Diane Gehart has written a readable and practical book of scholarly breadth, with a personal touch. Mastering competencies in family therapy: A practical approach to theories and clinical case documentation is an excellent guide for novices and MFT educators alike. In the author’s introduction, Gehart introduces herself to us, highlighting her Buddhist and postmodern leanings, while calling us to accountability to funders, insurers, and regulators. She calls students to “fall in love” with the richness of our family therapy theories, “while seeing each for its beauty and its limitations.” She invites new therapists to passionate engagement with the “stunning and profound body of knowledge” (p. xxvi) of family therapy.

Part I opens by reviewing Marriage and Family Therapy Competencies, emphasizing American Association for Marriage and Family (AAMFT) Core Competencies (CC) (Nelson et al., 2007). Gehart usefully links the CC to forms for intervention selection, treatment planning, and documentation (Chapter 1). Gehart then reviews the processes of case conceptualization (Chapter 2), clinical assessment (Chapter 3), treatment planning (Chapter 4), and evaluation (Chapter 5), in a practical, nontheory-driven way. She offers an integrative systemic view of case conceptualization, borrowing from numerous theoretical stances (e.g., Satir, structural, Gottman, narrative, and may others). While some might criticize this as a bit of a theoretical mishmash, in my view, this emulates the reality of clinical practice. What the chapter sacrifices in theoretical consistency is made up for in practicality and breadth. In Chapter 3 (Clinical Assessment), Gehart offers systemic and postmodern re-visioning of mental status examination and risk assessment. Chapter 4 offers a pragmatic approach to treatment planning that helps students make sense of the rich diversity of MFT theories, and how they can be operationalized.

Part II begins with a chapter on selecting a theory. Gehart leans toward a common factors approach, while affirming the need to work within our current (in North America) EST- and managed care-driven environment. She helps student readers distinguish philosophical positions, and reassures them that they need not “marry” theories for life. The next chapter introduces philosophical foundations of a systemic approach.

The core of the book features eight chapters on broad theoretical groupings of family therapy models. One might argue with the groupings (Should the Milan approach be grouped with the MRI and strategic therapies? Is it a stretch to associate Whitaker, Satir, and Emotionally-Focused Therapy?), and others have seen fit to group approaches differently (see, for example, Sexton, Weeks, & Robins, 2003). The chapters on specific models are organized into readable sections that should enable the student reader to make distinctions between approaches. In a Nutshell: The Least You Need to Know provides an overview. The Juice: Significant Contributions to the Field provides one or two things that students need to remember. Rumor Has It: The People and Their Stories provides pithy descriptions of the originators and, importantly, second generation leaders from the various schools of therapy. Sections entitled The Big Picture: Overview, Making Connection: Therapeutic Relationship, The Viewing: Case Conceptualization and Treatment, Targeting Change: Goal-Setting, and The Doing: Interventions describe the basics. Each model-based chapter also provides a sample treatment plan based on that model, using HIPPA-friendly forms.

In my view, Gehart’s only misstep was in Chapter 13: Behavioral and Cognitive-Behavioral Couple and Family Therapy. Gehart splits the focus of the chapter between behavioral parent training and the Gottman approach, while giving only passing mention to several other behavioral and cognitive-behavioral approaches, and does not do justice to this family of therapies.

Some MFT educators may find some of the model-based chapters to be oversimplified. In my view, Gehart’s work will help faculty make complex ideas manageable to students, and enthusiastically invites them to further search the literature. All in all, this book is an excellent.
sourcebook for MFT students. It will assist MFT educators to translate complex ideas into practical treatment steps, and it educates students in the "nut and bolts" of being a working therapist. Gehart's accessible writing style provides a enthusiastic introduction to the field. I recommend it heartily.

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REFERENCES


*Life with Pop* is a popular-press book that chronicles Dr. Spring’s experience caring for her father during his final years. It provides an intimate first-person look into the rewards and challenges of caregiving.

I have often wondered why there are not more books like this. All day long thousands of us therapists sit in our offices, listening to the most intimate of humanity’s challenges. Yet for all our listening to other’s challenges, very few of us seem brave enough to share our own. I’ve often thought that is unfortunate – who better to intimately explore, expand and normalize these challenges than a gifted author and therapist experiencing that challenge for him or herself? Yet all too often we keep our suffering to ourselves, robbing the world of insights we’ve gained during our experience.

This book is one of a few exceptions to that tendency. *Life With Pop* reads like a journal, in form as well as vulnerability. Each chapter heading is a date and theme (e.g., “A nice fruit salad, April 28, 2004” or “A good poop, November 12, 2003”), starting with the day she “inherited” her father following her mother’s surprise passing and culminating in her father’s funeral service 5 years later. The most refreshing aspect of this book is that Dr. Spring explores her resentments, exhaustion, anger and frustration as thoroughly as she explores her love, fulfillment, spirituality, and peace. She lets the reader see her at her most and least noble, and in doing so manages to beautifully communicate lessons she learned without expert editorializing. As often happens when reading a good novel, I found myself wondering about her and her father throughout the day, and looked forward to that evening where I could pick up where I left off.

I heard about this book when it was first published last year, and like many other intriguing books it got placed on my mental “fascinating books that I’ll read when I get the time” shelf where, truthfully, most books remain. Issues of mortality and caregiving seemed too far removed to be of immediate interest. Yet a few pages in, I realized how relevant the book was – who at some time does not think of aging, caregiving, health, and so forth? Are not these issues near the core of many of the challenges we and our clients face? I am glad I read *Life With Pop*; in short, it is one of the most moving books I have read. It does a wonderful job of calling attention to a group that sacrifices so much, yet receives so little recognition. I strongly recommend it for anyone who thinks about issues such as aging, death, dying, caregiving, and adult parent/child relationships, regardless of the proximity one may have with these issues.

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