

“Living Well” despite chronic physical health difficulties?: an introduction to solution focused approaches

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Overview

- 40 mins with time for questions
- *Flavour* of an SF approach
- Context in physical health
- Emotional well being when there is no ‘cure’

My work & Lyme disease?!

- Commonly attributable symptoms to chronic Lyme disease have included long-standing fatigue, chronic musculoskeletal pain, and subjective cognitive slowing
- The above symptom patterns differ from those of chronic fatigue, fibromyalgia, and major depressive disorder (Hurley & Taber, 2008)
- Also .. impact on carers/families

Common thoughts and reactions...

- Fear
- Uncertainty about the future
- Loss of control
- Anger
- Hypervigilance
- Nothing i.e. ‘numb’
- Many more...

SFBT in a nutshell

- Aim is to have useful conversations with people
- Curiosity about people’s expertise
- Curiosity about what the person really, really wants
- Curiosity about the smallest signs of change
- ...that’s it really!



Brief history of the approach...

- 1986 Brief Family Therapy Center, Milwaukee
- Steve de Shazer & Insoo Kim Berg
- Roots in family therapy, Milton Erickson (utilisation), Buddhism, Wittgenstein
- Focusing on times the problem is less apparent (rather than trying to understand and ‘fix’ problems)
- Find out the preferred outcome at the outset
- Viewing the client as ‘expert’

The NHS Context

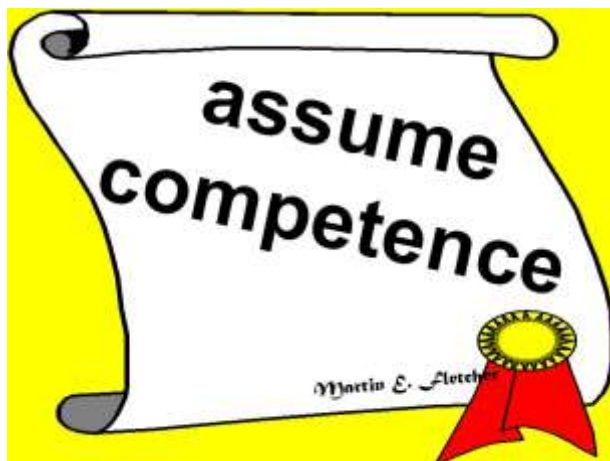
The Expert Patient Programme- Now 'rebranded' with a SF twist by Dr. Jen Unwin here in Southport under new title of 'Living Well'



"An observation often made by key doctors, nurses and other health professionals... is 'My patient understands their disease better than I do'" (p.5)

"This knowledge and experience held by patients had been for too long an **untapped resource**" (p.5)

The Expert Patient DoH (2001)



Mrs Lake conquers agoraphobia

Common themes.. What people want

- o To feel more useful
- o To feel more in control
- o To feel more of a person again
- o To 'accept' / 'adjust' (what would this look like if done well?)

Perceptions in physical health

- o Changing our *perceptions* of the situation
- o *Attitudes*
- o *Beliefs*
- o *Thoughts*
- o *Feelings*

Why are perceptions important...?





Changing perceptions in relation to health...

- Can be helpful to change our perceptions of things which are out of our control
- Focusing on how you can live well, despite the illness, can be a better and more positive use of precious energy
- Make us more aware of the things which are important to us



What are your strengths?

- Easier to notice strengths in others than ourselves!
- What do you know about yourself that tells you you can live well?
- Take it wider...what would relatives and family say are your strengths?



Glimpses of Normality

- A life can be turned upside down by a diagnosis / illness
- Whirlwind of appointments and treatments
- It's impossible to notice something all of the time
- It's important to notice moments of 'normality' - **however small**

E.g. Cooking a meal? Playing with grandchildren?

- What is there that you still can do that you enjoy doing?
- When was your last half-decent day *despite* receiving treatment/ your diagnosis?



In other words...“remembering the donut and not just the hole!”



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- Some people cope better than others with health conditions and treatment
- Some find it helpful to speak to a professional if they are finding things really difficult
- In the first instance speak to your GP who will be able to put you in touch with further support services
- Visit your GP for a referral to a Clinical Psychologist or for more information on where to access talking therapies
- Don't suffer in silence if you are finding it hard to cope



Why's it useful to ask clients / patients about their preferred futures?

- o Choice, proactivity
- o Tangible, real
- o Confirm there is a future
- o Hope



Research evidence: Positive Psychology and Physical Health

Three slides presenting the research evidence have been removed, as the author is planning to publish a literature review.



Practice based evidence

CORE forms:-

- o Patient goals: (themes) Acceptance; Fear; Practical changes to life; Depression; Relaxation
- o What has been helpful: (themes)
 - Talking to someone impartial
 - Increased optimism about the future
 - Reassessing abilities/setting realistic goals
 - therapeutic alliance
- o 93% (N=43) said the experience was extremely or moderately helpful

HADS:-

- o a reduction in HADS anxiety (N=70) and depression (N=75) scores of 29.0% and 39.5% respectively (p<0.001, also clinically significant)



Shameless plug!

- o www.ukasfp.co.uk only £35 to join
- o Solution News
- o Solution Focused Research Review
- o Reduced conference fee
- o Annual conference - June 2013



Useful books

- o George, Iveson & Ratner (1999). Problem to Solution. BT Press: London
- o Solution-Focused Therapy (2003) Bill O'Connell
- o Beyond Technique in SF Therapy: Working with emotions & the therapeutic relationship. Eve Lipchick, 2002, The Guilford Press
- o Focus on Solutions: A Health Professionals Guide (2005) by Kidge Burns (interesting book to read – lots of practical tips)
- o Sharry (2007) Solution-Focused groupwork.
- o Johnson & Webster (2002) Recrafting a Life (physical health)
- o Crossley (2000) Re-thinking health psychology. OU Press
- o Tuckett et al (1985) Meetings between experts: an approach to sharing ideas in medical consultations. Tavistock: London.

Useful papers

- o Bray, D. (2007). A tailor-made psychological approach to palliative care. *Eur J of Palliative Care*, 14(4), 141-143.
- o Bray, D. (2009). Patient-centred care, Darzi & SF approaches. *Clin Psyc Forum*, 199, 41-45.
- o Bray, D & Bliss, EV. (2009). The smallest solution focused particles: towards a minimalist definition of when therapy is solution focused. *J Syst Therapies*, 28(2), 62-74.
- o Unwin, D. (2005). SFGP! Why a SF approach is brilliant in primary care. *Solution News*, 1 (4), 10-11
- o Bray, D & Bliss, EV. (2008). On being a therapy connoisseur: A new language of shared expertise. *Solution News*, 3(2), 4-7.