

Book Reviews

Treatment Outcomes in Psychotherapy and Psychiatric Interventions

Len Sperry, Peter L. Brill, Kenneth I. Howard and Grant R. Grissom. New York: Brunner/Mazel, 1996. pp. 236. £23.50 (paperback).

Despite the authors' claims to the contrary, much of this book reads like an advertisement for COMPASS, a computerized outcomes measurement system. It describes the development of COMPASS in the context of "managed care" in the U.S. healthcare system, where the demands of health insurance companies for the cheapest possible therapy put pressure on health care providers to demonstrate their cost-effectiveness.

The COMPASS system is derived from a database of measures taken from 6000 clients of a mental health service and a non-clinical sample of around 600. The range of measures is impressively comprehensive. It covers subjective well-being; symptomatology (based on DSM-III-R); current functioning in the areas of family life, social life, and employment; and a measure of the therapeutic relationship. Examples in the text show how this database allows clients' progress to be tracked against norms for clients with similar problems; how criteria can be set for determining when improvement is sufficient to warrant closing a case; to identify therapeutic failure before this becomes apparent to the therapist and client; and to provide objective evaluations and comparisons of the performances of services or even individual therapists.

The measure has reached its most sophisticated development in out-patient mental health services, and the first four chapters, which deal with the issues leading up to the development of the measurement system, and its application in out-patient mental health services, are the most impressive part of the book. By this stage, I would suspect that most readers who work in such settings would be experiencing very mixed emotions. One emotion might be that of wishing that such a comprehensive and well-developed system was in place in our own services, to avoid the tedious business of re-inventing the wheel and devising new outcome measures with every new audit initiative; another might be a certain amount of unease about how one's performance might stand up against the therapist norms that the COMPASS system incorporates!

The remaining four chapters are progressively less stimulating, however, as they cover areas where the use of COMPASS to evaluate outcomes is less and less well developed. The use of the system for in-patient facilities is in its early days, and perhaps the most interesting part of this chapter on this topic is the discussion of the work needed to develop an organizational culture where measurement and monitoring are seen as essential parts of the job, rather than a threatening management fad. There is a chapter on the application of the system in substance abuse programmes, but its use here is even less well developed than in in-patient services. The chapter mostly consists of a description of a study that used COMPASS to compare the effectiveness of two different types of service – and which came up with an "evidence-based" result that ran counter to the currently preferred service model. This certainly indicates the potential usefulness of outcome measurement systems of this sort.

The final two chapters, however, consist of guidelines for appropriate “packages of care” with regard to psychopharmacology and behavioural medicine. These guidelines are not derived from what COMPASS has shown to be effective or, as far as I can make out, from meta-analyses of outcome studies, but from earlier literature reviews that the authors have carried out and published. In comparison to the grounding in hard data that the earlier chapters display, these last two chapters seem out of place and an anti-climax.

In summary, I would say that the early part of the book is worth reading by anyone with an interest in service evaluation and audit, if only to inspire envy at how the authors managed to be involved in such an ambitious and comprehensive outcomes measurement system. While we would all applaud the commitment to evidence-based service evaluation that the book embodies, I doubt that many readers of *Behavioural and Cognitive Psychotherapy* would be in a sufficiently powerful managerial position to import and adapt this particular system for use in a British context, which again limits the book’s relevance to readers of this journal.

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Even from a Broken Web: Brief, Respectful Solution-Oriented Therapy for Sexual Abuse and Trauma

Bill O’Hanlon and Bob Bertolino. Chichester: John Wiley and Sons, 1998. pp. 192. £34.95 (hardback).

The key word is respect. From this cornerstone, therapy can happen. O’Hanlon and Bertolino ally respect with the core concept of the solution-focus approach – namely client competence – to describe a way of working that can be both brilliant and dangerous.

In a lucid, easily accessible text, peppered with case examples, they first specify their view of the effects of abuse, then portray their approach to therapy. Particular tools and strategies are described but, crucially, the authors are at pains to emphasize that therapy must always be individualized, led by the client and their unique needs, and never descending to the blind imposition of techniques or theories.

O’Hanlon and Bertolino see the experience of abuse as leaving clients frozen in the trauma, with severe disruptions to their sense of identity, self, and personal boundaries. This leads sufferers to disown, devalue, and dissociate from parts of themselves. The authors aim to help clients become unstuck and begin to move forward, rather than trying to provide a comprehensive recovery programme. This is done by refining the effects of abuse into specifiable complaints that can be tackled, by focusing on clients’ strengths, and by introducing a perception of the future. In skilful hands, clients’ experiences can be validated, and the natural tendencies to heal and recover (which exist in all of us), can be brought into the picture. Looking at how previous problems have been overcome, what ideal solutions would look like, and action plans all help the process, and the authors also use directive interventions, including hypnosis and suggestions.

However, amidst the solution-focus ideas, it is wonderful to see acknowledgement given to the importance of holding and accepting clients, and to read references to Rogers, and even Jung! The authors also modestly acknowledge that their ideas are simply an addition to existing treatment modes. They exhort practitioners to find their own voice and develop their own style.

The distress of clients who have suffered the trauma of sexual abuse can never be treated lightly. Furthermore, therapy is not easy, and there can be a particular danger of repeating the trauma through the therapeutic interactions. However, O'Hanlon and Bertolino do a fine job in showing how the solution-focus approach can be applied to the sequelae of sexual abuse, while stressing the need for care, and an individualized approach tuned to the uniqueness of the client. Their work is a valuable aid to therapy.

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