The heart and soul of change: delivering what works in therapy, second edition (Book Review)

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Publication Details
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Abstract
In 1936 Saul Rosenzweig (1907-2004) published a scientific paper concluding that psychotherapies of different theoretical and practical orientations all produce equivalent effectiveness—a conclusion that remains unchanged today despite 75 years of empirical research seeking to find differential effectiveness for different forms of psychotherapy treatment. What is less well known, however, is that despite equivalent effectiveness of therapy brand names, there is considerable variation in effectiveness between individual therapists. It is therefore fitting that this book begins with a message from Rosenzweig, which sets the scene for a very different volume from the first edition. The first edition (1999), edited by Hubble, Duncan and Miller, quickly became a classic text in the field because it took Rosenzweig’s conclusion, and then turned it into a set of principles to help therapists become more effective. The idea at the time was that therapists should capitalise on four common factors: (1) mobilise the client’s life circumstances and environment; (2) enhance the therapy relationship; (3) create an atmosphere of hope and expectation of change; and (4) use therapy techniques in the service of helping the client to make their own changes. These principles were patched together based on past research to create an argument for change.

Keywords
book, soul, heart, review, change, delivering, second, works, edition, therapy

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The heart and soul of change: Delivering what works in therapy, Second edition
Barry Duncan, Scott Miller, Bruce Wampold and Mark Hubble, Editors

In 1936 Saul Rosenzweig (1907-2004) published a scientific paper concluding that psychotherapies of different theoretical and practical orientations all produce equivalent effectiveness—a conclusion that remains unchanged today despite 75 years of empirical research seeking to find differential effectiveness for different forms of psychotherapy treatment. What is less well known, however, is that despite equivalent effectiveness of therapy brand names, there is considerable variation in effectiveness between individual therapists. It is therefore fitting that this book begins with a massage from Rosenzweig, which sets the scene for a very different volume from the first edition. The first edition (1999), edited by Hubble, Duncan and Miller, quickly became a classic text in the field because it took Rosenzweig's conclusion, and then turned it into a set of principles to help therapists become more effective. The idea at the time was that therapists should capitalise on four common factors: (1) mobilise the client's life circumstances and environment; (2) enhance the therapy relationship; (3) create an atmosphere of hope and expectation of change; and (4) use therapy techniques in the service of helping the client to make their own changes. These principles were patched together based on past research to create an argument for change.

A decade later, the second volume incorporates a maturing of these original statements about common factors and presents significant new research and a greater level of both academic scrutiny of the data, and also serious consideration of the political environment in which psychotherapy competes with other treatments both in insurance and managed care settings, and as driven by consumer demand and corporate marketing of therapy brands, pharmaceuticals and alternative medicines. The second edition adds a heavy-weight meta-analytic psychotherapy researcher, Bruce Wampold, to the editor list, and as a consequence there is a greater integration of serious scientific research into the psychotherapy process chapters. For example, prominent focus is research by Michael Lambert that has been disseminated by Scott Miller in workshops, into providing feedback to therapists about their client's progress. Lambert's research, based on enormous managed care insurance company databases, shows that providing rapid information to therapists about their clients' progress, derived from session by session feedback questionnaires, allows poorly performing clients to be quickly identified. Those clients who are not progressing can then be re-evaluated and new approaches formulated to assist them become 'unstuck'.

The book is divided into four parts. First, 'What works and what does not', contains six chapters focused on the evidence for effectiveness, echoing the four factors emphasised in the first edition but with greater reliance on research validation of these ideas. New chapters focus on the disappointing efficacy of pharmacotherapies, and also dismantle 'empirically supported treatments' claims. Part two, 'Delivering what works', focuses on how to supercharge therapies using client feedback, and how to create systems of care within organisations and managed environments to become consumer-directed and outcome-informed. Part three, 'Special populations', expands this work to cover applications to children, adolescents, families, and groups such as those with drug dependence. Finally, part four, 'Conclusions', re-focuses on practice-based evidence and therapist excellence.

If readers of this journal should read one book this year, this is the one to read. The reason? For the busy psychotherapist it reinforces those factors that should most be attended to in day-to-day work: relationship enhancement, targeting core difficulties, instilling hope, and monitoring progress with the client. For those interested in the politics of therapy, it presents a way forward that empowers individuals to be confident that what they do has evidence, and shows simple ways that they can also collect evidence within their own practices to protect the therapeutic space from being devalued.

For those in training, it presents a most comprehensive review of psychotherapy research findings in a way that is both authoritative and easy to read. In total, it inoculates the thoughtful reader against the 'cargo culture' of psychotherapy, that seeks to sell new brands as being superior to the old (therefore ready to be purchased and consumed), ignoring the power of Rosenzweig's enduring conclusions about equivalent effectiveness and common factors. The book finishes with a new project—to further discover what makes the 'super shrinks', those therapists that research reveals to be more effective than usual. This is a tantalising prospect, and hopefully something that we do not need a decade wait before a new edition arrives. To this goal another could be added, as yet overlooked by the editors: the power of peer consultation and supervision in maintaining therapist hope, competence and efficacy; which adds to growth but also a buffer, helping to consolidate psychotherapy as a critical touch point in the life of our clients and also ourselves.

Review by Brin F. S. Grelentier, Professor of Psychology at the University of Wollongong, assists in coordinating the Australian Regional Group of the Society for Psychotherapy Research.

Happiness, healing, enhancement: Your casebook collection for applying positive psychology in therapy
George W. Burns, Editor

'I am not depressed anymore, but I don't feel happy. Can you help me with that too?' (p. xvii). This question not only provides the impetus for George W. Burns's latest book 'Happiness, Healing, Enhancement', but raises important questions about the goals of traditional and current therapeutic...
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Individual Case Reports should provide a clinical examination and refer to literature that assists in understanding or exploring the issues raised on the topic/s of interest. Case reports will be considered for the peer review section only when they illustrate something new or different about psychotherapy; an unusual client presentation; a distinctive therapeutic intervention; or an unusual clinical dilemma or problem. Authors should consider possible ways to further investigate the phenomenon reported and must demonstrate awareness of the limitations to generalisability of single case reports. Case reports may also be considered when presented in the context of a literature review (see above). In these circumstances, authors should make it clear that the purpose of the case report is to illustrate a process or theme identified through consideration of the literature. Case reports have the potential to violate client confidentiality and privacy. Authors of case reports must submit, separate from the manuscript, details of procedures used to protect confidentiality and privacy.

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