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Solution Focused Brief Therapy and Vicarious Resilience in Bolivian Protective Family Services Workers

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ARTICLE

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Abstract

Vicarious resilience (VR) is defined as the positive effects caregivers experience within their personal lives, their work lives, and within their worldview as a whole, that come from witnessing the resilience that clients demonstrate in facing their traumatic experiences. This research study is a quasi-experimental pilot study about how solution focused brief therapy (SFBT) influences the vicarious resilience of family protective system (SLIM) workers in Bolivia. The Vicarious Resilience Inventory (VRI) was administered in a pretest/posttest design for an experimental group (applying SFBT) and a control group (training as usual). Both groups experienced an increase in vicarious resilience, but the SFBT group experienced statistically significant improvements on three subscales of the VRI; (a) resourcefulness, (b) recognition of spirituality, and (c) self-awareness. Two other subscales of the VRI neared statistical significance for the SFBT group, client inspired hope and consciousness of power. It is anticipated that with a larger sample size these subscales would also have been statistically significant. Additional research is needed to generalize the results of this pilot study to a larger population.

Keywords: vicarious resilience, solution focused brief therapy, resourcefulness, spirituality, and self-awareness

Introduction

> The Plurinational State of Bolivia is located in South America. According to the 2012 census, Bolivia has a population of 10.1 million inhabitants. The official language is Spanish, but there are more than 36 languages, of which the most used are Aymara and Quechua, especially in the western region (Instituto Nacional de Estadística, 2015).

The national data on violence within Bolivia worries the authorities. According to Gender Observatory, in 2020 between March and May, 2,935 cases of violence were registered. In response to these reports, public policies have been designed with hopes of eliminating this problem. One change that has been instituted to address this violence is the creation of family protection services, administered independently by the various municipalities. Because each municipality addresses these concerns independently, there has not been collective data gathered. Research is needed to know what is happening with these workers and to determine what is needed to support them in such a challenging task.

SLIM Workers

Municipal comprehensive legal services (SLIM for its acronym in Spanish) are the "organizations in charge of managing the cases of violence and carrying out prevention campaigns" (Ley, 2013, p. 348). Each SLIM branch is

composed of three main service areas: legal, psychological, and social work. Each of these branches have a minimum of two professionals for each focus area, for a total of at least six SLIM workers at each branch.

The SLIM professionals are responsible for the reception of all cases, the evaluation of each situation, specialized intervention, and corresponding follow-up (Ministerio de Justicia, 2017). All this work is carried out in a coordinated and multidisciplinary manner supported by a legal framework at the national level. Despite this coordinated care, each SLIM office depends on the municipality (i.e., the mayors of their respective cities and towns) in which it works. This local dependency means economic resources, contracts, and operational approaches depend on individual policies and procedures to combat and treat violence (Ley, 2013).

Because the SLIM offices, like other institutions that work to prevent violence and treat those affected by violence, are not yet consolidated with standardized policy and procedures, there is a tendency by municipalities to reduce funds to these organizations. The regular budget cuts and shortchanging of these agencies makes supporting the infrastructure and acquiring the needed supplies precarious and often results in insufficient staff (Defensoría del Pueblo, 2018).

Rural areas also face additional challenges to supporting an adequate workforce. In these areas employment contracts in SLIM offices are often limited to as little as three months and up to one year. Because SLIM workers need employment and income, they often continue working once their contracts expire without receiving a salary. They work in hopes of having their contracts renewed. If their contracts are renewed, it is uncertain if the back pay accrued during the lapsed contract will be paid (Departamento de Investigación Postgrado e Interacción Social, 2020).

It is expected that each SLIM office has at least one psychologist, one lawyer and one social worker, but this is often not the case. It is common for personnel from other areas within the municipality to be assigned to “administer that service”, in addition to maintaining their own regular responsibilities. At other times a SLIM office may be required to make due with the inadequate workforce. This results in the remaining employees being overworked and underpaid while completing the tasks associated with more than one role. It is important to note that this understaffing situation leaves SLIM workers and agencies open to legal challenges and complaints. Given the sensitive nature of the work (i.e., dealing with violence and trauma) the workers may be subject to legal challenges due to their inability to provide adequate attention to these sensitive situations.

In addition to the legal challenges SLIM workers may encounter other traumatic situations like, natural disasters, violent experiences (e.g. kidnapping), robbery, sexual abuse, etc. (Tedeschi et al., 2004). These conditions force workers to utilize their own coping strategies and personal resources in the face of these challenges-they must draw on their own stores of resilience, or the ability to overcome adversity (Becoña, 2006). Extreme adversity, like that faced by the SLIM workers, can be associated with trauma and may result in feelings of insecurity, disconnection, and fear. Often these feelings are worsened with the concern that the traumatic experience(s) will happen again. Often, as SLIM workers are serving people going through and dealing with traumatic experiences, they are simultaneously dealing with their own challenges that are compounded by the precarious situations within their workplace.

Without diminishing the negative effects that experiencing trauma could have, it seems that the trauma could result in outcomes that are more than just negative effects. As Ai and Park (2005) say, people who experience something traumatic may be weakened by the trauma, but they could also develop better resources and skills as they work to manage the impacts of the trauma. In effect, resilience and more adaptive coping may also be the outcomes of experiencing and helping others manage traumatic experiences.

Clearly, more attention could be paid to how individuals handle these situations and develop additional resilience with psychotherapeutic support (O'Hanlon, 2011). Similarly, more attention could be paid to how SLIM workers may vicariously benefit from focusing on the growth and resilience of those with whom they work. Conversations with SLIM workers with an emphasis on strengths, resources, and resilience could be used to support the clients, the SLIM workers, and to enhance the positive aspects and outcomes of their work. Instead of being pulled further and further down by the weight of the challenges, SLIM workers may be strengthened and helped by focusing on resilience.

Vicarious Resilience

Vicarious resilience (VR) is the positive effects caregivers experience within their personal lives, their work lives, and within their worldview as a whole, that come from witnessing the resilience that clients demonstrate in facing their traumatic experiences. (Engstrom et al., 2008). Caregiving professionals may experience an increase in happiness, joy,

sense of satisfaction, or awe in their clients as a result of hearing about their clients' ability to cope meaningfully with challenging and traumatic experiences. The researchers who first described the vicarious resilience construct followed therapists who worked with clients managing trauma in different cultures and in more than one language (Hernandez-Wolfe, 2012). They described clinicians who experienced vicarious resilience as people who liked their work, who valued being a part of a co-construction in which the social system of the client was taken into account, and who enjoyed witnessing people, not only surviving, but coping with trauma well (Hernández-Wolfe).

Despite the positive impacts of looking at vicarious resilience, there are other indicators that show negative impacts on professionals who strive to help clients manage trauma. These negative impacts on professionals may include emotional burnout, compassion fatigue, and compassion burnout, all leading to practitioner deficits and low client benefits (Franza et al., 2020; Saborio & Lechiner, 2015; Pehlivan, 2018). Researchers have shown that many clinicians may experience one or more of the symptoms, while also experiencing some satisfaction from their work with traumatized clients. They have suggested that clinicians may also experience post-traumatic growth and/or compassionate satisfaction (Arias & Garcia, 2019; Buceta et al., 2020; Hernandez-Wolfe & Acevedo, 2018). Killian (2008) demonstrated, however, that there does not appear to be any statistical correlation between these various constructs. This means that clinicians may experience one or more of these things simultaneously. Vicarious resilience seems particularly useful to focus on because of the far reaching implications for the work of the therapists.

Over time the researchers who studied vicarious resilience went on to measure its presence with the use of the Vicarious Resilience Inventory (VRI; Engstrom et al., 2017). They showed that clinicians with high levels of vicarious resilience showed increases in resourcefulness, an openness to changing the way they work with clients, an increased self-awareness, an ability to implement self-care practices leading to less stress and burnout, an increased ability to feel hope that is inspired by their clients, an increase recognition of the value of spirituality and belief systems that transcend the individual, and an increased ability to recognize power and how they are located socially. Each of these things also added to the reduction of excessive intellectualization, fear, fatigue, reactivity, and distractibility by clinicians.

The complex demands on SLIM workers and their challenging work context may increase their burnout and fatigue. It is for this reason that we wondered if helping them develop vicarious resilience would increase their ability to deal with the uncertainty of each case they attend to and to increase their ability to cope with the contextual demands of their challenging circumstances. Because Solution-Focused Brief Therapy (SFBT) is a resource-based approach that focuses on desired outcomes and hope that often leads to increased resilience, we hoped that it would be useful for SLIM workers as they work to deal with their own challenges and help clients dealing with very challenging, traumatic experiences.

Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) was developed in the 1980's in Milwaukee, Wisconsin at the Brief Family Therapy Center by a group of therapists led by Steve de Shazer and Insoo Kim Berg. SFBT is an alternative approach to clinical work that is founded on significant supporting empirical evidence (De Jong & Berg, 2008; Ratner, 2012). SFBT is based on conversations that are co-constructed between the client and the clinician. This co-construction perspective means that it is important for clinicians to incorporate what the client says in each statement they make, and that these incorporated words are usually embedded in questions rather than statements or directives (Froerer et al., 2018).

SFBT is description-oriented and focuses on the presence of the desired transformation the client wants as a result of a given session. This transformation-focused description incorporates different aspects from the past, present, or future of the client's life, and establishes inspiration by connecting the client's resources, skills, and agency to the description of managing the uncertainty of trauma (Connie, 2021). In this way, the notion of the desired transformation and the agency associated with achieving this transformation are elements of hope (Courtnage, 2020).

Hope is a primary conversational entity within SFBT that is reflected within a positive therapeutic relationship (Froerer et al., 2019). Hope is fostered by intentionally allowing the client to assume the leading role, especially when it comes to the content of the conversations (Ratner et al., 2019). In the specific case of working with people who are managing trauma, this practice usually changes the role of the practitioner from victimologist to resilientologist (von Cziffra-Bergs in Froerer et al., 2018).

Research Question

Given the evidence-base and resilience focus of SFBT, this study sought to understand if exposure to SFBT impacted the levels of vicarious resilience in protective family systems (SLIM) workers in Bolivia.

Method

In order to investigate if Solution Focused Brief Therapy had an influence on the levels of vicarious resilience, a pilot, quasi-experimental, pretest/posttest, two group design was used. The control group was a no-treatment/training-as-usual group, while the experimental group was provided with a SFBT intervention in between the pretest and posttest measurements.

Participants

A total of 42 Bolivian participants were included in this study. In order to participate in the study individuals needed to have met the following inclusion criteria: (a) Be an adult of 18-years or older, (b) Be employed as a Municipal Comprehensive Legal Services (SLIM) employee, or part of the SLIM-UMSA team (which may include social workers, lawyers, and other professionals), and (c) Be fluent in reading and writing in Spanish.

Individual participants ended up self-selecting into the treatment group or control group. Participants were asked to watch four SFBT training videos and complete four self-paced homework assignments associated with the videos. Then, all participants who completed all four assignments were invited to attend an SFBT training session. Each individual who was present at the SFBT session was included in the treatment group, while all others were placed in the control group. Only two (8%) of the individuals in the control group submitted any assignments.

Ultimately, the control group had 24 participants and the Solution Focused group had 17 participants. Although this is an unusual way to develop groups in a research study, because of the pilot nature of this study, it seemed to be the best way to determine the impact of the solution focused training for the SLIM workers. Additionally, it is valuable to note that one participant in the control group had scores that differed drastically from the rest of the participants. Because of these outlying results the researchers decided not to include this participant in the overall findings of the study, therefore, only 41 participants were included in the final analysis.

Materials

All participants, regardless of research group, were given the The Vicarious Resilience Scale (VRS; Killian, Hernandez-Wolfe et al., 2017) at both pretest and posttest. Each of the 27 questions is composed of a Likert-style question with answer options that range from zero to five. The response options for each question include, 0 = Did not experience this; 1 = Experienced this to a very small degree; 2 = Experienced this to a small degree; 3 = Experienced this to a moderate degree; 4 = Experienced this to a great degree; and 5 = Experienced this to a very great degree. Per the factor analysis results during the development of the measure, scores on the VRS are divided into seven different subscales and are also added together for an overall VRS score. The seven subscales include, (a) Increased resourcefulness, (b) Changes in life goals, (c) Increased self-awareness, (d) Client inspired hope, (e) Increased recognition of spirituality, (f) Increased consciousness of power, and (g) Increased capacity to remain present.

For the SFBT intervention, a psychoeducational program was used. The SFBT intervention program included four short training videos about SFBT that lasted about four minutes each. In addition, a self-paced homework assignment was given to be completed by the participants at the conclusion of each of the four videos. These videos and homework assignments were administered once a week for a total of four weeks. Finally, a Solution Focused Group session was completed with the individuals who watched all videos and completed all homework assignments. This session was completed one week following the final video and homework assignment. This session and the training videos were intended to teach practitioners how to utilize SFBT in their work with clients. Only participants who completed all videos and all homework assignments participated in the SFBT group session and were later considered the treatment group for analysis purposes.

Procedures

All participants were given the option of completing the SFBT training. Participants self-selected into the SFBT group by completing all of the associated tasks and participating in the synchronous virtual group session. The group session was based on the following question: *Suppose in six months we are coping better in the way that we would like to, and we are becoming the best version of our team at SLIM. This improvement also influences how we treat the people we help. What signs do our clients notice that tells them this has happened? This study included the following phases: Phase 1:* Initial measurement using the VRS, *Phase 2*: SFBT Intervention, *Phase 3:* Final measurement using the VRS, Phase 4: Data analysis and generation of results.

Results

The results of this study were calculated by comparing the solution focused group to the control group. Differences were identified through a paired sample t-test. A paired t-test identifies if there is a significant difference between the changes in vicarious resilience between the two groups. The VRS with its 27-items (α = .98) showed a statistically significant difference on three of the seven subscales and on the overall score between the two groups.

Although the control group and the experimental group showed some improvements, none of the improvements within the control group were statistically significant, whereas some of the results for the solution focused group were statistically significant. Table 1 shows the raw score improvement (pretest to posttest) and the percentage improvements (also pretest to posttest) for the solution focused group.

Table 1

Experimental Group Pre-Test/Post-Test Result (percentages)

Vicarious Resilience Sub-Scale	Mean Percent Increase		Mean Value Increase	
	Pretest	Posttest	Pretest	Posttest
Increased Resourcefulness	66%	79%	19.83	23.78
Change in Life Goals	74%	83%	22.33	24.78
Increased Self-Awareness	65%	81%	12.94	16.17
Client Inspired Hope	67%	81%	10.11	12.11
Increased Recognition of Spirituality	64%	77%	9.61	11.61
Increased Consciousness of Power	67%	77%	6.67	7.72
Increased Capacity to remain present	70%	79%	10.56	11.78

It is important to note that scores increased on all subscales of vicarious resilience within the solution focused group. However, there was a statistically significant increase in only three subscales*: Increased Resourcefulness, Increased Self-Awareness, and Increased Recognition of Spirituality (*see Table 2*). There were two other sub-scales that approached statistical significance: Client Inspired Hope (p = .06) and Increased Consciousness of Power (p = .09). It is likely that the small sample size of this pilot study impacted the possibility of achieving statistical significance. It is also probable that increasing the sample size would also impact the significance of the other non-significant sub-scales.*

Table 2

Sample Descriptive Using t-test for Equality of Means

	Control Group		Control Group		SFBT Group			SFBT Group		
	Pre-test Mean	Pre-test SD	Post-test Mean	Post-Test SD	*t-test*	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	*t*-test
Increased resourcefulness	20.39	5.51	23.22	3.84	-2.02	19.83	5.37	23.78	3.78	-2.39*
Changes in life goals	23.00	4.46	24.30	3.75	-1.10	22.33	5.99	24.78	3.87	-1.51 ($p = .15$)
Increased self-awareness	13.74	3.90	15.61	3.06	-1.98	12.94	3.84	16.17	2.90	-3.37**
Client inspired hope	12.04	2.38	11.883	1.87	.33	10.11	3.60	12.11	2.22	-2.0 ($p = .06$)
Increased recognition of spirituality	10.35	2.95	11.61	2.17	-1.53	9.61	2.70	11.61	2.45	-2.50*
Increased consciousness of power	6.91	1.93	7.65	1.72	-1.35	6.67	1.88	7.72	1.90	-1.75 ($p = .09$)
Increased capacity to remain present	11.17	2.57	11.91	2.31	-1.03	10.56	3.15	11.78	2.21	-1.25 ($p = .23$)
Total	97.61	4.23	106.13	15.93	-1.61	92.06	23.30	107.95	16.60	-2.34*

* $p < .05$
** $p < .01$

As mentioned previously, the scores on each of the subscales increased for the SFBT (experimental) group. The scores for the control group also increased on six of the seven subscales; the exception was the *Client Inspired Hope* scale which decreased from 12.04 to 11.88 (see Table 2). Although this change was not statistically significant, it does call into question why *Client Inspired Hope* may have decreased. More on this will be discussed in the discussion section of the paper, especially since this same sub-scale was nearly statistically significant within the SFBT experimental group. The largest change within the experimental group was noticed on the *Increased Self-Awareness* sub-scale.

It is also important to note that two subscales were not statistically significant, nor were they approaching significance, *Change in Life Goals* and *Increased Capacity to Remain Present.* We were not surprised by the lack of change

in life goals, given the shortness of the intervention, and given that this was not the intention of this intervention. However, we were surprised by the lack of change in the ability to remain present endorsed by the participants. More will be discussed about this in the discussion section below.

Discussion

The professionals in the SFBT treatment group improved their scores for all subscales of the vicarious resilience measure, thus indicating that they increased in their overall vicarious resilience. This, in and of itself, is important and valuable. Despite the small sample size, we can see that even a little SFBT exposure may help increase vicarious resilience for clinicians working in some of the most difficult circumstances. These findings are consistent with what Froerer et al. (2018) outlined. Clinicians who work with the successes of their clients (something that was highlighted in the SFBT training for this group) are likely to become more and more resilient over time.

Increased Resourcefulness

It makes sense that helping professionals would experience an increased sense of resourcefulness (one of the statistically significant findings from the study) after receiving training in SFBT. Having additional tools to draw from, additional questions to ask, and a different perspective would help to increase the abilities of SLIM workers to engage with clients in new and different ways. This finding is also understandable since several of the participants reported an increase in the recognition of spirituality in their work (a result that will be discussed below). Being able to draw on spirituality as a support may increase the likelihood of feelings of resourcefulness. Spirituality may be one of the resources the participants felt more able to utilize post SFBT session. This reinforces allowing participants to discuss and take the session wherever it is useful for them (de Shazer et al., 2007). Given the focus of SFBT on resources, specifically in the form of resource talk (George et al., 2017) it is understandable that clinicians would also experience an increase in vicarious resilience through noticing their own resources. The common factors literature mentions that clinicians who appear confident are more likely to have clients that experience positive outcomes (Kort et al., 2021).

Increased Recognition of Spirituality

This finding was surprising and not something that we, as researchers, expected to see in the results. Although, given what we mentioned above in the *Increased Resourcefulness* section, it does make some sense that this would show up in this study. This study did not specifically focus on spirituality, however, an inclusion of spirituality was not excluded if the participants initiated the conversation. Given that Bolivia is largely a catholic syncretic culture, it makes sense that this is a resource they would utilize to help in times of trauma and difficulty. As Edelkott, Engstrom, Hernandez-Wolfe, & Gangsei (2016) mentioned, vicarious resilience can lead to changes in self-perception, changes to interpersonal relationships, and changes in life philosophies.

Increased Self-Awareness

As noted above, the *Client Inspired Hope* score decreased in the control group. This may be due to the expectation of the clinicians to "fix" problems for people. This may indicate that these professionals hold a belief that the clinician is the expert and that they should not be getting anything from the client, but rather, the client should be getting things from the clinician. This highlights a vital component of the SFBT approach, namely that the client and the clinician are co-constructing a new reality through language. It is important to note that this same sub-scale was approaching statistical significance for the SFBT participants. This may indicate that a shift in perspective may have resulted from the SFBT intervention that experimental group participants engaged with.

These findings are particularly impressive because of the short timeframe of this pilot study. Treatment group participants had only a limited time to apply SFBT to their actual work with clients. It seems reasonable to consider that a longer time between pre-test and post-test (even if just a couple of months), together with supervised training on implementing SFBT with clients, could lead to even more robust outcomes in the vicarious resilience research measures.

These more robust findings could go on to support developments in the actual policy and procedures for the training of workers in SLIM; something that would be very significant!

Also, as noted above, the *Ability to Remain Present* sub-scale did not change much for the experimental group or for the control group. Some possible reasons that people were still unable to stay present is that they were still required to go to work in the midst of COVID (this may have been a confounding variable that we could not control for, due to the timing of the study). These professionals were not provided with masks and other COVID-related safety protocols, however, they were required to pass on protective gear to members of the community. This means that although they could work for the well-being of their clients, they could not secure their own well-being very well at all. These professionals were also not allowed to stay home when sick (even though they could have been infected with COVID-19) and they did not have health insurance that would have mitigated some of their symptoms more effectively. This group of people had many other personal concerns that may have confounded the results of study. For these reasons the significant findings on many of the other subscales is even more impressive. Despite having these ongoing personal concerns the SFBT participants were still able to increase their own resourcefulness, be inspired by their clients, and increase their recognition of spirituality while the control group was not able to make these same gains. Also worth noting is that since some of the SLIM workers in the control group did complete portions of the SFBT training (some watched portions of the videos and some completed portions of the homework), but did not complete everything to be included in the experimental group, it is likely that the SFBT group session at the end of the protocol had a significant role in the improvements for the SF group. It would be worth looking into this more with further research.

Although this study is the first of its kind in South America, and although there are some promising results, it is important to acknowledge the limitations of this study. The pilot-nature of this study means the sample size was small and limited, therefore, these results should be interpreted with caution. Readers should be careful not to generalize these outcomes to all frontline workers. Additional research with a larger, more diverse sample-size would increase the confidence in these results. Also, as mentioned previously, the timing of this study, during the COVID-19 pandemic, introduced confounding variables that may have impacted the findings of the study. It would be beneficial to repeat this study during non-COVID times to determine if the findings are consistent with these. Again, despite the promising findings, the results of this study should be interpreted with caution, and readers should be careful not to attribute all the change solely to the SFBT intervention, although it appears that this intervention was impactful for the SFBT treatment group.

SFBT appears to increase the vicarious resilience of even the newly exposed clinicians. SFBT appears to increase resourcefulness, awareness of self, and awareness of the role of spirituality. We hope that these results will contribute to the growing body of vicarious resilience literature in a positive way. In addition, it is anticipated that since this pilot study shows a preliminary link between vicarious resilience and solution focused brief therapy, it is possible and likely that this link could be demonstrated not only with SLIM workers, but could also be replicated in other clinical and service settings as well. Additional research about the vicarious resilience and solution focused link would be very valuable.

In conclusion, Solution Focused Brief Therapy, even in a small dose, served to increase the vicarious resilience of SLIM workers in Bolivia. However, as Hernandez-Wolfe (2016) says, it would be a fallacy to affirm that this improvement occurs spontaneously, so it is important to highlight the urgent need to improve the working conditions of civil servants, taking into account that these are not replaceable workers as in other types of administrative jobs, since by accumulating experience and inspiration from the survival relates of clients, they develop appreciation for diversity and inclusion, in addition to creativity to generate bridges between social gaps. In other words, the professionals who help are irreplaceable since they are their own work instruments which they forge in the experience and inspiration of the heat and intensity of the struggles to fulfill their challenging responsibilities. Procedures such as SFBT help ensure that this development is consistent.

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