

# The Push for Brief[er] Therapy

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## **PUSH, PUSH**

If you've been getting more involved with providing services to clients covered under managed care plans, then you've perhaps asked yourself the question, "Who the heck is in charge here?" This, of course, is a darn good question. The answer: probably not the therapist. The push for the therapist to be nimble, fast, efficient, and [above all] effective is perhaps at its most intense these days. The competition for health care dollars being what it is, no one can really afford to be complacent. Managed care delivery systems, along with clients themselves, expect swift response to each crisis, to each long-standing dysfunction, to each ache and trauma.

A few hours before sitting down to write this, I heard that one of the psychiatric facilities in Omaha has had a layoff of almost two dozen staff, among them several MSWs. We all have to be ready to respond to this shifting environment.

## **IT'S AN INDUSTRY**

You've noticed, haven't you, that every new book catalog or workshop flyer touts the latest & spiciest approach to doing psychotherapy briefly? We all are looking for miracles or a one session course of psychotherapy. [We've all done one session therapy, but tend to call them recalcitrant dropouts.] On the other hand, I'd wager that every clinician underestimates how much influence we can have in just 50 minutes. I keep thinking that this phenomenon must peak sometime -- there can't possibly be another angle on this. Not until someone figures out how to do EMDR on a fax machine at least.

So, the brief therapy juggernaut charges on. If we all read just one more tome on the subject, attend just one more seminar on the subject, we'll all feel competent and good about doing this work. [By the way, did I mention that I'm available to speak to your group, for a meager remuneration. . . . .]

Seriously, though, don't be shy about learning something about brief, solution-focused, strategic, narrative, Ericksonian, etc., styles of psychotherapy. There are valuable nuggets there, of course. I feel so good about it all that my Yellow Pages ad and my business cards say that I operate in this manner. I do so all the time, but with one big difference.

## **THE BIG DIFFERENCE**

I rarely worry anymore about the speed of my work. I think about it, mind you, but I rarely worry. Huh? How's that again, Terry?

I discovered a few years ago that I could enjoy my work, get good results, and satisfy clients needs most often when I gave up my obsession with speed. [Next on the Maury Povich Show: Therapists Who Rush Too Much!] I discovered that other principles were much more valuable to me. What seems to have shaken out for me is that it is more useful to be present with the client, to use the science that I have learned over the course of time, to be willing to be accountable, and to turn to the client for solutions whenever I can.

## **PRESENCE**

People could get therapy from a computer. Would most people choose this for themselves? Would the Pentium chip actually hear, or would it passively record our voices? I think you know the answer here. I don't want to wax philosophic too long, but allow me this: What all of us hunger for, yearns for, is human contact, and the understanding and safety that these human bonds can offer. Focus on this, while applying all of the behavioral science you've digested over the past several years, and you'll do okay. More than okay. I know for myself that this is the hardest thing for me -- to be present in the room with a person in pain, setting aside for a moment the letters that are unwritten, the phone calls not yet returned.

I've not read it, but I'm told that this is essentially the thesis of the best-seller, *Listening to Prozac*.

**SCIENCE**

Your practice must be based on the ethical application of behavioral science. Flying by the seat of your trousers may seem attractive, even exciting, but rarely productive for the therapy.

I think Sunny Andrews would be pleased to know that I paid attention to his imperatives all those years ago. It turns out he was right. You knew that already, didn't you?

**accountability**

Keep yourself and the client accountable to the goals of the therapy. Staying on the road that will carry you to your therapeutic goals is often more challenging than defining the route in the first place. After all, clients have crises once in a while, or the therapist drifts off for need of another cup of java.

This concept also means that we keep adequate clinical records, and communicate with referents, EAP personnel, managed care network reviewers, ad infinitum.

**sources for solutions**

Putting yourself forth to the client as the *expert* in all aspects of human affairs is a precarious stance. A mistake, too. While I consider myself a pretty good generalist, I don't know it all. Never will. Can't.

Consequently, you must be ever at the ready to refer someone down the hallway or across the street if someone else can provide a service that is out of your realm of training or expertise. I love children, but I don't provide individual psychotherapy for them. I have colleagues in my office that are very talented in this area -- I'm not.

My most useful stance, however, is to turn to the client's own reservoir of talent, experience, and resilience. It's probably why I've become so intrigued with the use of clinical hypnosis in my own work -- I don't have to be an expert in the solution of every human frailty or trouble. Rather, I am able to invite the individual to [re]discover something about themselves and to utilize this important reassociation for those previously troubling situations. You may not use something like hypnosis in your work, but you undoubtedly use a set of tools that help organize your interventions with clients, and give useful ways of instilling hope and follow-through outside of sessions. Where it counts. It is always remarkable how creative individuals can be, given the opportunity and tools. Just don't get in a rush.