

BOOK REVIEWS

Solution Focused Brief Therapy With Families: A Training Manual Edited by Cynthia Franklin and Johnny S. Kim

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As a trainer in SF practice for a southern UK local authority, I have to date worked with over 400 social workers and family support and care workers. So, I was naturally drawn to this book, wondering how it might help train this cohort of professionals, and I was delighted to be able to review it.

I found the book enjoyable – even though it is subtitled “a training manual”, and I personally struggle with the ‘manualisation’ of SF practice. Perhaps “manual” led me to expecting novel training techniques and exercises... In the event, I encountered a book that is academically well referenced, has contemporary case studies, and is well laid out. The “Key Points to Remember” section at the end of each chapter are handy, and the chapters all work as stand-alone reads. Each chapter has just enough repetition to allow the reader not to have to keep referring backwards and forwards, and this is deftly done.

The introduction to SFBT (Chapter 1, Franklin, Riley, and Kim) is a comprehensive history with good depth. Chapter 2 (Franklin, Sucher, Kim) lays emphasis on the change process, and I consider this one of the book’s main strengths. Chapter 3 (Kim and Franklin) offers a useful overview. These chapters alone mean that the book can confidently be recommended to students. There is a proviso, however, certainly for UK readers. The editors say the book was written “Because we noticed, in teaching graduate students and in training clinicians, that they had a hard time grasping the change process of SFBT and were unable to know how, when, and why to

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proceed with SFBT techniques...Clinicians did not fully comprehend ways to formulate the questions". The book addresses this mission well, and in my own experience, carers, helpers, and healers may indeed struggle to incorporate SF practice into the medical model they are most familiar with. But in the UK, the word "clinician" is used narrowly to refer to medical settings, while in the US it can refer to a range of professional providing care. I think it is worth clarifying this point when recommending the book in UK contexts.

SF tools and their relevance to change are well explained throughout the book. I found Chapter 8 (*Solution-Focused Crisis Intervention with Youth and Families*, Ding, Franklin, and Kim), which describes trauma-informed practice, a helpful, and important addition. The case studies and fictionalised dialogues employed throughout the book are helpful— though again, there is a proviso: occasionally there was poor attention to language in the case studies, for example, using "but" instead of alternative connecting words that might reinforce clients' strengths and efforts rather than negating them with that potentially dismissive three-letter word. I found that some of the suggestions in the dialogue did not come from a stance of *unknowing*, with clinicians seemingly giving approval in ways that might seem slightly patronising, and this gave me mild concern about managing power dynamics. I found a suggestion about getting clients into a "Yes-Set" (p. 144) potentially *solution-forced*, and borderline manipulative, like using a technique to gain compliance rather than focusing on co-facilitating change. I also found thanking clients for turning up strange, as they are not doing the 'clinician' a favour by attending.

What if I put this book on a scale where 10 is the best "Training Manual" ever and zero the opposite, thought of a number, then asked myself what would nudge that number towards the 10? Here is what I came up with fairly readily: I appreciated the nods to cultural considerations in the text and thought more on this subject would be helpful, certainly in the UK context, as some of my students work with refugees, often through translators and interpreters, and it seems not everything SF is interpreted accurately. I would also like to see something about various contemporary models of SF practice, something on being solution-forced and ethics, more about staying on the surface, something specifically about feed-back informed practice and being the best SF practitioner one could be, and something about counselling supervision. I would like to see more emphasis on respectful curiosity while defending clients' dignity, more on adapting language to be helpful to clients, and more on avoiding getting stuck in the client's problem, by solution-building rather than medical model problem-solving. I would like more on capturing clients' responses to make mandatory report writing efficient, and some reflections on juggling an SF session with statutory responsibilities would be helpful. Pressed for "What else?", I could come up with more — though I think it is perhaps clear that I would need to see more content to be able to truly judge this training manual "comprehensive".

The fundamentals of SF practice are, of course, universal, yet the writing betrays a traditional, almost orthodox approach, reminding me of how much SF has evolved in other contexts. For example, where I practice, SF compliments are not used as formally as the text suggests, and taking a break and homework tasks have possibly become extinct. In my experience, few practitioners pressed for time have the luxury of building a climate of confidence as a distinct opening phase and have learned how to bring competences and other resources, out in the context of the SF conversation. I admit I am heavily influenced by the BRIEF model. Other models are available.

Overall, this is a useful book with some excellent insights, though written from a traditional US perspective and aimed at “clinicians” struggling to put SF techniques to helpful use. I have suggested the book as a useful reference text, with the above-mentioned provisos, to my students working with families and young people in crisis.

Full details of chapters and authors are on the publisher’s website <https://www.apa.org/pubs/books/solution-focused-brief-therapy-families>.

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