

Worksheet

Professional Version | US English

Reciprocal CBT Formulation



Description

A CBT formulation helps therapists and clients to understand a client's presenting problems within the framework of the cognitive behavioral 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 behavior 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, Teichman's reciprocal model of depression describes the constant process by which the behavior of others can influence one's internal state (Teichman & Teichman, 1990; Teichman, 1992). Safran and Segal's cognitive interpersonal model (1996) describes how an individual's behavior within relationships arises from unhelpful interpersonal schemas, which in turn provoke others to respond in ways that reinforce beliefs and difficulties. Flecknoe and Sanders (2008) illustrate the use of components of the CBT model to develop behavioral experiments when working with client's beliefs about relationships. Beck's generic cognitive model (Beck et al, 1979) can also be used to understand issues within relationships and Grimmer (2013) developed a nine-part model which allows conceptualisation of dyads using the familiar five-part model (Padesky & Mooney, 1990).

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 mentalize and understand how others may perceive and react to their behaviors.

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 mentalize and notice how their behaviors 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 behavioral 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 mentalize, understand how others might appraise their behavior, and to examine how the behavior of others influences their own beliefs. Conceptualizing 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 behavioral experiments to test beliefs and assumptions.

Description

Therapists should consider using this tool when: clients want to focus on relationship difficulties in therapy; clients struggle to mentalize or externalize (minimize their role); When clients present with angry or defensive interpersonal behavior; in couples work to examine reciprocal patterns that are occurring within a dyad; or to conceptualize 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 behaviors 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.

Instructions

Suggested Question

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.

Suggested Questions

- *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 behavior of other people. Encourage clients to identify specific details about the event (who, what, where, when).

Suggested Questions

- *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.

Suggested Questions

- *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.

Instructions

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.

Suggested Questions

- *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 behavior in response to their feelings

Feelings are then framed as the trigger for coping behavior.

Suggested Questions

- *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?*

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

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

Suggested Questions

- *What do you think they made of your behavior?*
- *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:

Suggested Questions

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

Instructions

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

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

Suggested Questions



- *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

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

Suggested Questions



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

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

Suggested Questions



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

Instructions

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

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 behavior. Helpful questions at this step might include:

Suggested Questions



- *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 behavioral 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”).

References

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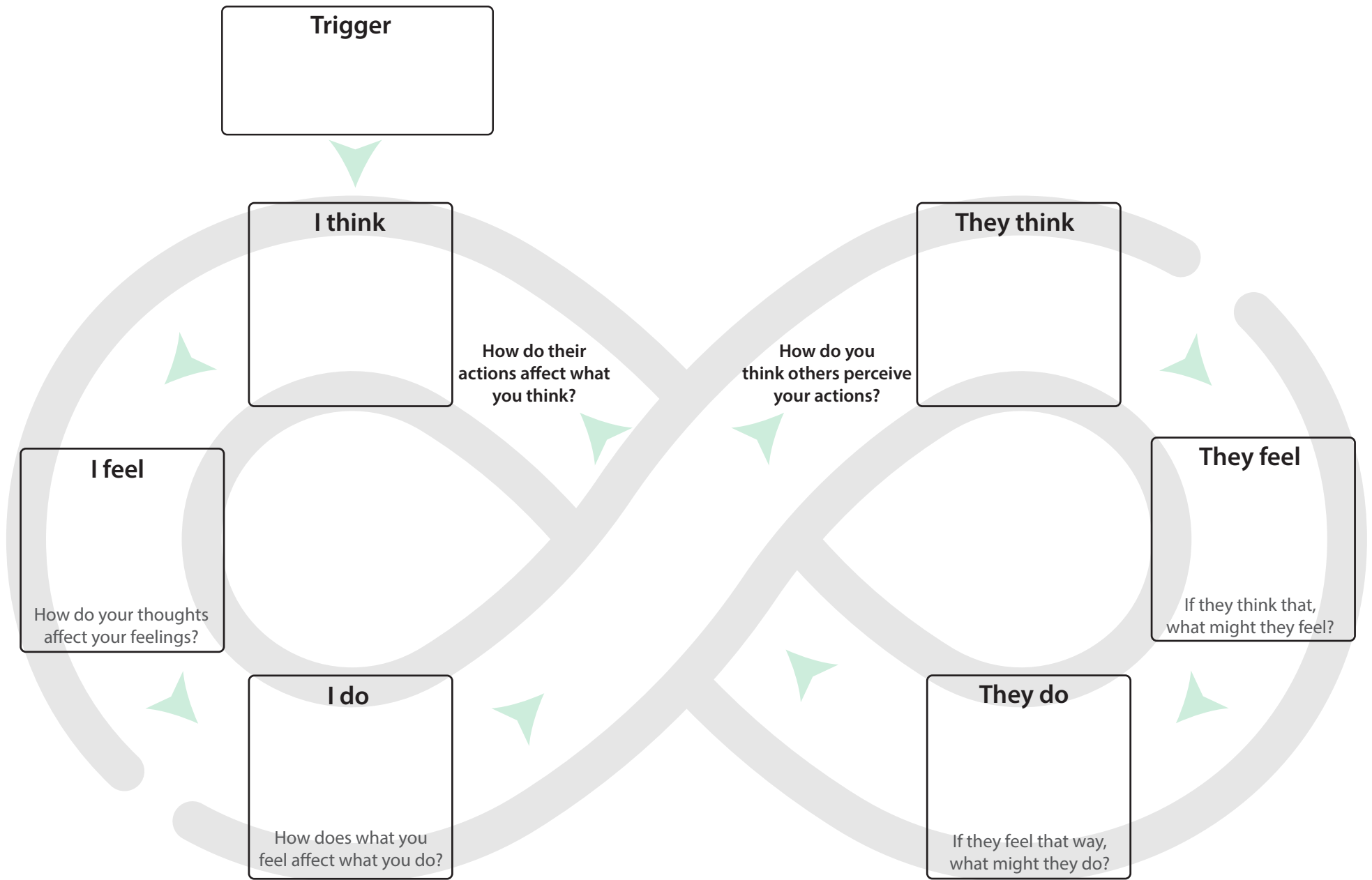
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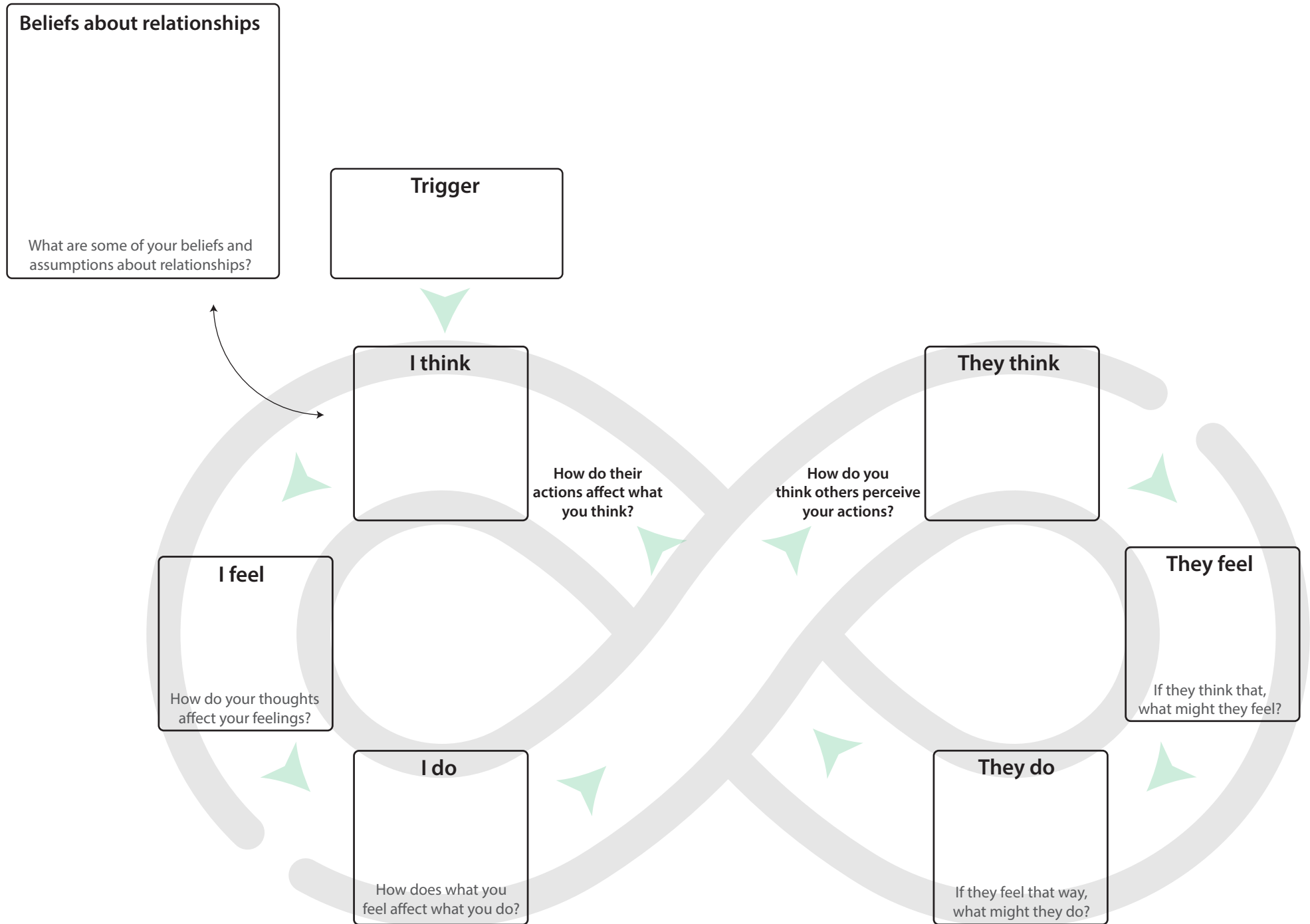
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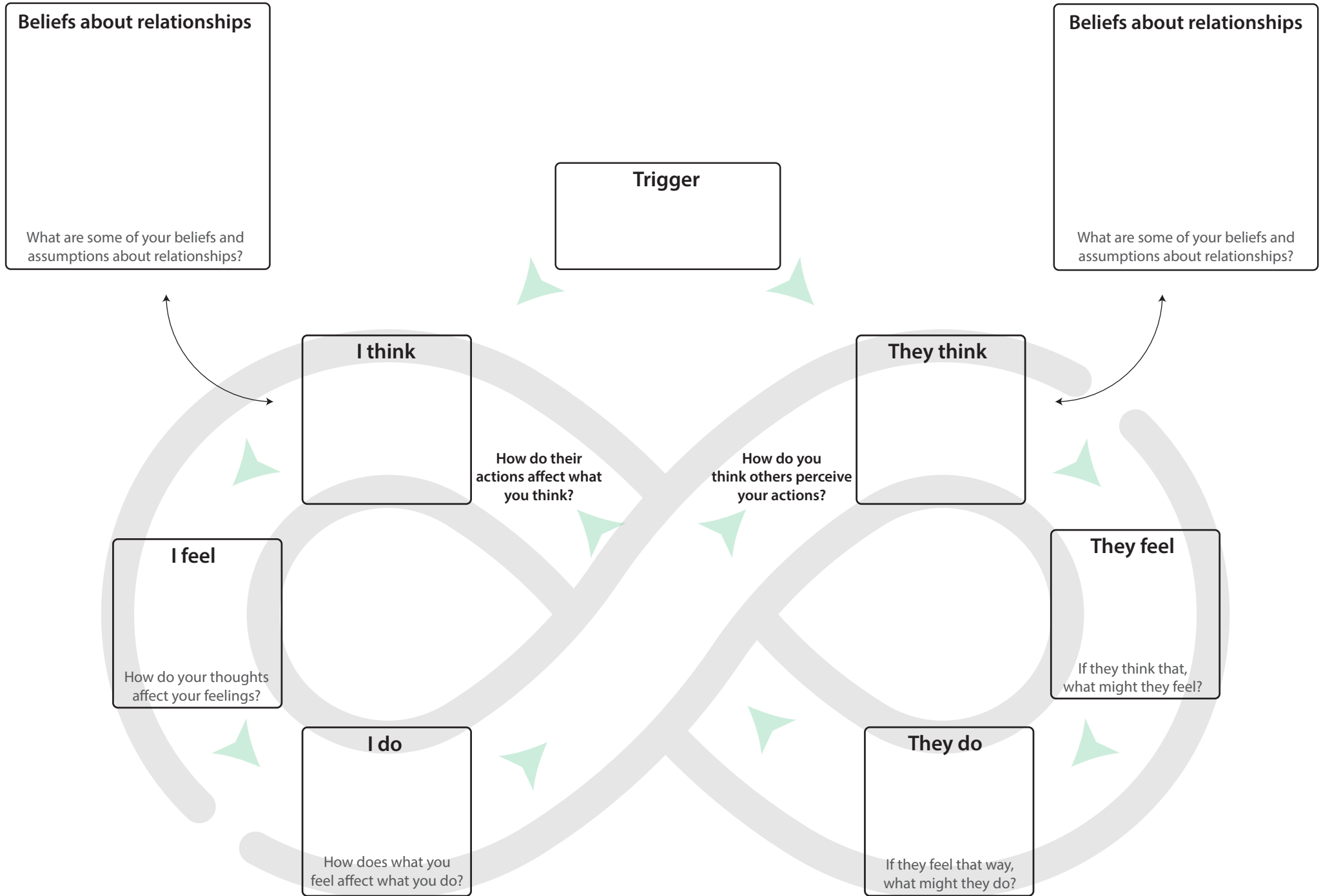
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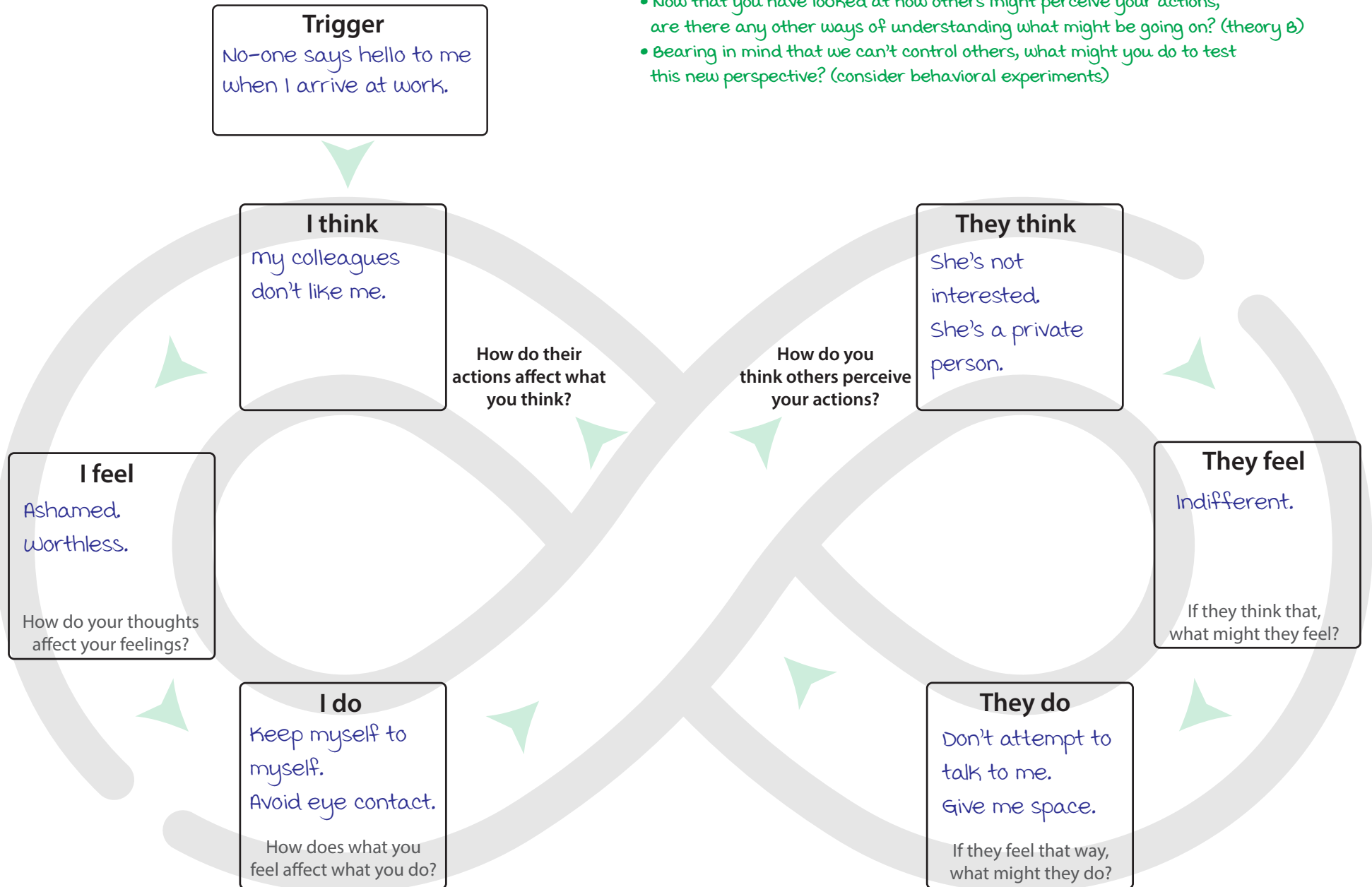
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Reflective questions:

- 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 behavioral experiments)



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

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

Reciprocal CBT Formulation

Beliefs about relationships

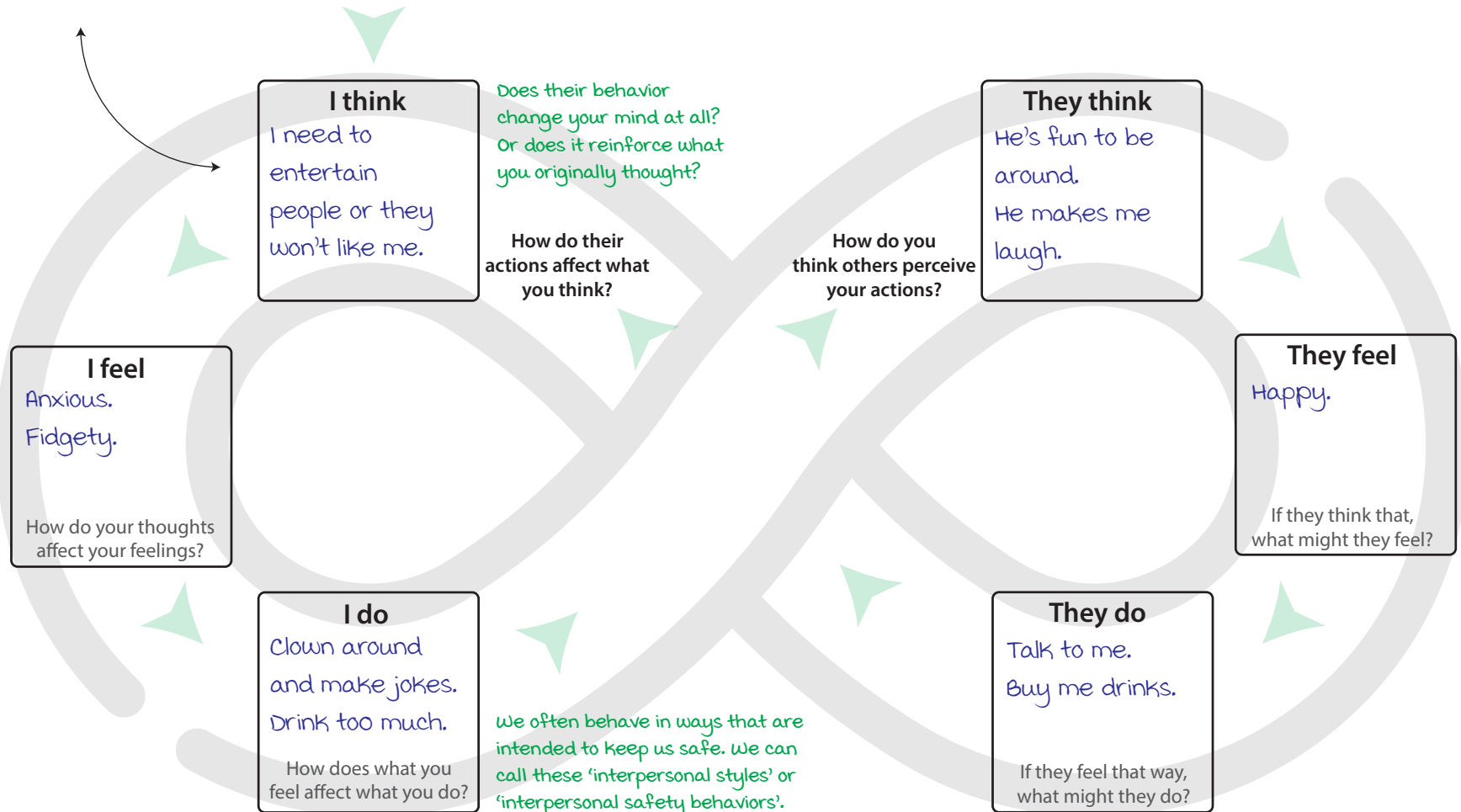
I'm boring.
I'm unlikable.
If people knew the 'real me'
they wouldn't like me.

What are some of your beliefs and assumptions about relationships?

Trigger
meeting up with friends.

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?



Reciprocal CBT Formulation

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 behaviors would it be reasonable to let go of?

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?

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?

Therapist

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

Client

I think
 Oh no, this session will go terribly.

They think
 She's not listening to me.

How do their actions affect what you think?

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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