

REFERENCE

Wheeler, J. (2007). Solution-focused supervision. In T. S. Nelson & F. N. Thomas (Eds.), *Handbook of solution-focused brief therapy: Clinical applications* (pp. 343–370). New York, NY: Haworth.

Donohue, B., & Azrin, N. H. (2012). *Treating adolescent substance abuse using family behavior therapy: A step-by-step approach*. Hoboken, NJ: Wiley, 288 pp., \$ 58.00.

Treating Adolescent Substance Abuse Using Family Therapy is a timely book for an era when more and more family therapists are engaged in providing treatment for serious public health issues in community settings and are concerned with achieving and measuring desired clinical outcomes. The book offers a comprehensive and structured clinical guide for implementation of Family Behavior Therapy (FBT), an empirically supported treatment for adolescent substance abuse and many related problems, written by its leading researchers and practitioners—Brad Donohue and Nathan Azrin.

This is truly one of the first books of its kind. The book is based not only on the results of treatment development and clinical trials but, importantly, also on the results of training treatment providers and their feedback. While there are several family-based treatments for adolescents that have demonstrated their effectiveness and efficacy, many significant barriers to the transport of these empirically supported treatments to real-world clinical settings still exist. Among those are extensive and expensive trainings and ongoing supervision to achieve quality assurance and treatment fidelity needed for effective implementation of treatment protocols, which were already identified as “practical challenges for individual clinicians adopting evidence-based practices in practice setting” (Kaslow, Broth, Smith & Collins, 2012, p. 93). Donohue and Azrin’s book is a valid alternative resource for practitioners seeking to adopt empirically supported treatments, without quite so many barriers.

The book aims to provide an affordable, step-by-step self-study of the “nuts and bolts” of FBT and the instruments needed to assess providers’ treatment fidelity and integrity, such as session checklists and review forms. The intervention components of FBT are described systemically with clearly identified goals and procedural steps for implementation and are accompanied by a list of needed materials. Additionally, interventions are illustrated with case and implementation dialogue examples. The manual’s definite strength is an inclusion of various well-developed worksheets, assignments, forms for progress notes, and the like. Another strong feature of this book is the inclusion of validated measures of clinical outcome monitoring and, very importantly, ongoing standardized assessments of clients’ participation in, and satisfaction with, treatment.

Another of the book’s strengths is a chapter specifically devoted to clinic infrastructure and quality assurance procedures for training and record keeping. The authors describe available options for more intensive training and additional consultations if needed. The book is also accompanied by CD-ROM, which contains all the book’s forms and materials. These materials are provided in a format that allows for modifications based on agencies’ specific practices and relevant laws. The authors also developed a teaching course consistent with the book that is available for instructors (via the book’s authors).

This book can be useful for all clinicians working with families and adolescents, regardless of clinical approach, because some of the interventions are relevant to almost every clinical case, especially at the stage of family engagement and in situations of treatment noncompliance or in-session conflict. The FBT approach may be appealing to many family therapists, especially those who gravitate toward cognitive-behavioral models, because it is theoretically sound, family based, and strength focused. Along with well-structured guidance, FBT allows practitioners to exercise flexibility in adapting the model to their own style and family needs. I believe that the validity of the proposed training approach could be strengthened by further testing of the effectiveness of the self-study program for FBT implementation. More attention toward cultural issues, which may arise during or be relevant to the treatment, is also warranted. In conclusion, this book is a valuable resource for family therapy

practitioners, community-based agency administrators, and family therapy educators who want to adopt empirically supported treatment practices in working with adolescents and their families.

Tatiana Glebova, PhD
LMFT, Alliant International University

REFERENCE

Kaslow, N. J., Broth, M. R., Smith, C. O., & Collins, M. H. (2012). Family-based interventions for child and adolescent disorders. *Journal of Marital and Family Therapy*, 38, 82–100.

Ogden, G. (2013). *Expanding the practice of sex therapy*. New York, NY: Routledge, 216 pp., \$33.95 [Paperback].

Sex therapy is an important type of treatment that can emerge in response to client report or therapist assessment. Effective sex therapy involves addressing both physical and psychological components of sexual experience. Those who are the most effective sex therapists are the ones who can attend to both the physical and psychological factors that contribute to the maintenance of sexual problems. Ogden's book addresses just these issues: developing the treating clinician's physical knowledge, as well as increasing the clinician's awareness of nonphysical factors contributing to the development and maintenance of sexual concerns.

While there are several notable contributions in the book, the single most important contribution is Ogden's systemic conceptualization of sex within the context of one's life. For example, early in the text, she discusses both the value of sexual studies research and the limitations of solely relying on empirical findings because of the heavy emphasis on sexual performance as a research topic. Ogden acknowledges the many facets of sex outside of performance and identifies two critical questions for clients and clinicians to consider: How does sex feel, and what does it mean in your life? To illustrate, she describes a research project highlighting the integration of spirituality (broadly defined) and sexuality.

Ogden subsequently describes the multidimensional nature of sexuality through a circular graphic (called a wheel) that includes several quadrants or stories: a spiritual story, an emotional story, a mental story, and a physical story. The middle of the wheel represents the integrative space in which each of these distinct quadrants overlap. Ogden also provides graphics to represent cases where one of the stories, in particular, might be the most predominant area for clinical inquiry. Following this information, the next four chapters of the book describe each of the quadrants in greater detail, followed by a chapter discussing the integrative space. Ogden cites several well-known authors who speak to the power of the mind–body overlap with regard to one's sexual self and whets readers' appetites for wanting to learn more.

The next section of the text is devoted to the therapeutic skills needed to work with clients using Ogden's ISIS ("Integrating Sexuality and Spirituality") framework—namely, teaching therapists how to create a space for clients to explore their sexual experiences, something Ogden refers to as "liminal space." She also advises therapists on strategies to assist clients with redirecting their movement, ritualizing their activities, and transitioning abstract concepts into more concrete concepts (i.e., which allows for specific changes to be made in a client's life). In other words, Ogden argues that, while it is highly important to acknowledge the broad dimensions (quadrants) in the ISIS framework, if clients cannot make concrete connections between how these concepts interfere with or otherwise shape their direct sexual experiences with one another, then therapeutic effectiveness will be limited. In addition to providing clinical examples, other suggested clinical strategies, which can be used within both group and individual clinical formats, include using video resources, exploring of cultural norms, writing letters, and utilizing specific key phrases that enable others to make the shift from conceptual understanding to making changes in their physical sexual relationship. Finally, Ogden also introduces the "extragenital matrix," which is designed as a way to have clients report on areas of the body and what would constitute stimulation each area.

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