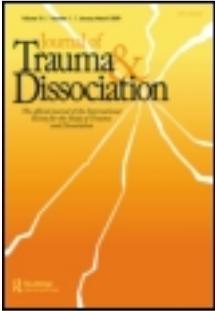


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Principles of Trauma Therapy: A Guide to Symptoms, Evaluations, and Treatment, by John Briere and Catherine Scott

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Book Review

John Briere and Catherine Scott (2006). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluations, and Treatment*. Thousand Oaks, CA: Sage, 312 pp.

A 40-year-old woman arrives at a community mental health clinic claiming to have posttraumatic stress disorder due to a beating she experienced at her nearby housing project. Neighbors report that the event was “not that big a deal” and claim that she is exaggerating. Nevertheless, she reports hearing voices, flashbacks, nightmares, and depression that are very troubling to her.

These kinds of situations are all too common in clinical practice in our culture, and this vignette illustrates the complexities encountered by those dealing in trauma treatment. It is fortunate indeed that John Briere and Catherine Scott have written a succinct and complete overview of the symptomatology, evaluation, and treatment options for those people who have been exposed to horrific events.

This book provides short but relatively comprehensive summaries of the causes and consequences of trauma, assessment of trauma, and central issues in the treatment of trauma, including psychoeducation, distress reduction, cognitive and emotional processing, and relational functioning. In addition, acute trauma treatment and pharmacological options are discussed.

The major strength of this book is its brevity. It provides a large amount of information in surprisingly few pages, making it accessible to busy readers. A professional (such as a medical doctor) who is not directly involved in trauma therapy but who nonetheless needs information about it would be able to get a fairly quick overview by reading just the first four chapters. For therapists treating trauma survivors, a cover-to-cover read would not take long.

This book would be a good introduction to trauma therapy for a seasoned therapist looking to expand knowledge in this area. It would also be a good book to use as a course book for a graduate-level introduction to trauma and trauma therapy. What this book does not provide is step-by-step instructions for treatment. The authors provide information about the existence

of particular techniques, such as cognitive processing therapy, and explain when such techniques would likely be useful. However, there is not a detailed session-by-session description of how to conduct such techniques. For this reason, this book may be viewed either as an introductory book, providing enough information for the reader to have a basic framework for treatment and to know where to learn more; or as an advanced book, bringing together information from a variety of sources into one comprehensive treatment strategy.

Another strength of the book is the authors' ability to bring together information from a variety of theoretical orientations. The authors do not rely too much on any particular technique in their discussion of assessment and treatment; instead they pick out commonalities among different therapies and theories, accentuating similarities in seemingly disparate treatment modalities. This presentation strategy will not only appeal to a wide audience but will also allow therapists with a particular therapy orientation to understand the parallels between what they do and the practices of those they might seem to disagree with.

Because one book cannot please all of the people all of the time, each reader will likely perceive different weaknesses depending on his or her own theoretical orientation. A strong proponent of empirically supported treatments will notice that some of the suggestions the authors make have not been studied using standard empirical techniques. Although all of the authors' suggestions are based on theories with empirical and clinical support, some of the specific techniques have not been subjected to controlled testing.

However, we suggest that this book begins to fill a serious gap that is rarely addressed in manualized treatments for trauma. Most treatment manuals provide a disclaimer in the introduction, explaining that the particular technique should only be used in the context of a good therapeutic alliance, without explaining the particular challenges of developing this alliance with a traumatized client. This book addresses this issue by paying careful attention to the betrayal that occurs in most kinds of trauma seen in clinical situations and how this affects the therapeutic relationship. In addition, most manualized treatments have been studied with clients who have a relatively clear diagnosis of one or more disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. This book provides a roadmap for treating clients with complex presentations, some of whom may be seriously distressed but not in ways that clearly fit *DSM* disorder criteria.

People with more feminist or relational views of trauma and therapy may criticize the authors for relying too much on individual pathology and not enough on cultural violence. This book does not provide a thorough treatment of the complexity of defining trauma for people with complex histories, like the client in our vignette, as noted below. However, this is one of very few books that even attempts to integrate relational perspectives into

a mainstream guide to therapy. Although it may not go far enough, it is a small step in this direction.

The client described above is treated at the mental health clinic for a year before she feels safe enough to report to her therapist that it wasn't the beating that was so traumatic, but the fact that it represented in her mind the situation of child pornography in which she had been raised. At this point, the symptoms have greatly reduced, and it is only now at the end of treatment that the proper diagnosis can be made.

This book will help clinicians begin to become aware of complexities like this in diagnosis and treatment in this sometimes difficult and always rewarding field. There is much more work to do.

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