The Foundation of Nursing Studies
Developing Practice • Improving Care

Foundation of Nursing Studies Dissemination Series 2003 Vol.2. No.1.

Developing Solution – Orientated Interventions within a Nursing Model in Acute Psychiatric Settings

Keywords:
Solution-focused therapy, mental health nursing, acute in-patient care, therapeutic milieu.

Duration of project:
November 2001 – October 2002
Report received for publication: January 2003

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Summary of project
Acute in-patient mental health care is not a therapeutic milieu, perhaps due to the lack of nursing skills. Solution-Focused Therapy (SFT) has been successful in the United States' in-patient facilities in relation to both objective and subjective 'measures'. This report details a project implementing SFT in a UK context, which included developing a user friendly SFT training course and assessing its impact on both nurses and clients[1].

[1] 'Clients' is used as an indicator of the person's autonomy and expertise, although what to call people in mental health care is acknowledged as problematic.

Background to the project
Changes in the provision of services for mental health clients to that of a more community-based service, have led to changes in the clinical population admitted to acute mental health wards (DoH, 1998). However, despite the reduction in the numbers of people admitted, acute services have been criticised for failing to meet the needs of those who experience them (Sainsbury Centre, 2000).

Short in-patient admissions can mean that there is even less time to work with clients and gain results before discharge. Thus, there is a need for nurses to actively engage the client from admission, and focus upon the stabilisation of the crisis that brought them to the ward in the first instance.

Whilst Vaughn et al (1995) propose the use of SFT on acute mental health wards, this requires nurses to rethink their philosophy of care (Webster et al, 1994). Instead of looking at underlying causes of crises, they are required to focus on helping the client to find solutions to the presenting problems. The client, not the professional, is viewed as the expert. Change itself is viewed as a naturally occurring process. The nurse's role is to notice and draw attention to change, however small.

Many benefits of SFT have been reported. These include:

- The mobilisation of a person's sense of hope (Webster, 1990)
- Supporting the client's strengths and using existing support systems (Tuyn, 1992)
- Nurses are comfortable working within the SFT framework. Vaughn et al (1995) reported that both nurses and clients felt 'tremendously empowered' by the experience; nurses found that there was less conflict between themselves and the clients; in-patient stays were reduced; and the clients were satisfied with the care that they had received.

This project explored the impact of SFT in a UK context.

Aims of the project
The overall aim was to assess what happens when SFT is introduced to nurses and clients in acute psychiatric in-patient settings in the UK. Specific objectives were:

- To develop a SFT training course that is user friendly and that raises nurses' knowledge of SFT
- To provide training to nurses in the use of individual SFT interventions within an acute care setting
- To assess the impact of SFT training and practice on nurses and clients

Project design
As there was an expectation of change in practice, the project followed a research and development model and used multiple approaches to data gathering (Mohr, 1999). A weight of evidence concerning the SFT training course was collected via the following means:

1. Trainees completed a pre-course test to measure baseline knowledge.
2. Trainees wrote a case summary describing the SFT work undertaken with one client in their clinical area.
3. Using defined criteria, the trainees' care plans were audited for evidence of the use of SFT interventions.
4. The client's experience of being involved in SFT was elicited. Ethical approval was obtained and course trainees gained informed consent from the clients.
5. Trainees were asked to fill in a brief evaluation questionnaire.

Teaching Materials

The project team designed supportive materials for the courses. The materials included:

- **A handbook,** designed to be used in conjunction with a series of videos. This included: formative assignments; sessions to be undertaken in pairs or small groups; supplementary reading; and role play sessions allowing participants to experience SFT from the client's perspective.
- **Videos,** which were professionally made and contained some archive footage of Professor Phil Barker talking to people (clients and professionals) with real problems of living. The intensity of the video viewing was criticised by trainees, indicating that perhaps the course needs some refining.

Facilitator(s) had a key role in providing a relaxed, informal learning environment that stimulated learning through discussion, individually or in groups. Trainees were appreciative: "Made to feel at ease." "A very positive and helpful course to attend."

Course delivery

Three SFT courses were run between April and July 2002. 15 qualified mental health nurses working in acute in-client areas in Newcastle, Northumberland and North Tyneside NHS Mental Health Trust (NNN Trust) attended. A further 8 qualified nursing staff attended from Mental Health Concern, a charity with several group homes within the community. Because of practice demands, the trainees represented a convenience sample in that they were available and willing to attend the course. The trainees had diverse profiles. 65% had an RMN qualification, 30% a Dip. HE (MH) and 4% an EN (M).[2] [2]These and the following figures do not total 100% due to rounding. 61% were practising at E grade, 17% at D grade, 13% at F grade and 4% at both G and H grade. Only one of the course members had a post-graduate academic qualification. Experience of working within mental health ranged from 18 months to 25 years, giving an average of 11 years experience. The course lasted for twenty hours, made up of two full days and a half-day consolidation. The course was not a solely classroom based learning exercise. Trainees had to take their newly acquired, or further developed skills back into the clinical environment.

Results

1. Assessment of SFT knowledge

11 out of the 23 course trainees completed both the pre- and post-course test. In all cases, there was a significant increase in SFT knowledge when comparing the pre and post test scores.

2. The nurses' reflective reviews

A SFT session with a client was examined for evidence of the SFT process. All assignments showed a good understanding of the practical steps that needed to be taken for a successful SFT session.

3. Audit of nursing documentation

Table 1 shows the results of the audit.

Table 1. Audit of care plan [n=15]

Pass (well documented)	7 (47%)
Fail (poorly documented)	3 (20%)
Unfilled / Missing (not completed)	4 (26%)
Refusal (thought it inappropriate to document)	1 (7%)

Poor documentation is not directly indicative of whether nurses undertook SFT sessions with clients. All 15 nurses had completed the written assignment, and all 15 clients had agreed to complete their questionnaires, indicating that SFT was enacted but not documented adequately.

4. The clients' perspectives

15 clients (65%) were happy to take part in the project by completing a short questionnaire relating to their experiences of SFT. The results of this part of the project are very positive. 11 (74%) of the clients said that the nurse totally focused on the problem, with 50% saying that their last meeting with their nurse was OK and 50% saying it was totally helpful.

Clients were asked to write in their own words their feelings about the SFT session. The success of the sessions can be measured in the words of the client group. Quotes can be divided into four main groups:

i) Focusing on the problem – the qualitative data indicates that the nurse was able to focus the session on problems the client had identified which suggests

that the session was client rather than nurse led:
"It helps to focus in on a problem and find a new way to work with it. It can improve my mood through being encouraged in a positive way". (4)

ii) Looking to the future - several quotes suggested that nurses were effectively giving the clients hope and helping them to be optimistic about their ability to solve problems using past strengths:
"X made a scale of 1 –10 and she helped me believe I'm stronger than I thought, and has helped me believe I can gradually get a bit further ahead in the future." (6)

iii) Making the client comfortable – being non-judgemental and making clients comfortable was important.
"It helps to be able to talk with someone who is non-judgemental and able to rationalise my fears. Also she was aware that my thoughts etc. were a normal feature in my illness, and she helped support me and this made me feel better". (12)

iv) Uplifting mood – some quotes indicate the clients' 'uplifted' mood after the session:
"Mood became buoyant" (13)

Discussion of course evaluation

Mental Health Nursing: Acute Concerns (DoH, 1999), identified gaps in the knowledge, skills and attitudes of mental health nurses which were not met by some educational programmes. In assessing the effectiveness of the SFT course these three areas were examined.

- A significant increase in knowledge about SFT was shown with the comparison of pre- and post-course knowledge scores.
- The nurses' skills potential was measured within the clinical environment. The client having SFT was the judge of their ability. The nurses also documented their experiences by reflecting on the SFT process and the effects this had on the client and themselves as clinicians.
- The nurses showed a change in their attitudes to working with clients in that 83% said that they 'would use' SFT within their work.

There was positive evaluation of the course as a whole by those involved. All those attending rated the course as either 'very useful' or 'excellent'.

Project limitations

The project limitations are outlined in brief below:

- At this point, only eleven participants have been tested in relation to SFT knowledge. This is a small, yet significant, sample.
- More than half the nurses either did not document their SFT nursing intervention in the nursing notes, or did so poorly.
- Bias, when collecting client responses, has been reported as a methodological flaw in the published literature (Carter et al.,1995). However, it is not possible to be completely free from bias when researching people's opinions (Strauss and Corbin, 1998).
- If SFT is to be embraced as a nursing culture rather than just a therapeutic tool, then many more staff will need to be aware of the SFT process and the implications it can have for working with clients in their care.

Conclusion

The results indicate that both nurses and clients found SFT sessions helpful. Clients reported sessions to be more focused on their problems. They felt listened to and understood. Some clients reported feeling uplifted in their mood and more able to look forward to their lives. These findings are similar to those of Vaughn et al. (1995) who had reported that clients felt 'empowered' by the sessions. Nurses, too, found SFT sessions beneficial to their work with the client. The majority of nurses stated that they would continue to use SFT after the course in their clinical areas. Nurses reported finding the course "…a very positive and helpful course to attend".

Implications for practice

There has been criticism that University and College based nurse education courses bear little relevance to what actually happens in the clinical workplace (DoH, 1999). This SFT course bridged the gap between classroom and ward. From this piece of work we can highlight several issues that could impact on nursing practice.

- Nurses and clients are comfortable with SFT in the ward environment.
- SFT may provide the basis for the development of genuinely 'empowering' forms of nursing care in acute settings.
- Further SFT courses could be run to ensure that more staff are aware of and can use these techniques.
- Staff who have already attended the course could

act as clinical experts in SFT in the workplace and support staff starting to use it for the first time.
- Nursing note documentation of SFT work should be addressed at ward level.

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Further Reading

A copy of the full report is can be downloaded from the website – http://www.fons.org/projects/psycsol.htm

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Acknowledgements

To the Foundation of Nursing Studies who provided a grant of £15,158.50 which contributed to the secondment of a part-time facilitator and the development of the course programme.

To the clients and nurses of Ward 21, North Tyneside District Hospital; the Grange, Benton and Mental Health Concern, Seaton Burn.

How to reference this report

Stevenson, C., Barker, P. and Jackson, S. (2003) Developing Solution – Orientated Interventions within a Nursing Model in Acute Psychiatric Settings *In Shaw,* T. and Sanders, K. (Eds) *Foundation of Nursing Studies Dissemination Series.* Vol.2. No.1.

The Foundation of Nursing Studies Dissemination Series

ISSN 1478-4106
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http://www.fons.org/projects/dissemination
Reg. Charity No 1071117