Solution-Oriented Therapy for Chronic and Severe Mental Illness

By Tim Rowan and Bill O’Hanlon
New York, John Wiley and Sons, 1998, 177 pages,
ISBN 0471-18362-8, $45.00

Reviewed by
Robert B. Daroff, Jr., M.D.

Ask yourself what images you conjure up when you think of treatment for the chronically and severely mentally ill. If the best you can picture revolves around a lifetime of medications and prospects of gloom, then Rowan and O’Hanlon’s new text could be the best prescription of the year. The authors offer decades of experience in the field and have created a power-packed, practical resource for working effectively with our most challenging clients. Its introduction describes its task of presenting “an optimistic set of methods . . . to foster competence, empower individuals and families, instill a sense of control, communicate acceptance, create a context of cooperation, and transform problems into opportunities.” Not only do they achieve these goals, but they may even transform the clinician in the process.

With the exception of glimmers of optimism inspired by newer biological treatments, traditional psychiatry has led us into a dead end of treatment options for the severely mentally ill. The traditional expectation is “Don’t expect much change; the best we can do is manage the illness.” Rowan and O’Hanlon note that our pessimism about achieving real improvement may create a self-fulfilling prophecy with patients. They provide concrete, step-by-step examples that inspire optimism. As the book’s title suggests, their approach concerns finding solutions to our clients’ problems, not merely managing them.

Many of their techniques are based on a partnership model between client and therapist and use methods that help clients summon their own resources to solve their own problems. In the chapter Challenging Ideas That Disempower Clients, they propose that a partnership in treatment helps the client feel like “an active agent in life, rather than a passive victim of life.” They challenge the notion that clients are not accountable for any aspects of their behavior, or that any concerns or insights they may have “are only another manifestation of the illness and have no basis in reality. . . . Clients, and families, do have their own areas of expertise, which therapists tend to ignore and stifle. They are experts on their experience with the problem. . . . The expertise of clients and family members is the keystone of the solution-oriented approach to working with ‘tough clients.’

Another way that traditional psychiatry devalues clients is by labeling them. It views our client as “a schizophrenic” instead of a person suffering from schizophrenia. In the chapter Rewriting Spoiled Identity Stories, the authors guide the clinician to search for evidence of the other, healthier identity. For example, they suggest inviting someone to a meeting who does not view the client as disabled, or someone who knew the client before the problems began. If someone like this is not available, they suggest asking the client to imagine what the “valuing witness” would say: “If your best friend were here, what would he be able to tell me about the Jim who was here long before schizophrenia arrived in your life? What kind of person is that Jim?”

Furthermore, they describe the technique of externalizing problems to remind clients and their families that “the person is never the problem; the problem is the problem.” They suggest naming and personifying the problem to externalize it from the person (e.g., “When Paranoia whispers in your ears, do you always listen?”)

Nearly half of the text consists of detailed case examples intended to illustrate the authors’ ideas. These examples make it unusually easy to translate their ideas into practice.

Although the text may be criticized as being overly anecdotal, it offers a treasure chest of ideas that may inspire even the most cynical clinician. It is a must-read for anyone who works with this population.

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Practicing Cognitive Therapy: A Guide to Interventions

Edited by Robert L. Leahy
Northvale, NJ, Jason Aronson, 1997, 478 pages,
ISBN 1-56821-824-9, $60.00

Reviewed by
Lawson R. Wulsin, M.D.

Here Robert Leahy has edited a lively casebook companion to his 1996 text, Cognitive Therapy: Basic Principles and Applications. If the strength of his first book was its sound presentation of the theory and...
methods of cognitive therapy, the strength of this second volume lies in the rich detail of case material provided by the masters-in-action, the 20 contributors who bring theory and method to life. This casebook displays the coming of age of cognitive therapy. It presents the versatility and creativity with which these seasoned therapists have learned to apply the essentials of cognitive therapy to a widening range of disorders (such as double depression, hypochondriasis, posttraumatic stress disorder, and substance abuse) and special populations (such as patients with sexual dysfunction, psychotic disorders, and HIV risk behaviors).

Leahy has arranged the 20 chapters in three sections, covering theory, applications to disorders, and applications to special populations. Each chapter blends introductory background material with extensive case material that is likely to enlighten the advanced as well as the intermediate therapist. For example, Newman’s chapter on substance abuse introduces the seven components of the substance abuse model and then follows their application through the artful treatment of “Della.” Leahy’s chapter on resistance presents his “portfolio” approach to the cluster of obstructing automatic thoughts and schemas that too often thwart the best efforts at change. Greenberg shows how the essentials of treating depression can be adapted to address the personality issues that contribute to “double depression.”

The section on special populations and issues stretches the conventional boundaries of cognitive therapy in several new directions. Epstein’s chapter, Marital Conflict, introduces the concepts and the structure of cognitive therapy applied to marital relationships. This chapter may persuade the curious therapist to make the leap from cognitive theory of the individual to cognitive therapy of the couple, but for guidance on techniques and applications to other intimate relationships the therapist will need to look further into the chapter’s references, which omit one of the major works in this area, Beck’s Love Is Never Enough (1988)—forgivably, I suppose, since the rest of the volume is laced with references and tributes to Aaron “Tim” Beck.

Leahy follows Epstein’s chapter on marital therapy with Friedman’s on sexual dysfunction, reaching more specifically into this dimension of couples therapy and demonstrating how cognitive therapy can modify the dysfunctional thoughts that accompany the most common forms of sexual distress.

Countering the long-standing assumption that psychosis resists cognitive interventions, Karg and Alford’s chapter, Psychotic Disorders, presents examples, refers to case reports, and cites a few small studies in support of the efficacy of cognitive interventions for disorders of thought content, thought process, and perception. This is an exciting chapter because it shows familiar techniques, such as “perspective taking,” operating in unfamiliar terrain. The terrain is more uncertain, of course, but the needs are great and the gains are particularly valuable where little else works, as in the modification of delusions.

In a similar vein, the chapters on HIV risk behavior and physical disability take our cognitive therapy skills into new terrain. These excursions create a picture of cognitive therapy as the most versatile and resilient tool of all the recent innovations in the psychotherapy marketplace.

There are several things that this casebook is not. First, it is not a book for beginners because it does not attempt to lay the groundwork for these interventions in any comprehensive fashion. Beginners should start with Leahy’s first book, Cognitive Therapy: Basic Principles and Applications, supplemented by workbooks such as Burns’s Feeling Good Handbook or Greenberger and Padesky’s Mind Over Mood. Second, Practicing Cognitive Therapy is not a research text, nor does it attempt to defend its interventions with evidence from the research literature. Although each chapter contains from 7 to more than 60 selected references, providing ample guidance for further reading, this book aims at intermediate and advanced cognitive therapists interested in tuning up their techniques and broadening their range of applications. It does a good job of hitting this target.

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By John S. March and Karen Muelle

Reviewed by Timothy J. Bruce, Ph.D.

Once regarded as an untreatable condition, obsessive-compulsive disorder (OCD) is now known to be responsive to certain
pharmacological and psychological interventions. Of the psychological therapies, those based on exposure and response prevention, and generally classified as cognitive-behavioral therapy (CBT), have demonstrated reliable and robust effects across several outcome studies (see review1). Most of these trials, however, have been conducted with adults, and existing treatment manuals reflect this. For those clinicians who work with children and adolescents, this manual by Marsh and Muelle has been long awaited and appears worth the wait.

Dr. Marsh and his colleagues at Duke have been distinguished contributors to our knowledge of OCD and its treatment and are pioneers in extending that knowledge to children and adolescents. In this book they share that expertise in what is likely to be regarded as the standard in treatment manuals for pediatric OCD. In addition to being well organized and written, this volume is clinically sensitive and practical. It accomplishes the elusive goal of communicating pertinent information in easily understood terms, which makes it useful to readers regardless of theoretical background or level of experience.

An introductory section very effectively surveys pediatric OCD, including its clinical presentation, epidemiology, comorbidity, and etiology. A sophisticated review of pharmacotherapeutic and psychological treatment guidelines follows, drawn from the Expert Consensus Treatment Guidelines for OCD.2 An overview of assessment strategies and the treatment model concludes Part 1 and are concise and clinically relevant.

Part 2, the bulk of the book, details the session-by-session treatment program developed by the authors. The general format addresses the treatment rationale, self-monitoring and coping skills, exposure and response prevention, and then long-term recovery. Within this structure, the authors present the details of the approach (organized around each session’s goals) in the setting of vignettes that follow the ongoing treatment of a child. Reading this section is like receiving specific, directive supervision from a seasoned specialist. Although the patient vignette format can seem rather idiomatic in its presentation of the intervention, its techniques, tips, and clinical pearls impressed me as well tested, and they give a feel for what these authors have found to be important therapeutic nuances. As a whole, the section offers the reader clear, specific, and clinically useful instruction in a proven approach.

Part 3 of the book, entitled “Troubleshooting,” addresses some of those well known “other things” that enter therapy and render more standardized manuals less useful. One of the more sensitive topics discussed, for example, involves handling the discomfort an adolescent patient or a therapist may have regarding exposure to feared “homosexual themes.” Others include recognizing and managing comorbid symptoms and other subtle features of OCD that can influence treatment outcome. To their credit, the authors also acknowledge the key role of the social system by addressing issues related to working with families and school systems.

This is an excellent volume that left this reviewer wanting only a few things, two of which I will note. One of CBT’s unique contributions to the treatment of OCD has been its relative success in helping patients maintain their acute treatment gains while reducing their risk for relapse, and recent efforts to strengthen this benefit have been promising.3 I found myself wanting more emphasis on this aspect of treatment than was presented. Second, much of the section on etiology is a cogent presentation of advances supporting the neuropsychiatric model of OCD. This model also forms the basis of the authors’ treatment rationale. Presentation of “emotional processing" models that drove the development of CBT for OCD,4 their evidence base, and rationales associated with them would have balanced this section, but perhaps would have taken it beyond the scope and purpose of the book. These two points, however, cannot be placed in context better than the authors did in their preface: “As in most areas of psychiatry and psychology, controversy abounds. This book, while rich in information, will not do justice to the edge of the field, and the reader may not agree with everything we say . . . the controversies will eventually yield to good science. Our goal . . . is to help children and adolescents with OCD lead more normal, happy, and productive lives.”

To the clinician, Marsh and Muelle offer a clinically sensitive, highly applicable, evidence-based treatment approach to pediatric OCD. In doing so they generously extend the hope of recovery to the many children and their loved ones whose lives are so tragically altered by this debilitating disorder.

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REFERENCES

Addiction Treatment: Avoiding Pitfalls—A Case Approach
Formulated by the Group for the Advancement of Psychiatry, Committee on Alcoholism and Addictions
Reviewed by Laura L. Post, M.D.

Despite my great interest in the field of addiction treatment, I approached this volume with some skepticism because monographs that are products of a committee, in my experience, often yield products that can be diffusely conceived and erratically executed. However, the actual reading was a very pleasant surprise, both because of the taut writing style and the broad applicability of the material to psychiatrists and non-physician clinicians alike, with a nod to legislators.

The philosophical premise here is straightforward: addictions are chronic, relapsing diseases that, incompletely or improperly treated, typically result in lamentable morbidity or premature death. Often co-occurring with mental or medical illness, they are difficult to diagnose and complex to treat. Common additional socioeconomic factors further complicate the picture. Although no single solution is offered, a multifaceted framework is proposed:

1. Take a complete subjective and objective history, incorporating sequential interview samples and varied collateral information.
2. Be attentive to predisposing (genetic) and exacerbating (stressor) risk factors for the patient.
3. Be mindful of countertransference and other systematic biases of the caregiver as well as sensitive to the meanings and boundaries of the doctor-patient relationship.
4. Consider all treatment options and variables (urine drug screens, psychotherapies, medications, self-help, social structures, and support).
5. Always include relevant medical care at every step of the healing process.
6. Stay cautious of and prepared for such hindering euphemisms as “problem drinking,” unspoken resistances from family networks, and the human inclination of patients’ friends to enable and rescue.
7. Remain aware of possible confounding cultural variables of individuals from special populations, such as homosexuals, the disabled, health care workers, youth, and the elderly, as well as physically modifying factors like size and ethnic origin.

The clear, accurate, and useful summary chapter is a good place to begin; it introduces all of the principal themes without excessive detail. The introductory sections describing the historical interactions among medicine, mental health, and addiction are illuminating, as is the review of sequelae of untreated substance abuse. Patient placement criteria, as developed by the American Society for Addiction Medicine, are outlined, with annotations. The least compelling areas entail predictors of outcome, since these are so mutable and so little researched.

Within the text, each chapter is logical in presentation, rich with bulleted lists and therefore easy to adapt practically, and filled with winning juxtapositions of theoretical references, case reports, and hard-won bits of wisdom and advice. The most novel segments are the chapters Screening and Assessment, Management and Monitoring, Anonymous and Other Groups in Recovery, and Training. Excellent coverage is also provided by the chapters Talking Therapies, Somatic Therapies, Social Networks, and Myths in Dealing With Female Clients, although these are more conventional in content.

The end sections, containing listings of GAP (Group for the Advancement of Psychiatry) committees and publications, provided a very worthwhile bonus.

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