

Adlerian Brief Therapy with Individuals: Process and Practice

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Abstract

Adlerian brief therapy is a specific application of Individual Psychology that aims to bring focus and effective change to the lives of individuals in a relatively short period of time. The authors believe that a focused Adlerian approach meets the needs of individual clients now and in at least the early decades of the 21st century. This article is designed to explicate the process and practice of Adlerian brief therapy with an emphasis on the flow of therapy sessions and the specific listening skills that facilitate change in a time-limited format.

Individual Psychology, with its related therapies and counseling processes, has evolved substantially over the six decades since Adler's death in 1937. Indeed, many different approaches to clinical practice currently co-exist under the umbrella of Adlerian psychotherapy (e.g., Disque & Bitter, 1998; Kopp, 1995; Mosak & Maniacchi, 1998; Powers & Griffith, 1987). In spite of their differences in style, modern Adlerian approaches focus on an understanding of an individual's lifestyle, his or her subjective, socially constructed pattern of living. Further, these therapeutic models have remained holistic, systemic, and teleological in both assessment and treatment. Adlerian brief therapy is one such therapeutic model that we have successfully applied to our work with individuals, couples, and families (Bitter, Christensen, Hawes, & Nicoll, 1998).

Anticipating the Future

Counseling and psychotherapy as professions have long roots to models of long-term assessment and treatment, therapeutic approaches that were substantially voluntary and available to those who could afford them. In the United States long-term, inpatient care of the mentally ill has been gradually replaced by community-based, mostly outpatient care, and this care increasingly comes under the control of corporate managed-care systems. Consequently, counseling and psychotherapy are now generally available to all who desire them, and there are more people seeking therapy. In addition, rather than coming to treatment voluntarily, many clients are now sent to

therapy by employers, families, courts, and the like. The problems with which today's clients present are often both quantitatively and qualitatively more difficult (Sperry & Carlson, 1996). At the same time, the sheer numbers seeking help and managed-care systems' concern for cost-effectiveness mandate that treatment be both focused and time-limited. The question is whether such focused, time-limited approaches are effective.

Initial results suggest that brief therapy approaches are at least as effective as long-term, time-unlimited therapies (Koss & Butcher, 1986; Steenbarger, 1992). While therapists in general appear to favor long-term therapies, evidence such as third-party observations, the results of standardized measurements, and even client self-ratings have indicated that time-limited, brief therapies are as effective as the long-term models. Clients come to counseling and psychotherapy expecting an active, directive counselor who will structure the sessions and move them toward problem resolution (Budman & Gurman, 1988; Garfield, 1986). In spite of some therapist's preference for long-term models, clients average four treatment sessions, with a median of one session (Phillips, 1985). Indeed, Garfield (1986, 1989) found that up to 50% of clients fail to return for a second session, and that, for those that do, change appears to occur in the first eight sessions. Howard, Kopta, Krause and Orlinsky (1986) concurred, adding that treatment gains tend to occur early in therapy and diminish thereafter.

As we look to the start of a new century, it is not at all clear that brief therapy models will continue as the treatments of choice in the United States. Disenchantment with managed care and a lack of care for individuals designated as chronically mentally ill could easily lead to the reinstatement of long-term, perhaps residential care and a greater investment for *some* individuals in long-term, on-going therapy. Even if such a rebalancing occurs, those counselors skilled in brief, intermittent therapy will be well situated to help those who need on-going therapy and support as well as those whose difficulties are more acute.

Characteristics of Brief Therapy

There are five characteristics that form the basis for an integrative framework in brief therapy: (a) time limitation, (b) focus, (c) counselor directiveness, (d) symptoms as solutions, and (e) the assignment of behavioral tasks. Individual models of brief therapy and even individual practitioners within a model may differ as to which of the characteristics they most emphasize. Even the two of us differ to some extent with our relative emphases upon a definitive time limitation, counselor directiveness, and the assignment of behavioral tasks. However, we both agree that *focused work* will tend to keep

therapy brief, that nonorganic *symptoms are the client's solution* to a personal problem, and that *motivation modification* is the goal when both directive interventions and behavioral tasks outside of therapy are used.

Integrating a time limitation into the therapy process can provide several therapeutic advantages. A modifiable contract for treatment conveys an optimistic expectation for change in a short period of time. Further, defining clearly the number of sessions and time devoted to each session can motivate both the client and the therapist to stay focused on desired outcomes and to work more quickly than when time in therapy is perceived as unlimited.

It is also not uncommon, once a time-limited contract has been established, for the acuteness of initial symptoms to lessen or even disappear for a while. It is as if the client starts the healing process immediately because she or he expects to start feeling better. Even if symptoms initially disappear, they almost always reemerge around the midpoint of therapy when the client may feel that time is suddenly running out. By the midpoint, however, the therapist and client will likely have developed a strong working alliance that will support their best efforts at real change.

Clarity of focus and practice is the central element that limits the duration of therapy. For the Adlerian brief therapist, there are two foci that guide every session. First, the therapist seeks to develop a systemic and holistic understanding of the people involved in treatment, including their rules of interaction. Second, the therapist seeks to understand the goals the client has in seeking help. Again, individual therapists will differ in emphasis, but effectiveness requires the therapist to work from both foci: The therapist needs to know where he or she is going and with whom.

Within the context of Individual Psychology, human beings are understood to have goals and to act purposefully based on the interpretations they have made about self, others, and life (their worldviews). This teleological orientation places a stronger emphasis on the client's present and intended future than on the past. Indeed, the past becomes understood as a "revised context" created by the individual in support of current motivations. An understanding of purpose makes sense out of both symptoms and patterns of behavior. Real change, second-order change, always includes some form of motivation modification stemming from a reorientation of client interpretations regarding the circumstances that brought him or her to therapy.

Adlerian brief therapists seek to effect functional solutions, expand limited choices, create new possibilities, and activate underutilized resources—both personal and external. It is not impossible to reach this therapeutic goal in a single session. However, whether in one session or in twelve, making a difference in his or her clients' lives requires that the therapist pay attention to the flow of therapy as well as the unique understandings that arise from that therapy.

The Flow of Adlerian Brief Therapy

Figure 1 presents a flow to therapy that has been adapted from Dreikurs's (1997) approach to psychotherapy. We use "flow" here to indicate a movement that is fluid and dynamic and that eschews mechanistic steps or stages. There is nothing in the ordering of this flow that cannot be reordered to fit the needs of the client or the therapy session.

Database. Counselors often receive information about a client before a first meeting ever occurs. The information may come from any of a number of sources of secondhand information (e.g., an intake interview or a referral). Neither the source nor the data are as important, however, as the opportunity for the counselor to engage the data teleologically and to formulate guesses that can later be either affirmed or discarded in the counseling process. Early guesses—first hypotheses—form a background against which significant differences can be more easily noticed. The counselor has "a picture" of the person she or he will meet. When the counselor later meets and gets to know the client, differences with the initial hypotheses stand out and signal a need for an immediate reorientation, refocusing, and modification of the hypotheses on the part of the counselor.

Meeting the person. Although client concerns tend to surface quickly, Adlerian brief therapists focus initially on the client as a person. The therapist seeks to make a person-to-person contact based on mutual respect, genuine interest, and even fascination. Such contact is often facilitated in the first few minutes of therapy by making full use of one's five senses, especially a focus on what can be learned from what the therapist sees, hears, and even experiences in the touch of a handshake. Clients sense early in the session whether or not the therapist is interested, competent, and fully present for them.

Adlerian brief therapists may start the interview with a question like, "What do you want me to know about you?" rather than "What brought you in?" or "What difficulties can I help you with?" Meeting and valuing the person is essential. In Adlerian brief therapy, relationship is the foundation for facilitating change. It is often the difference between a working alliance and initial resistance.

The subjective interview. Initially Adlerian counselors want to help the client tell his or her particular story. This goal of having the client feel fully heard is facilitated by the generous use of empathic listening and responding. Interest in and fascination with the story will lead the counselor to select questions that follow directly from what the client has said, as opposed to using a formal interview form. Staying with the next most logical or interesting question enables the counselor to direct the interview toward greater depth of understanding while also establishing the client as "the expert" on his or her own life (Anderson & Goolishian, 1992). A client who can clearly articulate what is important to his or her life has already begun to take some

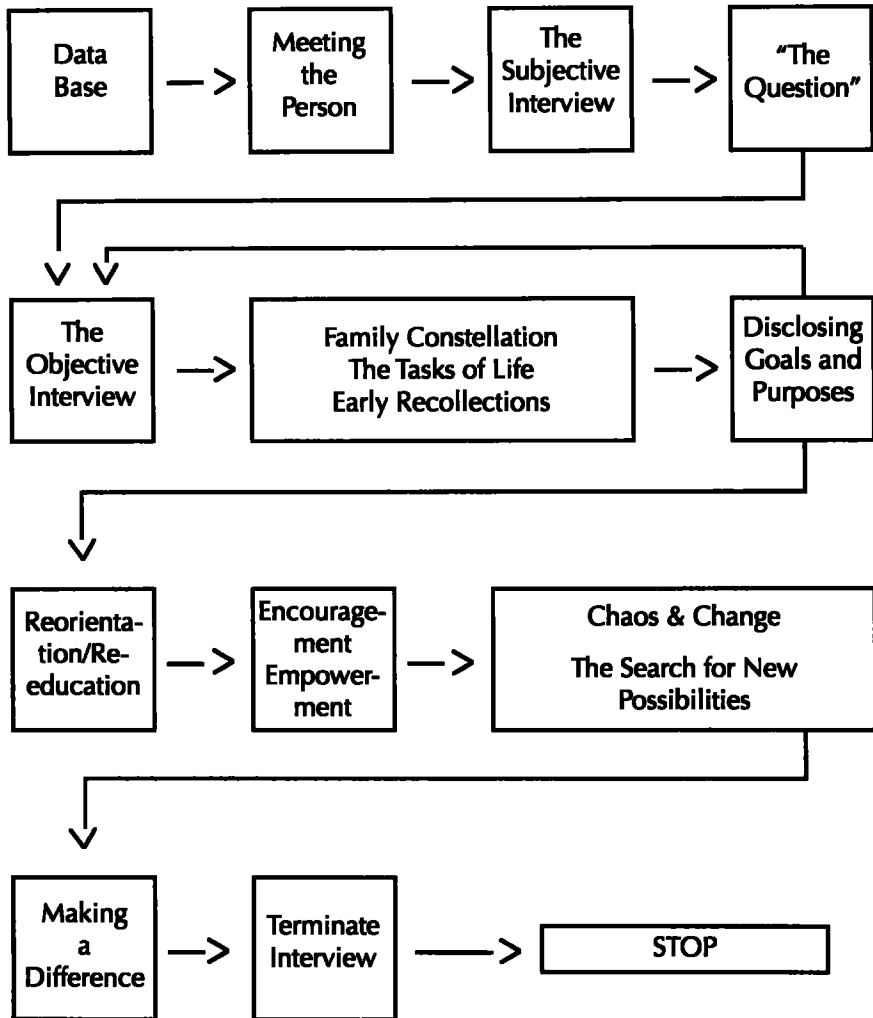


Figure 1. Flow of Adlerian Brief Therapy

control of self and life. Toward the end of this part of the interview, the Adlerian counselor may ask: "Is there anything else you feel I should know to understand you and your concerns?"

Regarding the interview, Dreikurs (1997) noted:

When interviewing a patient for the first time, the doctor should let him talk about his condition, his symptoms, his discomforts and dysfunctions. What he describes we call his "subjective condition." We know then what he came for, how he feels, and what he experiences within himself. (p. 187)

The subjective interview should help the counselor develop an understanding of motivational and behavioral patterns in the person's life. At least tentatively, hypotheses about what works for the client can be generated. How do the patterns in a person's life reflect the individual's rules of interaction, and how do these patterns and rules directly contribute to maintaining the concerns that have been identified? Indeed, how does the stated concern represent the person's solution to life's demands?

"The Question." Adlerian brief therapists differentiate an organic problem or symptom from one that is psychogenic by use of "The Question" (Dreikurs, 1997). Initially phrased by Adler (1929/1964) and later rephrased by Dreikurs, The Question is "What would you be doing if you didn't have these symptoms or problems?" or "How would your life be different if you didn't have these issues, concerns, or problems?" When the answer is that life would not be different, except that the symptom or problem would be gone, then the cause of the problem is probably physiological. When the problem or symptom's purpose is to let the client avoid a fundamental human task, the answer will indicate that from which the client is in retreat (Adler, 1935/1996a, 1935/1996b).

Recently, solution-focused therapists have transformed The Question into what de Shazer (1988) called "the Miracle Question." They use this question to construct with clients desired outcomes that become the total focus of therapy. What solution-focused therapists often encounter is resistance, because the Miracle Question almost always indicates solutions based on avoidance strategies rather than a delineation of preferred outcomes. Adlerian brief therapists almost always use The Question as a "verifying" intervention that links the client's rules of interaction to the problems presented. In this sense, it is also an excellent bridge between the subjective interview that elicits the client's presenting story and the objective interview that seeks to generate a holistic understanding the client's lifestyle.

The objective interview. The objective interview constitutes a "lifestyle assessment" of the client. The aim of lifestyle assessment is to create a holistic picture of the individual, including but not limited to information about when the problem started; precipitating events; medical history, including the use of current and past medications; a social history; and the reasons the person came to therapy (Eckstein & Baruth, 1996; Powers & Griffith, 1987; Shulman & Mosak, 1988). The therapist seeks to understand the social contexts in which the client functions. The data from these areas of investigation lay a foundation for lifestyle narratives related to the family constellation, the life tasks (especially social relations, occupation, and intimacy), and early recollections.

Family constellation, the tasks of life, and early recollections. The uses of family constellation, life tasks, and early recollections have been well documented in Adlerian literature (Carlson & Slavik, 1997; Sweeney, 1998; Watts

& Carlson, 1999). Each of these investigations tends to produce life stories that taken together yield patterns of living and coping: They “make sense” of the client’s concerns. Listening to the client’s interpretation of the place he or she holds in the family helps the counselor to understand the client’s overall sense of place in the world. Listening to the individual’s experience of life’s demands helps the clinician to discover client strengths, perceived weaknesses, and coping styles. Listening to early recollections can reveal the person’s convictions about self, others, life, the world, and even ethics; it can reveal the client’s stance in relation to the counseling session and the counseling relationship. It can also reveal coping patterns, verification of perceived strengths and weaknesses, and interfering ideas—all of which directly affect the issues and concerns that are brought to counseling.

Disclosing goals and purposes. Adapting Dreikurs’s (1961) disclosure process, the Adlerian brief therapist introduces goals and purposes for symptoms, behaviors, feelings, values, and convictions into the therapeutic dialogue to bring clarity and meaning to what has formerly been nonconscious processing. Adlerian brief therapists believe that client meaning always follows from an understanding of interactions; that is, assessing the social results of an individual’s behavior is the surest way to formulate a hypothesis or guess about a person’s goals and purposes. When such disclosures follow from a clarity of focus obtained in the subjective and objective interviews, they often create the experience of recognition in the client.

Because goals and purposes are suggested tentatively, however, even incorrect guesses will have value. They communicate that the clinician is working hard to understand the client and is willing to take the risk of being wrong. It invites a collaboration with the client by asking him or her to become an expert at clarifying the therapist’s understanding. The elimination of an incorrect guess often leads to a better interpretation, allowing the client to experience mutual respect in a dialogue for clarification.

Reorientation/reeducation. Adlerian psychotherapists use the concepts of reorientation and reeducation to suggest that the treatment goal is one of changing direction, better coping, and meeting life with new understandings. Augmented social-emotional competence and mental health rather than a mere decrease in symptoms is the foremost goal. Clients need to have a sense of belonging and a sense of being valued in their community as an antidote to isolation and withdrawal. It is through courage, confidence, contribution, a sense of humor, an interest in the welfare of others, and a friendly approach to people that dysfunction and acts against one’s fellow beings can be prevented. Adlerian brief therapy connects individuals to others and enhances human courage.

Encouragement and empowerment. Encouragement and empowerment are foundational to any change facilitated by counseling. Adlerian brief counselors believe that courage follows from a sense of empowerment and that

empowerment results from rediscovering both the internal and external resources available to the client. For a brief period, a counselor can be one of an individual's most important external resources. A counselor meets the client in the middle of his or her life, and then says good-bye long before the end of the client's life. If a counselor can help people to discover their strengths, walk with them through difficult times, and create—even enact—new possibilities, solutions to clients' original problems will evolve.

Chaos and change: The search for new possibilities. Even small changes can be met with resistance because they require the client to move into the unknown or not previously experienced. More difficult changes often produce personal and interpersonal chaos and disorientation. When the client enters a period of chaos, he or she needs the therapist to remain steady, to be focused, and to help him or her refocus. Throughout the experience of chaos, slow, careful, and deliberate movement is essential. Therapists remind clients that they are not alone and that they are not without strengths. They can also encourage clients to make decisions that can be immediately implemented. Larger, life-changing decisions (e.g., about getting a divorce, moving, or quitting one's job) can be addressed when the client feels more in balance and is refocused.

New possibilities can emerge within counseling from either the client or the therapist. In general, client-generated possibilities are more useful because they reinforce a sense of personal strength and courage in clients and they invest clients more fully in solutions that work. It is the therapeutic relationship based on mutual respect and caring, however, that also makes it possible for therapists to suggest and even prescribe changes in the clients' processes and activities. These suggestions follow from a holistic understanding of the client, including what has motivated the client in both useful and useless approaches to living. When the relationship has been caring and collaborative throughout, most clients accept therapist-generated options and prescriptions calmly—and with hope.

Making a difference. Adlerian counselors seek to make a difference in the lives of their clients. That difference in a single session may only be a small shift, perhaps substituting a smaller mistake for a bigger one. It may be a small movement, a desired change in behavior, a new attitude, or a shift in perception. In brief therapy, counselors ask themselves: "If I had only one session to be useful in this person's life, what would I want to accomplish?" In this sense, making a real difference is not just about bringing focus to the client's life and activity; it is also about staying focused on what is therapeutically possible in each engagement we have with the client. There is never any guarantee that a future session will occur.

Terminate interview. Adlerian brief therapists may terminate or end sessions, but they do not believe in terminating the therapeutic relationship. The more common experience is for therapy to be *interrupted*. Thus, a relation-

ship is formed; it is characterized by intense involvement for a short period of time; then, a separation of weeks, months, or even years may occur, but the relationship is always available. Reconnecting is facilitated by the value the intense involvement has had in the client's life. In this sense, every parting is also a transition. Sometimes that transition is from one session to the next. Sometimes it is from one part of an individual's life to the next. What Adlerian brief therapists know is that life and its many changes are what happen between sessions. Therapy is a way station in the ongoing journey of the client's life.

The Therapist's Framework for Understanding the Client

All therapeutic models rely on certain assumptions about human nature and behavior that guide counselor assessments and interventions. Adlerian brief therapy is an applied integration of Individual Psychology and systems theory. In this approach, almost all behaviors, feelings, issues, and concerns are understood to be social in nature and to be enacted within an interactive system. As a client's stories unfold, the Adlerian brief therapist listens from what Nicoll (1999) called "the three levels of system behavior" (p. 20).

Level One involves an identification of the client's precise *actions* and *emotions* and the social context in which they are exhibited. Specifically, what does the client do and how does the client feel when she or he engages in these actions or interactions? Further, who else in the client's social sphere is involved or affected, and how does he or she respond? At Level One, the therapist is concerned with the "how" of the client's behaviors, feelings, and difficulties. Specificity is what makes the *how* clear.

At Level Two, the therapist addresses the function served by the client's actions, interactions, feelings, concerns, or issues. Symptoms and problems are maintained because they are "client-solutions" that serve a social purpose. Discovery of that purpose often requires the therapist to place behavioral or emotional patterns in their social context. Understanding behavior at this level requires reading between the lines. As we have previously noted, Adlerian brief therapists use a tentative disclosure process to share their discoveries and work with clients toward a fuller understanding.

Level Three involves an investigation of the client's idiosyncratic rules of interaction. Counselors seek to discover the client's basic assumptions (especially about self, others, and life), apperceptions, private logic, phenomenological perspective, and belief systems—all those aspects of human meaning that taken together constitute lifestyle guidelines and convictions. Adlerian counselors want to understand the client's underlying rationale or logic that maintains symptoms, dysfunction, or problems. At Level Three, "second-order" change becomes possible.

Changes in behavior or emotions can merely amount to symptom substitution, or first-order change. Understanding the purpose of one's dysfunctional behavior makes it more difficult to maintain. But listening for, understanding, and disclosing the rules of interaction make sense out of everything. All behavioral patterns become clearly focused, even predictable to some extent. Similarly, a change in the rules of interaction produces second-order change and consequently facilitates lasting changes at the other two levels.

The key to effective therapy is to understand client meaning at all three levels of system behavior, to listen with a third ear (Reik, 1948), and to read between the lines. In Adlerian brief therapy, however, interventions focus primarily at the third level, on the rules of interaction.

The Case of Selena

Selena initially presented herself for therapy because of "intermittent acute headaches" and a general feeling of being overwhelmed. The referral source indicated that these headaches seemed to "knock Selena out" for 5 to 12 hours at a time with medication having little or no effect.

When the counselor first met Selena, she was dressed in a professional manner with her hair pulled back tidily and with modest gold jewelry accessorizing what she was wearing. She greeted the counselor warmly and sat in a chair across from him in a manner that was totally composed. The counselor's first impressions were of a woman who knew "the right thing to do" at all times and for whom appearances held some importance.

Counselor: I see from this referral that you have been having headaches and that you have been feeling somewhat overwhelmed. And I do want to know more about that. But I am wondering if you could start by letting me get to know you? What would help me really appreciate who you are?

Selena was a married, "single" parent. Her husband was a salesman, and he was away from home often. Selena worked full-time as a teacher, and she was completing a graduate degree in social work. She dreamed of starting a school in the city, a school in which parents and teachers worked together toward the common ends of educating their children and keeping them safe and out of trouble. She had spent more than 10 years thinking about and preparing for the implementation of her dream. But now, when she was so close, her life seemed to be so complicated that she wondered if she would ever be able to do it.

Recently, she had moved her mother in with her. Selena's father had died about a year before, and her mother was unable to live on her own because she did not drive and needed support. Selena initially felt that her mother could be a help to her with her only child, 4-year-old Miguel. Selena de-

scribed the relationship between Miguel and her mother as “spoiling him half the time, and then getting upset when he does not behave.” Selena would get phone calls during the day if Miguel was too out of hand. And there was always a problem waiting for her when she returned home from work or graduate school. “My mother is strong when I don’t need her to be (for example, when she tells me what I should be doing) and weak when I need her to be strong (that is, handling Miguel).”

Selena’s headaches almost never occurred at work or during school. They occurred at night when she was at home, and often she would have to go straight to bed. When asked The Question in relation to her headaches, she replied that Miguel needed so much from her. She would spend more time with him, try to help her mother and Miguel get along better, make her husband’s time at home more pleasant, and make some progress on setting up her inner city school. She knew that Miguel would do better if he had a parent who met more of his needs and still set boundaries with him, but she had so little time with him during the week. Only on weekends did they really get “quality” time together.

Selena felt angry with her mother at the same time that she needed her help. She could not imagine saying anything to her mother that would not reveal her anger, so she said nothing. She had wanted to work with families in the inner city, and now her family took up every spare moment. If she was not making family life pleasant for her husband when he was home, she was trying to support and care for her mother while finding time to raise and care for Miguel.

It was easy to see how Selena wound up feeling overwhelmed. It was also easy to see the purpose of her headaches: They allowed Selena to withdraw from her problems at home rather than face them. When the counselor disclosed this purpose to her, Selena felt he was right. She even admitted that she often stayed in bed even when the headache had stopped.

Counselor: I think I might know why headaches became the symptom that came to help you. Would you like to hear my idea?

Selena: Yes.

Counselor: You’ve been so busy being good, always doing the right thing, and trying to do it all so perfectly without a whimper or a fuss. People who wear their halo too tight often get headaches.

Selena’s objective interview revealed that she was the youngest of four children, the only girl among boys, and the one who had outshone all the rest. She did so by completing more school, almost perfectly, than anyone in three generations of her family. She did so by always behaving properly and within the expectations of her extended family and even her culture. She did not even leave home until she married, and she made sure that she “married well.”

Her father had been a hard worker who always provided for his family and who kept the boys “on a short leash” until they were in late adolescence. “His Selena” was his pride and joy. He never tired of her company or her achievements. Her mother was much easier on the boys and more strict and protective with Selena. She was loving and always busy with the needs of the family and their community. “She did not have a lot of fun in her life, but she knew everyone, and she knew everything that was going on.”

It is not uncommon for people who feel overwhelmed and even trapped to experience life in rigid, dichotomous terms as if the only options are between two extremes. Selena concluded early in life that she had to do everything right or she would be a failure. She could see that other people had much more difficult lives than she had, so she should never complain. And even now, as she talked to the counselor, she feared that if she allowed herself to get angry, she would really explode. It was better to stay quiet and calm. She believed it was her job to keep everyone happy or life would fall apart.

Counselor: So let me see if I have this straight. You have all these people to keep happy: a husband, a mother, a son, the people at your work, the faculty, and your fellow students in graduate school, and you are preparing to save most of the inner city children and their families in a new school. Did I get that right?

Selena: (almost laughs) Yes.

Counselor: Actually, I hope you make it. You probably can make a miracle of a difference as long as you include *you* as one of the people for whom you care.

Toward the end of the session, the counselor asked Selena to tell him how effective her mother had been with three boys when they were little. Selena admitted that mother had handled everything when her father was not around, and she had kept the boys in line. Nor did she think her mother was incapacitated in any way now, except that she might be still in grief over the loss of Selena’s father.

Counselor: I have an idea that I think would reflect a new effort to care for both yourself and your mother, that would respect your mother’s capacities and, at the same time, relieve you of some of your burdens.

Selena: Let’s hear it!

Counselor: I wonder if when your mother calls you during the day or when she meets you at the door with a problem with Miguel, you could say, “Mama, I am so glad you are here with us. I don’t know what Miguel and I would do without you. You are the strongest mother I know, and I know you will handle this problem in the best possible way.”

Selena: (smiles) I can do that.

Adlerian therapists have often worked as if they had only one session in which to make a difference. In many instances, Adlerian brief therapy appears to facilitate a change almost immediately. As in most cases, however,

Selena did come back, and, while she had been headache-free for a week, she was still struggling with the feeling of being overwhelmed. Her mother had not called her the entire second half of the week and was even reporting some wonderful times with Miguel when Selena came home. Building in real time and care for herself and learning to involve others more in the fulfillment of her hopes, dreams, and ambitions would take time and practice. With the assistance of intermittent support, Selena focused on making changes in one area of her life at a time. Rather than overwhelming herself, she was empowered by learning to focus on improving and moving forward rather than trying to deal with everything at once.

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