

**STRENGTH-BASED PSYCHOTHERAPEUTIC APPROACHES FOR RELATIONAL  
TRAUMA: A SCOPING REVIEW**

Strength-based psychotherapeutic approaches for relational trauma: A scoping review

Alice Tither

Student ID: 14882712

A dissertation submitted to Auckland University of Technology in partial fulfilment of the  
requirements for the degree of Bachelor of Health Science (Honours) in Psychology

Department of Clinical Sciences

Faculty of Health and Environmental Sciences

Auckland University of Technology

2022

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Table of Contents**

<b>TABLE OF CONTENTS</b> .....	<b>2</b>
<b>ATTESTATION OF AUTHORSHIP</b> .....	<b>5</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>6</b>
<b>GLOSSARY OF TERMS</b> .....	<b>7</b>
<b>ABSTRACT</b> .....	<b>9</b>
<b>CHAPTER ONE: INTRODUCTION AND LITERATURE REVIEW</b> .....	<b>11</b>
STRENGTH-BASED APPROACHES .....	11
RELATIONAL DISTRESS AND TRAUMA .....	13
COMPLEX POST-TRAUMATIC STRESS DISORDER .....	14
RESEARCH ISSUE AND RATIONALE.....	15
OBJECTIVES AND AIMS.....	16
RESEARCH QUESTION.....	16
OUTLINE OF DISSERTATION .....	17
<b>CHAPTER TWO: METHODOLOGY AND METHODS</b> .....	<b>18</b>
RESEARCH DESIGN.....	18
EPISTEMOLOGY AND RESEARCH PARADIGM.....	18
METHODOLOGY .....	19
RESEARCHER POSITIONALITY AND REFLEXIVITY .....	19
METHODS.....	20
<i>Protocol</i> .....	20
<i>Stage One: Identifying the Research Question</i> .....	21
<i>Search Strategy</i> .....	21
<i>Stage Two: Selecting the Literature</i> .....	21
<i>Stage Three: Charting the Data</i> .....	22
<i>Stage Four: Data Analysis</i> .....	23

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

<i>Stage Five: Collating, Summarising, and Reporting the Results</i> .....	24
<b>CHAPTER THREE: FINDINGS</b> .....	<b>25</b>
KEY THEMES.....	25
<i>Key Theme One: Healing Relationships</i> .....	26
<i>Key Theme Two: Transtheoretical Relevance</i> .....	26
<i>Key Theme Three: Trauma-Informed</i> .....	26
<i>Key Theme Four: Balancing Symptoms and Wellbeing</i> .....	26
TABLE 1 .....	27
LITERATURE SEARCH RESULTS .....	28
LITERATURE CHARACTERISTICS.....	28
SUB-QUESTION ONE: CONCEPTUAL BOUNDARIES OF STRENGTH-BASED PSYCHOTHERAPEUTIC APPROACHES.....	30
<i>Theme One: Healing Relationships</i> .....	30
<i>Theme Three: Trauma-Informed</i> .....	34
<i>Theme Four: Balancing Symptoms and Wellbeing</i> .....	37
<i>Summary</i> .....	38
SUB-QUESTION TWO: TYPES OF STRENGTH-BASED PSYCHOTHERAPEUTIC APPROACHES.....	38
THEME ONE: HEALING RELATIONSHIPS .....	39
<i>Theme Two: Transtheoretical Relevance</i> .....	40
<i>Theme Three: Trauma-Informed</i> .....	41
<i>Summary</i> .....	42
SUB-QUESTION THREE: RANGE OF RELATIONAL TRAUMA.....	43
<i>Theme Two: Transtheoretical Relevance</i> .....	43
SUB-QUESTION FOUR: CONTEXTS .....	44
<i>Theme Two: Transtheoretical Relevance</i> .....	44
<i>Theme Three: Trauma-Informed</i> .....	45
SUMMARY OF FINDINGS .....	46

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

<b>CHAPTER FOUR: DISCUSSION</b> .....	<b>47</b>
PAUCITY OF LITERATURE.....	47
HEALING RELATIONSHIPS.....	47
FIGURE 1 .....	49
STRENGTH-BASED LANGUAGE AND INTERDISCIPLINARY VOCABULARY .....	50
CULTURALLY AND TRAUMA-INFORMED.....	53
A STRENGTH-APPROACH IS A BALANCED APPROACH: BALANCING SYMPTOMS AND WELLBEING.....	54
LIMITATIONS .....	58
RECOMMENDATIONS FOR FURTHER RESEARCH.....	59
CONCLUSION.....	60
<b>APPENDICES</b> .....	<b>62</b>
APPENDIX A: LITERATURE SEARCH FLOW CHART .....	62
APPENDIX B: CHARTED DATA FROM SELECTED ARTICLES .....	63
APPENDIX C: DATA THEMING TABLES USED IN REFLEXIVE DATA ANALYSIS .....	67
<b>REFERENCES</b> .....	<b>88</b>

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: Alice Tither

Date: 18 November 2022

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Acknowledgements**

I wish to acknowledge my supervisor, Dr. Charmaine Bright, and express my deepest gratitude for the dependable guidance, feedback, and encouragement during this research. Your insights and advice have helped me to develop as a researcher and I greatly value the learnings imparted from you through this process.

Thank you to the AUT Te Mātāpuna team who provided valuable research resources and support.

Finally, a special and heartfelt thanks to my husband, Brendon, who has steadily supported me throughout this year and helped me every step of the way. Thank you for uplifting me with laughter and always believing in my capabilities.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Glossary of Terms**

This glossary of terms is informed by the APA Dictionary of Psychology (American Psychological Association, 2022).

**Abuse**

Behaviours of a cruel, violent, demeaning, or invasive manner toward another person or an animal. Includes physical, sexual, and psychological (emotional) mistreatment.

**Client**

A person receiving treatment or services. In this research, study participants may be described as clients.

**Practitioner**

A professional who assesses, formulates, treats, or provides psychological intervention or therapy to a client. Throughout this research, the individual(s) providing psychotherapeutic intervention or treatment are referred to as the practitioner.

**Psychotherapy**

Any psychological service provided by a trained professional that principally employs communication and interaction to assess and treat emotional reactions, cognitions, and behaviour patterns.

**Positive Psychology**

A field of psychological theory and research that focuses on psychological states, individual traits, character strengths, and social institutions that contribute to wellbeing.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### **Relational Trauma**

Trauma which occurs within the context of relationship, often where there is differential power.

### **Strength-based Psychotherapy**

Any psychotherapeutic approach that primarily focuses on clients' positive resources, such as their strengths, skills, and positive emotions.

### **Trauma**

Significant fear, helplessness, dissociation, confusion, or other intense feelings that have a disruptive negative effect on a person's cognitions, affect, attitudes, behaviour, or aspects of functioning, due to experiencing or witnessing disturbing incidents.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Abstract**

Background: Psychology is increasingly adopting strength-based approaches through philosophy, research, and practice. The field recognises the need to adapt psychotherapeutic approaches for various contexts and populations; however, a universal agreed theoretical framework of strength-based psychotherapeutic approaches for relational trauma is yet to be determined.

Objective: The present study undertakes a scoping review of literature to explore what is known about strength-based psychotherapeutic approaches for relational trauma and maps the findings. The review examines data from the selected literature to clarify conceptual boundaries of both relational trauma and strength-based psychotherapeutic approaches. It investigates what constitutes a strength-based psychotherapeutic approach, the kinds of relational trauma studied, the types of approaches used in the treatment of relational trauma, and the contexts in which strength-based psychotherapeutic approaches are applied.

Design: A scoping review protocol were followed to identify, find, select, chart, and collate data from relevant literature. Four online databases were searched to identify literature published between 2000-2022, from which 22 publications were selected. The selected articles examined strength-based psychotherapeutic approaches for relational trauma with adult participants aged 18 or older and were from United Kingdom, the United States, Italy, Norway, Taiwan, Canada, Israel, Tanzania, Greece, Poland, Slovenia, and Australia.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

Results: Four key themes and 12 sub-themes were generated through reflexive thematic analysis. The key themes are healing relationships, trauma-informed, transtheoretical relevance, and balancing symptoms with wellbeing.

Conclusions: While the quality or rigor of the studies were not examined, the findings informed six key conclusions: 1) there is paucity of research on the research topic, 2) evidence from the limited research was promising but not proven and future research might prioritise scientific rigor for clinical recommendations, 3) healing relationships span across relational layers relevant to the therapeutic context, 4) the research topic is transtheoretical and strengthening interdisciplinary terminology would be advantageous, 5) trauma-informed practices that include cultural competence and contextual adaptations are fundamental, and 6) a strengths-approach is a balanced approach that focuses both on symptom reduction as well as enhancing wellbeing.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### Chapter One: Introduction and Literature Review

#### Strength-Based Approaches in Psychology and Human Services

Strength-based approaches appear across many disciplines in the human services fields and are a way of approaching presenting issues, tasks, or challenges with a focus on strengths and resources, as opposed to focusing on deficits or dysfunctions (Murphy & Sparks, 2018). This way of thinking and approaching work has philosophical roots that can be linked to Aristotle and Plato, Aristotle's teleological theory of human flourishing or eudaimonia, and has been emphasised in the human services spaces, predominantly in social work and humanistic psychology, leading to positive psychology (Jørgensen & Nafstad, 2004). Through the 20<sup>th</sup> Century, Abraham Maslow and Carl Rogers championed strength-based approaches in modern psychology, in both therapeutic applications and academic literature (Gillham & Seligman, 1999). More recently, Martin Seligman has adopted this strength-based lens and is commonly credited with establishing the contemporary understanding of positive psychology through advocating for strengths-perspectives in psychology and developing it into a mainstream field of psychology (Boniwell & Tunariu, 2019).

With the explosion of awareness, interest, and research on positive psychology, as led by Seligman in the early 21<sup>st</sup> Century, the popularity of positive psychology has contributed to a revival of attention from researchers and practitioners for a need of strength-based approaches, in the field of psychology (Ciarrochi et al., 2022). This sees much of the literature on strength-based approaches situating us in the area of positive psychology (Kaczmarek, 2006; Lopez & Magyar-Moe, 2006). Positive psychology is couched under the umbrella of strength-based approach and will be included in this research. Focusing on strength-based psychotherapeutic approaches ensures the

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

inclusion of positive psychology and strength-based approaches from other disciplines that might be applicable in mapping treatment of relational trauma. Approaches that aren't categorised as positive psychology but that might be relevant include approaches from social work, strength-based counselling, solution-focused brief counselling, or narrative therapy (Bright et al., 2021; Murphy & Sparks, 2018).

Positive psychology is guided by the philosophical outlooks on strengths and eudaimonia, and aims to explore, identify, understand, assess, and promote factors that enable individuals, groups, and communities to thrive and flourish (Sheldon & King, 2001). Primarily positive psychology focuses its lens on research and theory to study and promote strengths, virtues, and functioning, and to focus on what contributes to flourishing, rather than languishing (Boniwell & Tunariu, 2019; Seligman, 2002). In the context of treatment, Seligman (2002) conceives that the application of positive psychology goes further than fixing a problem, disorder, or illness and extends to building resources, capability, and strengths.

Seligman (2002) points out that overwhelmingly, the focus of research and literature in psychology over the past century has predominantly concentrated on illness and diagnosis of disease within a bio-medical health model, influenced by the positioning of psychology as a sub-field of the health and medical professions. Seligman and his co-author, Mihaly Csikszentmihalyi (2000), assert that a positive psychology approach attempts to be corrective of the bio-medical dominance in psychology and calls for the discontinuation of marginalisation and exclusion of positive aspects of human nature that can be present in mainstream disease-focussed psychology. Positive psychology and strength-based psychotherapeutic approaches asks for the scope of psychology to extend its view beyond a pathological medical model of illness and call for a more balanced

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW  
understanding of the varied complexities of human experiences in the field of psychology  
(Rashid, 2015).

### **Relational Distress and Trauma**

Relational trauma is a type of psychological, emotional, social, spiritual, or physical trauma, that occurs in the context of a relationship where at least one party depends on the other for aspects of their wellbeing (Gómez et al., 2016). Relational trauma can occur through traumatic incidents in the relationship, or through abusive or neglectful relational processes, which lead to an overwhelming rupture, or series of ruptures in the relational bonds. The work of Judith Herman (1997) provides a definition that relational trauma:

*“overwhelm[s] the ordinary systems of care that give people a sense of control, connection, and meaning”* (p. 33)

Baumeister and Leary (1995) outline that relational trauma could be uniquely distressing as interpersonal issues directly threaten a core human need to belong.

In alignment with the modern positioning of psychology under a deficits-based health model, in the world of relational trauma, there is similarly a dominant emphasis on deficits and problem-heavy discourse (Treisman, 2016). Much of the literature on relational trauma, or trauma in general, focuses on extreme traumas and experiences, categorising factors of trauma, and indicators of individuals or groups of people who meet the criteria for diagnosis of a categorised and pathologized disorder (Gómez et al., 2016). This emphasis on pathology maintains a narrow focus on post-traumatic stress disorder (PTSD) (Anders et al., 2012) or complex PTSD (CPTSD) which was more recently identified and classified as a separate and different disorder to PTSD in 2019 by the World Health Organisation's International Classification of Diseases (ICD-11) (World Health Organization, 2019).

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Complex Post-Traumatic Stress Disorder**

Complex Post-Traumatic Stress Disorder (CPTSD) is the diagnostic classification of clinically significant symptoms that can be indexed to experiences of repeated trauma, which often occur in the context of a relationship (World Health Organization, 2019). While this scoping review is not restricted to literature examining clinically diagnosed populations with CPTSD, studies containing CPTSD populations are included to capture the literature that is relevant to the scope of relational trauma; not all relational trauma results in CPTSD, however CPTSD is overwhelmingly experienced because of relational trauma.

While categorising diseases and disorders may be useful and necessary for funding and allocation of services through health systems, defining and framing experiences of distress or trauma in the context of the disease model highlights the potential for exclusion of less extreme experiences of distress in the literature (Anders et al., 2012). Gómez et al. (2016) also raise the issue that medicalisation places treatment priority on symptom reduction of the individual where the symptoms manifest, which can minimise the relational and interpersonal aspects of harm.

This exclusion of less-extreme distress may forgo meaningful insights into the potential outcomes such as post-traumatic growth, stress-related growth, or adversarial growth from relational distress (Linley & Joseph, 2004). Additionally, in the context of this research, inadvertently focusing purely on extreme trauma and disorders could exclude or steer away from identifying valuable applications that might be used in treatment for less extreme or sub-clinical relational distress. A recommendation from research conducted by Anders et al. (2012) suggests that it is crucial to include a broader range of relational events in trauma research, such as rejection, loss of relationship, or events that represent a threat to belongingness, safety, and security in an interpersonal relationship, as these

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

more commonly experienced relational events were found to be perceived as significant and distressing. In that same research they identify that commonly experienced, less-extreme relational traumas are particularly important to consider as people still found these to be significant and distressing, even when the participant had experienced other, more-extreme events traditionally categorised as traumatic. Considering applications of strength-based psychotherapeutic approaches in the treatment of relational distress of less-extremes than is traditionally focused on in trauma studies, would likely be applicable to a large population, possibly in many settings.

### **Research Issue and Rationale**

The increasing popularity of positive psychology has seen a shift in the focus of psychological research and practice to consider strengths, wellbeing, and positive mental health in addition to reducing symptoms from deficits, dysfunction, and disorder (Coulter, 2014). Despite popularity and advancement of positive psychology, it is not coherently translated into applied psychological practice (Smith, 2006). Concurrent to the growth of positive psychology, there has been advocacy for psychology to consider a non-medicalised view of relational trauma from a perspective that primarily locates the issue in the relational situation rather than the impacted individual, and seeks to use strength-based approaches for psychotherapy involving relational trauma (Gómez et al., 2016). While there is theoretical indication that strength-based approaches are likely to be appropriate for relational trauma, it is an emerging area of knowledge with undefined conceptual boundaries of both relational trauma and strength-based psychotherapeutic approaches. Furthermore, the literature has not yet been comprehensively reviewed to understand what is known of applied practice and what future research may be required to further knowledge of strength-based psychotherapeutic approaches and relational trauma.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### **Objectives and Aims**

This research undertakes a scoping review of literature to understand and describe, through the researcher's interpretation, what is known about the use of strength-based psychotherapeutic approaches for relational trauma in adults. The population of interest are adults who have experienced relational trauma at any stage in their life, the concept is strengths-based psychotherapeutic approaches, and the context include therapeutic contexts of interpersonal psychotherapy. This research explores what is known about the research area to map what constitutes strength-based psychotherapeutic approaches in the treatment of relational trauma, the types of strength-based psychotherapeutic approaches used, the forms of relational trauma represented in the literature, and the contexts in which strength-based psychotherapeutic approaches are applied in the treatment of relational trauma. This exploration seeks to clarify conceptual boundaries of both relational trauma and strength-based psychotherapeutic approaches, understand the breadth of the research area to establish the extent that research has been undertaken, and to determine if further research on strength-based psychological approaches for relational trauma may be of merit and if so, provide a map of what is already known to guide research design.

### **Research Question**

What is known from the literature about the use of strength-based psychotherapeutic approaches for relational trauma? Four sub-questions have been defined to guide the scoping review:

1. What constitutes a strength-based psychotherapeutic approach in the treatment of relational trauma?

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

2. What are the types of strength-based psychotherapeutic approaches used in the treatment of relational trauma?
3. What are the kinds of relational trauma for which strength-based psychotherapeutic approaches have been applied?
4. What are the contexts in which strength-based psychotherapeutic approaches are applied in the treatment of relational trauma?

### **Outline of Dissertation**

This chapter outlined the purpose of this scoping review by introducing existing literature on the topic of interest and summarising the research issue, rationale, and questions.

Chapter Two will describe the methodology and methods; highlight the research design, epistemology and paradigm, researcher positionality and reflexivity, and explain the methods utilised to conduct this scoping review, including the protocol and search strategy.

Chapter Three will explain the findings of the scoping review in relation to the research questions, present the charted data, and describe the key themes. Finally, Chapter Four will discuss the significance of the research themes, with reference to wider literature and the broad scope of the research issue. The concluding chapter will also explore the strengths and limitations of this research, recommendations for future research, implications for practice, and final conclusions.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### **Chapter Two: Methodology and Methods**

#### **Research Design**

Given the research issues of undefined conceptual boundaries for both relational trauma and strength-based psychotherapeutic approaches, the limited and emerging knowledge concerning the research topic, as well as the aim to understand what future research may be appropriate to inform psychological practice; a qualitative scoping review design was used for this research. Levac, Colquhoun, and O'Brien (2010) highlight that scoping reviews may be especially relevant to disciplines with emerging evidence, in which there are scarce randomised controlled trials. A scoping review allows for incorporation of a range of literature types and can produce findings to complement clinical trials. The research design was supported by reflexive thematic analysis, approached from an interpretivist paradigm, and influenced by the researcher's positionality, as outlined in the next section.

#### **Epistemology and Research Paradigm**

Scoping reviews aim to map key concepts and types of evidence underlying an area of research and answer less-specific questions than traditional systematic reviews (Levac et al., 2010). Scoping reviews are often employed when little is known about a topic and the objective is to explore the breadth of information available, rather than provide specific answers as a way of determining truth (Arksey & O'Malley, 2005). This aligns to a social constructivist ontological theory of reality and the epistemology of interpretivism which accepts that knowledge is socially constructed, subjective, and value laden. Interpretivist approaches view findings as generated by the researcher rather than uncovered and identify reflexivity as good practice to support trustworthiness and rigor (Grant & Giddings,

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW (2002). The reflexive practices undertaken in this research are part of the reflexive thematic analysis methods used, outlined in the [Researcher Positionality and Reflexivity](#) section.

## **Methodology**

This research uses the scoping review methodology as guided by The Joanna Briggs Institute methodology for scoping reviews (Peters et al., 2021) and the PRISMA-ScR checklist (Tricco et al., 2018). The methodology aimed to generate knowledge in response to the broad primary research questions by accumulating as much evidence as possible and charting the results to provide an overview of the type, extent, and quantity of research available on the research topic. The prominent five-stage framework for scoping reviews, developed by Arksey and O'Malley, was drawn on to inform the methods described in detail in the following sections.

## **Researcher Positionality and Reflexivity**

The findings in this research were actively created and influenced by the researcher's understanding and interpretation of the data to identify patterns and generate themes (Braun & Clarke, 2021). Due to this active role of the researcher, it is essential that they understand their own context and position in relation to the research, and how this may have influenced their role in making meaning of the data. Reflexivity techniques were utilised to engage in a continuous reflection on the researcher's position and iterative of understanding of the data throughout the research. The researcher is studying a Bachelor of Health Science (honours) psychology with a focus on counselling psychology, a scope of psychological practice that values strength-based approaches. The researcher has a professional background in population health promotion, which focused on improving wellbeing in workplace environments; and specifically worked on projects dedicated to

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

providing advocacy to employees who had experienced family violence. The researcher engaged in reflexivity throughout the research process through regular research journal entries and memo writing, as well as a supervision log which captured discussion with the research supervisor. This reflexivity helped to reveal the researcher's assumptions and enhance trustworthiness in the interpretation of the data.

## **Methods**

The research methods conducted in this study were informed by the scoping review research methodology and are described in detail in the following sections.

### ***Protocol***

The design of this scoping review was guided by the Joanna Briggs Institute methodology for JBI scoping reviews (Peters et al., 2021) and followed a five-stage framework developed by Arksey and O'Malley (2005), enhanced by (Levac et al., 2010). The five stages of this research included 1) developing the research question, 2) identifying the relevant studies, 3) study selection, 4) charting the data, and 5) collating, summarising, and reporting the results. The PRISMA-ScR checklist was utilised to support a sound scoping review methodology (Tricco et al., 2018). The stages involved in the protocol are further described next.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### ***Stage One: Identifying the Research Question***

The research question for this scoping review was iteratively developed by the author and reviewed by the researcher's research supervisor. The research question for this study is detailed on pages 16 and 17, under the section: [research question](#).

### ***Search Strategy***

A search strategy to identify relevant literature in relation to the research question was developed by the author with review by a research librarian to ensure technical suitability on the selected databases. The search strategy was iterative and evolved as the author conducted preliminary searches and become more familiar with the literature. The four key elements of the search strategy included: 1) identifying key search terms, 2) selecting the databases for searching, 3) developing inclusion and exclusion criteria informed by the JBI PCC formula of participants, concept, and context, and 4) determining the types of sources relevant for this scoping review. A flowchart illustrating the search strategy and selection of literature for this scoping review is located in [Appendix A](#).

### ***Stage Two: Selecting the Literature***

In line with a scoping review methodology, results retrieved from the database searches must be screened for eligibility. Screening the literature was conducted in two steps: First pass of the title and abstract to remove clearly irrelevant material and second pass of the remaining full texts to examine if the literature is compliant with the inclusion criteria. At this stage reasons for exclusion were recorded.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

**Inclusion Criteria.** Selected literature populations included adults over 18 years and excluded children and adolescents. The population of focus in selected literature included those impacted by relational trauma or distress and excluded studies focused on offenders or perpetrators of violent, distressing, or traumatising behaviours. Strength-based therapeutic approaches, interventions, or models were included. Literature that focused on non-therapeutic interventions, such as policy; generic therapeutic approaches that were not explicitly strength-based; literature that focused on general trauma or strictly on physical violence with no consideration of psychological impacts; and literature that was oriented around studying positive psychology phenomena or concepts, regardless of the therapeutic approaches were excluded. The selection of literature included therapeutic contexts such as counselling and psychotherapy. This excluded policy, community, and wider population health interventions that were not delivered at an interpersonal (individual or group) therapeutic level. Types of sources included were journal articles, published dissertations, and book sections or chapters on the databases PsychINFO, Scopus, CINAHL, and Medline (via Ebsco). Book sections and chapters were included as the scoping review looked to map psychotherapeutic approaches which may appear in published books as an educational or dissemination format, rather than in journal articles as contributing to an academic conversation. Included literature were required to be published in English and all selected articles were published after 2000.

### ***Stage Three: Charting the Data***

In scoping reviews, data analysis begins with data extraction from the selected studies by charting the data. Key information from the 22 selected studies were charted in a table, aligning to the JBI Reviewer's Manual (Peters et al., 2021). Charting the data in this way captured consistent information from each article, including author(s), year of publication,

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

country of origin, source of publication, type of publication, aims/purpose, methodology/methods, psychotherapeutic intervention/approach, authors conceptualisation of strength-based approach, context, type of relational trauma, variables investigated, and key findings. In line with methodological framework and the aim of mapping what is known about the research area, the quality or rigor of the literature was not charted or evaluated (Peters et al., 2021). The charted data is presented in [Table 2](#) and a descriptive format of the data aligning to the research questions are provided in [Chapter Three: Findings](#).

#### ***Stage Four: Data Analysis***

The data was analysed using a reflexive thematic analysis method which involved an active role of the researcher (Braun & Clarke, 2021). Braun and Clarke outline the key steps involved in reflexive thematic analysis as: 1. immersion of the researcher in the data 2) code generation 3) potential theme generation 4) reflexively reviewing potential themes 5) defining and naming the themes and 6) telling the story of the findings (2021). The author engaged in these steps iteratively and systematically, using a repetitive and recursive process to engage with the data (Bassett, 2010). Initially, key data from all 22 selected literature were charted into specified categories, as listed in [Stage Three: Charting the Data](#), through scanning the literature. The articles were then read in full and re-read to identify key concepts and data in relation to the research sub-questions and broader research scope. These key concepts and data were extracted to Miro 'virtual whiteboard' software to visually organise the mined data. Key concepts and themes relating to the variables under investigation, as well as any broader findings of note, were identified and extracted from the literature, with a focus on identifying patterns of meaning across the data as interpreted by the author. During data analysis, the author engaged in

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

reflexivity to continually reflect on assumptions, and codes evolved through the recursive nature of data analysis and theme generation (Clarke & Braun, 2017). Visual representation of the organised data can be found in the [Appendices](#).

### ***Stage Five: Collating, Summarising, and Reporting the Results***

The final stage of the scoping review framework consisted of two key elements: reporting the results and applying meaning to them. Reflexive thematic analysis was undertaken to explore, identify, and interpret themes and patterns of meaning. The interpretive and recursive nature of reflexive thematic analysis required the author to engage with reflexive practices, including reflecting on research notes and consultations with the research supervisor, particularly focused on developing clear summarisation of the findings. The results of the scoping review are reported and the findings relating to the research question, sub-questions, overall aim, and objectives are drawn in [Chapter Three: Findings](#). Implications of the findings for practice, contribution to knowledge, and for future research are explored in [Chapter Four: Discussion](#).

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### **Chapter Three: Findings**

This chapter will provide a descriptive overview of the relevant data extracted from the selected studies to answer the primary research question and is organised by the four sub-questions.

Two objectives are achieved in this chapter: first, the findings will be presented in relation to the sub-questions and secondly, these findings will be linked to the key themes and sub-themes identified in the literature. This chapter includes the literature search results, characteristics of the articles, and descriptions of the key findings which relate to the overarching research question and sub-questions, linking the findings to the research themes.

Findings are presented by for each of the four research sub-questions and are linked to four key themes and twelve sub-themes. These themes were formed identified through using reflexive thematic analysis methods, which consisted of data extraction, coding, pattern identification, and meaning making by the author. The themes and subthemes are presented under the sub-questions because the themes are threads that run through the data and therefore some themes and sub-themes relate to a number of the research sub-questions.

#### **Key Themes**

Four key themes and twelve sub-themes were identified in the literature. These are outlined next.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### ***Key Theme One: Healing Relationships***

The first key theme is healing relationships, with sub-themes of: intrapersonal - the relationship with self; interpersonal - dyadic relationships with others; social - relationships with groups, communities, and institutions; and transpersonal - relationships with spirituality, religion, culture, or humanity.

### ***Key Theme Two: Transtheoretical Relevance***

The second key theme is transtheoretical relevance, stressing the importance of the research issue across theoretical orientations, with sub-themes of: relational trauma - the range of traumas that occur within the context of relationships; therapeutic contexts - the range of contexts and disciplines involved in the research topic; and interdisciplinary terminology - vocabulary that can be recognised and used across the ranges of disciplines and contexts.

### ***Key Theme Three: Trauma-Informed***

The third key theme is trauma-informed, which recognises the experience and possible impacts of trauma, with sub-themes of: culture - cultural competence of the practitioner and the cultural context in which the approach is used; change – models, concepts, and processes of change in trauma-informed therapy; and skills – training and competence development for both clients and practitioners.

### ***Key Theme Four: Balancing Symptoms and Wellbeing***

The fourth key theme is balancing symptoms and wellbeing, with sub-themes of reducing symptoms and enhancing wellbeing.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

The findings in this chapter are organised by research sub-question with the relevant themes described within the sub-questions, as illustrated in Table 1.

**Table 1**

*Presentation of Sub-Questions and Themes in Chapter Three: Findings*

Sub-Questions (SQ)	Themes			
	Healing relationships	Transtheoretical relevance	Trauma-informed	Balancing symptoms and wellbeing
SQ1: Strength-based approach	x	x	x	x
SQ2: Types of interventions	x		x	
SQ3: Range of relational trauma		x		
SQ4: Contexts		x	x	

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### Literature Search Results

The initial literature search identified 275 articles across four databases, PsychInfo, Scopus, Medline via Ebsco, and CINAHL. A first pass initially screened results by title and abstracts, excluding 225 articles that did not meet the inclusion criteria. Full texts were retrieved for 50 articles and a second pass for further detailed assessment was conducted for potential suitability. Three duplicates were removed, and three further articles were excluded due to the unavailability of full texts. The second pass screened the full articles, of which 22 of the articles met the full inclusion criteria and were included in the review. The articles that were excluded in the second pass did not meet the inclusion criteria for several key reasons: the approach was not identifiable as strength-based, the trauma examined was general rather than specifically relational, or the intervention was preventative rather than therapeutic. A scan of the selected articles references did not provide additional literature that met the inclusion criteria. The small number of results that met the inclusion criteria in this review, supports the research issue that this is an emerging topic and the diversity of data within the selected articles confirms that the conceptual boundaries of research topic are not well defined in the literature. A literature search flow chart provides further detail of the study selection process in [Appendix A](#).

### Literature Characteristics

Data relating to country of origin, type of publication, populations, methodology, intervention, and type of trauma were extracted and charted for the 22 selected literature and are presented in [Appendix B](#). The research characteristics and contexts were considered to explore the overarching research question and form an understanding of what is broadly known about the use of strength-based psychotherapeutic approaches for relational trauma. The included articles were from the United Kingdom, the United States,

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

Italy, Norway, Taiwan, Canada, Israel, Tanzania, Greece, Poland, Slovenia, and Australia. The diverse countries in which the literature originated maps global interest of the research topic. Notably, there were no literature from Aotearoa New Zealand where this scoping review was conducted. Of the 22 articles, 16 were journal articles, four were book chapters, and two were published dissertations. The number of results is relevant as it confirms the research issue that this is an emerging topic.

The literature captured an assortment of research methodologies and methods. 14 of the articles were qualitative and comprised of literature reviews, case studies, naturalistic inquiry, interpretive descriptive, narrative descriptive, autoethnographic, and constructivist grounded theory. Three of the articles used mixed-methods, and five of the articles were quantitative, consisting of multiple-baseline-across-subjects and two-group quasi-experimental designs, as well as one phase one randomised clinical trial. The types of knowledge available through literature informs what is known about the research topic and indicates the type of research occurring in the field, which is important in determining further research; however, the quality and rigor of the research design are not evaluated as part of this scoping review.

### **Sub-Questions and Themes**

This section presents the findings in relation to the four research sub-questions. The findings are linked to the key themes and sub-themes identified in the literature.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

### **Sub-Question One: Conceptual Boundaries of Strength-Based Psychotherapeutic Approaches**

The first guiding sub-question for this scoping review asked: what constitutes a strength-based psychotherapeutic approach in the treatment of relational trauma? To explore this aspect of the research topic, definitions of strength-based approach were extracted from the selected literature and charted in [Appendix B](#). As identified in the preliminary literature review for this scoping review; definitions, terminology, and understandings of strength-based approaches vary across and within disciplines (Coulter, 2014). This is supported in the data from the selected articles which encompassed a breadth of understandings of what constitutes a strength-based psychotherapeutic approach, which links to [theme two: transtheoretical relevance](#) and is discussed further in [Chapter Four: Discussion](#). While there were several similarities across the understandings, detailed later in this section, no two pieces of literature comprehended strength-based approaches uniformly.

The exploration of sub-question one identified the main ways in which the selected literature understood strength-based psychotherapeutic approaches as interwoven through three of the key themes: healing relationships; trauma-informed; and balancing symptoms and wellbeing.

#### ***Theme One: Healing Relationships***

All of the 22 articles conceptualised strengths-based approaches as involving strengths, such as skills, virtues, and resources, in one way or another. The key pattern that was identified across the articles was that these strengths were involved at different relational layers. Four main relational layers were referenced through the literature and comprised of

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

intrapersonal - the relationship with self; interpersonal - dyadic relationships with others; social - relationships with groups, communities, and institutions; and transpersonal - relationships with spirituality, religion, culture, or humanity. These four relational layers often interacted and influenced one another and informed the four sub-themes under the key theme: healing relationships.

**Intrapersonal.** This relational layer refers to the relationship with self. 12 of the 22 articles explicitly portrayed the importance of intrapersonal strengths through the broad and frequent use of 'self' terminology. The terms included self: acceptance, forgiveness, respect, image, knowledge, esteem, perception, identity, realisation, recovery, care, expression, affirmation, capacity, efficacy, awareness, responsibility, monitoring, regulation, compassion, soothing, and determination. Each of these terms relate to skills, virtues, and resources that are relevant to the intrapersonal relational layer.

The understanding of intrapersonal skills, virtues, and resources as constituting a strength-based psychotherapeutic approach, was exemplified in articles where clients were seen as change agents. The strengths were located within the individual, however they were identified at the interpersonal level through the practitioner.

**Interpersonal.** The interpersonal relational layer involves dyadic relationships with others. Song and Shih (2010) linked practitioners 'seeing' clients as change agents to an overarching strength-based approach. This was applied in practice by practitioners viewing clients through a strength-perspective and treating them as effective and resilient change agents who already possessed and brought with them individual strengths and virtues.

There were nine articles written in relation to group or couples contexts which were characterised by the focus on strengths at the interpersonal level. Ashfield, Chan & Lee

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

(2021) conceptualised compassion focused therapy as a strength-based psychotherapeutic approach through its focus on building self-compassion and worth, skills, and resilience through interpersonal relationships. The authors considered the group context for the intervention an important element of the strength-based approach by providing connection to create genuine and supportive relationships, strength, hope, and inspiration for making changes. Additionally, many of the texts referenced the importance of the therapeutic relationship, which is located at the interpersonal relational level.

A pattern identified across the literature recognised that the strengths such as skills, virtues, and resources of the practitioner as well as of the client are critical to support a strength-approach. This was primarily identified throughout the articles as the practitioner's formal training to develop professional skills and resources. This finding links to key theme three: trauma-informed, specifically the sub-theme of skills, which were considered crucial for practitioners to be trauma-informed in their practice. While professional strengths such as skills and training showed up through the articles, little emphasis was given to the virtues of the practitioner outside of their professional role. The exception was Barrett and Fish who drew attention to the significance of hope as a virtue, skill, or resource to be utilised in strengths-approaches.

*"To do strengths-based work, therapists must be filled with hope" (2017, p. 39)*

**Social.** This relational layer is comprised of relationships with groups, communities, and institutions. Four of the articles paid particular attention to the social layer, which included the client's communities and culture. The literature recognised that the social layer carried skills, virtues, and resources that often went unidentified and underutilised in the client's lives. Strength-based psychotherapeutic approaches were conceptualised to incorporate acknowledgement of the client's cultural and community skills, virtues, and

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

resources and to draw upon and develop them through the therapeutic process. Barrett and Fish (2017) explored this social level of the relational layers involved in strength-based psychotherapeutic approaches and uniquely identified community and culture as a resource not only for the client but also for the practitioner. They called attention to the value of the practitioner equivalently bringing in their professional community as a way to collaborate, gather support, and embrace trauma-informed practice by accepting that no practitioners are experts in everything. This finding connects to key theme three: trauma-informed.

**Transpersonal.** The transpersonal relational layer includes relationships with spirituality, religion, culture, or humanity (Hartelius et al., 2007). Seven of the selected articles overtly called out transpersonal relationships and the sub-theme was further inferred across much of the literature. Karageorge et al. (2018) stressed the importance of cultural heritage and strengths in strength-based psychotherapeutic approaches for newly settled refugees. The humanity element of the transpersonal relational layer is reflected by Song and Shih (2010) and Hou et al. (2016) who's articles both highlight that healing relationships can transcend that of healing the self and extend into the client becoming a helper. Furthermore, Strand and Stige (2021) identify how connecting with factors of common humanity may offer a healing relationship.

*“Existential approaches and aspects of common humanity - such as change, uncertainty, death, and existential anxiety, as a given of existence - may be of great assistance for trauma survivors on determining how life and pain is interpreted and experienced” (2021, p. 4)*

Spirituality and religiosity were often paired, however the articles that discussed religion often did so in regard to interpersonal relationships through religious community,

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

rather than the transpersonal relational layer. This is referenced by Worthington, Griffin, Lavelock, Hughes, Greer, Sandage, and Rye (2016) in their discussion of the psychological healing resources that clients can draw on that have been fostered through their religious values and communities. While the context is that of religiosity, the relational layer of religious communities is social whereas the relational layer of the religious values lays in the transpersonal layer. St. Myers (2021) outlined how traumatic experiences can lead to spiritual change in a client. They described how existential development can occur through trauma which may enhance or diminish spirituality or faith. St. Myers also referenced the correlation between spirituality and posttraumatic growth, highlighting that spirituality may influence the ability to make meaning of traumatic incidents such as death. Spiritual change and consideration of the differences between internal and external religiosity were discussed in the article by Russano, Straus, Sullivan, Gobin, and Allard (2017). They also uniquely highlighted the issue of ethics in relation to transpersonal relationships.

*“Given the sensitive nature of religious and spiritual beliefs, however, it will be important for psychologists to evaluate their own biases prior to asking patients whether they would like to discuss their beliefs within the therapeutic context” (2017, p. 244)*

### ***Theme Three: Trauma-Informed***

The key theme of trauma-informed in this research recognises the experience and likely impacts of trauma on clients and how trauma is relevant through the process of psychotherapy. The examined articles frequently outlined change as a conceptually significant factor in trauma-informed practice within strength-based psychotherapeutic

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

approaches. The findings regarding the influence of change on the conceptual boundaries of strength-based psychotherapeutic approaches are described in this section.

**Change.** Change was specifically identified as an important factor contributing to the conceptualisation of strength-based psychotherapeutic approaches in ten of the 22 articles. However, the literature presented varied arguments and conclusions about the role that change played across the therapeutic approach, assessment, the experiences of the client, and the role of the practitioner. The articles discussed change in relation to the theory and models of change, therapeutic processes, goals, client motivation, client experiences of self, others, and in relation to others, and finally change within the practitioner.

Tarocchi, Aschieri, Fantini, and Smith (2013) outlined that using their approach to strength-based assessment had an explicit goal to promote positive change for the client. A range of change discourse was included in the literature from St. Myers (2021), with concepts of change linked to client outcomes such as post-traumatic growth, development of self, and relational changes to self and to others. In this article, change was also noted as playing a crucial function for the practitioner, in facilitating understanding and developing the conceptualisation of clients.

Song and Shih (2010) saw changes in their clients as profound and multi-dimensional and focused on the impact of change in clients' experiences of themselves. This internal experience of change was also examined in Ashfield et al. (2021) in relation to clients experience of change through reduction of difficulties such as shame, and improvements in self-worth, self-compassion, and emotional regulation. This linked to the key theme of balancing symptoms and wellbeing which highlights the dual focus and

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW  
impact of strength-based psychotherapeutic approaches as both reducing symptoms and enhancing wellbeing.

Identifying change as a process, specifically related to post-traumatic growth, was exemplified in the article from Russano et al. (2017). They suggested that positive changes could occur post-trauma through interventions that focused on changing the relationship of the client to their cognitions and feelings, rather than trying to change the thoughts and feelings themselves. This conceptualisation of post-traumatic growth was also explored in the literature from Rashid (2009) who highlighted practical methods to facilitate growth through loss and adversity. Russano and colleagues' (2017) article was unique in its focus on spiritual change as an important factor in achieving post-traumatic growth.

The significance of change through experience, as well as insight, was emphasised in Caffaro (2017), and highlighted the importance of implementing phased-exposure to achieve change, particularly in the therapeutic process for trauma. Similarly, phase-based approaches were described across six of the other selected articles, underlining the requirement for changes in trauma-informed practice, to be approached with caution and consideration of readiness, willingness, and motivation to change on the client's part.

Rashid (2009) presented an argument that a therapeutic goal should not simply be any change but should be lasting change. Their article warned that simplified self-help processes are often equated with positive psychology however do not achieve this goal. This critique by Rashid linked the concept of change to another key theme of this scoping review; balance of reducing symptoms and enhancing wellbeing, as illustrated in the following section.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

***Theme Four: Balancing Symptoms and Wellbeing***

A strength-based approach is effectively a balanced approach that aims to expand the lens of psychotherapies from primarily focusing on fixing or reducing symptoms, to re-focus on both reducing symptoms and enhancing wellbeing.

The importance of this balanced approach was explicitly described in eight of the articles, and further accounts of taking a balanced approach were inferred across most of the articles. The literature which most clearly highlighted the key theme of balancing symptoms and wellbeing, did so through conceptualising a strength-based psychotherapeutic approach as focused on enhancement of wellbeing alongside the reduction of symptoms. Tarocchi et al. (2013) specified that their approach to assessment aimed to both promote positive change and reduce client distress. Similarly, a reduction in symptoms and new positive feelings and cognitions were found in the study by Ashfield et al. (2021). Song and Shih (2010) supported a balanced approach through stressing that their strength-based perspective did not ignore the existing problems that surrounded their clients. The balanced view was portrayed by Iverson et al. (2022) through their approach targeting increased self-efficacy, empowerment, valued living, client activation, as well as reducing psychological distress. Barrett and Fish (2017) focused on skills development which aimed to extinguish symptoms and create positive behavioural cognitive and emotional changes. Hou and colleagues (2016) built on the balanced view of enhancing wellbeing and reducing symptoms and argued that effective strength-based approaches should not just identify existing strengths but should augment other areas of strength and resiliency in addition to focusing on symptom reduction. Lastly, Rashid (2009) uniquely contributed by addressing the process involved in focusing on the balanced elements of the strength-approach. They called attention to dealing with symptomatic distress before

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW  
focusing on strengths, which links to the key theme of trauma-informed and the sub-theme of processes.

### **Summary**

The conceptualisations of strength-based psychotherapeutic approaches in the selected literature consisted of a number of factors which contributed to the themes of healing relationships, transtheoretical relevance, trauma-informed, and balancing symptoms with wellbeing which frequently interlinked with one another.

### **Sub-Question Two: Types of Strength-Based Psychotherapeutic Approaches**

A range of applied psychotherapeutic approaches were examined in the selected literature, with no two selected articles employing the same intervention. The diversity of the approaches identified in the literature contributed to the generation of theme Two: transtheoretical relevance. The applied interventions for all 22 articles are charted in [Appendix B](#). While the approaches are individually unique, there were similarities that allowed for the approaches to be grouped into eight central types. These eight types of strength-based psychotherapeutic approaches included therapies comprised of healing through relationship, psychoeducation and skills development, cognitive-behavioural therapy, strength-assessment, systemic therapy, art therapy, integrative approaches, and social work. In grouping of types of strength-based psychotherapeutic approaches comprised in the selected literature, patterns were identified by the author and links to overarching key themes for the scoping review were generated. The key themes informed by sub-question two include theme one: healing relationships and theme two: transtheoretical relevance.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Theme One: Healing Relationships**

Approaches that centered around healing through relationship were described in four of the selected articles examined. The approaches focused on the relationship with the practitioner, other recipients of therapy, and self. Interventions such as the collaborative change model by Barrett and Fish (2017), saw the client as an active member of the treatment where the client, alongside the practitioner, integrated their strengths and resources into the therapeutic interventions. Similarly focused on the practitioner relationship, Caffaro (2017) outlined a relational strength-based approach where the therapeutic relationship encouraged the client to appreciate that they already possessed the resources necessary to resolve many of their own problems and the practitioner would support them to facilitate use of these resources. Relationships with other recipients of therapy were examined in the article by Nasim and Nadan (2013) where narrative therapy was utilised to facilitate the healing effect of one partner 'witnessing' the others story in couples therapy. Finally, relationship with self was explored in St. Myers (2021) through experiential personal construct psychology, which involved interventions focused on relational plot, I poems, and understanding of self-other.

Notably, while these four articles centre their approaches around healing through relationship with practitioners, other recipients of therapy, and self; the other articles carry this theme through them despite not being the central organising point for the approaches and interventions that were employed. The frequency of which healing through relationships occurs across the literature, outside of the specified therapeutic approach, contributed to healing relationships being constructed as a key theme for the overall scoping review. This is further explored through [Chapter Four: Discussion](#).

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

***Theme Two: Transtheoretical Relevance***

**Cognitive-Behavioural Therapies.** Depictions of cognitive-behavioural therapies and third wave cognitive-behavioural therapies which focused on mindfulness, compassion, and acceptance were outlined in four of the selected articles. Epstein (2004) described an enhanced cognitive-behavioural couple therapy. Johnson, Johnson, Perez, Palmieri, and Zlotnick's (2016) examination of HOPE (Helping to Overcome PTSD through Empowerment) outlined a present-centered CBT and empowerment-based individual treatment. Cognitive processing therapy and acceptance commitment therapy were utilised in Russano, Straus, Sullivan, Gobin, and Allard's (2017) article, where they explored the link between religiosity and post-traumatic growth. Lastly, the article by Strand and Stige (2021) evaluated the potential and challenges of a range of third-wave CBT and highlighted the value of these approaches in addressing various aspects of symptomatology and treatment needs relevant to relational trauma, with a focus of mindfulness and compassion to facilitate post-traumatic growth.

**Strengths in Assessment.** Similar to the appreciation of pre-existing strengths highlighted in the literature from Iverson and colleagues' (2022); pre-existing strengths were emphasised and valued in the literature that used assessment as an approach. Beginning as they mean to go on, three of the selected literature include the assessment phase as crucial to delivering a strength-based psychotherapeutic approach.

**Family Systems, Art Therapy, Integrative Approaches, and Social Work.**

Finally, the types of strength-based psychotherapeutic approaches that were included once each throughout the selected literature include family systems approaches, art therapy, integrative approaches focused on empowerment and forgiveness, and social

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

work. Each of these types of approaches, while diverse, encompass strengths-concepts within them.

### ***Theme Three: Trauma-Informed***

**Sub-Theme Three: Skills.** Psychotherapeutic approaches including psychoeducation and therapies focused on building particular skills such as communication, gratitude, hope, empowerment, and emotional regulation were primarily represented in five of the selected articles. Psychoeducation comprised of hope-related skills were a key part of Hou, Ko, and Shu's (2016) 8-week strengths-based perspective group intervention. The skills focused on the client's personal development and included sessions for clients to recognise their unique dreams and goals with strategies to implement and maintain them. Key skills identified across multiple articles included developing a deeper understanding of self and cultivating resources to widen the 'window of tolerance' to manage emotional distress.

Of the 22 articles, Ford's (2020) description of skills is the most prescriptive and outlines 12 emotional regulation skills taught as part of the Affect Regulation: Guide for Education and Therapy intervention. The skills involve both internal and relational regulation and are comprised of: 1) awareness of physical states, 2) reduction of impulsive emotional reactions, 3) maintenance physical arousal within a window of tolerance, 4) tolerance of distress, 5) awareness of own states of emotion, 6) verbalising feelings, 7) making meaning of emotions, 8) modulating emotional states, (9) awareness of others' emotions states, 10) validating own and others' emotions, 11) expressing emotions in a meaningful manner, and 12) translating emotions into self-enhancing prosocial goals.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

Lloyd, Ramon, Vakalopoulou, Videmsek, Meffan, Roszczynska-Michta, and Rolle (2017) specifically highlight the importance of skills training for both clients and for practitioners to ensure that the providers of strength-based psychotherapeutic approaches are adequately trained and competent to then provide psychoeducation and skills training with clients. This finding is relevant throughout the literature, with skills identified as a sub-theme to key theme three: trauma-informed.

The selected article by Iverson, Danitz, Driscoll, Vogt, Hamilton, Gerber, Wiltsey Stirman, Shayani, Suvak, & Dichter (2022) outlined a skills-focused brief intervention aimed to increase empowerment and self-efficacy of participants. Iverson and colleagues specified that their skill-focused approach was informed by their recognition that women who have experienced relational trauma possess significant strengths and skills to protect themselves and their loved ones, and that in recognising efficacy and skills, participants would increase their confidence in navigating health and social services and living their personal values.

### **Summary**

The variation in types of approaches involved in the selected literature led to the generation of a key theme of this scoping review: that strength-based psychotherapeutic approaches have transtheoretical relevance and are applied across a wide range of psychotherapies and orientations. This finding interconnects with the findings from sub-questions three and four, further reviewed in [Chapter Four: Discussion](#).

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Sub-Question Three: Range of Relational Trauma*****Theme Two: Transtheoretical Relevance***

**Sub-Theme One: Relational Trauma.** The literature examined a range of relational traumas which studied five key trauma types: complex post-traumatic stress disorder, intimate partner violence, distressed couples, childhood sexual abuse, and broad interpersonal trauma. Seven of the 22 articles specifically focused on complex post-traumatic stress disorder. Six articles focused on intimate partner violence, which included psychological/emotional violence. Five articles examined distressed couples/marital conflict. Two articles examined adults who were in psychotherapy for childhood sexual abuse, with one of them specifically focusing on childhood sibling sexual trauma. Two articles broadly focused on interpersonal trauma, which one article defined as:

*"Traumas resulting from sexual and physical abuse and neglect, incest, rape, murder of a loved one, or even natural disasters (in which victims might hold grudges against God or nature)" (Worthington et al., 2016, p. 365)*

Each of the article's conceptual understanding of relational trauma identifies the trauma as occurring within the context of relationship, however the range of relationships in which trauma occurred was widely represented in the selected literature. This finding influences the development of key theme two: transtheoretical relevance, which is further explored in relation to the diverse contexts involved in relational trauma.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Sub-Question Four: Contexts*****Theme Two: Transtheoretical Relevance***

**Sub-Theme Three: Therapeutic Contexts.** The contexts in which the strength-based psychotherapeutic approaches were used for relational trauma varied widely across the literature, with 10 contexts across the 22 articles. The most frequently referenced, was one-to-one or general psychotherapy, with five of the articles highlighting it as the context in which the psychotherapeutic approach was examined. Four articles examined strength-based psychotherapeutic approaches in the context of women's shelters and intimate partner violence agencies. Three articles involved marital or couples' psychotherapy. Two articles were specifically conducted in health services for United States of America war veterans. Two studies were experimental group interventions in the context of teaching hospitals. One article was in the context of a specialist post-traumatic stress disorder service. One study was conducted in the context of a counselling service for recently arrived refugees in Australia. One piece of literature examined a strength-based psychotherapeutic approach through autoethnography, in the context of the author's own clinical training. One study which examined an intervention for couples was conducted in the context of the participants own homes or local clinic. One piece of literature referenced flexible applications across various contexts including: group therapy, one-to-one psychotherapy, randomised controlled trial, and online therapist-delivered intervention. Finally, while one article did meet the inclusion criteria, it was an outlier from the other literature as it was a theoretical exploration rather than an applied intervention and did not specify a specific context in which the examined strength-based psychotherapeutic approaches would be applied.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

The wide range of contexts indicated in the selected literature relates to a key theme generated in this scoping review: that strength-based psychotherapeutic approaches have transtheoretical relevance, and specifically to the sub-theme of therapeutic contexts.

### ***Theme Three: Trauma-Informed***

**Sub-Theme Three: Culture.** A consistent topic throughout the literature was the necessity of strength-based psychotherapeutic approaches to incorporate cultural consideration. This spanned across varying aspects of the included approaches, with particular focus on the cultural competence of the practitioner and the cultural context in which the approach was being used. The cultural context varied across the articles and included cultures of patriarchy, gender violence, and rape; racism and oppression; ethnic, national, and location-based cultures; medical model culture; religion; relationship, marriage, and family; and youth culture.

The cultural competence of practitioners was identified an essential part of being trauma-informed and was specifically stated in five of the selected articles. The cultural competencies were generally informed by the cultural context in which the literature was positioned. Worthington and colleague's (2016) article on forgiveness as a strength-based psychotherapeutic approach, emphasised that practitioners need high levels of cultural competence as clients may hold negative understandings or associations with forgiveness, based on cultural and religious traditions. Familial cultures were highlighted by Caffaro (2017), with specific mention of practitioner competence to adequately address the cultural differences between the family's experiences of, and response to, sibling sexual abuse.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

A unique approach seen in the article by Karageorge and colleagues (2018) was the implementation of bicultural workers as part of a collaborative practitioner team which embedded cultural consideration and responsiveness into the approach through cultural and trauma-informed aspects of care. Russano and colleagues (2017) recommended that practitioners become competent in a framework aimed at addressing clients' specific cultural background within treatment. A distinctive interpretation of cultural competence was described in Strand and Stige (2021) which invited practitioners to hold cultural understandings of social context, privilege, oppression, and power and how these play out in people's lives to actively avoid re-traumatisation.

### **Summary of Findings**

Patterns from across the findings relating to the research question and sub-questions were described in this chapter and linked to the key themes which were generated by the author through reflexive thematic analysis. The key themes interweave the findings to the overarching research question as well as the sub-questions. Key themes will be discussed and critically analysed in the following chapter and will include healing relationships, with sub-themes of intrapersonal, interpersonal, social, and transpersonal; transtheoretical relevance, with sub-themes of relational trauma, therapeutic contexts, and interdisciplinary terminology; trauma-informed, with sub-themes of culture, change, and skills; and lastly, balancing symptoms and wellbeing, with sub-themes of reducing symptoms and enhancing wellbeing. Recommendations for further research and practice will be outlined and strengths and limitations of this scoping review will be summarised.

## **Chapter Four: Discussion**

This chapter will critically examine and discuss key findings from Chapter Three including the paucity of literature, healing relationships, strength-based language, interdisciplinary vocabulary, and culturally and trauma-informed considerations. The discussion will link the findings to broader literature, draw conclusions and recommendations for future research and practice, and outline the limitations of this research.

### **Paucity of Literature**

A key finding from mapping the characteristics and features of the articles revealed a paucity of literature focused on the research topic. Only 22 articles met the inclusion criteria for examination, which supports the research rationale that identifies a gap between theory and practice. Despite the growth and popularity of positive psychology, the research and theory does not correspond to a comprehensive psychological practice in specific therapeutic areas, such as relational trauma (Smith, 2006). The possible causes and implications of this limited literature are further discussed in this chapter.

### **Healing Relationships**

The theme of healing relationships was significant and appeared in two ways across the literature: as a social function in the therapeutic context and as an outcome of the therapeutic process. Therapeutic relationships play a crucial role across psychotherapy and are consistently found to be the best predictor of the outcomes or success of therapy, regardless of theoretical orientation (Flückiger et al., 2018; Norcross & Wampold, 2011; Wampold et al., 2015). Furthermore, Hill (2020) posits that the therapeutic relationship itself can be curative and constitute the bulk of treatment for some clients. Therefore,

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

understanding the impact of the varying relational layers on the healing process for relational trauma, could advance practices that foster healing relationships and assist the translation of strength-approaches from theory to practice.

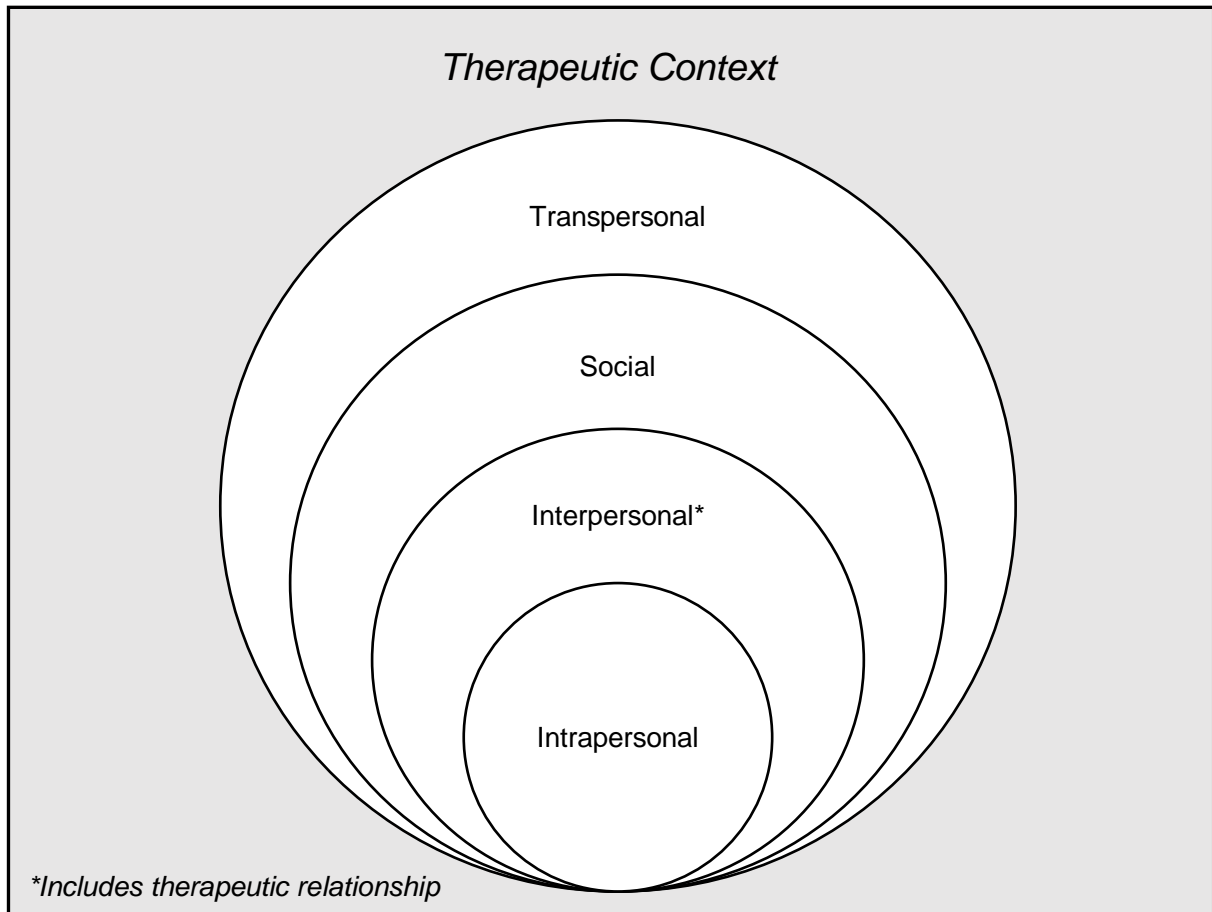
The healing processes involved in each relational layer identified in this research, are avidly explored in humanistic and positive psychology and informed by seminal works from Maslow (1954) on intrapersonal and transpersonal relationships and Peterson and Seligman (2004) emphasising the positive properties of relational strengths at interpersonal and social layers. This corroboration of the findings from the examined articles by formative literature, indicates that the proposed relational layers of healing relationships, as illustrated in a conceptual model in Figure 1, could contribute towards informing a conceptual boundary for the research topic. Further research to validate these relational layers in the proposed conceptual model would be a relevant next step to support the translation of research to applied practice.

The relational layers are visually represented as an ecological system and are presented in Figure 1 using a heuristic device. Presenting complex components of the examined concept through a simplified visual model, makes inferences from patterns of both existing and missing knowledge (Pachur & Hertwig, 2006). Figure 1 presents the concept of the relational layers of healing relationships, in a way that can serve as a conceptual model and simple visual guide for future research, the development of strength-based psychotherapeutic approaches, and could eventually be used by practitioners in practical application of the theory in practice.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Figure 1**

*Relational Layers of Healing Relationships: Relevant to the Therapeutic Context of Strength-Based Psychotherapeutic Approaches for Relational Trauma*



*Note:* This figure illustrates the four relational layers of healing relationships relevant within the therapeutic context of strength-based therapeutic approaches for relational trauma.

The value of transpersonal relationships aligns to findings in existing literature that links the supportive role of spirituality to improved coping (Krok, 2008). Transpersonal relationships are understood to provide resources clients can access to deal with stress and control cognitive and emotional processes. Additionally, transpersonal relationships in

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

the form of spirituality are associated with higher social-diversion coping, which sees people seeking out social support when problem-solving. Consequently, the transpersonal relational layer could play a role in reinforcing the other relational layers to facilitate further healing through relationships. Furthermore, in the cultural context of Aotearoa, there may be transpersonal dimensions specifically relevant to Māori clients.

*“Wairuatanga acknowledges the spiritual essences of a person's unique being and the source of all life form through atua (gods)” (Hall et al., 2012, p. 11)*

Wairuatanga encourages Māori to uphold spiritual identity through relational connections to one another and specifically to natural environments. Inclusion of relationship to the environment or nature may be culturally relevant when fostering healing relationships as part of a strength-based psychotherapeutic approach for relational trauma in Aotearoa. Additionally, healing relationships are further linked to cross-cultural psychotherapeutic approaches by Li and Wong (2021) which show promise as a key component in culturally flexible approaches. The strong connection of transpersonal healing relationships and wairuatanga, alongside the need for strength-based psychotherapeutic approaches to be culturally and contextually appropriate, presents the prospect that Figure 1 could be further developed specifically to the Aotearoa context, and future research may examine its cultural applicability and appropriateness.

### **Strength-Based Language and Interdisciplinary Vocabulary**

The shortage of literature concerning this research topic does not signify that other, non-strength-based psychotherapeutic approaches, do not involve elements of strengths-approaches. While much strength-based literature advocates for further development and embedment of strengths-approaches in psychotherapy, there is also recognition that

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

components of strengths-based approaches are already included in aspects of many psychological practices (Coulter, 2014). While some components of traditional psychotherapies may align to strengths-approaches, there is a need for positive psychotherapy to improve upon traditional approaches without placing them in competition or at odds with them (Linley, 2006; Rashid, 2015). Accordingly, this research identified the importance of positioning strength-based approaches as a refocusing of the lens through which psychology and psychotherapy is viewed, rather than replacing existing practices. This position is important to consider when framing the research issue, making choices in language, and in publication or dissemination of research. To enable this, further development of clear and consistent conceptual boundaries would benefit both researchers and practitioners to effectively assess and further progress strength-based and positive psychology research and psychological practice as complementary and relevant to existing practices.

In addition to conceptual boundaries, developing interdisciplinary terminology could be of value. Due to the multi-disciplinary contributions to strengths-based psychotherapeutic approaches, diverse terminology have been produced that use disjointed vocabulary and jargon to describe a range of overlapping and intersecting strengths concepts (Coulter, 2014). Social constructionism reasons that knowledge is socially constructed and mediated through language (Wong, 2006). This disjointed terminology could contribute to a lack of interdisciplinary collaboration in practice and obstruct learning from one discipline to another. Two practitioners may refer to the same or similar strength-based concept using dissimilar language from their field of practice. To the other practitioner, the language may not demonstrate a strengths-approach and an opportunity to collaborate may be missed. Conversely, practitioners from different disciplines may use the same term to describe different concepts. Coulter refers to this trans-theoretical issue as *“talking at professional cross-purposes”* (2014, p. 51).

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

Moreover, the lens through which the practitioner views psychotherapy, the client, and the issue at hand is likely to influence the therapeutic approach, process, and relationship between the client and practitioner. When practitioners use pathological labels, the focus of the treatment is overwhelmingly aimed toward problems located within the client. This can be particularly counterproductive when the client has experienced relational trauma, as a pathological approach can potentially replicate the abuse and result in re-traumatisation (Tormoen, 2019). This attention to social constructionism and the importance of language and perspectives in shaping practice, is maintained through the literature and further supports the call for interdisciplinary terminology that is both strength-based and trauma-informed. An interdisciplinary vocabulary could allow concepts and practices to be recognised across diverse disciplines, lead to learning from other fields of professional practice, and consequently bridge the theoretical and applied gaps in psychological professional practice. Further evaluation to understand the real implications of diverse and disjointed terminology in the research topic would confirm if development of an interdisciplinary vocabulary would be valid.

Rapp, Saleeby, and Sullivan (2008) developed six standards for strengths-based practice to perform as a “yardstick” to assess the essential characteristics of strengths-based work and determine if proposed approaches are indeed strength-based. The six standards align well to the findings of this scoping review and consist of: 1) goal orientation, 2) strengths assessment, 3) resources from the environment 4) explicit methods are used for identifying client and environmental strengths for goal attainment, 5) the relationship is hope-inducing, and 6) meaningful choice. Although the framework was intended for social work, this research has established that strength-based approaches are transdisciplinary, and psychology might benefit from adapting these six standards to develop the conceptual boundaries of strength-based psychotherapeutic approaches, to support subsequent research and enhance applied psychological practice.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Culturally and Trauma-Informed**

When practitioners are in challenging relationships with their clients without adequate skills or a blueprint for practice, they may unintentionally re-traumatise clients (Barrett & Fish, 2017). Despite little consensus on what constitutes a strength-based psychotherapeutic approach specifically for relational trauma, there were consistent themes for professional practice across the selected literature which could guide development of a trauma-informed strength-based psychotherapeutic approach. These included how change is relevant through the therapeutic process, cultural competence and contexts, and practitioner skills. Further investigation of how these aspects interact with relational trauma could contribute to the development of a specific model of practice for applied psychological practice or wider human services involved in working with clients who have experienced relational trauma.

Culture is crucial in facilitating trauma-informed psychotherapy, specifically cultural competence of the practitioner and the cultural context. This attention to culture and predominantly concerning the practitioner's responsibility to develop cultural competence is replicated in extant literature. Positive psychology has been critiqued for overemphasising Western notions of strengths (Wong, 2006). All strengths are culturally bound and context specific concepts are not able to be applied meaningfully in a universal way (Coulter, 2014). Furthermore, culture majorly impacts how strengths are viewed and evaluated and historically, cultural bias, supremacy, and discrimination by practitioners or the psychology field at large has led to pathologizing of some culturally-bound virtues or strengths (Smith, 2006). To embody a trauma-informed practice that considers culture, Smith (2006) suggests that practitioners ought to identify and acknowledge the cultural strengths that have enabled clients to survive and flourish in their lives thus far and promote the use of

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

transpersonal, cultural rituals to provide healing relationships. Again, integration of this finding into future models of practice would be advantageous.

Moreover, to engage in a trauma-informed therapeutic process, practitioners must develop cultural competence. This requires practitioners to engage in an iterative process of recognising and accepting one's ignorance, role as a guest in the client's inner and external worlds, and understand dynamics of the social locations of client and practitioner and how this may interact with social trauma (Gómez et al., 2016). Despite well-intentioned efforts to achieve trauma-informed practice, cultural competence has been critiqued as overexaggerating the focus on learning information about customs and traits of various cultural groups without accompanying self-reflection and commitment to ongoing learning (Tervalon & Murray-García, 2010). Simply concentrating on specific cultural factors can undermine the practitioner's ability to see the complexity of the client and perpetuate the very stereotypes that cultural competence is trying to resolve (Murphy & Sparks, 2018). Tervalon and Murray-García (2010) suggest that cultural humility may be a more supportive goal than cultural competence that emphasises the ongoing nature of being culturally responsive and the importance of collaborating with clients through respectful openness. Embracing an approach, such as cultural humility, could provide simple yet impactful guidance for practitioners, and bridge the gap between the theory of cultural competence and trauma-informed practice.

### **A Strength-Approach is a Balanced Approach: Balancing Symptoms and Wellbeing**

*“Although the name may suggest it, positive interventions do not imply that rest of psychotherapies are negative” (Rashid, 2009, p. 461)*

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

Findings indicated that a strength-approach can be understood as a balanced approach, aimed to achieve two goals concurrently: reducing symptoms and enhancing wellbeing. Positive psychology and strength-perspectives challenge a traditional deficit-focus of psychological therapies and call for the scope of psychology to extend its view to include strengths concepts, for a more balanced outlook (Rashid, 2015). To understand the examined concept of strength-based approaches through its name, it could be understood that it simply focuses on the positives or strengths, however Rashid (2009) contends that it is unrealistic to conceive life without negative or challenging experiences. The literature examined in this scoping review suggested that a strength-based approach is effectively a balanced, holistic approach that expands the psychotherapeutic view to include strengths and enhancement of wellbeing without discounting the value of existing psychotherapeutic approaches to symptom reduction. This positioning of strength-based approaches in psychology and psychotherapeutic practice is significant for further development of the research topic and for psychological practice. The way that the proposed approaches and models are framed and disseminated will greatly influence how they are received by practitioners.

The primary focus of psychotherapies to alleviate symptoms is understandable, considering the propensity for the field of psychology to be largely located in the medical model and contexts through historical and socio-political influences (Cowen & Kilmer, 2002). This problem-focused approach is fortified by the evaluation of therapeutic outcomes or success commonly measured through reduction in symptoms (Rashid, 2015). Notwithstanding the value of critically challenging the lens through which the field and practitioners of psychology view mental health, clients, and social issues; the findings from this research suggest that positive psychology and strength-based approaches should hesitate to throw the baby out with the bathwater. Rashid (2009) distinguishes that a strength-based intervention does not negate the existence of distressing, unpleasant, or

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

negative experiences, but instead allows clients to identify and use their strengths to understand their symptoms. The wider literature supports this, offering that a strength-based psychotherapeutic approach should encompass both goals of symptom reduction and enhancement of wellbeing.

To enhance wellbeing, the concepts and components of wellbeing must be understood. Wellbeing is a dynamic process involving a combination of affect and function, where an individual by and large feels good and is functioning well (Keyes, 2002). While symptom reduction has been a primary focus of psychotherapies and the wider field of psychology, the absence of mental illness does not automatically equate to the presence of wellbeing (Westerhof & Keyes, 2010). Similarly, the reduction of symptoms does not inherently create or enhance wellbeing. However, the interaction of symptom reduction and enhancement of wellbeing was widely referenced in the examined literature, with Rashid (2009) outlining that amplifying strengths may make lives of clients satisfying and fulfilling, which in turn, may buffer against future recurrence of symptoms.

The themes of enhancing wellbeing aligned to the concept of Frederickson and Joiner's (1998; 2002, 2018) broaden-and-build theory of positive emotions. Frederickson and Joiner's model proposes that experiencing positive emotions can have further impact than simply feeling good in the moment. They suggest that experiences of positive emotions broaden thinking by allowing one to be free to draw upon a wide range of cognitions and behaviours in response to emotional stimuli. This broadening then allows for engagement in positive experiences, which again lead to the experience of positive emotions. Furthermore, this upward spiral can build the client's coping resources and promote longevity of impact. This concept was implied in the examined literature by Song and Shih (2010):

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

*“Let the client’s aspirations lead the way, because even though the client’s goal might not be directed toward solving the problems, the improvement in any aspect of life would create ripple effects on the other parts, indeed on the person’s whole life”* (p. 25)

There is a wealth of knowledge on the dimensions of wellbeing and future development of strength-based psychotherapeutic approaches for relational distress would be strengthened by incorporating this knowledge along with other positive psychology models and theories. Furthermore, Rashid (2009) posits that balanced approaches may require initial attention to symptom reduction before fostering strengths. This consideration of the order in which strengths-approaches are applied, and the requirement for practitioners to be attuned to the client’s needs to be seen and heard is mirrored by Coulter (2014).

*“The most obvious is the potential for therapists to move too quickly to “solution talk” or more positive narratives and ignore many trauma victims/survivors need to tell their story and the value of it to be respectfully ‘witnessed’”* (p. 60)

In providing space for the client to process negative experiences could facilitate perceived growth in character strengths or acknowledgement of skills such as help-seeking, humility, or authenticity (Wong, 2006). Through firstly tending to negative experiences or symptom reduction, strengths may consequently develop. A practitioner with a strengths approach might guide the client in verbally identifying and acknowledging this growth, consequently constructing a different, strength-focussed perspective on the negative experiences or symptoms through moderate social constructionism. Literature from Lord (2013) and Sanford (1992) use the phrase “strong at the broken places” which illustrates the importance of acknowledging strengths in tending to trauma and symptoms. Lord (2013) emphasises the remarkable courage and enlivenment that clients develop or

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

maintain despite the traumas they have had to negotiate. This attention to the power of language, and striking a balance between symptoms and wellbeing, was central throughout the research and will be significant in future research and theory development of the research topic. In addition to further research, language has momentous power in the therapeutic context and justifies the development of strength-based psychotherapeutic approaches and vocabulary to bridge the gap between ongoing theoretical research and translation to applied practice.

### **Limitations**

A limitation of this scoping review is the lack of consistent interdisciplinary terminology. Categorisation of therapeutic approaches as strength-based, may only occur when the authors are knowingly and purposefully employing a strength-perspective in their practice or research. While the search strategy aimed to capture the scope of strength-based psychotherapeutic approaches through Boolean terms, it is not guaranteed that all interdisciplinary terms were included. This could see a portion of therapeutic approaches, which would meet the criteria of being a strength-based psychotherapeutic approach, not captured in this scoping review. This supports the suggestion from this research that establishing interdisciplinary terminology would enable literature to reflect practice more accurately and that future meta-analysis might include wider psychotherapeutic approaches which were not captured in this scoping review.

A further limitation was the scoping review methodology. While the purpose of this research was to explore the extent of literature intersecting the topics of relational trauma and strengths-based psychotherapeutic approaches; it was limited by the methodology which does not evaluate the quality of the selected materials (Arksey & O'Malley, 2005). As a result, further quality appraisal would behave any clinical recommendations.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

**Recommendations for Further Research**

There are four key recommendations for further research as a result of this scoping review.

Firstly, this review did not evaluate the rigor or quality of the individual articles, and simply implementing a strength-based psychotherapeutic approach does not guarantee its feasibility, acceptability, or effectiveness. Additionally, a number of the articles recommended conducting further research, specifically randomised-controlled trials, to inform clinical recommendations. Rashid (2009) outlined that clinical practice often surpasses evidence, but underline that *“evidence keeps practice alive through well-defined and refined studies”* (p. 36). In contrast, Ciarrochi and colleagues (2022) warn against applied positive psychology following the path of clinical psychology in pitting interventions against each other through experimental research. This is supported by Budd and Hughes’ (2009) Dodo Bird Verdict, positing that different psychotherapies are similarly efficacious. Meta-analysis of the existing strength-based psychotherapeutic approaches for relational trauma could be valuable to confirm the quality and rigor of research and evaluate the effects of the approaches and include wider psychotherapeutic approaches which were not captured in the inclusion criteria for this scoping review. However, the findings thus far should not be discounted in terms of contributing valuable knowledge to the academic argument.

The second recommendation for further research is the development of an interdisciplinary vocabulary and universally agreed conceptual boundaries for strength-based approaches. This could assist clear identification and categorisation of strength-based therapeutic approaches. Furthermore, it could contribute to the cataloguing of contextually relevant approaches, such as Māori psychotherapeutic approaches in Aotearoa.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

This leads to the third recommendation of developing a strength-based psychotherapeutic approach for relational trauma in Aotearoa. Primary research to investigate feasibility, acceptability, and effectiveness would be advantageous to ensure cultural transferability and bridge the gap from theory to practice.

Lastly, further development and validation of the conceptual understanding of relational layers in healing relationships, as illustrated by Figure 1, could provide a simple visual representation of complex concepts involved in the research topic. If validated, this could inform clear guidance and procedures to adequately include the varying layers of healing relationships in the therapeutic context.

### **Conclusion**

This research provided an overview of the emerging area of knowledge pertaining to strength-based psychotherapeutic approaches for relational trauma. This exploration by means of a scoping review sought to clarify conceptual boundaries of the research topic, understand the breadth of the research area to establish the extent to which research has been undertaken, and to determine if further research on strength-based psychological approaches for relational trauma may be of merit and if so, provide a map of what is already known to guide research design.

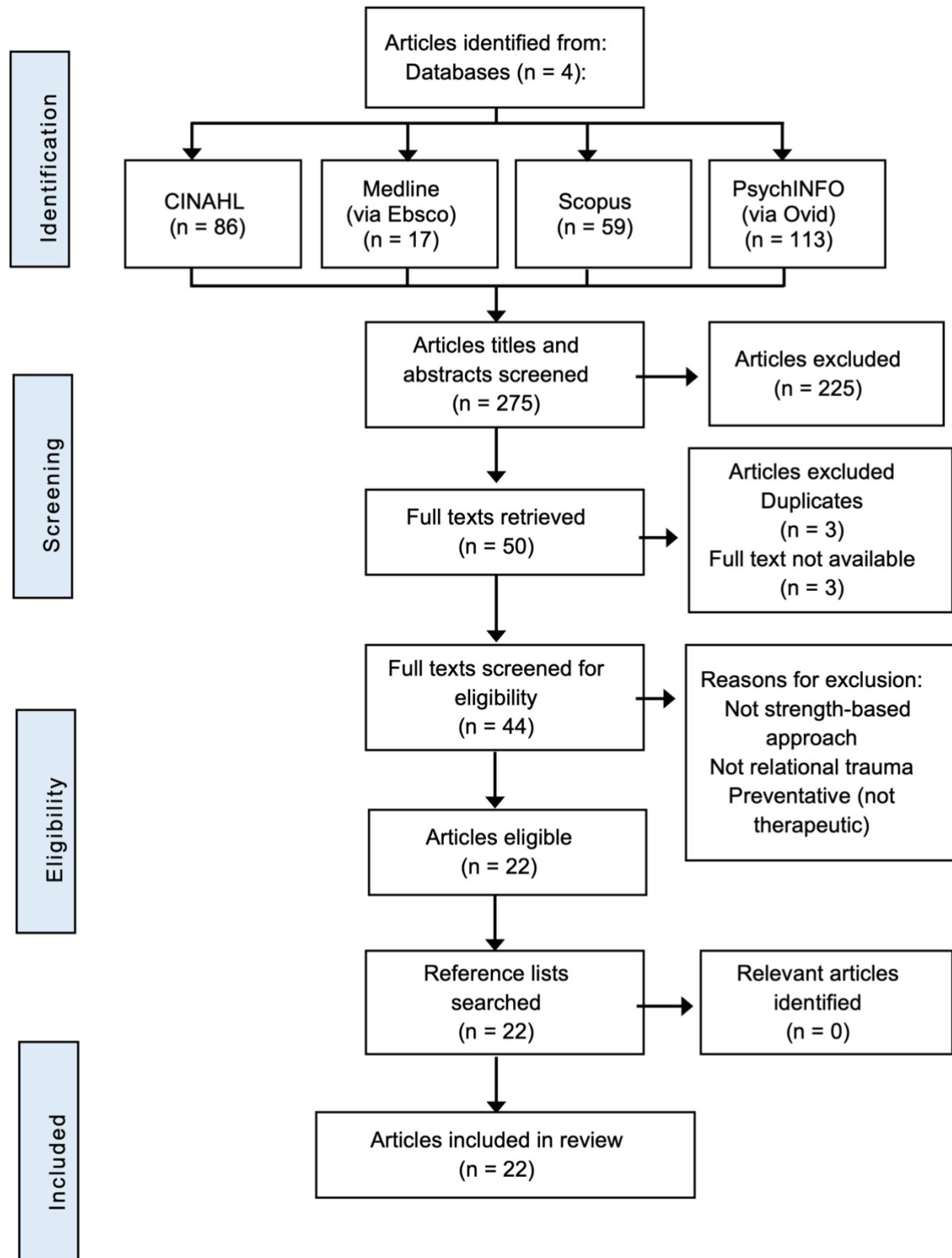
Key data from the examined articles informed the generation of four key themes and 12 sub-themes in relation to the primary and sub-research questions consisting of healing relationships, transtheoretical relevance, trauma-informed, and balancing symptoms with wellbeing, and led to six main conclusions from this research. Firstly, there is a paucity of research concerning the application of strength-based psychotherapeutic approaches for relational trauma and further study of the research topic would be valuable.

## STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

Secondly, the evidence from the existing research is promising but not proven. There are strength-based psychotherapeutic models being used in practice, however practice has outpaced research and the distinct models have not been scientifically validated. Future scientifically rigorous research could support the advancement of the psychological practice and generate clinical recommendations. The third key finding established that healing relationships are fundamental to the research issue and span across four key relational layers. A heuristic device was used to represent this finding as a layered ecological system and the relational concepts comprised in this conceptual model could be further examined through future research. Fourth, the research topic is transdisciplinary and spans across a number of human services fields, professions, and orientations, both in relation to strength-based psychotherapeutic approaches and to relational trauma. This finding emphasises the value of further clarifying conceptual boundaries and establishing interdisciplinary terminology so to bridge the gap between theory and practice as well as facilitate interdisciplinary collaboration and learning. The fifth key finding supports the need for trauma-informed psychotherapeutic approaches for relational trauma, with particular focus on cultural competencies of practitioners and therapeutic adaptations to cultural contexts. This finding may justify future research to develop a strength-based psychotherapeutic approach that is grounded in the Aotearoa cultural context. The sixth key finding defined a conceptual boundary of strength-based psychotherapeutic approaches as a balanced approach, which focuses on both reducing symptoms and enhancing wellbeing. This balanced approach positions strength-based approaches and positive psychology as an ally to other psychotherapies by acknowledging the value of existing approaches and positioning strength-approaches as adding value through an expanded focus. Thus, instead of conceptualising strength-approaches as in opposition or as competition to other orientations, this research suggests that in positioning it alongside other orientations, we can support the dissemination and adoption of strength-approaches into mainstream practice.

## Appendices

## Appendix A: Literature Search Flow Chart



## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

## Appendix B: Charted Data from Selected Articles

## Appendix B

## Charted Data from Selected Articles

Source	Study	Title	Year	Country of Origin	Aims/Purpose	Participants	Methodology/Methods	Intervention/Approach	Context	Strength-Based Approach	Type of Trauma	Variables Investigated	Outcomes/Key Findings
Scopus	Ashfield et al., 2021	Building a compassionate approach: The journey to develop strength and self-compassion in a group treatment for complex post-traumatic stress disorder	2021	United Kingdom	Investigate the mechanisms of change at individual and group levels for individuals in treatment for CPTSD and develop an explanatory theoretical model of accounts.	Convenience sample of 11 women with CPTSD who had completed Compassionate-Resilience group therapy.	Qualitative constructivist grounded theory semi-structured interviews.	Compassionate-Resilience group therapy.	Specialist PTSD service.	CFT group interventions, resilience, and self-compassion, building skills.	CPTSD.	Changes experienced by participants, the impact of being in a group on treatment process.	The journey of change through the theoretical model captured as an ongoing journey, which continued after treatment finished.
PsychINFO	Barrett & Fish, 2017	The collaborative change model: A strengths-based blueprint for the treatment of relational complex trauma	2017	United States of America	Provide a strengths-based, trauma-informed therapeutic blueprint for therapists to use collaboratively with clients receiving treatment for relational complex trauma.	Case study, 3 participants, 1 man and 1 woman, receiving treatment as a couple, and 1 male adult client.	Case studies.	The Collaborative Change Model (CCM).	One-to-one psychotherapy.	The client is an active member of the treatment team, as therapists call upon their strengths and resources to create change. Using the clients' strengths and resources and integrating them into the creation of interventions.	Relational complex trauma.	Demographics: gender, age, religion, race, class, sexual and gender identity (socio-political culture +/- impacts clients).	The use of a strengths-based model, integrating clients' strengths and resources into the treatment design, as well as the therapists' strengths, mitigated the possibility of becoming a therapeutic traumatic relationship.
CINAHL	Carfaro, 2017	Treating Adult Survivors of Sibling Sexual Abuse: A Relational Strengths-Based Approach.	2017	United States of America	Develop a relational, strengths-based approach for psychotherapeutic intervention with adult survivors of sibling sexual abuse.	Case study, 3 participants, 1 man, 2 women.	Case studies.	Relational strengths-based approach to psychotherapy.	One-to-one psychotherapy.	Adult survivors already possess the resources necessary to resolve many of their own problems.	Childhood sibling sexual trauma.	Contextual considerations, attachment, self-regulation, experiential focus, affect, cognition.	There is a need for a specialised clinical focus on sexually abusive sibling relationships.
PsychINFO	Epstein, 2004	Cognitive-Behavioural Therapy with Couples: Theoretical and Empirical Status	2004	United States of America	Review and summarise the theoretical and empirical status of CBT with couples.	N/A.	Literature review.	Enhanced cognitive-behavioural couple therapy.	Marital psychotherapy.	Interventions to not only decrease negative experiences but to increase positive experiences in relationship.	Distressed couples.	CBT approaches for couples, the evidence for effectiveness of approaches.	Enhanced CBT model balanced traditional focus on problems with focus on strengths and positive experiences. The practice of couple CBT has outpaced empirical investigations and evidence of efficacy.
PsychINFO	Ford, 2020	Trauma affect regulation: Guide for education and therapy	2020	United States of America	Description of the rationale, evidence base, and mechanisms for how TARGET addresses CTSAs with case study example and guidance in handling critical therapeutic dilemmas for therapists.	Case study, 1 participant, 44-year-old Woman with history of childhood sexual abuse.	Case study.	Psychoeducation, trauma processing, and emotional regulation.	Flexible applications: group therapy, one-to-one psychotherapy, RCT, online therapist-delivered intervention.	Emotions, thoughts, choices are designated as "reactive" rather than maladaptive.	CPTSD.	Affect, physiological, attentional/cognitive, behavioural, relational, and self-regulation; hope and faith.	Positive psych concepts are embedded in the FREEDOM model.
PsychINFO	Hou et al., 2016	Effects of a strengths-based perspective support group among Taiwanese women who left a violent intimate partner relationship	2016	Taiwan	Examine the effects of 8-week strengths-based perspective group intervention on hope, resilience, and depression in Taiwanese women who left a violent intimate partner relationship.	29 women over 18 with history of IPV not currently in an abusive relationship. Recruited from women's IPV services facilities.	A two-group, quasi-experimental design using repeated measures.	8-week strengths-based perspective group intervention.	Experimental intervention conducted through a teaching hospital. Part of a study.	Focusing not only on weaknesses but also on psychological strengths when dealing with violent intimate partner relationship.	IPV.	Depression, resilience, hope.	The strengths-based perspective support group intervention significantly reduced the participants' level of depressive symptoms and improved the pathway component of hope.
PsychINFO	Iverson et al., 2022	Recovering from intimate partner violence through Strengths and Empowerment (RISE):	2021	United States of America	Evaluate the potential helpfulness, feasibility, and acceptability of RISE and to refine the intervention and study	15 veteran women who had experienced	Mixed methods. Descriptive analyses of	An empowerment and skills-focused treatment that incorporates	Brief counselling from psychologists and social workers in	Women who experience IPV have considerable strengths and skills to	IPV.	Self-efficacy, empowerment, confidence, skills.	Findings suggest the feasibility and acceptability of RISE and suggest that the intervention may be helpful in alleviating at

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

## Appendix B (continued)

Charted Data from Selected Articles

Source	Study	Title	Year	Country of Origin	Aims/Purpose	Participants	Methodology/Methods	Intervention/Approach	Context	Strength-Based Approach	Type of Trauma	Variables Investigated	Outcomes/Key Findings
		Development, pilot testing, and refinement of a patient-centered brief counselling intervention for women			procedures prior to a fully powered RCT.	psychological IPV.	quantitative outcomes.	Motivational Interviewing.	Veterans Health Administration hospitals. Part of a study.	protect themselves and loved ones.			least some forms of psychosocial distress.
PsychINFO	Johnston et al., 2016	Comparison of adding treatment of PTSD during and after shelter stay to standard care in residents of battered women's shelters: Results of a randomized clinical trial	2016	United States of America	Assess acceptability and feasibility of HOPE, and to determine estimates of ranges of effect sizes for future larger-scale trials.	60 women residents of four regional battered women's shelters with clinically significant or sub-clinical symptoms of PTSD from IPV.	A Phase I randomized clinical trial.	HOPE Present-Contacted CST and empowerment-based individual treatment.	RCT in Battered Women's Shelter.	Empowerment strategies, helping women to identify aspects of their situation that are under their control and providing them with the skills to reclaim their power.	IPV (current PTSD or subthreshold PTSD from IPV).	PTSD, IPV, depression, empowerment, resource gain, social support.	Acceptable and feasible to add IPV-related treatment to standard services. Importance of continuing services with IPV victims during the vulnerable period when they leave the safe environment of shelter.
CINAHL	Karageorge et al., 2018	Relationship and Family Therapy for Newly Resettled Refugees: An Interpretive Description of Staff Experiences.	2018	Australia	Identify and describe staff experiences of how adaptations to the delivery of relationship and family counselling enabled care.	STS service staff (bicultural workers, family therapists, managers; n = 10).	Interpretive descriptive using thematic analysis of semi-structured interviews.	STS takes a broad systems approach to addressing relational difficulties with refugees.	Community-based family relationships program and counselling service for recently arrived refugees.	Promoting client strengths and values, establishing community and social inclusion, inclusion of family, cultural, and community strengths.	Family trauma, trauma from refugee experiences	Clinical innovation and experience.	The STS approach is an acceptable and useful clinical innovation to standard care.
PsychINFO	Koksaev et al., 2018	The effect of an adjunctive positive psychology intervention with a focus on gratitude and communication-oriented strategies on relationship satisfaction and positive interactions in distressed couples: A preliminary investigation	2017	United States of America	Examine the effectiveness of a gratitude intervention on the relationship satisfaction and positive interactions in couples in marital therapy.	6 (3 couples).	A multiple-baseline across-subjects design.	Adjunctive positive psychology intervention with a focus on gratitude and communication-oriented strategies.	Marital therapy private practice.	The scientific approach to uncovering strengths and promoting positive functioning.	Marital conflict or distress.	Gratitude, relationship satisfaction, conflict/distress.	The intervention was somewhat effective in reducing the amount of negativity in interactions, but not in increasing positivity.
PsychINFO	Lloyd et al., 2017	Women's experiences of domestic violence and mental health: Findings from a European empowerment project	2017	Greece, United Kingdom, Poland, Slovenia	Examine how women's traumatic experiences of domestic violence and mental health problems can be addressed working from a strength-based recovery perspective.	2 groups of participants (n = 136): First group: women service users (n = 62); Second group: service providers (n = 72) working with abused women.	Multimethod research using surveys and focus groups.	Therapeutic educational programme for women, applying evidence-based individual help and mutual support strategies to increase their wellness, coping capacity, and control over their environments.	Two programmes: 1: therapeutic educational program for women using welfare services, or refugees. 2: training mental health service providers working with abused women.	The belief that people can continue to grow and change, even after traumatic experiences.	IPV.	Self-esteem, coping skills.	Participants reported growth in self-esteem and coping skills, and professionals felt better equipped to address the tandem issues of domestic violence and mental health. The study provides new insights into adopting a strengths-based framework
Scopus	Luzzatto et al., 2022	Trauma Treatment through Art Therapy (TT-AT): a women and trauma group in Tanzania	2022	Tanzania	Description of an innovative intervention of a short-term Trauma Treatment with Art Therapy.	4 female clients who has experienced different types of traumas.	Qualitative narrative descriptive.	Short-term Trauma Treatment with Art Therapy, focused on Emotion Regulation, Self-Identity, Gradual Exposure to Trauma, Integration and Personal Resources.	Women's group delivered by mental health professionals through a department of psychological health and a university.	Positive relationships, inner energy and hope, personal resources, and coping strategies.	PTSD and CPTSD	Client engagement, behaviours, and experience of the protocol.	The examined art therapy protocol indicates usefulness as an intervention to strengthen awareness and capacity of resources. Further efficacy research is advised.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

## Appendix B (continued)

## Charted Data from Selected Articles

Source	Study	Title	Year	Country of Origin	Aims/Purpose	Participants	Methodology/Methods	Intervention/Approach	Context	Strength-Based Approach	Type of Trauma	Variables Investigated	Outcomes/Key Findings
CINAHL	Nasim & Nadan, 2013	Couples Therapy with Childhood Sexual Abuse Survivors (CSA) and their Partners: Establishing a Context for Witnessing	2013	Israel	Proposes a clinical practice for therapy with couples in which one partner suffered sexual abuse in childhood.	Case studies: 2 couples (n = 4).	Naturalistic inquiry.	Narrative therapy and 'witnessing' in couples' therapy.	Couples' psychotherapy.	The development and strengthening of preferred narratives of resistance, survival, and strength.	Childhood sexual abuse.	Cycle of traumatic re-enactment, relational patterns, preferred stories.	Through this process, each participant is able to appear more wholly and fully, and together tell the preferred stories of their life as a couple, including relational patterns they wish to live. These may include their values, aspirations, and intentions which may well contradict the characteristics of the original traumatic relationship.
PsychINFO	Rashid, 2009	Positive interventions in clinical practice.	2009	Canada	Description of a number of positive interventions for specific clinical problems, such as depression, anxiety, schizophrenia, loss, grief, and relationship distress.	N/A.	Literature review.	A hybrid psychotherapy coaching model and strength-based assessment.	General psychotherapy.	Systematic approaches to overcome challenges by using clients' strengths and assets.	Relationship in distress.	Therapeutic alliance and communication, nonverbal language, therapist effects, treatment process, and the feedback process to and from the client.	There are much evidence-based methods for integrating positive psychology into psychological assessment and treatment to complement and supplement clinical work already done well. Deal with symptomatic distress before focusing on strengths. Proposal of a hybrid psychotherapy-coaching practice.
PsychINFO	Reyes et al., 2020	Consensus and relationship distress before and after a brief couples' intervention.	2020	United States of America	Explore how partners' consensus predicts couple distress and treatment outcome, explore outcomes of an integrate intervention delivered in a brief format.	740 married or cohabiting couples (n = 1460), 18 years of age or older, reporting no intimate partner violence.	Quantitative.	Integrative relationship intervention delivered in a brief format.	Brief relationship intervention delivered in a home or at a health clinic. Part of a study.	Positive aspects and strengths of couple's relationship.	Relationship in distress.	Distress, satisfaction, and consensus.	A shared reality between romantic partners may bring benefits to their relationship especially when it relates to vulnerabilities, such as those related to interpersonal concerns for distressed couples. Assessing consensus may assist therapists in selecting effective interventions, even amid contextual challenges and limited resources.
PsychINFO	Russo et al., 2017	Religiosity predicts posttraumatic growth following treatment in veterans with interpersonal trauma histories	2017	United States of America	Assess whether religiosity was related to sample engaging in treatment for posttraumatic distress secondary to interpersonal trauma.	22 veterans who have experienced interpersonal trauma receiving treatment at a Veterans Affairs mental health clinic; 9 men, 13 women.	Quantitative.	Cognitive processing therapy (CPT) or Acceptance commitment therapy (ACT).	Veterans Affairs outpatient mental health clinic specialising in treatment for posttraumatic distress related to interpersonal trauma.	Religiosity and post-traumatic growth including personal strength, new possibilities, relating to others, appreciation of life, and spiritual change.	Interpersonal trauma.	Sociodemographic characteristics, religiosity, and posttraumatic growth.	Religiosity may facilitate PTG within the therapeutic context, providing an additional avenue to improve treatment outcomes for veterans with IPT-related posttraumatic distress.
PsychINFO	Song & Shih, 2010	Recovery from partner abuse: the application of the strengths perspective	2010	Taiwan	Examine the effectiveness of a strengths perspective with women who experienced partner abuse in Taiwan.	72 women who had experienced partner abuse and were engaged in services for IPV.	Mixed methods; quasi-experimental design.	Strength's perspective social work.	Social work with advanced training in strengths model. Delivered in women's shelters and community IPV services.	People who can survive must possess some strengths and resources, and also have the potential to learn, grow and change.	Partner abuse/ IPV.	Depression, coping strategies, empowerment, life satisfaction, conceptual dimensions, and components of recovery.	The strengths perspective could be a useful approach in helping women to rediscover their own sense of self and reconstruct a productive life.
PsychINFO	St. Myers, 2021	Complex trauma and post-traumatic growth: An autoethnography on relational post-traumatic	2021	United States of America	Offer an alternative understanding of post-traumatic growth.	1: an autoethnography by the author.	Qualitative autoethnographic.	Experiential Personal Construct Psychology (EPCP).	Experiential Personal Construct Psychology as	Post-traumatic growth.	CPTSD.	Relational plot, I poems, self-other constructing and structural arrests.	A tangible example of an alternative, and more holistic, understanding of the experience of trauma and the

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

## Appendix B (continued)

Charted Data from Selected Articles

Source	Study Title	Year	Country of Origin	Aims/Purpose	Participants	Methodology/Methods	Intervention/Approach	Context	Strength-Based Approach	Type of Trauma	Variables Investigated	Outcomes/Key Findings
	growth using experiential personal construct psychology.							engaged with through clinical training.			distancing and dependency construing, experiential components.	potential for posttraumatic growth when EPCP is used for conceptualising and treatment.
Scopus	Strand & Stige, 2021 Combining mindfulness and compassion in the treatment of complex trauma – a theoretical exploration	2020	Norway	Explores the potential and challenges of using mindfulness-based interventions to treat trauma-related problems and examine how TMC may be used as a complementary or a stand-alone treatment in phase-based treatment for CPTSD.	N/A.	Literature review.	Mindfulness and Compassion, the path to growth after trauma (TMC).	N/A; a theoretical exploration.	Compassion as personal and shared face of sorrow and pain.	CPTSD.	Potentials and challenges.	TMC may provide opportunities for strengthened emotion regulation, experiences of interpersonal connection and redefinition of one's self-concept – all important areas for clients with CPTSD. Practitioners must have a thorough and sound knowledge base and understanding of trauma and trauma reactions to navigate TMC successfully.
Scopus	Taroch et al., 2013 Therapeutic assessment of complex trauma: A single-case time-series study	2013	Italy	A case study to illustrate delivery of the TA model for CPTSD.	Case study: 1 participant of 37-year-old woman with CPTSD.	Single-case time-series experiment.	Therapeutic Assessment (TA) is a semi structured, brief intervention that uses psychological testing to promote positive change.	One-to-one psychotherapy.	Promote positive change and reduce client distress. Establishing a new narrative.	CPTSD.	Anxiety, loneliness, and despair.	TA provides accurate, norm-based results to inform intervention strategies tailored to the specific need of each client. Strategy helped a symptom improvement as a result of participating in TA.
PsychINFO	Wood, 2015 Hoping, empowering, strengthening: Theories used in intimate partner violence advocacy	2015	United States of America	Assess the constructs which inform the delivery of direct services to survivors of intimate partner violence.	22 IPV advocates from 13 different agencies. 100% women aged 22-62. 18 had lived experience of IPV.	Qualitative interviews conducted as part of a larger project. Interviews were analysed using a constructivist grounded theory method.	Empowerment, strengths-based perspective, intersectional lens, hope, and feminism constructs identified as most used. No specific psychological practice model or intervention.	IPV interventions delivered through IPV-focused agencies.	Drawing on the natural abilities of survivors and focusing interventions on their expressed needs.	IPV.	Approach/philosophy, cause of IPV, and use of theory in advocacy practice.	Newer theoretical applications, such as hope theory, offer insight into guide advocacy practice. Fidelity of practice models, training and implementation of theory need improvement. Future research should focus on ensuring fidelity to existing models and assessing efficacy of all practice theories.
PsychINFO	Worthington et al., 2016 Interventions to promote forgiveness as exemplars of positive clinical psychology	2016	United Kingdom	Define forgiveness and related constructs, summarize forgiveness interventions, and examine the empirical evidence for their efficacy.	N/A.	Literature review.	Enright's Psychotherapeutic and Forgiveness Interventions, Worthington's REACH Forgiveness Model for Psychoeducational Interventions, Forgiveness and Reconciliation through Experiencing Empathy.	General psychotherapy.	Forgiveness.	Interpersonal traumas	Forgiveness.	Forgiveness interventions could stimulate positive psychological processes, promoting effective coping strategies to deal with interpersonal transgressions, establish a broaden-and-build growth sequence involving other virtues or character strengths, and prompt religious clients to draw on psychological healing resources of their religious values and communities.

**Appendix C: Data Theming Tables Used in Reflexive Data Analysis**


---

*Study 1 Ashfield et al., 2021: Data*

---

CPTSD is associated with emotional regulation, interpersonal relationships, and shame  
 Traditional exposure-based (EB) treatments for PTSD may not be appropriate or efficacious for CPTSD

Understanding of self (including difficulties)

Mechanisms for change: 1. relationships formed within the group 2. deeper understanding of the self --> reduces shame --> prepares for EB

Phase-based approach to CPTSD supported

1. Psychoeducation + 2. Being able to safely access emotion + 3. Compassion from others essential for change

Change is the goal

Relationships alter self-perceptions - group therapy

Address shame and emotional regulation prior to exposure therapy

Because traditional PTSD therapies focus on the event, CPTSD requires a different approach as there is unlikely one event, and may not be incident based, rather complex trauma from a relational process

Acknowledgement that CPTSD likely involves relational trauma as prolonged or repeated incidents overwhelmingly occur interpersonally rather than as accidents or 'acts of God' - organised violence is not relational

CPTSD is the clinically significant presentation. Many people have sub-clinical presentations for which therapy would be beneficial

Efficacy evidence has often excluded participants with CPTSD

Window of tolerance - optimal arousal zone for most effectively processing traumatic memory. Difficult w CPTSD as emotional regulation is low and shame → low disclosure

Phase-based treatment: establish psychological and environmental resources --> window of tolerance → EB

skills-based intervention targeting emotional regulation and interpersonal difficulties

developing skills in self-compassion aims to increase capacity for self-soothing to manage emotional distress

Phenomenological experiences of CPTSD from relational trauma described

Stigmatisation → isolated in struggles

---

---

 STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW
 

---

Deep set self-hatred - self-blame for TEs and subsequent difficulties. Difficulty connecting w others and being able to assert own needs  
 Overcoming barriers (fear, scepticism) and readiness for change  
 Group: experiencing a compassionate relationship with others → release of fault/self-blame  
 Group context: psychological safeness (reduction of threat/distress) through rules, boundaries, friendly/relaxed atmosphere  
 Group context: group facilitators (caring, knowledgeable, and credible)  
 Group context: relationships with others (connection, belonging, identification) modelling and encouraging strength, hope, inspiration  
 Group context: structure/ organisation of content  
 treatment may enhance the application of existing treatments  
 Change means letting go of coping strategies that they feel are fundamental to keeping them safe and therefore presents a significant challenge  
 Mechanisms: Understanding - validation and externalising Experiencing - compassion for and from others  
 Self-compassion cycle led to self-worth led to confidence, empowerment, strength, assertiveness - like broaden and build  
 Acknowledgement of the negative impacts of change. Simultaneously positive and challenging  
 Practice in-vivo  
 Reduction in symptoms AND new positive feelings and cognitions "new lease of life"  
 Reduction of shame and threat makes easier to be ready to process traumatic memories  
 Common humanity and universality in GT  
 Further efficacy studies recommended

---



---

 Study 2 Barrett & Fish, 2017: Data
 

---

"All good trauma-informed practice has a strengths-based component"

The importance of therapist factors

The journey of change theoretical model - developed

Practice model - not tested - future RCTs for efficacy?

Importance of therapeutic context for SBA

Creating refuge - Seigel's four Ss

"To do strengths-based work, therapists must be filled with hope"

---

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 2 Barrett & Fish, 2017: Data*

---

Practitioners must create refuge within themselves

The therapeutic relationship

"The experience of safety is felt when we are calm, centered, and grounded, when we are in control and experience agency and the ability to be competent"

Impact of contextual factors on TR

Socio-political contexts can see clients feeling powerless, damaged, out of control, disconnected, devalued

Untapped resources of social support may not be 'mined' without a SBA from T

SBA includes safety consciousness - internally and interpersonally

Goal of therapy to find refuge and safety in lives and be able to access it when necessary

Collaborative protocol - with other professionals too

Individual, couple, family, and group therapy are options

"When people feel vulnerable, they act to feel powerful, in control, and/or feel valued"

Reality of how difficult leaving dysfunctional and abusive relationships can be

Acknowledgement of the negative consequences of change or leaving a relationship with distress or trauma

It's not only focused on strengths, but it also acknowledges difficulties and symptoms - it just doesn't stop there

Community as a resource for client and therapist

Resources are non-symptomatic behaviours used to help regain power, control, and value

Strength-based, trauma-informed practice does not shy away from difficulties but helps to make sense of them as coping strategies that have been useful in the past

Internal state shows up in interpersonal relationships and interactions

Symptoms are attempts to cope with feelings that are experienced as unmanageable

Connection between vulnerabilities and symptoms

Self-destructive coping mechanisms for surviving unmanageable stress

Look at both positive and negative consequences of change --> full awareness

Importance of attachment styles

Unavailability - avoidance of threats existence allows us to survive

Adaptations outgrown their usefulness

Acknowledgement opposes avoidance, can allow for connection of narrative, and brings sense of power and control through change

Non-linear change/therapy process

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 2 Barrett & Fish, 2017: Data*

---

Practitioner viewing behaviours in perpetrators as symptoms of feeling powerless, devalued, disconnected - the victim in the perpetrator

Strength-based approach creates a non-traumatic healing context

---

---

*Study 3 Caffaro, 2017: Data*

---

SSA manifestation of family violence

Aims to develop SBA for intervention

Different types of relational trauma get more attention than others

Ecological perspectives provided

Interplay of individual and ecological/ system factors

SSA is heterogenous

Challenging to determine clear victim/ perpetrator roles

Can result in victim's deep shame/ sense of responsibility to have stopped it

Confusion of experiences and reactions can leave victim feeling complicit

Misuse of power

Difficulties in developing and sustaining intimate relationships

Difficult to trust

Little or no contact with siblings - impact on social support

Reclamation of power

Tailoring psychotherapeutic intervention to client

Collaborative treatment plan

Cultural norms and expectations (family roles)

Emphasis on subjective experiences of client

Phenomenological orientation

Adult survivors already possess the resources necessary to resolve many of their own problems

Importance of safe and reliable therapeutic relationship.

Enabling recognition of active role client plays in current difficulties can generate guilt and self-blame

Importance of attachment

Importance of self-regulation (emotional)

Clients' manifestation of self-concept - social construct linked to attachment

Self-responsibility

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 3 Caffaro, 2017: Data*

---

Relationship opportunity to experiment w new ways of experiencing self → other relationships

Client seeing trauma as their fault

Importance of experience "you can't teach someone to play basketball while they're asleep"

Practitioner's competencies and relationship building

Importance of agency and self-determination

Use of phased-exposure

Counter-transference and practitioner wish to control client behaviour replicating SSA

Therapeutic relationship and hierarchy

Experience, not just insight, leads to change

Use of narrative

---

---

*Study 4 Epstein, 2004: Data*

---

Cognitive orientation

Cognitions, emotional responses, and behaviour toward SO (CBT)

Therapy as a change process

RBI measure developed

Changing behaviour doesn't always change feelings/thoughts about each other (why cognition + behaviour)

Insight-oriented and emotionally-focused therapies better outcomes than B-therapy

Actual + vs - behaviour, cognitions, and emotional responses each other = partner's satisfaction

Increasing proportion of positive acts → Behaviour contracting

Mutually pleasing joint activities

Identifying and encouraging types of support to give each other

Skills based interventions: psychoeducation, modelling, coaching, practice

Acknowledgement that skills may be present but not used with partner (conscious decision to behave aversively to punish)

Cognitive Interventions used in couples therapy like those used in individual

Practitioner walks a fine line of providing validation and support and challenging cognitions

Elements of this study SBA but not all

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 4 Epstein, 2004: Data*

---

Cognitive restructuring and relational thinking - mutual influence

Distress tolerance (exposure practice)

Developmental perspectives and models

Refers to family systems type models but does not name them

People usually want to experience more than an absence of negatives

Practitioners assess and build on existing strengths and resources, helping the couple to enrich the relationship

Interventions traditionally considered in the domain of relationship education and

Enrichment can be used in conjunction with interventions for problems

Comparison of enhanced CBT, and CBT to behavioural therapy

Identified limitations of design of existing studies

Review finds no conclusion can be drawn about lasting treatment effects without further

Further studies with follow up assessments are conducted

There is a need for more outcome studies

There is a need for more specific examination of CBT for distressed couples

Acknowledgement that "success" might look like ending a relationship

Lack of cross-cultural treatment outcome research

Practice has outpaced empirical investigations and evidence of efficacy

---

---

*Study 5 Ford, 2020: Data*

---

Affect/ emotional regulation

Neurobiological

Group therapy

Dysregulation: - Affect - Physiological - Attentional - Cognitive - Behavioural - Relational - Self

Demoralisation (loss of hope and faith)

Psychoeducation

Shift from survival to learning brain

Practice In-vivo

Transtheoretical set of cognitive tactics to facilitate self-monitoring

Mentalising approach to psychodynamic psychotherapy

Metaphor

Incremental learning and practice

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 5 Ford, 2020: Data*

---

Goal is not to eliminate symptoms but to encourage mindful awareness and acceptance

Draw on core personal values and strengths to choose how to respond when triggered.

Use of creative arts

Use of narrative

TARGET does not require trauma memory processing

Enhancing self-awareness

Dissemination of model/ training for practitioners

---

---

*Study 6 Hou et al., 2016: Data*

---

SBA instils hopeful thinking

Treats current symptoms and buffers against future stressors and difficulties

4 elements in recovery process: Feeling shame, creating mastery, recognising the imperfect self, and embodying the self by helping others

Empower women's potential strengths

Guide the women's goal setting

Provide resources for women to manage problems in their daily lives to reconstruct their lives

Acknowledgement that clients may not meet diagnostic criteria for psychological disorder

Hope

Resilience

Sessions: Strengths Dreams Goals Ways Motivation Prospect

Use of perspective in a group

Desires Aspirations What they're doing well

Interventions to improve aspects rather than focus on problems

People engaged in services may already have higher hope

Agency

'Hope is a cognitive process through which individuals actively pursue their goals'

(Snyder 1994)

Emotional support with hope is important

Nursing/ health environment

Effective treatments should augment other areas of strength and resiliency in addition to

Focusing on symptom reduction.

Important when not showing clinical psychological distress

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 6 Hou et al., 2016: Data*

---

Future studies need to be completed using a randomised assignment to reduce selection bias.

---

---

*Study 7 Iverson et al., 2022: Data*

---

Preliminary examination of intervention

Motivational Interviewing

Skills-focused treatment

Within integrated healthcare settings - developed for delivery by social work and mental

Health clinicians in integrated health care settings

Improving psychosocial well-being

Supported intervention feasibility and acceptability.

Low self-efficacy + wariness in ability to make + follow through on decisions consistent with their personal goals and values

Brief counselling interventions indicate modest effects on health + safety

A need for more comprehensive and individualized healthcare based IPV interventions

Women who experience IPV have considerable strengths and skills to protect themselves and loved ones

Immediate treatment targets include self-efficacy, empowerment, valued living, patient activation, and psychological distress (e.g., depressive symptoms).

Counselling should be: (a) individually tailored and flexible, (b) empowerment-focused, and (c) trauma-informed.

Trauma-informed and patient-centered

Client chose number of sessions (up to 6) and topics (from list)

Aligned to brief counselling recommendations

Safety Planning

Education and Health Effects of IPV

Improving Coping and Self-Care

Enhancing Social Support

Making Difficult Decisions

Connecting with Resources

Behavioural based

Access to additional support

Exclusively women

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 7 Iverson et al., 2022: Data*

---

Manualised protocol

Small sample size, no comparison group. Underpowered to evaluate efficacy

Improvements in self-care

A barrier to clinicians inquiring about IPV is that they fear not having adequate follow-up interventions

Practitioners want info to help women identify warning signs in current or future relationships

Practitioner + clients want strategies for communicating with an abusive partner

Longer sessions w this population

Rather than focusing on mental health symptoms specifically, RISE targets domains underlying an array of IPV consequences,

Next step: RCT

---

---

*Study 8 Johnson et al., 2016: Data*

---

RCT: acceptability, feasibility, and initial efficacy

Results showed acceptability + feasibility

Further research (larger sample, diverse settings, more rigor controls)

PTSD is one of the most common psychiatric consequences of IPV

Providing treatment for PTSD in shelter - opportunistic

Seeking shelter is initiation of change

Seeking resources to establish safety

Population faces many barriers to receiving treatment

Populations potential unique needs: ongoing contact with their abuser and face continued risk for being re-abused

Clinical challenges of ongoing safety and case management concerns

Cognitive restructuring

Skill building

Realistically appraise the degree of threat they are under

Learn how to manage their PTSD symptoms without increasing them or risking safety

Empowerment strategies, helping women to identify aspects of their situation that are under their control and providing them with the skills

Assertiveness with safety planning

Reclamation of power

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 8 Johnson et al., 2016: Data*

---

12-16 sessions

Focuses on the acquisition of resources

Employment as secondary measure

Finding: importance of continuing services with IPV victims during the vulnerable period when they leave the safe environment of shelter

Most clinically significant reductions in their PTSD from IPV symptoms and these changes were maintained over time

Suggests participants initiate positive changes in shelter that were sustained after leaving shelter

Given the differences in samples between extant studies, future research is still needed to identify the mechanisms through which treatment of PTSD may affect future IPV risk.

Effect of PTSD treatment on future IPV risk

Suggested that women are unlikely to attend group sessions after they leave shelter.

Unclear if findings would generalise to less severe

Unclear if results due to HOPE protocol or nonspecific factors common to psychotherapy (Dodo bird)

Findings are promising

---

---

*Study 9 Karageorge et al., 2018: Data*

---

Post-Milan systemic family therapy principles

Cultural and trauma-informed aspects of care

Study explored the design and impact of the program

Experiences of staff

Phasing of treatment in line with client culture, needs, and readiness

Family as key protective support system

Needs for adapted approaches for specific pops - resettled refugees

Acknowledges a lack of clear evidence to guide practice

Use of groups

Sharing and normalisation

Conversations of power

Social inclusion and empowerment through promoting 'the strength to raise their voice'

Group activities provided an alternative to more isolated behaviours

Complex role of bicultural worker

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 9 Karageorge et al., 2018: Data*

---

Extended engagement periods into service

Systemic

Start with 'basic' counselling then it can develop to relationship or psychological

Practitioner's ability to phase treatment to shifting needs

Importance of supervision

Expectations at odds (Client and practitioner)

Directive/ practical sometimes required first

Therapist-driven, practical modes of family therapy

Importance of professionals' personality factors

Compassion and deep cultural knowledge

Group work to engage marginalised pops and address traumatic responses

Non-threatening and community- enriched space

Safety as precursor to traumafocused psychotherapeutic intervention

Role of body in processing trauma - group activities

Sense of identity

Developing social support systems and mobilising family strengths and resources

Cultural therapeutic mediator roles

Use of a therapeutic team

Focusing concurrently on refugee relationship needs and resettlement issues

Flexibility and innovation

Documenting clinical practice can help strengthen shared knowledge base

---

---

*Study 10 Krakauer, 2018: Data*

---

Gratitude

Positive psychology

Homework

Preliminary study on new intervention

Filling gap between + psych theory and practice

---

---

*Study 11 Lloyd et al., 2017: Data*

---

Understanding experiences

Women service users/clients

---

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 11 Lloyd et al., 2017: Data*

---

Programme evaluation

Barriers and facilitators to empowerment and strengths-based recovery perspectives

Professional learning

Recovery perspective - linked to SBA

Control over life - internal locus of control

Manage wellbeing despite symptoms

Self-blame

Diversity of violence and of responses and needs in relation to violence

Empowerment processes must be flexible and adaptable to women's individual needs and values.

Recovery is nonlinear, recursive

Recovery has diverse meanings and goals - realities of women's lives

Approach about empowering both T and C

Empowerment of T through professional learning

Collaboration of provider services

Safety

Enablement to stay engaged w services

professional confidence and competence of mental health providers

Themes: Self-esteem and survival

Women's sense of self

Skills improvement

Practitioner readiness for IPV work

Expressions of anger at years that blamed self for abuse

Righteous anger can discharge guilt

Barriers to access services - including cultural

Importance of inter-sectorial collaboration

Value of group solidarity

---

*Study 12 Luzzatto et al., 2022: Data*

---

Focus on client needs more so than type of trauma

Emotional strengthening interventions

Emotion regulation

Relationships

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 12 Luzzatto et al., 2022: Data*

---

Self-identity/self-esteem

Gradual exposure to the trauma (phased)

Integration of the trauma in one's life

Personal resources

Theoretical approach and intervention appropriate to cultural context

Psychoeducation

Feeling more able to contain their emotions

Appreciating positive memories in their life

Sharing negative memories

Accepting that trauma had been part of their life history

Making plans for the future

Specific symptoms of PTSD or C-PTSD may need prolonged attention

Resumed education/ participation

Group cohesion may help the healing process: feel seen, heard, and understood

Promising not proven

Practitioner learning art therapy as additional skill

---

---

*Study 13 Nasim & Nadan, 2013: Data*

---

Clinical therapeutic practice

Resistance, survival, and strength

Narrative

Disclosure and traumatisation (nonprotective response)

Shame, guilt, confusion

Re-enactment of traumatic patterns

Healing of interpersonal relationships

Survivor may not be able to witness own abuse

Environments of denial and silencing (passive and active)

Bear witness

Externalisation - Objectifying problem as separate to individuals in couple

Mistrust of self and others

Low sense of self worth

Validation

Expansion of preferred identity

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 13 Nasim & Nadan, 2013: Data*

---

Safe space for sharing

Create a safe, sensitive, and attentive space for sharing the effects of the trauma

Importance of being understood

Focusing on effects of trauma rather than details of incidents

Referral / involvement with other therapies

Responsibility in present (as was not possible in past trauma)

Success may mean separation

---

---

*Study 14 Rashid, 2009: Data*

---

Psychopathology: Easing symptoms but not enhanced happiness

Goal of therapy

Broaden and build

The practice of positive psychology has a long way to go

Change process

Positive psych in self-help oversimplification

Positive psych requires scientific rigor examining effectiveness, applicability, safety, and specificity

Quality of life

Psych wellbeing in recovery

Complete mental health

Hybrid enterprise—alleviating deficits as well as promoting happiness

Focus on negative experiences may need to come before strengths

Behavioural interventions

Diversity: contextual and cultural factors must be considered

Cultural differences in definitions of happiness/ wellbeing

a positive intervention needs to be delivered with sensitivity and flexibility to accommodate individual and cultural differences

Flexibility of interventions

SBA in assessment as well as treatment

SBA to complement extant treatment

Deal w symptomatic distress before strengths

Importance of social ties

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 15 Reyes et al., 2020: Data*

---

Seeing relationship from shared perspective  
Brief interventions to strengthen couples' relationships  
Consensus for therapy → mutual goals in therapy  
Shared perceptions  
Oversampling of low-income couples

---

---

*Study 16 Russano et al., 2017: Data*

---

Internal and external religiosity  
Personal strength  
New possibilities  
Relating to others  
Appreciation of life  
Spiritual change  
Recovery  
Trauma exposure may threaten survivors' core beliefs about the world  
Core beliefs  
Cognitive processing: Constructive reappraisal and acceptance  
Restructuring or adjusting one's belief systems to integrate the traumatic event into their  
Revised worldview  
Deliberate rumination - intentional processing  
Learn from others  
Coherent narrative  
Social support  
Prolonged exposure therapy  
Shift one's relationship to their thoughts and feelings to increase psychological flexibility  
Meaning making  
Culture-bound nature of the instruments  
Psychologist's biases in therapeutic context  
Ethics of sensitive topic (spirituality/ religion)  
Culturally informed skills  
Collaboration with service providers

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 16 Russano et al., 2017: Data*

---

Positive coping strategies

Strength-based and client-centered orientation within treatment

---



---

*Study 17 Song & Shih, 2010: Data*

---

Recovery: a journey of self-discovery

Growth of sense of self

Affirmation and action

Realisation of self

Negative psychological effects such as self-blame, low self-esteem, depression, and anxiety, post-traumatic stress disorder and a fear of intimate relationships

Social services and counselling

Self-esteem, personal mastery, social support

Women as effective and resilient change agents

Strength-based approach prevent secondary trauma

The nature of change

Self-recovery

Finding new meaning and enjoyment in life

Recovery as personal growth of inner self and adjustment to the outside world

Aspirations

This perspective does not ignore all the existing problems around people

Ripple effects - broaden and build

Client as expert on own life

Therapist to instil hope, facilitate change and provide information and support.

Support system

Community resources

Training for professionals

Creativity and flexibility of service

Daily living issues + psychological

Sense of self

Value one's own existence

No more self-blame

Self-acceptance

Affirmation of self

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 17 Song & Shih, 2010: Data*

---

Being able to express oneself

Starting to care for the self

Recognising self-capacity and potentials

Learning to let go or live with the problem

Enhancing stress-coping ability

Action and realisation of self

Will to change and recover

Plan to fulfil one's life goals

Preliminary

Staying in relationship

Cultural considerations

Intensive contacts, genuine concerns, establishing trust, instilling hope, helping clients see that there are alternatives and choices in life, emphasising positive experiences and bracketing problems that could not be solved right away

Intrapersonal, interpersonal, and transpersonal

Transcendence of self and becoming a helper

Proactivity toward life

Establishment of a life domain and interpersonal relationships

Access to resources

---

---

*Study 18 St. Myers, 2021: Data*

---

Cognitive processes

Meaningful - meaning making

Positive view of self

Life story - storytelling - narrative

Wisdom

Rumination

Social influences / support

A person needs more concretely developed or established schemas to experience disruption

Greater appreciation of life and changed priorities

Development of enhanced coping skills

Increase in compassion

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 18 St. Myers, 2021: Data*

---

Changes in one's general philosophy in life  
 Changes in the experience of relationships with others  
 Changes in the perception of self  
 Spiritual/ existential development  
 Recognition of new possibilities  
 Greater sense of personal strength  
 More intimate relationships  
 Affective and relational  
 Challenge of medical model to "fix deficiencies"  
 Recovery  
 Self-knowledge  
 Self-esteem  
 Re-traumatisation  
 Perception of self  
 enhanced personal resource / intrapersonal  
 social skills/ interpersonal  
 View trauma through relational lens  
 Cultural considerations

---



---

*Study 19 Strand & Stige, 2021: Data*

---

Need for more research on treatment options  
 Compassion - 'openness to suffering with the desire to relieve it' (Dalai Lama, 1995)  
 Adapted for trauma survivors  
 Trauma-informed  
 Phase-based treatment not always linear  
 emotion regulation  
 relationships  
 self-image  
 Attachment theory  
 cognitions, emotions, and behaviors  
 Inner experiences overwhelming -> avoidance  
 limited resources and strategies available to regulate arousal.  
 Narrow window of tolerance

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 19 Strand & Stige, 2021: Data*

---

Neurobiological perspectives considered

fragmentation of memories and experiences

mindfulness appropriate intervention for dissociation

Symptomatology

social context of the lived experiences to actively avoid re-traumatization in the treatment context

Therapist/ practitioner skills and principles

Phase-based w safety first

Ability to modify/ adapt/ flexibility

difficult meditation-related experiences might be misinterpreted as psychological symptoms of illness

Shared attention - witnessing - connecting to other - role modelling

Interpersonal connection to process traumatic memories

TMC does not involve direct exposure - appropriate for relational trauma

Complementary to standardised treatments

self-respect and interpersonal connections and intimacy, and integrating a sense of identity

Further efficacy research required

conceptualizes trauma beyond individual symptomatology

---

---

*Study 20 Tarocchi et al., 2013: Data*

---

Cumulative effect of repeated traumatic experiences

Therapeutic process: 1. establishing a safe therapeutic environment 2. reprocessing the trauma 3. constructing a new narrative 4. managing emotional dysregulation.

Emotional regulation (dysregulation)

Alterations in perception of self, perpetrator, and others

alterations in systems of meaning

Unaware of origins of problems OR ashamed to report

Attachment

multiphasic, multimodal, and transtheoretical treatment approach

Trust and secure attachment w therapist

Establish safe therapeutic environment first

Narration of trauma memory

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 20 Tarocchi et al., 2013: Data*

---

Assessment as intervention

Self-reflection

Client readiness

Focus on effects of trauma/ current difficulties

Collaborative discussion

Acknowledgement of retraumatization

help the client feel supported and not alone in the shameful and painful experiences.

teach the client more effective and adaptive strategies for coping

Client interprets assessment results - modify life story

Increased hope

Pace dictated by client

Change as goal/ process

Therapeutic relationship

Psychoeducation

---

---

*Study 21 Wood, 2015: Data*

---

Therapy included in advocacy as a micro-intervention

Themes separately categorised Empowerment, SB-perspective, and Hope

Practice model vs Practitioner Approach

Many theoretical frameworks suggested w very little verification of application

Empowerment, feminism, and strengths-based perspective are dominant lenses for practice

Hope theory -> agency and motivation

Learning skills

Clinical strategies to address violence and trauma from the standpoint of survivors

Lit supports focus on strengths and empowerment but disagrees on how to use as practice model

Help-seeking skills are strength

Some practices are empowerment in name only

Confusion over meaning of empowerment

Training for practitioners

How constructs are applied in practice

The implementation of a theoretical model does not necessarily mean success

---

STRENGTH-BASED APPROACHES & RELATIONAL TRAUMA: A SCOPING REVIEW

---

*Study 21 Wood, 2015: Data*

---

Feminist and empowerment-based approaches used in work to end IPV - but what about treatment for those that have experienced

---

*Study 22 Worthington et al., 2016: Data*

---

Forgiveness

Adjustment and personal development

Guilt, shame, worthlessness

Self-condemnation -> self-forgiveness

Rumination

Positive self-regard and self-acceptance

Forgiveness interventions can be undertaken from many approaches  
forgiveness to enrich lives rather than repair problems

Clinical vs subclinical populations

May be used to speed up and deepen therapy - not yet investigated

May be integrated into psychotherapeutic process without disruption

Cultural competence of practitioner

Groups can be used

Way to enhance flourishing

Preventing and resolving interpersonal concerns that are often integral to presenting  
problems

No experimental evidence

---

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

## References

- American Psychiatric Association. (2013). Differential Diagnosis by the Tables. In *DSM-5® Handbook of Differential Diagnosis*.  
<https://doi.org/10.1176/appi.books.9781585629992.mf03>
- American Psychological Association. (2022). *APA Dictionary of Psychology*. Retrieved 4 November 2022, from <https://dictionary.apa.org/>
- Anders, S. L., Shallcross, S. L., & Frazier, P. A. (2012). Beyond Criterion A1: The Effects of Relational and Non-Relational Traumatic Events. *Journal of Trauma & Dissociation*, 13(2), 134-151. <https://doi.org/10.1080/15299732.2012.642744>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32.  
<https://doi.org/10.1080/1364557032000119616>
- Ashfield, E., Chan, C., & Lee, D. (2021). Building 'a compassionate armour': The journey to develop strength and self-compassion in a group treatment for complex post-traumatic stress disorder [Article]. *Psychology and Psychotherapy: Theory, Research and Practice*, 94(S2), 286-303. <https://doi.org/10.1111/papt.12275>
- Barrett, M. J., & Fish, L. S. (2017). The collaborative change model: A strengths-based blueprint for the treatment of relational complex trauma. In *Handbook of strengths-based clinical practices: Finding common factors* (pp. 35-52). Routledge/Taylor & Francis Group; US.
- Bassett, R. (2010). Iterative. In A. J. Mills, G. Durepos, & E. Weibe (Eds.), *Encyclopedia of Case Study Research* (Vol. 1, pp. 503-505). Sage.
- Baumeister, R. F., & Leary, M. R. (1995). The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. *Psychological Bulletin*, 117(3), 497-529. <https://doi.org/10.1037/0033-2909.117.3.497>

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

- Boniwell, I., & Tunariu, A. D. (2019). *Positive psychology: Theory, research and applications* (2 ed.). McGraw-Hill Education.
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*(1), 37-47.  
<https://doi.org/https://doi.org/10.1002/capr.12360>
- Bright, C., Devine, N., Du Preez, E., & Goedeke, S. (2021). Strength-based school counsellors' experiences of counselling in New Zealand. *BRITISH JOURNAL OF GUIDANCE & COUNSELLING*. <https://doi.org/10.1080/03069885.2021.1981231>
- Budd, R., & Hughes, I. (2009). The Dodo Bird Verdict - Controversial, inevitable and important: A commentary on 30 years of meta-analyses. *Clinical Psychology & Psychotherapy, 16*, 510-522. <https://doi.org/10.1002/cpp.648>
- Caffaro, J. (2017). Treating Adult Survivors of Sibling Sexual Abuse: A Relational Strengths-Based Approach. *Journal of Family Violence, 32*(5), 543-552.  
<https://doi.org/10.1007/s10896-016-9877-0>
- Ciarrochi, J., Hayes, S. C., Oades, L. G., & Hofmann, S. G. (2022, 2022-February-10). Toward a Unified Framework for Positive Psychology Interventions: Evidence-Based Processes of Change in Coaching, Prevention, and Training [Review]. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.809362>
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology, 12*(3), 297-298. <https://doi.org/10.1080/17439760.2016.1262613>
- Coulter, S. (2014, 2014/01/02). The Applicability of Two Strengths-based Systemic Psychotherapy Models for Young People Following Type 1 Trauma. *Child Care in Practice, 20*(1), 48-63. <https://doi.org/10.1080/13575279.2013.847057>

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

Cowen, E. L., & Kilmer, R. P. (2002). "Positive psychology": Some plusses and some open issues. *Journal of Community Psychology*, 30(4), 449-460.

<https://doi.org/https://doi.org/10.1002/jcop.10014>

Epstein, N. B. (2004). Cognitive-Behavioral Therapy with Couples: Theoretical and Empirical Status. In *Contemporary cognitive therapy: Theory, research, and practice* (pp. 367-388). The Guilford Press; US.

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55, 316-340.

<https://doi.org/10.1037/pst0000172>

Ford, J. D. (2020). Trauma affect regulation: Guide for education and therapy. In *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models* (2 ed., pp. 390-412). The Guilford Press; US.

Fredrickson, B. L. (1998). What Good Are Positive Emotions? *Review of General Psychology*, 2(3), 300-319. <https://doi.org/10.1037/1089-2680.2.3.300>

Fredrickson, B. L., & Joiner, T. (2002). Positive Emotions Trigger Upward Spirals Toward Emotional Well-Being. *Psychological Science*, 13(2), 172-175.

<https://doi.org/10.1111/1467-9280.00431>

Fredrickson, B. L., & Joiner, T. (2018). Reflections on Positive Emotions and Upward Spirals. *Perspectives on Psychological Science*, 13(2), 194-199.

<https://doi.org/10.1177/1745691617692106>

Gillham, J. E., & Seligman, M. E. P. (1999). Footsteps on the road to a positive psychology. *Behaviour Research and Therapy*, 37, S163-S173.

[https://doi.org/https://doi.org/10.1016/S0005-7967\(99\)00055-8](https://doi.org/https://doi.org/10.1016/S0005-7967(99)00055-8)

Gómez, J. M., Lewis, J. K., Noll, L. K., Smidt, A. M., & Birrell, P. J. (2016). Shifting the focus: Nonpathologizing approaches to healing from betrayal trauma through an emphasis on relational care. *Journal of Trauma & Dissociation*, 17(2), 165-185.

<https://doi.org/10.1080/15299732.2016.1103104>

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

- Grant, B. M., & Giddings, L. S. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse*, 13(1), 10-28.  
<https://doi.org/10.5172/conu.13.1.10>
- Hall, A., Poutu, M., & Wilson, C. (2012). Waka Oranga: The Development of an Indigenous Professional Organisation within a Psychotherapeutic Discourse in Aotearoa New Zealand. *Psychotherapy and Politics International*, 10(1), 7-16.  
<https://doi.org/https://doi.org/10.1002/ppi.1255>
- Hartelius, G., Caplan, M., & Rardin, M. A. (2007). Transpersonal Psychology: Defining the Past, Divining the Future. *Humanistic Psychologist*, 35(2), 135-160.  
<https://doi.org/10.1080/08873260701274017>
- Herman, J. L. (1997). *Trauma and recovery : the aftermath of violence - from domestic abuse to political terror*. Basic Books.
- Hill, C. E. (2020). *Helping skills: Facilitating exploration, insight, and action, 5th ed.* American Psychological Association. <https://doi.org/10.1037/0000147-000>
- Hou, W.-L., Ko, N.-Y., & Shu, B.-C. (2016). Effects of a strengths-based perspective support group among taiwanese women who left a violent intimate partner relationship. *Journal of Clinical Nursing*, 25(3-4), 543-554.  
<https://doi.org/https://dx.doi.org/10.1111/jocn.13091>
- Iverson, K. M., Danitz, S. B., Driscoll, M., Vogt, D., Hamilton, A. B., Gerber, M. R., Wiltsey Stirman, S., Shayani, D. R., Suvak, M. K., & Dichter, M. E. (2022). Recovering from intimate partner violence through Strengths and Empowerment (RISE): Development, pilot testing, and refinement of a patient-centered brief counseling intervention for women. *Psychological Services*, 19(Suppl 2), 102-112.  
<https://doi.org/10.1037/ser0000544>
- Johnson, D. M., Johnson, N. L., Perez, S. K., Palmieri, P. A., & Zlotnick, C. (2016). Comparison of adding treatment of PTSD during and after shelter stay to standard care in residents of battered women's shelters: Results of a randomized clinical

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

trial. *Journal of Traumatic Stress*, 29(4), 365-373.

<https://doi.org/https://dx.doi.org/10.1002/jts.22117>

Jørgensen, I. S., & Nafstad, H. E. (2004). Positive Psychology: Historical, Philosophical, and Epistemological Perspectives. In *Positive Psychology in Practice* (pp. 34-21).

<https://doi.org/https://doi.org/10.1002/9780470939338.ch2>

Kaczmarek, P. (2006). Counseling Psychology and Strength-Based Counseling: A Promise Yet to Fully Materialize. *The Counseling Psychologist*, 34(1), 90-95.

<https://doi.org/10.1177/0011000005282371>

Karageorge, A., Rhodes, P., & Gray, R. (2018). Relationship and Family Therapy for Newly Resettled Refugees: An Interpretive Description of Staff Experiences. *Australian & New Zealand Journal of Family Therapy*, 39(3), 303-319.

<https://doi.org/10.1002/anzf.1325>

Keyes, C. L. M. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Behavior*, 43(2), 207-222.

<https://doi.org/10.2307/3090197>

Krok, D. (2008). The role of spirituality in coping: Examining the relationships between spiritual dimensions and coping styles. *Mental Health, Religion & Culture*, 11(7),

643-653. <https://doi.org/10.1080/13674670801930429>

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, 5(1), 69. [https://doi.org/10.1186/1748-5908-](https://doi.org/10.1186/1748-5908-5-69)

[5-69](https://doi.org/10.1186/1748-5908-5-69)

Li, P. F. J., & Wong, Y. J. (2021). Strength-centered therapy: a positive and culturally flexible therapeutic approach. *Asia Pacific Journal of Counselling and*

*Psychotherapy*, 12(2), 154-169. <https://doi.org/10.1080/21507686.2021.1925313>

Linley, P. A. (2006). Counseling Psychology's Positive Psychological Agenda: A Model for Integration and Inspiration. *The Counseling Psychologist*, 34(2), 313-322.

<https://doi.org/10.1177/0011000005284393>

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11-21.  
<https://doi.org/https://doi.org/10.1023/B:JOTS.0000014671.27856.7e>
- Lloyd, M., Ramon, S., Vakalopoulou, A., Videmsek, P., Meffan, C., Roszczynska-Michta, J., & Rolle, L. (2017). Women's experiences of domestic violence and mental health: Findings from a European empowerment project. *Psychology of Violence, 7*(3), 478-487. <https://doi.org/https://dx.doi.org/10.1037/vio0000111>
- Lopez, S. J., & Magyar-Moe, J. L. (2006). A Positive Psychology That Matters. *The Counseling Psychologist, 34*(2), 323-330.  
<https://doi.org/10.1177/0011000005284392>
- Lord, S. A. (2013, 2013/10/01). Meditative Dialogue: Cultivating Compassion and Empathy with Survivors of Complex Childhood Trauma. *Journal of Aggression, Maltreatment & Trauma, 22*(9), 997-1014. <https://doi.org/10.1080/10926771.2013.834018>
- Maslow, A. H. (1954). The Instinctoid Nature of Basic Needs<sup>1</sup>. *Journal of Personality, 22*(3), 326-347. <https://doi.org/https://doi.org/10.1111/j.1467-6494.1954.tb01136.x>
- Murphy, J. J., & Sparks, J. A. (2018). *Strengths-based therapy: Distinctive features*. Routledge. <https://doi.org/10.4324/9781315512976>
- Nasim, R., & Nadan, Y. (2013). Couples Therapy with Childhood Sexual Abuse Survivors (CSA) and their Partners: Establishing a Context for Witnessing. *Family Process, 52*(3), 368-377. <https://doi.org/10.1111/famp.12026>
- Norcross, J. C., & Wampold, B. E. (2011). Evidence-Based Therapy Relationships. *Psychotherapy, 48*(1), 98-102. . <https://doi.org/10.1037/a0022161>.
- Pachur, T., & Hertwig, R. (2006). On the Psychology of the Recognition Heuristic: Retrieval Primacy as a Key Determinant of Its Use. *Journal of Experimental Psychology: Learning, Memory, and Cognition, 32*(5), 983-1002.

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2021). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Implementation*, 19(1), 3-10.

<https://doi.org/10.1097/xeb.0000000000000277>

Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues : a handbook and classification*. American Psychological Association ; Oxford University Press.

Rapp, C., Saleebey, D., & Sullivan, P. (2008). The future of strengths-based social work practice. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4 ed.). Pearson Education.

Rashid, T. (2009). Positive interventions in clinical practice. *Journal of Clinical Psychology*, 65(5), 461-466. <https://doi.org/https://dx.doi.org/10.1002/jclp.20588>

Rashid, T. (2015). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology*, 10(1), 25-40. <https://doi.org/10.1080/17439760.2014.920411>

Russano, S., Straus, E., Sullivan, F. G., Gobin, R. L., & Allard, C. B. (2017). Religiosity predicts posttraumatic growth following treatment in veterans with interpersonal trauma histories [Empirical Study; Quantitative Study]. *Spirituality in Clinical Practice*, 4(4), 238-248. <https://doi.org/https://dx.doi.org/10.1037/scp0000151>

Sanford, L. T. (1992). *Strong at the broken places: Overcoming the trauma of childhood abuse*. Avon Books.

Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of positive psychology*, 2(2002), 3-12.

Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology. An introduction. *The American psychologist*, 55(1), 5-14. <https://doi.org/10.1037//0003-066x.55.1.5>

Sheldon, K. M., & King, L. (2001). Why Positive Psychology Is Necessary. *American Psychologist*, 56(3), 216-217. <https://doi.org/10.1037/0003-066X.56.3.216>

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

Smith, E. J. (2006). The Strength-Based Counseling Model. *The Counseling Psychologist*, 34(1), 13-79. <https://doi.org/10.1177/0011000005277018>

Song, L.-y., & Shih, C.-y. (2010). Recovery from partner abuse: The application of the strengths perspective. *International Journal of Social Welfare*, 19(1), 23-32. <https://doi.org/https://dx.doi.org/10.1111/j.1468-2397.2008.00632.x>

St. Myers, W. M. (2021). Complex trauma and post-traumatic growth: An autoethnography on relational post-traumatic growth using experiential personal construct psychology. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 82(9-B), No Pagination Specified.

Strand, M., & Stige, S. H. (2021). Combining mindfulness and compassion in the treatment of complex trauma – a theoretical exploration. *European Journal of Trauma and Dissociation*, 5(3), Article 100217. <https://doi.org/10.1016/j.ejtd.2021.100217>

Tarocchi, A., Aschieri, F., Fantini, F., & Smith, J. D. (2013). Therapeutic assessment of complex trauma: A single-case time-series study [Article]. *Clinical Case Studies*, 12(3), 228-245. <https://doi.org/10.1177/1534650113479442>

Tervalon, M., & Murray-García, J. (2010). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education [Article]. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-125. <https://doi.org/10.1353/hpu.2010.0233>

Tormoen, M. (2019). Gaslighting: How Pathological Labels Can Harm Psychotherapy Clients [Article]. *Journal of Humanistic Psychology*. <https://doi.org/10.1177/0022167819864258>

Treisman, K. (2016). *Working with Relational and Developmental Trauma in Children and Adolescents*. Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/aut/detail.action?docID=4710123>

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C.,

## STRENGTH-BASED APPROACHES &amp; RELATIONAL TRAUMA: A SCOPING REVIEW

McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., Lewin, S., Godfrey, C. M., Macdonald, M. T., Langlois, E. V., Soares-Weiser, K., Moriarty, J., Clifford, T., Tunçalp, Ö., & Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of Internal Medicine*, 169(7), 467-473. <https://doi.org/10.7326/M18-0850>

Wampold, B. E., Imel, Z. E., & Imel, Z. E. (2015). *The Great Psychotherapy Debate : The Evidence for What Makes Psychotherapy Work*. Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/aut/detail.action?docID=1968907>

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. *Journal of Adult Development*, 17(2), 110-119. <https://doi.org/10.1007/s10804-009-9082-y>

Wong, Y. J. (2006). Strength-Centered Therapy: A social constructionist, virtues-based psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 43, 133-146. <https://doi.org/10.1037/0033-3204.43.2.133>

World Health Organization. (2019). *6B41 Complex post traumatic stress disorder* (11 ed.) <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/585833559>

Worthington, E. L., Jr., Griffin, B. J., Lavelock, C. R., Hughes, C. M., Greer, C. L., Sandage, S. J., & Rye, M. S. (2016). Interventions to promote forgiveness are exemplars of positive clinical psychology. In *The Wiley handbook of positive clinical psychology* (pp. 365-380). Wiley Blackwell; US. <https://doi.org/https://dx.doi.org/10.1002/9781118468197.ch24>