

Psychotherapy Guidebook

STRUCTURED SHORT-TERM THERAPEUTIC INTERVENTION

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e-Book 2016 International Psychotherapy Institute

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Structured Short-Term Therapeutic Intervention

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DEFINITION

Structured Short-Term Therapeutic Intervention involves the employment of specific behavioral and personal change methods over a planned period of time with the goal of bringing about beneficial changes in the client's current life.

Additionally, the helping process is aimed at relieving the often-painful stress that accompanies disruptions and difficulties in the client's intimate interpersonal relationships, important social roles, and significant personal functioning.

The therapist and client select one or two major areas of difficulty as the focus of the helping intervention and agree to work on these problems for a predetermined length of time, usually no more than fifteen weekly sessions. The therapist chooses the particular change techniques that he judges will be most useful in achieving the desired goal and instructs and encourages the client in their application. The change strategies employed are structured in the sense of comprising a sequence of steps or phases that break the process

of change into component parts and thereby help guide the activities of both therapist and client. Many such techniques are now available in the clinical literature covering a wide range of common social and interpersonal situations. The therapist's efforts throughout the helping process are directed toward making problem and goal definitions as clear as possible, supporting the client in systematic, sequential problem solving, and using the pressures of an explicit time limit as a key factor in facilitating change.

HISTORY

Brief forms of treatment actually have an extensive history. It is well known that psychoanalysis, prior to its introduction in the United States, was a method requiring months, rather than years, of therapeutic effort. For example, one reported therapy intervention by Freud took only seven interviews. Despite this trend toward increasing the length of therapy, psychodynamic theorists have made important contributions to the philosophy and methodology of short-term treatment. Otto Rank, for instance, wrote extensively on the power and potency of time-limited contacts while Franz Alexander pioneered brief methods of treatment emphasizing the corrective emotional experience inherent in the therapist-patient relationship. In addition, therapeutic schools as seemingly divergent as gestalt therapy, client-centered methods, psychodrama, and rational-emotive therapy have all experimented with short-term methods and

contributed to its rationale and technique.

Structured Short-Term Intervention represents an integration of two major influences in the helping field; namely, the behavior modification methods based upon social learning theory and the time-limited approaches stemming from crisis intervention. Behavior modification has demonstrated that people can achieve significant changes in their lives through structured methods that emphasize the identification of desired behaviors, the step-by-step acquisition of change through imitation and practice, and generalizing such change into real life via homework tasks and assignments. Crisis intervention, on the other hand, has not only recognized the impelling life stress that frequently motivates people to seek help but also has identified the importance of time in the process of change. That is to say, a crisis can be seen as a time-limited event in the life of its victim that will resolve itself (for better or worse) unless effective help is received within its natural time span.

Both behavior modification and crisis intervention are aimed at direct change in the immediate and current life of the individual seeking help. They share a common belief that human difficulties are most usefully conceptualized as problems in living — disruptions in ongoing daily life, dissatisfaction in the quality or quantity of interpersonal relationships, deficits in the skills needed to manage one's life — and that the focus of treatment should be on remedying these gaps.

TECHNIQUE

Obviously many specific techniques can be utilized in Structured Short-Term Intervention as long as they are relatively standardized in their operation and are relevant to solving immediate problems in living. For example, assertion training, systematic desensitization, structured communication training, the sexual counseling procedures of Masters and Johnson, relaxation exercises, and such re-educational methods as bibliotherapy, as well as a wide range of techniques stemming from behavior therapy, may be selected for employment within the intervention. Much of the skill of the therapist lies not only in his knowledge of a variety of change methods but also in his ability to choose an appropriate technique and to sensitively adapt it to the particular needs of his client.

It may well be helpful, however, to sketch out the overall model of time-limited intervention in order to illuminate the role of particular change techniques within this framework. Time has already been emphasized as a key element in short-term treatment. Thus, the contact between therapist and patient can be conceptualized as comprising three distinct phases, each with explicit time boundaries. The first phase is a one- to two-interview sequence in which problem(s) and goal(s) are defined; this is followed by the main interventive period of up to fifteen sessions in which one or more change procedures are utilized and active treatment is terminated; finally, after a

follow-up period, two to four months in length, intervention is concluded by a final interview in which progress is reviewed.

The therapist not only spells out the time limits of each of these phases to the client but also adjusts his own efforts to fit within their defined boundaries. This results in highly positive pressures on both therapist and client to identify the most pressing problem and to work productively on bringing about the desired changes. Implicit in the short-term helping process is the belief that change will most likely ensue from a concentrated effort on a single — but significant — problem in living. In order to emphasize this process the therapist will insist that the client with multiple problems choose the one or two of highest priority for intervention. Most short-term work terminates at the end of the contracted time period; yet it should be noted that it is always possible for client and therapist to negotiate, at the end of a particular helping sequence, an agreement to concentrate on a new problem area. Additionally, if short-term treatment does not achieve its goals within the expected time, therapist and client may agree to move into longer-term treatment.

APPLICATIONS

Many therapeutic methods have unfortunately based their techniques and strategy on clinical experience and research with a socially and

emotionally advantaged clientele. Indeed, a number of therapies either directly or indirectly screen out clients who are not intelligent, highly verbal, relatively affluent, and managing their current lives well enough that they are prepared to enter a lengthy therapeutic experience with little immediate hope of benefit. Yet there is no doubt that a great many very ordinary people seek help only at a point where emotional stress has assumed major proportions. Such potential clients have little concept of therapy as a process aimed at wide-ranging personality change, over a period of years, and tend to drop out of treatment rather rapidly when its goals appear vague or irrelevant and the expected time commitment endless. Other clients can become dependent upon the helping relationship and stay within its protective confines long past any point of real gain.

Structured Short-Term Intervention can be seen as offering the helping professional—and many needy clients—a legitimate alternative method of achieving change. In this sense it should be viewed not as a substitute for longer-term helping but as an effective approach to assisting large numbers of troubled people who neither desire nor are suitable for traditional treatment methods. Such an approach to helping is particularly needed in the many community clinics and family service agencies that function in the front lines of the helping professions, offering service to an often both distressed and advantaged clientele.

