

Nursing For Strengths

Utilising Strengths And Solutions Focused Approaches In Daily Patient Care. What Might Be The Possibilities?

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The Strengths and Solution Focused approaches have nothing to do with looking for the positives – “It’s about looking for what is working (even just a little bit) – as opposed to looking for what is wrong.” Michael Durrant (2011)

Introduction

This article came about after an invitation from a nurse participant on a recent course on Strengths Based Assessment, Resourcing and Brief Intervention in Primary Care, run by the Central PHO for nurses and allied professionals in the Central region.

During feedback on Day Two of the programme (held a month after Day One), many participants reported that they had found many of the skills and tools very useful in enhancing the effectiveness of their work. A “sampler” of that content is shared here, in the hope that it will be useful to a wider audience.

The Strengths and Solution Focused approaches are “first cousins” in theoretical approaches in the helping professions, and are in turn closely related to the Narrative approach in Counselling and Therapy. All of these descend from the “genetic line” of Social Constructivism. Many people familiar with this “Family” of approaches will recognise commonly shared tools and concepts. While Narrative Therapy is used primarily in counselling and psychotherapy (with a focus on the internal, intrapersonal world), Strengths and Solution Focused approaches have become widely used in the social services and helping professions (e.g. education, supervision, social work, nursing, youth work) and have an emphasis on the person in their connectedness both intra-

personally and with their “fit” and well-being in their wider world.

A little bit of theory may be helpful at this point. Dennis Saleebey (2002), one of the chief architects of the Strengths Based Approach, developed these three basic concepts:

Three Basic Concepts of Strengths Based Practice:

- Given the difficulties they have, and the known resources available to them, people are often doing amazingly well – the best they can at the time.
- People have survived to this point – certainly not without pain and struggle – through employing their will, their vision, their skills, and, as they have grappled with life, what they have learned about themselves and their world. We must understand these capacities and make alliance with this knowledge in order to help.
- Change can only come when you collaborate with client’s aspirations, perceptions, and strengths, and when you firmly believe in them. Saleebey, D. (1997:49)

From this we can see that the emphasis is on identifying clients’ competencies and resourcefulness, and utilising these in the process of change, rather than identifying and focussing on deficits and weaknesses. The approach does not in any way get

stuck in “rose-tinted glasses” and negate the presence of risk (to self or others) or real problems where they exist. What it is saying is that where possible, we need to harness and make alliance with the capacity and expertise our clients and patients have to be architects of change in their own life.

As I indicated in my opening statements, this article is designed to be just a “taster” of this approach. Two elements that I included in the recent course were what I have called “The Eight Frameworks” model of questioning, and “The Three Column Model”. Both will briefly be outlined here.

The Eight Frameworks for Questioning

One of the most effective tools in the Strengths and Solution Focussed approach is the way we ask questions, and the type of questions we use. Michael Durrant (2011), a leading Australasian practitioner of the Solution Focussed Approach has a saying; “I have only a handful of questions, just 300 ways of asking them!” My Eight Frameworks are a combination of his work, the questions of Dennis Saleebey, (2002), and the “Six Practice Principles” of Turnell and Edwards (1999). In using these questions, I can attest that my practice has been dramatically changed, and the engagement of my clients dramatically enhanced.

The “Eight Frameworks for Questioning” are outlined in the following headings:

1. Worldview/Perspective
2. Exceptions
3. Possibility
4. Strengths and Resources
5. The Miracle Question
6. Goals
7. Scaling
8. Willingness/ Confidence/ Capacity

While there are multiple possible variations to questions within each framework, for the purposes of this sampler, I am going to provide just a few.

1. World view /Perspective Questions

We need to understand the Worldview/ Perspective (beliefs, strongly held values and meanings expressed) of workers/ clients/ family members and other professionals involved. “We need to understand their worldview – recognise their expertise on their life.” (Michael Durrant)

- i. How do you view what is going on in this situation?
- ii. Thinking of a person whose advice and



perspective you respect – what do you think they would say about this situation – and what advice would they give you?

- iii. What do you think would be most helpful at this time?

2. Exception Questions

Find Exceptions to times when things are problem-filled/ not going well – and focus on those. “It is more useful to focus on what is happening when the problem isn’t happening, and do more of that!” Durrant (2011).

- i. What is working well that you would like to keep on doing?
- ii. You said it is not always like this. Tell me more about those other times?
- iii. When is something working in this situation – even just a little bit?

3. Possibility Questions

We need to discover people’s aspirations, dreams and goals for their life, and, wherever possible, work with (amplify, “Kodachrome”) these.

- i. What are your dreams, aspirations and hopes for the future?
- ii. Who are the people or situations who/ which are helping you move towards achieving your goals/ hopes and dreams (generally or in this specific situation)?
- iii. What would you attempt (positively in this situation) if you knew you would not fail?

4. Strengths and Resources Questions

Here we are looking to identify people’s present areas of competence.

“Despite life’s struggles, all persons possess strengths and resources that one can marshal to improve the quality of their lives.” Saleebey (2002).

- i. What strengths and qualities that you have now are helping you achieve the outcome you are looking for?
- ii. When you have encountered problems and challenges in the past, how have you solved them?
- iii. Who else has been involved – and how have they helped?
- iv. How will you know when things are going really well in your life? What will you be doing, what will you be feeling, what will you be thinking?
- v. How come? How did you manage (or know) to do that?

5. The Miracle Question

We need to build the person’s “picture” of their preferred future.

Michael Durrant says that at a meeting of expert practitioners of Strengths and Solution Focussed approaches, they agreed unanimously that if they stripped their work back to the most important tool, “The Miracle Question” would be it.

“Let’s imagine... that after you leave here, you go home, you do whatever you would normally do tonight, you go to bed, you go to sleep... and while you are asleep a miracle happens... and the problem(s) that brought you here/ that we are discussing are solved... but because you are asleep, you didn’t know the miracle was happening... so tomorrow morning – how will you know that the miracle has happened?

Diagram 1: Three Column Model

THREE COLUMN MODEL

Name.....

Date.....

CHALLENGES/CONCERNS

STRENGTHS/RESOURCES

FUTURE PICTURE

E.g.

- What are the challenges for you at this present time?
- How do you see these concerns affecting you?
- How might someone else whose advice/perspective you value see these challenges?
- What steps have you taken already?
- How did you know to do that?

E.g.

- What is working well in your life that you would like to keep on doing?
- What individual strengths and resources do you have in life that can help you in this situation?
- What resources (people and things) are available to you?
- What steps have you taken already?
- When is something working well in this situation – even just a little bit?

E.g.

- What will your life look like when everything is just the way you want it to be?
- What will you be thinking?
- What will you be feeling?
- What will you be doing?
(Note - that it's useful to state in present tense e.g. "I am").
- Is this "picturesque" enough?
- What else?
- What are the first steps that you will take from here?

What will be different that will tell you this miracle has occurred? What will you be doing differently? What will you notice next?

(Note: build lots of detail about what the person will be doing, saying, feeling each step of the day).

6. Goals

What are the person's goals for their own life? We increase their motivation by working with these, and also increase the likelihood that they will follow through on pursuit of their goals. "Work toward their preferred future, rather than on the problem."

There is not necessarily a connection between the problem and the solution.

Change can happen without fully exploring and focussing on the problem. (Durrant, 2011)

- i. What are your dreams and goals for this situation?
- ii. In your opinion, what needs to happen to make this situation better (safer, appropriate, achieve progress)?

iii. If you got the exact sort of support that was needed in this situation, what would that support look like?

iv. What are your ideas for improving (making progress in) this situation?

7. Scaling

We need to assist the person to concretely identify their sense of progress (and/or safety) in the identified situation or in their life generally. The concreteness allows clear comparisons with the judgement/perception of the helper and other professionals involved.

i. On a scale from 0–10, where 10 means things are as good as they can possibly be, and 0 means they are the worst – where would you say things are right now?

ii. On a scale from 0–10, where are things at (in this situation) compared with four weeks ago?

iii. You say that you are at a (e.g.) 4 now – what would need to happen to get things to a 5?

iv. How have you managed to do that?... get to a?

8. Willingness, Confidence and Capacity

An exploration of these by the helper assists the person to determine their willingness and ability to carry out plans, before trying to implement them.

i. On a scale of 0–10, how willing are you to?

ii. What, if anything, would increase your willingness to try?

iii. On a scale of 0–10, how confident are you that what you are planning to do will make a difference?

iv. On a scale from 0–10, where do you rate your ability to do something in this situation?

v. How much control or influence do you think you have in this situation?

vi. What is the very first thing you will try?

The Three Column Model

The second tool I want to discuss here is what I call the Three Column Model. It is a diagrammatic tool which can be useful to clients/patients in exploring issues and concerns, and also their strengths and their hopes and goals for how things

might be. It is inspired in part by a tool called "The Three Houses" developed by Nicki Weld and Maggie Greening, (*Child Youth and Family (2004)*). This model was designed primarily with Care and Protection Work in mind, but it has been shown to be effective in a wide range of contexts (The link to their model is contained in the reference section). Another influence is the "Five Column Approach" developed by St Luke's Anglicare in Bendigo Australia, and outlined by Wayne McCashen (2005) in his book *The Strengths Approach*.

The Three Column Model incorporates some of the Strengths and Solution Focussed questions already shown in the Eight Frameworks model. The aim is to orientate patients/clients towards their sense of expertise, competence and resourcefulness in their own life – despite difficulties they may be experiencing. This is shown in Diagram 1.

If you would like to try out either some of the Eight Questioning Frameworks or the Three Column Model may I make a suggestion that has worked for me? I subscribe to the old Asian Indian proverb "How do you eat an elephant? – One bite at a time!" Meaning if you are going to try any of these questions, try one out for a week, and get that integrated into your personal style, and then move on to another. All the best with your experiments. I guarantee you won't be disappointed.

Sources and Acknowledgement

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Rural Nursing

NRH Conference News

By Kate Stark and Sharon Hansen

As discussed at the Nurses Forum Thursday 12 March 2015, NRH Conference, Rotorua.

New Appointment for Nurse Practitioner

On behalf of the College of Primary Health Care Nurses I would like to extend our warm congratulations to Sharon Hansen who has been appointed Chair of the NZ Rural General Practice Network.

During the recent rural conference in Rotorua earlier in the year, there was some discussion related to what it means to be rural, and why rural nursing is different. This led to the following description which Ms Hansen as passed on to me for publication, entitled "Gumboots at the Door. I am sure many of you rural nurses can relate to this description of exactly what it means to be rural. I think this summarises it nicely.

Gumboots At The Door

Characteristics and defining aspects of rural practice.

1. *Challenges of geography*, including distance to the nearest provincial health services. Compounded by weather and lack of information structure. Limited Broadband, limited Broadband speed and limited cell phone coverage.

2. *Challenges of population demographics*

(higher numbers of younger and older, lower numbers of young and middle adults). Differences in epidemiology and patients who present later. Serious and life threatening issues including farm accidents, high speed car accidents, adventure tourism accidents.

3. *Workforce challenges*,

including under-resourcing, professional isolation, nurse-led services with visiting medical services, extensive on call responsibilities, extended range of skills, which include advanced emergency PRIME, elements of a social worker, vet, dentist, palliative nursing, district nursing, radiography, phlebotomist, pharmacist, physiotherapy and public health.

4. *Support service challenges*, volunteer ambulances and fire services, visiting specialist services when they are available. No dispensing pharmacist or courier services only. Distance to rural hospitals or provincial secondary services. Limited or nonexistent allied health services. Delay in diagnostics including limited laboratory pick up, travel for radiology and further investigations for patients.

5. *Connection with others*

compounded by difficulty accessing further education facilities, meetings, mentorship and research. Back filling for release time is often very difficult. Limited access to CME or PHO education support sessions, often held in the evenings. Lack of support for families, educational opportunities for children, employment opportunities for partners or spouses.

Rural health care providers need to be courageous and have a desire to live and work in rural areas often because they have a background in rural living themselves or are immigrants filling a hard to staff area. Rural nursing is a unique area of practice with challenges that require a skill mix which extends beyond that of urban practice. More specific definitions of rural nursing have been well described by others (*Barber, 2007*), and will not be attempted in this statement.

RGPN support a definition of specialist /advanced nurse practice at a post graduate diploma level. RGPN believe that post graduate education requires ongoing financial support for both the participants of the study and their employers, financial support extends to requirements of maintaining competency in the specialist role.

RGPN does not support a piecemeal approach to further education which we believe will create barriers of achievement.