

Gladeana McMAHON Multimodal Therapy, the Joanna Case Study and Working Online

In preparation for the 2014 Multi-Modality conference at which Philippa Weitz is speaking about working online she asked a number of clinicians from different modalities to comment on the Joanna case study.

Please be aware that this is "work in progress" for this conference and that each of the contributors will be continuing to work on their reflections for a book planned on the subject.

Background to Multimodal Therapy

Multimodal Therapy was founded by Arnold Lazarus, a South African psychologist recognised for his contributions to behaviour therapy. At the same time that Albert Ellis and Aaron Beck were pioneering cognitive therapy, Lazarus was developing what has been called a "broad-spectrum" cognitive behavioural therapy (Lazarus, A. A. 1981).

The Multimodal Therapeutic approach is a technically eclectic but theoretically consistent approach to therapy (Lazarus, A. A. 2005). The multimodal orientation places emphasis on seven interactive modalities. These being Behaviour, Affect, Sensation, Imagery, Cognition, Interpersonal factors, and Drug/Biological considerations, these modalities are given the acronym BASIC ID. The therapist can use a 15 page Multimodal Life History Inventory (MLHI) to help target accurately the therapeutic focus (Lazarus, A. A., Lazarus, C. N. 1991). It is a psychoeducative model where the therapist then tailor makes therapy to the needs of the client (Lazarus, A.A. 1997). MMT is based on the assumption that most psychological problems are multifaceted and multi-layered, and that comprehensive therapy calls for a careful assessment of seven modalities.

Initial Approach to the Client

The first part of the approach to working with Joanna would be to contact her directly to discuss ways of working, providing her with the information she requires to decide whether she would like to work with me the agency and me as her therapist. Although her Doctor has referred her, it is important that she is happy with the terms and conditions of the service. Therefore, having ascertained her email address I would send her an information sheet about the way we work, all relevant information such as training, approach, number of sessions and technical information about the online offerings and ways of accessing these. I would also suggest that if she would like to work with me we engage in a mixture of video conferencing, text and email to ensure she gained the most of our work together.

I would ask her, once she had read the information to email me to confirm that she would like to see me so that we could arrange a time and date for our assessment session and that the initial assessment session would be undertaken via Video Conferencing lasting between an hour and an hour and a quarter. The purpose of the Assessment Session would have been outlined in the information provided. An opportunity to explore in depth the issues that are troubling Joanna, her relevant history etc., providing her with an opportunity to experience the way we would work together and for both of us to decide whether I am the right fit for Joanna and the issues she presents. In addition, as the assessment of Joanna's needs is crucial to the success of her multimodal counselling programme, the choice of on-line platforms is important as is the length of time regarding Video Conferencing.

Assessment Session

At this stage, the Multimodal Life History Inventory (MLHI) has not been sent to the client on the basis that she will have had a range of information to assimilate already. In addition, some clients

may find the completion of a 15 page questionnaire a daunting experience, especially if there are literacy difficulties. However, as this is a strategic tool used by the therapist in a collaborative way with the client, its structure can be held by the therapist and discussed during the assessment session. During the session, the therapist can gain a view as to whether formally completing the questionnaire after the assessment session would be of benefit to the client.

Having checked with Joanna to see whether she had any questions arising from the information she has been sent, the assessment of the client's situation and needs would commence.

The MLHI captures general information, a personal and social history, description of presenting problems, expectations regarding therapy, a Modality analysis of current issues (i.e. behaviours, feelings, physical sensations, images, thoughts, interpersonal relationships, friendships, marriage/relationship, sexual relations, other relationships, biological factors and structural profile).

Therefore, it is likely given the comprehensive nature of the assessment process that Joanna would disclose the life events that she has not disclosed to her GP. Having a full profile of life events as well as gaining an understanding of the clients emotional, psychological and physical reactions and her relations with others gives a holistic picture of those areas that the client is distressed by and why together with helping the therapist consider what strategies and interventions would be most effective.

Multimodal Therapy in line with other therapeutic approaches also takes into account the therapist client alliance and the need to build trust, providing a non-judgemental environment.

An outline of focussing questions that could be used during the assessment as well as counselling programme targeted to each of the modalities (Lazarus, A.A. 1989).

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| Behaviour: | What would you like to start doing? /what would you like stop doing? What behaviours do you engage in that upset you? |
| Affect: | What makes you feel angry, sad, depressed etc.? |
| Sensation: | What do you like/dislike to hear, taste, etc.? |
| Imagery: | What do you see your life like in 5 years? |
| Cognitions: | What thoughts trouble you most? What do you believe about yourself? |
| Interpersonal: | How would you describe your relationship with your husband/children/friends etc.? |
| Drugs/Biology: | Do you take any medication? Do you smoke/drink? How would you describe your health? |

By using a Socratic questioning style each of the areas contained in the BASIC ID can be explored in depth, helping the client and therapist gain an understanding of Joanna's situation. The way that Joanna talks about each of these areas and her situation in general will also indicate any preferences in modalities. For example, if when Joanna is asked about feelings she always responds with a thought, it would indicate to the therapist that a Bridging (Lazarus, A.A. 1997) approach might prove useful. First, the therapist deliberately uses the client's preferred cognitive modality by exploring the client's cognitive content. The therapist might say, "So you see it as a consequence of what happened to you as a child, tell me more about this". After a while the therapist attempts to move off into other modalities. For example, the therapist may say, "While we have been discussing these matters, have you noticed any sensations anywhere in your body?" This sudden switch from the cognitive modality to the sensory modality may then begin to elicit more information. This would be a way of helping Joanna recognise all the modalities she experiences around a given situation. This is especially important as it is a way of demonstrating that one modality may be affected by another

that she has not recognised. For example, Joanna's past suicide attempts may have been triggered by unacknowledged feelings rather than thoughts. By identifying and dealing with the feelings she stands a far better chance of dealing with her depression, negative thoughts and unhelpful feelings.

Perhaps Joanna is confused by some of her reactions. Tracking is a strategy that may be employed when clients are puzzled by their emotional reactions. For example, a client may say, "I don't know where these feelings come from" Tracking involves asking the client to describe an unpleasant event or incident. The client is then asked to consider what behaviours, emotional responses, images, sensations, and cognitions are experienced. For example, Joanna experiences Panic Attacks but cannot make sense of them as they may come on without there being an obvious stressor. Working with Joanna using the Tracking (Lazarus, A.A. 1989) Technique, we would be about to establish a firing order associated with her Panic Attacks. For example, perhaps Joanna experiences a breathless sensation followed by a thought "oh no, I'm going to have a panic attack", then seeing herself fainting. This would suggest that her panic attacks tend to come in a modality sequence of Sensory, Cognitive, and Imagery. If this were a pattern then apart from departing information about Panic Attacks (e.g. what happens to the body etc.) it would mean that strategies could be developed to break the chain of events. For example, once the physical sensation has been felt Joanna could engage in a breathing exercise which may avoid her experiencing the panic attack. She could also develop a cognitive statement such as "just because I am out of breathe does not mean it is a panic attack" and if the image of fainting comes to mind then perhaps either another statement that says, "when my blood pressure is raised I cannot faint" based on the information about what happens to the body during a panic attack. This process of tracking the order in which the modalities fire and then putting a relevant strategy in place can help the client gain control over the situations they experience.

During the assessment session some of these strategies may be used so that Joanna can take away some useful interventions that she can use. This is not only helpful to Joanna but also helps build trust and credibility in the therapist which can be leveraged when encouraging Joanna to undertake more challenging activities.

The last part of the assessment process would be eliciting her thoughts on the assessment session and confirming what materials, if any, will be emailed to Joanna.

Ongoing Sessions

Ongoing sessions would build upon the Assessment Session, exploring areas in further depth and applying techniques, exercises and strategies that are targeted to her needs.

As an eclectic approach within the Cognitive Behavioural School of approaches, the strategies can techniques may appear similar to those used by Cognitive Behavioural Therapists. For example, Thought Record Forms, identifying Cognitive Distortions, Bibliotherapy, Cognitive rehearsal, disputing irrational beliefs, Problem solving, Challenging faulty inferences, Constructive self-talk and traditional Thought Stopping techniques. Behavioural techniques could include, Behaviour rehearsal, Exposure programme, Modelling, Reinforcement programmes, Self-monitoring and recording, Shame attacking, Fixed role therapy, Cost/Benefit Analysis, Stimulus control, Paradoxical intention etc. However, given the eclectic nature of a Multimodal therapeutic approach there is scope to bring in techniques from a range of approaches. For example, the three good things a day exercise from Positive Psychology as a strategy to help clients balance out their negative thinking by recognising the small positive things that happen during a day (Leimon, A. McMahon, G. 2009). This technique can be helpful when used with depressed clients. Another technique might be taken from Assertiveness Training, such as the Three Step Model, which helps an individual manage difficult discussions (McMahon, G. 2011). The flexibility of this approach allows the therapist devise a bespoke therapeutic programme for clients.

By working with Joanna in a way that identifies all of the aspects that lead her to experience a poorer quality of life, she has the opportunity of overcoming these. By learning new ways of dealing with stressful situations, overcoming past traumas and developing new skills she will also learn new life skills that will help strengthen her future resilience.

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