

1

Introduction to CBT Career Counselling Theory

This chapter is designed to help you to:

- gain an understanding of the theory and practice of cognitive behavioural therapy and how it can be used in conjunction with career counselling and coaching
- become proficient in using the 5-areas model with clients and understand the interaction between environment, thoughts, feelings, behaviour and physiology
- recognise unhelpful patterns of thinking
- learn how to use the ABC model with clients
- obtain a thorough understanding of helpful and unhelpful negative emotions and also use a quantitative versus qualitative model of negative emotions
- use the zigzag technique with clients to strengthen their helpful beliefs

What is cognitive behavioural therapy?

The fundamental aim of CBT is to examine how thinking and behaviour are related to understanding our emotions – how we feel. Put simply: our thoughts and behaviour affect how we and our clients feel. There are two famous quotes that are often used to illustrate these fundamental aspects of CBT:

2 Motivational Career Counselling and Coaching

'People are not disturbed by things but by the views which they take of them.' Epictetus (c.55 – 135 AD)

'Between stimulus and response lies the freedom to choose.' Viktor Frankl (1905–1997)

Epictetus was born into slavery but eventually obtained freedom and became one of the most influential stoic philosophers in history. One of the most important aspects of his teachings was that if we master our responses to the adversities of life, we will be better able to live a life filled with purpose, tranquillity and dignity (Irvine, 2009).

Viktor Frankl was a Jewish psychiatrist initially influenced by Freudian psychology and determinism which suggests that childhood influences shape personality and, to a large extent, the course of one's life. He was sent to Auschwitz while his parents, wife and brother died in other concentration camps. Frankl's experience of torture and degradation in Auschwitz enabled him to make a remarkable discovery that contradicted his early determinist outlook, and he later referred to this as 'the last of the human freedoms' (Frankl, 1984). Essentially, Frankl chose to respond to the horror of his surroundings with dignity and courage. Through this exercise of inner-freedom, Frankl did not allow his captors to degrade him.

Epictetus and Frankl offer dramatic examples of the way in which the exercise of the human mind can be used to tolerate extreme hardship, and you can probably think of many other historic figures such as Nelson Mandela who have chosen a positive response to adversity. CBT provides us with a framework that enables us and our clients to choose our own cognitive, behavioural and emotional responses to the challenges of life and is particularly relevant to career counselling and coaching in this respect.

What does CBT actually mean?

C = Cognitive: Basically all mental processes, including thoughts, memories, images, perceptions, dreams, attention.

B = Behaviour: Everything we do and how we respond to things. This includes what we say, how we act, what we avoid, how we solve problems. This can also include *not acting*, which is still a behaviour (e.g. stopping yourself from making your point of view heard).

T = Therapy: A systematic method for overcoming a problem or illness.

One of the key features of CBT is that it provides clients with a range of techniques to become self-sufficient in meeting present and future challenges. It does this by defining emotional and behavioural challenges (e.g. anxiety and poor performance at interview) and setting goals in terms of how the client would prefer to feel and behave (e.g. alert and focused). Therefore, CBT is a systematic, action-oriented and problem-solving approach to managing thoughts, emotions and behaviours more effectively.

Why CBT is becoming increasingly popular

CBT is a fast-growing and widely recognised treatment used to help people deal with psychological challenges. Due to its substantial evidence base demonstrating its effectiveness as a therapy, CBT is recommended by the National Institute for Health and Clinical Excellence (NICE) as a treatment within the British National Health Service (NHS) for a wide range of psychological disorders. The UK government has invested significantly in CBT as a treatment through the Increasing Access to Psychological Therapies (IAPT) programme (Department of Health, 2007). The kind of problems CBT can help with include:

- addiction
- anger problems
- anxiety
- body dysmorphic disorder
- chronic fatigue syndrome
- chronic pain
- depression
- eating disorders
- obsessive-compulsive disorder
- panic disorder
- personality disorders
- phobias
- post-traumatic stress disorder
- psychotic disorders
- relationship problems
- social phobia

It is highly unlikely that you will encounter the majority of these psychological problems when helping clients and, as we will go on to explain, you will be using CBT-based techniques in a career counselling and coaching specific context.

Important: *It is essential that you recognise your **professional boundaries** at all times. If your client indicates that they need help with any of the above problems, encourage them to see their General Practitioner.*

Is CBT used only to deal with psychological problems?

Albert Ellis and Aaron T. Beck are widely acknowledged to be the ‘founding fathers’ of CBT. When they established and refined their therapy the emphasis

4 Motivational Career Counselling and Coaching

was on helping clients to overcome psychological problems, and this is still the approach that therapists use working in the NHS or private practice.

However, in recent years CBT has been developed as a means of *optimising* the way we think, feel and behave in our everyday lives when tackling challenges (such as job interviews), rather than just dealing with psychological problems. One of the most active individuals in developing this approach is Martin E. P. Seligman, former president of the American Psychological Association and Professor of Psychology at the University of Pennsylvania.

Seligman has used CBT to develop a form of positive psychology that helps people deal with the challenges of life more effectively and to achieve greater levels of satisfaction. He has published a great many books on the subject that are highly influential including *Learned Optimism* (2006), *Authentic Happiness* (2002) and *The Optimistic Child* (2007).

How does CBT work in conjunction with career counselling and coaching?

Career counselling theories have developed over the last century and have been influenced by other different counselling theories including psychodynamic and person-centred approaches. Cognitive behavioural approaches have rarely influenced career counselling theories apart from Krumboltz's model (Mitchell & Krumboltz, 1996) and social cognitive career theory. For a more detailed overview of this subject, consult Jennifer Kidd's excellent *Understanding Career Counselling* (2006). One of the best-known recent counselling models is Gerard Egan's *The Skilled Helper* (2002) and it is widely taught on career counselling courses.

In the latest edition of *The Skilled Helper*, Egan introduces an emphasis on positive psychology and the work of Martin E. P. Seligman (mentioned above) and Mihaly Csikszentmihalyi and integrates it within his model. Egan summarises the purpose of individuals working within helping professions (including career counselling and coaching) as:

Seeing problem management as life-enhancing learning and treating all encounters with clients as opportunity-development sessions that are part of the positive psychology approach.

What Egan means by this is that practitioners can use each session as an opportunity to teach clients a range of problem-solving skills and thus increase their self-efficacy, and is congruent with the Chinese proverb 'Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime'. The career counselling and coaching approach has a strong focus on collaborative problem solving with clients and joint action planning. The CBT positive psychology approach encourages clients to think more effectively in challenging situations in order to improve the way they think, act and feel.

These combined approaches offer a powerful model for helping clients to succeed in their career and learning aims.

Our world view defined within the CBT 5-areas model

The 5-areas model shown in Figure 1.1 can be used to examine the complex interactions between thoughts, moods, behaviour, physiology and the world we live in (our environment). (A copy of the 5-areas worksheet for use with clients can be downloaded from www.sagepub.co.uk/sheward.)

We all live in some type of *environment*: for example, family, community, work. We are influenced by both our current environment (what is happening in our lives at this moment in time) and by our past environments (whether we experienced successes, losses or failures). Within the CBT model recognition is given to the fact that we are *influenced by* our environment and that it contributes to the way we think, feel and act. But CBT also maintains that we can make a difference to the way we feel by changing unhelpful ways of thinking and behaving – *even if we can't change our environment* (as in Viktor Frankl's example).

The other four aspects of the model are our *thoughts, moods, behaviour and physiology*. These four aspects interact with one another and the external environment as well. What we feel is closely connected to what we think, how we behave, and our physiology (physical responses such as increased heartbeat and sweating).

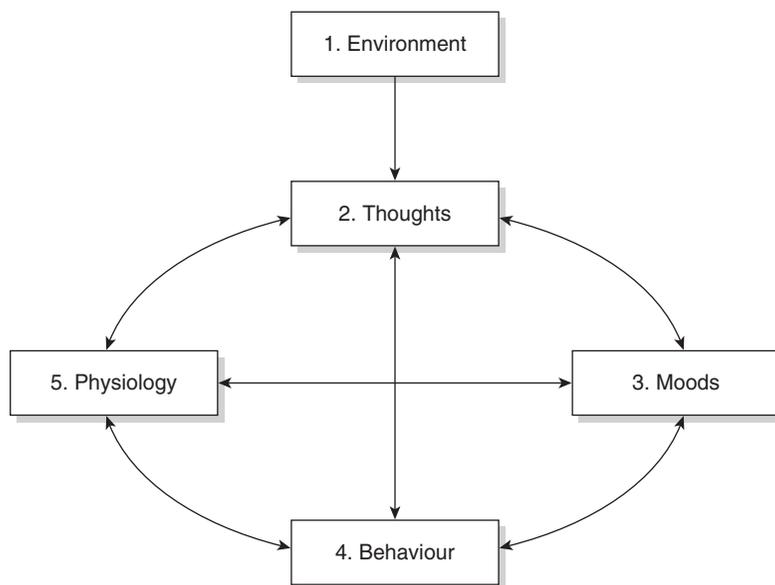


Figure 1.1 The 5-areas model

6 Motivational Career Counselling and Coaching

Changes in our behaviour influence how we think and feel emotionally (mood) and our physiology (bodily responses). Changes in our thinking can affect our behaviour and mood.

Understanding how these parts of our life interact with one another provides us with a means of analysing how we and our clients approach various challenges and whether or not our chosen strategies are effective.

Example

A client attending a job interview may have the thought, 'I'll say something stupid at the interview' (**thought**). This thought might make them feel anxious (**mood**) which may lead them to act in a nervous manner (**behaviour**) and they may feel their heart beating fast (**physiology**).

The thought–feeling link

If something happens to you in life, like most people you may believe that this event *makes* you feel a certain way. For example, you may have to give a presentation at work and conclude that the situation *makes* you anxious. CBT encourages you to examine how your thoughts and beliefs stand between you and the event and that they influence the way you feel and act in situations.

Therefore, as far as CBT theory is concerned, the prospect of having to give a presentation at work doesn't *make* you anxious. However, by thinking that you will look stupid if the presentation doesn't go well, *you make yourself anxious*.

Pattern of thinking

Often when people experience unhelpful negative emotions (such as anxiety) they are thinking in an irrational, negative manner and as a result act in self-defeating ways. This negative thinking can become a bad habit which keeps some people trapped in their unhelpful negative emotion (e.g. anxious all the time).

An individual's thinking can become *biased* because of a bias in the way they process information from their own thoughts and from the interactions with events around them (you could regard biased thinking as a distorted 'lens' through which some people view life). As a result, sometimes people make decisions based on self-defeating assumptions or they incorrectly interpret life situations or judge themselves harshly. They also jump to inaccurate conclusions or fail to cope with everyday challenges that life brings.

Interpretations

As mentioned previously, it is often not so much what happens to us in life that makes us happy or sad – it is frequently our *perception* of events that affects our feelings. For example, if a client attends a job interview and the interviewer does not smile very much, different *interpretations* would make the client feel different emotions. If they interpreted the interviewer's behaviour as proof that they did not like them, the client might feel anxious. But if the client's interpretation was that the interviewer had a formal interview style they would have a better chance of remaining calm in the situation. Other examples of these thinking errors include:

All-or-nothing (or black-or-white) thinking: extreme thinking that can lead to extreme and negative emotions and behaviours. A client may think that if they do not receive a promotion it will be the end of the world and suffer from anxiety prior to the interview and depression afterwards if they are unsuccessful. To counter this, the client could be encouraged to engage in *realistic* and *flexible* thinking and consider other benefits of going for the promotion (e.g. showing ambition) and developing contingency plans if unsuccessful at this point in their career.

Fortune-telling: making negative predictions of what will happen with future events. The client who considers going for the promotion may actually fear success because their negative prediction is that they would not be able to cope with the additional responsibility. The antidote to this style of thinking is to *be prepared to take calculated risks and develop a tolerance of uncertainty*. The latter is very important for career progression as a desire for certainty of outcome will inhibit advancement.

Mind-reading: similar to *interpretations* in terms of unhelpful, negative assumptions about what others are thinking and that their motives are less than charitable. The client may believe that their manager is annoyed with them because they are less communicative than usual, leading to feelings of stress which undermine performance. A more helpful approach would involve *generating alternative reasons* for this situation – that the manager may be preoccupied because *they* are finding work stressful at the moment.

Emotional reasoning: interpreting what is happening (or about to happen) based exclusively on how you feel emotionally. A client may feel naturally nervous when they are about to attend an interview or give a presentation but focusing excessively on this feeling may render them hyper vigilant, continually looking for evidence that things are going wrong to confirm their feeling of anxiety. This is a very subtle tendency which can lead to distorted interpretations of events as we instinctively rely on our emotions to guide us. In fact, the word 'emotion' derives from the Latin *emovere* or *movere* 'to move'. Emotions are very powerful internal messages that call upon us to take action and we have inherited them from our ancient ancestors for their survival utility through natural selection. However, we need to be guided by our emotions but not misled by them. In order to achieve a more balanced perspective, we and our clients need to *pay attention to what we are feeling and then balance our emotional responses with rational thinking*. Acknowledging, for

8 Motivational Career Counselling and Coaching

example, that we are about to enter a challenging situation and the sensation of nervousness is a helpful and natural response providing us with additional energy and focus but not a sign of impending catastrophe.

Overgeneralising: the tendency to draw global conclusions from one or a few events, often referred to as the ‘part/whole error’. A client may have experienced homophobic behaviour from a manager while working in a specific industry and concluded that the whole sector is populated by managers who will act in this way. Although it may be true that there is evidence of higher than average instances of homophobic behaviour in certain sectors (e.g. from industrial tribunal data), generalising these trends to the whole sector would be inaccurate and limit occupational choice if this acted as a psychological barrier for the client. If your client engages in this type of thinking you can help them to *suspend judgment and obtain a more balanced perspective* on their particular situation. This will typically involve testing their belief by looking for alternative evidence (e.g. organisations within the sector that are members of Stonewall, the lesbian, gay and bisexual charity).

Labelling: similar to overgeneralising, this tendency involves rating oneself, people and events in a negative limiting way also referred to as ‘self- or other-downing’. A client with low self-esteem may label themselves as a ‘failure’ because they haven’t achieved a promotion, the management team as ‘bastards’ for appointing another colleague and the world of work as an ‘unfair place’. The problem with this distorted perspective (particularly with regard to the self) is that it does not accommodate the notion of *human fallibility* and the possibility of change and improvement. Just because the client failed once in their attempt to achieve a promotion does not mean that they are a complete failure. If prompted, they could provide evidence of previous successes (they managed to get a job with the company in the first place). Similarly, the client’s managers have made a decision that hasn’t been to their advantage in this instance but there may be examples of instances when they have acted more favourably.

Making demands: engaging in extreme or rigid thinking that does not allow an alternative outcome or point of view usually expressed through use of the words ‘must’, ‘should’, ‘need’, ‘got to’ and ‘have to’. Albert Ellis (1913–2007) founded rational emotive behaviour therapy (REBT) in the late 1950s – one of the first CBT therapies (Neenan & Dryden, 2011). Ellis believed that a tendency to make demands is the greatest determinant of emotional problems and placed a huge emphasis on helping clients to challenge this unhelpful response. A client facing the prospect of a competitive interview may tell themselves that they absolutely *must* get the job for any number of reasons (money, status, self-esteem). The problem with approaching the interview in this frame of mind is that the client is more likely to feel increased anxiety, which will interfere with their performance, and a sense of devastation and hopelessness if they fail to achieve their desired outcome. This style of thinking is also common in clients who have perfectionist tendencies, which commonly lead to increased stress and missed deadlines. The counterbalance to making demands is to *hold flexible preferences* about oneself, other people and the world and is expressed in terms such as ‘prefer’, ‘want’ and ‘wish’. This does not underestimate the strength of your

client's motivation as they can hold a very strong flexible preference (e.g. to want the job very much or wish to maintain high standards at work). It does, however, accommodate an alternative to the desired outcome and facilitates contingency planning.

Mental filtering/disqualifying the positive: processing and internalising information that is consistent with a negative belief the individual may hold. A client who believes that others find them boring when engaged in interpersonal activities will have a tendency to seek negative evidence to confirm this belief while at the same time discounting any positive aspects that occur. They will be more inclined to take notice of instances when colleagues seem distracted or preoccupied but forget situations in which conversation flowed and was mutually beneficial. Mental filtering is also an insidious and cumulative process whereby increasing amounts of negative data are taken in and build up over time, strengthening unhelpful beliefs. This is particularly common among individuals who suffer from low self-esteem and usually becomes a self-perpetuating bad habit. The key to helping clients counter mental filtering is to encourage them to *gather alternative positive evidence* to disconfirm their negative beliefs. A simple but effective technique involves asking clients to keep a *positive data log* recording specific examples. Although this may seem like a rather obvious strategy, it is an important first step of reorienting clients who have got into the habit of automatically discounting any positive experiences due to their mental bias.

Low frustration tolerance: believing that the discomfort associated with pursuing a particular goal is intolerable rather than uncomfortable and worth enduring in order to achieve the desired outcome. Low frustration tolerance has many forms but its consistent theme is the inability to endure physical, emotional or psychological discomfort in the short term in order to achieve a positive goal in the long term. This style of thinking is probably the greatest barrier to achievement in life and restricts clients by keeping them trapped within a self-imposed comfort zone.

Exercise

What do you consider to be your greatest achievements? Think of the effort that was involved in accomplishing these successes. It is highly likely that you will have endured some discomfort or made certain sacrifices in order to achieve your aim.

Examples of low frustration tolerance include:

- putting off applying for promotions or more challenging roles due to fear of failure
- avoiding speaking up in meetings or giving presentations because of feelings of anxiety

(Continued)

10 Motivational Career Counselling and Coaching

(Continued)

- postponing further study essential for career advancement because it will require additional effort and disrupt leisure activities
- procrastinating on reports because of the boredom and rigor involved
- waiting until the last moment when the looming deadline forces action but creates stress
- comfort eating as an antidote to boredom
- putting off taking physical exercise because it seems to require too much effort (particularly after a hard day at work)

You can help your client achieve success in the workplace (and life in general) by encouraging them to develop a *high frustration tolerance* philosophy. This means actively seeking out experiences that involve some level of physical or mental discomfort on a regular basis to develop 'psychological muscle'. It might be helpful to use the metaphor of a 'resilience bank account'. Each time your client engages in a challenging activity that requires effort and discomfort, they make a deposit in the account. This could be a mundane but necessary task such as setting up a much needed filing system or a very challenging endeavour like doing a parachute jump for charity. Conversely, each time your client engages in avoidant or self-indulgent behaviour, such as procrastination or comfort eating, they make a withdrawal from the account. In his excellent book on the subject, *Developing Resilience: A Cognitive-Behavioural Approach* (2009), Michael Neenan refers to this approach as 'discomfort practice' and provides a wealth of techniques for developing resilience in the workplace. A key message worth emphasising to clients is that if they exercise high frustration tolerance during day-to-day moments that involve personal struggle (e.g. getting out of bed 10 minutes earlier or speaking up at meetings), they will be far better equipped to deal with greater challenges such as stressful presentations and crises at work.

Personalising: believing that what happens and the way people act relates directly to oneself. This often leads people to take an inappropriate amount of responsibility for situations that are beyond their control leading to feelings of guilt or hurt: a meeting with a colleague is more tense than usual and this is reflected in their language and gestures; the department fails to meet its targets for the month and the manager circulates a group e-mail expressing concerns about team performance. Individuals prone to personalising would naturally assume that they had done something to offend their colleague and that the department manager thought badly of them even if they had met their own personal performance target for the month. This tendency can be countered by *exploring different reasons* for events or people's behaviour while taking oneself out of the equation.

Hopefully you will now have a better understanding of common thinking errors that your client may make and how this can act as a barrier to achieving

vocational goals. It will be helpful to refer to this list in relation to the 'Thoughts' component of the 5-areas model and the 'Beliefs' section of the ABC model in the following section when carrying out formulations with clients, as it will enable you to detect particular themes in their thinking errors. A formulation is an analysis of the client's cognitions, feelings, behaviours and physiological reactions in response to situations they encounter where there is some element of challenge.

Carrying out a 5-areas formulation

The amazing thing about the human mind is that we are able to deliberately change the way we think (and consequently act and feel) so that we can achieve big improvements in our lives. The 5-areas model can be used to help clients become more aware of the relationship between their thoughts, feelings, behaviours and physiological responses when they are faced with challenging situations while attempting to achieve their goals. As we shall see in subsequent chapters, the model is used both to help clients gain an awareness of psychological and behavioural flaws in their existing strategies and to develop more constructive approaches to achieving their goals.

In order to gain a better understanding of how to carry out a formulation with clients, it will be helpful for you to carry out your own 5-areas formulation of a recent challenging situation.

Exercise

Think of a recent situation that you found particularly challenging – this could be in the work place or a social situation.

Which unhelpful emotion did you feel (anxiety, depression, anger, shame, hurt, jealousy, envy, guilt) and what was going through your mind? What were your thoughts? How did they affect your behaviour? What effect was there on your body?

Use the 5-areas thoughts, emotions, behaviour, physiology form as part of this exercise. We will explore the use of this model with clients in subsequent chapters as a means of analysing the way in which these parts of their life interact and how they can take more control over their thought processes.

Now that you have gained an understanding of how to conduct a 5-areas formulation, we will introduce you to the ABC model and provide you with instructions on how to use it with clients.

The ABC model

The ABC model is similar to the 5-areas review process in that it provides a structure for determining any psychological or behavioural barriers that clients may be experiencing when seeking to achieve their vocational goals. Having determined what the specific barriers are, the model also provides a means of devising more effective strategies for enabling clients to achieve their goals. We will begin by providing you with a brief overview of the model and then explore each component and its precise use in detail.

'A' = activating event: Whether the situation is in the future, present or past, some specific aspect seizes our attention and triggers our thoughts. 'A' is sometimes referred to as 'adversity' in CBT literature because it represents some challenge that the client faces in their life.

'B' = belief: Essentially any cognitive process that gets triggered by the activating event including thoughts, visual images, personal meaning attributed the event and beliefs about the situation.

'C' = consequences: These are the emotional and behavioural consequences that flow from the thoughts triggered at 'B'. Other more subtle consequences include thoughts (a thought at 'B' can trigger a further unhelpful thought at 'C') and physical sensations (e.g. increased heart beat, rapid breathing).

This can also be rendered into the formula $A \rightarrow B = C$ as the more intense the trigger or activating event is at 'A', the greater the potential emotional, behavioural and physical consequences at 'C'. 'B' plays a crucial mediating role between the event and how the individual responds as their thoughts may either magnify and distort the nature of the challenge or interpret it in a constructive way. We will now consider each component of the model in detail.

Component 'A'

As mentioned, 'A's are specific aspects of situations that seize your client's attention and trigger a thinking process. Generally speaking, our attention as human beings is in a state of constant flux to enable us to function while being continually bombarded by different visual, aural and sensory stimuli. Consider the process of driving a car. The driver's cognitive reactions to the flow of traffic are relatively neutral, enabling a constant shifting of attention between different tasks such as changing gears and indicating. However, a change in the traffic lights to amber will focus the driver's attention on a specific element of the overall situation and trigger the (very rapid) thought that he or she needs to stop the car followed by the behavioural consequence of braking. There may also be an emotional consequence resulting in a slight feeling of concern. An important distinction that we need to make is between 'A's that are *actual events* and 'A's that are *inferred events*.

Example

Tony is an accountant in a law firm and has just received formal notification from the company's human resources department that he will be made redundant in three month's time. If we consider Tony's situation within the ABC model we would find that the announcement of redundancy is an actual event at 'A' and triggers thoughts about the risk of unemployment at 'B' which in turn gives rise to feelings of concern at 'C'.

Inferred events are far more subtle in that they represent the client's subjective interpretation of events, or a hunch about the situation, that goes beyond the available evidence and may or may not be correct. Consider Michelle's example:

Example

Michelle works for a company that has won a contract to deliver child care within a local community. This was quite a controversial decision as Michelle's company is a private sector provider and beat off competition from various charities in the area. Michelle is about to give a presentation to the local stakeholder group, which numbers 40 members. As she is about to begin her presentation, Michelle's attention is caught by a woman in the second row who seems to have a very disapproving look on her face. Michelle starts to think that this woman will ask awkward questions and begins to feel anxious. She notices that her mouth has gone very dry and her hand trembles slightly. As she begins her presentation Michelle becomes flustered and clicks on the wrong slide.

You can see from the above example that Michelle's 'A' was an inference as she *interpreted* the woman's expression as one of disapproval although there was no categorical evidence to support this hunch (the woman could have been concentrating very intently). You will have noticed that this inference at 'A' triggered a distressing thought at 'B' which resulted in a number of unhelpful emotional, behavioural and physical consequences at 'C'.

'A's can also be *internal* as well as *external* events. In the above example Michelle's activating event was external as she focused on the woman in the audience's facial expression. If that incident had not taken place, Michelle may still have noticed her mouth going dry and this (internal) physical sensation may have triggered the thought that she would not be able to speak during the presentation and result in feelings of anxiety. Bodily sensations are common

14 Motivational Career Counselling and Coaching

internal 'A's, and we can also include different emotions as a trigger as outlined in the section on *emotional reasoning* above.

Critical 'A's can also relate to events in the past, present or future. Being notified that she had to give a presentation to the local stakeholder group may have triggered unhelpful thoughts of potential failure in Michelle's mind. She may also have thought about past presentations that had gone badly with the same effect.

Component 'B'

Although 'B' stands for 'belief' within the ABC model, we can include any cognitive process that gets triggered by the activating event including thoughts, visual images, personal meaning attributed to the event and beliefs about the situation as previously mentioned. These can be further categorised into three types of unhelpful thinking that your client may engage in:

Negative automatic thoughts (NATs): These unhelpful thoughts are probably the easiest to identify as they are near the surface of the client's conscious awareness and can be accessed through careful questioning. When drawing your client's attention to this type of thinking you may offer a comparison with gnats, annoying, irritating things that buzz around your head. Similarly, NATs fly into the client's mind spontaneously and quickly when they find themselves in stressful situations.

Underlying assumptions and rules: Your client may carry a set of unspoken rules or assumptions they have developed as guiding principles while pursuing their career. Examples include standards of behaviour and quality in the workplace. These may serve your client well until they encounter situations in which they have to compromise their personal rules and assumptions. If the latter are too inflexible, it is highly likely that your client will suffer from stress if the conditions are not met. For example, clients with perfectionist tendencies underpinned by the rule 'My work must always be of the highest standard' may find it difficult to cope with situations that require fast output which is 'good enough' due to tight deadlines. This type of thinking is closely related to core beliefs.

Core beliefs: Similar to rules and assumptions, your client may have developed core beliefs from childhood onward that are only triggered in stressful situations. For example, a client may have developed a core belief that they must be liked by everyone and engage in approval-seeking behaviour to obtain this outcome without being aware that they hold this belief. But circumstances may change and the individual may find it more challenging to obtain approval from the majority of people. A promotion and the need to make necessary but unpopular decisions may result in a cool response from certain colleagues and trigger the client's core belief. A useful metaphor for describing core beliefs is the image of traffic-calming 'sleeping policeman': small bumps in the road that discourage drivers from speeding. Sometimes drivers only become aware of them once they have driven over them and felt the bump.

Component 'C'

As mentioned previously, 'C' stands for emotional, behavioural and physiological consequences. We will start by exploring the concept of helpful and unhelpful negative emotions and the way they interact with one another and then introduce you to the emotions table, which also contains behavioural, physical and thinking consequences that are triggered by the client's thoughts and/or beliefs at 'B'.

Understanding helpful and unhelpful negative emotions

This subheading description may seem contradictory and you would be entitled to ask: 'How can *negative* emotions be helpful? Also, what about positive emotions?' The reason for this focus on negative emotions is that working with clients in career counselling and coaching almost always involves supporting them to overcome some challenge on the way to attaining their goals. Experiencing positive emotions seldom causes a problem for clients but if they find themselves in challenging circumstances (e.g. redundancy or long-term unemployment) it is highly likely that they will experience negative emotions that may become additional barriers to achieving their goals. As we will see in later chapters, it is far more preferable for your client to experience *concern* when about to attend a competitive job interview than *anxiety* which could have a detrimental effect on performance. Fortunately helping your client to *think* and *act* constructively when facing challenges will mean that they are more likely to experience helpful rather than unhelpful negative emotions.

You may find similar descriptions of emotions in CBT literature using the words 'healthy' and 'unhealthy' to make a distinction between the two types of negative emotions, particularly REBT (Dryden & Branch, 2008). We prefer to use the terms 'helpful' and 'unhelpful' to avoid the impression of pathologising the emotions in question and also to emphasise their pragmatic value (or otherwise) in helping clients achieve their goals. It is also worth mentioning that the terms used to describe emotions that follow are general and your clients may have different ways of describing their internal experiences: for example, *terrified* at the prospect of giving a presentation rather than 'anxious'. The important issue is for you to be able to recognise whether the client's description of being terrified is consistent with the characteristics of anxiety in order to help them think and act more constructively when facing their challenge so that they are more likely to experience concern (as opposed to anxiety). Experiencing concern takes into account the fact that the client may not feel comfortable in the situation (because the outcome is very important to them), but it will hopefully sharpen rather than inhibit their performance.

The interactive processes of emotions

As you can see from Figure 1.2, thoughts, moods and behaviours interact with one another in complex ways. Whenever you feel an emotion, a complex process

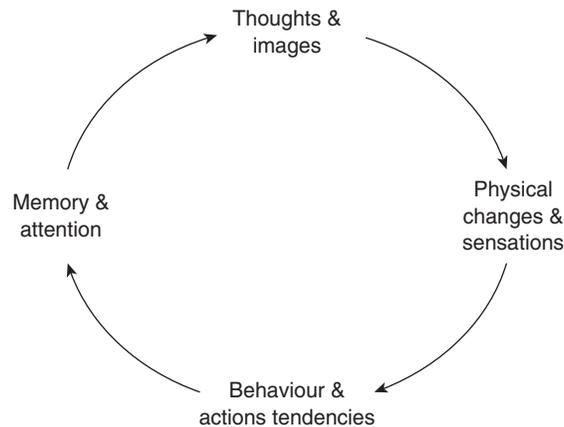


Figure 1.2 The interaction of emotional processes

is triggered. The process includes thoughts and images that enter your mind, memories you may recall, aspects of yourself or surrounding environment that you focus on, physical and mental sensations, your behaviour and things you *feel* like doing. For example, if you were about to give a presentation, focusing your attention on *potential* threats would increase the likelihood of anxious thoughts entering your mind as would recalling previous failed attempts at public speaking. Drinking coffee beforehand will increase your adrenaline and contribute to feelings of nervousness. Behaving in a fearful manner by hiding from the audience behind the projector will also add to your anxiety.

The advantage of understanding the interactive processes of emotions is that you will be able to help clients identify unhelpful negative emotions that they experience along with related thoughts and behaviours. As mentioned, clients frequently experience these unhelpful negative emotions when they encounter obstacles to achieving their goals. However, if they change the way they think and behave, clients will be more likely to experience helpful negative emotions that will strengthen their ability to overcome obstacles and achieve goals.

Distinguishing between helpful and unhelpful negative emotions can be difficult, particularly if this type of assessment is new to you. Table 1.1 contains a comprehensive list of helpful and unhelpful negative emotions and their characteristics. Everything you need to identify the emotions your clients experience is contained in the table. You will notice that some emotions are more commonly experienced by clients seeking support from career counselling and coaching than others (e.g. anxiety, anger). However, we thought it important to provide you with the full range of emotions for the sake of completeness and because we cannot underestimate the complexity of each practitioner's role in supporting clients.

Table 1.1 CBT emotions table: helpful and unhelpful negative emotions

Emotion	Type of belief	Theme	Thoughts	Behaviour
Anxiety	Unhelpful Rigid or extreme	Threat or danger	<p>Attention Focus: Monitors threat or danger excessively</p> <ul style="list-style-type: none"> Overestimates how great the threat actually is Underestimates ability to cope with the threat Creates an even greater threat in one's mind Thoughts about the threat get in the way of thoughts about taking constructive action Perceives physical symptoms of anxiety as an increased threat (e.g. increased adrenalin) 	<ul style="list-style-type: none"> Withdraws physically from the threat (runs away) Withdraws mentally from the threat (buries head in the sand) Uses superstitious behaviour in an attempt to prevent threat happening Numbs feelings of anxiety through alcohol or drugs Seeks reassurance that the threat won't happen Finds it difficult to tolerate the physical symptoms of anxiety (e.g. increased adrenalin)
Concern	Helpful Flexible and preferential	Threat or danger	<p>Attention Focus: Doesn't see threats where no threats exist</p> <ul style="list-style-type: none"> Views the threat realistically Realistically assesses ability to cope with the threat Does not create an even greater threat in one's mind 	<ul style="list-style-type: none"> Faces up to threat Deals with the threat constructively Doesn't keep seeking reassurance Tolerates the physical symptoms of concern (e.g. increased adrenalin)

(Continued)

Table 1.1 (Continued)

Emotion	Type of belief	Theme	Thoughts	Behaviour
Depression	Unhelpful Rigid or extreme	Loss (with implications for future) Failure	<ul style="list-style-type: none"> Less likely to let thoughts about the threat get in the way of thoughts about taking constructive action Perceives physical symptoms of concern (e.g. increased adrenaline) as uncomfortable but not an increased threat <p>Attention Focus: Dwells on past loss or failure and personal flaws and failings</p> <ul style="list-style-type: none"> Sees only negative aspects of the loss or failure Thinks of other losses and failures that one has experienced Ruminates on unsolvable problems Believes oneself to be helpless Thinks about negative world events Thinks future is bleak and hopeless 	<ul style="list-style-type: none"> Withdraws from others and becomes less active Withdraws into oneself Creates a depressing home environment consistent with one's mood Neglects self and home environment Tries to lessen feelings of depression in self-destructive ways (e.g. alcohol, drugs, excessive eating)
Sadness	Helpful Flexible and preferential	Loss (with implications for future) Failure	<p>Attention Focus: Focuses on problems that one can change and personal strengths and skills</p> <ul style="list-style-type: none"> Able to see both negative and positive aspects of the loss or failure 	<ul style="list-style-type: none"> Talks to significant others about feelings of loss or failure Continues to take care of oneself and one's home environment

Emotion	Type of belief	Theme	Thoughts	Behaviour
Anger	Unhelpful	Frustration Personal rule is broken	<ul style="list-style-type: none"> Less likely to think of other losses and failures than when depressed Is able to help self Has balanced view of positive and negative world events Is able to think about the future with hope 	<ul style="list-style-type: none"> Engages in positive activities that will help lift mood Avoids self-destructive behaviour
	Rigid or extreme	Self-esteem is threatened	<p>Attention Focus: Looks for malicious intent in the motives of others and evidence of offensive behaviour</p> <ul style="list-style-type: none"> Has rigid and extreme attitudes (e.g. prejudices) Assumes the other person has acted deliberately Thinks of self as definitely right and other person as wrong Unable to see the other person's point of view Plots to exact revenge 	<ul style="list-style-type: none"> Attacks the other person physically Attacks the other person verbally Acts in a passive-aggressive manner Takes out one's anger on another innocent person, animal or object Withdraws aggressively (e.g. slams doors) or sulks Recruits allies against the other person
Annoyance	Helpful Flexible and preferential	Frustration Personal rule is broken Self-esteem is threatened	<p>Attention Focus: Looks for evidence that the other person does not have malicious intent</p> <ul style="list-style-type: none"> Has flexible and preferential attitudes 	<ul style="list-style-type: none"> Asserts oneself with the other person without resorting to physical or verbal violence Asks, but not demands, that the other person changes their offensive behaviour

(Continued)

Table 1.1 (Continued)

Emotion	Type of belief	Theme	Thoughts	Behaviour
			<ul style="list-style-type: none"> • Considers that the other person may not have acted deliberately • Considers that both self and the other person may be right to some degree • Can see the other person's point of view • Doesn't think about getting revenge 	<ul style="list-style-type: none"> • Doesn't seek revenge • Doesn't take out annoyance on others • Stays in the situation and tries to resolve issues with the other person • Doesn't sulk
Guilt	Unhelpful Rigid or extreme	Moral code or personal rule is broken by failing to do something or committing a 'sin' Hurts the feelings of a significant other	<p>Attention Focus: Looks for evidence of retribution or others blaming one for the 'sin'</p> <ul style="list-style-type: none"> • Thinks that one has definitely committed the 'sin' • Assumes more personal responsibility than the situation warrants • Has rigid and extreme attitudes • Ignores other people's responsibility for the situation • Ignores mitigating factors • Thinks that one deserves to be punished 	<ul style="list-style-type: none"> • Tries to escape from guilty feelings in self-defeating ways • Begs for forgiveness • Promises (unrealistically) that the 'sin' will never be committed again • Punishes oneself physically or through deprivation • Attempts to deny responsibility for wrongdoing in an attempt to ease feelings of guilt

Emotion	Type of belief	Theme	Thoughts	Behaviour
Remorse	Helpful Flexible and preferential	Moral code or personal rule is broken by failing to do something or committing a 'sin' Hurts the feelings of a significant other	<p>Attention Focus: Doesn't look for retribution or others blaming oneself</p> <ul style="list-style-type: none"> Considers behaviour in context and with understanding before making a final judgement about whether one has 'sinned' Takes an appropriate level of personal responsibility for the 'sin' Allocates an appropriate level of responsibility to others for the situation Has flexible and preferential attitudes Takes into account mitigating factors Does not think one will receive punishment 	<ul style="list-style-type: none"> Faces up to the healthy pain that comes with knowing that one has sinned Asks for forgiveness Understands reasons for wrong doing and acts on that understanding Atones for the 'sin' by taking a penalty Makes appropriate amends Doesn't make excuses for one's behaviour or act defensively
Shame	Unhelpful Rigid or extreme	Shameful personal information has been publically revealed by self or others	<p>Attention Focus: Sees disapproval from others where it does not exist</p> <ul style="list-style-type: none"> Overestimates the 'shamefulness' of the information revealed 	<ul style="list-style-type: none"> Hides from others to avoid disapproval May attack others who have 'shamed' self in an attempt to save face

(Continued)

Table 1.1 (Continued)

Emotion	Type of belief	Theme	Thoughts	Behaviour
Regret		Others will look down upon or shun self	<ul style="list-style-type: none"> Overestimates the likelihood that others will notice or be interested in the information Overestimates the degree of disapproval from others Overestimates how long disapproval will last 	<ul style="list-style-type: none"> May act in self-defeating ways in an attempt to protect threatened self-esteem Ignores attempts by others to return situation to normal
	Helpful Flexible and preferential	Shameful personal information has been publically revealed by self or others Others will look down upon or shun self	<p>Attention Focus: Focuses on evidence that one is accepted by the social group in spite of 'shameful' evidence revealed</p> <ul style="list-style-type: none"> Is compassionate and self-accepting about the information revealed Is realistic about the likelihood that others will notice or be interested in the information Is realistic about the degree of disapproval one will receive from others Is realistic about the length of time any disapproval will last 	<ul style="list-style-type: none"> Continues to participate in social interaction and doesn't avoid others Responds to attempts by others to return situation to normal Acts in a self-accepting, unapologetic manner

Emotion	Type of belief	Theme	Thoughts	Behaviour
Hurt	Unhelpful Rigid or extreme	Other person treats self badly (self undeserving)	<p>Attention Focus: Looks for evidence of the other person not caring or being indifferent</p> <ul style="list-style-type: none"> Overestimates the unfairness of the other person's behaviour Thinks the other person doesn't care Thinks of oneself as alone, uncared for or misunderstood Tends to think of past 'hurts' Thinks that the other has to make the first move to put things right 	<ul style="list-style-type: none"> Stops communicating with the other person/sulks Punishes the other person through silence or criticism, without stating what one feels hurt about
Disappointment	Helpful Flexible and preferential	Other person treats self badly (self undeserving)	<p>Attention Focus: Focuses on evidence that the other person does care and is not indifferent</p> <ul style="list-style-type: none"> Is realistic about the degree of unfairness of the other person's behaviour Thinks the other person acted badly but doesn't think they don't care Doesn't see oneself as alone or uncared for Doesn't dwell on past hurts Doesn't wait for the other person to make the first move 	<ul style="list-style-type: none"> Communicates about one's feelings to the other person Tries to influence the other person to act in a fairer manner

(Continued)

Table 1.1 (Continued)

Emotion	Type of belief	Theme	Thoughts	Behaviour
Jealousy	Unhelpful Rigid or extreme	Threat to relationship with partner from another person	<p>Attention Focus: Looks for sexual/romantic connotations in partner's conversations and behaviour with others</p> <ul style="list-style-type: none"> • Sees threats to the relationship when none really exists • Overestimates threats to the relationship • Thinks partner is always on the verge of leaving for another • Pictures visual images of partner being unfaithful • Thinks partner will leave for another person they admitted finding attractive 	<ul style="list-style-type: none"> • Seeks constant reassurance that partner is faithful and loving • Constantly monitors partner's actions • Continually searches for evidence that one's partner is involved with someone else • Attempts to restrict the movements and activities of partner • Sets tests which partner has to pass • Retaliates for partner's imagined infidelity • Sulks
Concern for relationship	Helpful Flexible and preferential	Threat to relationship with partner from another person	<p>Attention Focus: Doesn't actively look for evidence of partner having an affair</p> <ul style="list-style-type: none"> • Doesn't see threats to the relationship when none exists • Views partner's conversations with others as normal • Doesn't create images of partner's infidelity • Accepts that partner will find others attractive but does not see this as a threat 	<ul style="list-style-type: none"> • Allows partner to express love without seeking reassurance • Allows partner freedom without monitoring them • Allows partner to show a natural interest in other men or women without imagining infidelity

Emotion	Type of belief	Theme	Thoughts	Behaviour
Unhealthy Envy	Unhelpful Rigid or extreme	Another person possesses and enjoys something desirable that the self does not have	<p>Attention Focus: Focuses on how to get the desired possession without regard for any of the consequences</p> <ul style="list-style-type: none"> • Thinks about the desired possession in a negative way to try and reduce its desirability • Pretends to be happy with one's possessions even when this is untrue • Thinks about how to acquire the desired possession regardless of its usefulness • Thinks about how to deprive the other person of the desired possession 	<ul style="list-style-type: none"> • Criticises the person who has the desired possession • Criticises the desired possession • Tries to take away the desired possession from the other person • Spoils or destroys the desired possession so that the other person does not have it
Healthy Envy	Helpful Flexible and preferential	Another person possesses and enjoys something desirable that the self does not have	<p>Attention Focus: Focuses on how to get the desired possession after considering the consequences for self and others</p> <ul style="list-style-type: none"> • Honestly admits that one desires the possession • Doesn't pretend to be happy with one's possession when one is not • Thinks about how to obtain the desired possession for positive reasons • Can allow the person to have and enjoy the desired possession without criticising the person or the possession 	<ul style="list-style-type: none"> • Tries to obtain the desired possession if it is truly what one wants

The emotions table explained

Here we explain the contents of each section contained within the emotions table.

Emotion and type of belief

The emotions table is arranged in pairs of emotions that are either helpful or unhelpful to clients (and people in general) in achieving their goals. For example, it would be unhelpful for a client to experience *anxiety* at an interview as the emotion interferes with mental and physical performance. *Concern*, on the other hand, will enable the client to tolerate the uncertainty of the situation while remaining alert and focused. If the client feels very strongly about the outcome (getting the job) it might be unrealistic for them to feel confident and relaxed if they have come to you for support with their anxiety. If they insisted that this was how they wanted to feel, you could compromise by getting them to aim at moving from anxiety to concern before making the transition to confidence. Note also that unhelpful beliefs are rigid and extreme whereas helpful beliefs are flexible and preferential.

Themes

Themes describe certain aspects of the *situation* that the clients find themselves in (or anticipate) and are the same for both helpful and unhelpful negative emotions. For example, the theme for anxiety is threat or danger (e.g. the risk of performing poorly at interview) and is exactly the same for concern, but the thoughts and behaviours that the client is likely to experience are different depending on the emotion.

Thoughts

If the client experiences an unhelpful negative emotion, they are more likely to focus on negative and/or catastrophic aspects of the situation and overestimate the likelihood of bad things happening. This can become a vicious cycle as even the slightest evidence of 'bad things happening' (e.g. a stern-looking interviewer) will confirm and strengthen the client's negative belief. The attention focus consistent with helpful negative emotions, however, is more positive in outlook and constructive.

Behaviour

Helpful negative emotions are accompanied by constructive behaviours that enable clients to overcome the challenges they face on the way to achieving their goals. Unhelpful negative emotions are usually linked to self-defeating behaviours that get in the way of achieving goals. This is an important point as one of the key strategies used to move from an unhelpful emotional state is to *act* and *think* in a way that is consistent with helpful emotions. It is also worth emphasising that the urge to behave in a certain way is indicative of the emotion that your client may be experiencing even if they do not act on this feeling. For example, if your client were about to give a presentation and felt the urge to

run away, this would indicate that they were experiencing anxiety rather than concern even if they managed to resist the urge.

Quantitative versus qualitative models of negative emotions

Having reviewed the contents of the emotions table, you may decide that using qualitative distinctions to help clients discern what they are feeling when facing certain challenges is too complicated a process. At the very least, the table will provide you with a better understanding of client's emotional reactions and enable you to devise more effective helping strategies. An alternative method that you can employ when addressing clients' emotional reactions is a quantitative model. Consider this in the case of anxiety:

No Anxiety	Intense Anxiety
0	10
1	9
2	8
3	7
4	6
5	5
6	4
7	3
8	2
9	1

With this approach, your initial endeavour is to ascertain the intensity of the client's feeling in relation to their challenge by using *likert scales*. The most helpful question to ask is:

'On a scale of 0 to 10 where 0 is no anxiety at all and 10 is the most intense anxiety you could experience, how would you rate your feelings about (attending the interview/giving the presentation)?'

Having identified a baseline for the client's specific feeling, you are now both in a position to formulate an emotional goal as part of your overall strategy. This needs to be realistic as the client may wish to aim at 0. This issue can be dealt with by using the following response:

'Given that you feel very strongly about (wanting to get the job/successfully achieve the presentation), how realistic is it for you to aim at feeling no anxiety at all?'

Assuming the client had rated their current level of anxiety at 8 and agreed that a realistic emotional goal would be to reduce this to 2, your next step is to consider what cognitive and behavioural strategies the client will need to develop in order to bring about this reduction:

'Let's consider ways in which you could think and act that would bring your anxiety level down from 8 to 2.'

You can then revisit the emotions table and review the thoughts and behaviours associated with concern to help you formulate your strategy. This process will work for any emotion that the client identifies.

Having provided you with a theoretical overview of the ABC model, we will now present you with an extended version including detailed instructions for its use with clients.

The ABCDE Model

The ABCDE model can be used to:

- understand how clients create additional barriers to achieving their goals through unhelpful thinking
- help clients to understand the problems they create for themselves and break down specific challenges by using the ABCDE framework

The different components of the model are:

'A' = activating event sometimes referred to as *adversity* because it often represents a challenge. An activating event means an actual *external* event that has occurred in the past or is happening in the present or a future event that the client anticipates. The activating event can also be *internal* (in the mind) such as an image, dream or memory. 'A' referred to as an activating event because in this model it is a *trigger* for the client's thoughts and beliefs.

'B' = beliefs that clients automatically have when they are triggered by the *activating event*. Beliefs include clients' thoughts, rules, demands they make (on themselves, the world and other people) and the meanings they attach to events (both external and internal).

'C' = the consequences of beliefs that clients hold about an *activating event* including emotions, behaviours and physical sensations that are caused by experiencing different emotions.

'D' = disputing, which involves challenging the unhelpful thought or *belief* that largely contributes to the negative emotional and physical *consequences* at 'C'.

'E' = new and effective thinking that will help the client deal with their challenge more constructively and lead to improved emotional and physical consequences at 'C'.

You can use the ABC part of the model to analyse problems your clients may be experiencing as a result of their unhelpful thinking through careful questioning. There are three ways in which you can do this depending on your preference and your client's abilities:

- Use the ABC model as a mental framework for analysing the client's problems.
- Write down the problem with your client using the ABCDE worksheet (available to download from www.sagepub.co.uk/sheward).
- Teach your client to analyse their own problems by completing the ABCDE form.

We can use our earlier example to carry out an ABC analysis:

A: Client imagines failing a job interview (an inference about a future event).

B: They believe, 'I've got to make sure that I don't perform badly at the interview or it will mean that I'm a failure.'

C: The client experiences anxiety (emotion), a churning stomach (physical reaction) and drinks alcohol in an attempt to calm themselves (unhelpful behaviour).

You can use this example as a guide to completing the ABCDE form with your clients or teach them to complete it if, in your judgment, they have the ability and inclination. You can see that following the example will help make sure you record:

- the facts of the *event* and specific trigger under 'A'
- your client's *thoughts* about the event under 'B'
- how your client *feels* and *acts* under 'C'

Developing a clear ABC of your client's problem can help them to see how their (often negative) thoughts at 'B' lead to their emotional and behavioural responses at 'C'.

The next section provides a detailed description of how to complete the ABCDE form with your client.

Completing the ABCDE form

The following guidelines will enable you to complete the ABCDE form with your clients or help them to become proficient in completing the form themselves so that they can use it as a self-help tool for dealing with challenges in achieving their goals.

Step 1: Ask the client to describe what they want to achieve under the 'What is your goal?' section

Encourage them to make their goal as specific as possible (e.g. doing well at the interview). You could link this to the client's action plan.

Step 2: In the Consequences (C) section, point 1, encourage your client to identify the emotion they are feeling about a particular situation

You don't have to start at 'C' but it makes sense if the client has presented a barrier to achieving their goal in terms of how they *feel* about the situation. An example of an unhelpful emotion could include *anxiety* about attending a job interview.

The emotions table in the previous section will help you (and your client) to understand and identify emotions.

Step 3: In the Consequences (C) section, point 2, encourage the client to describe how they acted (or felt like acting)

This could include an unhelpful behaviour related to the emotion identified at point 1 like *withdrawing physically from the threat* (e.g. wanting to avoid attending the interview).

The 'Behaviour' section of the emotions table will help you and your client to describe how they act or feel like acting when confronted with a barrier to achieving their goal.

Step 4: In the Activating Event (A) section, get the client to describe what triggered their feelings

As mentioned in the previous section, the 'activating event' (sometimes described as 'adversity') is the *trigger* for unhelpful thoughts and feelings and is usually specific and personally significant. Activating events (or triggers) can include situations that:

- happen in the present (attending the interview)
- happened in the past (did badly at the interview)
- will happen in the future (due to attend the interview)

More subtle examples of activating events (or triggers) can include *physical sensations* (increased heart rate or breathing) and even thoughts or emotions.

In order to make your assessment as accurate as possible, encourage the client to be specific about the most challenging aspect of the situation. There are two simple ways in which you can do this. Ask:

'What is the most challenging (or disturbing) thing about the situation?'

or:

'If there's one thing you could change to make you feel OK about the situation, what would it be?'

If the client finds it difficult to be specific about the situation, you could ask them to list the various aspects they find challenging or disturbing and then rank them accordingly. This method will enable you to pinpoint the main concern.

Step 5: In the Belief (B) section, get the client to describe any unhelpful thoughts and beliefs about the situation

This could include unhelpful thoughts like:

'I have to get the job or it'll prove that I'm a failure.'

'I always do badly at interviews so I'm bound to mess this up.'

‘The other applicants will be better qualified than me.’

It’s worth noting that many people think in *images* as well as words. Your clients may *see* themselves doing badly at the interview in their mind. You can capture *catastrophic images* in this section.

Step 6: In the Dispute (D) section, encourage the client to consider mistakes they are making with their thoughts and beliefs about the situation

The following questions will help you to identify your client’s thinking errors:

- ‘Are you thinking about the worst thing that could happen?’ (catastrophising)
- ‘Are you thinking in extreme, all-or-nothing terms?’ (black and white thinking)
- ‘Are you using terms like “I *always* fail” or “I *never* do well”?’ (over-generalising)
- ‘Are you predicting the future or waiting to see what happens?’ (fortune-telling)
- ‘Are you jumping to conclusions about what other people will think about you?’ (mind-reading)
- ‘Are you focusing only on the negative without considering any positive aspects?’ (mental filtering)
- ‘Are you putting yourself down excessively, for example, as a failure?’ (labelling)
- ‘Are you paying too much attention to your negative gut feelings instead of considering the facts of the situation?’ (emotional reasoning instead of rational reasoning)
- ‘Are you telling yourself that the situation is unbearable – for example, nervousness before an interview – when it is in fact tolerable and worth putting up with for the sake of your goal?’ (low frustration tolerance)

Step 7: In the Effective Thinking (E) section, encourage your client to come up with specific thoughts

Examples of effective thinking are:

- a helpful alternative for each thought, attitude or belief entered in column B at point 1
- how they would prefer to feel at point 2
- how they would prefer to act at point 3

This stage is very important as one of the key principles of CBT is to encourage clients to *think* and *act* against their negative beliefs with the aim of getting them to *feel* better about their challenging situation.

The following questions will help your client to identify more positive alternatives:

32 Motivational Career Counselling and Coaching

'What is a more helpful way of looking at the situation?'

'What evidence do you have for your unhelpful belief about the situation?'

'If your best friend were thinking this way about the situation, how would you encourage them to come up with a more positive approach?'

'Even if things didn't go the way you want them to, what could you gain from the situation?'

Step 8: Help the client develop a plan to move forward

This final stage draws everything together. Take all of the agreed actions in Section E, 'Action plan'.

Guided discovery and Socratic questioning

Plato said of the ancient Greek philosopher Socrates (c. 469–399 BC) that he was a man who thought for himself and taught others to think for themselves (Magee, 1987). Socrates bequeathed his method of Socratic questioning centuries ago and its practice has been used in philosophy ever since. It is also used extensively within CBT to facilitate guided discovery: using questioning to enable clients to see flaws in their thinking or strategies aimed at achieving their goals and helping them to realise potential solutions. There are two ways you can use this approach where:

- neither of you have the 'answer' to the client's problem and are exploring possibilities collaboratively through the method of question and answer
- you can see a possible solution ahead of the client but lead them to this conclusion through questioning rather than simply telling them.

In the case of the second approach, it is important that you do not simply manipulate the client to arrive at the answer you desire. You need to maintain a genuine interest in stimulating their problem-solving ability while keeping an open mind that you may not have the correct solution or that the client can arrive at a better one. Here is an example of helping a client to prepare for a job interview using Socratic questioning:

Counsellor: You've mentioned that you're very nervous about attending the interview. What's the worst thing that could happen as far as you are concerned?

Client: That I'd dry up – that I wouldn't be able to answer the question.

Counsellor: And if that happened, what would that mean to you?

Client: It would mean that I'd look stupid, a complete idiot.

Counsellor: So is that your biggest fear, looking an 'idiot' in front of the interview panel?

- Client:* Yes it is.
Counsellor: How much time do you spend thinking about this?
Client: Most of the time.
Counsellor: And how is thinking that you'd look an 'idiot' affecting your ability to prepare for the interview?
Client: It's getting in the way, I can't concentrate on preparing.
Counsellor: And if you think this way on the day of the interview, what's likely to happen?
Client: There's an even greater chance of me drying up.
Counsellor: So what could you do to help yourself?
Client: Change the way I'm thinking about it I suppose.
Counsellor: How?
Client: I could be less hard on myself and think that if I went blank it would be due to nerves rather than stupidity.

In the above exchange the learning outcome would have had far less potency if the practitioner had simply told the client to stop thinking they would look an idiot if they failed to answer the question. Bearing this point in mind, if you find yourself about to make a didactic teaching point, try to turn your statement into a question. This will be more effective in terms of keeping the client mentally engaged in the process in addition to strengthening their sense of self-efficacy with regard to problem solving. This approach is particularly helpful if you find yourself working with overly passive clients whose lack of participation compels the practitioner to do most of the work but with little gain for the client. To help remind you of this principle, remember the saying, 'Let the client's brain take the strain'. Although there are great merits in using guided discovery and Socratic questioning, this approach needs to be used sensitively to avoid making the client feel that they are being interrogated. Also, if it becomes apparent that the client is unable to move forward as a result of Socratic questioning, it will be necessary to make a didactic input before reverting to guided discovery.

Using the zigzag technique to strengthen clients' helpful beliefs

Using the ABCDE approach is a useful way of helping clients to challenge unhelpful beliefs they may have about overcoming any particular barriers they face on the way to achieving their goals. However, even if you elicit a more effective outlook at 'E', clients may accept it at face value but still have hidden reservations about putting this constructive thinking style into action. This is often because they have gained *intellectual* insight into their problem but not *emotional* insight.

Intellectual versus emotional insight

Albert Ellis (1963) distinguished between both types of insight that clients obtain when they realise that their cognitive and behavioural approaches to achieving their goals are flawed. He described intellectual insight in terms of a

34 Motivational Career Counselling and Coaching

superficial acknowledgement from clients that their beliefs about a situation are irrational, inconsistent with reality, illogical and self-defeating and that adopting an alternative perspective (e.g. rational, consistent with reality, logical and self-helping) would be constructive in achieving their goals. This can be described as an 'ah ha' moment: a sudden epiphany that can of itself provide clients with a great deal of satisfaction because they may have gained an insight into consistent thinking errors they have made for the first time. Clients may be seduced into thinking that gaining this insight alone is sufficient to bring about change and will enable them to overcome any psychological barriers that they have previously faced when trying to achieve their goals. It might be, for example, that they have detected unhelpful patterns of thinking and acting when faced with specific stressful situations (e.g. interviews, presentations) that are consistent with childhood experiences (being very embarrassed at having to talk in front of the class at school). This type of insight, however, is insufficient for enabling your client to think, feel and act more constructively when overcoming their specific challenge: to do this requires emotional insight.

The process of moving from intellectual to emotional insight can be described in terms of transferring the new constructive outlook from the head to the heart. This requires a commitment on behalf of the client to think and act consistently with their new effective attitude when under pressure and attempting to achieve their challenging goal and to dispute their old, negative thinking style as it occurs. Without sufficient resolve on the client's part, their intellectual insight will merely help them to understand why they fail to achieve their goal before, during and after they attempt it. This also means acknowledging that some discomfort in goal attainment is inevitable (e.g. feeling concern rather than anxiety) but is not an indication that maintaining a more constructive thinking and behavioural strategy is not working.

You can help your client to strengthen their effective new thinking strategy by teaching them to use the zigzag technique. This involves encouraging the client to play devil's advocate by both attacking and defending their new thinking strategy. The more adept your client becomes in challenging attacks on their constructive outlook, the more conviction and emotional insight they will gain. When encouraging your client to take part in this exercise, it is helpful to suggest that they mount progressively aggressive attacks on their constructive belief until they have fully exhausted any doubts in their own mind about the efficacy of their new belief. This process can be likened to a judo practitioner fighting in sequence a series of increasingly proficient opponents in order to gain strength and confidence. The following example shows Corrine's completed zigzag form to illustrate this process.

Example

Corrine has been feeling very ambivalent about applying for a promotion within her organisation. Having carried out an ABCDE assessment, it

became apparent that she maintains unhelpful beliefs that: (a) failure will be humiliating in front of her colleagues; (b) even if she were successful, she would not be able to cope with the additional responsibilities. Having disputed these negative beliefs, Corrine has formulated (see Figure 1.3) an effective new outlook that she now wishes to strengthen.



Figure 1.3 Corrine's zigzag form

The zigzag form

You can use the blank zigzag worksheet (available to download from www.sagepub.co.uk/sheward) to carry out this process with clients or coach them in using it as a self-help technique. The following steps apply in both instances.

Step 1: Summarise the new effective outlook in the top left hand box (or any other helpful belief/s that the client wishes to strengthen). Rate the strength of conviction on a scale of 0 to 100 per cent.

Step 2: In the next box, summarise any reservations or doubts about the new effective outlook. When performing this step, it is essential to attack the helpful belief as vigorously as possible to ensure that it is robust and will not dissolve in a 'live' situation.

Step 3: In the next box down, do battle with the attack by seizing on weakness in the argument. Counter each point with constructive rebuttals. It is important to remain focused on defending the effective new outlook or helpful belief and not become sidetracked by other points raised in the argument.

Step 4: Repeat steps 2 and 3 as often as is necessary until all attacks on the effective new outlook or helpful belief have been exhausted. This process may require using several zigzag forms until all doubts are dealt with adequately and a sense of firm conviction is obtained. Also, it is very important to stop on a defence of the effective new outlook or helpful belief rather than an attack to engender a feeling of positive conclusion.

Step 5: When all doubts and attacks have been answered, re-rate conviction in the effective new outlook or helpful belief on a scale of 0 to 100 per cent. If conviction has not increased, or has only increased moderately, examine the client's zigzag form and check that they have followed the instructions correctly.

As with many of the tools outlined in this book, clients can begin using the zigzag technique as a paper and pencil exercise but then internalise the process as a cognitive method for disputing unhelpful thoughts and beliefs for subsequent challenging situations.

Reflect and discuss

- 1 What do you consider to be the most important aspects of CBT theory and application in relation to your professional practice? How will you integrate these within your current working methods?
- 2 How can you apply the 5-areas model to a particular client case that you are currently working on? How can you apply it to a personal or professional situation?
- 3 Which are the most common unhelpful patterns of thinking that you come across in your work with clients?

- 4 How can you apply the ABC model to one client case and one personal or professional situation?
- 5 Which helpful and unhelpful negative emotions do you encounter most frequently in your work with clients?
- 6 How can you integrate the zigzag technique into your current professional practice?