

**A review of the *Manual of Regulation-Focused Psychotherapy for Children (RFP-C) with Externalizing Behaviors: A Psychodynamic Approach* by Leon Hoffman, Timothy Rice, & Tracy Prout.
New York, NY: Routledge, 2015. 236 pp.**

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Abstract:

It is not often that I keep therapy manuals as bedtime reading and that I go through them cover to cover, but the *Manual of Regulation-Focused Psychotherapy for Children (RFP-C) with Externalizing Behaviors* (RFP-C; Hoffman, Rice, & Prout, 2015) was a real pleasure to read. This book, with its theoretical and empirical foundations and additional clinical resources, is much more than just a manual. The authors make clear theoretical links between dynamic theory, behavior therapy, and neuropsychological research and therefore potentially appeal to a wide range of clinicians and researchers alike. Although it is very text heavy, and some additional diagrams (e.g. 'triangles of conflict') would have made it even stronger, overall the layout of the book is very user friendly. It, for example, presents text boxes of little summary statements in each chapter as well as many clinical examples and transcripts of patient and therapist speaking turns. Also, the additional resources provided in the appendices, such as, the adherence and outcome measures, can easily be used by the child, parent and therapist.

Key words: treatment manual; integrative; children; psychodynamic

Integration of Theories and Techniques

Conceptually, *Regulation Focused Psychotherapy* seems to be a well put-together integrative treatment approach based on psychodynamic theory. RFP-C appears to have many commonalities with Leigh McCullough's affect phobia therapy (APT; McCullough et al., 2003). Like McCullough's writings on systematic desensitization of affect, this book on RFP-C puts forward a therapy language that

can be understood by clinicians from different theoretical orientations. The manual offers a clearly structured and moment-by-moment guidance through the treatment interventions, explicitly stating how these interventions link with a psychodynamic understanding of the pathology development of externalizing behaviors. The book uses familiar analytic terms like “defenses”, “objects”, “countertransference”, and “internal conflict” and for clinicians less familiar with these concepts, it offers a comprehensive theoretical background of its analytic roots and rationale. In line with psychodynamic theory, RFP-C underlines the importance of letting the child's play emerge; following the child's lead rather than attacking the defenses. In the book, the authors argue that externalizing behaviors are meaningful, protective and understandable defenses a child uses to regulate (un) conscious emotional states. Different from the traditional anger-management interventions that arguably hold a directive and more judging view of ‘maladaptive coping’, RFP-C offers a refreshingly open-minded approach in which the child can experience some well-needed sense of agency.

A limitation of the psychodynamic conceptualizations used in RFP-C, as with many other psychodynamic models, is its lack of attention to contextual factors such as social diversity and culture. Although the influence of religion and cultural background in how parents might understand their child's behavior is mentioned briefly on page 107 and 110-111, the authors don't elaborate on how this relates to parent-involvement in the treatment and the potential settings where this treatment can best be offered. Psychology students in professional schools, as well as professionals in community mental health services (e.g. MFTs and LPCCs) who end up using this manual would benefit from examples as to how the interventions might be adapted to different cultural groups or systemic issues (e.g. parents who don't speak English or do not support therapy, or do not want to engage etc).

Although the authors present RFP-C as a psychodynamic treatment model, the approach clearly integrates aspects of behavioral therapy, experiential and client-centered approaches. For example, experientially-oriented clinicians will appreciate the descriptions on experience-near interventions, in-session processes (i.e. experiential therapy), and the concrete examples from short-term dynamic therapy. Also, Rogerian counselors will appreciate the RFP-C's emphasis on common factors, such as respect, understanding and non-judgmental exploration of the child's externalizing behaviors and the parents/systemic unhelpful behavioral patterns. My worry with labeling this approach as a psychodynamic model and with using traditional analytic jargon in the manual, is that it might be off-putting for many clinicians who don't identify as psychodynamic clinicians but who could potentially benefit from using this book. However, the opposite could also be argued. It is possible that other terms used in the book, like

“implicit emotion regulation”, “mentalization” and “linking of emotion/thoughts and behavior” as well as the explicit use of adherence measures, the prescriptive nature of the manual and the short-term 16-session format itself are hard to swallow for traditional psychoanalysts. This means that, although the intention of the authors is clearly to offer an integrative conceptualization of externalizing behaviors, the sheer fact that the book caters to different modalities at the same time might be its downfall. It might mean that RFP-C will appeal to neither psychodynamic nor cognitive behavioral therapists, possibly limiting its target audience to clinicians who identify as integrative therapists.

Integration of Research into Practice

Regardless of therapeutic orientation, a strength of Hoffman, Rice and Trout's (2015) book is its translation from research into real-life clinical practice. First, the authors elaborate extensively on the evidence-based underpinnings of RFP-C, including recent research findings from the field of affective neuroscience. The clear link between neuroscientific findings and the treatment interventions strengthen its appeal to a wider scientific community as well as the face validity for clinicians, families and researchers alike. Not unimportantly, it seems likely that a grant application for a treatment trial of RFP-C would be more successful because of this explicit neuroscientific basis. For example, using the concept of externalizing disorders, rather than specific, narrowly defined clusters of symptoms in traditional diagnostic categories (the authors describe the DSM -III, IV and V criteria for ODD and ADHD) follows the Research Domain Criteria Initiative (RDoC; Insel et al. 2010), RDoc of the National Institute for Mental Health neatly. Future clinical research trials evaluating the implementation of this manual in clinical practice might contribute substantively to the current evidence-base for this client group. Hopefully, the results from the initial research trials will be able to tell us more about the short and long-term effects of this manualized RFP-C treatment on neurological/ behavioral and affective changes in the children. In my view, this manual has the potential to become a great evidenced-based integrative approach for children with externalizing behaviors and their families that can be applied in different settings and conducted by clinicians from different theoretical backgrounds.

One concern with regards to future evaluations of RFP-C in clinical practice is that the manual offers flexibility in the content of the child sessions. Although clinicians might appreciate the freedom to personalize their approach to each child, these idiosyncratic child sessions might jeopardize the generalizability of the research findings. The authors have tried to address this by providing adherence

checklists related to the different sessions in the appendices, but these scales seem very broad still. Terms used in these checklists, such as “collaboration”, “alliance”, and “non-judgement”, are very subjective constructs and research on the inter-rater reliability of these scales seems warranted.

In sum, this comprehensive book on RFP-C by Hoffman, Rice and Trout (2015) is a useful theoretical, research and clinical resource in addition to being a practical psychotherapy manual. It gives a thorough background on psychoanalytic theory, neuroscientific research and clinical concepts as well as clear guidelines on implementation of an integrative approach to treating children with externalizing behaviors in clinical practice. The authors need to be commended in that they have managed to successfully integrate different psychotherapy theories and languages, while building a bridge between neuroscientific psychological research and clinical practice. I sincerely hope this RFP-C manual will get more clinicians interested in integrating dynamic conceptualization and behavioral interventions and will show how useful this integration can be for working with children who present with externalizing behaviors.

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