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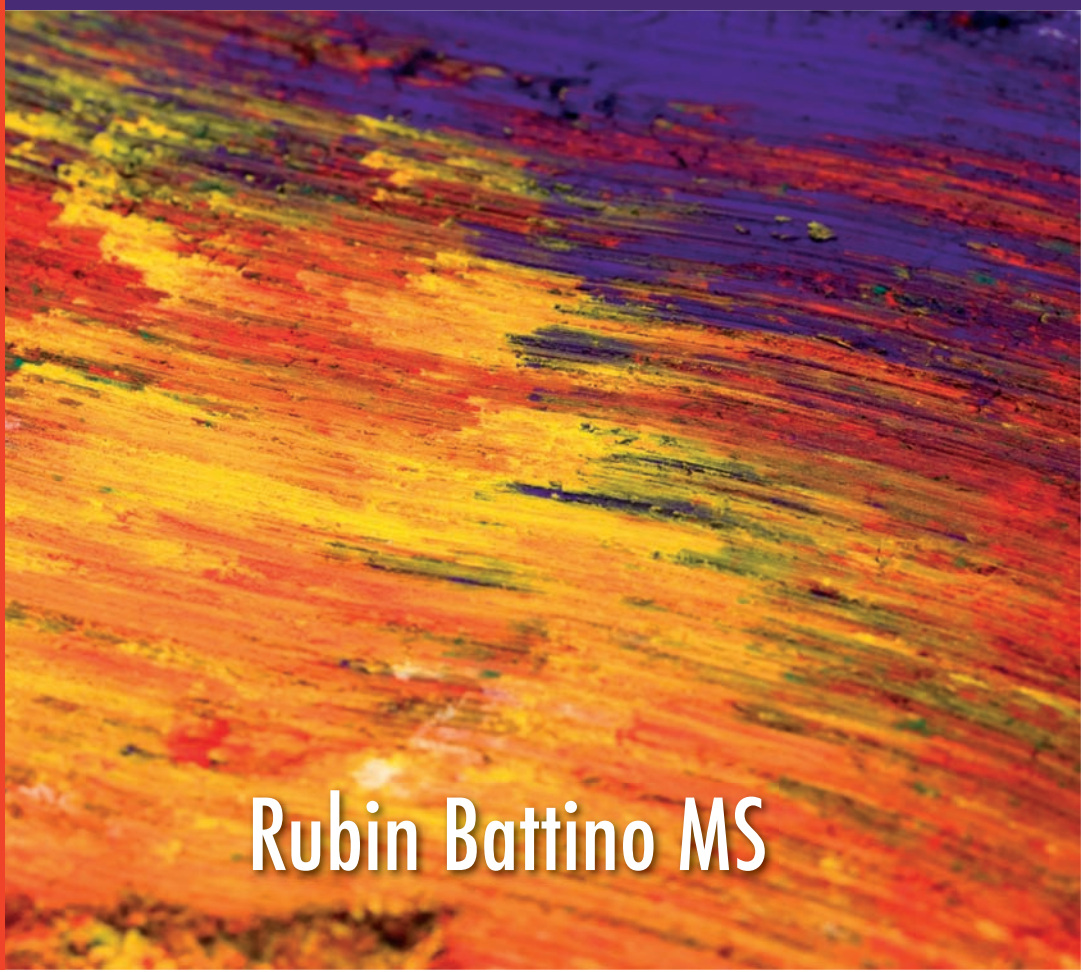
Expectation

The Very Brief Therapy Book



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Expectation

The Very Brief Therapy Book

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Introduction

A number of years ago, I heard an impressive talk by the psychologist Moshe Talmon on single-session therapy. I even had the privilege of spending some time chatting with him over a meal. His book on the subject (1990) and the talk contain three startling revelations about the process of doing psychotherapy. Talmon did the unusual thing of studying the records of the large health maintenance organization he worked for. His first discovery was that the most common number of sessions for the large number of clients the psychotherapy staff saw was *one*. The second revelation was that there was no apparent connection between the orientation of the therapist, i.e., the type of psychotherapy they used in their practice, *or* with a particular therapist. That is, the modal length of therapy for every one of the therapists was a single session. Moreover, thirty per cent of the patients chose to come for only one session in the period of one year. (I will be writing more later about the research that shows that the therapist's orientation has little to do with outcome.) The third revelation had to do with follow-up phone calls by neutral staff members. The patients were asked if they were satisfied with the therapy they received. Then they were asked to tell the caller what it was that the therapist did that was so helpful. Independently, the therapists were asked to consult their case notes (this is six months to one year later) and to relate what it was that they thought they did in the session that was helpful to the client. Again, in the judgment of the therapist, what had they done that was critical in helping the client? You may or may not be surprised to discover that there was essentially zero correlation between what the client said helped them and what the therapist thought was important! A reasonable conclusion from this is that it is the client's expectations and attitude that are the important elements of successful therapy.

This brings me to the subject of this book. It is simply how I work as a very brief therapist. My hope is that you will learn some useful ways of working fast and effectively. By "very brief" I mean that I

rarely see my clients more than one or two times—usually it is just once. (They do know that I will see them as many times as they feel that meeting with me will be helpful.) I do get feedback sporadically, and it has been uniformly positive. It is my *expectation* that each session is the last one, and that generally one session is all that is needed. Of course, working for myself, my sessions are always open-ended and can last a long time. That is, there is no time constraint on a session. Given *my* expectation and belief in a single session, it is natural that the client accepts this, and that the session is full of meaningful work for the client. My intake form is quite simple, I do not do testing or diagnoses, and we get right down to work. As a related illustration, I recall some comments the psychologist Joseph Barber made about working with clients who have migraines. In effect, he tells them that their body already knows how to stop the migraine because it invariably does so after some period of time. Since this is invariably the case, the client must agree with this statement. Barber's question (and suggestion) to the client is, "Since your body already knows how to end the migraine, why wait one, two, or three days to do this when you can actually do it in the next hour, or even the next few minutes?" Change the frame and change the expectation. So, throughout this book, the idea of "expectation" will be prominently featured.

Chapter 1 is not only an introduction to the book and the idea of doing very brief therapy, but it is also a summary of significant research on this subject. In particular, the work of Miller, Duncan, Hubble and associates, and that of Wampold will be highlighted. What has emerged from their research is evidence supporting what I cited above as Talmon's "revelations". In effect, the clients and their attitudes and expectations are the central key to all psychotherapeutic work. I will be writing more about this later, yet I must insert here the bit of wisdom some group leader in my early training gave, "When all else fails, ask the client what will work." Perhaps, this should be done *before* "all else fails"!

In Chapter 2, I discuss the ideas of expectation as applied to psychotherapy, and also the power of As-If. Also covered are the theory of change and reframing. The therapeutic alliance has been written and spoken about as being central to change work, so

Chapter 3 briefly covers rapport-building skills. That is, it is useful if the client believes that you both exist in the world in somehow and somewhat similar ways.

Being restricted to "talk" therapy by not being a physician means that the psychotherapist needs to rely on language to help a client find ways to change. Chapter 4, then, is a short introduction to language usage for doing very brief therapy (NLP Meta-model of language is discussed in Chapter 15). Since hypnosis can be a powerful adjunct to therapeutic work, Chapter 5 recounts the ways in which hypnosis can be used expectationally for change work. Recall that any procedure that asks a client to go "inside" involves some level of trance.

The solution-oriented approaches developed by Steve de Shazer and his associates are quite useful for rapid change work. The "miracle question" and its variants are effective. This is covered in Chapter 6. Bill O'Hanlon's approaches are discussed in Chapter 7, and they include his "brief, respectful approaches", inclusive therapy and hypnotic work.

Derks's Social Panorama work can be effective in interesting ways by incorporating the client's images about their social environment. This is presented in Chapter 8. Milton H. Erickson was a pioneer in the area of very brief therapy. His Utilization Principle is a guideline for involving who the client is in organizing a session. The client is central to a session, and it has been said of Erickson that he devised a new approach to fit each client. Chapter 9 discusses Erickson's methods of working briefly, although, if you study his cases you will find that he was flexible in the number of sessions for any given client. Erickson's sessions were also open-ended.

Two approaches derived from Erickson's work, and then extensively developed further, are "Ordeal Therapy" as practiced by Jay Haley (Chapter 10), and "Ambiguous Function Assignments" as systematized by the Lanktons (Chapter 11). Burns has developed an approach that involves interaction with Nature, and which he calls "Nature-Guided Therapy" or "Ecotherapy". This is covered in Chapter 12.

Metaphoric approaches have been used in many ways by many practitioners. Erickson was a master of metaphor. In addition to discussing classical metaphoric work, Chapter 13 provides information on R. R. Kopp's "Metaphor Therapy", and Battino's "Guided Metaphor".

Over the years, E. L. Rossi has developed a number of rapid methods for doing therapy. He describes some of them as "fail-safe", others as polarity approaches, and is a master on minimalism in working with a client. Rossi's work is described in Chapter 14.

Neurolinguistic Programming (NLP) has been prolific in developing many ways of doing brief therapy. Some of these methods will be described in Chapter 15. "Narrative Therapy" as developed by Epston and White has the client's life story and the client as central to change work. The principles and practice of their work is the subject of Chapter 16. Rituals and ceremonies are discussed in Chapter 17.

Finally, there are some "when all else fails" comments by way of summary in Chapter 18. At the core of the author's way of doing very brief therapy is his *expectation* that it is possible and practical and learnable. Why not?

Chapter 4
Language for Very Brief Therapy

4.1 Hypnotic Language

Since I am oriented to the use of hypnosis in most of what I do, I naturally tend to use hypnotic language forms in most everything that I do. The second edition of *Ericksonian Approaches* (Battino and South, 2005, pp. 65–144) contains a long and detailed chapter on hypnotic language forms. The interested reader should consult this book for a more comprehensive treatment than the brief one given in this chapter. A shorter version is in Battino (2000, pp. 97–116) as applied to language usage in guided imagery.

A basic tenet in the kind of hypnotic language I use is that often attributed to Milton H. Erickson, and that is the *precise use of vague language*. This means the careful and conscious choice of the exact word(s) for a particular purpose. Since the work that most therapists do is *talking* therapy, then the spoken word is the medium of change. This, of course, is not to ignore the interpersonal affective components of any session—many of which were discussed in the previous chapter. But, words are of the essence. In short, this reduces to: "What do you say after the client says something?" What you say has to be related and connected to what the client has said. If you are thinking about what you are going to say and not listening to the client, then you are not doing your job. It is not exactly counter-punching, yet there needs to be sufficient connection that the client knows you are listening to them. In this sense, the client is actually leading what is going on in the session. After all, the client is central, and not your theory of how to do therapy.

Most communication is in what linguists call *surface structures*, that is, sentences that only contain partial meaning—information is

omitted. If the client says, "I am really sad," this conveys only part of the meaning. Sad about whom or what and in what way and to what depth? The *deep structure* contains the full linguistic meaning that it is possible to state. This might be something like, "I am very, very sad about my friend Jane who died yesterday—we had been close friends for many years, and this has hit me quite hard." Please note that although this sentence conveys much more about the client's emotional state, it is only a verbal communication that could be more complete, *and* it does not contain all of the internal memories and feelings associated with Jane. The word "sad" can have many interpretations, and your understanding of sadness may be quite different from that of your client. All of this may give the appearance of making communication impossible. It is difficult. *Good communication skills can be learned*. One helpful thing to keep in mind is that the *meaning of any communication is the response that you get*. So, paying attention to your client's responses is of great importance. Of course, when you are in doubt, you can always ask!

In terms of impact, some words are "more equal" than others. This section presents classes of such words. (Much is owed to NLP for this organization. Also, see Section 15.1 on the NLP Meta-model.)

A. Nominalization

When a verb or "action" word is converted into a noun or "static" word, this is a nominalization. Consider the difference between "I am depressed" or "I am in depression" versus "I wonder what is depressing me" Nominalizations seem to be cast in concrete, and when you think of yourself in nominalizations the situation appears hopeless. *Denominalization* involves converting a noun into a verb and opens the possibility of change.

B. Unspecified Verbs

No verb is completely specified in terms of an action. There are particular vague verbs that are useful with clients. Some of these are:

know, learn, understand, feel, change, wonder, do, think and fix. The listener fills in the specifics. Some examples are: "Change is easier to do than you think"; "Your body knows just how to do that."

An *unspecified referential index* is a word such as: that, how, learn, know, body etc. That is, these words do not have a specific reference. A good example is the word "it" as in, "It really will help, will it not?"

c. Causal Connections

These constructions exist in compound sentences where a connection is implied or stated between one thing and another. There are three levels of connection. The weakest is using the word "and" as in: "You are paying attention to your breathing, *and* becoming even more comfortable." The next strongest linkage uses words related to time such as: while, during, as, when and soon. "*As* you pay attention to your breathing, you are becoming more comfortable." The strongest level of causal connection uses real causal words such as: makes, causes, forces and requires. "*As* your breathing slows, it *makes* you calmer. Start these causal connections with something that is already going on such as sitting, blinking or breathing, *and* then connect that to another condition.

d. Mind-Reading

This is a form of pacing and leading that involves some guesswork based on reading body language and intense conscious listening, for example, "I wonder what you are hearing/feeling/saying to yourself now."

e. Lost Performative

In this speech pattern *evaluative* statements are made, but it is not known who makes the statement. "It" is the favorite generalization. "It's not important just how fast you relax." "It is good, isn't it?"

Chapter 12
Burns's Nature-Guided Therapy

12.1 What is Nature-Guided Therapy?

In my many years of experience in working with people who have life-challenging diseases, there appear to be some common responses when they are confronted with the diagnosis, and are forced by that diagnosis to re-evaluate their lives. The diagnosis generally implies a shorter life span. In addition to all of the decisions that need to be made about medical treatments and the practical matters of finance and jobs, there arise the existential questions about the meaning and goals of life. If the medical prognosis is just several more years of life, then how should you live out your remaining time? What are the things that are really important? It is not the new car, the promotion, or serving on some committee. Invariably, I have found, there are two things that stand out for a person at that time of setting priorities. The first is people and relationships, loving and being loved, touching and being touched, being with loved ones, and sharing in their lives. Life, apparently, is with people, in the humanity of contacts and relationships. We might guess that a large part of this is that when a person is very sick that they regress to childhood states seeking the comfort of parental love and care. You just cannot survive such catastrophic times alone, without others.

The second thing that assumes great importance is contact with Nature, with trees and flowers and sky and grass and clouds and woodlands and prairies and mountains and flowing water and the ocean. This may, perhaps, be the most primitive of our instincts—returning to the earth in which we are rooted. Beds and chairs need to be sited so that the person can look outside, at least be in visual contact with the world around them. In a hospice facility I know of, every room has a large window looking out on a bird feeder and

shrubs and trees. There is also a duck pond nearby, and ducks and geese freely wander the grounds. When possible, if the patient or family request it, the patient is bundled up in a bed or a wheelchair and taken outside for a while. Nature is important. There have even been studies showing that patients in hospital rooms that have views of nature appear to heal faster (Jerstad and Stelzer, 1973; Lowry, 1974; Ulrich, 1984).

George W. Burns (1998) in his book entitled *Nature-Guided Therapy: Brief Integrative Strategies for Health and Well-being* has written about how to use contact with Nature in psychotherapy. He also calls this approach *ecotherapy* or *ecopsychotherapy*. He writes about his terminology as follows (p. 20):

> In some ways the term *nature-guided therapy* expresses well what this approach is about. It defines nature as an initiator of health, healing, and well-being. By health I mean a state of physical wellness. … Healing is the process of rectifying an imbalance of the state of health. It is about fixing a problem or resolving a disturbance to our normal state of equilibrium. Well-being I define as a broader concept than either health or healing. It takes into account the emotional, relationship, and spiritual needs of the human species. Well-being thus includes a state of physical health as well as a mental and emotional state of consonance. Well-being is attained when a person is experiencing an inner state of wellness, exists in a healthy environment, and experiences a harmonious connection with that ecology. … The term *nature-guided* also includes a sense of gentleness. …

Although Burns prefers the term *ecopsychotherapy*, throughout his text he also uses the shorter term *ecotherapy*. He states (p. 135):

> The basic premise of ecotherapy is simple: Contact with the natural environment can and does bring about changes at cognitive, behavioral, affective, and physical levels. Simple exposure to natural stimuli can result in rapid change.

In his introductory chapter, he lists ten characteristics of ecopsychotherapy: (1) effective; (2) brief; (3) solution oriented; (4) client focused; (5) pragmatic; (6) wellness based; (7) motivation enhancing; (8) encouraging of choice; (9) empowering; and (10) enjoyable.

"Rubin Battino has written a book that once again meets the superb standards of his previous works.

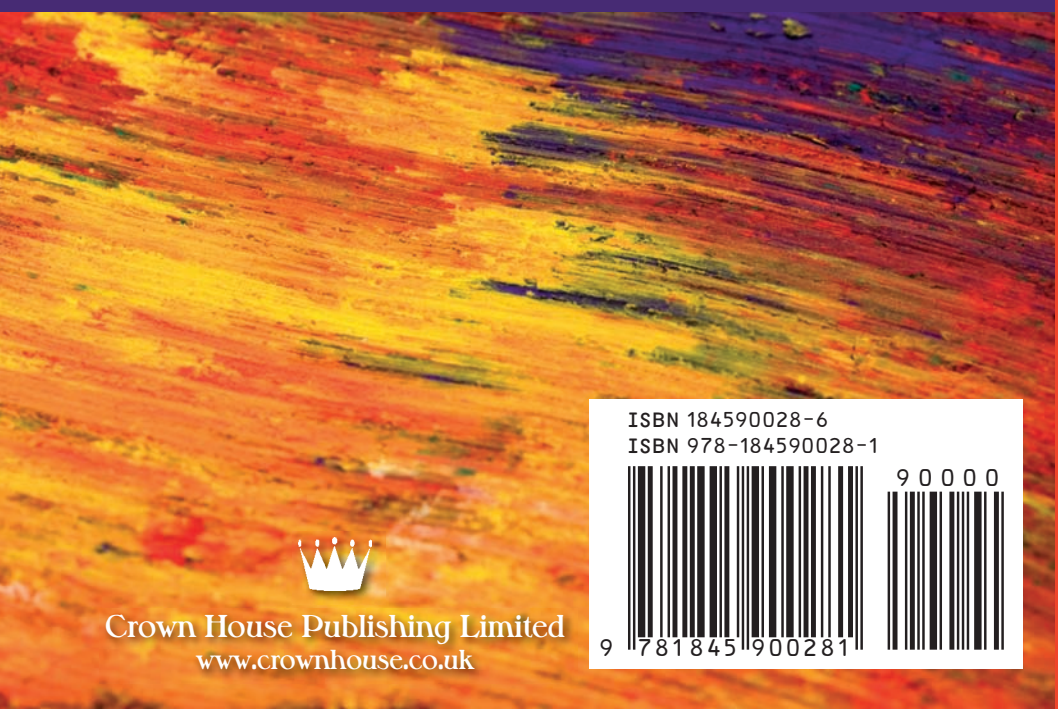
Challenging preconceptions that therapy is a prolonged endeavour, *Expectation* is insightful and thought provoking and is a valuable reference manual for those seeking a solid grounding in very brief approaches to therapy. Rubin clearly explains his eclectic and pragmatic approach, one that has been drawn from a number of sources that allow him to complete the entire process of therapy in only one or two sessions.

Another must have book from this respected author and therapist."

Peter Mabbutt FBSCH, FBAMH, Director of Studies,
London College of Clinical Hypnosis

"*Expectation* is a delightful compendium of dozens of interventions taken from a variety of current approaches to brief therapy. It is designed to familiarize therapists with skill sets which can help them work effectively and briefly. It is a wonderful contribution to the field of Brief Therapy"

Stephen Lankton, MSW, DAHB,
Editor, American Journal of Clinical Hypnosis



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