

SOLUTION FOCUSED BRIEF THERAPY AND MENTAL HEALTH NURSING

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Solution focused brief therapy (SFBT) focuses on consumer strengths and potential rather than the problems and difficulties that have brought the consumer to seek help. In this special issue of the Shared Learning in Clinical Practice Newsletter, SA Premier's Nursing Scholarship recipient David Hains discusses how and where SFBT is an important means of supporting consumers. He does this by reflecting upon his recent trip to Canada as part of the Premier's Nursing Scholarship.

Background

In Australia the 4th National Mental Health Plan 2009-2014 (Australian Government Department of Health 2009) dictates the implementation of a consumer led, strengths based recovery model. Since then, local mental health services have attempted to incorporate these principles into the provision of care; however, this has predominately been in the sub-acute and rehabilitation areas. In the acute mental health area there has been somewhat less focus on the above in preference for a more traditional approach of medical-based treatments to assess and stabilise illness and then refer the consumer to sub-acute care. Nursing care has also tended to follow this medical model in the acute area.

Currently in South Australia there is no one preferred therapeutic approach to mental health nursing practice and/or treatment. Furthermore, as seen often at the point of care, there is only limited recognition of the effectiveness of brief or ultra-brief therapies, with preference being for medium and long term psychotherapy.

Solution-Focused Brief Therapy (SFBT) originated in the USA in the 1980s (Visser 2013). While it was originally developed and used in the area of family therapy, it is now proven to be effective in a broad range of both clinical areas (including emergency departments, psychiatric inpatient units, community mental health, public health, and general practice) and non-clinical fields (such as corporate coaching). Its efficacy has been identified in working with a wide variety of illnesses and situations such as anxiety, depression, eating disorders, suicidal thinking, psychosis, substance abuse, chronic illness and terminal illness. In a review of control outcome studies, Gingerich and Peterson (2013) reported that 32 (74%) of the studies they reviewed reported significant positive benefit of SFBT, while another 10 (23%) showed positive trends. Furthermore, they highlight that the clinical improvements occur in the context of a brief therapy compared with either medication or long-term psychotherapy, with significant cost benefits.

SFBT is a positive approach to therapy, focusing on strengths and potential rather than focusing on the problems and deficits that have brought the consumer to seek help. It is strongly consumer-centred in that the consumer can define their own goals (or solution) and the direction of the therapy, all based on their strengths, past success and preferred future, rather than on their deficits and weakness. Change happens through the consumer identifying what they want to be different in their lives, seeing the situation differently, learning they have the agency and capacity to make change, and experiencing success through small changes.

It has been argued that SFBT is consistent with nursing's core values and philosophical foundations, with a strong focus on the therapeutic relationship, acknowledgement of the strengths and resources of the consumer, and a focus on recovery (Webster et.al. 1995, McAlister 2003, McAllister et.al. 2009, Wand 2010). Incorporating SFBT into nursing practice – similar with what McAllister 2006 calls "solution-focused nursing" – fits neatly with state government strategic priorities including the SA Health (2014) Nursing and Midwifery

Professional Practice Framework and the SA Health (2015) Nursing and Midwifery Strategic Commitment. McAllister (2010) and Wand (2013) clearly articulate the potential role of a solution focused approach to mental health nursing in the public health system: to expand and promote the role of the nurse, to engage with consumers, and to bring/promote a positive health approach. Most importantly, though, a solution focused nursing model offers to provide a truly client-centred approach to nursing care.

Insights from Canada

In 2016 I was fortunate to receive a South Australian Premier's Nursing Scholarship to travel to Canada to see first-hand SFBT practice as a stand-alone treatment plus as a therapeutic approach that incorporates principles and aspects of the therapy into its model of care. The overall aim of my visit was to assess and discuss its effectiveness with a view to using it in an Australian context. The driver for this aim is to create a person centred, strength based nursing model.

While SFBT is used around the world, it is in Alberta, Canada where the therapy appears to be most widely used and reported in the literature within acute adult mental health and psychosocial rehabilitation. Investigation of the current literature plus personal communication had identified areas of the public health service in Alberta that have effectively used SFBT across a wide variety of mental health settings in an integrated service approach. The initial pilot project of the Calgary Zone Addiction and Mental Health Service (Alberta Health Services 2012a and 2012b) reported:

- improved satisfaction and outcomes for clients (98% client satisfaction);
- ease of teaching the model, improved staff understanding and acceptance;
- that adopting a singular theoretical framework and associated toolset was preferable as it allowed increased access to training, live observation, coaching and mentoring through a community of practice;
- a decrease in waiting times for other therapies and services (related to improved efficacy and the efficiency of a briefer service); and
- financial savings using the approach.

Expansion of the service has demonstrated both a replication of the above across different clinical areas, as well as a sustained efficiency and efficacy (Alberta Health Services 2014).

The trip to Alberta incorporated visits to two emergency departments, a mental health short stay unit, psychosocial rehabilitation unit, residential rehabilitation unit, a variety of different community mental health teams, a GP clinic, and a non-government counselling service. After the formal part of the scholarship the trip was extended to incorporate the annual Solution Focused Brief Therapy Association Conference in Halifax, Nova Scotia.

Implementation of New Practice in South Australia

Prior to the study tour, SFBT was gaining popularity within the South Australian Mental Health Service, initially through workshops run at the Glenside Hospital Learning Centre and other centres around Adelaide. Late in 2015 a group of clinicians met to discuss how to encourage and support the use of SFBT, and in early 2016 the South Australian SFBT Communities of Practice was established through the Mental Health Professionals Network (www.mhpn.org.au). Within 12 months we have attracted 97 members. Meetings are held for education and support every three months. In 2016 Michael Durrant, one of the world authorities in SFBT from the Brief Therapy Institute of Sydney, came to Adelaide for the first time and ran two SFBT workshops for mental health clinicians and another for the Department of Education. Michael was so impressed with the enthusiasm for SFBT in Adelaide that he has arranged for the 2017 Conference of the Australasian Association for SFBT to be held here. The UniSA Mental Health and Substance Use Research Group led by Professor Nicholas Procter has kindly agreed to host the conference at the University of South Australia City East Campus from 14-16 July. Check here for further details: www.solutionfocused.org.au.

Since my return to Adelaide the use of SFBT has continued to evolve across a number of sites and teams in Adelaide. In 2016 several nurses, doctors and allied health staff in Morier Ward (acute psychiatry) at Noarlunga

Hospital started to develop an interest in SFBT and decided they will seek to incorporate solution focused principles and practice into a new model of care. Several requests for information were made both before and during my trip to Canada, and since my return they have been starting to experiment with more positive, strengths based conversations.

Their real success to date has been in establishing new solution focused group work. These groups are well received by consumers due to their positive content focussed on ability and recovery rather than deficits and illness. Clinical staff in Morier Ward are also developing new assessment tools so that the positive future focus can be established at admission rather than discharge. In addition to this Morier Ward has also introduced *Connecting with People* as a new approach of risk assessment and mitigation. For further details see www.connectingwithpeople.org/. Clinicians in Morier Ward believe the two approaches complement each other well¹.

Options for training in SFBT continue to expand in Adelaide. The Learning Centre at Glenside Hospital continues to run one-day workshops in SFBT, and Michael Durrant has committed to returning to Adelaide to run more two-day workshops, offering heavily discounted rates to members of the Community of Practice. Training is not restricted to the public health service as other organisations such as the Mental Illness Fellowship of South Australia have hosted workshops for their staff. There has also been interest in the Solution Focused approach outside of the mental health service with workshops soon to be run at the SALHN Intermediate Care Services.

Reflections

The study tour, along with the post-study tour conference that was funded by the Southern Adelaide Health Service, has given me the opportunity to observe and learn of the use of SFBT in a wide variety of clinical areas. This, along with meeting practitioners who have been using the therapy for many years, as well as some of the pioneers and world leaders in the therapy, was an opportunity that I would not have been able to have in South Australia. While the use of SFBT is beginning to expand in South Australia, this tour has provided the education, skills, knowledge, and motivation to expand its use further, both in my own practice as well as in the health service.

SFBT Key Points

- SFBT is successful as a therapeutic approach across a range of practice settings.
- SFBT is transferrable to new settings with very little modifications. Process, practice and language is all similar whether it be inpatient, outpatient, clinical supervision, management, team leadership, or non-clinical areas.
- SFBT can be used anywhere from a long term inpatient service to a five minute conversation, and any place can be the place or the conversation that can bring about change.
- SFBT is easily taught and you do not need specialist qualifications to do SFBT.
- There are many benefits in having the same approach and language used across teams.
- When trying to implement the therapy within a traditional psychiatric model of care environment, it may be best to role model, allow your interventions to be observed by others, and incorporate positive and strength based language within meetings, ward rounds, and clinical discussions.
- SFBT is a positive, strength based and client centred approach, therefore compatible with the National Mental Health Plan, the SA Health (2014) Nursing and Midwifery Professional Practice Framework, and the SA Health (2015) Strategic Commitment 2016-2018.

¹ February 2017 will see the release of the 2nd edition of *Preventing Suicide: the Solution Focused Approach* by John Henden, published by Wiley-Blackwell. The text makes the suggestion that these approaches be used together. It therefore appears that Morier Ward may be the first place in the world to try this.

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About the Author

David Hains is a Clinical Practice Consultant in the Emergency Department and Mental Health Short Stay Unit of Flinders Medical Centre. In 2016 he received the SA Premier's Nursing Scholarship and travelled to Canada to see SFBT being used in mental health settings. He is a board member of the Australasian Association for Solution Focused Brief Therapy, and will be the convenor of the 2017 Conference in Adelaide. He also coordinates the SA SFBT Community of Practice at the Learning Centre, Glenside. In 2016 he was offered the rare endorsement by Michael Durrant and invited to be an official associate of the Brief Therapy Institute of Sydney (see <http://www.briefsolutions.com.au/btis/people.html>).

If you have any questions about SFBT, the SA SFBT Community of Practice, the 2017 Australasian Association SFBT Conference in Adelaide, or future training, please contact David Hains at David.Hains@sa.gov.au.

The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and develop professional skills. The strategic purpose of the initiative is to demonstrate through research and practical example, how much consumers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. Multidisciplinary in composition, the aim of each publication, podcast, film, social media communication and symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking.

Further information is available from:

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