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The Bridge to I Am: Rapid Advance Psychotherapy

A Rationale for the Professional

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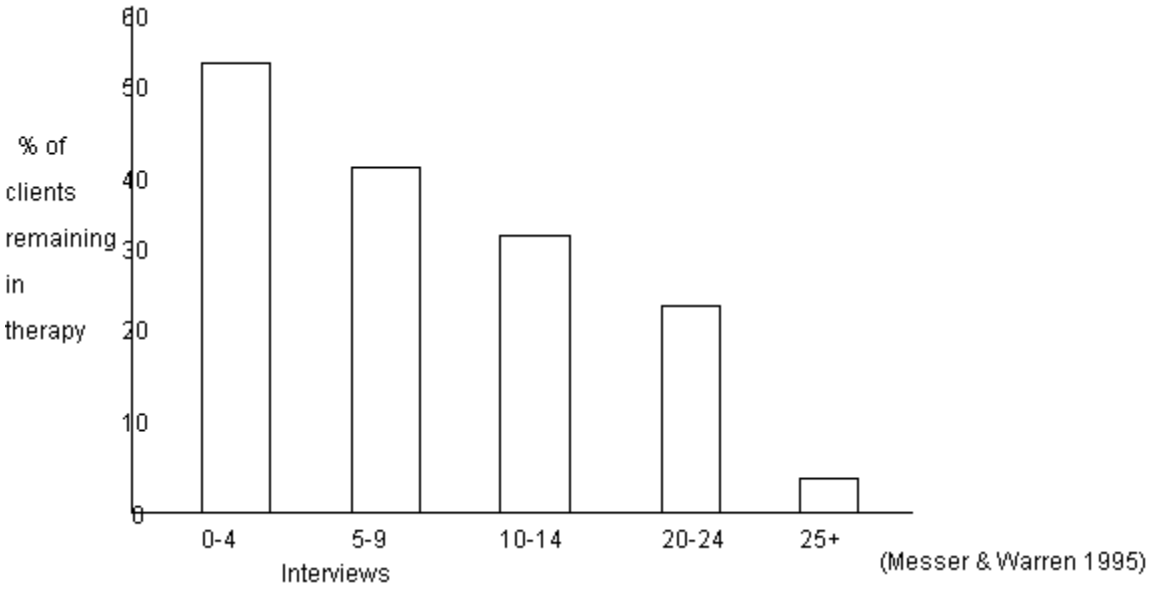
Introduction

Brief therapy is an umbrella term for a variety of approaches to psychotherapy. It differs from other schools of therapy in that it emphasizes a focus on a specific problem and direct intervention that specific problem. ***Rapid Advance Psychotherapy*** is a standardized five session brief process that includes: 1) Revealing the history; 2) Recognizing the Impasse; 3) Releasing the Past; 4) Responding to fear; and, 5) Reconnecting to the Spirit. It is a timely and cogent model.

Brief Therapy

Messer and Warren (1995) studied length of treatment. They gathered data from counseling centers, health maintenance organizations, time limited and time unlimited

settings, and community mental health clinics. The experimenters plotted the number of sessions in relation to the number of cases remaining after each session for each of these settings. They found a negatively accelerating declining curve or an attrition curve. It existed across diagnosis, age, sex, presenting problems, ethnic features, and time limited or time unlimited treatment. It even held for individuals who were followed from one clinic to another. Furthermore, the study did not view the results as suggesting that the 'dropouts' were necessarily failures, but rather that many were satisfied with the help they received.



Apparently, the client's attendance record sets the tone for the necessity of a brief therapy technique. Couple that with insurance offering limited reimbursement and the clinician realizes there is a small window of opportunity to make a positive impact in the life of the client. Gustafson (2005) maintains that the clinician can make a difference for the client in only a few minutes. He believes that clients are not pathological, but are most often stuck in self imposed cyclical patterns of behavior from which they can not escape.

Brief therapy is often strategic and solution based, rather than problem oriented. It is less concerned with how a problem arose than with the current factors sustaining it and preventing change. Brief therapists do not adhere to one 'correct' approach, but rather accept that there are many paths, any of which may or may not in combination turn out to be ultimately beneficial (Hoyt 2001). There are now over thirty-two published research studies in solution-focused brief therapy which show successful outcomes, within four or five sessions, in 65-83% of cases (Brief therapy Practice 2007). The highest satisfaction ratings come from clients themselves. Some research studies relate to very serious mental health problems, drug and alcohol use, criminal behavior and domestic violence (Brief Therapy Practice 2007). One such study followed the ten-session treatment of 97 widely varied cases. The findings demonstrate the achievement of significant success in 75% of

the sample cases (Weakland *et al* 1974).

Solution-focused therapy is a brief approach which explores current resources and future hopes rather than present problems and past causes and typically involves five sessions (Iveson 2002). Developed at the Brief Family Center (de Shazer et al, 1986), the task of the therapist is to find out what the person is hoping to achieve; find out what the small and everyday details of the person's life would be like if these hopes were realized; find out what the person is already doing or has already done in the past that might contribute to these hopes being realized; and find out what might be different if the person made one small step toward realizing these hopes (Iveson 2002). The clinician makes use of the 'Miracle Question': a method of questioning that aids the client to envision how the future will be different when the problem is no longer present:

> "Suppose our meeting is over, you go home, do whatever you planned to do for the rest of the day. And then, you get tired and go to sleep. And in the middle of the night, when you are fast asleep, a miracle happens and all the problems that brought you here today are solved just like that. But since the miracle happened over night, nobody is telling you that the miracle happened. When you wake up the next morning, how are you going to start discovering that the miracle happened? What else are you going to notice (Berg & de Shazer 1985)?"

Proponents of solution-focused therapy believe it can be effective with the most challenging clients because it fosters competence, empowers individuals and families, instills a sense of control, communicates acceptance, creates a context of cooperation and transforms problems into opportunities (Rowan and O'Hanlon 1998). Although solution-focused therapy is a treatment in its own right, it can also be used to complement other treatments. Solution-focused brief therapy can help a client orient him/herself to other treatments that eventually will work (Berg 2006).

Spirituality as an Internal Resource

Since large majorities of the American public believe in God: 90% in a Higher Power and 89% in miracles (Harris Poll 2003), spirituality is a viable and positive client resource to be tapped into when using brief therapy. If spirituality is viewed as a sustainable resource by the client, even a non faith-based clinician can see the value in supporting the client to make the most of this internal resource. A faith-based counseling method which combines the best of non-faith-based counseling methods with faith interventions fits snugly into a holistic healing paradigm (McKinney 2006).

Until recently, many mental health professionals neglected aspects of spirituality in their work (Young *et al* 2007). Part of the explanation for this came from the conflict between the scientific, objective perspective of psychology and the transcendent, subjective aspects of spirituality (Burke *et al*, 1999; Lovinger, 1984; Pattison, 1978; Prest & Keller,

1993; Reisner & Lawson, 1992; Wallwork & Wallwork, 1990). Current research continues to diminish this gap between science and spirituality; as researchers demonstrate that consistent spiritual practice enriches neurogenesis and achieves a level of neurocircuitry that leads to joyful feeling states (Begley 2007).

In addition, with the exception of pastoral counselors, few practitioners have received formal training in working with spiritual issues (Young *et al* 2007). In fact, Kelly (1994) found that only 25% of 341 counselor education programs reported that spirituality issues were included as a course component.

Despite the fact that many counselors do not receive formal training in working with clients' religious and spiritual issues, surveys reveal that approximately 75% of Americans report that spirituality is important to them (University of Pennsylvania 2003). An increasing body of research suggests that spirituality is often an important family strength. Various measures of spirituality are associated with lower rates of divorce, greater marital satisfaction, higher levels of marital commitment, and greater use of adaptive communication skills (Hodge 2005).

Surveys of various client and potential client populations suggest that most clients want to have their spiritual beliefs and values incorporated into the therapeutic dialogue (Bart, 1998; Larimore, Parker, & Crowther, 2002; Mathai & North, 2003; Rose, Westefeld, & Ansley, 2001). Furthermore, counselors themselves report spiritual beliefs comparable with those of the general population. Omitting issues of spirituality in counseling is a choice to ignore a vital aspect of clients' lives (Young *et al* 2007).

A survey taken of counselors regarding attaining spiritual competencies provides evidence that at least 68% of counselors do believe that such competencies are important to counseling practice (Young *et al* 2007). Part of the training therapists need to explore is their counter transference responses to spirituality. Many of us suffered in our childhood to heavy handed religious teaching and this can lead us to regard all religion and spirituality as harmful and unnecessary. It is imperative that we, as professionals, monitor our own resistances, counter transference issues, and value systems regarding spiritual issues if we are to meet ethically and efficaciously the special needs of our clients (West 2000).

Spirituality in Brief Therapy

Spirituality seems to be one of those words, like 'love', that has great importance to a great many people, but whose meaning is hard to pin down. The word spirituality is given a range of meanings within therapy and therapy related literature, varying from all forms of self awareness which possess values higher than average. Personal development as a whole is regarded by some as spiritual (West 2000), as well as therapy, itself (O'Hanlon 1999).

In the mid 1980's at Pepperdine University, a team of researchers decided to explore spirituality from a humanistic perspective and came up with this definition: spirituality, which comes from the Latin *spiritu*s, meaning 'breadth of life', is a way of being and experiencing that comes through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, other, nature, life, and whatever one considers to be the ultimate (West 2000).

There are universal reasons why therapists should conduct a spiritual assessment of their clients. They are: 1) that it will help therapists to recognize their clients' world views and aid empathic understanding; 2) that it enables the therapist to assess whether the clients' spiritual orientation is healthy or not and to determine its impact on their presenting problems; 3) that it helps determine whether the clients' spiritual beliefs and community can be a resource for healing; 4) that it enables the therapist to determine which spiritual interventions could be helpful to the client; and 5) that it enables the therapist to determine whether the client has unresolved spiritual doubts or needs that should be addressed in their therapy (West 2000).

When people suffer physically, experientially, or emotionally in early childhood, before they develop a coherent sense of self, one can actually tell them what they are feeling and who they are and they will believe it. That person does not develop an authentic sense of identity and pieces get left out of the 'self' story that are actually in a person's experience. They dissociate from that and even more, they disown and devalue it. The identity self is the one that constructs "who I am" (O'Hanlon 1999). When someone is in disconnect from their true identity, they can not remember or utilize the power of their life force or spiritual perspective. Spiritual interventions heal, sometimes when traditional psychotherapy fails, because they untie the historical mental and emotional knots that prevent the life force from doing its work (Allender 1984).

Don Allender (1984) explains that to live is to hurt and the client is unaware of what to do with the pain. If he or she fails to respond appropriately to the wounds that life and relationships inflict, the pain will be wasted, it will numb or destroy. But he goes on to remind us that clients' suffering doesn't have to mangle their heart and rob them of joy. Healing is not the resolution of their past, it is the use of their past to draw them into deeper relationships with their God. Refuse to face the damage; the dysfunctional patterns set in motion to handle it will continue to exacerbate the wound.

Bill O'Hanlon (2003) discussed the three C's of integrating spirituality into brief therapy:

1) **Connection** by moving from beyond the little isolated ego into connection with something bigger;

2) **Compassion** or softening toward oneself or others by 'feeling with' rather than being against yourself or others; and,

3) **Contribution** by being of unselfish service to others.

Spirituality, according to the Dalai Lama, is a highly refined tradition, perfected over 2,500 years, which investigates the inner world of the mind to transform mental states and promote happiness. Through meditative and spiritual practices, awareness can be trained to channel away from the chain reaction of negative feeling, thinking, and behavior that has its own rapidity and inevitability (Marano 2006). Furthermore, brain scans demonstrate that these practices actually alter neuroanatomy for a beneficial outcome (Begley 2007).

Conclusion

The field of counseling will be served well with the model of ***Rapid Advance Psychotherapy.*** The model is brief, yet offers a brief alternative that does not place a band-aid over an emotional wound. The model honors the client's underlying historical struggle without ruminating about it. Review of the history generates client awareness of the ***impasse*** or the disconnect from the spiritual perspective. It demonstrates how the client re-creates the historical struggle in the present through distracting, cyclical behaviors. It offers the client positive, resource building skills to reframe the 'problem' and ***bridge*** to the healing, peaceful, spiritual perspective (Izzo 1996). An excerpt from *A Course in Miracles* workbook lesson exemplifies the reframe and bears a notable resemblance to the 'Miracle Question.'

> 1. A problem cannot be solved if you do not know what it is. Even if it is really solved already you will still have the problem because you will not recognize that it has been solved. This is the situation of the world. The problem of separation, which is really the only problem, has already been solved. Yet the solution is not recognized because the problem is not recognized.
>
> 2. Everyone in the world seems to have his own special problems. Yet, they are all the same, and must be recognized as one if the one solution that solves them all is to be accepted. Who can see that a problem has been solved if he thinks the problem is something else? Even if he is given the answer, he cannot see its relevance.
>
> Be not deceived by the form of problems today. Whenever any difficulty seems to rise, tell yourself quickly:
>
> ***Let me recognize this problem so it can be solved.***
>
> Then try to suspend all judgment about what the problem is. If possible, close your eyes and ask what it is. You will be heard and it will be

answered (141-142).

Rapid Advance reminds the client of internal tools and ultimately helps create new neurological channels for a healthier sense of **Self**. Once the client has completed the five sessions, he/she does not necessarily need to return to therapy. The client can create a personal, ongoing spiritual journey. The client can ***bridge*** to these powerful spiritual resources at any time of upset and experience relief. The author respectfully encourages the clinician to creatively use the ***five R's*** of ***Rapid Advance*** for him or herself as well as for the client.

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