Arnold Lazarus (1981; 1989) believes that the entire range of human personality can be included within seven modalities. He places emphasis on the fact that people are essentially biological organisms (neurophysiological / biochemical entities) who behave (act and react), emote (experience affective responses), sense (respond to olfactory, tactile, gustatory, visual and auditory stimuli), imagine (conjure up sights, sounds and other events in the mind’s eye), think (hold belief, opinions, attitudes and values), and interact with one another (tolerate, enjoy or endure various interpersonal relationships). By referring to these seven discrete but interactive dimensions or modalities as behaviour, affect, sensation, imagery, cognition, interpersonal and drugs / biology, the useful acronym BASIC ID arises from the first letter of each (see Palmer and Lazarus, 1995).

Modality profile: client compilation instructions

Behaviours

This refers mainly to overt behaviours such as acts, gestures, habits, responses and reactions that can be observed. Write down which behaviours you would like to increase and which ones you would like to decrease. What would you like to stop doing? what would you like to start doing?

Feelings

This refers to emotions, moods and strong feelings. What emotions do you experience most often? write down your unwanted emotions (e.g. anxiety, anger, depression, embarrassment, shame, guilt, hurt). Note under “Behaviours” what you tend to do when you feel a certain way (e.g. avoid friends when depressed).

Physical sensations

Seeing hearing, tasting, touching and smelling are our five basic senses. Make a list of any negative sensations that apply to you (e.g. butterflies in the stomach, blushing, dizziness, tension, pain, sweating). If any of these sensations cause you to act or feel in certain ways, ensure you note them down under “behaviours” or feelings”

Images

Write down any recurring dreams and any vivid memories that may be bothering you. Include any negative features about the way you see yourself (your self-image). We are looking for “pictures” or vivid scenes from your past, present or future, that may be troubling you. If you images arouses any significant actions, feelings, or
sensations, ensure that these items are added to “behaviors”, ”feelings”, and “Physical sensations”.

Thoughts

What sorts of ideas, opinions, values and attitudes get in the way of your happiness? make a list of unhelpful things you tell yourself (e.g. “I must be perfect at all times”, “I’m worthless and useless”, “I can’t stand it”, “what’s the point of living?”). What are some of your most irrational ideas? We are also interested in auditory memories that you keep on hearing and that constitute a problem (e.g. sad music). Note down how these thoughts and ideas influence your “Behaviours”, “Physical sensations” and “Images”.

Interpersonal relationships

Write down any problems with other people (e.g. relatives, friends, work colleagues, neighbour, lovers, acquaintance) that bother you. Any concerns you have about the way other people treat you or how you treat you or how you treat them can appear here. Check through the items under “Behaviours”, “Feelings”, “Physical sensations”, “Images” and “thoughts”, and try to determine how they influence, and are influenced by, your “Interpersonal relationship”.

Biological factors

Make a list of all drugs, whether prescribed by a doctor or not, that you are taking. Include any health and medical concerns, and major illness you have or have had. Write down whether you want to improve your diet, lose or gain weight, or take more exercise.
John’s full modality profile (or BASIC ID chart)

Behaviour
Problem: Eats / walks fast, always in a rush, hostile, competitive: indicative of type A behaviour.
Avoidance of giving presentations
Accident proneness
Proposed progeamme / treatment:
Discuss advantages of slowing down; disadvantages of rushing and being hostile; teach relaxation exercise; dispute self-defeating beliefs.
Exposure programme; teach necessary skills; dispute self-defeating beliefs
Discuss advantages of slowing down

Affect
Problem:
Anxious when giving presentations
Guilt when work targets not achieved
Frequent angry outbursts at work
Proposed progeamme / treatment:
Anxiety management
Dispute self-defeating thinking
Anger management: dispute irrational beliefs

Sensation
Problem:
Tension in shoulders
Palpitations
Frequent headaches
Sleeping difficulties
Proposed progeamme / treatment:
Self-message; muscle relaxation exercise
Anxiety management e.g. breathing relaxation technique, dispute catastrophic thinking
Relaxation exercise and biofeedback
Relaxation or self-hypnosis tape for bedtime use; behavioural retraining; possibly reduce caffeine intake

Imagery
Problem:
Negative images of not performing well
Images of losing control
Poor self-image
Proposed programme / treatment:
Coping imagery focusing on giving adequate presentations
Coping imagery of dealing with difficult work situations and with presentations: “step-up” imagery (Palmer and Dryden, 1995)
Positive imagery (Lazarus, 1984)

Cognition
Problem:
I must perform well otherwise it will be awful and I couldn’t stand it
I must be in control
Significant others should recognize my work
If I fail then I am a total failure
Proposed programme / treatment:
Dispute self-defeating and irrational beliefs; coping statements; cognitive restructuring; ABCDE paradigm (Ellis et al., 1997); bibliotherapy; coping imagery (Palmer and Dryden, 1995)

Interpersonal
Problem:
Passive/aggressive in relationships
Manipulative tendencies at work
Always puts self first
Few supportive friends
Proposed programme / treatment:
Assertiveness training
Discuss pros and cons of behavior
Discuss pros and cons of behavior
Friendship training (Palmer and Dryden)

Drugs/biology
Problem:
Feeling inexplicably tried
Taking aspirins for headaches
Consumes 10 cups of coffee a day
Poor nutrition and little exercises
Improve sleeping and reassess; refer to GP  
Refer to GP; relaxation exercises  
Discuss benefit of reducing caffeine intake  
Nutrition and exercise programme

Practice Points  
Assessment is part of counseling: avoid temporarily neglecting good counselling practice during assessment  
The purpose of assessment is to identify problems and to identify possible solutions, which may be multiple.  
Diagnosis matches the client’s signs and symptoms against known clusters of signs and symptoms to discover if a match can be found.  
Severity and duration are important. The known clusters are given in classification manuals.  
Be aware of the problems of labeling and stigmatization  
The biopsychosocial formulation views the individual holistically and is particularly sensitive to the individual differences of each person. It recognizes that individuals are part of multiple systems and therefore function at many different levels. Individuals also have many different parts operating within them. Interventions can therefore be focused at many different points.  
It is helpful to let the potential client know the following during the first session, as well as the reasons, where appropriate:  
Whether or not you will be able to offer her counseling  
Whether or not your organization will be able to offer her counselling  
Whether or not you or your organization will be able to refer her to another agency for help.