Book Reviews

Principles of Multicultural Counselling and Therapy (2008). **Uwe P. Gielen, Juris G. Draguns & Jefferson M. Fish (eds). New York: Routledge (Taylor & Francis Group)**

This almost 500 page book addresses the role of culture in counselling and therapy. As pointed out in the introduction, migration and the emergence of multicultural societies means that counsellors now require more socio-cultural knowledge. Ignoring this vital point leads to less effective counsellor/client relationships. Some of the issues addressed in this book include: counselling of refugees, professional ethics in multicultural settings, use of group therapy, and the impact of traditional healers.

The inclusion of examples and case studies drawn from various multicultural settings renders it an essential resource for students taking courses in counselling and therapy. In 17 chapters, the authors have managed to discuss a variety of issues important and salient in multicultural settings.

For example, Linda Sussman examines the role of culture in illness interpretation and therapy, and provides examples of several components of medical systems that are common across cultures. In addition, some socio-cultural factors affecting illness definition, interpretation and management are discussed. Among these are the different treatment options and choices in various multicultural settings. However, this chapter fails to mention the fact that in situations of extreme poverty, some individuals may not be able to seek treatment because most healers require some form of payment for their services. This chapter would also have been greatly enriched by inclusion of literature on miracle healing from subSaharan Africa, where the strong belief in miracle healing performed by religious leaders renders it one of the most sought after treatment options for various types of illnesses.

In the chapter entitled *'A Multicultural Counsellor's Guide to Race'* Jefferson Fish makes it clear that an individual's race is not a biological characteristic of the individual, but rather a cultural label applied by others. He uses examples drawn from Brazil and the United States to illustrate the difficulties and complexities involved when we try to categorize people as belonging to certain races. It is clear that the author wishes to draw mental health professionals' attention to the dangers of holding stereotypical views about people due to their race. It is also pointed out in this chapter that the way individuals view their race, and the way others see them, will have an impact on their mental health and the healing process. It is therefore important for mental health professionals to realize that stereotypical views they hold about individuals of certain races, or the stereotypical views that their clients hold about people from certain races, could affect the relationship between the counsellor and the client. The information presented in this chapter could also be useful to mental health professionals in African contexts working with individuals from different ethnic communities/tribes. In this case, many individuals regard their own ethnic community as the best and might hold

negative stereotypical views of people from other tribes. The end result in such situations is fruitless deliberations between counsellors and clients from different ethnic backgrounds. This chapter should be important for those working in areas where race or ethnic background has been a source of conflict.

The relationship between emotional states and physical health is also discussed. For example, Hirsch deals with the importance of using mind/body techniques to help patients heal. Counsellors working in various settings would definitely find this to be practical information. However, an important point that could have been included in the chapter discussing this issue is the need for counsellors working in multicultural settings to identify the best and most appropriate mind/body techniques with regard to their clients' cultural backgrounds. This would have been undoubtedly of great benefit to their clients.

Junko Tanaka-Matsumi discusses the importance of individuals accessing empirically supported therapies. She points out that there are many people who are not able to reach professionals. This is true for the vast majority of people living in subSaharan Africa who do not have access to basic medical care, let alone psychotherapy.

The book also contains information on how counsellors working in multicultural schools can better succeed in their work. However, the authors fail to highlight the role peer counsellors could play in multicultural school situations. This could also be seen as a general limitation of the book as a whole, as the role of peer counselling in multicultural settings has not been addressed, in spite of the fact that peer counsellors have been found to be of greater help to clients than professional counsellors in some cases. In situations where there are language barriers, peer counsellors could play a great role in bridging this gap. In addition, it is more practical to use peer counsellors when clients, especially youth, are more comfortable discussing certain issues with peers, rather than with an older generation.

The last chapter of the book, written by the editors themselves, contains a comprehensive and useful list of books and journals for further reading. This bibliography will definitely be useful to individuals working in multicultural settings. In addition, the inclusion of references and suggested readings at the end of each chapter renders the book useful for those wishing to read further on the issues raised. All in all, the book is an important resource for those working in multicultural settings.

However, one of its limitations is the lack of inclusion of contributions from mental health professionals working in subSaharan Africa settings. Such contributions could have truly enriched this very interesting and informative book. Another limitation is that although the book has comprehensively discussed various issues that are pertinent in multicultural settings, chapters addressing young children's and elderly people's needs have been left out. Yet, these criticisms may be unfair since it would not be possible to discuss all the pertinent issues in any one subject in a single book. This book does, however, pave the way for further debate in the area of multicultural counselling and therapy.

Reviewed by Maureen Mweru, PhD, Psychologist at Kenyatta University, Kenya

Treating Traumatized Children: Risk, Resilience and Recovery. New York, Routledge (2009). D. Brom, R. Pat-Horenczyk & D. Julian Ford (eds)

About the Book

This book offers the rich experiences of international researchers, academics and practitioners by sharing their research, assessment, prevention and treatment of trauma in children, with a special focus on resilience. The book hinges on the conviction that the effects of trauma on children have neither been understood, nor taken seriously, in the past. The volume contains 17 chapters that are divided into three sections: 1) Risk and protective factors for the development of posttraumatic disorders; 2) Conceptualizing resilience and suggestions for making it practical and operational; and 3) Evidence based treatment models for traumatized children. Diverse contexts, ranging from well-resourced settings such Great Britain or the United States of America, to less resourced settings such as Palestine, Burundi, Sri Lanka, Bosnia and Indonesia, are highlighted throughout the book. The book also presents contexts of wars, terrorism, as well as peaceful contexts that may, nonetheless, produce traumatic events, such as accidents and child abuse.

The main goal of the book is to highlight the effects of psychological trauma in childhood, to improve systems of care for affected children and to present the state of the art knowledge on vulnerability and resilience in children in the wake of psychological trauma. The book targets a wide audience of researchers, policy makers, academics, and practitioners/interventionists. It is so rich and varied, that it is not possible to do justice to all of the contributions. I have therefore, picked a few of the chapters that I found particularly impressive and relevant for the context where I work, in subSaharan Africa.

Risk and protective factors

In chapter two, Christopher Layne and colleagues describe what resources must be promoted in prevention and treatment work. Although this chapter is highly theoretical in its' underpinning of the *'stress-diathesis model'* and the *'conservation of resources theory'*, it also offers practical suggestions. Of particular interest is the unpacking of resources according to the *goodness of fit* to the situation (pages 34−43). Resources such as social support, peer support, self-efficiency, emotional regulation skills, socio-economic support are well discussed in terms of their benefit in promoting resilience and recovery. This is important for resource limited settings where it is essential that interventions are cost effective and properly targeted. For example, models that increase social support may be less costly than sophisticated individual psychotherapeutic models that may not only be expensive, but also culturally inappropriate in subSaharan Africa. The chapter suggests a public health model that emphasizes the need for early identification of populations at risk and designing appropriate interventions, rather than being reactive. The chapter makes a clear shift away from individual clinical approaches to a more robust social ecological orientation with suggestions on which resources should be promoted or preserved in trauma work.

Chapter three, by Ruth Pat-Horenczyk and colleagues bring out practical suggestions especially aimed for use in resource limited settings that do not have the luxury of expensive therapies. The chapter emphasizes the role of social capital in the prevention of posttraumatic disorders, as well as social resources for the remission of posttraumatic symptoms. The role of parents, peers, school

and structured activities, as well as other community structures, is highlighted as a way of preventing posttraumatic disorders in children. The chapter also emphasizes the need to intervene with parents in order to promote recovery among their children. This chapter is particulaly impressive in presenting an evidence base for the link between social support and resilience, and recovery of children in face of trauma.

The case for the role of parents is further brought to the forefront in chapter four by Esther Cohen. She presents evidence that links parental functioning to child recovery and posttraumatic development. Cohen also points out the role of psycho education in families. Although she makes a case for working with parents, Cohen also suggests that further research needs to be done to fully understand the role played by parents, using diverse models of intervention. Following Cohen's suggestions, it would be interesting to find out whether to begin with parents, or children, or both. Our own experience with TPO Uganda, although not vigorously evaluated, points to the importance of working with parents.

In an evaluation of a Structured Group Therapy Programme targeting children who had been abducted by rebels in Uganda, we found that working with parents in groups elicited greater support for the children by their parents. Parents also reported greater understanding of their children's attitudes and behaviour, and this, in turn, resulted in quicker reintegration back into the family.

Chapter six by Wanda Grant-Knight and colleagues further upholds the role of social support through the findings from a study of Sudanese unaccompanied minors. My own experience working with formerly abducted children in Uganda also points to the fact that those who get support from their families, and other places like schools, fare better than those without such support. We have had some cases of children who perform better than their peers in school who were not exposed to the same level of trauma. This is attributed to the social support received by the affected children. Antonia Bifulco in chapter seven, based on studies in London among children who suffered maltreatment in their biological families, further supports the evidence that peer support, and creating safe schools, can contribute significantly to the recovery of trauma affected children. Again, this is corroborated by our experiences with programmes in subSaharan Africa where the promotion of safe schools and peer support through creation of children's clubs was very helpful for children who had been affected by violence.

Resilience

Danny Brom and Rolf Kleber, in chapter eight, expose the role of cognitive processing in trauma symptomatology and prognosis. Cognitive processing is related to the meaning individuals attach to stressful events. This further supports the role of psycho education, although it seems the authors largely use an individual model of processing. I would have liked to read more on *'group or community processing'*. Our experiences working with communities, where children who have been forced to commit heinous crimes against that community, reveals that apart from the extreme guilt and dehumanization felt by the child, *"community understanding or processing"* (supported by cultural beliefs and practices) largely determine the recovery of the affected child. It is on this philosophy that decisions to support cleansing rituals are based in parts of East Africa and subSaharan Africa.

Chapter nine, by Stephan Hobfoll and his colleagues, brings out an important aspect of trauma work that goes far beyond the individual to families and entire communities. Hobfoll makes a connection between individuals, the society and families. Resources are discussed at the three levels; object resources, condition resources, and personal resources. He further discusses how these can be practically tapped, or restored, in preventing trauma disorders or restoring functioning after trauma exposure through the flexibility to use non-traditional approaches. Use of the existing infrastructure, such as schools and other community institutions, is specially recommended. Involvement of parents, caregivers, family and community in promoting interventions are postulated as key to increasing resilience and preparedness for any future traumatic events.

Wietse Tol and colleagues present recent research findings on how social ecological concepts have been translated into psychosocial programming, with evidence of promoting resilience among war affected children. They present high value evidence to use a 'system approach' with family, community, peers and school levels. Findings from their studies in war affected north-western Burundi, Sulawesi (Indonesia) and northern Sri Lanka indicated how support – from families, schools, churches and mosques and educational institutions – provided healing opportunities. The chapter also provides promising results in school based programmes where teachers were found to be a source of emotional support. The chapter offers crucial suggestions on how ecological programming can be done in war affected settings that are usually characterized by mass trauma, coupled with limited capacity to fully respond at the level of individual intervention. Chapter 11 by

Donald Meichenbaum further supports this in making a case for one of the intervention levels: the school is one of the most important constituencies in the promotion of resilience and recovery. Some practical suggestions on how to engage schools are made.

Recovery

In chapter 12, Julian Ford and colleagues give an exposé of the role of psycho education coupled with other systems already underpinned in the earlier chapters. Highlighted are: the importance of schools, teachers, peer groups, and structured activities in promoting emotional regulation among trauma exposed children. This offers practical and noncomplex interventions affordable in a resource limited setting. The model of parent and child therapy that is described in chapter 13 by Patricia van Horn and Alicia Lieberman is presented with clear evidence, but their particular model is highly clinical and may not apply in resource limited settings. Chapter 14 (Ruth Derosa and David Pelcovitz) presents the special vulnerability of teenagers in the wake of trauma and suggests a group treatment model. Although conceptually rather technical, this model provides room for modification and contextualization in resource limited settings where a disproportionate number of teenagers are at risk of trauma related long term functional disorders.

Chapter 16 by Richard Kagan ('*transforming troubled children into tomorrows heroes*') presents a model of working with children that promotes hope, self-concept and a sense of direction; aspects that get distorted in the face of trauma. The chapter describes the *hero concept* portrayal of the surviving child as a hero rather than as a victim. In Africa, this concept has been used by REPSSI (Regional Psychosocial Support Initiative)

in Southern Africa and has also been put into practice by TPO Uganda publishing *'Hero Stories'* from formerly abducted children. This is now being replicated in war affected Somalia. Although western in origin, the model has room for modification in resource limited settings, especially as its use of mythology is universal. Most societies have stories where the virtues of courage and steadfastness are derived. For example, subSaharan Africa is full of stories of small animals triumphing over much larger ones through the use of brainpower and trickery, as well as stories of heroes overcoming adversity.

Overall, this book is a very important resource and, I would say, a must read for mental health and psychosocial workers in resource limited settings such as Africa. For these settings, the systems approach presented in most sections of the book is especially useful in the face of massive exposure to adversities. The book promotes the use of a public health approach, as opposed to the highly technical individualistic reactive models based on the well resourced western world.

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