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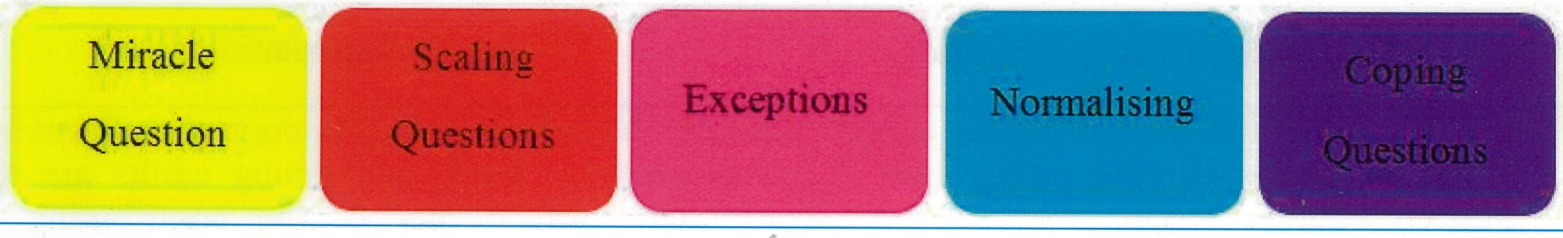
Solution-Focused Brief Therapy in Mental Health

The PICOT model (Whitehead, 2013), was used to refine the formal research question:
Is Solution-Focused Brief Therapy a useful intervention in the mental health setting with youth and young adult clients?



Practice issue: Brief Overview & Relevance

During the 1970's, New Zealand phased out mental health services that were provided in inpatient psychiatric hospitals and introduced services within the community setting. Solution-Focused Brief Therapy (SFBT) was developed in the 1980's by a therapist called Steve de Shazer (Wand, 2010). SFBT aims to help clients to regain control of their life and improve their current circumstances through promoting hope, resilience and optimism. I was in a youth service for one of my placements and some of the clients stated that they felt hopelessness or couldn't imagine a life different from how it was currently. I wanted to research into a positive talking therapy that nurses could utilise in everyday practice to empower clients to continue to build a pathway to a positive future. I chose SFBT for this literature review as I felt it could be appropriate in reorientating youth's perspectives from their troubled pasts to a positive future focus.

Figure 1. The Problem and the Solution (Piazza, 2016)

Limitations

Part of the hypothesis from the study conducted by Omer, Golden & Priebe (2015) consisted of findings from a "post-hoc" (after event) "retrospective" parallel data collection, and the study used convenience sampling. As a result, this may not be a true representation of the population.

Implications & Discussion

SFBT is a tool that nurses could utilise in the mental health setting with youth and young adult clients as it incorporates the principles of nursing such as empowerment, beneficence, therapeutic relationships and autonomy. There is an emphasis on client's strengths and reinforcing that clients possess the ability to change (Wand, 2010). SFBT is a positive, non-invasive therapy that provides a holistic approach to mental health care. Further research and development of SFBT templates such as DIALOG+ would be valuable for nurses to utilise in practice.

Recommendations & Rationale

1. A Framework for Accurate Planning and Documentation of SFBT Appointments

Reddy, Thirumoorthy, Vijayalakshmi & Hamza (2015) support the use of a framework to guide SFBT. A framework would allow nurse's to follow a guideline and keep the appointments semi-structured. Wand (2010) reinforces this by stating that a framework would help nurse's to track progress, summarise sessions for the client, encourage a new perspective in care, can incorporate into existing mental health assessments.

2. Training Mental Health Workers

Ferraz & Wellman (2009) have studied the effectiveness of training and the results defined that "there was a non-significant tendency for staff to enforce solution-focused aims". Mental health workers could feel pressured to use SFBT if there was training provided to the team.

3. SFBT in Conjunction with Problem-Focused Therapy

Crockett & Prosek (2013) propose that initial problem-focused therapy may allow clients to process the trauma, which would be useful before they transition to changing their perspective through SFBT. This also corresponds with the ethical principles of beneficence and non-maleficence as it gives the client a choice of therapies.

References

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Identification of Research Question using PICOT Model (Whitehead, 2013).

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PECOT Category	Information relating to question	Explanation
Population	Youth and Adult mental health clients both in the psychiatric setting and in the community setting.	Children have little ability to control their environment and circumstances. Youth and young adults are able to have more control/flexibility of the contributing factors and therefore children were excluded from this literature review. The age range identified was 13-24 as this covered both youth and young adults.
Exposure (Intervention)	The experimental group are clients who had SFBT integrated into their care.	I will be looking at articles that used both a qualitative and experimental quantitative design in which SFBT was used in conjunction with other therapies or on its own.
Comparison/ Control	The comparison group were clients who had other forms of therapy such as Cognitive Behavioural Therapy. The control group were clients who had no intervention.	I was interested in comparing SFBT clients with other clients who received different types of talking therapy, behavioural therapy, problem-focused therapy or no therapy.
Outcome	SFBT was useful in mental health treatment with a decrease in problem orientation, hopelessness, and an increase in future focused thinking, readiness to change and optimism.	I wanted to explore if SFBT was useful and if it helped to build internal aspects that may be lacking such as coping skills, resilience or a sense of control.
Time	Up to 12 months of SFBT.	Brief intervention usually consists of 6-10 one hour sessions, for this study I am willing to change the time frame for up to 12 months for experimental purposes.

Rationale for Poster

A poster was chosen over a submission as the aim was to raise awareness, and it was not an area of concern that needed to be directly addressed. The aim of this poster was to present an informative guide and so that it could be displayed in mental health settings if appropriate, as a teaching tool for both nurses and clients. The benefits of producing a poster included being able to highlight main points and it allowed me to organise the literature review into specific visual sections. A limitation of choosing the poster design was that it had a high word count. Bingham & O'Neal (2013) state that "a frequent pitfall is to include too much text and/or too many images, making the poster look crowded or cluttered". The content was hard to condense as it seemed like crucial information that needed to be included, in order to properly inform the reader. I feel that my poster would have had more of a visual flow if I did not have so much content to present. I highlighted the five main points in colour so that they would stand out. Christenbery & Latham (2012) support this with the statement that "use of color is an effective strategy for catching a viewer's eye". A poster was effective to convey the literature review to a range of clients who use different learning styles. "A student with dyslexia may find a poster presentation preferable to written forms of assessment" (Summers, 2005). I personally learn with colour, but it was hard to balance the use of visual design and producing an academic poster.

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