

MULTIMODAL THERAPY



COURSE: CLINICAL ASSESSMENT AND INTERVENTION

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Multimodal therapy

Multimodal therapy is an open system that encourages technical eclecticism. New techniques are constantly being introduced and existing techniques refined, but they are never used in a shotgun manner. Multimodal therapists take great pains to determine precisely what relationship and what treatment strategies will work best with each client and under which particular circumstances. The underlying assumption of this approach is that because individuals are troubled by a variety of specific problems it is appropriate that a multitude of treatment strategies be used in bringing about change. Therapeutic flexibility and versatility, along with breadth over depth, are highly valued, and multimodal therapists are constantly adjusting their procedures to achieve the client's goals. Therapists need to decide when and how to be challenging or supportive, cold or warm, formal or informal, and tough or tender (Lazarus, 1997a, 2008).

Multimodal therapists tend to be very active during therapist sessions, functioning as trainers, educators, consultants, and role models. They provide information, instruction, and feedback as well as modeling assertive behaviors. They offer constructive criticism and suggestions, positive reinforcements, and are appropriately self-disclosing. Lazarus (2008) contends: “Multimodal therapists subscribe to no dogma other than the principles of theoretical parsimony and therapeutic effectiveness”. Techniques are borrowed from many other therapy systems. They recognize that many clients come to therapy needing to learn skills, and they are willing to teach, coach, train, model, and direct their clients. Multimodal therapists typically function directly by providing information, instruction, and reactions. They challenge self-defeating beliefs, offer constructive feedback, provide positive reinforcement, and are appropriately self-disclosing. It is essential that therapists start where the client is and then move into other productive areas for exploration. Failure to apprehend the client’s situation can easily leave the client feeling alienated and misunderstood (Lazarus, 2000).

THE BASIC I.D. The essence of Lazarus's multimodal approach is the premise that the complex personality of human beings can be divided into seven major areas of functioning:

B = behavior;

A = affective responses;

S = sensations;

I = images;

C = cognitions;

I = interpersonal relationships; and

D = drugs, biological functions, nutrition, and exercise (Lazarus, 1989, 1992a, 1992b, 1997a, 1997b, 2000, 2006, 2008).

Although these modalities are interactive, they can be considered discrete functions. Multimodal therapy begins with a comprehensive assessment of the seven modalities of human functioning and the interaction among them. A complete assessment and treatment program must account for each modality of the BASIC I.D., which is the cognitive map linking each aspect of personality.

Therapists identify one specific issue from each aspect of the BASIC I.D. framework as a target for change and teach clients a range of techniques they can use to combat faulty thinking, to learn to relax in stressful situations, and to acquire effective interpersonal skills. Clients can then apply these skills to a broad range of problems in their everyday lives.

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