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Getting to the Heart of It (Book Review)

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Clinicians are taught to diagnose using the format in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–IV; American Psychiatric Association, 1994). They are then instructed in the ways of case formulation based upon a favored theoretical orientation. Treatment interventions are chosen from that orientation and, in a majority of cases, therapeutic efforts produce positive change. Yet, for both student and seasoned therapist, there will occasionally be the client, diagnosis, or situation that fails to respond to treatment interventions. Ensuing therapeutic stalemates lead to frustration for all involved.

Richard W. Halstead suggests that moving beyond the medical assessment model found in the DSM-IV can provide enhanced value to treatment through the exploration and identification of a client’s core issues. His brief book, *Assessment of Client Core Issues*, offers a conceptualization of clinical cases synthesizing elements from narrative, schema, and cognitive therapy traditions. The author’s stated goal is “to present a model that might help counselors think past a symptom-based formulation for diagnosis and incorporate a structured process for analyzing the vast amount of information clients reveal about their struggles in life” (p. 97).

Depending heavily on schema therapy concepts originally developed by J. E. Young, Halstead develops an assessment approach that addresses both the unremarkable and problematic client situations. His purpose in writing is to provide therapists with a tool for conceptualizing cases beyond psychiatric symptoms. Halstead demonstrates that focusing on client core issues, in addition to the DSM–IV diagnostic process, provides four advantages: (a) working with presenting client concerns, (b) identifying core themes or issues as a treatment focal point, (c) improving systematic monitoring of client progress, and (d) reducing relapse probability by addressing foundational issues. The advantages of this approach make available practical applications for both students and veteran clinicians.

Halstead’s writing condenses important concepts into a crisp presentation. The book begins by reviewing the value of adding to the DSM–IV model by including a conceptualization of client core issues. The following chapters outline the assessment process of client core issues, emphasize the therapeutic nature of narrative therapy, and describe the collaborative process of joining with the client to use the living story as the counseling intervention. Final chapters bring the approach to life with a vivid case illustration and a review of the assessment process, clarifying the application of this evaluation procedure to clinical practice. For those unfamiliar with schema or narrative therapy concepts, the succinct writing may present challenges that might need to be addressed through supplemental reading. A supplementary streaming video course describing the case illustration is available through the American Counseling Association online courses website (http://www.netcertification.com/prod2/customers/segment/5674/index.html), which can be a helpful resource in combination with Halstead’s book.

A key strength of the book is its concise summary of Young’s schema therapy, most recently presented in *Schema Therapy: A Practitioner’s Guide* (Young, Klosko, & Weishaar, 2003). Young has developed a framework identifying 18 schemas related to core emotional needs affecting clients with regard to relationships with self, with other, and with the nature of the world. This framework specifies five general domains: disconnection and rejection, impaired autonomy and performance, impaired limits, other-directedness, and over vigilance and inhibition. Chapter 2 of Halstead’s text presents “an overview of the core issues concept, a theoretical model for conceptualizing core issues, and an explanation of how core issues develop” (p. 9). This chapter’s three-page appendix summarizes Young’s 18 schemas, providing a handy and pithy clinical reference tool for those new to the theory.

An additional strength of this text is its clear presentation of an alternative counseling primer for conceptualizing client issues. This positive frame for work with more challenging clients has the power to decrease the dissatisfaction that often accompanies treatment that has stalled. Halstead’s approach is clear, accessible, and effectively outlined, providing immediately applicable resources for clinical settings.

A disadvantage of the client core issues assessment process is the acknowledged lack of empirical research to support its treatment efficacy. Although there is reason to believe it can be implemented effectively, this remains an area for continued investigation. An additional regret is the use of only one full case study. This illustration uses an
extremely high functioning Caucasian female, limiting the clear application to other client populations. Future text revisions would benefit from the inclusion of additional case studies with greater breadth of diversity.

As counseling theories continue to develop, it is refreshing to find more positive holistic assessment and intervention options. The stalemate that commonly occurs when one is working with more difficult client problems can be effectively challenged by integrating the practical format of Halstead’s synthetic assessment of client core issues. This book is a useful addition for both seasoned therapists and students searching for alternative formats for conceptualizing client cases. Complementing this text with Halstead’s video course can renovate formerly limited treatment approaches and restore effectiveness to counseling interventions.
References
