ABSTRACT: The steps of brief treatment promoted by Watzlawick, Weakland and Fisch (1974) and Haley (1976, 1987) elude the novice family practitioner, especially in deriving end-of-the-session task interventions from earlier assessment. The gap between the suggested procedure and the beginning clinician’s results is just starting to surface in brief therapy research. This paper compares the above authors’ interactional and problem-solving approaches, contextualizing their theories in light of training issues emerging from preliminary research. The ensuing “myths of brief family therapy task intervention” typically espoused by the neophyte are thus demystified, making what experience teaches more accessible.

Family therapy trainees are typically exposed to seminal texts that describe methods of systems-oriented short-term treatment, such as Haley’s (1976, 1987) Problem-Solving Therapy and Watzlawick, Weakland, and Fisch’s (1974) book Change from the Brief Therapy Center of the Mental Research Institute (MRI). The MRI authors originally expressed some discomfort with their own label “brief,” due to the struggle to demarcate their work from other brief treatment that was expected to be only a “stop-gap, superficial, or first-aid” (Watzlawick et al., 1974, p. xiv) measure prior to long-term therapy. The term “brief” has historically had more to do with the length of therapy than any one theoretical foundation for practice (Budman & Gurman, 1988). Yet, recent brief treatment research findings may have substantive contributions to make in recontextualizing the
stages of the above two family therapy approaches and consequently in revisiting implications for training.

There is often a gap between the four (Haley, 1976; Watzlawick et al., 1974) or five (Haley, 1987) procedural steps outlined for incoming brief family therapy trainees and the level of understanding the novice practitioner brings to the brief treatment context. Typically, the beginner comprehends the notion that a goal-directed task should be assigned at the close of each session but lacks a clear conceptualization of how that intervention ought to be derived. This “cart before the horse” mind-set can lead to premature strategizing that, at best, paradoxically lengthens “brief” approaches, or at worst, abruptly attenuates opportunities for change altogether (Brown-Standridge, in press). Clearly, students of brief family therapy can be better assisted if they are warned of potential myths and pitfalls in task intervention that are rarely discussed in case examples.

Webster's (1990) Ninth New Collegiate Dictionary defines “myth” as “a popular belief or tradition that has grown up around something or someone” and “an unfounded or false notion” (p. 785). Both definitions are useful for the purpose of this paper, which is to re-examine family therapy training.

Preliminary research (Brown, 1990) suggests that doctoral students trained in brief family therapy technique with even a minimum of four years of experience have difficulty articulating the logic behind their task interventions. Under these conditions, client families tend to follow task directives only about a third of the time (Brown, 1990; Brown-Standridge, 1990). This rate fares no better than Podell and Gary's (1976) research of task adherence with general health care practitioners, despite the extra preparation family therapy students receive for handling recalcitrant clients.

Indeed, Strupp's (1980a,b,c) studies of individual therapy portend a poor prognosis for those clients who are hostile to the brief treatment process, primarily due to the “counterhostility” engendered in the clinicians who attempt to serve them. Further, empirical reviews of brief therapy methods (Budman & Stone, 1983; Garfield, 1986) indicate that frustrated clients remain in therapy for only a few interviews and drop out faster than many practitioners can figure out how to be helpful. Based on Smith, Glass, and Miller's (1980) meta-analysis, Budman and Gurman (1988) state the following:

... note that the largest proportion of positive change in individual psychotherapy appears to occur in a time frame