

A Fictional Telephone Therapy Case Example (but based on an actual case)

Bob contacted me after purchasing my book, *Returning To Joy*. Finding relief through the exercises, Bob thought that cognitive therapy would augment his emergence from a ten month bout of clinical depression. Unfortunately, he was unable to find a “flesh and blood” therapist specializing in depression and cognitive therapy where he lived. During our initial phone session, Bob and I gathered relevant data such as his symptoms, his physical health status, and his work and family status.

Bob also told me that previous attempts at psychotherapy hadn't worked as much as he'd liked. He felt that he needed more practical guidance on improving his mood and functioning. Before ending our session, I made sure to get an email address so that I could send three important forms.

These forms were:

The Depression Self Test

The Anxiety Self Test

Getting Started With Mood Monitoring

Bob was instructed to complete the depression self test, the anxiety self test, and getting started with mood monitoring. He had the choice of either faxing them to me or sending them via email. The major issue was that I receive them before our scheduled session in four days.

Based on the completed forms, Bob's depression was in the moderate range. His anxiety was also in the moderate range. What Bob found so surprising was that he had not noticed how anxious he was. Like many depressed people, Bob had become disconnected from many of his feelings, both emotional and physical. (In fact, when I sent Bob a Body Awareness form he reported that he had been unaware of muscle aches and pains in his back.)

By the end of the second session, we had mapped out a connection between Bob's anxiety and depressed moods. In other words, Bob's anxiety made him feel demoralized and incapable. Such strong feelings lead to a downward spiral of negativity about his whole life. That in turn lead to a “what's the use attitude” which then lead to social isolation. Our work then was to address the issues of anxiety as well as to learn how to manage the bouts of incompetence, passivity, and social awkwardness.

Our phone sessions went on for approximately four months. Bob used many of the basic tools of cognitive therapy such as pattern interrupt and playing with the mind. Portions of several sessions were conducted via instant messaging because the process of typing allowed Bob and I to “see” his thoughts and the core beliefs associated with them.

A guided imagery exercise that I recorded for him also helped him learn to relax. Most importantly, he experimented with assertiveness skills that reduced his anxiety at work by strengthening his sense of personal competence. Many of our sessions were spent examining difficult interactions from a cognitive therapy perspective. Bob used email access on occasion to share some in-between concerns and observations with me. Using the “in the moment” advantages of telephone contact as well as email and other technologies, we made the most of our work together.

At the conclusion of our work together, Bob shared that he found the flexibility of treatment to be very helpful. The fact that he could do the “work” on his own turf, gave the therapy more impact.