

Reviews

RESEARCH REVIEW

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New territory for SF: working with farmers to use whole farm planning to improve water quality in catchments.

McKergow, L., Faulkner, T., Stewart, A., Parkes, R., Ihaka, S., Elliott, S., Mackay, A., Freeman, M., & Longhurst, B. *FOCUS – Farm plans, outcomes, catchment priorities and users*. <http://flrc.massey.ac.nz/workshops/15/paperlist15.htm>

The Great Wellington Regional Council in New Zealand has created an innovative program called FOCUS . It uses SF to help farmers implement plans that improve water quality in catchments. The Council recognised that problem-centred approaches were less effective for complex systems that involve people and natural systems. They also saw that farm decision-making was an iterative process that could not presuppose a single right answer for every situation in a natural system.

The initial task is to ask “Is the farmer a customer for change?” In this conversation of asking open questions, the Land Management Officers assess whether the farm decision maker is receptive and willing to explore the impact that their farm system may have on water quality, for example through faecal contamination of surface water. They continue to build relationships with those who aren’t ready to act and move forward with those who are. A progress-focused conversation using Jackson and McKergow’s (2007) OSKAR model then looks at the issues that the farmer has identified and wants to change and on which the farmer is willing to take personal action. It uses simple questions like “what’s wanted?” “what’s working?” and “what’s next?” to develop customised solutions. Together with the farmer, the Land Management

Officers search for historic and current examples of success, knowing that the building blocks for change are much more likely to come from activities that are already leading to positive water quality outcomes. In this world, the “what’s working?” question is particularly important because it helps maintain the status quo. It is much easier to maintain existing good quality water than to restore it. By identifying the resources and skills that currently result in good water quality, the Council are finding that farmers are motivated to improve their systems and identify small changes that they can implement. Farm dairy effluent outcomes can be reduced from 60% inadequacy to 10% with minimal effort. Farmers are encouraged to notice and monitor change with simple steps such as photographing a stream at regular intervals after fencing cows out of a stream channel and creating a record of change in the stream bed. Altogether a fantastically simple and effective use of SF.

Are we becoming irrelevant? Can it work? Researching computer-mediated psychiatric treatment using SF.

Priebe, S., Kelley, L., Omer, S., Golden, E., Walsh, S., Khanom, H., Kingdon, D., Rutterford, C., McCrone, P., & McCabe, R. (2015). The Effectiveness of a Patient-Centred Assessment with a Solution-Focused Approach (DIALOG+) for Patients with Psychosis: A Pragmatic Cluster-Randomised Controlled Trial in Community Care. *Psychotherapy and Psychosomatics*, 84, 304–313.

A computer-mediated intervention called DIALOG+ has been developed which consists of a structured assessment of patients’ concerns combined with an SF approach to initiate change. This study tested its effectiveness in the community treatment of patients with psychosis who together with their clinicians used DIALOG+ once per month for six months in the course of their normal consultation together. The study was intended as a pragmatic, exploratory, parallel-group, cluster-randomised controlled trial with 49 clinicians and 179 patients originally engaged.

Using DIALOG+ patients are asked to rate their satisfaction with 8 life domains (mental health, physical health, job situation, accommodation, leisure activities, friendships, relationship with family/partner, personal safety) and 3 treatment aspects (medication, practical help, meetings with professionals). Each of the domains chosen for further discussion are addressed in a 4-step approach informed by the principles of SF: (1) understanding the patient's concerns and previous effective coping strategies; (2) identifying best-case scenarios and smallest steps for improvement; (3) exploring options available to the patient, including the patient's own resources, the clinician's and those of others in the patient's life, and finally, (4) agreeing on actions to address the identified concerns. Agreed actions are later reviewed at the start of the following meeting.

Results were positive. SQOL (Subjective Quality of Life) improved within 3 months. This effect was still apparent at 12 months (6 months after, all but 6 patients had stopped the intervention). Different types of analyses provided similar results. The number of unmet needs was significantly reduced after 3 months and at 6 months. This aligned with the intention of DIALOG+ to identify and address the concerns and unmet needs of patients. There were also significant benefits for general psychopathological symptoms and objective social outcomes after only 12 months. The intervention is likely to also prove cost effective.

The authors write, "One can only speculate as to why DIALOG+ as such a brief intervention has a similar effect to more time-consuming and cost-intensive therapies. Unlike other therapies, DIALOG+ does not require the referral of a patient to a different clinician or service. It is used within the existing patient-clinician relationship. This may facilitate mutual trust and credibility and support the delivery of the agreed actions. Another potential advantage is that clinician and patient address practical issues as well as psychological ones, which may have a tangible impact on the patient's life. This may in turn help to alleviate general psychopathological symptoms, on which the intervention showed a medium-sized

beneficial effect, and lead to longer-term improvement on objective social outcomes.”

What is striking about the second potential advantage proffered by the authors in this paragraph is that it is a great testament to the power SF offers people by recognising their expertise in their own life and following them on that path. Maybe the advantage of DIALOG+ in terms of outcome is that it provides a practical guide to the clinician’s interaction as much as to the patient’s.

SF being used by one of the most high profile charities in the UK: The National Society for the Prevention of Cruelty to Children (NSPCC).

Fernandes, P. (2015) *Evaluation of the Face-to-Face service: using a solution-focused approach with children and young people in care or on the edge of care*. London: NSPCC.

Face to Face is an NSPCC service for children and young people aged 5–18 who would like support to deal with an issue that is affecting their emotional wellbeing or placing them at risk. Young people can access the service by referring themselves or through referral from an agency with their consent. The young person identifies their own goals in an initial session, and then works towards achieving these with the support of a trained NSPCC practitioner using SF. The service was delivered from 18 locations across the UK between September 2011 and March 2015.

Face to Face was evaluated using a mixed-method design. At each session the child or young person completed the Outcome Rating Scale (ORS) or the Child ORS, a four-item measure designed to track wellbeing outcomes. At the end of the work the young person was also asked to complete a questionnaire to review the work done and to describe the changes they experienced. The sample consisted of 611 young people who had completed the Face to Face work and the ORS at more than one session till May 2015. The follow-up included 103 of the participants three months after they had finished the service to complete the ORS. The qualitative data for the

evaluation included interviews with children who had completed the programme, foster carers, referrers and NSPCC practitioners.

Before receiving the service, 58 per cent of children and young people had wellbeing scores indicating clinical levels of distress. These had reduced to 15 per cent by the end of the work. The data suggested that 43 per cent of children had moved out of the clinical range and no longer required further therapeutic support by the end of the service. In total just under 60 per cent of all participants showed a reliable improvement in their levels of well-being. Of the children who were most in need at beginning the service – those with clinical levels of distress – 70 per cent showed reliable improvement and ended the service with normal levels of wellbeing. 73 per cent of children and young people reported that Face to Face had helped a lot in addressing the immediate concern that had been impacting on their emotional wellbeing. Three months after finishing their last Face to Face session, 84 per cent of children and young people were still reporting increased levels of wellbeing, though for around 16 per cent there had been a deterioration since their final Face to Face session.

The SF approach was valued by participants, as it helped build rapport with the staff, made them feel better about themselves, and gave them techniques for addressing future concerns. The evaluation did not include a comparison group, so further research is needed to be confident that the improvements were a direct result of the Face to Face service.

Discovering the brilliance of SF for sports psychology as a single session therapy.

Pitt, T., Thomas, O., Lindsay, P., Hanton, S., & Bawden, M. (2015). Doing sport psychology briefly? A critical review of single session therapeutic approaches and their relevance to sport psychology. *International Review of Sport and Exercise Psychology*, 1–31.

There are significant pressures placed on sports psychologists to deliver brief yet effective interventions when working

in the cauldron of modern elite sport. Sports psychology offered to the Swiss team across 3 Olympic Games indicated that 50% of interventions were single unplanned professional interactions. While Giges and Petitpas (2000) have offered a structure for these unplanned sessions, the only meaningful consideration of scheduled, single session therapy (SST) within sport psychology has been offered by Hoigaard and Johansen (2004) using SF therapy. But with increasing demands to prove efficacy, SST models are required. The authors of this paper provide a critical review of SSTs, limiting it to approaches post Talmon's (1990) seminal work Single Session Therapy. Using particular criteria they include 27 papers in the review.

The presenting issues across the papers for SST were behavioural, relationship, anxiety or stress, mental health, parenting, post-trauma, communication, academic or career. These aligned with Talmon's view that ideal candidates for SST were: clients seeking therapy to solve a specific problem; clients trying to ascertain if they are "normal"; clients who can identify exceptions to their problem; who have a particular "stuck" feeling in relation to their past that they wish to change; clients with a good support network, or clients with a truly unsolvable problem. The authors point out that the issues presented by elite athletes also fall regularly into these categories.

In the 27 papers they found that the most frequently cited model of practice guiding SST was SF. During the therapy process it was commonplace for SSTs to employ pre-session questionnaires and consultancy teams. SST consultations were typically goal-directed and therapists often incorporated clients' strengths and existing resources with their interventions. The evidence suggested that SSTs can lead to significant problem improvements and were sufficient for improving clients' situations. There were also limitations in the studies such as lack of control conditions.

The authors conclude that the application of SF could be particularly relevant for athletes, given its focus on growth, result and improvements especially as sports psychologists require briefer ways of effectively operating. They note that

SF is not typical to formal Western sports psychology qualifications and believe it should be encouraged. They quote Fry (2102) who noted the difficulty in introducing SST to a team of therapists because of traditional beliefs that “more is better, real change happens slowly and gradually” and that “change in therapy is built on the therapeutic relationship, which takes time to develop” (p. 26).

Carey Glass is chartered in the UK as an Occupational Psychologist, runs a management consultancy called The Human Centre and is one of the editors of *InterAction*. She had great fun putting together this Research Review which took her back to her roots as a research psychologist. She would like to note that HESIAN (<http://herts.ac.uk/hesian>) is now providing a fantastic source of ongoing research articles in SF.