A qualitative investigation into the effects of brief training

in solution focused therapy in a social work team.

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Abstract

Objectives: Previous research into the effectiveness of brief training in talking therapies for non-therapist health and social services workers has found mixed results regarding transferring learning into practice. There are very few published studies looking at the impact of such training in Solution-Focused Brief Therapy (SFBT), despite such training being popular. This study aimed to explore the impact of brief SFBT training on a group of community-based social workers, focusing on factors which impacted on the transfer of training to clinical context and on any broader effects of the training.

Design: A qualitative interview-based design was used, with the researcher adopting an ethnographic stance in order to obtain as rich and detailed account of events as possible.

Methods: Six social workers from a community team working with adults with intellectual disabilities took part in the study. All had attended a two-day workshop in SFBT nine months previously. The hour-long interviews were transcribed and subjected to thematic analysis.

Results & Conclusions: Factors affecting skill transfer included being able to practise, peer and organisational support, and perceived conflicts between SFBT and work role. Unexpected positive benefits for participants were identified which included increased listening and adopting a less directive style with clients, and increased feelings of control

and self-efficacy for clients and workers. The study suggests that research examining training outcomes should look more broadly for changes than the skills being taught, and suggests considering the 'fit' between therapy model and work role when designing brief training.

Introduction

The growth of brief training in psychotherapeutic approaches for a broad range of staff working in health and social care in the UK reflects a more general international trend towards diversification of skills and roles within healthcare settings (Lambert et al, 2004) and a growing recognition of the utility of such approaches (Grey, 2002). However, despite the growth in this type of training, its effects on the daily practice of the trainees are not well established.

The most common form of brief (less than 60 hours) training in therapy for non-therapists evaluated in the literature tends to be variants of cognitive behavioural therapy, psychosocial interventions and motivational interviewing approaches, often taught in combination. Whilst the precise nature of the training provided, the methodology used to evaluate it, the profession and role of the recipients and the clinical contexts in which they work has varied, the results of such studies nevertheless reveal a relatively consistent picture.

Kirkpatrick (1967) provided a useful model for dissecting the evaluation of training, which suggested four levels at which change could be measured: reaction of the participants with the training; the extent to which knowledge was gained; the extent to which the skills taught were transferred into practice by the participants, and the effect of

the training on outcomes. Virtually all studies report positive participant reaction to training, and almost all demonstrate significant participant learning after even very brief training (e.g. Appleby et al., 2003; Brooker & Brabban, 2004; Farhall et al., 1998; Thomas et al., 1999; Willets & Leff, 1997; Zipple et al., 1990). However, a number of authors have identified that brief training tends to be less successful in enabling trainees to transfer training into behaviour changes in clinical practice (e.g. Jahr, 1998; Milne et al., 2000).

Studies that do show transfer of learned skills often show only small changes or identify unexpected consequences. For example, Appleby et al. (2003) trained 97 health visitors in 'cognitive behavioural counselling' for working with post-natal depression. However, despite trainees' attitudes and knowledge improving post training, only a 15% increase in the number of cases where the participants used cognitive therapy techniques occurred. Furthermore, the number of referrals to mental health services by the trainees increased (instead of the anticipated decrease).

One model of training which has been considered particularly suitable for short training courses is Solution Focused Brief Therapy (SFBT – De Shazer, 1988). Although more in-depth courses are now beginning to appear (e.g. Lamarre, 2005), most practitioners in SFBT have instead gained their initial skills through courses typically lasting less

than 30 hours. This feature of SFBT training, combined with a growing evidence base which suggests that it can be used to good effect in many different situations and with various types of problems (e.g. Gingerich & Eisengart, 2000; MacDonald, 2007), has popularised training in SFBT for health and social services as a potentially useful way of providing non-therapist workers with 'talking-therapy skills'.

However, very few studies have examined the impact of training in SFBT, and all four published studies to date relate to the training of nurses in working in acute mental health inpatient care. Two quantitative studies (Ferraz & Wellman, 2009; Hosany et al., 2007) found significant increases in knowledge and self-reported use of techniques following training on the same two-day programme supplemented by subsequent ongoing SFBT supervision. Stevenson et al. (2003) also found increased knowledge in trainees following two-and-a-half days of SFBT training, and patients on the ward completed questionnaires suggesting that the trainees had indeed been practising the techniques taught.   In contrast, Bowles et al. (2001) failed to find significant improvements in self-rated confidence or ability to engage with troubled clients in his very small sample following four days' training in SFBT. However, content analysis of a focus group conducted at six-month follow-up suggested that the participants had found the training helpful and were using it in their work, and also that

they considered solution-focused conversations with patients offered an alternative to their very stressful role of 'problem-solving expert'.

The above research may show some promise for the use of brief courses in SFBT skills, but to date there has been no published study investigating the impact of such training for staff working more independently in the community. The current study therefore sought to examine the experience of community-based social workers following attendance at a brief training programme in SFBT. It was hoped that by using a qualitative, interview–based approach, a much richer picture of the effects and use of the training could be constructed, which would be capable of capturing not only the transfer of taught skills but any other effects. The aims of the research were identified as: (1) To investigate how the participants felt they had made use of the ideas from the training and how this affected them and their work. (2) To describe what had impeded or shaped their use of the skills taught, and what facilitated skill transfer.

Method

Finding a stance that matches the underlying philosophy of SFBT is not necessarily straightforward. SFBT is a minimalist approach, and so whilst it takes a social-

constructionist position, it also embodies an aversion to third party hypotheses or 'interpretations' that go too much beyond the information that is presented (e.g. O'Hanlon & Weiner-Davis, 2003). For this reason, thematic analysis was chosen to analyse the data, using the model outlined by Braun and Clarke (2006) with a minimum of post-interview interpretation beyond grouping and synthesising the data. An ethnographic position (similar to that of Lloyd & Dallos, 2008) was adopted in that the training, interviews and analysis were all conducted by the first author in order to capture the detail within the data as closely as possible. A 'solution-focused style' was adopted in the interviews themselves in order to explore further the meaning of interviewees' comments and to enrich and example responses.

Participants

As in-depth interviews were to be conducted with participants, a small sample was considered sufficient to produce a rich and varied dataset. Twelve of a team of 13 social work staff working with adults with intellectual disabilities had attended a workshop in SFBT nine months prior to the interviews being conducted, and all were asked if they would be willing to be interviewed. Six participants (four women and two men) consented to take part. All participants had worked

within the team for at least twelve months at the time of the interview. Two of the six had completed a social work qualification, whilst the others held assistant posts.

Training

The two-day training programme was based broadly upon the training methods and structure utilised by BRIEF (see Brief Therapy Practice, 2007). However, the detail of the course content was bespoke, adapted with advice from one of the members of BRIEF and through use of the relevant literature (e.g. Bliss, 2005; Rhodes, 2000; Smith, 2005 & 2006; Stoddart et al., 2001) to meet the needs of intellectual disability community team workers, with relevant examples and exercises included. The two days of training included didactic elements, modelling skills, and frequent opportunities for practice. The only follow-up to the training comprised two optional facilitated discussions offered several months after the training.

Procedure & analysis

Consent from the local ethics committee was obtained prior to data collection. The interview schedule was constructed based upon questions drawn from the Helpful Aspects of Therapy Questionnaire (HAT: Llewelyn, 1988), an

approach which has been used by some other studies investigating the effects of training (e.g. Willets & Leff, 1997). A final prompt asked participants to reflect on the impact on the interview of the interviewer being the provider of the SFBT training. Interviews lasted around 60 minutes and were audio-recorded and transcribed.

The procedure described by Braun and Clarke (2006) was adopted to analyse the data. Initial coding of the data was conducted to produce an initial list of tentative themes, which were then reduced through grouping. The intention was for these themes to emerge in a data-driven manner. In order to check the transparency and coherence of the themes, another clinical psychologist who also worked in training examined the quotations drawn from the data by the first author and from these independently produced a similar range of themes. Interviewees were also consulted regarding the final themes and model to ensure that they gave a true reflection of their comments. A research journal and an audit trail of analytic activities were also kept.

Results & Discussion

The effects of the training

Theme 1 –'Listening more, directing less'.

Participants made relatively little mention of the specific techniques of SFBT taught during the training, and most references were in passing rather than backed up by detailed examples. Instead, a change in the worker's general approach to conversations with clients was described, comprising a broad 'counselling style' that reflects the philosophy of SFBT but also that of many other psychotherapeutic approaches.

A key feature of this change in approach, described explicitly by most interviewees, was changing the balance of conversation so that the worker spent more time listening. Most of the workers described this as a conscious, effortful process that marked a specific departure from previous practice. For example:

> I said to her "well tell me a bit more, tell me…what else has been going on…" and I just got her to do a lot more of the talking… which is really hard for me (interviewee 1)

Several interviewees linked this increased listening to benefits in more fully understanding a client's problems. One

interviewee talked about how she found the 'key' to a client's deteriorating mental health:

> It was only really by…giving her an opportunity to talk quite intensely about different areas of her life… to actually establish that… [the problem was] work (interviewee 4).

This increased focus on listening, rather than directing, was described as being accompanied by a general change in pace within worker-client interactions. Again, this seemed to be a conscious change for some interviewees. For example, the same interviewee commented on her learning from working with the client discussed above:

> it's taught me to try and hang back a bit… which is a skill that I've never had before because I've always felt that I've needed to fill up the silences (interviewee 4)

For other interviewees this change of pace was simply framed as spending more time asking questions before moving on to determine goals or tasks, in order to get a more detailed picture from the client of what was needed. Some interviewees felt that in their previous practice they may have moved to a

task focus too quickly, and as a result ineffective solutions had been agreed upon:

> [I would] say … 'I'll do it' and then half way down the road you think 'I've agreed to do nineteen different things most of which probably won't make any difference' (interviewee 5)

Another feature of taking this approach was that workers felt that it empowered clients more than 'traditional' approaches. This was seen as being achieved partly through the worker taking a less directive approach, e.g.:

> using a few open ended requests gives them the chance to say yes or no (interviewee 2)

and partly through encouraging more participation by clients in generating and helping to implement solutions to their own problems. As one interviewee described it:

> it's less about 'we'll look after you' and it's more about 'we will help you to look after yourself' (interviewee 5)

Interviewees also reported that this 'new approach' helped them tackle problems in a more flexible manner. In one sense this is

a natural extension of asking clients to collaborate in creating goals and solutions, rather than just offering them 'off the peg' answers to problems:

> [now] You would say "what would it be, if you thought of something that you'd like to do", instead of us saying "well we've got this, that and the other" (interviewee 2)

However other interviewees remarked that it provided them in general with more flexibility in the range of ways they could approach clients' problems, which in turn some interviewees linked with developing more reflectiveness and general self-awareness of their practice:

> I maybe actually step back a bit…and look at things a little bit more (interviewee 6)

This increased flexibility appeared to be linked to a shift in the balance of their conversations to include more positives, which is more directly related to the solution-focused model of working. It appeared that by focussing on this single feature of SFBT, practitioners found it easier to change the tone of their conversations to be more solution focused and also had used this as a tool to distinguish this way of working more easily from their previous practice:

but now I can see if we put a solution focus on the client. Yesterday I went to see her…and she was telling me the positive things other than just focusing on the negative things (interviewee 3)

This change in emphasis seems to help workers identify their clients' personal resources, which in turn is likely to reinforce the tendency to work with the client on goals in a more collaborative fashion:

You are looking at the person's resources and… you shouldn't try and solve people's problems for them (interviewee 5)

Studies examining transfer of training to practice have frequently used measures that only examine whether the exact techniques taught are being used (e.g. Davidson et al., 2004; Milne et al., 2000). If the phenomenon of learning and applying more generalised skills is a common result of such training programmes, this might explain why many studies have failed to detect transfer for the majority of trainees (e.g. Fadden, 1997; Kavanagh et al., 1993; Milne et al., 2000). Such generalised changes might represent a 'missing variable' that

could explain some of the apparently contradictory findings in brief training research.

Theme 2 –'More Control for Everyone'.

A number of interviewees talked about the way that clients benefited as a result of the changes in practice described above. One of the major effects reported was an improvement in communication between the client and the worker and sometimes with wider services too. Interviewees gave examples of both sides being able to be more honest and share more information, and increased feelings of trust by the client in the worker:

> I think it creates a working relationship where they don't feel that they're being intimidated by coming to me (interviewee 1)

Interviewees also explained that this improved communication and the extra time devoted to gathering information had sometimes resulted in more effective work being done overall. This was described as happening because a more permanent resolution to the problem had been identified, which ultimately saved time:

You get things done quicker…because you're working more with a clear focus (interviewee 6)

Finally, one interviewee reported that other workers with whom she used the new approach in supervision started to become more satisfied with their work, and more productive:

And so there became this little buzz between the [unqualified social workers] about positive-ness and actually everything's not really awful… yes it is really hard, but there is something that we are doing that is really quite good, and…they then felt that they'd done some good work

I've certainly seen an effect of that with the…[workers] that I supervise wanting to take on more work (both interviewee 1)

Benefits such as improved relationships, communication and enabling supervisees to move on with their work more positively mirror findings from other studies of SFBT training (e.g., Hogg & Wheeler, 2004; Koob, 2002; Thayne, 2000).

All interviewees said that they felt increased confidence in being 'on top of' or in control of their

work. Most made some link between this confidence and the changes in their way of working, either directly (as a function of having listened or collaborated more with their clients) or indirectly because of the positive client effects. Some interviewees cited other organisational changes that had taken place in the interim as being important in this process.

As well as increased efficacy, all but one of the interviewees reported positive effects for themselves resulting from their increased confidence and control over their work. There were reports of increased energy levels at work, greater job satisfaction, and reduced anxiety or stress from the work role, for example:

> at some point I'd been having sleepless nights [laughs]… with my caseload and… taking the problems home, and so at least now I can see I've regained my energy and… my work is hopefully is going up (interviewee 3)

The finding of increased control appears surprising at first glance because interviewees had reported changing their practice to a way of working that was less directive and

involved other people (mostly intellectually disabled clients) taking more of a role in leading conversations and in tasks. In addition they describe working more slowly despite organisational pressures to 'resolve' cases more quickly. However, it would seem that interviewees' descriptions referred to control at a different level in that the 'new approach' was perceived to be enabling them to find more permanent solutions to problems.

The idea that feelings of control in the work role might contribute to other benefits for workers fits with theories and findings in the existing literature. In his social cognitive theory, Bandura links self-efficacy to emotional states (Bandura, 1997). More specifically, a range of studies have found that in professionals working in 'human services', perceived low self-efficacy is associated with higher levels of burnout (e.g., Evers et al., 2002; Schiavo & Bradler, 1996), and at least one longitudinal study has identified self-efficacy as a predictor of future burnout symptoms (Brouwers & Tomic, 2000). Furthermore, other studies have linked self-efficacy to increased overall job satisfaction (e.g., Caprara et al., 2006).

Factors moderating changes to practice

  Theme 3 – Practice and Dedication.

A lack of confidence in trying out techniques was mentioned by most interviewees as being a factor which moderated attempts to transfer learning from the training into practice. Several interviewees felt that they or others in the team still lacked explicit knowledge about how the approach could be applied to specific situations, and this prevented greater use. For example one interviewee talked through her supervisor's 'struggle' to understand how to use a solution-focused approach with her in supervision.

Another factor which reduced confidence was the fear of using the approach or specific techniques incorrectly. One interviewee talked about how her fears of not being able to get a family 'on board' in looking for signs of positive change meant that she would not try the approach with them:

> I'm less likely to actually try and do it with them probably because you do get sucked into their point of view…it's "oh well if you knew how long this has been going on, you wouldn't say that". (interviewee 5)

Another related anxiety about how to cope with the response a client gave her to a poorly framed preferred future question, which discouraged her from trying the new approach again for several weeks:

> I don't know what to do next…this guy who's never
> gonna ride a bike again, never gonna have a job…just
> told me that his greatest desire is to ride a bike and have
> a great job and … I don't know what to do!
> (interviewee 1)

The importance of practice and supervision support has been identified by SFBT practitioners as particularly instrumental in developing skills (Cunanan, 2003).

Some interviewees related the process by which they gained confidence in using the techniques and approach. Confidence building techniques for some comprised extra preparation (e.g. writing down potential questions before starting a session), whilst for others spontaneous experimentation worked better (e.g. unplanned 'trying out' of questions in the session). Whichever specific technique interviewees used, all made the point that they gained confidence from learning that they could just introduce the occasional question without having to conduct an entire session in this manner:

> at times you do it [a solution focused 'thing'] without
> planning it, but later you realise exactly, 'oh yes, this is
> what I've done…' well, yes, you see at times how these

things are very helpful and you can see the usefulness of

it. (interviewee 3)

Another interviewee talked through how her uncertainties in

applying the 'specific' SFBT techniques led her instead to the

change of approach described in theme 1:

What I'm trying to do is be much more relaxed about

the type of conversations I'm having with people, and in

general trying to just step back…I've tried to be

conscious about changing my general attitude to going

out there and working with people. (interviewee 4)

Two interviewees were keen to explain the need for

perseverance and motivation when trying out the techniques to

ensure their success and continued use. Willingness to make an

extra effort to 'stick' to the approach and not slip into 'old

habits' were linked to successful use. Both learning the

approach and sticking to using it were seen as effortful tasks:

it was listening and looking at yourself, it was such a lot

of intense work really because you was trying to

understand and then questioning yourself (interviewee 2)

Several interviewees commented on how easy it was to 'slip back' into old ways of working:

> That really stumped me… and then I kind of instantly flipped back into problem solving (interviewee 1)

> I think that we are so easily led into this role of taking charge, taking control, providing a solution and going with that and I think so many of our clients will just nod and agree with what you've said (interviewee 4)

Theme 4 – Perceived conflicts between SFBT and work role.

Doubts about the appropriateness, applicability and effectiveness of SFBT prevented its more widespread and frequent use within the team. This was reported sometimes as the perceptions of the interviewee themselves, and at other times that of other staff.

One interviewee suggested that the approach may only be applicable in some fairly specific circumstances, and gave ambiguous opinions as to whether she might use the approach in working with people with more entrenched problems, which seemed to result in her being unlikely to use the approach in such circumstances:

if people are coming to you in crisis about a

longstanding entrenched situation they're much more

likely to be going "oh nothing will ever change"…I'm

less likely to actually try and do it [SFBT] with them

[exception seeking] can help people who are so pre-

occupied by the problem that they can't see that it

doesn't happen all the time in every circumstances

continuously. And going from personal experience that

can be quite helpful. (both interviewee 5)

Some interviewees also perceived that using an SFBT approach

was more time consuming, and chose not to use it in some

circumstances on this basis:

you can …put it back on the client's shoulders 'cause

they can tolerate a bit of in depth conversation and then

you can move on slowly. [But] Sometimes it doesn't

happen overnight, sometimes it can take a long time.

(interviewee 2)

There were also some reports of negative perceptions

of the approach by others in the team, which had

manifested through questioning the evidence base of

the approach or suggesting that it naively 'ignored' problems, for example:

> there was a lot of resistance from the team…and that's why… it's not something that as a department as a whole was willing to grab hold of (interviewee 1)

Such views are often regarded by writers on SFBT as reflecting a misunderstanding of the approach, and many have been addressed specifically in the literature, such as efficacy (e.g. MacDonald, 2007) and whether the SFBT approach 'ignores' problems (Nylund & Corsiglia,1994). Teaching trainees about these common objections and the responses that have been made to them may therefore have been a useful exercise.

Participants suggested that this negative talk about SFBT made the approach less likely to be openly discussed within the team, and also linked this to the amount of 'moral support' that was provided from the organisation as a whole for using the approach. This is of importance as lack of peer and organisational support have both been identified as barriers to transfer in other studies (e.g. Farhall & Cotton, 2002; Milne et al., 2000; Zipple et al., 1990).

Another barrier to increased use of the 'new approach' was a perception that the role of the social worker was at odds with the use of the approaches learned. Sometimes this involved the interviewee's own reluctance to engage in a 'deep' conversation with the client, and at other times the perception of clients and carers that it was the social worker's role to produce and enact solutions, rather than collaborate with them to do so proved a barrier:

> we are not necessarily here to delve into the depths (interviewee 5)

> I try hard to enable them to do a bit more…occasionally they get a bit frustrated…they think I'm not doing my job (interviewee 2)

Whilst the change of role towards facilitator rather than provider matches well with UK government agendas for intellectual disability services (Department of Health, 2001), there are other aspects of national policy which are driving the social work role to become more problem and task focused and is forcing reactive rather than proactive provision of assistance (Department of Health, 2003).

Theme 5 – Constraints of reality.

Interviewees also talked about pragmatic constraints and a lack of resources which they felt had restricted their ability to transfer the training and / or use their new ways of working more effectively. All interviewees commented on how existing work structures and time pressures could mitigate against wider use of a 'counselling approach':

> it's all task-centred, it's …get the waiting list down… so there's a lot of pressure there to sort of achieve and to move on" (interviewee 4)

Some interviewees also identified some specific situations in the field where they found the new approach far more difficult to utilise. The most straightforward of these was when trying to work with less able people with whom they struggled to hold a conversation:

> Things that get in the way tend to be… they jump from subject to subject so it's very difficult to keep any kind of focus (interviewee 5)

Slightly less obvious were clinical situations where interviewees were required to work with multiple persons (usually a client and carers) who might have conflicting interests. The interviewees' comments gave a clear indication

that in such circumstances they may well give up using the new approaches or not even attempt to use them in the first place:

> I've got a client who was living at home with his mother, and I try to help this man to focus on the things he can do, and he will come up with ideas, but… mum will undermine those things (interviewee 3)

Whilst it is recognised that this is indeed a more difficult situation for the SFBT learner to cope with (e.g. de Shazer, 1988), Rhodes (2000) provides a useful example of exactly how SFBT can be particularly useful in these kinds of situations to help overcome some of the problems that frequently arise. Given that participants also identified common misconceptions about SFBT as a barrier to use, it may also be worth considering explicitly including information on these topics within training. This could perhaps form part of a 'relapse' prevention section to the course, similar to that described by Milne et al. (2002).

At some point during each interview the comment was made that the lack of 'embedded' encouragement to use the approach, and the lack of peer support mechanisms and availability of ongoing supervision for them in the SFBT

approach were factors that they felt impeded team members'
more frequent use of the approach:

> It would be nice to have somebody that is well-versed in
> solution focused…certainly it would encourage me to
> use it more often, and to feel more confident
> (interviewee 1).

Other researchers have identified this, along with a lack of peer
support (identified in the previous theme), as a barrier to the
application of the skills learned in training (e.g. Lea et al., 1998;
Mannix et al., (2006); Milne et al., 2000; Vinnicombe, 2006).
However, what is perhaps more surprising in the current study
is that a change in practice persisted despite a lack of any
significant follow-up. This runs contrary to Milne et al.'s
(2000) conclusion that brief training with no follow-up seems
to have no palpable benefits when rigorously examined, and
offers some hope that training in the absence of such supports
may still offer significant benefits.

Conclusions and recommendations

This study has identified two areas where brief training
in SFBT has had an impact upon staff's practice, namely a
move to more listening and less directing and in generating

increased feelings of control in the work role. Neither of these changes relate directly to the skills being explicitly taught. This suggests that providing even brief training without significant follow-up can have unintended positive consequences for trainees and their work, and future studies evaluating the impact of such training are likely to benefit from looking for changes above and beyond the transfer of the exact skills taught.

The factors that participants identified as affecting how and whether skills learned were transferred reflects previous research findings in emphasising the importance of opportunities to practise, of follow-up specialist support and of general support for implementation from the organisation. However this study also provides some suggestions as to how these factors operate and why they may be important, which may well prove useful in planning such training. The study also highlights the potential significance of work-role conflict factors which have not been identified in previous research, although one very recent study (Keen & Smith, submitted) has identified such issues in training another professional group. Given the unusual epistemological stance of SFBT, this may be a particularly important factor to consider when planning SFBT training within an established service and / or with experienced workers.

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