

TOP MARKS

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Abstract. This is a qualitative study in which the views and opinions of Professor Isaac Marks were sought from various nurse therapists using the loosest of interview schedules. The results are annotated and presented below.

Keywords: Behavioural psychotherapy, behavioural psychotherapy training, Isaac Marks, cognitive behavioural psychotherapy.

Introduction

One of Isaac's greatest achievements is the behavioural nurse therapist. Nearly 30 years ago he instigated the first recognized training in behavioural psychotherapy and chose nurses as the most appropriate health professionals to train. He chose nurses because we have large amounts of direct clinical contact and also because we were cheap. We still retain large amounts of clinical contact but are no longer cheap! It was a brave decision to take – many people felt nurses could not be autonomous therapists.

The course has been well recognized in the U.K. and continues to produce highly skilled clinicians in behavioural and cognitive psychotherapy: 200 nurses, spawning similar courses around the country. Isaac often refers to the nurse therapy course as the "gold standard".

Since the outset Isaac has continued to be closely involved with each course and has provided input into each and every one. This may consist of teaching sessions or providing clinical advice but the most memorable for many students will be Isaac's outpatients review, a fortnightly forum where students would present their clinical cases. These reviews would initially strike fear into many students. Isaac had a set presentation style he liked to be closely followed and would ensure he got it. We asked a random sample of students about their experiences of these reviews and anything else they thought about Isaac. This paper is an attempt to share them with a greater audience. It might be a case of "you had to be there!", but here goes . . .

Method

A random sample of ENB650 students past and present was interviewed in the Joiners Arms, Camberwell.

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Results

The paper clip trait

73.4% identified what shall be known as the “the paper clip trait”. If Isaac spots any small object on the floor (paper clips, small scraps of paper, etc) he will be compelled to pick it up and dispose of it. Some students have studied how far they can make Isaac travel from his chair to pick up planted paper clips. They have yet to find Isaac’s distance.

92% identified the lowering of the voice when he wants to say anything important.

- “You have to watch it when his voice goes quiet . . . he means business.”
- “When he looks at you with a twinkle in his eye, and compliments the data you’ve collected, then you know you’re in trouble – he’s going to ask you to analyse exactly how many minutes it took each patient to do something that you never actually kept a record of . . . then he’s going to ask you exactly how long it will take you to do it!”
- “Never mention something to him that you’re not ready to do, as 2 minutes later he’ll have you in a conference call with someone who sounds just as bemused as you, negotiating a start date for something neither of you is sure about!”

The Isaac code

89.5% identified Isaac’s way of saying one thing but making sure you understand something else. 67.2% reported this as being accompanied with “a twinkle in his eye”. Here are some examples:

Quote	Meaning
Just a few minor points on the road to perfection	Do it again
How can we make this easier?	Do it my way
I sense resistance.	Do it my way
Can we just clarify.	I’m just checking you are doing it my way
How long did this take you?	I’m going to ask you to do the same for all the other patients as well
Can I just introduce you to . . .	Here’s another foreign visitor with money – keep them happy for the rest of the week. “Keeping them happy for the rest of the week” has included providing transport and accommodation in your own home.
That’s sexy isn’t it?	It’s not cognitive.

Question: What has Isaac taught you?

97.1% agreed Isaac has reduced their individual word count.

- “He stopped me using unnecessary language . . . now I hardly speak at all!”
- “He taught me how to write.”
- “Why use 10 words when 0.5 will do?”

These comments may partly be based on Isaac’s view that nobody reads letters of more

than one page. To encourage short letter writing he checks and shortens every letter that goes through his department, from both outpatients and inpatients. Each letter will be returned with Isaac's alterations in pencil, often shortening letters by a third. Students sometimes retype their letters and resubmit them only to find them altered and shortened further; it has been known for letters to disappear completely. Those of us who have seen drafts of papers go under the Isaac pencil will know this only too well.

Reducing waste

Associated with reducing the word count is Isaac's continued quest to reduce waste and save time, space and money. This was identified by 87.5%. Despite being known for cutting edge computerized technology, Isaac loves nothing more than pencil butts and scrap paper.

- “After a brilliant presentation with imaginative treatment techniques, Isaac's only quote is ‘good, could you use both sides of the paper?’”

Writing on the whiteboard. During a clinical presentation Isaac will always write all relevant facts in minute writing in one line across the white board. This minute writing is illegible to anyone else but himself – it's another way of saving space.

92.5% identified Isaac's caution with the “cognitive” word.

- “He taught me eight different alternatives to the word ‘cognitive’.”

People often claim Isaac was slow to adapt to the “cognitive revolution” but his caution seems a sensible approach to take. Once he felt there was enough hard data he was willing to embrace cognitive techniques alongside the existing behavioural ones. Frequently, much is made of Isaac as a rigid behaviourist. True he did not like the word “cognition” and preferred “thought” or “image” as being more specific, but Isaac was willing to use a whole range of techniques if he felt it would help with clients problems.

76% identified Isaac's ability to get to the heart of a clinical problem in an instant:

- “He cuts out all the crap!”

Clinically, Isaac could be extremely perceptive and was able to cut to the essentials of the problem in a matter of seconds, especially if someone was bullshitting!

- “He taught me how to base my reasoning on evidence, efficiency and performance . . . my wife now wins every argument.”

He believed there are established treatments available for many problems and the key now is making sure as many people as possible can benefit from it. This often made him seem strict or hard nosed when dealing with clients but Isaac believed that the time spent trying to motivate one unmotivated client could be used to treat two motivated ones.

Isaac preferred to spend his time in direct clinically related research. He spent little time elaborating or developing theory but rather on ways he believed would improve the clinical service, whether this is with non-therapist assisted exposure or with computer aided or telephone treatment.

Conclusion

There were other anecdotes about Isaac that we didn't include, e.g.: the time he advertised for people suffering from agoraphobia in *Time Out* magazine (the magazine you buy to see what's going on in London) and wondered why he had little response. We could have mentioned his obsession with graphs, sleeping under tables at conferences or his uncanny resemblance to Yoda, but space prohibits this. Isaac has always been an integral part of nurse therapy training and we are very grateful to him. He will be greatly missed. The nurse therapy course is now under redevelopment and will find a new identity in the future, but it won't be the same without him.

Disclaimer

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