

A Model for brief, effective behavioral health treatment that works in Integrated Healthcare

#605 Brief Solution-Focused Treatment (Part 1)
Saturday, October 1, 2011
4:15 pm to 5:45 pm

#705 Brief Solution-focused Therapy in Primary Care (Part 2)
Sunday, October 2, 2011
10:00am – 11:30am

**Clare Scott LCSW
Mental Health Partners**



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**The Mental Health Center
Serving Boulder and
Broomfield Counties**

*Partnering to improve quality
of life as a non-profit
organization dedicated to
mental health and wellness*



Our Partners:



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Starting : the session

- What would've happened today that would tell you that this training was worth your time?



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Mission of the Integrated Services Project:



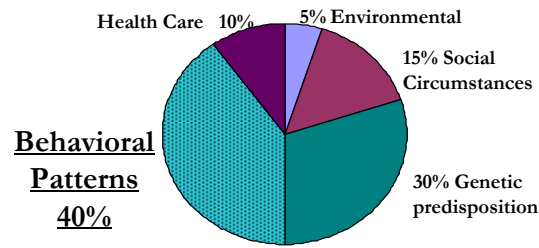
We provide comprehensive health care to our patients.

Comprehensive health care is care provided when the right service is matched to the right need in an environment where the integration between primary healthcare, and behavioral health care is seamless.

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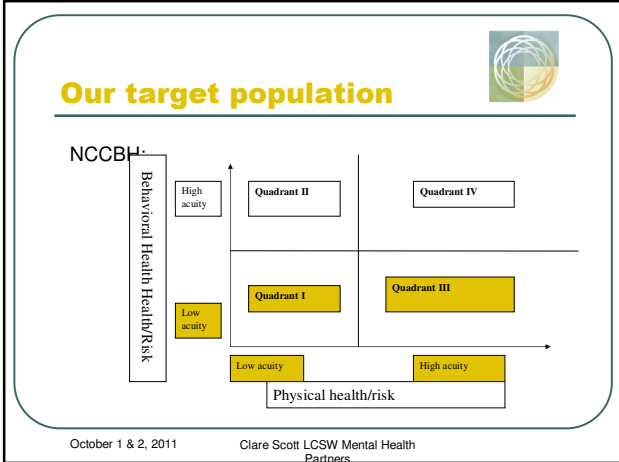
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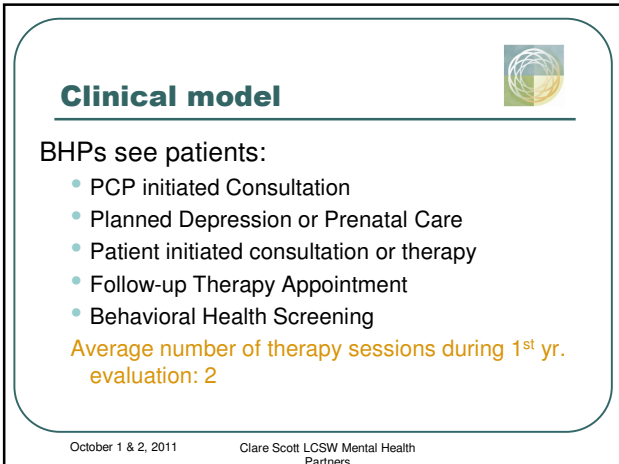
Determinants of Health in US:

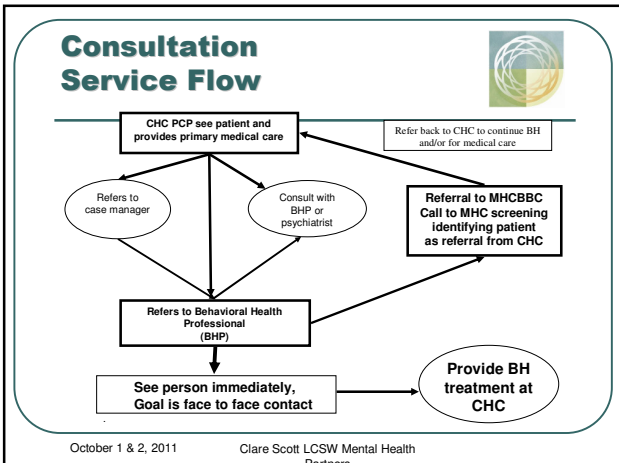


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Schroeder, NEJM 2007;357:1221-8







Introducing change in two very different systems with the same aim underscores culture differences.

CMHC:

- Autonomous practice
- Focus on process and interview
- More time for assessment
- Documentation is narrative
- Comfortable with ambiguity
- Dx is a collection of symptoms

CHC:

- Team system
- Fast pace
- More decisive
- Documentation is check boxes
- Frequent use of number results for diagnosis
- Dx describes symptoms

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From The National Council



- Placing BH in a primary health care setting without a *clear clinical model of care that is distinct from specialty BH* practice has been seen in many sites as ineffective and inefficient and seen as a failure.

Freeman Cherokee Health Systems, Wilson, Swope Health Systems, Mauer MCPP Health Care Consulting.

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Common Factors



- Pg 95 Therapists should enlist and promote client strengths, resources, and personal agency. At the start of the session, "Create an environment in which the patient felt he was perceived as a well functioning person. As soon as this was established, productive work on the patient's problems was more likely."

Glassman and Grawe 2006

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Common Factors



- Therapists should believe that clients are motivated and capable of proactive change.

Pg. 96 Duncan.

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Common Factors



- In all research about client preferences suggests that clients want a safe space to talk with someone who will listen and appreciate what they think is important.

Pg101

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Common Factors



- Therapists are inline with empirical evidence when they *listen* to clients, establish common ground, and work together to forge solutions.

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Listening



- Chose someone who knows you.
- Ask who in their life is an excellent listener? Then ask them if 10 is the best listener and 1 is the worst where would they put you?
- Tell your partner one thing you will do to move up just one point on the scale.

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Common Factors Summary



- Therapists should enlist and promote client strengths, resources, and personal agency. The client is an active self healer.
- Focus on strengths at the start of the session. Create an atmosphere where clients are perceived as a well functioning person.
- All clients are motivated and capable of proactive change.
- Promote client involvement it is a collaborative endeavor.
- Listen and 'privilege' client's experience and ideas.

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Communication is everything!

The Bear Story

If you don't say what you want or need to happen, you'll never make a bad situation better.



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We chose SFBT because...

- It is more fun to supervise and to practice; clinicians avoid burnout because they are not responsible for their client's solutions and eventual success. The clinicians are responsible for being experts in change.
- Research shows that as compared to other therapies the outcomes are the same but the course of Tx is shorter



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From a BHP

- "I believe that SFBT works so well in a primary care setting b/c it empowers the pt to make change and allows them to see that they are capable and have had successes in the past."



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Goal Phase:



Where would you like to be in regards to practicing with a brief model?
1= No desire to practice differently.....10=ready and willing to try

How confident are you that you can do this?
1=not confident.....10=very confident

How important is it to you that you make these changes?
1=not important at all.....10= Extremely important

How willing are you to work at it?
1=not willing at all, this is a day off for me10=As hard as I need to and for as long as I need to master this.

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What is SFBT?



- You go into a restaurant.....
- Help going over the wall or are you already there?
- It is a future oriented approach, working from a place where the problem has been solved.
- The conversation is about what is wanted not what is wrong. (Dr. Ronald Warner 2007)

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The structure of a session in an exam room: part 1

- Empathy Phase
 - Find out what needs to happen
 - Verify
 - Use patient's language
 - Coping and survival questions



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The structure of a session in an exam room: part 2

- Goal phase
 - What will the future look like?
 - Miracle question
 - What if?
 - Best hopes?
 - Details; behavior, cognitions, emotions



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The structure of a session in an exam room: part 3

- Strategy phase
 - Scale progress, what does that number represent?
 - Where would other like them to be?
 - What would be the first step/
 - Rate confidence
 - Stop and think, suggest homework
 - Summarize.
 - Anything I forgot?



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Exercise

- Moan, Moan, Moan



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Seven Signs of an SFBT Session

- Exceptions
- Questions
- The Future is negotiated and created
- Compliments
- Do more of what is working
- Change is constant and inevitable
- The solution is not always directly related to the problem



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Exceptions



Looking for exceptions.

when the problem could have happened but somehow did not.

Looking for those times when the problem did not arise when it would normally have, provides

clues to what clients can repeat until they are satisfied that things are better enough

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Questions



Asking questions rather than telling clients what to do.

- Questions are an important communication element of all models of therapy
- SFBT makes questions the primary tool of communication and rarely makes direct challenges or confrontations to a client.
- Also to remember to keep the language in the positive, present "what **will** be different in the morning" vs. "what **would** be different".

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The Future is negotiated and created

The questions used in SFBT are almost always focused on the present and future. It is the basic belief of SFBT that focusing on solutions is much more productive and empowering than focusing on past events or guessing about what might have been the origin of the problem.



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Compliments



- Validating what the client already is doing well
- Acknowledging how difficult his problems is, encourages the client to change while given the message that the therapist understands and cares.
- Compliments can punctuate what the client is doing right.
- Soliciting the client's perception of how other people in his or her life would compliment connects the client with those important persons in his or her real life outside of the therapy room.

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Do more of what is working



- Gently nudge the client or family to do more of what has previously worked or suggests to try changes they have thought they would like to try.
- It is rare for a SFBT therapist to make a suggestion or assignment that is NOT based on the client's previous solutions or exceptions to their problems.
- "What works" is more important than "doing it (SFBT) right,"
- It's clients who say, "that works for me" no matter how imperfect the therapy looks.

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Change is constant and inevitable

- SFBT believes that stability in life is an illusion; life is constantly changing and we are always changing.
- The more we look for small changes, the more we will notice the changes. Therefore, noticing and paying attention to small changes can set in motion for more
- The focus is on how to direct our attention to more positive changes that are already occurring.
- Exercise: How change happens.



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The solution is not always directly related to the problem

- This is most shocking and it seems to go against all intuition and knowledge we have about problems and solutions.
- We encounter numerous examples when such logic does not stand up to real life and at times we need to take a bold step to “do something differently.”
- “I’m Going To Quit Smoking”



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SFBT TOOLS

- *Collaboratively negotiated goals*
- *Miracle questions*
- *Exception-finding questions*
- *Scaling questions*
- *Summary statements*



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SFBT TOOLS: Collaboratively negotiated goals

- Discover what needs to happen
- Realistic terms
- Concrete, behavioral, measureable
- Details about how the client would know they didn’t need to come back?



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SFBT TOOLS: Miracle Question

- Suppose a miracle happened while you were sleeping and the problem that brought you here is solved. What would you be doing differently?
- Who would notice you are doing things differently?
- What would he/she notice was different about you?
- When was the last time it happened, even a little bit?
- How did you do that?
- What would it take for you to do it again?
- If you were to pretend, even a little while, that small portion of the miracle has occurred, what one or two things would you be doing differently?

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SFBT TOOLS: Five Elements of the Miracle Question

1. The change must have meaning, it would not occur 'naturally'.
2. The Miracle must be defined
A quality.... A skill... A trait...
3. It must have 'immediacy' it could happen tonight.
4. The client must be unaware that the miracle occurred.
5. The client must discover the clues that 'the miracle' occurred.



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SFBT TOOLS: Exception-finding questions

Times when the problem does not exist

- Explore if something the client has already tried was useful.
- Parts of the 'Miracle' may have already occurred.
- Look for subtle exceptions, avoid using the word, exception.
- Survival questions.



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SFBT TOOLS: Scaling questions

- Makes concepts measurable.
- Neutral tool to explore exceptions.
- Define 1 and 10
- Understand the client's perception of a specific number they have chosen.



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SFBT TOOLS: Summary statements

- Opportunity to summarize using the client's words.
- Highlights those points most important to the goal.
- Creates an ending to the session.



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SFBT Session Outline

- **Find out** what needs to happen in order for Tx to be useful to the client.
- **Verify** that the therapist's understanding is accurate. (*Validate*)
- **Ask** the Miracle Question, get as many details of the miracle as possible. A picture of the future
 - Listen for skills, qualities and traits. (*Goal*)
- **Listen** for exceptions to the problem. Scale current situation. (*Strategy*)



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SFBT Session Outline cont'd

- Take a moment to stop and think,
- Assign homework, summary statement and compliment.



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Exercises:

- Warm up exercise: The group as therapist.
- Case practice
 - Patient would like to increase anti-anxiety medication, Provider cannot prescribe additional medication.
 - Provider is concerned about patient's level of depression.
 - Patient mentions to provider that she has recently discovered her husband is using drugs.
 - Mother thinks her daughter may be bi-polar like her and she is also concerned her daughter wants to have sex.



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The SFBT Stance Not-knowing and non-judgmental

- We want to understand the meaning of our client's stories FOR THEM
This means turning off the "expert" filter, not listening for chief complaints, not gathering diagnostic information.
- Not listening for surface hint of what the core problem "really is"
Instead, we put ourselves in the shoes of the people we work with and understand in their language what has led them to seek our assistance.
- Listen with focused attention, patience and curiosity while building a relationship of mutual admiration and trust.
- In spite of all of our education telling us that we do know, we try to listen for **what we don't know**.

Narrative Therapy By Jill Freedman, Jill Freedman, M.S.W., Gene Combs



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The SFBT Stance

If it is not broken, don't fix it.

Nothing would seem more absurd than to intervene when the problem is already solved, even though at times clients may not be aware of it.



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Non-judgmental

- Practice one minute mindfulness (see handout)



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Translating

- Diagnosis and Assessment
- Who is the customer?
- What does the system need?
- Presenting the difference between data and information and the person's view of the problem?
- Charting



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Goal of the session

Scale the following:

Imagine all of these factors constitute a "10" on the scale:

- you comfortably handle the volume of patients at your clinic
- you respond quickly and confidently to the providers on your medical team
- you are using a brief model of behavioral health treatment which retains all the qualities of excellent treatment
- you use a brief model with all of your clients regardless of their presenting problem
- you had a revived sense of enthusiasm for this transition

1. Where would you scale yourself currently from 1 to 10?

12.....3.....4.....5.....6.....7.....8.....9.....10
no absolutely
Comfort comfortable
"Stand up and put yourself on the line exercise"

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Strategy Phase:

- Where are you now?
- What does that number mean to you?
- What is keeping you from being lower?
- What would move you up one small step?



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BHPs: MAKE A DIFFERENCE

•The Power of 'Pointing Out'

—from Mind Beyond Death by the Dzogchen Ponlop Rinpoche, published by Snow Lion Publications



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Wrap up:



- Homework, one thing.....
- Summary statement
- What was most useful? Did we miss anything?

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Thank you



Please do not hesitate to contact me if have any additional questions or comments:

Clare Scott LCSW
Manager, Integrated Services Program
cscott@mhpcolorado.org
303.652.7661

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