Chapter 11

Cognitive therapy model: clinical applications

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Clinical example

Carol was a 26-year-old single parent. She lived with Amy, her daughter aged seven, in a tower block ten minutes’ walk from her parents’ home. Three months ago she returned home after a two-week stay in the psychiatric unit of the district general hospital. Carol had been receiving treatment from her general practitioner (GP) for anxiety and depression over the previous six months, the admission having been arranged by a social worker concerned for Amy’s welfare. The history from the GP and social worker described the insidious development of the depression over the past two years. No obvious cause was apparent but a long history of poor relationships with her parents and failed relationships with men, including Amy’s father, was noted. Carol was brighter than average at school, wanting to become a nurse, but at her parents’ insistence left school early to train as a secretary. She had not worked for three years after being made redundant.

After a short period of assessment the unit staff discharged Carol to the care of a community psychiatric nurse based at Carol’s health centre. The discharge plan proposed that the GP discontinue Carol’s medication gradually and that formal psycho-social support be provided by the community nurse and social worker. Monthly appointments at the psychiatric out-patients department were also arranged. Arrangements were made for the community nurse to meet Carol in the ward the day before her discharge, where they arranged to meet at her home a few days later.

The assessment

Preliminaries

At the first meeting on the ward the community nurse (J) introduced herself, acknowledging that she had some information about Carol’s situ-
ation, but indicating that she would prefer if Carol could outline her view of the key issues. Twenty minutes were spent discussing the precipitants of the admission, Carol's feelings of failure, and her worries for the immediate future. J summarized Carol's story briefly, checking her interpretation. Finally, J negotiated a time to visit Carol at home the day after her discharge. Carol had no questions at this stage. Before leaving, J asked Carol to complete two assessment scales, the anxiety status inventory (Zung, 1971) and the Beck depression inventory (Beck et al., 1961). She had already used these scales, having completed them on her admission to the ward.

The objectives The ward medical team had informed Carol of J's future involvement. The meeting allowed her to put a face to the name. J had emphasized the need for Carol to define her situation. The existence of medical reports was acknowledged, but effectively relegated to a supportive position, in deference to Carol's information. J's part in the subsequent conversation was facilitative rather than directive. She tried to show herself as a working listener: acknowledging key statements made, seeking clarification sensitively where events or feelings were unclear. She hoped her summary would convey attentiveness and, perhaps therefore, her genuine interest in Carol's welfare. The negotiation of the home visit showed her relative flexibility and acknowledgement of Carol's own needs. Finally, the scales would provide her with a general indication of levels of anxiety and depression, two of the life-problems noted by other professionals. These scores could be used to evaluate progress at a later stage.

The home visit

The setting: Carol showed J into her kitchenette when she called. She made coffee while J asked some general questions about the last few days. J suggested that they adjourn to the sitting room where she drew up a stool to face Carol sitting on the sofa a few feet from her. J tried to arrange the situation to express intimacy (closeness) and openness (face-to-face contact).

Preparation J began by summarizing their first meeting, emphasizing the thoughts and feelings emphasized by Carol. She then asked Carol for her expectations of J. A few minutes were spent clarifying J's own expectations for their working relationship: how she thought she might help Carol, and the part Carol could play in the whole process.

Establishing the base J proceeded to outline her hopes for their working relationship. She suggested that Carol come to the health centre for all subsequent sessions. This would help her to feel that she was taking constructive steps to help herself. J suggested that, for the first few weeks,