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# Resource Activation in Psychotherapy

A Strength-Based Approach

2nd edition



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**Library of Congress Cataloging in Publication** information for the print version of this book is available via the Library of Congress Marc Database under the Library of Congress Control Number 2026933320

**Library and Archives Canada Cataloging in Publication**

Title: Resource activation in psychotherapy : a strength-based approach / Christoph Flückiger, Günther Wüsten, Richard E. Zinbarg, Bruce E. Wampold.

Other titles: Ressourcenaktivierung. English

Names: Flückiger, Christoph, 1974- author | Wüsten, Günther, author. | Zinbarg, Richard E., author | Wampold, Bruce E., 1948- author

Description: 2nd edition. | Translation of: Ressourcenaktivierung: ein Manual für Psychotherapie, Coaching und Beratung. | Previous English edition published under title: Resource activation: using clients' own strengths in psychotherapy and counseling. | Includes bibliographical references.

Identifiers: Canadiana (print) 20260126462 | Canadiana (ebook) 20260126470 | ISBN 9780889376496 (softcover) | ISBN 9781616766498 (PDF) | ISBN 9781613346495 (EPUB)

Subjects: LCSH: Psychotherapy. | LCSH: Counseling. | LCSH: Self-confidence. | LCSH: Self-efficacy.

Classification: LCC RC480 .F5813 2026 | DDC 616.89/14—dc23

The present volume is an adaptation of C. Flückiger and G. Wüsten, *Ressourcenaktivierung: Ein Manual für Psychotherapie, Coaching und Beratung* (ISBN 978-3-456-86063-3), © 2021 by Hogrefe AG ([www.hogrefe.ch](http://www.hogrefe.ch)), published under license from Hogrefe AG.

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Cover image: © VAWiley–iStock.com

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USA: Hogrefe Publishing Corporation, 44 Merrimac St., Newburyport, MA 01950

Phone 978 255 3700; E-mail [customersupport@hogrefe.com](mailto:customersupport@hogrefe.com)

EUROPE: Hogrefe Publishing GmbH, Merkelstr. 3, 37085 Göttingen, Germany

Phone +49 551 99950 0, Fax +49 551 99950 111; E-mail [publishing@hogrefe.com](mailto:publishing@hogrefe.com)

**Sales & Distribution**

USA: Hogrefe Publishing, Casemate Publishers & Book Distribution, 22835 Quicksilver Drive, Dulles, VA 20166

Phone 610 853 9131; E-mail [customersupport@hogrefe.com](mailto:customersupport@hogrefe.com)

UK: Hogrefe Ltd, Hogrefe House, Albion Place, Oxford, OX1 1QZ

Phone +44 186 579 7920; E-mail [customersupport@hogrefe.co.uk](mailto:customersupport@hogrefe.co.uk)

EUROPE: Hogrefe Publishing, Merkelstr. 3, 37085 Göttingen, Germany

Phone +49 551 99950 0, Fax +49 551 99950 111; E-mail [publishing@hogrefe.com](mailto:publishing@hogrefe.com)

**Other Offices**

CANADA: Hogrefe Publishing Corporation, 82 Laird Drive, East York, Ontario, M4G 3V1

SWITZERLAND: Hogrefe Publishing, Länggass-Strasse 76, 3012 Bern

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Format: PDF

ISBN 978-0-88937-649-6 (print) · ISBN 978-1-61676-649-8 (PDF) · ISBN 978-1-61334-649-5 (EPUB)

<https://doi.org/10.1027/00649-000>

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# Foreword

For more than two decades, my clinical, research, supervision, teaching, and training work has been guided by a simple yet profoundly unsettling question – one that I first asked not in a therapy room, but during a carjacking incident with two teenagers: *What are you good at?* Having survived that encounter, I was left with an enduring realization. Psychotherapy, for all its sophistication and scientific rigor, has often rested on a largely untested and audacious premise: that sustained attention to symptoms, shortcomings, and deficits will somehow carry our clients to a place of healing, fulfillment, and lasting change. What those young people taught me, in a moment of unexpected clarity, was that our therapeutic probing is often incomplete. While diagnostic formulations may give us, as clinicians, a sense of structure and authority, they do not necessarily grant access to the client’s inner psychological landscape – the fertile terrain where strengths can take root, grow, and ultimately help clients contend with their wounds and weeds.

Since then, across psychotherapy settings, educational environments, organizational contexts, and digital platforms, I have repeatedly dared to ask a related question: *What has worked before for you that can be refined and deployed now?* This has never meant minimizing suffering or diluting empathy. On the contrary, it has required walking deliberately into dark and delicate spaces with clients – listening closely to their distress, dysfunction, and despair – while also gently inquiring about their resources. Again and again, emerging from fragile and fragmented narratives, I have witnessed stories of resilience, courage, and hope. These moments have expanded not only our shared therapeutic potential, but have also sustained me as a clinician, offering sparks of vicarious resilience that guard against cynicism.

Importantly, psychotherapy outcome research increasingly suggests that strengths are not merely correlates of improvement, but active contributors to therapeutic change, both for clients and, indirectly, for clinicians. In a large and diverse treatment-seeking sample, specific character strengths – most notably zest, perseverance, and judgment – predicted faster symptom reduction, better overall outcomes, and fewer sessions required, even after controlling for baseline symptom severity (Uliaszek et al., 2022). These findings challenge the assumption that strengths are peripheral or secondary to treatment, instead positioning them as psychological resources that shape engagement, persistence, and recovery. The relevance of this stance became especially evident during the COVID-19 pandemic, a prolonged global stressor marked by uncertainty,

isolation, and inequity. In our work examining strengths-based actions during this period, we argued that a narrow focus on fear, risk, and pathology, while necessary, was insufficient for sustaining psychological functioning over time (Rashid & McGrath, 2020). Pragmatic activation of character strengths offered a complementary pathway that supported meaning-making, social connection, and adaptive coping, even under conditions of constraint. For clinicians, attending to these capacities not only broadened clients' psychological bandwidth, but also fostered moments of shared hope and vicarious resilience – an often overlooked buffer against emotional exhaustion and burnout in sustained therapeutic work.

It is precisely this empirically grounded and clinically attuned stance that animates *Resource Activation in Psychotherapy: A Strength-Based Approach* by Christoph Flückiger, Günther Wüsten, Richard E. Zinbarg, and Bruce E. Wampold. This volume does not argue against the careful assessment of symptoms, risks, or impairments. Rather, it insists, quietly but firmly, that psychotherapy is incomplete without systematic attention to psychological resources. What distinguishes this book is not simply its endorsement of strengths, but the precision and clinical realism with which resource activation is translated into everyday practice. A number of features set this book apart in ways that mental health professionals will be unlikely to find assembled elsewhere in a single volume.

First, the book offers true open-anywhere clinical utility. This is not a book that demands to be read sequentially or mastered conceptually before it can be used. Due to its concise volume and formatting, clinicians can turn to virtually any page and find a resource-oriented clinical insight, strategy, or skill that can be applied immediately, often in the very next session. In a professional landscape crowded with manuals that assume extended preparation time or strict protocol adherence, this book functions instead as a clinical companion. It respects the realities of time pressure, cognitive load, and in-session decision-making, recognizing that many of the most consequential therapeutic moments occur spontaneously and must be met with clarity rather than complexity.

Second, resource activation is integrated directly into clinical diagnosis and case conceptualization. Rather than being appended as an intervention phase once symptoms have been addressed, strengths are treated as structurally relevant from the very beginning of clinical work. The book trains clinicians to diagnose resources alongside problems – to notice capacities, values, motivations, abilities, and competencies not as afterthoughts, but as elements that actively shape formulation, hypothesis testing, and therapeutic direction. This shift may appear subtle, but its implications are profound. When resources are part of how we understand the case, they naturally inform what we attend to, how we intervene, and what we expect to change.

Third, the interventions are presented in a very condensed form without oversimplification. Many suggestions are distilled to a single distinction, question, or linguistic shift. I reckon this is a rare and deliberate editorial decision. Rather than overwhelming clinicians with procedural detail, step-by-step scripts, or rigid protocols, the book trusts the reader's foundational competence. It offers precision tools that sharpen clinical attention, timing, and stance, while fully honoring the complexity and uniqueness of each case. In doing so, it reflects a deep respect for clinical judgment and for the irreducibly relational nature of psychotherapy.

Fourth, the book achieves genuine transtheoretical integration without dilution. Resource activation is translated into a language that can be embedded seamlessly within cognitive-behavioral, psychodynamic, systemic, humanistic, and integrative approaches. Importantly, this integration is not achieved through vague generalities or abstract appeals to "common factors." Instead, the book provides concrete guidance on how strengths can be mobilized within existing manuals, guidelines, and therapeutic dialogues. Few texts manage to be truly integrative without becoming conceptually thin; this volume succeeds precisely because it remains grounded in clinical process rather than allegiance to any single school.

Finally, the book emphasizes subtle clinical leverage over technique accumulation. It demonstrates, implicitly and explicitly, that the most complex interventions are not always the most effective. Often, it is the small, well-timed shift in perspective, language, or focus that opens an entirely new therapeutic pathway. This attention to the microprocesses of change reflects a deep alignment with psychotherapy process research and seasoned clinical wisdom. It reminds us that therapeutic impact is frequently found not in novelty, but in nuance.

Taken together, these features make this volume genuinely distinctive. It does not ask clinicians to learn yet another model, adopt a new allegiance, or overhaul their practice. Instead, it sharpens what they already do, by training attention toward psychological resources that are often present, powerful, and overlooked. In doing so, it offers something rare in contemporary psychotherapy literature: depth.

*Tayyab Rashid*

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# Preface

The practice of psychotherapy and counseling is dedicated to assisting individuals in leading happier, more productive, and satisfying lives, by helping them relieve the distress that motivated them to seek help. Not surprisingly, throughout the history of psychotherapy, the focus has been on distress remediation: How can a therapist assist the client in addressing the issues that brought them to therapy? This perspective leads to a focus on problems and, in the extreme, to the development and dissemination of particular treatments, to relieve the symptoms of particular disorders. It is not only clinical practice that has focused on symptom reduction – the primary outcome of thousands of clinical trials examining the effectiveness of psychotherapy is symptom reduction.

It is quite easy to be coerced or maybe even seduced into the medicalization of psychotherapy. In most contexts, we are now asked to provide diagnoses (*What disorder is being treated?*) and treatment plans (*How will the treatment address the symptoms of the disorder?*) in order to be reimbursed for services, or simply because it is required at the clinic or agency at which we work in. To receive government funding for psychotherapy research, the research must be in the form of randomized clinical trials that examine treatments for particular disorders. Every clinical scientist, whether funded by the government or not, must submit their clinical trials to a government registry and declare what the primary (i.e., the most important) outcome of the treatment is – universally this outcome is specific to the disorder specific symptoms. Reading the academic journals, we predominantly see treatments for particular disorders – manuscripts on the topic of psychotherapy and counseling that do not investigate the treatment of a disorder have a low probability of being published in prestigious journals. And, of course, there is a push to remove psychological symptoms as quickly as possible, since most payers – whether government, managed care companies, or college administrations – require brief (as brief as possible) treatments for particular disorders.

As a result of the focus on brief treatments for disorders, it is understandable that therapists focus on client problems and the psychological bases of those problems. What is the client doing in his or her life that creates problems? How can I, the therapist, intervene to change destructive patterns? Simply put, immense pressure is exerted to focus on symptom reduction.

It is not surprising then, that we can easily forget that clients bring to therapy an immense array of strengths. Clients often have difficulties in a particular area (e.g., marital relationship) but are successful in others (e.g., their career). Even the most distressed and disadvantaged clients use their strengths to

manage their own lives, despite having conditions that would frighten many of us. I am continually struck by the unrecognized courage that clients have, to persevere through truly difficult times. Some of us were trained in programs that emphasized client strengths and focused on client development, but it seems to me that the forces of mental health services across the world are conspiring to work against the use of client strengths in therapy.

The dichotomy between the remediation of symptoms and distress versus health and growth is however false. Activating client resources by emphasizing strengths is not incompatible with distress remediation. As this volume discusses, utilizing client resources is an effective way to increase client well-being, as well as reduce distress. In an important way, treatments that activate the client's own resources, personalize the treatment. Moreover, focusing on strengths in therapy is not incompatible with existing treatments. Scientific evidence indicates that incorporating therapeutic actions that utilize client strengths makes existing treatments more effective.

*Resource Activation in Psychotherapy – A Strength-Based Approach* provides pragmatic strategies that ought to be used in therapy, to help clients recognize and use their own resources in achieving their goals. Sometimes, therapeutic strategies involve simply changing the way we ask questions, focusing on coping and success, rather than frustration and failures. Other strategies involve more elaborate exercises that assist the client in recognizing and using their existing coping strategies, developing new strategies, and using their strengths in ways they had previously seen as impossible. The questions, strategies, and exercises in this volume are deceptively simple, but often simple changes produce the best outcomes. However, a change of therapist mindset is needed – redirecting ourselves from a focus on symptoms and distress to a focus on client strengths.

Bruce E. Wampold, PhD  
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# Introduction

Mr. M. has suffered from extreme shyness for many years now. He defines his current state as hopeless, and he has more or less given up thinking that he can learn to cope on his own. His shyness and his tendency toward social withdrawal have led him to losing nearly his entire circle of friends. He's been yearning for a partner for years, but every time he sees an interesting woman, he freezes and can't even speak to her. When that happens, his negative cognitions of being the "most boring" man in the world simply overwhelm him. By the time these thoughts have receded, so has the chance of an encounter. These problems have assumed such a predominant position in Mr. M.'s life that he cannot think of anything else or do the things he enjoys most. Recently however, he mustered the courage to look for professional help.

Mr. M. noticed that his therapist does not simply examine his symptoms, but rather also wants to understand his talents. His therapist, for instance, was very interested in Mr. M.'s job as a teacher and in his popularity with his pupils. Up to that point, Mr. M. had nearly forgotten how many interests he had. This in turn gives Mr. M. the confidence that he is indeed receiving competent help – and the hope that his problems can be solved. With the help of the therapist, he tries to strengthen his innate but dormant talents and build on his strengths and wishes to create new behavioral patterns. After seeing how the detailed work with his therapist helped him make progress, Mr. M. gained the certainty that his state of affairs could be changed, which in turn motivated him to continue on with the therapy, and work on himself and his problems.

All of which is easier said than done! This book is meant for psychologists, psychiatrists, social workers, supervisors, and therapists to illustrate practical starting points for detecting an individual's resources and using them in therapy. It is written in an easy and relaxed style, using everyday language, to enable direct integration into the treatment of clinical populations.

Therapists often find themselves in situations in which they must make quick decisions on how to move forward without necessarily knowing in advance the possible solutions at their disposal. To find their way among these possibilities, they need effective therapeutic strategies to react to the situation at hand. A central role is played by the way they handle the individual resources, capabilities, interests, and motivational readiness of the person seeking help. When trying to understand problems, one runs the risk of relegating a person's resources to the back burner by focusing solely on problematic aspects – which effectively assumes the negative cognitions of the person seeking help and leaves patients

in their mindset of negative thoughts (Flückiger et al., 2025). Upon starting therapy, people seeking help often feel hopeless and have given up believing in their own problem-solving resources. It is therefore the therapist's job to reactivate the experience of that person's self-effectiveness. One of the first therapeutic goals of therapists is to recognize the problems as well as the strengths, and the abilities of patients to build on these.

The central therapeutic question is, how can I, as a therapist, integrate the patient's resources directly into therapy, in order to achieve the therapeutic goals worked out, together with the patient. This does not mean excluding a person's problematic aspects; on the contrary, a situation favorable to establishing a stronger resource orientation, will simultaneously make a direct handling of the problems easier (Duckworth et al., 2004; Rashid, 2009).

## How to Use This Practice-Based Book

This book is intended for clinicians who want to sensitize and inspire themselves to resource-oriented principles in their daily routine. The book and the individual chapters are designed in such a way that you receive a clinical impulse within 5 minutes, which you can apply directly in your following session, for example.

We predict that you will be able to turn to any page in the book and get a reference to a resource-oriented aspect for an immediate therapeutic implementation. These clues may refer to subtle distinctions in the language used and are primarily intended to encourage clinical reflection in individual cases. The specific principles and methods build on existing, well-established transtheoretical interventions and emphasize the focus on resource-oriented and strength-based aspects of the therapeutic process.

The individual interventions are presented in abbreviated form, and we assume that the underlying basic therapeutic skills are known. Some of the interventions are presented in such a condensed form that they are reduced to very specific resource-oriented aspects. Nonetheless, the condensed suggestions should not prevent you from understanding or appreciating the complexity of the individual case.

Our aim is not that you should change your well-established practice. On the contrary, we assume that the principles presented here will create an awareness and confirmation of therapeutic approaches that are, up to a certain point, commonplace and usual in therapeutic practices. At the same time, we believe that the guidance presented here will raise awareness of resource-oriented and strength-based principles in the therapeutic routine. Resource-oriented perspectives are often simply (or not so simply) forgotten in everyday clinical practice.

# 1 Systematic Resource Analysis

Systematic resource analysis serves to complement existing case conceptualizations. Both in professional and private contexts we constantly form hypotheses about our counterparts – the way they behave, what they are thinking, what they care about, what makes them uncomfortable, and of course how they relate to us. We make hypotheses of the other person regarding their actual and past problems, and their coping strategies across areas of life (Grawe, 2006).

Such perceptions can be solely problem-centered, thus, in part, neglecting that person’s resources (Flückiger et al., 2024; Scheel et al., 2012).

However, parallel to the diagnosis of *problems*, it is possible to look for *resources* in the various areas of life. People often have problems in certain areas of life and desperately try to solve them without realizing that they possess skills and talents that could be used toward achieving their goals. Figure 1 offers an overview of different areas of psychological functioning concerning both talents

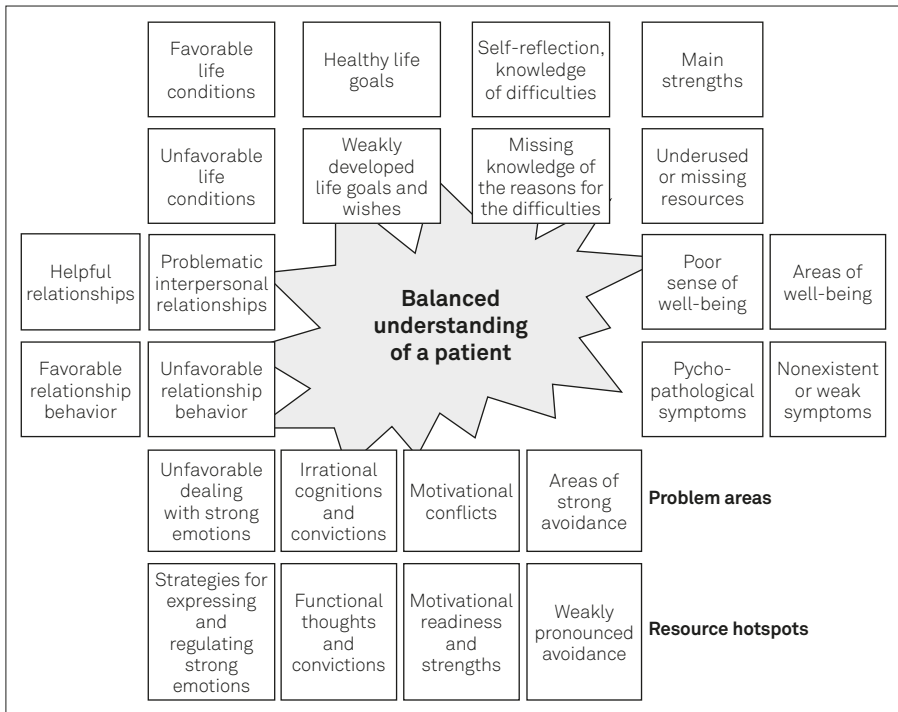


Figure 1. Resource analysis: Problem areas and resource hotspots.

## 2 Resource-Oriented Strategies in the Collaborative Dialogue

Manuals or guidelines tend to focus on the description of certain therapeutic interventions – on “what” to do. Often, the “how” is hastily dismissed as obvious and therefore deemed negligible. The following chapter offers an overview of several strategies of resource-oriented dialogue that can be used to channel the individual’s attention. Think of it as moving and focusing a source of light or as a resource that can be looked at from various angles. These perspectives are characterized by opposite poles, whereby the two poles of a perspective are in fact complementary.

The job of the therapist is to focus the attention on one or the other pole of a single resource perspective during the session. Patients are often in a state in which they tend to focus on their deficits and are largely unaware of their resources. In order to further an active change of perspective, the therapist has to break out of the patient’s thinking patterns.

The goal of resource-oriented dialogue is to heighten the patient’s immediate positive emotional experience and thus make it easier for that person to work through problems. Progressive integration of the resource perspective sets a positive feedback mechanism in motion, characterized by an improved working relationship as well as greater openness and cooperation: It reactivates one’s own attempts at coping with the problem. In friendly discussions with family or friends, resource-oriented dialogue often occurs spontaneously and is recognized as such only when it is missing. Discussions are then perceived as halting and slow (Grawe, 2004).

It is possible to differentiate between the following perspectives with two opposing poles:

- 1) Perceiving and validating *directly available resources* and actively searching out *unused resources*.
- 2) *Verbalizing resources* and immediately *experiencing resources*.
- 3) Using *potential resources* and integrating *motivational resources*.
- 4) Strengthening *personal resources* and furthering the *available resources* of the *social network*.
- 5) Focusing on *problem-independent resources* and taking advantage of *problem-relevant resources*.
- 6) Optimizing *usable resources* and boosting and maintaining *trainable resources*.

In the following chapters, we explain the individual resource perspectives and point out relevant questions. Short case studies serve to exemplify the change of perspective from a problem-focused one to a resource-oriented one. In contrast, an intervention is always presented in a manner that remains stuck in a problem-focused perspective. We are not suggesting that these questions are not pertinent; rather, we wish to emphasize the technical aspect in the change of perspective. A resource that is not picked up is not necessarily a “wasted opportunity,” but can be discussed at a later stage (Flückiger et al., 2023).

## Perceiving and Validating Directly Available Resources and Actively Introducing Unused Resources

### Perceiving and Validating Directly Available Resources

At first sight it might seem trivial, but recognizing a directly available resource is the result of a complex calculation within a means-ends model in which the therapist has recognized the goals, the potential means of attaining those goals, as well as the function of available resources. Available resources can be so self-evident that the therapist is not even aware of them. Or they might be so “minor” as to prove useful at some later stage and are simply denoted for later use. Additionally, they can be the first small changes and improvements that can then be explored in more detail.

Possible introspective questions for the therapist:

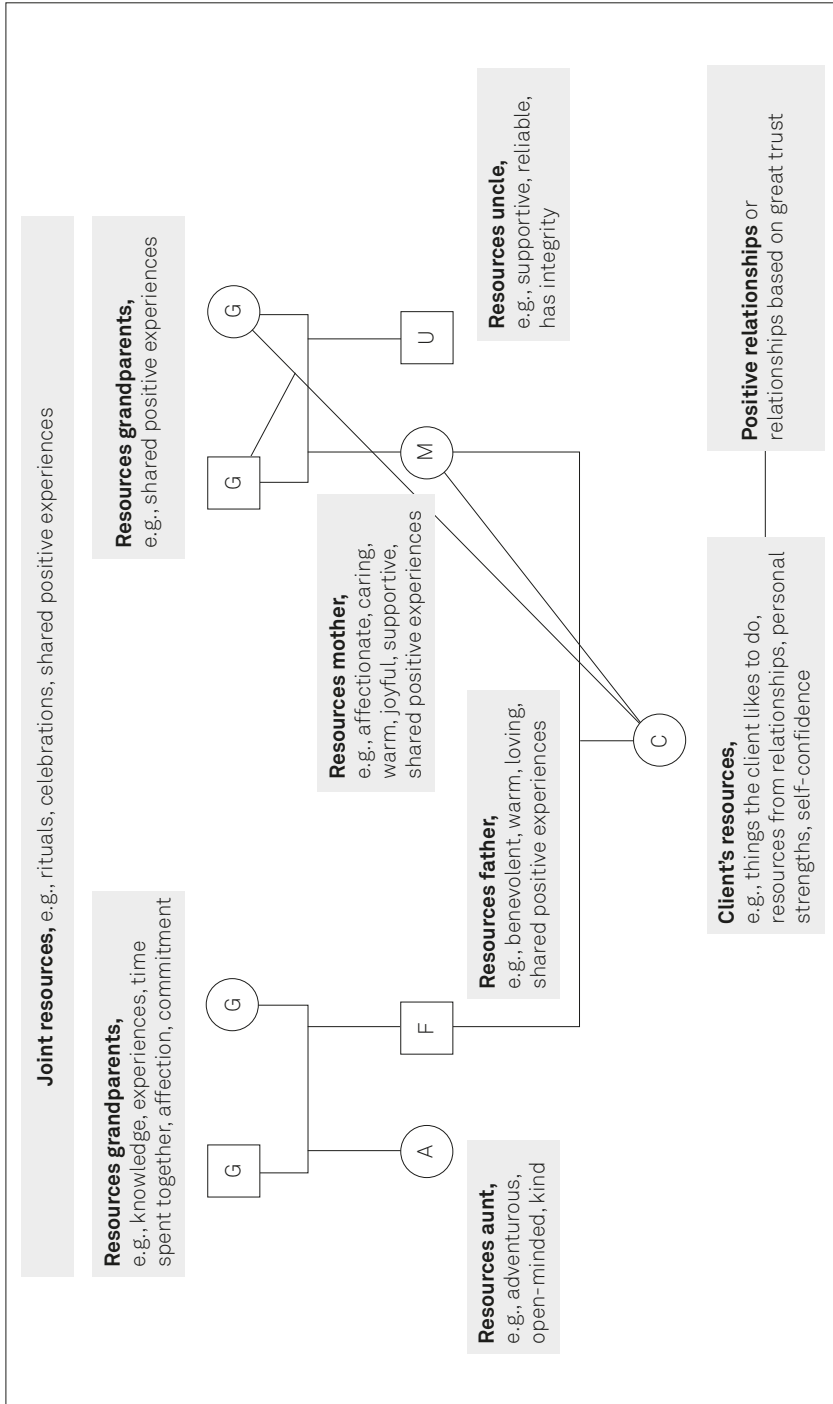
- Have I sufficiently attended to the unproblematic results of the questionnaire?
- Are there any changes or improvements?
- Have I adequately reinforced behavior useful to therapy?
- What is the patient’s contribution by coming to the session?

#### Case Study

*Mr. H.:* I was jogging this morning, and was not able to get the usual 10 miles. What a shame!

*Problem-focused intervention:* Do you have quite high expectations of yourself?

*Resource-oriented intervention:* It seems that you have amazing skills. What makes you so confident about them that they almost seem implicit to you?



**Figure 7.** Genogram from a resource perspective. A = aunt, C = client, F = father, G = grandfather/grandmother, M = mother, U = uncle.

problematic can now detect a new meaning to the behavior with the help of such reassessments. It is purely irrational, as the patient used to think, but it can now be read within a specific situational context that has certain effects – and mostly positive ones at that. The patient is often amazed at such reassessments. Reframing is a question of the specific therapy situation, particularly the therapy style. It cannot be divorced from clear therapeutic convictions and is an intention on the part of the therapist to see the patient from his or her most positive side.

## Procedure

It can be helpful to set up a card index of possible reframing tailored to the target group. Table 3 gives a few examples of common reframing and normalizations.

**Table 3.** Possible reframing and normalizations

Problem aspect	Reframe into	Positive behavior
Sensitive	→	Alert, attentive
Fearful	→	Being concerned about yourself, only those who are afraid need a lot of courage
Withdrawn	→	Considerate, discreet
Envious	→	Knowing what you want
Jealous	→	Protecting the source of one's own relationship needs
Arrogant	→	Knowing how to maintain distance
Confused	→	Realizing that there are many possibilities out there
Aggressive	→	Fighting for your own goals
Pigheaded	→	Self-assertive and self-confident
Worthless	→	Nothing is without value
Depressed	→	Melancholy can suggest deep understanding
Mistrustful	→	Careful
Tense	→	Full of energy
Docile	→	Being open to compromise
Hurt	→	Time for healing
Vulnerable	→	We're all vulnerable
Sensitive	→	Being able to empathize

# Appendix

**The following materials for your book can be downloaded free of charge once you register on the Hogrefe website.**

Handout 1. Resource Priming

Handout 2. Resource-Oriented Dialogue Strategies – Possible Questions

Handout 3. Differentiating Positive Feelings and Moods

Handout 4. Exploring Change

Handout 5. List of 24 Character Strengths



**DOWNLOAD**

## **How to proceed:**

1. Go to [www.hgf.io/media](http://www.hgf.io/media) and create a user account. If you already have one, please log in.
2. Go to **My supplementary materials** in your account dashboard and enter the code below. You will automatically be redirected to the download area, where you can access and download the supplementary materials.

**Code: xxxx**

To make sure you have permanent direct access to all the materials, we recommend that you download them and save them on your computer.

# Peer Commentaries

*This book has the potential to fundamentally transform the practice of psychotherapy worldwide. It offers a clear, practice-oriented clinical guide demonstrating how systematic resource activation can enhance the effectiveness of existing psychotherapeutic approaches. From a structured framework for assessing patient resources alongside difficulties, through concrete dialogical strategies, to a rich repertoire of resource-activating interventions, the authors provide clinicians with actionable tools grounded in empirical research. Written by leading figures in psychotherapy theory, research, and practice, this volume is an invaluable resource for clinicians who seek to see the person beyond pathology and to foster change by building on patients' existing capacities and prior successes.*

**Sigal Zilcha-Mano**, PhD, Professor of Clinical Psychology, Department of Psychology, University of Haifa, Israel

*Filled with practical and actionable suggestions, Resource Activation in Psychotherapy is a valuable counterweight to the mental health field's focus on pathology and problems. The authors draw on their deep knowledge of the empirical research as well as wisdom clearly borne out of clinical experience to make a compelling case for the value of collaborating with clients to recognize and capitalize on their strengths.*

**Catherine F. Eubanks**, PhD, Gordon F. Derner School of Psychology, Adelphi University, Garden City, NY, USA

*This is an inspiring call for the mental health field to broaden its perspective; from a focus on deficits and symptom remediation toward a focus on strengths and life enhancement. Scientifically compelling, yet practical and didactic, this book belongs in the top shelf of the effective therapist's toolkit.*

**Jaime Delgado**, PhD, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK