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Book Review - Preventing suicide: The Solution-Focused approach (2nd edition)

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REVIEWS

Preventing suicide: The Solution-Focused approach (2nd edition).

John Henden
2017. Chichester, West Sussex: Wiley Blackwell.
Paperback, 336 pages. $AU78.95/€42.00 (Also eBook — various formats)

Review by David Hains

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The first edition of Henden's book was the second Solution-Focused book that I read, perhaps seven years ago. As a front-line clinician with a newly developed passion for SFBT, the book seemed like the natural choice. If I was going to make SFBT work for me in the hospital Emergency Department (ED), and for it to be accepted within my team, it had to work with clients who were complicated, high risk, anxiety provoking and "difficult". It had to work with common-type presentations. It had to do good, be easy to use and "add to the client journey" through the department. However, it could not (noticeably) add to the length of time the client had to spend in the department.

The suicidal patient is perhaps the person who is most at risk from the "medical model" as the clinician's natural reaction to control and contain the risk (i.e involuntary admission) can possibly be more detrimental in the long term. So, could a Solution-Focused approach be a valuable addition (or alternative) to dealing with a suicidal client?

The ED is rarely considered a place to do therapy. Like many parts of the world, Australia has imposed time restraints meaning there is only time to do a checklist-type assessment and then referral in the purest medical model style: symptom/problem identification, diagnosis, suggestion, referral. Certainly, there is little time for compassion, conversation, care or therapy. It's always been my goal to combine assessment with treatment. We know people don't come to the ED because they are having a good day. We know that an assessment on its own does not make people feel better (and possibly makes them feel worse) and we want people to feel better when they leave com-

pared to when they arrive. How can that happen in just a short time in the ED?

John Henden's book was the first to give me both permission to actually do something beneficial or therapeutic in the ED and a structure, through the use of SFBT. Now I was really in a bind: do I fulfil the organisational requirement of information gathering and risk assessment or do I try to do something useful? The age-old battle of good versus evil was now consuming my work.

Henden's original edition was well accepted by front line clinicians wanting to use SFBT with clients who are at their lowest point. The book contained a solid foundation with an introduction to suicidology, current service provision (including the pitfalls of the medical model, risk assessments, and many of the common practices) and an introduction to 6 commonly used therapies. However, it is in chapter 6, by far the longest chapter, that things start to get really interesting by turning our thoughts firmly towards SFBT. The chapter provides a good introduction to SFBT with the history of its development and a description of many of the techniques one might use in a traditional SF approach. That is, it steers away from some of the more contemporary SFBT thinking in favour of a more traditional approach, one that remains in common use by many Solution-Focused clinicians around the world. There is nothing new or cutting-edge here, just a good solid SF foundation to build the rest of the book on. The chapter includes several case examples, snippets of conversations and examples of questions to help the reader see how to actually use the approach.

Before moving on to The Solution-Focused approach in working with the suicidal (chapter 8), Henden slots in a short but vitally important chapter on relationships and the crucial first ten minutes. As an ED clinician, we tend to work in seconds and minutes (compared to elsewhere, such as an inpatient unit that works in days and weeks), so this chapter had great meaning for me. This also equally applies to all brief therapists; there is no time for slow or extended rapport building. As Henden says, get it right in the first few minutes and the whole course of the conversation/treatment changes and potentially a life is saved. Get it wrong and there is another potential statistic.

Chapter 8, the second longest chapter, is where SFBT and suicide prevention come together, building on a relationship established in the first few minutes. Again, there are a lot of questions and conversations used as examples that all front-line clinicians could use and relate to. Chapter 9 is a larger case study over 8 sessions, and chapter 10 a selection of case vignettes.

Skip forward 7 years. The opportunity to review the second edition of the book was for me an opportunity to consider if the book in retrospect was so good that I am still using the approach in my practice or have I moved on

to something else. It had been a while since I had read the book and there have been significant changes in my practice, in local service provision and in contemporary Solution-Focused thinking. However, in many ways, the approach outlined in Henden's book remains more relevant than ever. SFBT has remained my core approach, thanks at least in part to the foundation that the book provided.

So, as a devotee of SFBT, for a review of the second edition it seems only natural to ask, "What's better?" The second edition contains the obligatory minor updates in referencing and research for those first 10 chapters so essentially there are only slight changes. However, Henden has included 5 new chapters, enlarging the book by 30%, and has modified some of the concluding chapter and appendices.

The first new chapter, "Connecting with people", was written by Dr Alys Cole-King. The Connecting with People organisation (CwP) is a UK based not-for-profit organisation that focuses on suicide mitigation (rather than risk assessment) and seeks to translate research into practice (www.connecting-withpeople.org). At first, it might seem somewhat unusual that SFBT is not mentioned in the whole chapter. Henden introduced CwP back in chapter 2 and at several other places in his book and makes it clear that he has a lot of respect for both their research and approach. Henden compares his concept of 'deep empathy' to the CwP focus on 'compassion' (personal communication). While CwP is not in itself Solution-Focused, certainly the two have potential to work well together. An interest for me is that colleagues at Noarlunga Hospital (southern Adelaide) in 2016 had already started to combine the two approaches by introducing SFBT and CwP into their inpatient unit. (Since then CwP has been rolled out across the whole of the South Australian mental health service in the first large whole-of-service roll out anywhere in the world, so I am personally interested to see how we can make SFBT and CwP work together). However, in the book's context, chapter 11 adds more to the previous information on suicidology and therapeutic relationships than it does to SFBT, but I say this in a positive light.

Other new chapters include: Working on the phone, Blaming those who took their lives, International Solution-Focused applications and Zero suicide. Of particular interest to me (and perhaps understated in the book) was a reference to the work done in Red Deer, Canada (Wright, Badesha & Schepp, 2014) where their approach to "balanced assessment" potentially meets the needs of both clients (therapeutically) and the organisation (information gathering and documentation) in a somewhat seamlessly blended emergency room assessment. The more balanced assessment allows a more accurate assessment of both the level of risk and also the client's level of resources.

Having seen this approach first hand, my suggestion to Henden is that this topic needs a chapter to itself.

The final chapter is a rewrite of "Where do we go from here". Henden describes his work as "a how-to-do book" but to be used in conjunction with training workshops and supervised practice. However, his desire is to work towards a manual for using SFBT to help suicidal clients. For beginning clinicians (like I was when I read the 1st edition), this book has more than enough to get started on doing some good Solution-Focused work with suicidal clients and, while there are many practical suggestions and good case examples, it is, as Henden suggests, far from being a manual.

What's still missing? — Since the first edition, there has been no new solid research on using the Solution-Focused approach with suicidal clients. More research with rigorous design is needed. Henden admits this, but hopes that with the wider uptake of SFBT within acute services there is at least more possibility to do this now.

Don't buy this book if you:

- are a beginning practitioner and want to know about SFBT.
- want the latest research on suicide prevention (the book does give a bit of this, and tells you where it comes from such as CwP).
- want the very latest news/practice/philosophy/techniques on SFBT
- don't work with suicidal clients.

Do buy this book if you:

- already know a bit about SFBT and want to use it in crisis intervention, suicide prevention, and front-line mental health services (or anywhere that deals with suicidal people).
- want to see case examples.
- want "permission" to use SFBT in the front line i.e. that you would prefer to do something therapeutic for your client, rather than conduct a traditional or risk assessment and then panic or react to that.

Both locally and around the world there appears to be a momentum building where front line clinicians are realising that we need to move away from the traditional assessment with focus on problems and risk, to a more therapeutic or balanced assessment. This book may be the starting point for many more clinicians to do this. The result can only be good. Hopefully by the third edition Henden can highlight more of the wonderful and innovative work of front line Solution-Focused clinicians and include an evidence base to support the topic that he is passionate about.

References

Wright, P., Badesha, J., & Schepp, G.K. (2014). Balancing a Solution-Focused approach with traditional psychiatric assessment in a Canadian emergency room, *Journal of Systemic Therapies, 33*, 24–34

The reviewer

David Hains is a mental health nurse with 15 years' experience working in emergency departments in Adelaide, South Australia. He is coordinator of the Adelaide SFBT Community of Practice, a board member of the Australasian Association for Solution-Focused Brief Therapy and convenor of the 2017 Australian & New Zealand SF Conference. In 2016, he established Left Turn consultancy as a way of both expanding his SFBT teaching and consultancy and as an opportunity to move (slowly and tentatively) into private practice.

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