

**AN EVALUATION OF THE
SOLUTION-FOCUSED BRIEF THERAPY PROJECT
ON SIX ACUTE ADULT IN-PATIENT WARDS
IN
LEEDS MENTAL HEALTH TRUST**

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LIST OF ABBREVIATIONS

| | |
|-------|--|
| CPA | Care Programme Approach |
| CTM | Clinical Team Manager |
| MDT | Multi Disciplinary Team |
| NIMHE | National Institute for Mental Health England |
| PDL | Practice Development Lead |
| PMG | Project Management Group |
| SFBT | Solution Focused Brief Therapy |
| TARS | Training Acceptability Rating Scale |

LEEDS MENTAL HEALTH TEACHING NHS TRUST

AN EVALUATION OF

PROJECT TO INTRODUCE SOLUTION FOCUSED THERAPY IN ADULT MENTAL HEALTH IN-PATIENT WARDS

EXECUTIVE SUMMARY

The overall aim of this project was to improve the brief psychological intervention skills of in-patient mental health nurses on acute in-patient wards in Leeds. To achieve this staff were to be assisted by a consultant trainer to acquire skills that recognised the rapidly changing clinical environment in which they worked, whilst ensuring that service users received meaningful psychological interventions. Solution Focused Brief Therapy was identified as the therapeutic approach to be taught and applied by the staff. The project also sought to equip staff with SFBT skills through a work based learning approach and to explore the benefits of work based learning over more traditional forms of teaching and learning.

A consultant trainer with knowledge and experience of SFBT was identified to work with six in-patient clinical teams to educate and assist selected members of staff to acquire SFBT skills. Sixteen members of staff and the PDL attended an initial two days of introductory level teaching. Following this, the consultant trainer visited each of the wards over the next six months for up to nine half-days to facilitate the development of core skills in SFBT by staff members. During these half-days a combination of teaching, coaching, supervision and live casework was provided.

In the ending questionnaires, staff members noted the applicability of an SFBT approach to their work on the wards and all members of staff reported utilising the core skills learned within their contact with service users. Staff demonstration to the consultant trainer of core skills in SFBT during the on-ward sessions was achieved to varying degrees. A third of those who attended the two days teaching achieved these skills and was able to demonstrate this in their practice with service users in “live” supervision. Another third achieved these skills and demonstrated this through discussion with the consultant trainer. The final third of staff members acquired a reasonable level of knowledge in SFBT but were unable to demonstrate application of their skills in live supervision or discussion sessions. A key factor in the variable levels of skills and knowledge demonstrated was individual staff availability to meet with consultant trainer. However, irrespective of the varying levels of core skills that staff were able to demonstrate, all staff members reported an enthusiasm to continue to use these skills with service users beyond the lifetime of the project.

There was also an expectation that SFBT skills were to be “cascaded” by the trained staff members to other staff members on their respective wards. Cascading took place on all wards with varying degrees of success. Wards that were most successful at this were those where the CTM had decided to attend the two days training and where staff had also integrated SFBT into other aspects of their daily routines. All staff members from these wards were more likely to utilise the

consultant trainer when he was present and staff on these wards, unexpectedly, also independently developed applications of an SFBT approach to other aspects of ward life including supervision, team meetings and reviews.

The project also sought to improve the experience of in-patient wards for service users and carers by developing a more meaningful day and contributing to a reduction in the level of absconding by service users. Whether service users received meaningful psychological interventions and their on-ward experiences improved was not measured as part of project, but further evaluation or research should be key feature of any continuing project work. It was not within the remit of the project to measure levels of absconding from wards as this will be reported upon elsewhere within the Trust. However, service users were reporting both locally and nationally that one of the causes for their absconding is the lack of a meaningful day activity, particularly the absence of meaningful psychological interventions. It is though known from the questionnaires completed by staff that, throughout the project period an increase occurred in staff levels of confidence, competence, willingness and frequency in engaging with service users to provide meaningful psychological interventions. Hence, improvements in patient's experiences were achieved from the perspective of ward staff who increasingly applied an SFBT approach, though in the future the perspectives of service users would require further evaluation.

In conclusion, the project identified the value of having a consultant trainer present on the ward to provide "live" demonstrations of practice, suggestions and immediate supervision to staff, as opposed to, staff leaving the ward to attend teaching sessions or to read books. The initial teaching days and on-ward teaching sessions proved beneficial in assisting staff to provide increasing amounts of meaningful psychological interventions with service users. Also, core skills in SFBT were more likely to be developed by those staff who were able to regularly met with the consultant trainer. These benefits are likely to be enhanced by increasing the consultant trainer's contact time with each ward and the use of a "shadowing" where the consultant trainer is present and can provide guidance for staff throughout many more instances of their interactions with service users. Staff learning and competence in the approach would also be likely to be enhanced by the encouragement of a wider application on wards of the SFBT approach within a variety of day-to-day practices including: ward rounds, reflective practice groups, recording in daily contact sheets and the CPA. To evaluate whether such an approach would be beneficial for service users, a comparison study between wards trained in SFBT and another ward not so trained could cater for this.

The recommendations from the project are:

- 1) Essential to any continuation of the project should be an evaluation of the perspectives of service users and their carers of the usefulness of the SFBT practice of staff on wards.
- 2) The training of all ward staff in SFBT to continue - from consultants to cleaners and "bank staff"- and to include an increase of practice opportunities within the teaching days by either slight alteration to the programme or the addition of a third day to embed practice skills.

3) On-ward sessions to be provided by a consultant trainer until staff become confident in their own ability to apply the approach and to teach it to others. The “shadowing” of staff by the consultant trainer would be an important element of this

4) Consideration to be given to different ways of providing more frequent levels of contact between staff and the consultant trainer during on-ward sessions. This could be achieved by either extending the consultant trainer’s time allocated to the Project, or by focusing any future project on one or two wards at a time.

5) The promotion of CTM involvement with the SFBT training to be encouraged to enhance their own and their staff understanding and use of the approach.

6) A ward culture of SFBT to be established. This would include CTMs on wards where SFBT has been utilised in different ways - beyond one to one work - to share their findings with staff from other wards and the continuation of this process via regular meetings between both staff on the same ward and staff on different wards.

7) Manual of SFBT practice on-wards to be developed containing SFBT resources details of possible exercises to be utilised with staff members to develop their skills.

8) Finally, in terms of continuing professional development, a programme of accreditation should be pursued with local universities to provide participating staff with a suitable and transferable qualification and acknowledgement of their knowledge and skills in SFBT.