The Three Waves of Psychotherapy

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Roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not.

2/3 of people who seek therapy are improved

vs.

1/3 of people who don’t seek therapy

Common Factors

Contribution to Positive Outcome

- Client factors: 40%
- Therapy relationship: 30%
- Placebo/positive expectancy: 15%
- Theory/technique: 15%
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The First Wave
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The First Wave
Past-Oriented
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The First Wave
Disease-Oriented Pathology
Deficits
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The First Wave
Past causes
Trauma
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The First Wave
Therapist as the expert
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The First Wave
Theory-driven
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The First Wave

Psychoanalysis
Psychodynamic
Family of origin work
Genetic/biochemical
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The Second Wave
The Three Waves of Psychotherapy

The Second Wave
Present-oriented
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The Second Wave

Current causes

or maintenance
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The Second Wave

Problem-oriented
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The Second Wave

Therapist as expert
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The Second Wave

Theory-driven
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The Second Wave

Behavioral

CBT/cognitive

Family/systems

Gestalt

EMDR/energy therapies
3 Trends in Therapy
3 Trends in Therapy

Therapists bring their own biases (cultural, gender, racial, class, sexual orientation and theory biases) so we never see the problem as it is.
3 Trends in Therapy

- Biased observations
- There is a move away from pathology and illness towards health, wellness and strengths
3 Trends in Therapy

• Biased observations
• Health, wellness and strengths
• There is a call for collaboration and mutuality in psychotherapy
3 Trends in Therapy

- Biased observations
- Health, wellness and strengths
- Collaboration and mutuality in psychotherapy
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The Third Wave
The Three Waves of Psychotherapy

The Third Wave
Present toward the future
Not oriented to causes
Solution-oriented
Resources/competence
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The Third Wave

Collaborative

Client and therapist as experts

Individualized, rather than theory-based
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The Third Wave

Solution-focused

Narrative

Collaborative language systems

Neurological plasticity

Possibility therapy
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The client and the quality of their participation in therapy is the single most important contributor to therapeutic success.

Involve the client as much as possible in clarifying the problem/concern, the desired outcome.
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Cab Driver Therapy
Be collaborative and curious

- Be willing to be taught
- Tell stories
- Detach from preferred models, theories and methods
- Be authentic, human and vulnerable
- Be willing not to know
Treat clients as experts

- In their problem experience and suffering
- About their concerns and hopes for treatment
- About what is helpful or unhelpful
- About what they are motivated away from and toward (energy)
- About their abilities and competence
Co-creating goals and treatment directions

• What brings you here?
• What are you most concerned about?
• If someone else suggested you come, what were they concerned about and why did you decide to come?
• Do you agree with their concern?
Co-creating goals and treatment directions

- How would you know we are making progress?
- How would you know you have gotten what you came for?
- How would you know that we are successful in our work together?
Finding exceptions and solutions

• Can you remember a time when you handled this problem in the best way?
• Was there a time that you can recall when the problem would have been expected to occur but didn’t?
• When have you solved really difficult problems before? How did you do that?
Finding exceptions and solutions

- What advice would you give someone else who is dealing with this problem?
- Have you ever know anyone else who has solved this problem or something like it?
- Where do you feel the most competent or good about what you do or know?
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