

## BOOK REVIEW

*Counseling Theories and Techniques for Rehabilitation and Mental Health Professionals*, Fong Chan, Norman L. Berven, Kenneth R. Thomas, pp. 512, Paperback, 2015. Price \$81.61. ISBN-13: 978-0826198679, ISBN-10: 0826198678. Springer Publishing Company, New York, NY 10036, USA.

This book is in 2 parts that could have been published independently as separate books. In that case I would have recommended the second part, which is much more hands-on, but not the first part. The relevance of the theoretical chapters in the first part to practitioners in the field is doubtful. Another major problem with the book for readers outside the USA, is that 49 of the 50 contributors are from the USA, and the book appears to be intended primarily for the US–American context. The contributors appear to take this framing for granted, since it is not explicitly mentioned nor is there any ambition to explain US-specific circumstances to a reader outside the country. An example is that the book's clear main target group are “rehabilitation counselors”, a professional category that is hardly known to non-US readers, who can only guess that this means people trained in psychosocial therapy (but not labelled as psychotherapists) to work with clients in the wide field of the US-rehabilitation industry.

After the introduction chapter the book is organized into 4 major themes: counselling theories, basic techniques, special considerations, and professional issues.

The theoretical section comprises approximately 40% of the whole volume, and is subdivided into humanistic, cognitive and behavioural (CBT) and psychodynamic psychotherapy-approaches. The categorizations are partly questionable. For instance, Adlerian therapy (chapter 10) is listed under “psychodynamic approaches” despite this approach being rather “humanistic”, while “trait-factor theory and counseling process” (chapter 8) is listed under “cognitive and behavioral approaches”, although it would much better fit into part 3 of the book (“basic techniques”) than with any psychotherapy theory.

Out of the plethora of hundreds of historically described psychotherapeutic approaches, those that have been selected are seemingly ones from which counselling techniques have been derived that are applied in the US-counselling business. The editor's discussion of the so-called Dodo-bird verdict in the introduction chapter can be summarized as that all these techniques can claim to be roughly equally effective. This conclusion is partly plausible from an obvious and considerable overlap between the theories presented. Chapter 5 on CBT, for example, is in fact largely a description of Aaron Becks cognitive therapy, followed by chapter 6 describing Albert Ellis' rational emotive behaviour therapy which is roughly equivalent to Beck's therapy model. Much overlap is also observed within the humanistic approaches and with the Adlerian approach. Furthermore, all theories acknowledge the importance of the principles of humanistic therapy, such as a good therapist-client relationship. Indeed, most of the theories included here are so similar that if small modifications were made in the case examples; for instance eliminating the focus on birth order in the case illustrating Adlerian therapy, it would be difficult to correctly match the case descriptions with the respective theory.

The framing of rehabilitation processes is highly individualistic. Thus it is seen as crucial for positive outcomes (with some

exceptions especially for behaviour therapy) that a counsellor applies a psychological treatment for the individual client, while the client is considered to be ultimately responsible for treatment outcomes. All presented theories are described to be deliverable in a time-limited, low-cost and nevertheless effective manner. That a counsellor needs to be well informed about the biological impacts of a disease or disability, and that effective rehabilitation of a client could demand long treatment time, high costs, interdisciplinary cooperation and a societal engagement is not clearly considered in any of the theory chapters.

The interest in the presented theories is not concerned with quality and scientific soundness but limited to an outline of techniques for profitable use by rehabilitation counsellors. For several arguments presented, there is little scientific evidence or even plausibility to support claims of efficacy. Among the questionable ideas put forward in the theories is the notion that amputees and people confronted with these are suffering from “castration anxiety” as stated by psychodynamic therapy (chapter 9). It is worrying to think that such techniques will be offered to clients having already gone through extensive trauma and physical suffering.

The third (basic techniques) and fourth part (special considerations) of the book can be characterized as applying a “bottom-up” perspective (rehabilitation issues direct theories and interventions), as opposed to the previous part, where a “top-down” principle is applied (broad theories of psychotherapies are applied to rehabilitation issues). An example of this is “motivational interviewing” (chapter 12), an intervention for helping people to initiate change in problematic behaviour. This intervention was developed on purely pragmatic grounds without any guiding theory of change or personality. Suitable theories, several based on experimental psychology (e.g. reactance, cognitive dissonance) were added later on. The chapters are, in general, much more “hands-on” and closer to the realities of rehabilitation issues than the general theories presented in the previous part of the book. Informative empirical data are provided, e.g. on the prevalence of substance abuse among rehabilitation clients (chapter 16). In contrast to the first part of the book, several references are made to the International Classification of Functioning, Disability and Health (ICF) and rehabilitation is described within a bio-psycho-social framework; that is, not only focusing on psychological treatment of an individual, but also taking into account biological, social and societal aspects. In this section, it is at least mentioned that effective rehabilitation can demand treatment by interdisciplinary teams, especially in chapter 18 on counselling for people with psychiatric disabilities. In the same chapter, the axiom that rehabilitation has to be brief and cheap is, at least implicitly, questioned. Nevertheless, in the second part of the book the fundamental aspect is also still missing, that a rehabilitation counsellor trained in providing psychological treatment additionally requires good knowledge about the biological and medical aspects of the client's diseases or disabilities. The fifth and last part of the book provides valuable information on clinical supervision (chapter 20) and legal information important in the US context (chapter 21).

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