

PRINCIPLES OF THERAPY

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Within this introductory chapter we will discuss what the book is, how to use it and how it can appeal to therapists at different levels of professional training. Taking a look back through time we will show how the application of therapeutic models has changed over the years. We will also introduce the models of therapy included in the book, discuss reasons for their selection, and will highlight commonalities between these models. Finally, this chapter will discuss the importance of a good therapeutic relationship and consider how therapists can develop the skills required for therapy.

So many of us have bought books in the past that we hoped would somehow (perhaps via osmosis) provide us with the skills required to 'do therapy'. Many books give a good grounding in the general principles of therapy, or provide a comprehensive overview of the theoretical underpinnings of any given therapy. Whilst this is clearly valuable, after reading them one rarely feels actually able to sit in a room and begin practising that particular model of therapy. Here we present something different. We can't promise learning through osmosis, or that you will earn your Jedi status as a master therapist by reading *The Pocket Guide to Therapy*. However, we hope that reading this book will increase your confidence and de-mystify the art of each therapeutic model.

This book does exactly what it says on the cover; it provides a clear introduction on 'how to' apply ten models of therapy that are widely used in practice. In each chapter we provide tangible examples of how the therapy models can be applied, through sample questions, snippets of worked examples, worksheets, and a detailed case study with diagrammatic formulation. We also provide text boxes to point you in the direction of further exploration

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should you wish to find out more, a glossary explaining the key terms (often confusing) used by practitioners/theorists of each model, and a list of references cited in the chapter.

HOW TO USE THE POCKET GUIDE

We have designed this book so each chapter can be read in its own right as a guide to that particular model of therapy. We have tried to keep the chapters relatively short and each one has the same general format:

- *The Model* – This is a general introduction to the model of therapy and its theoretical underpinnings. These sections provide a whistle-stop tour of how the model came to be, but without delivering a full-blown history of the model.
- *Application* – Here we focus our attention to provide practical guidance on ‘how to’ apply the model. This is achieved through sharing techniques used in therapy and demonstrating these skills through short case extracts.
- *Case Example* – To demonstrate how the model of therapy can be applied in its entirety, we share a single case study and diagrammatic case formulation.¹
- *Glossary* – Most models of therapy have their own unique terms that can sometimes feel like a foreign language. Whilst each chapter tries to avoid overuse of such language, a glossary of the key terms used within the therapeutic model is presented at the end of each chapter with ‘plain English’ definitions.
- *Worksheets* – At the end of each chapter, four worksheets are provided to help with applying the model in practice. You will find that these are outlined in grey shading to make them easy to locate for quick reference.

Warning!

Reading the various chapters of this book will sadly not lead to a qualification in the particular model of therapy. Instead, we hope the chapters provide a taster of what to expect from each model of therapy, which may in turn lead you to consider further training. It is this further training that can provide the development of key skills and ultimately lead you to becoming professionally qualified in a particular model of therapy. Where possible we have tried to provide signposting to additional reading and useful resources that can help facilitate this developmental process.

THERAPY: THEN AND NOW

Social interaction has been at the very core of our being, for as long as we have been on this earth (Mithen, 1996). We don't know exactly when these social skills were used to help each other in a therapeutic way. One widely accepted view is that what we commonly refer to as 'therapy' emerged in the latter part of the nineteenth century with the work of Sigmund Freud. In developing his psychoanalytic theory, Freud demonstrated how a conceptual understanding of the human mind might be used to bring about benefit for others in the context of therapy.

As the founding father of therapy, Freud forged a path for the development of many different theoretical models. We cover ten models in this book, all of which come under the umbrella of therapy. Without providing an exhaustive history of terminology it's probably fair to say that the most common terms for talking approaches to overcoming problems are 'therapy', 'counselling', and 'psychotherapy'. Although we use the term 'therapy' in this book, we remain mindful of the idiosyncratic differences that exist under each heading (e.g. historical roots, models of training and elements of practice), whilst acknowledging that:

Psychotherapy, like counselling, is fundamentally talking-based therapy resting on psychological contact, theories and techniques.

(Palmer, 2000: 6)

Substantial developments have occurred in the therapy field over the last century, involving a shift in both the breadth and acceptance of theoretical models. Therapists often used to operate solely within their own theoretical frameworks and exchanged insults towards alternative approaches; thankfully that conflict is less prominent these days (Norcross and Newman, 2003). While therapists may still choose to work from a single theoretical orientation, the present era has seen greater tolerance for the diversity of therapy, and some amalgamation of different models.

As theoretical divisions have become less prominent and therapy has developed into an increasingly profession-centred health practice (House, 2003), there has been a boom in new and assimilated models of therapy (e.g. cognitive analytic therapy). This recent expansion in therapeutic models can perplex even the most experienced therapist when considering which approach to work with in practice. At any stage in our career, the array of therapies out there can be overwhelming when setting out to develop a core set of skills.

We have selected ten of the most widely used therapeutic models in modern practice. In choosing ten models to form the *Pocket Guide*, certain modalities

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are inevitably omitted; for example, behavioural therapy is left out in place of models that integrate the approach, such as cognitive behavioural therapy and dialectical behavioural therapy. Similarly, mentalisation has not been included because it's more widely incorporated into other psychodynamic therapies. The list goes on (e.g. eye movement desensitisation and reprocessing – EMDR), and this is discussed in more detail at the end of the final chapter.

The models of therapy covered have been selected for their broad use across professional disciplines, where many are not specific to any one group of therapists. We therefore offer a starting point for all trainee and newly qualified therapists to consider the type of therapy that connects with their own interests and values. By presenting an accessible guide to the core components of each therapeutic model, we hope this book will serve as a foundation on which to develop further skills

FORMULATION

In the context of counselling and psychotherapy, formulation refers to the use of theoretical models to reach an understanding of the problem, and can be used to inform the process of therapy. In recent times, formulation has received increasing attention within the counselling and psychotherapy field (Johnstone and Dallos, 2006). Some therapeutic models (e.g. cognitive behavioural therapy) use formulation as an integral part of the approach, and as such formulation is covered in detail within the application section of the chapter. For other therapeutic models (e.g. mindfulness) formulation is not typically used as part of therapy, but may still serve as a useful tool to inform the therapist's thinking and practice. By integrating formulation into all of the case studies, we hope to demonstrate that, above all, formulations should be meaningful to the person and therapist regardless of the theoretical model.

There is no right or wrong way of constructing a formulation, and there is no set time to begin this process in therapy. Some therapists like to start building a formulation from the notes they have gathered during the initial assessment phase of therapy, while others prefer to let the person reach their own formulation when it feels right for them. When considering how to use formulation in your practice, it can be useful to hold in mind some of these questions:

- Who will be involved in helping to construct the formulation (person in therapy, therapist, family)?
- What factors (past or present) impact on the person's difficulties and how those difficulties are managed?
- How will the formulation be used to work with the person and problem in therapy?

- What qualities or features of the person and their life can be used to overcome the problem?
- Is it helpful for the person to have explicit awareness of the formulation, or should it be used to guide the therapist's course of action?
- How might the therapist's own values, motives, assumptions and opinions impact on the formulation?
- How might aspects of the formulation impact on the therapeutic relationship?
- When would be a good time to review the formulation and amend it if necessary?

Answers to the above questions will differ for each person who accesses therapy. Formulations and therapeutic interventions should therefore be sensitive to the person and be regularly reviewed to check that they accurately take account of people's ever-changing circumstances.

MODELS OF THERAPY: INTEGRATIVE, PURIST, AND WHERE THE BOUNDARIES BLUR

Each chapter presents a distinct model of therapy, along with some of the techniques and skills which make up that particular model. To keep the chapters focused and assist in getting to grips with the core techniques of each model, we have deliberately avoided making overt reference to other therapies within each chapter. However, as we discussed at the beginning of this chapter, recent developments in the therapy field have led to a degree of overlap between certain models.

Some therapies come from very different philosophical and historical backgrounds, which results in very different practices. However, others share common ground. Understanding these overlaps can facilitate an appreciation that developing certain skills within one particular model can sometimes provide a transferable set of skills for practising other models. Also, understanding areas of overlap advances our awareness of how to integrate different models of therapy. Developing this skill can enable therapists to eclectically tailor therapy to meet the needs of each person, should they wish to do so.

It can also be useful to think of therapeutic models as sitting along a loose continuum from scientific/positivist perspectives (such as cognitive behavioural therapy), through humanist therapies (such as person-centred counselling) and constructivist and constructionist approaches (such as narrative therapy), to the more spiritual approaches (such as mindfulness therapy).

There is no 'right way' of doing any therapy, and there are countless ways in which the many different models can be integrated. Even when thinking about what that integration may look like, therapists may choose to:

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- Learn about one model of therapy and practice within this one model (purist approach).
- Learn about numerous models of therapy and apply each model separately, depending on suitability of the person accessing therapy.
- Learn multiple models of therapy and draw on aspects of each model to create an individualised therapeutic approach.

When thinking about integrating two or more models, it can be useful to think about the shared and contrasting aspects of each. Again, there is no right response to that awareness. Some people would argue that it is useful to integrate models that at the very least have a shared philosophical foundation. Others may argue that using models that are more distinct from each other allows one therapeutic model to fill the gaps in the other. Figure 1.1 may be a useful starting point for considering how the different models sit in relation to each other.

If you are going to take a purist approach (i.e. work from a single model of therapy), then there are many ways to learn about and apply each of them. When exploring this, you will constantly come across the term ‘evidence-based practice’ (EBP) in relation to showing that an approach can have good outcomes. Outcomes evaluation is discussed in detail in the final chapter, but by way of a foreword, EBP has been defined as:

The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.

(APA, 2005: 1)

The topic of EBP has become a dominant dialogue in health-care settings, in which therapy often falls. Within this dialogue we see mixed opinions and arguments regarding how applicable the agenda is for the practice of therapy and mental health practice (Ramey and Grubb, 2009). Some of these issues raise questions such as: what should constitute evidence? Does empirical support translate into the best form of therapy for each individual? and are certain models of therapy better theoretically positioned to establish an evidence base?

These are big questions, and unfortunately do not come with a straightforward answer. It is important to acknowledge the EBP debate, but it is not our intention to quote the evidence base for each therapeutic model. Instead, we have chosen to designate the final chapter to showing how, as therapists, we can evidence the utility of our chosen therapeutic approach. Ultimately, we recommend thinking about what feels right for you as a therapist, and for the person accessing therapy.

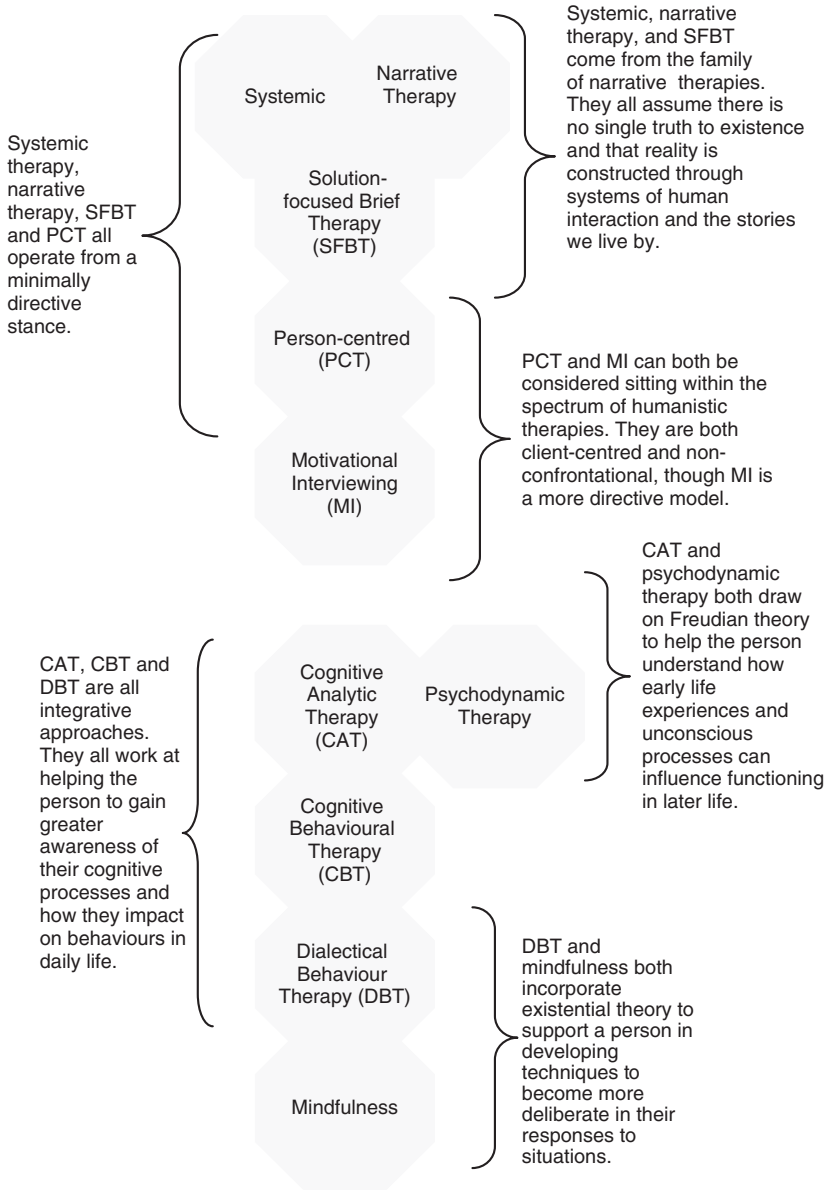


Figure 1.1 The relationship between the ten therapeutic models discussed in this book

THE THERAPEUTIC RELATIONSHIP

Regardless of model, the foundation of all therapy should be the therapeutic relationship. Clarkson (2003) describes ‘relationship’ as the first condition of being human, in that a relationship

circumscribes two or more individuals and creates a bond in the space between them, which is more than the sum of parts.

(Clarkson, 2003: 4)

When this unique bond sensitively meets the emotional needs of the person, it can be a powerful foundation for change to emerge. Lending from the work of John Bowlby (1988) we may consider the therapeutic relationship as the establishing of a secure base, from which the person can explore their inner world of thoughts, feelings and emotions. Many years of therapy-based research has shown that without establishing a good-quality therapeutic relationship, no model of therapy is likely to be received well, or applied successfully.

Some models of therapy (e.g. psychodynamic and person-centred therapy) have their own theoretical perspectives on the therapeutic relationship, which will be explored accordingly within their respective chapters. However, broadly speaking, there are some key features commonly considered by the psychotherapeutic community as being central to fostering a good therapeutic relationship (see Figure 1.2).

When considering the therapeutic relationship we must remember that being a good therapist does not mean being a perfect therapist. We are all human and as such we do, at times, behave in ways that place a strain on the therapeutic relationship. Perhaps something will be said that is upsetting for the person to hear, or we may misinterpret something the person has shared. Having these human moments is all part of the therapeutic process, and as Clarkson notes it is by

working through these failures that the potential for healing and growth can emerge.

(Clarkson, 2003: 136)

DEVELOPING SKILLS FOR THERAPY

The road to becoming a competent therapist varies depending on professional background. However, whether training to be a counsellor, psychotherapist, clinical psychologist or other form of practitioner, we all have to develop skills in the particular model(s) of therapy that we wish to draw on. Understanding how we develop such skills can assist in our learning.

There are many models of learning, all of which are influenced by the issue at hand, our own belief systems, our abilities, the way in which we are taught, our goals, and of course the many factors tied up in the age-old nature–nurture

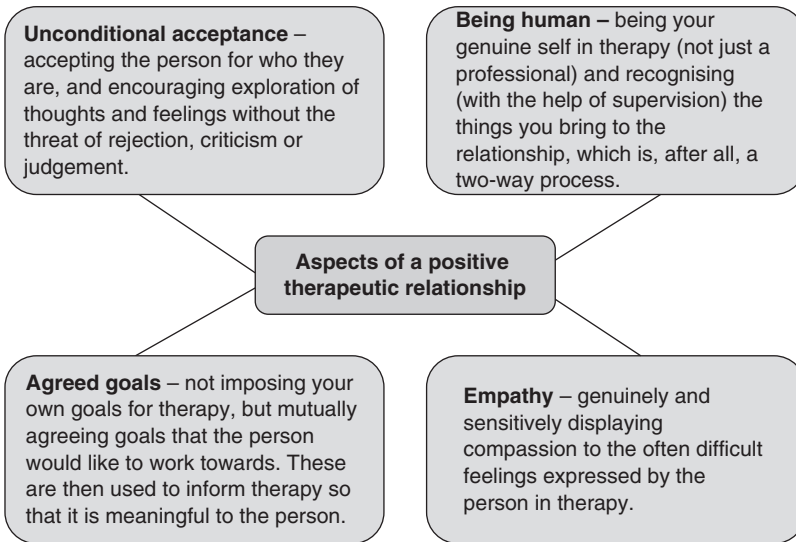


Figure 1.2 The therapeutic relationship

debate. Learning about the theory and application of a therapeutic approach is as influenced by these factors as any other topic. Therapy is a powerful experience, both for the person accessing therapy and us as therapists. Therefore, when developing our therapeutic skills, it is important to think about all of these factors and try to have an understanding of where we are at in our own development.

One model for considering this issue is Maslow's theory of skill development (Maslow, 1987). This is a four-step model, describing the development of our awareness of our own ability levels. The idea is that we should move through different stages of competence in the topic at hand (in this case therapy), whilst also developing how conscious we are of our own skill-set. Figure 1.3 shows how it may look when applied to learning about a therapeutic approach.

This book will hopefully play a part in that development. In short, our intentions for the book are quite simple: to provide a clear and accessible 'pocket book guide' to applying the core models of therapy in practice. We hope that reading this book will increase your confidence and de-mystify the art of each therapeutic model, whilst helping you find the therapies that sit most comfortably with you and the people you help in therapy.

REFERENCES

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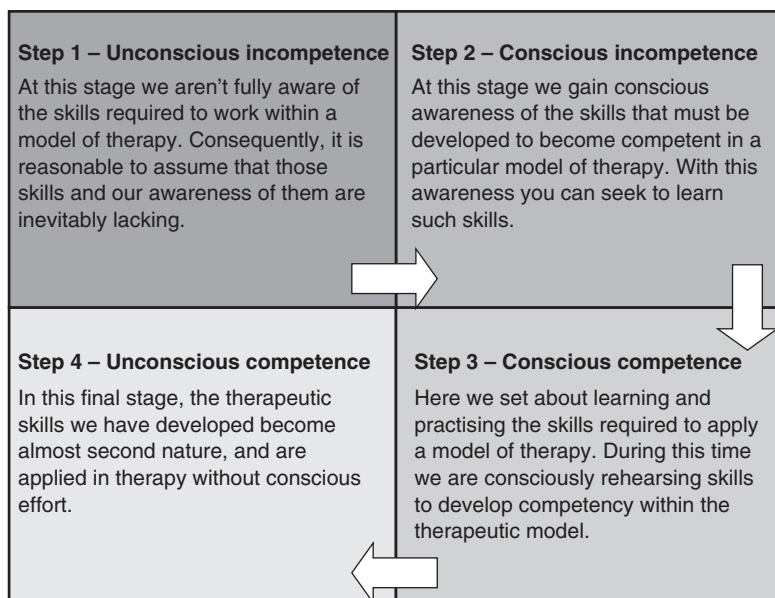


Figure 1.3 Maslow's (1987) therapy of skill development applied to the therapeutic approach

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NOTE

1. In the context of therapy and throughout this book, the term 'formulation' refers to the use of psychological theory to reach a provisional understanding of where the problem has originated from, and can be used to inform the process of therapy.