

Articles on Solution Focused Nursing

Mental Health

Webster D., C.(1990) Solution-focused approaches in psychiatric/mental health nursing. Perspectives on Psychiatric Care. 26(4):17-21.

Abstract

Multiple social and financial factors dictate that therapies of all kinds be oriented toward producing measurable changes in clients. Crisis intervention is one therapy approach that often produces measurable changes in clients. However, this approach may not be useful for individuals unable to identify a precipitating event, or who want change beyond returning to a previous level of functioning. This article reviews the basic tenets of solution-focused therapy in order to orient nurses to its potential utility for psychiatric/mental health practice.

Shires B, Tappan T.(1992) The clinical nurse specialist as brief psychotherapist. Perspectives on Psychiatric Care. 28(4):15-8

Abstract

As managed care continues to flourish, the psychiatric clinical nurse specialist may function as a case manager for a managed care company or as a utilization review nurse for a hospital, community provider, or administrator. Stressing the strengths of the psychiatric clinical nurse specialist as brief therapist, the author reviews elements of the brief treatment model, including assessment, focus of treatment, knowledge of community resources, patient education, group skills, crisis intervention, and treatment planning.

Hawkes D, Wilgosh R, Marsh I.(1993) Explaining solution focused therapy. Nursing Standard. 7(33): 31-4

Abstract

Psychotherapies have tended to concentrate on clients' complaints in an attempt to overcome their problems: solution focused therapy, on the other hand, looks for their strengths, competencies and potentials, and enables them to recognise and build on them. The authors explain the basis of the therapy, then illustrate how it operates in practice with three short case studies.

Webster DC, Vaughn K, Martinez R.(1994) Introducing solution-focused approaches to staff in inpatient psychiatric settings. Archive of Psychiatric Nursing. 8(4):254-61

Abstract

The authors describe several approaches to introducing solution-focused ideas to inpatient psychiatric nursing staff and psychiatric nursing students. The approach is intended to show the basic values of this approach in the process of helping participants become acquainted with concepts central to newer models of brief psychotherapy. The format uses humor, small group experiential case examples along with didactic approaches to facilitate new ways of thinking congruent with new models of therapy.

Vaughn K, Webster DC, Orahod S, Young BC. (1995) Brief inpatient psychiatric treatment: finding solutions. Issues in Mental Health Nursing. 16(6): 519-31

Abstract

The shift to a managed care philosophy means that clients with psychiatric needs are likely to have both fewer and briefer inpatient hospitalizations. Identification of focused goals and measurable outcomes may not translate easily into inpatient programs that have been more process oriented or have based definitions of improvement on complete or near-complete remission of the admission diagnosis. In the context of these shifts, nursing's focus on maintaining a safe environment, developing a therapeutic relationship, providing information, and valuing holistic and individualized care may be lost in programs that treat all clients in the same "packaged" programs. The previous article in this issue described the philosophical assumptions that underlie our brief inpatient program. This article describes how solution-focused therapeutic modalities are used in our continuum of care.

Webster DC, Vaughn K, Webb M, Playter A. (1995) Modeling the client's world through brief solution-focused therapy. Issues in Mental Health Nursing. 16(6): 505-18

The shift to a managed care philosophy means that clients with psychiatric needs are likely to have both fewer and briefer inpatient hospitalizations. Identification of focused goals and measurable outcomes may not translate easily into inpatient programs that have been more process oriented or have based definitions of improvement on complete or near-complete remission of the admission diagnosis. In the context of these shifts, nursing's focus on maintaining a safe environment, developing a therapeutic relationship, providing information, and valuing holistic and individualized care may be lost in programs that treat all clients in the same "packaged" programs. This article describes the philosophical assumptions that underlie the brief inpatient program. The next article in this issue describes how solution-focused therapeutic modalities are used in the continuum of care.

Chandler MC, Mason WH. (1995) Solution-focused therapy: an alternative approach to addictions nursing. Perspectives on Psychiatric Care. 31(1): 8-13.

Abstract

TOPIC: The application of solution-focused therapy as an alternative approach to addictions nursing. PURPOSE: To acquaint nurses with solution-focused therapy as a treatment modality that uses specific techniques to focus on clients' strengths and resources, rather than on pathology. SOURCE: Traditional method of addictions

treatment as a way of confronting a client's denial are contrasted with solution-focused therapy approaches, which provides a positive framework that uses clients' competencies to create necessary solutions. **CONCLUSIONS:** Solution-focused therapy represents a caring and humanistic approach to the practice of addictions nursing.

Eakes, G., Walsh, S., Mel Markowski, M., Cain, H. & Swanson, M. (1997) Family Centred Brief Solution-focused Therapy with Chronic Schizophrenia: a Pilot Study. Journal of Family Therapy. 19 (2) 145-158

Abstract

The purpose of the study was to pilot a family centred brief solution-focused therapy model (BSFT) with families and clients diagnosed with schizophrenia. A control group of clients and their families received traditional outpatient therapy, while an experimental group of clients and their families were treated with a BSFT model. All participants were pre-tested and then post-tested with the Family Environment Scale after five therapy sessions over a ten-week period. Significant differences between the groups were found on expressiveness, active-recreational orientation, moral-religious emphasis and family incongruence. The participation of families and clients with schizophrenia in family centred brief solution-focused therapy produced encouraging results and demonstrated the need for expanded studies using BSFT with other chronically mentally ill clients and their families.

Wales P. (1998) Solution-focused brief therapy in primary care. Nursing Times. 94(15): 48-9

Abstract

Solution-focused brief therapy (SFBT) offers mental health nurses a robust framework on which to build appropriate and effective nursing care. This article describes efforts to apply ideas derived from this type of therapy in a new nurse practitioner post offering a mental health service to patients based in GP practices. The approach described develops Brimblecombe's (1995) idea of combining a brief therapy approach with nursing care plans in a way ideally suited to time-limited mental health nursing in primary care.

Hagen BF, Mitchell DL. (2001) Might within the madness: solution-focused therapy and thought-disordered clients. Archive of Psychiatric Nursing. 15(2):86-93

Abstract

Nurses working with thought-disordered clients in inpatient psychiatric settings may find that much of their role is defined by the administration and monitoring of antipsychotic medications. Therefore, a challenge for these nurses can be to find other nursing interventions for these clients that are effective, efficient, and clearly and uniquely within the scope of nursing. In response to this challenge, this article presents the use of solution-focused therapy (SFT) to help thought-disordered clients better cope with some of their negative experiences and symptomatology. The article

provides an overview of SFT, with a focus on how these techniques might be used on an inpatient psychiatry setting with clients experiencing thought disorders. The authors include three case studies demonstrating the use of SFT with clients experiencing thought disorders, and conclude with some of the lessons they have learned using SFT techniques with these kinds of clients in inpatient psychiatric settings. Copyright 2001 by W.B. Saunders Company.

Bowles N. (2002) A solution-focused approach to engagement in acute psychiatry. *Nursing Times*. 98(48): 26-7

Abstract

Mental health nurses working in acute wards need to be able to engage with patients, yet this is becoming increasingly difficult to do. With discharge plans often made as soon as patients arrive, and discharges precipitated by demand for beds, how do nurses engage patients and what do they engage them in? Solution-focused communication skills can help in this respect. The techniques are simple and not time-consuming and give nurses a clear sense of a therapeutic role. This article discusses how solution-focused approaches benefit patients and nurses.

Wiseman S (2003) Brief intervention: reducing the repetition of deliberate self-harm. *Nursing Times*, 99: 34-36. First self-harm 40 clients; 1 sess. Up to 6 mon follow-up: 39 no repeat; 78% improved on self-scaling.

STEVENSON, C., JACKSON. S. BARKER. P. (2003)
Finding solutions through empowerment: a preliminary study of a solution-orientated approach to nursing in acute psychiatric settings. *Journal of Psychiatric and Mental Health Nursing* 10(6):688 - 696

ABSTRACT

Acute inpatient care is not a therapeutic milieu, perhaps owing to the lack of nursing skills. Solution-focused therapy (SFT) has been successful in US inpatient facilities in relation to both objective and subjective 'measures'. This paper reports a study of SFT in a UK context, with the aim of developing a user-friendly SFT training course and assessing its impact on both nurses and clients, via a multifaceted, triangulated data collection design. Nurses' knowledge and clinical performance were assessed, as was the client's perspective. There was a significant difference in nurses' SFT knowledge after training and strong evidence of the model being used in practice during the course of training, although nursing documentation was not fully completed. Eighty-three per cent of nurses said that they would continue using the model, and clients found the SFT approach helpful. The findings match the US experience of using SFT.

Lamprecht H, Laydon C, McQuillan C, Wiseman S, Williams L, Gash A, Reilly J (2007) Single-session solution-focused brief therapy and self-harm: a pilot study. *Journal of Psychiatric and Mental Health Nursing*, 14:601-2. 40 first time self-harmers; 1 sess. 2 rpt (6.25%) in 1 yr follow-up vs 40/302 (13.2%) untreated. (Updates Wiseman S (2003) Brief intervention: reducing the repetition of deliberate self-harm. *Nursing Times*, 99: 34-36) (j.g.reilly@durham.ac.uk)

Orthopaedic

Cockburn, J. T., Thomas, F. N., Cockburn, O. J. (1997) Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. Journal of Occupational Rehabilitation 7 (2): 97-106

Abstract

Orthopedic rehabilitation programs utilizing a multidisciplinary approach invite a greater appreciation for the factors which influence the recovery process. This study evaluated variables associated with the psychosocial adjustment of work hardening program participants when exposed to Solution-Focused psychotherapy. Orthopedic patients receiving workers' compensation were engaged in a work hardening program in which they received either Solution-Focused therapy or the standard rehabilitation protocol. Patients and spouses completed questionnaires designed to evaluate psychosocial coping and adjustment to a medical condition. Patients across all investigated orthopedic categories demonstrated enhanced adjustment to their condition when treatment groups were compared with control groups. It is proposed that Solution-Focused therapy, in conjunction with work hardening protocols, is effective for patients when developing effective coping responses to the stressors associated with orthopedic rehabilitation.

Diabetes

Viner, R. M., Christie, D. Taylor V. & Hey S. (2003) Motivational/solution-focused intervention improves HbA_{1c} in adolescents with Type 1 diabetes: a pilot study. Diabetic Medicine. 20(9): 739 - 742

Abstract

Aims We piloted a motivational and solution-focused therapy group intervention to improve glycaemic control in young people 11–17 years with poorly controlled Type 1 diabetes (mean annual HbA_{1c} > 8.5%).

Methods Seventy-seven subjects agreed to be assessed for a pilot non-randomized controlled trial. Subjects completed psychological questionnaires and were given feedback designed to encourage entry into the intervention. Twenty-one young people opted to enter the intervention groups (cases). Two intervention groups consisting of five to six subjects were conducted in each age band 10–13 years and 14–17 years. Twenty of those who did not opt to join the groups were randomly selected to act as controls. Cases and controls were well matched for age, HbA_{1c}, duration of diabetes and socio-economic status.

Results The intervention produced a significant improvement of 1.5% in HbA_{1c} in cases ($P < 0.05$) at 4–6 months post intervention compared with no change in controls. This improvement was partly maintained at 7–12 months post intervention.

Conclusions These pilot data suggest that a motivational/solution-focused group intervention is promising in improving HbA_{1c} in adolescents and should be investigated further in a randomized controlled trial.

Maternity

O'Brien, R., A., Baca. R. P. (1998) Application of solution-focused interventions to nurse home visitation for pregnant women and parents of young children. Journal of Community Psychology. 25 (1): 47 - 57

Abstract

This article describes the recent evolution of a component of the theoretical foundations of a program of prenatal and early childhood home visitation tested in three randomized trials during the past two decades, first in Elmira, New York, then in Memphis, Tennessee, and most recently in Denver, Colorado. We discuss the use of a solution-focused approach by the nurse home visitors in further operationalizing that component of the program model which promotes client self-efficacy. We delineate the advantages of the solution-focused approach over a problem-solving approach in dealing with family concerns as well as the promotion of positive health behaviors. Basic assumptions of the solution-focused approach, techniques to facilitate solution-focused interactions, and illustrative applications of solution-focused interactions with pregnant women and parents of young children are presented

Olds D., Korfmacher J. (1998) The evolution of a program of research on prenatal and early childhood home visitation: Special issue introduction. Journal of Community Psychology 25(1) :1 - 7

Abstract

In this and a following issue of the Journal of Community Psychology, we have been given a rare opportunity to elaborate the theoretical, clinical, and empirical underpinnings of a program of research that we and our colleagues have conducted over the past 20 years. The program of research has examined the efficacy of a program of prenatal and early childhood home visitation as a means of improving the outcomes of pregnancy, the care that parents provide to their children, and women's own personal development. During pregnancy and the first two years of the child's life, the program services low-income pregnant women (and their families) who have had no previous live births. Examined in three successive randomized trials (in Elmira, New York, Memphis, Tennessee, and Denver, Colorado), the program has evolved over time. The current issue of the Journal provides an opportunity to describe that evolution

Browne A.J, Shultis J. D. ,Thio-Watts M (1999) . Solution-Focused Approaches to Tobacco Reduction With Disadvantaged Prenatal Clients Journal of Community Health Nursing, 16. 165-177.

Abstract

Despite high rates of smoking among socioeconomically disadvantaged pregnant women, few tobacco cessation programs have been geared for this client group. This article¹ describes newly developed strategies for addressing tobacco reduction with disadvantaged, high-risk prenatal clients enrolled in a community-based Pregnancy Outreach Program in a northern Canadian city. The new tobacco reduction strategies were based on "solution-focused" approaches to interviewing and counseling. Process evaluations conducted with program staff revealed that solution-focused approaches

provided effective, client-centered, respectful ways of discussing tobacco reduction with disadvantaged clients.

Solution-focused approaches also positively impacted clients' sense of self-efficacy regarding tobacco reduction. The benefits of using solution-focused approaches as an alternative approach to tobacco reduction with disadvantaged prenatal clients are discussed.

General

McCabe, C. (2003) Nurse-patient communication: an exploration of patients' experiences. *Journal of Clinical Nursing*, 13(1): 41 – 49

Abstract

Background. Patient-centred communication is a basic component of nursing and facilitates the development of a positive nurse-patient relationship which, along with other organizational factors, results in the delivery of quality nursing care. Nurses are frequently described in the literature as poor communicators, however, very few studies have examined patients' experiences of how nurses communicate.

Aims and objectives. The aim of the study was to explore and produce statements relating to patients' experiences of how nurses communicate. Design. A qualitative perspective using an hermeneutic phenomenological approach was considered to be the most appropriate methodology for this study.

Methods. Using purposeful sampling, eight patients in a general teaching hospital in the Republic of Ireland were interviewed. Data were collected using unstructured interviews. Data analysis was a reflective process and the findings were presented through the description and interpretation of themes and sub-themes.

Results. Following data analysis four themes emerged. These were, 'lack of communication', 'attending', empathy' and 'friendly nurses'.

Conclusions. The findings of this study indicate that, in contrast to the literature that suggests that nurses are not good at communicating with patients, nurses can communicate well with patients when they use a patient-centred approach. However, health care organizations do not appear to value or recognize the importance of nurses using a patient-centred approach when communicating with patients to ensure the delivery of quality patient care.

Relevance to clinical practice. The implication of these findings for clinical practice is that the task-centred approach to patient care that is associated with nursing in the past, appears to be alive and well. If health care management want to ensure that patients receive quality nursing care, they will need to consider patient-centred communication to be essential to encourage and support nurses to communicate in this manner.

McAllister, M. Moyle, W. Iselin, G. (2005) Solution focused nursing: An evaluation of current practice. *Nurse Education Today*, 26(5): 439 - 447

McGilton K, Irwin-Robertson H, Boscart V, Spanjevic L (2006) Communication enhancement: nurse and patient satisfaction outcomes in a complex nursing continuing care facility. *Journal of Advanced Nursing*, 54: 35-44. 21 nurses, 16 patients; sft communication enhancement training; 10 wk follow-up. Nurses felt

closer to patients and had higher job satisfaction (statistically significant).
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