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## Book Review - Learning Solution-Focused Therapy: An illustrated guide

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## **Learning Solution-Focused Therapy: An illustrated guide**

Anne Bodmer Lutz

2014. Washington, D.C.: American Psychiatric Publishing.  
Paperback. 248 pages. \$US79.00. Also available as ebook.

### **Review by Gale Miller**

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Anne Bodmer Lutz's *Learning Solution-Focused Therapy: An Illustrated Guide* is a basic introduction to Solution-Focused Brief Therapy for physicians and psychiatrists. Lutz is a psychiatrist with a focus on children and adolescents. Thus, it should not be surprising that many of her examples involve working with children and adolescents. The book is well organized and flows from topic to topic. Each chapter includes illustrative case examples and tables that summarize key assumptions, concepts and claims. Video cases are available

online. The book should be of interest to many therapists as well as physicians and psychiatrists. It indirectly provides insight into how Solution-Focused brief therapists and medical professionals might collaborate and support one another

I read the book as consisting of three related parts. The first part is the introductory chapter that briefly lays out the history, core assumptions and central questions of Solution-Focused Brief Therapy. The second section is made up of six chapters that describe and illustrate basic concerns and techniques. They include discussions of finding client strengths and resources, building a positive emotional climate, attending to clients' and one's own language, scaling and miracle questions, and goal negotiation. The final section deals with how aspects of Solution-Focused Brief Therapy can be used in medical assessment, psychopharmacotherapy ("combined use of psychoactive medication and psychotherapy", p. 149), addressing clients' addictions, supervision and consulting.

Lutz presents Solution-Focused Brief Therapy as an "add on" to present medical practices. Solution-Focused practices extend and enhance physicians' and psychiatrists' skills in working with clients. This means that the differences between the philosophy of Solution-Focused Brief Therapy and medicine are downplayed. This is a reasonable approach, given most physicians' professional commitment to the medical model and the extent to which the model is entrenched in contemporary institutions and cultures.

For me, Lutz's add on emphasis increases the significance of the chapters in the third part of the book. These chapters point to the distinctiveness of medical encounters compared with therapy, coaching, educational and other settings of Solution-Focused practice. The difference involves more than the medical model. They also include the historical pattern of doctor-patient interactions in medical settings, as well as moral judgments about patients (e.g. those with addictions) that are too often part of medical practice. Lutz's book does not directly challenge these aspects of medical culture; rather, she describes a different approach that reconfigures the doctor-patient relationship and that direct attention away from assessing the moral character of clients. The book promises to expand physicians' and psychiatrists' skills and to foster change in medical culture.

The chapter on psychopharmacotherapy deserves special mention since many Solution-Focused Brief Therapy clients take medications of various sorts. Even if they don't recognize it, these therapists are participants in the world of medicine. Lutz's chapter provides a framework for therapists to assign agency to clients who may see themselves as passive recipients of medications. Within Solution-Focused Brief Therapy, medications are only

solutions when they enhance clients' efforts to build new future lives for themselves. The questions suggested by Lutz point to how medications are social, as well as chemical, substances. This is one of several ways that she uses Solution-Focused Brief Therapy to foster a new professional consciousness among physicians and psychiatrists.

I see this book as having special relevance to medical education. It is a useful source book for students and residents in developing their own styles of interacting with clients, assessing cases and consulting. The chapter on supervision should be read by supervising physicians charged with guiding students' and residents' entry into medicine and with coordinating medical teams made up of diverse medical professionals.

I have two suggestions for the next edition of the book; both involve linking Solution-Focused Brief Therapy to issues that concern physicians. The first is to note how many of the most common problems with which physicians (especially general and family practice) involve counselling issues. Such problems include managing medications, diet, and stress. Solution-Focused Brief Therapy involves a number of very practical and easily implemented tactics for addressing such matters. The second issue involves how Solution-Focused Brief Therapy resonates with past developments in medicine that challenge typical medical relationships and practices. I am specifically thinking of Kleinman's (1988, *The Illness Narratives*) emphasis on understanding clients' experiences with illness and disability. Solution-Focused Brief Therapy is a practical approach to engaging clients' illness experiences, as well as identifying ways in which clients' might move on with their lives.

## Reference

Kleinman, A. (1988). *The Illness Narratives*. New York: Basic Books.

## The reviewer

Dr. Gale Miller is Emeritus Professor of Sociology, at Marquette University in Milwaukee. His major interests involve empirical and theoretical studies of human service institutions ( Solution-Focused Brief Therapy being one of them) and how people experience troubles in their lives.

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