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Solution Focused Harm Reduction: Working Effectively with People Who Misuse Substances -Written by Seán Foy

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*BOOK REVIEW***Solution Focused Harm Reduction: Working Effectively with People Who Misuse Substances**

Seán Foy

Palgrave MacMillan, 2017, 141 pages, ISBN 978-3319723341 (hardback/paperback) £38:00-£50:00 (e-book available from multiple online sources including Google, Amazon and Kobo)

Review by Steve McCarthy-Grunwald

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When it comes to substance misuse services, harm reduction within a medicalised model of care remains a stubborn point of contention between many practitioners, Vearrier (2019). Quite contradictory in fact if you consider the discussion paper from the United Nations Office on Drug and Crime (2010) who suggest:

Harm reduction is often made an unnecessarily controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary.

These points of contention are of global concern, stemming from the legal enforcement of prohibition of illicit substances within society with numerous laws carrying the risk of criminal prosecution or incarceration. This directly contradicts the theoretical approach to potential abstinence of substances through a reduction of their use over time with clients.

Solution Focused Harm Reduction: Working effectively with people who misuse substances by Seán Foy provides a nicely balanced viewpoint of the potential harm reduction strategies offer whilst bringing into this discussion the potential beneficial use of solution focused brief therapy as a conduit for creating change. The style of the book itself is very much solution focused as it approaches each chapter from a stance of 'not knowing' which enables the reader to develop knowledge and understanding on themes including an introduction to Solution Focused Brief Therapy (SFBT) and harm reduction, addiction theory and service design before providing case studies from Seán's clinical practice to help galvanise the learning further applying theory to practice.

From the start Seán sets the tone of the book as more a 'labour of love' offering his experience over many years working in clinical practice as testament to the importance of harm reduction strategies offering a viable approach in substance misuse. This is further explored by illustrating his use of solution focused brief therapy and how it has opened potential avenues of change or 'preferred futures' for many clients. What is particularly endearing about the book is despite this breadth and depth of Seán's experience, he still recognises his own limitations when developing as a practitioner which for readers new to this field of study offers a more encouraging platform with which to develop from. Seán also offers many helpful hints and tips providing examples he has used previously as a way of illustrating the points he is making without feeling like this is the definitive guide of what to do. This approach in itself, lives and breathes the philosophy of SFBT where small change can influence greater motivation to more change.

What stands out for me as a Mental Health nurse lecturer is how approaches such as motivational interviewing (which has been used extensively in addiction services for many years) have a similar ethical positioning, (Hall et al., 2016). The focus throughout Seán Foy's book is very much a convincing narrative to try and encourage the reader to see the benefits of potentially using a solution focused approach within substance misuse/harm reduction, whereas motivational interviewing has an already recognised and accepted position in substance misuse services. When comparing SFBT and Motivational Interviewing, they both have surprisingly similar approaches, which could enable Solution Focused approaches to have a greater foothold to become established.

Motivational Interviewing was developed through the 80s and 90s as a therapeutic approach to alcohol addiction by focusing on behaviour change through the empowerment of personal motivation (Frost et al., 2018). Motivational

Interviewing consists of four distinct phases (engaging, focusing, evoking, and planning) (Schumacher & Madson, 2014). Collectively, these four processes are designed to work on altering particularly ambivalent views towards encouraging a process of change (Levounis et al., 2017). If we were to take a SFBT principle of helping clients past those moments where they feel 'stuck' and unable to move forward, you can see the links starting to develop.

Engaging, which is thought to be the most important element of motivational interviewing, looks toward building therapeutic relationships which are person centred and full of empathy and unconditional positive regard for the person's lived experience. Saarnio (2011) in a study looking at interpersonal functioning and personality traits concluded that it is essential for clinicians to show empathy towards clients within the treatment of substance misuse whilst Dobber et al. (2018) take this further to identify how empathy also promotes continuity in building rapport between therapist and client resulting in clients showing increased willingness to engage.

With respect to the other 3 processes, focusing encourages the client to start identifying a particular goal they would like to achieve before the evoking process takes over fine tuning this desired goal to identify what the personal motivators for change are. Finally, planning starts to develop the person's commitment to change, and identifying the plan of how they aim to achieve their desired goal.

The enhancement of motivation is guided by four principles represented by the acronym 'RULE': Resist the righting reflex; Understand the client's own motivations; Listen with empathy; and empower the patient (Rollnick et al., 2007). By adhering to the 'RULE' principles the clinician is more likely to reduce any resistance for change (Beauvais, 2019). These four principles combined promote greater therapeutic communication and constructive conversation towards identifying a basis for future change (Amrhein, 2004; Rollnick et al., 2007).

From this brief overview of the components of motivational interviewing, there are direct parallels which can be drawn to solution focused brief therapy. Motivational Interviewing remains highly valued as a therapeutic intervention when it comes to substances misuse although interestingly, research conducted by De Jong et al. (2013) whilst looking at co-construction in psychotherapy, concluded that motivational interviewing requires a higher proportion of clinical interpretation when formulating a basis for change, whereas solution focused brief therapy was noted to be more neutral allowing more recognition of the need for a truly person centred philosophy. This most certainly reflects the not knowing stance (mentioned previously) of the clinician which Seán recognized within the book. He quotes Anderson and Goolishian (1992) who state:

The not-knowing position entails a general attitude or stance in which the therapist's actions communicate an abundant, genuine curiosity. That is, the therapist's actions and attitudes express a need to know more about what has been said, rather than convey preconceived opinions and expectations about the client, the problem, or what must be changed.

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