The 9 Logics Beneath Brief Therapy Interventions:

Handouts for the Brief Therapy Conference 2018[1]

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Hundreds of brief therapy techniques exist. As we talk about post-structural and strategic[3] therapies (de Shazer & Berg, 1992; Haley, 1963), we can trace their origins to different sources: Milton Erickson's (1967, 1980) work, the MRI Brief Therapy Center's model (Fisch, et al., 1982; Watzlawick, et al., 1974), the Milan School (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1978), Solution-Focused Brief Therapy (de Shazer, 1988; de Shazer, Dolan, Korman, Trepper, MacCollum & Berg, 2006), and Arezzo's Brief Strategic Therapy (Nardone & Watzlawick, 1993).

The great variety of *techniques*, however, does not correspond to an equivalent number of *logics of intervention*. With a specific *effect* or *objective* in mind (e.g., reducing a manifestation of anxiety), the therapist follows a certain *logic* or *purpose* (e.g., blocking a certain behavior), and to do that therapists use one or more *techniques*. Similar to the relationship between *strategy* and *tactics*, interventions or maneuvers could be different in form but obey (or serve) the same logic (or purpose). Using that same logic, the therapist chooses the technique or specific intervention that is considered most likely to be effective for that particular person and situation. When the logic is identified, it is easier to adapt, change, or even invent a new technique, since the logic beneath it is clear.

The full panoply of techniques I have reviewed are discussed in detail elsewhere (Cannistrá, 2018), together with bibliography, methodology, and examples. Here I will just briefly identify 9 logics:

1) **Direct block of attempted solution:** this logic includes those techniques which call in a more or less direct way for the patient to stop a certain behavior in order to block the attempted solution. An example is the technique of the *block pursuit of the medical findings* used with patients who, for fear of having a serious illness, make repeated medical examinations, not realizing that it increases their anxiety rather than reducing it. Another technique is the *standard response*, used in situations where the client tends to demand excessive confirmations from others (parents, partners etc.), who answer and confirm his sense of inferiority. With the latter it asks them that, each time they are asked

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for their confirmation, to give a standard answer such as "What is your opinion [about what you just asked]?" or "What do you think?" And so on.

2)   **Create aversion:** this logic includes those techniques aimed at creating in the patient an aversion towards something, such as a behavior, or a form of interaction or relationship, etc. An example is the technique of *Fear of help*, in which during the session it is noted to the anxious patient that all the times when he or she asks for help to perform a task that he or she feels is too difficult, they receive an implicit confirmation that "alone is not capable," with the purpose of creating their aversion to this request for help. Another example is the technique of *Poor me*, conceived by Leonardi and Grassi (2012), in which it asks the client who tends to see himself/herself as a victim to list, every morning, the bad things that he/she does, and then to repeat them in the mirror. The authors note that people quickly begin to dislike those things and stop complaining

3)   **Creating awareness:** this series of techniques are meant to help the client become aware of something, such as a wrong behavior or misperception of their abilities and resources. An example is the technique of *Search for confirmation*, asking the person that strongly believes that others speak badly of her or plot against her, to actively seek confirmation of this, for example going voluntarily to observe the faces of the people to find trace of expressions that betray their intentions. This technique yields exactly the opposite effect, since the person going to seek confirmations actively instead of staying "within the mind" doesn't find them and this makes him aware that maybe he's wrong. Another example is the technique of *Measuring the limits*, in which, for example, the client with a specific phobia for a given animal is asked to measure how far he or she manages to get close to it: by doing this the person begins to realize that his or her fear is not so big and that the phobic object is not so scary.

4)   **Create from seemingly nothing:** this logic includes techniques that are designed to introduce changes (small or large) in clients' perceptions and behaviors in order to create or amplify resources, skills and abilities. One example is the *Miracle Question* technique, which asks the client to imagine a future without her problem - or rather, the future when this problem will be no more - and to implement the behaviors that she imagines would occur in such a future. In general, different reframing interventions involve this logic when they are used to show to the client a new perspective, a new reality, within which they can then begin to use different behaviors.

5)   **Increase to reduce:** within this category are a large number of paradoxical techniques. An example is the technique of the *Worst fantasy*, in which the client with panic attacks is asked to try to increase the feelings of anxiety to paroxysmal levels, resulting in contrast a reduction of them. Another example is the *Check-up technique*, in which a client that thinks he has one or more terrible diseases, for which he always tends to control himself and listen to his body, is asked to do three times a day for fifteen minutes, a minute examination of his body, from head to foot, for two weeks. The result usually is that in this way the client returns with a strong reduction of the control behavior and symptomatology.

6)   **Small changes (or small violations):** this logic includes those techniques aimed at solving a problem by implementing small, often incremental, changes. The reasons for

doing this can be different: the issue is composed of different issues, to be addressed one at a time; or too fast or too large results may scare the client or put him in trouble; or generally they must proceed slowly for whatever reason. The techniques direct patients to do something that does not require excessive effort, thus producing the changes gradually. An example is the technique of the *Little violations*, in which the patient is asked to produce a small breach in a certain behavior. It can often be used with some obsessive-compulsive problems, in which we begin to deconstruct a rigid pattern of behavior by introducing small variations. Another example comes from the technique of the *Small "No,"* wherein you ask an insecure client, who finds it difficult to present himself for fear of receiving a refusal, to put himself everyday in a situation to receive from someone a "No" of modest size. This is very effective to "immunize" him.

7) **Strengthen the relationship:** essentially designed to strengthen the therapeutic alliance, this is the only one of the nine logics that is not intended to *directly* produce a therapeutic result. As common factors researchers (e.g., Duncan, et al., 2010) have shown, the therapeutic alliance accounts for about 30% of the variance in change. An example is the *Dear Docto*r technique (or *Night letters*), which asks the client to write, every night, a letter to the therapist, speaking of himself, his problems, his day, and all that is on the client's mind. Although there are many writing techniques (e.g. "diaries"), what differentiates this is the recipient and the subject of the letter.

8) **Shift the focus:** many techniques can be designed to shift the patient's attention, thus distracting them from perceptions and behaviors that would continue a problem. An example is the *Logbook* technique, in which the person in an acute state of anxiety is asked to fill out a diary at that exact moment: this shifts the focus from the monitoring of physiological conditions (such as accelerated heartbeat, tremors, sweating etc.), the monitoring of which only exacerbate these conditions, on to a completely different task (filling in the diary), thus making it possible for the physiological conditions to recover independently.

9) **Express and process:** this last category includes all those techniques that aim to vent and/or further process a particular lived experience and thus may lead to feelings of a different kind. An example are the *Angry letters*, in which the person with impulsive outbursts is asked daily to write letters addressed to the object of his anger, with the result that the anger is reduced and the impulsive behaviors, too. Another example is the *Memory gallery*, in which the person who has suffered the loss of a loved one and avoids a confrontation with his experiences, to create and review a gallery of paintings that represent memories related to the object of loss, in order to facilitate the process of elaboration.

We need to remember that a technique is but an instrument obeying the logic of intervention. When facing challenging situations, once the logic is identified ("What specifically am I trying to accomplish right now?") the therapist can select and employ appropriate techniques.