

BOOK REVIEW

The handbook of brief therapies: A practical guide

Edited by Parry, S.

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This concise and very clearly written publication is exactly what it says it is: a practical guide. If you require a brief account of the main therapeutic modalities regularly used on a short-term basis (defined as 24 sessions or less) in clinical practice and how to apply them, it certainly delivers. Each chapter outlines the underlying theory of each modality, considers the research evidence for its effectiveness and then offers a guide to practice. On the other hand, those who prefer in-depth consideration of history, theory, philosophy and political context may find it lacking, despite the fact that this is beyond the scope of the book. It also has to be pointed out that there is very little consideration of social context and the ethics of delivering therapy in relation to other forms of intervention such as advocacy or political activism.

Eight “core approaches” are outlined in the first section of the book starting with cognitive behavioural therapy, then moving on to “time-limited” person-centred therapy, motivational interviewing, solution-focused therapy and then “short-term” acceptance and commitment therapy. It also covers family therapy, brief dynamic interpersonal therapy and cognitive analytic therapy. Part two comprises chapters on integrative approaches, compassionate mind-training, “brief interventions using artistic expression” and “interventions in a hospital setting.” To my mind, cognitive analytic therapy is fundamentally integrative and would have been better placed in the second section. For some, the inclusion of chapters on internet-delivered CBT and psychoeducation in a book on brief therapies will be controversial. This highlights to me wider confusion and disagreement about how to define therapy and, in particular, how to differentiate between “therapy” and an “intervention.”

Since the contributions were written by an eclectic mix of clinical and counselling psychologists, counsellors and other therapists, the definition of therapy was likely to be broad. However, the language used to describe work with clients has implications, and perhaps this needed more in-depth thought. “Mental health” services are becoming more target-driven and outcome-focused, and blurring the lines between therapy and psychological interventions might suit this agenda if core therapeutic approaches are watered down into structured diagnostically driven frameworks. Psychologists might also take issue with integrative psychological interventions being replaced by single-modality therapies. Rather than being merely “theoretical,” as I know from my own experience and speaking to other practitioners, these dilemmas about definition and language can impact on practice on a daily basis. How can therapists respond to the needs of the individual clients if they can only deliver diagnosis-specific therapy and have to limit the number of sessions offered? It is often extremely difficult to meet the needs of those with complex or developmental trauma under these conditions. Clients who have suffered the greatest adversity are ill served under such a system.

The book does include some consideration of whether therapists should be using modalities that aim to treat specific disorders or integrating approaches to meet individual need. Psychodynamic, humanistic and existentialist therapists may find this binary confusing because their modalities are already inherently focused on the person and not on “symptoms.” However, the final chapter provides a helpful summary of the four approaches to integration and the crucial role of the therapeutic relationship for containing the client's emotions and providing space for experiential learning.

The editor spells out from the outset that reading alone is not sufficient to develop competency in any particular approach and that it is essential to hone skills via experience, reflexivity and supervision. Some exploration of the

implications of the ever-expanding number of “brands” of therapy, which proponents seek to establish as distinct and unique when there is considerable evidence for the effects of common factors, might have added to this book. Should therapists and psychologists be training in multiple modalities and picking from a toolbox of approaches or should we be focusing on developing generic skills in therapeutic process? Should practitioners who have not been trained in a psychodynamic approach be able to deliver short-term approaches such as Dynamic Interpersonal Therapy (DIT)? If so, would this be called “therapy” or an “intervention” and what would be the difference?

Despite the book having a practical focus, some of the chapters, for example on brief dynamic interpersonal therapy, outline the historical context in which the approach emerged. The authors acknowledge that “brief” and “psychodynamic” may “read as an oxymoron” (p. 98). They describe the development of this “structured and systematic” approach as “the ‘socio-analytic child’ of the evidence based era” (p. 101) and the Improving Access to Psychological Therapies (IAPT) service. They also highlight that it was intended for the “treatment” of mild to moderate depression and helped to fulfil the often forgotten IAPT agenda of providing a range of therapeutic approaches. However, in this publication as a whole, the historical context behind the drive to provide shorter term therapy is left relatively unexplored.

Although the line between “therapy” and an “intervention” is blurred, without much exploration of the difference, one of the strengths of this publication is its inclusiveness. It is rare to see a chapter about “interventions using artistic expression” adjacent to one on “interventions in hospital settings.” The psychological influence from both clinical and counselling psychologists is clear. Although psychodynamic, humanistic and existential therapists would likely argue that “formulation” has always been a part of the process of therapy, psychologists have reified it and it is now seen as a key aspect of psychological practice: a separate standalone entity and a prerequisite for “therapy” or “intervention.” “Psychological formulation” draws on psychological theory, which is usually informed by empirical research. Psychologists may draw from research and theory linked to multiple modalities to construct an integrative formulation, usually done collaboratively with a client, or the formulation may be rooted in a single approach.

Increasingly, psychologists and therapists work together in integrated teams, and this publication would be a useful starting point for dialogue about points of intersection in therapeutic practice and about areas in which theory and practice diverge. It could also prove a helpful springboard for meta-dialogue about the different languages that describe practices that in many cases are, in essence, very similar. Now seems to be a time for developing consensus amongst psychology and therapy professionals, as well as maintaining space for differing perspectives. This book would likely stimulate a great deal of much needed conversation and constructive debate. On the other hand, it is also a reminder of the dangers of attempting to think about therapeutic practice without a great deal of consideration of the social and political context.

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Katherine Thomas studied social anthropology at the University of Cambridge and is soon to complete doctoral training in counselling psychology. The complex relationship between the individual and society has been a longstanding interest. In her doctoral thesis she explored how survivors of domestic violence incorporate therapeutic and other macro-narratives into their understandings of “self” after experiencing psychological therapy. She currently works as an advanced psychological therapist in an in-patient setting. Her core modality is relational psychodynamic but she often works integratively and is also trained in CBT, MBT and compassion-focused therapy (amongst others).