finding relationships threatening, repeatedly ending up in abusive relationships, or feeling dissatisfaction in their relationships. Familiar methods of visually representing CBT formulations can struggle to incorporate these reciprocal interactions, with the result that clients are not helped to mentalise and understand how others may perceive and react to their behaviours.

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This *Reciprocal CBT Formulation* tool was developed to formulate reciprocal interactions using CBT principles. The purpose of this tool is:

- To help clients gain alternative perspectives on their interpersonal difficulties.
- To help clients mentalise and notice how their behaviours may be perceived by other people.
- To help clients understand that they have influence over situations where they might otherwise feel helpless.
- To empower clients to identify targets for change, by testing their beliefs and assumptions with behavioural experiments.

The tool encourages therapists and clients to explore – and visually represent – the maintenance of interpersonal difficulties. A 'figure of eight' or 'infinity' metaphor illustrates the stuck 'vicious cycle' nature of such problems. The method encourages clients to mentalise, understand how others might appraise their behaviour, and to examine how the behaviour of others influences their own beliefs. Conceptualising interpersonal problems in this way can help clients to see that their original belief (theory A) is just one hypothesis and that there could be alternatives (theory B). This can lead naturally to interventions such as behavioural experiments to test beliefs and assumptions.

Therapists should consider using this tool when: clients want to focus on relationship difficulties in therapy; clients struggle to mentalise or externalise (minimise their role); When clients present with angry or defensive interpersonal behaviour; in couples work to examine reciprocal patterns that are occurring within a dyad; or to conceptualise process issues arising in therapeutic or supervisory relationships.

This pack includes three versions of the tool: a cross sectional version which focuses on thoughts, feelings, and behaviours in the here-and-now; a longitudinal version designed to elicit client beliefs about relationships (these are illustrated influencing here-and-now cognitions about triggers); and a longitudinal version designed for use with couples. It includes sections for both participants' beliefs about relationships. Multiple case examples are also included, illustrating different dyads and process issues which might arise in therapy.

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Instructions

"*One helpful way of thinking about what happens in relationships is to draw out what happens. Would you be willing to use this tool to look at what happens in your relationships?*"

Optional step: Identify beliefs about relationships

Beliefs and assumptions about relationships are important because they influence an individual's perceptions of situations in the here-and-now. They might include beliefs about the self which influence how one is perceived interpersonally, or they might include assumptions, attitudes and rules concerning how one expects relationships to work.

- What are some of your beliefs about relationships?
- How do you expect other people to treat you?
- What do you expect from other people?
- If you do X how do you expect other people to react?

Step 1: Identify a specific triggering event which involved other people

The first step is to identify what triggered an interpersonal problem. Clients will often identify the behaviour of other people. Encourage clients to identify specific details about the event (who, what, where, when).

- Where were you?
- When did you start to feel bad?
- What was it that made you start to feel bad?
- What happened that led you to feel that way?

Step 2: Identify client appraisal of the event

The fundamental step in a CBT understanding of a problem is to identify the way in which a client interpreted a situation.

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- What did you think when that happened?
- What sense did you make of it?
- What went through your mind when they did / said that?

We often like to take the explicit step of framing these initial appraisals as 'theory a' which can help clients to distance themselves from their appraisal, hold it more lightly, and primes them for later identifying alternative plausible theories. Depending upon what else a therapist knows about a client it can also be helpful to identify a client's important early experiences and their beliefs which have led them to interpret a situation in this way.

Step 3: Identify how the client felt in response to appraising the situation in that way

The next step is to help the client to make links between their appraisal and their emotions and feelings.

- How did you feel when you thought that?
- What did you notice in your body then you thought that way?
- How did that make you feel?

Step 4: Identify the client's behaviour in response to their feelings

Feelings are then framed as the trigger for coping behaviour.

- What did you do when you felt that way
- What did you do to cope when you felt that?
- How did you react?
- What did you do?

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Step 5: Encourage the client to make educated guesses about other people's appraisals of their behaviour

The therapist encourages the client to make educated guesses about how other people interpreted their behaviour.

- What do you think they made of your behaviour?
- What do you think they thought when you did that?
- If you didn't know anything about them, and someone acted in this way, how might you make sense of it?

If the client struggles to identify alternative view we often brainstorm possibilities, or make tentative suggestions:

- Let's brainstorm some possibilities. Do you think they might have thought X or Y?
- I wonder if they a little rejected when you did that?

Step 6: Encourage the client to empathise with the other person/people

The therapist is trying to make the behaviour of the other person or people understandable in the light of their appraisal.

- Assuming that's what went through their mind, how do you think they might have felt?
- How do you think they felt when they thought you were… ?
- If they were thinking that, how do you think they would feel?

Step 7: Encourage the client to identify how the other person/people reacted, or to make educated guesses about how another might react if they felt that way

And this is another opportunity to reinforce the cognitive model – the behaviour of the other person/people is understood in the context of their appraisal and emotional reaction.

- How did they react?
- What did they do?

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- How do you think they would react if they felt that way?

Step 8: Encourage the client to reflect on the sense they made of the other person/people's behaviour

And to 'close the circle' the therapist then explores the client's appraisals of the other person's behaviour. This is an opportunity to explore what the behaviour of the other person did to the client's appraisal or 'theory a' – did the behaviour feed into what they already thought? It is also an important opportunity to help the client to develop alternative theories about the behaviour of the other person.

- What sense did you make of their behaviour?
- What did it do to your 'theory a'?
- How does their behaviour affect what you think?
- So you started off thinking X, but now they've done this what do you think now?

Step 9: Ask reflective questions aimed at encouraging the generation and testing of alternative behaviours

If a client has come to an alternative understanding of their problem (theory B) then an obvious next step is to ask questions to explore this tentative new understanding, which might motivate further exploration, or which might motivate new behaviour. Helpful questions at this step might include:

- How do you think they would feel if you acted another way?
- That sounds like an interesting possibility, how might we find out?
- How might we find out?

A helpful next step at this point is the generation of behavioural experiments to test the new theory. We will often encourage the client to reflect on where they can intervene to make changes in the cycle ("I could talk to myself differently", "I could do something different").

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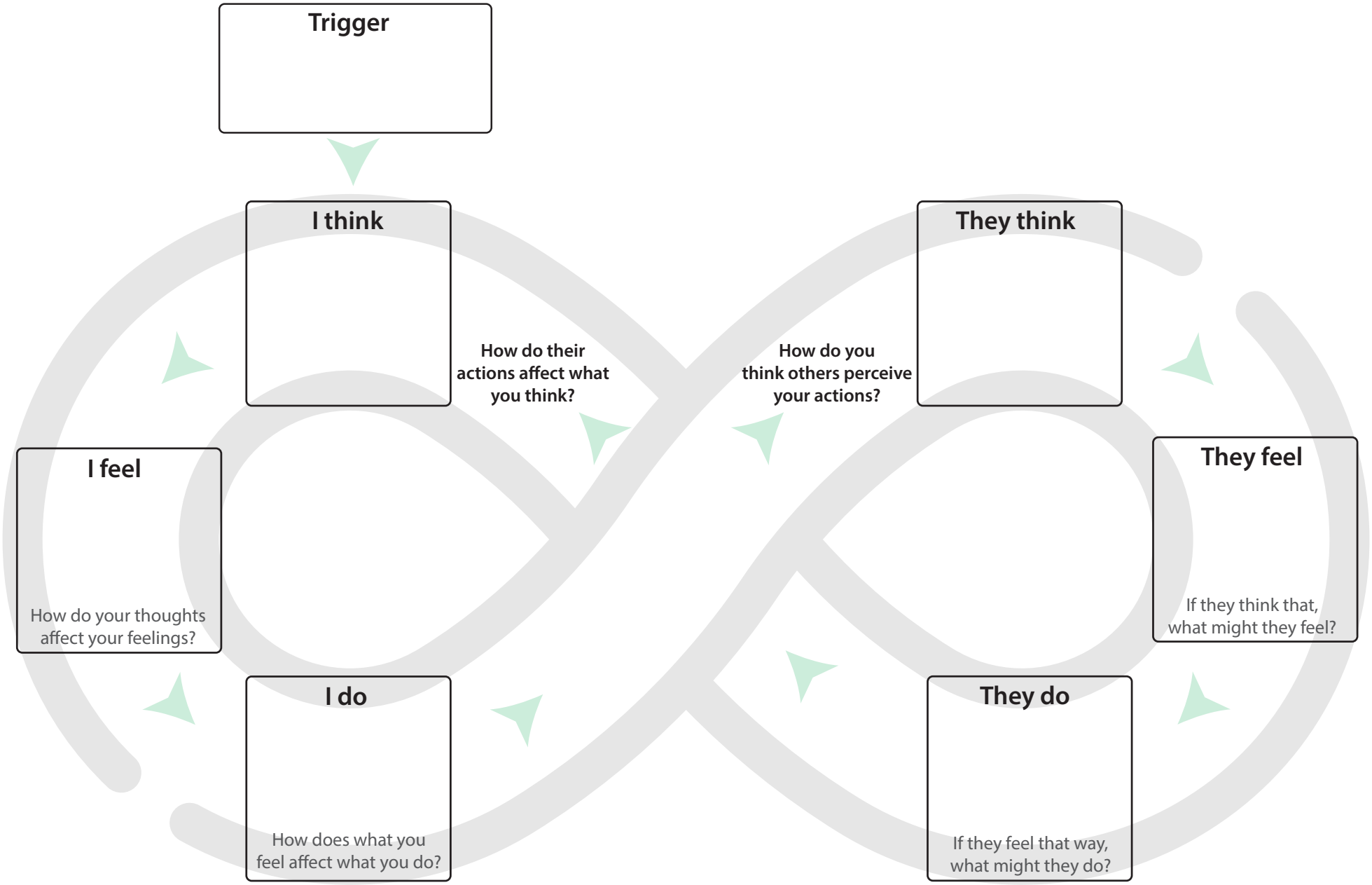

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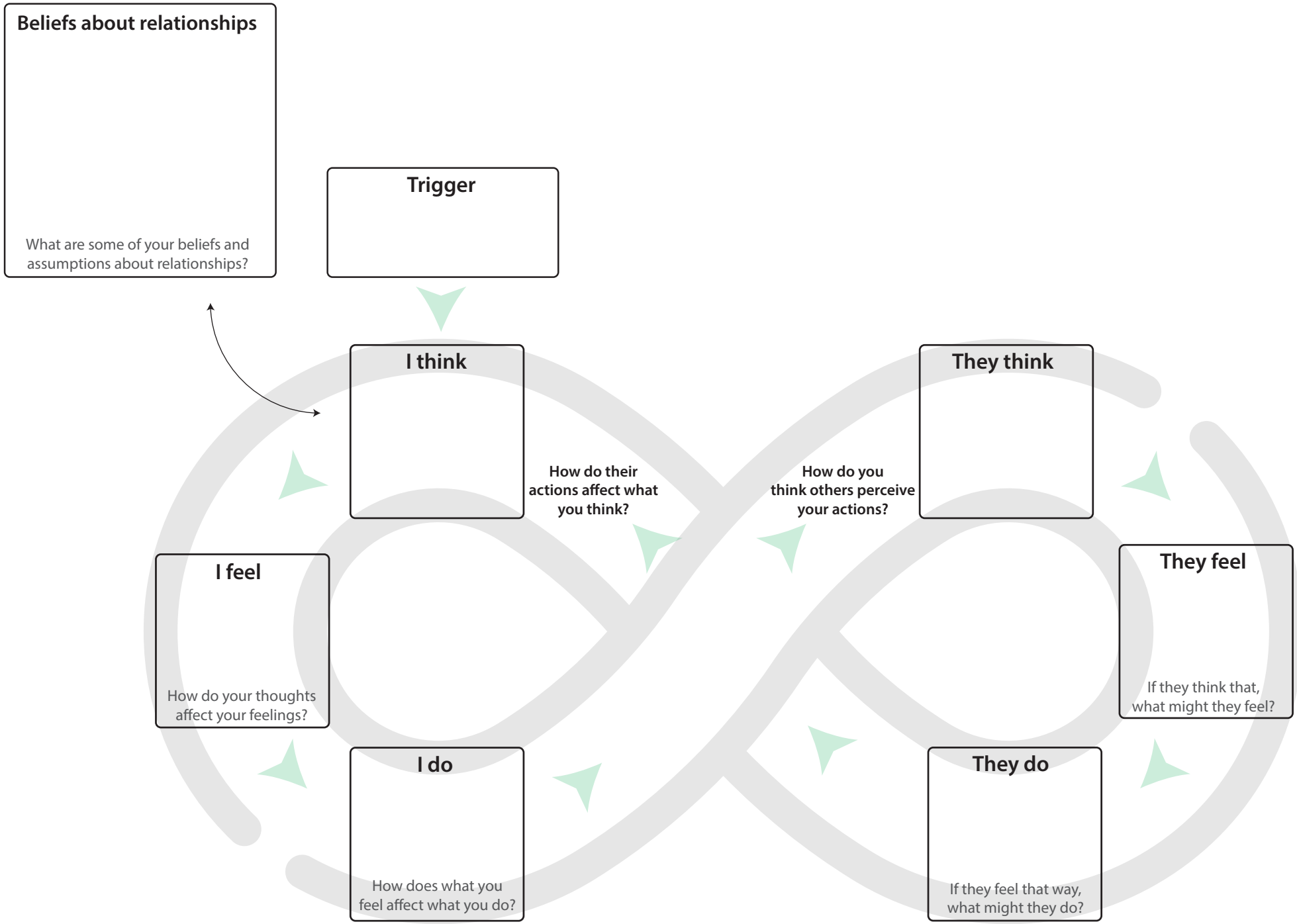

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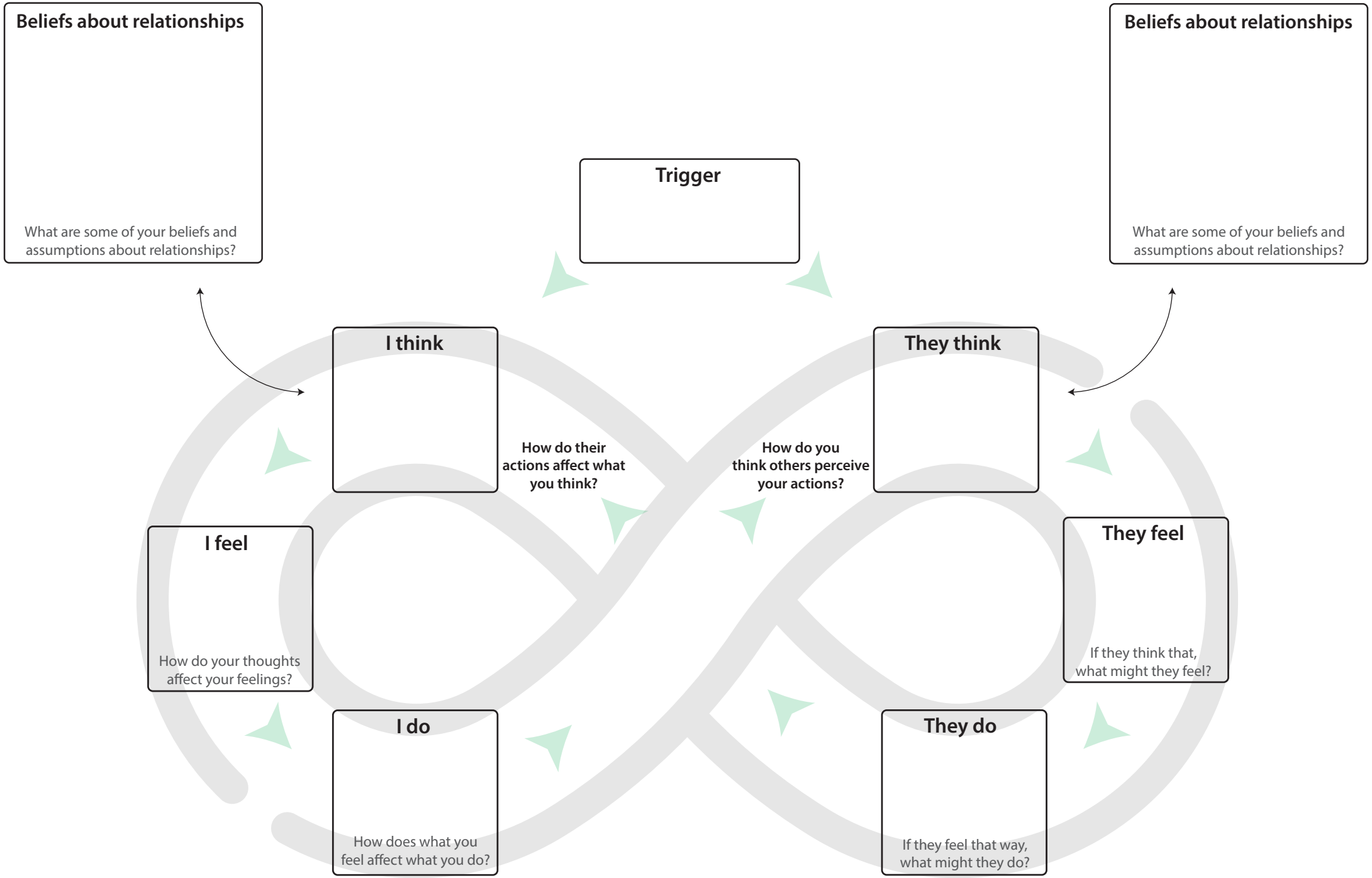

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Reflective questions:

- Now that you have looked at how others might perceive your actions, are there any other ways of understanding what might be going on? (theory B)
- Bearing in mind that we can't control others, what might you do to test this new perspective? (consider behavioural experiments)

Trigger

No-one says hello to me when I arrive at work.

I think

My colleagues don't like me.

How do their actions affect what you think?

They think

She's not interested.
She's a private person.

How do you think others perceive your actions?

They feel

Indifferent.

If they think that, what might they feel?

I feel

Ashamed.
Worthless.

How do your thoughts affect your feelings?

I do

Keep myself to myself.
Avoid eye contact.

How does what you feel affect what you do?

They do

Don't attempt to talk to me.
Give me space.

If they feel that way, what might they do?

We often behave in ways that are intended to keep us safe. We can call these 'interpersonal styles' or 'interpersonal safety behaviours'.

Other people's actions are driven by the meaning they make of your actions.

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Reflective questions:

- What sort of situations trigger your beliefs about yourself & relationships?
- It looks like you're assuming that you need to entertain people or they won't like you – what happens when you don't entertain people?
- Are there any other ways of looking at what is happening? What might you do to test those other perspectives?

Beliefs about relationships

I'm boring.
I'm unlikable.
If people knew the 'real me' they wouldn't like me.

What are some of your beliefs and assumptions about relationships?

Trigger

meeting up with friends.

I think

I need to entertain people or they won't like me.

Does their behaviour change your mind at all? Or does it reinforce what you originally thought?

How do their actions affect what you think?

How do you think others perceive your actions?

They think

He's fun to be around.
He makes me laugh.

They feel

Happy.

If they think that, what might they feel?

They do

Talk to me.
Buy me drinks.

If they feel that way, what might they do?

I do

Clown around and make jokes.
Drink too much.

How does what you feel affect what you do?

We often behave in ways that are intended to keep us safe. We can call these 'interpersonal styles' or 'interpersonal safety behaviours'.

I feel

Anxious.
Fidgety.

How do your thoughts affect your feelings?

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Reflective questions that came up during supervision of this case:

- What do you notice after reflecting on how the client may have perceived your actions?
- What might you do to test your belief about preparing for therapy sessions?
- What safety behaviours would it be reasonable to let go of?

Therapist

Beliefs about relationships

If I'm not prepared for every eventuality then the session will go badly.

What are some of your beliefs and assumptions about relationships?

Trigger

my client arrives soon and I haven't had time to prepare for the session.

Client

Beliefs about relationships

I shouldn't assert myself.

From your previous work with this client what do you know about their interpersonal beliefs? Can you make any educated guesses?

What are some of your beliefs and assumptions about relationships?

I think

Oh no, this session will go terribly.

How do their actions affect what you think?

They think

She's not listening to me.

How do you think others perceive your actions?

I feel

Anxious.
Off-balance.
Unprepared.

How do your thoughts affect your feelings?

They feel

Unheard.
Hurt.
Unvalidated.

If they think that, what might they feel?

I do

Talk too much about a topic that I **do** know well.

How does what you feel affect what you do?

They do

Stay quiet.
Cancel the next session.

If they feel that way, what might they do?

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