MAGYAR GERONTOLÓGIA
HUNGARIAN GERONTOLOGY
17. ÉVFOLYAM 44. SZÁM (2025)
ISSN 2062-3690

Behavioural Techniques in Work with Seniors

Ondrej Botek[1], Nadežda Kovalčíková[2]

[1]Trnava University, Faculty of Health Care and Social Work, Department of Social Work 0000-0003-4079-1073
[2]Trnava University, Faculty of Health Care and Social Work, Department of Social Work 0000-0001-5023-5682
doi: https://doi.org/10.47225/mg/17/44/16907

Keywords: cognitive-behavioural therapy, storytelling, older adults, avoidance, exposure, psychoeducation, anxiety recovery, gerontology

Abstract

This article explores the application of storytelling as a cognitive-behavioural therapy (CBT) tool for older adults, emphasizing its effectiveness in illustrating the role of avoidance and exposure in anxiety recovery. Integrating a complete theoretical introduction and narrative case example with conceptual support from psychoeducational materials, the article demonstrates how storytelling facilitates therapeutic insight and engagement, particularly in older populations.

Introduction

Older adults frequently encounter life events that threaten their autonomy, security, or sense of identity such as bereavement, falls, serious medical diagnoses, or relocation to assisted living. These events, while often unavoidable, can precipitate significant psychological challenges. In clinical practice, older clients frequently attribute their emotional distress or loss of functioning to such life events. However, Cognitive-Behavioural Therapy (CBT) offers a different lens: psychological problems are not caused directly by the events themselves, but by how individuals respond to them (Blenkiron, 2005; Otto, 2000).

This manuscript explores the integration of storytelling as a psychoeducational method in CBT with older adults. Storytelling provides a powerful, developmentally attuned medium for conveying core CBT principles such as avoidance, exposure, and the anxiety maintenance cycle. Older adults often benefit from therapeutic methods that are structured, emotionally resonant, and grounded in meaning-making - characteristics inherent in narrative approaches (Laidlaw & Chellingsworth, 2016; Westerhof & Bohlmeijer, 2012).

Narrative-based interventions such as narrative group therapy have been shown to improve aging perceptions and reduce death anxiety in older adults, further supporting the value of storytelling in promoting psychological well-being in late life (Nozari et al., 2019). These approaches align with the cognitive and emotional tasks of aging - such as integrating past experiences, finding meaning in adversity, and maintaining a sense of agency. By embedding CBT mechanisms within a structured story, clinicians can offer older clients a therapeutic tool that is not only theoretically sound, but also experientially accessible. This paper introduces such a narrative model and explores its utility in helping older adults understand and modify maladaptive avoidance patterns.

Methodology

This study employed a narrative integration method grounded in clinical psychoeducation and informed by principles of cognitive–behavioural therapy (CBT). The therapeutic educational story - The Story of Two Worlds - was originally developed as a teaching tool for students of social work and psychology, with the aim of illustrating the mechanisms through which avoidance maintains psychological distress and demonstrating how gradual exposure facilitates recovery. It was subsequently applied in clinical practice as part of client education, conceptualised as a composite of multiple clinical cases observed in CBT work

with older adults, and iteratively refined through therapeutic use, collegial feedback, and observed client responses.

The development process involved integrating theoretical concepts from CBT psychoeducation (e.g., the anxiety cycle, avoidance and exposure, normalization) into a structured narrative format designed for use in geriatric clinical settings. The story aligns with principles of narrative therapy, particularly externalization and re-authoring, by enabling clients to explore maladaptive patterns from a safe, symbolic distance (Laidlaw & Chellingsworth, 2016; Dulwich Centre Foundation, 2023).

The narrative was used in clinical sessions as a psychoeducational tool to facilitate insight and promote client engagement, especially among older adults who may prefer concrete, relatable examples over abstract psychological models. The structure allows therapists to pause at key moments to engage clients in discussion, reflection, or cognitive restructuring exercises, anchoring core CBT interventions within a meaningful narrative context.

The approach reflects a practice-based methodology - combining narrative therapy insights with CBT psychoeducation - tailored for older adults in clinical care.

Results

Theoretical Background

In the initial stages of CBT, psychoeducation plays a crucial role. Many clients - particularly older adults - enter therapy believing their psychological difficulties are direct consequences of negative life events. CBT reframes this: it is not the event, but the response, that determines whether a problem develops and persists (Blenkiron, 2005; Otto et al., 2000).

To convey this principle, a narrative-based technique has been developed. It vividly illustrates the fundamental mechanisms by which psychological problems such as anxiety, avoidance, and loss of functioning are maintained. This is particularly relevant in work with older adults, who often face challenges related to competence, social support, or autonomy (Secker, Kazantzis, & Pachana, 2004).

The technique utilizes parallel stories - two individuals in identical circumstances whose differing responses following a traumatic event lead to markedly different long-term outcomes. The story illustrates the basic model of the anxiety cycle:

Trigger → Anxiety → Avoidance → Immediate Relief → Long-term Worsening (Erickson et al., 2022).

Avoidance, while initially experienced as adaptive, prevents emotional recovery. Older adults frequently demonstrate this pattern after loss, medical setbacks, or trauma: withdrawing from meaningful activities to avoid discomfort, thus reinforcing anxiety. The narrative method shows that "the discomfort one allows oneself to experience is the path toward regaining function" (Davis et al., 2021).

A key element is normalisation - demonstrating that even supportive behaviours (e.g., offering to help) may unintentionally reinforce avoidance. The aim is not to label such behaviour as "wrong," but to clarify its long-term consequences:

"Taking the bus is not the problem—unless it becomes an escape from the steering wheel."

Thus, the goal is to support older clients in understanding that change does not mean returning to the past, but choosing to stop reinforcing fear. Discomfort, as in physical rehabilitation, is often a prerequisite for long-term improvement (Otto et al., 2000; Buur et al., 2025).

Clinical Illustration: Story of Two Worlds

In two parallel universes lived two men who led completely identical lives. They had the same primary family, education, job, secondary family - everything. The two universes were entirely identical. One day, due to a moment of inattention, both men caused a traffic accident in which they nearly hit a cyclist. Fortunately, both managed to swerve at the last moment; the car overturned and landed off the road. Miraculously, no one was injured, although the car was completely wrecked. After a hospital check-up, they were discharged with the remark that all their guardian angels must have been watching over them.

Upon returning home, the man kept thinking about what had happened - how he could have made such a mistake. Among many other thoughts, he wondered how he would get to work the next day, since the car was destroyed. He thought of asking his wife if he could borrow her car. But just imagining sitting behind the wheel made his stomach tighten, his hands tremble, and he felt intense anxiety. Despite this, he asked his wife, “Could I borrow your car tomorrow?”

At this moment, the two parallel worlds split.

In the first universe, his wife replied, “Of course, feel free to take it.” He responded, “I’m not sure I’ll manage it tomorrow… when I imagine myself driving, I start shaking, my stomach hurts, and I feel really scared.” His wife replied, “Well, that’s perfectly normal. You had an accident today - it’s only natural to feel afraid.”

The whole evening, he felt anxious, couldn't eat properly, slept poorly, and woke up tense. He barely managed to eat breakfast. When he got into the car, the anxiety surged - he trembled, drove very cautiously, arrived at work drenched in sweat, and couldn't concentrate. He worried all day about how he would manage the drive home. The return journey was also difficult, especially as he passed the site of the accident.

That evening, he told his wife, "Today was awful. I thought I wouldn't make it - it was terribly hard." She replied, "That's completely understandable. You had an accident yesterday - of course you're afraid."

The next day, it was slightly better. And better the day after that. After a few weeks, he decided to buy a new car. Driving the new vehicle became more enjoyable, and gradually, the fear faded. After about six months, his driving resembled how it was before the accident - not quite the same, but almost identical.

In the second universe, when he asked if he could borrow her car, his wife replied, "Unfortunately not tomorrow - I need it. But I can drive you to work." He said, "That would be great. When I thought about driving tomorrow, I started shaking, my stomach hurt, and I was really scared." She responded, "That's perfectly normal. You had an accident today - it's only natural to feel afraid."

Because he didn't have to drive, he calmed down, ate well, and slept fine. In the morning, he had breakfast and was driven to work by his wife. In the afternoon, she rang to say she could also pick him up - he happily accepted. This routine continued for several days.

After a few days, his wife said, "I can't take you tomorrow - but you can borrow my car." He froze - his hands trembled, stomach tightened, and heart raced. "I'm shaking… I don't think I can do it." She replied, "That's perfectly normal - it's been less than a week. Don't stress - you can take the bus. It stops right near your workplace." He said, "That's a great idea - and cheaper than driving too."

So he began taking the bus. As the weather warmed up, he said, "I might start cycling. It's more eco-friendly, and I'll get some exercise." His wife replied, "That's a great idea. Why stress yourself with driving?"

And so it continued - for several years.

Three years later, the parallel worlds met again. Both men lost their jobs. As they were skilled and experienced, they quickly found new roles - but the new jobs required driving.

For the first man, that wasn't a problem.

The second man, however, sought help from a therapist. He said, "I need help with driving. I feel an overwhelming fear when I even think about getting into a car."

The therapist asked, “Do you have any idea what might be causing this?” He replied, “Oh yes. I know exactly. I had a serious accident three years ago. Miraculously, no one was hurt - but since then, I haven’t been able to drive. It’s because of that accident.”

Psychoeducational Foundations from CBT

The accompanying psychoeducational material reinforces the message that responses, not events, maintain anxiety (Blenkiron, 2005; Otto et al., 2000). Avoidance offers immediate relief but reinforces fear. Exposure entails short-term discomfort but enables long-term recovery. This is especially important in geriatric therapy, where fear-driven withdrawal can rapidly lead to loss of function and autonomy (Secker et al., 2004).

An additional metaphor likens recovery to rehabilitating a broken arm. Resting feels good, but without painful movement, function never returns. As the teaching story notes: "Sometimes things must hurt more before they can hurt less."

Discussion

For therapists working with older adults, storytelling offers a powerful educational and therapeutic method that resonates with developmental, cultural, and cognitive aspects of aging. The story presented in this paper - universal in its structure - mirrors many challenges faced in later life, such as the aftermath of traumatic events, medical setbacks, or functional decline. In clinical settings, these often present as fear-driven avoidance: older adults may withdraw from walking after a fall, resist social contact following bereavement, or avoid medical care after a distressing diagnosis. These patterns, if left unaddressed, can accelerate functional loss and reduce quality of life.

Storytelling provides a developmentally appropriate way to illustrate how these patterns are maintained and how change becomes possible. Older adults often hold rich autobiographical memories and benefit from interventions that engage identity, life meaning, and narrative coherence (Westerhof & Bohlmeijer, 2012). Therapeutic stories support this process by enabling symbolic reflection on internal experiences, externalizing problems, and allowing clients to imagine alternative responses.

Moreover, research suggests that many older clients may struggle with abstract models or unfamiliar therapeutic language. Storytelling provides a cognitively accessible bridge to key CBT principles, such as the anxiety maintenance cycle, avoidance, and exposure (Laidlaw & Chellingsworth, 2016). Narratives offer emotional immediacy, normalize discomfort, and model adaptive coping without pathologizing distress. This is especially relevant in late life,

where emotional resilience often coexists with complex grief, trauma histories, or chronic illness.

As demonstrated in the narrative method described here, storytelling can also support re-authoring processes - enabling clients to view their responses not as fixed, but as open to change. The narrative context allows therapists to guide clients toward insight and motivation for behavioural change, while remaining grounded in lived experience and cultural understanding. This makes storytelling not only a clinical tool but also a means of enhancing agency and psychological flexibility in older adults.

Conclusion

Storytelling constitutes a clinically valuable and conceptually robust adjunct to Cognitive Behavioural Therapy (CBT) when working with older adults. As illustrated by the narrative method presented in this paper, therapeutic stories can effectively demonstrate how psychological distress is maintained through avoidance behaviours, while also conveying the mechanisms by which gradual exposure facilitates functional and emotional recovery. This approach is particularly pertinent in gerontological contexts, where older individuals frequently experience fear-related withdrawal following life events such as bereavement, illness, or loss of autonomy.

By embedding CBT principles within a developmentally appropriate and emotionally resonant narrative framework, practitioners may enhance psychoeducational engagement and improve the accessibility of cognitive restructuring. Narrative methods align with the cognitive and psychosocial characteristics of later life, supporting reflective integration, identity continuity, and emotional processing. Furthermore, storytelling fosters therapeutic insight and facilitates client agency through the re-authoring of maladaptive patterns. When used alongside standard CBT interventions, narrative approaches offer a meaningful and culturally attuned means of empowering older adults to participate actively in their therapeutic process.

References

Blenkiron, P. (2005). Stories and analogies in cognitive behaviour therapy. The Cognitive Behaviour Therapist, 3(1), 17–25. DOI: 10.1017/S1352465804001766

Buur, C., et al. (2025). Older Bereaved Individuals' Experiences of Cognitive Behavioral Grief Treatment. *Journal of Anxiety Disorders*, 96, 102634.

Davis, C. H., Gaudiano, B. A., McHugh, L., & Levin, M. E. (2021). Integrating storytelling into contextual behavioral science. *Journal of Contextual Behavioral Science*, 19, 128–136.

Erickson, J., et al. (2022). Anxiety Disorders in Late Life: Considerations for CBT. *Cognitive and Behavioral Practice*, 29(2), 245–259.

Laidlaw, K., & Chellingsworth, M. (2016). Cognitive behaviour therapy with older people [Workbook]. Norwich Medical School. Retrieved from: https://assets.uea.ac.uk/f/185167/x/2345637901/norwich-medical-school-cbt-with-older-people.pdf

Otto, M. W., et al. (2000). Stories and Metaphors in Cognitive-Behavior Therapy. *Cognitive and Behavioral Practice*, 7(4), 402–408.

Nozari, Z., Mo'tamedi, A., Eskandari, H., & Ahmadivand, Z. (2019). Narrative group therapy to improve aging perceptions and reduce thanatophobia (death anxiety) in older adults. Elderly Health Journal, 5(2), 117–123. retrieved from: https://www.researchgate.net/publication/338244850_Narrative_Group_Therapy_to_Improve_Aging_Perceptions_and_Reduce_Thanatophobia_Death_Anxiety_in_Older_Adults

Secker, D. L., Kazantzis, N., & Pachana, N. A. (2004). Cognitive Behavior Therapy for Older Adults: Practical Guidelines. *Aging & Mental Health*, 8(2), 103–112.

Westerhof, G. J., & Bohlmeijer, E. T. (2012). Life Stories and Mental Health: The Role of Identification Processes in Theory and Interventions. Narrative works, 2(1), 106-128. http://journals.hil.unb.ca/index.php/NW/article/view/19501