

2020

Book Review - Solution-Focused Brief Therapy with Clients Managing Trauma

Michael Durrant
michael@brieftherapysydney.com.au

Follow this and additional works at: <https://digitalscholarship.unlv.edu/journalsfp>

Recommended Citation

Durrant, Michael (2020) "Book Review - Solution-Focused Brief Therapy with Clients Managing Trauma," *Journal of Solution Focused Practices*: Vol. 4 : Iss. 1 , Article 10.

Available at: <https://digitalscholarship.unlv.edu/journalsfp/vol4/iss1/10>

This Article is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Article in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Article has been accepted for inclusion in Journal of Solution Focused Practices by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

BOOK REVIEW

Solution-Focused Brief Therapy with Clients Managing Trauma

Adam S. Froerer, Jacqui von Cziffra-Bergs, Johnny S. Kim and Elliott E. Connie (Eds.)

Oxford University Press, 2018, 246 pages, ISBN 978-0190678784, \$US 44.80 hardback (Kindle edition available).

Review by Michael Durrant

Brief Therapy Institute of Sydney

I remember, when I was at university in the 1970s, the university library acquired a new book that was described, in hushed tones, by some of the psychology and social work faculty, as being “The Bible of sexual abuse treatment”. I no longer remember the name of the book nor anything about it, except for the opening sentence. The first chapter was headed something like “the state of the art in sexual abuse treatment” and the very first sentence read, “Child sexual abuse INEVITABLY leads to long term, IRREVERSIBLE psychological damage” (Caps mine).

Contrast this with the following observation,

Recent research indicates that the most common reaction among adults exposed to [traumatic] events is a relatively stable pattern of healthy functioning coupled with the enduring capacity for positive emotion and generative experiences (*Bonanno, Rennie & Dekel, 2005, p. 985*)

There is a sense in which both these statements contain some truth. We do not want a “Pollyanna” approach that underestimates the difficulties people may experience following trauma; however, we equally don’t want an approach that is blind to the possibilities that still exist for healthy functioning and positive emotion.

In the opening chapter of this book, about working therapeutically with people who have experienced trauma, Elliott Connie opens with the word “Hope”; and says, “This is a book about hope”. Read the two quotes above about child sexual abuse and trauma. Which quote may encourage a clinician to have hope for his or her clients? Which is most likely to encourage clients to experience some hope (however small)?

Some Solution-Focused therapists, who have been working with peoples’ hopes for some time, may have (blissfully) forgotten what it’s like “out there”. One of the most frequent questions I am asked in training is, “But you couldn’t use Solution-Focused with complex trauma, could you?” After Elliott’s hopeful opening, Johnny Kim and Adam Froerer dive into the world of trauma — the research and the professional debates. They write accessibly about the potentially complex development of thought and research about the role of trauma in mental health, from the introduction of Post-Traumatic Stress Disorder as an anxiety disorder in DSM-III (APA, 1980) to a major category of “trauma and stress related disorders” in its own right in DSM-5 (APA, 2013). Not only has PTSD grown up to become a whole new category of disorder, but they also introduced a new subtype of PTSD for children aged 6 years and younger. The sentiment reflected in my remembered quote from my university days is alive and well and guiding much trauma thinking today. After reviewing research on different types of trauma and other treatment approaches that are considered evidence-based, the authors then review SFBT as an evidence-based treatment for the effects of trauma.

I think this chapter is one of the most important in the book and I would have welcomed it being longer. It goes some way to allowing those of us in the Solution-Focused world to *engage with* the more traditional views and research that dominate the trauma field, rather than trying to pretend that it isn’t there or doesn’t matter.

Chapter 3 is about SFBT and language and about the different kinds of questions used in SFBT. It particularly considers some of the insights gained from the microanalysis research — grounding, formulations, lexical choice and so on. This leads

to a discussion of the way therapists deliberately choose particular language and how this contributes to the joint process of co-constructing the possibility of difference.

Consider the following statement:

Client: Things have been very difficult since my recent sexual assault. I haven't been able to sleep well, I have horrible flashbacks, and I feel like I am constantly on guard waiting for something like that to happen again.

The authors then offer two possible responses:

Therapist: Oh, wow! It sounds like these things have really been troubling you. That must be very difficult.

Therapist: Oh, wow! It sounds like this has experience has really affected you. I'm wondering how you have been able to cope despite having to manage all of this?

You see how this small difference in language selection potentially makes a huge difference to the way the client is beginning to make sense of her/his experience.

The next eleven chapters each focus on a particular context for experiencing trauma and how SFBT can be used in these settings. The range of contexts is comprehensive — violent crime, suicide in the aftermath of trauma, interpersonal violence, war and international conflict, substance abuse, PTSD in the military, child sexual abuse, childhood trauma, bereavement, sex-trafficking survivors. I will not comment on these chapters here; except to say that I learned something new or gained a new perspective in each chapter.

Appropriately, the final chapter is on Vicarious Resilience — the “positive” impact working with clients who have experienced trauma can have on clinicians! Each of the authors writes candidly (and humbly) about a particular experience that has strengthened them rather than further deplete them. Importantly, vicarious resilience is NOT about ignoring the reality of the upsetting and sometimes painful or sad stories one hears when working in this area. Rather, it is about recognising that, despite the sadness, clinicians can learn from and be inspired by their clients' strengths and successes.

Some minor quibbles. The book does a good job of locating Solution-Focused within broader research about trauma, Therefore, I kept waiting for a discussion of post-traumatic growth — a concept which offers some useful research. Two of the chapter authors mention it; however, it would have made the whole theoretical and research framework more complete. Second, the main authors seem a little selective in their referencing. They often refer to the work of various of their Solution-Focused predecessors but rarely cite a work or a quotation. However, these are minor points.

This book is a significant addition to the Solution-Focused literature. A discussion of Solution-Focused work with trauma that is thorough, human but also academically more than respectable is quite an achievement. If you work with people who have experienced trauma, you should read this book. If you don't, you should read this book too! It will stretch your thinking about SFBT.

The reviewer

Michael Durrant is a psychologist and Director of the Brief Therapy Institute of Sydney. He has consulted to a number of personal trauma-related services and also to government and non-government services working in recovery from natural disaster.

References

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders (3rd ed.)*. Washington, DC: Publisher.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: Publisher.

Bonanno, G. A., Rennie, C. & Dekel, S. (2005). Self-enhancement among high-exposure survivors of the September 11th terrorist attack: Resilience or social maladjustment? *Journal of Personality and Social Psychology*, 88(6), 984–99.

Email: michael@brieftherapysydney.com.au