



# The Solution Focused Approach in Hospital Care

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# Session structure

## A Solution Focused Approach in Hospital

- Pathways for Care and how the SF approach works within these.  
How do we balance the needs of the medical team with those of the client?

## Case Studies

- A Conference Experience
- A Young Client with Chronic Health Condition
- Clients in Palliative Care: Lee and Bill

## Q&A

Hospitals require evaluation of treatments/therapies

Progress is evidenced through the measurement and observation of change via:

- Scaling questions (not usually SF scales)
- Person's mood and self-reported positivity
- Change in the person's discourse and behaviour.

# UK care pathways

Defining characteristics of care pathways include:

- an explicit statement of the goals and key elements of care based on evidence, best practice, and patients' expectations and their characteristics;
- the facilitation of the communication among the team members and with patients and families;
- the coordination of the care process by coordinating the roles and sequencing the activities of the multidisciplinary care team, the patients and their relatives;
- the documentation, monitoring, and evaluation of variances and outcomes, and
- the identification of the appropriate resources.

The aim of a care pathway is to enhance the quality of care across the continuum by improving risk-adjusted patient outcomes, promoting patient safety, increasing patient satisfaction, and optimizing the use of resources.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602959/>

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# Solution Focused 'pathway'

- Looking for the expertise (it can be hard for the person to recognise they are the expert in an environment aimed at diagnosis and treatment)
- Trust in the process (the referral usually names the diagnosis)
- Meet the person and not the problem (wards are arranged by speciality)
- Best hopes from our talking together, co constructing solutions
- Best version
- Preferred future (possibilities for tomorrow where best hopes have been realised)
- Summing up - what, if anything, stood out for you?

# Solution Focused Approach and Multidisciplinary Teams

## Compliance Pathway

The purpose of problem-focused thinking is to diagnose.

- By attending to what is currently 'wrong' you are able to work out what the problem is and therefore the treatment.
- This works well in a diagnostic setting.

## Collaborative Pathway

- Solution-focused approach directs the attention of the person towards constructing solutions.
- Specific techniques of discourse and questioning in the session are used to create a template of change in the brain.
- The environment, perception, everything the person can sense hear, see, sense, touch often leads the person to expect a compliance approach and they may expect the SF worker to have answers
- We need to fit in with the medical model as this is a multidisciplinary team approach and so we need to measure progress.

# “We need to listen to the families”



## **A Family Day for people with IBD** Families asked to share their stories

Families sharing their illness story, from first symptoms to diagnosis and treatment.

Families followed the medical model and shared stories of pain, of medical investigations, of hospital admissions, of nights where their child nearly died, all very traumatic.

Audience were asked if they had any questions (mother had just described thinking she might lose her young teen child to IBD, she was crying)

We asked the question:

*‘How did you find the strength to get through that night?’*

She told us, and the rest of the conference.

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# “We need to listen to the families”

After lunch we split into groups to talk, the groups were led by a nurse or Dr, who asked the young patients and family ‘is there anything you want to ask us about your illness?’

Silence

We asked:

*“What are your best hopes from this chat group today?”*

The parents seemed to want to share tips about accommodation close to the hospital and talk about secondary schools and how to tell the school about the child’s needs.

Children told us about wanting to become a boxer, how nail varnish should be available on the ward and so many hope filled conversations about how family days should be about having some fun. One teen told us that outpatients was the place for ‘illness questions’ and they expected the ‘family day’ to be a fun day out.





# Case History: 14 year old 'Ann'

Referral, possible addiction to pain medication (serious chronic health condition necessitating repeated hospital admissions every 2 months)

Ward Round, everyone talked about the pain medication and the dose, the length of time Ann had been taking it and the risk of addiction.

## **Talking with Ann**

Best Hopes, to persuade me to do her maths homework (hospital teacher due to arrive in an hour)



# Case History: 14 year old 'Ann'

Our conversation about how she manages homework at home was very interesting, she said her brain wasn't 'foggy' at home so maths was easier. Surprisingly she told me that she didn't take any pain meds at home and she described how she coped with the withdrawal feelings by making music playlists.

When I asked her other person perspective questions it became clear that she hadn't told anyone she didn't take the meds, she didn't think anyone would be interested. She was impressed with herself and decided she would tell people as 'maybe they would be pleased'. She told the medical team, her full packets of pain killers were produced from her makeup bag, no addiction issues.

**No one had asked her whether she took her prescribed meds, they just assumed she did.**

# Care

What questions to ask?

Trust in the process and be interested in the answer.

It's about caring for the person. In the NHS we sometimes use the abbreviation TLC -tender loving care- to describe the withdrawal of active treatment, so it developed negative connotations of 'we can't do anything more'.

As an SFBT practitioner, I think the 'care' part is fundamental to SF, especially with people facing severe health challenges, people have to know that I care about their story and I am interested in them as a person rather than as an illness.

SF is part of the 'caring profession'

# Palliative Care

Stay on the surface.

This doesn't mean avoiding the subject, just that solutions are found in the small details of our day to day lives.

Lee (in her 70s) described two nights earlier when she considered taking her own life, she had a very detailed plan. I asked her (scaling) where she found the strength to carry on and she answered with a 2

I asked Lee what was helping her hang on in there at a 2 and there was a long pause before she replied

'I don't know, but when you asked me that I thought of my Dad, he used to say 'Smiths don't quit' and maybe it's that? Maybe I'm not a quitter?

Lee went on to tell me about how she now wanted to share this experience with her brother as he would understand the 'don't quit' part and he would be able to relate. She felt he would be very pleased.

As I left Lee said ..

You know that question about what number of strength I am on? I think it is a great question, you should write it down and use it again, it might help someone else.

# Bill's Story

Working in a nursing home. Bill has become familiar with the process of a hope filled conversation. He described the effect as 'magic' meaning good rather than supernatural!

What are your best hopes from us talking together..

B : To stroke a dog. (Bill laughing as we have talked about our conversations being pleased to notice our reactions to events, rather than event driven)

Bill carries on 'and if I was to stroke a dog I would feel happier and if I was happier I would probably eat some lunch and be more talkative and the staff would be pleased that I was happier, as I said, Bill was getting good at noticing the pattern.

Bill went on 'and if I was going to be able to stroke a dog, I would probably asked the staff to find a dog, and I'd do that by ringing the bell' Bill rings the bell and a nurse enters 'what can I do for you Bill?' Bill laughs and says 'I'd love to stroke a dog' and the nurse answers 'wouldn't we all!' They chat for a few minutes all about their childhood pets, a very upbeat conversation.

# Bill's Story

One hour later, the nurse returns with 'Grace' the puppy you see here.

Grace belongs to a member of staff, Michelle had repeated the conversation with Bill when she went for coffee.

Everyone shared their stories, Michelle told me later it was a lovely coffee break because normally they chatted about work and problems.

That coffee break stood out for Michelle, it certainly made Bill smile and I will always remember it.

