Why *focused* brief therapy?

Brendan Lloyd PhD, November 2023, *v*:2

The roots of psychotherapy take us back to the late 1800s. During this era that extends into the mid-1900s, the prevailing belief was that psychotherapy required a long-term commitment. Typically, this meant attending sessions once or twice a week for up to six years or more. Therapy then was largely an exploratory journey based on psychodynamic theories, aimed at delving into the unconscious mind to unearth repressed memories.

In 1952, Hans Eysenck, a British psychologist, published his research where he claimed that psychotherapy was no better than “spontaneous remission”. In other words, you would get better anyway without psychotherapy. This sparked widespread debate. There was a worldwide avalanche of research aimed at proving Eysenck wrong. The face of psychotherapy changed dramatically.

For example, in 1952 Eysenck was talking about three types of psychotherapy. By the 1990s, over 500 different forms of psychotherapy had emerged, including brief therapies.

Interestingly, 4 decades of research from the 1950s to the 1990s failed to identify a single superior form of therapy. You’d expect that out of a contest with over 500 contenders that there would be at least one winner.

All the same the research does suggest that psychotherapy is 20-80% more effective than doing nothing, confirming its general usefulness. The research also compared long-term and brief therapies. No research found that either long-term or brief therapy to be more effective. There's no evidence to indicate that brief therapy is ineffective, particularly for issues like anxiety and depression.

Today, brief therapy has become the norm. For example, in Australia Medicare provides 10 rebateable sessions annually. This is in sharp contrast with Freud's original concept that requires at least 600 sessions to 'cure your neurosis'. This begs the question: do you think that you need a 'cure' or do you think that you need to ‘learn skills’?

It's not as if Medicare restricts people to 10 sessions each year. All the same, by restricting the annual rebate to 10 sessions, there is an expectation that 10 sessions are sufficient.

It is not unrealistic to expect that 10 session are sufficient where the issue is anxiety depression. If the therapy can be completed within 10 sessions, then this is a time and cost benefit to anyone.

With a *focus* the brief therapy has a chance of delivering what you want in the time you have. It’s the introduction of a ***focus*** to the brief therapy that makes it useful. For example…

Issue: "I feel anxious depressed."

Objective: "I want to change how I feel."

Solution: "Learn to use my mind skilfully."

However, brief therapy that has a focus on anxiety depression is not a one-size-fits-all solution. It's not suitable for individuals dealing with crises, grievances, challenging personality disorders, schizophrenia, or addictions. Nor is it appropriate for cases where the underlying issue is physiological rather than psychological.

In relation to anxiety depression, rather than seeking a cure, the objective is to change how you feel. While the number of sessions needed can vary, learning the skills can often be accomplished in as few as four sessions over three weeks. This is an approach that fits well with the Medicare entitlements. Ideally there would be four initial weekly sessions, and then the remaining six sessions are available for follow-up coaching, as needed.

Brendan Lloyd (psychologist) provides a focused brief therapy either face to face or by telehealth (phone). Visit the website to learn more. Phone to make and appointment, 0427 892 372.