



Introduction—How to Read This Book

This is the book we would have liked to have read when we were beginning our own clinical training in psychotherapy. We hope it will be similarly valuable to today's psychiatry residents, psychology graduate students, social work interns, and other trainees in mental health. Psychotherapy can be daunting to learn for the first time—there is a long, complex history, a lot of professional terminology, disagreement among experts, numerous schools of thought etc. Fortunately, you do not need to master the whole literature of psychotherapy to begin working effectively with your patients. Understanding the principles common to all therapies, appreciating the essential concepts of the major approaches to therapy, and knowing how to adapt these principles and concepts to different settings will allow you to be of great help to the people who entrust their care to you. That is the purpose of this book.

We have written this book so that it can be read straight through as a whole, or by selecting specific chapters that speak to your current training situation. Perhaps you are reading this as part of a course or didactic series, or perhaps you have just started in your first psychotherapy clinic and are needing a useful (brief) reference to help you feel more oriented. We hope this text can serve both purposes, while also sparking your interest in more in-depth learning.

Case studies are used frequently, to help illustrate the material in a more concrete manner, and each chapter includes a list of questions to help you check your own learning and provides references for further learning. Of note, the case studies in this book are the creation of each author or coauthors and are fictional in nature. Each of these case studies has been informed and shaped by our actual accumulated clinical experiences. Nonetheless, any resemblance to an actual person within the cases is coincidental. However, any self-disclosure made by our authors throughout their chapters is genuine.

Throughout the chapters you will find additional information in **text boxes**. These are meant to expose you to valuable ideas and topics that are not covered in the main text of the chapter. They can be read in the order they appear as part of the chapter, or they can be revisited by the reader when useful. Similarly, at the end of each chapter, we have included **resources for further learning**. It is our hope that

these additional resources will inspire you to begin a lifetime of learning psychotherapy. All our authors would agree that psychotherapy education during training at best provides “a good start”—an entire career of growth in expertise and deepening your understanding lies ahead.

Also, you may have noticed we have chosen to use “Mr. A” or “Ms. A” throughout each case study, even when discussing patients who are minors. We recognize this approach represents a binary approach to gender and note that the case studies did not include an example of the inclusive alternative “Mx. A” terminology. In addition, we recognize that the use of such titles as “Mr./Ms./Mx.” reflects a formality that is not required or encouraged in all training environments, or across all cultures. Our practice as supervisors is to encourage what we view as a sense of formality and respect in this manner, for both the patient and the clinician, while also recognizing the use of these titles is a specific professional and cultural practice.

Now, onto how the book is outlined. **Section 1** provides a backdrop on the **fundamentals of psychotherapy** and the necessary **common elements** that span psychotherapy methods and are crucial to beginning any therapy. We also hope it causes you to feel intrigued and excited at the prospect of working with patients of your own through psychotherapy. This section provides guidance on creating a **thoughtful psychotherapy case conceptualization** and also direction with regard to **choosing a therapy that will match your patient**.

Section 2 dives into four fundamental areas of psychotherapy that are considered **core competencies** for most psychotherapy training programs, including psychiatry residency. Chapters are specifically devoted to describing and applying **Supportive Psychotherapy, Cognitive-Behavioral Therapy, and Psychodynamic Therapy**. In addition, there is a chapter on the importance of considering **Culture and Systems**. Each of these chapters uses clear definitions of core concepts and illustrative case studies to apply beginner-level concepts. None of these therapeutic approaches can be covered entirely in a single chapter, but we have worked with our expert authors to provide you with a solid foundation.

Section 3 explores some of the unique settings in which psychotherapy is used. Many of these will mirror the settings in which you are or will be receiving psychotherapy training. Special considerations exist for applying psychotherapy (of any kind) to **community mental health settings, consultation-liaison/medical settings, ER and crisis environments, and inpatient psychiatric units**. While we often stereotype psychotherapy as a 50-minute outpatient office visit, we know psychotherapy has a role and can be used effectively in every setting where treatment for mental illness and behavioral health is provided.

Section 4 addresses some key issues of the next steps of your development as therapists, in particular collaboration and supervision. The authors will orient you to the subject of **integrating psychotherapy and medication treatments**, the pros and cons of doing so in a single session, and ways for nonprescribers to collaborate more clearly with prescribers to boost their patients’ care. In addition, there is a **specific chapter on psychotherapy supervision**. We strongly recommend reading this chapter prior to initiating supervision, as it contains several helpful (and practical) tips for making the most of your supervisory learning relationship.

We are enthusiastic to share this book with you and hope it prompts a keen interest in the art and science of psychotherapy!

Adam M. Brenner, MD
Laura S. Howe-Martin, PhD
UT Southwestern Medical Center, Dallas, Texas