

BOOK REVIEWS

Two Are Better Than One: Case Studies of Brief Effective Therapy

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Over four hundred different therapies have been discussed in the mental health literature. They can be divided into three main groups that are related to the human condition: (1) When evaluating a client or patient, his or her a) thoughts, b) feelings, and b) actions, are explored; (2) With regard to treatment, especially short-term therapy, emphasis is placed on one of three specific areas: cognition, affect or behavior; (3) There are then at least three main sub-divisions of therapies, i) psychodynamic therapies, ii) cognitive psychotherapies and their variations, and iii) behavioral, structural and strategic therapies.

Dr. Hoffman has developed a model in strategic therapy called the Dialectical Co-therapy Model. In his highly accessible writing style, the author describes the model and then presents case studies to illustrate its use.

In Dialectical Co-therapy, the specific conflicts that lie at the roots of the patient's symptoms are identified and mirrored by the co-therapists, who function apparently conflicting roles. Generally, one of the therapists serves as the supportive therapist while the other serves as the challenging therapist. In marital therapy, the therapists may each align with one the marital partners. In therapy with individual, the therapists may play roles based on aspects of the client's internal conflict. For example, the therapists may represent two figures in the patient's life, such as the supportive mother and the critical father.

The author describes with clarity what he and his co-therapists actually do during the therapy sessions, and also describes the patients' reactions. These riveting descriptions give the reader a real feel for what is taking place. At the end of each chapter, the author carefully explains the reasoning behind the interventions.

Cases presented include a patient with selective mutism, an anorexic patient, a borderline patient with obsessive-compulsive symptoms, and a phobic patient with fears of being closed in. (In the case of the phobic client, the author carefully states that prior evaluation is necessary to determine if the phobic symptoms serve defensive purposes and are better dealt with by a traditional dynamic approach.

In some cases, TAT cards are viewed. Interpretations are presented by the patient and by the therapists, and then evaluated together by all participants in the therapy session. This technique may serve to bypass resistance.

At times, in therapy with an individual, the author served as a consultant in the therapy room and then became 'phantom co-therapist'. Consultants can be provocative, raise sensitive and painful issues, and question the patients' motivations without being concerned about future repercussions and effects on the therapist-patient relationship.

There is one final chapter discussing an ultra-orthodox mental health clinic, which initially appeared a bit out of place in the book. On reflection, it appears to me that in fact in cases at that clinic, the rabbi fulfilled the role of consultant and "phantom co-therapist".

In some cases presented in the book, the patients were asked to report back on their continued progress and success after termination of therapy. Several patients requested a continuation of the therapy. The long-term consequences of these strategies on the patients have yet to be determined.

In my opinion, the highly creative Dialectical Co-therapy Model must be undertaken with great preparation. First, all therapists who wish to practice this model must have a prior, firm, basic grounding in psychological evaluation and understanding patients' dynamics. Dr. Hoffman mentions in some of the cases that the first session was preceded by an intake interview and evaluation. Second, during the course of Dialectical Co-therapy, the two therapists need to work in close cooperation therapeutically for the benefit of their patient. In order to do so, co-therapists need to prepare before the session and discuss afterwards what has transpired. Together, through the course of therapy, they will plan specific strategies to enable the patient to achieve desired behavioral changes as quickly as possible. Third, in practicing this type of therapy, therapists need to be aware of the therapeutic reason for which they are using a specific behavioral strategy. I would also add that the therapists must pay close attention to their own counter-transference.

This innovative method of therapy is an important addition to the armamentarium of the knowledgeable therapist. It allows for treatment of patients who may be resistant to traditional modes of mental health treatment. The author states, "It is especially effective with passive, resistant patients with limited insight and motivation for psychotherapy."

This slim volume is a pleasurable read and an important contribution to the field of psychotherapy. It supports the view that "Two are better than one" (Ecclesiastes 4:9).

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