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North Staffordshire Crisis
Resolution and Home
Treatment

A dark, atmospheric photograph of a city skyline at night. The image is heavily shadowed, with smoke or mist rising from the buildings, creating a somber and industrial feel. The text is overlaid on this background.

Solution Focused Approaches and Cognitive Behavioural Approaches

Why Bother?

THE REAL DEVIL IN THE POTTERIES

- Increasing pressure to offer other evidence based practices alongside medicine.
- Existing problem focused strategies have the potential to disable community care options-need for an alternative
- Increasing pressure from the people using our services- asking us to access their expertise and knowledge
- Acute mental health problems extend beyond the illness component
- Staff need to be able to label what they do-to demonstrate the skills they have been taught
- Without a helping agenda, easily lost in social control role

Therapy or Approach

- Therapy is the domain of highly trained therapists- a rare resource
- Therapy conjures images of an hour long session
- Formal and potentially manualised
- Traditionally difficult to implement in acute care- both for cultural and pragmatic reasons
- An approach is a way most mental health workers can talk to someone that draws direction from “pure” therapy
- An approach conjures images of anytime any place
- Informal and adaptable
- Can readily transfer to acute settings and seems to be culturally acceptable

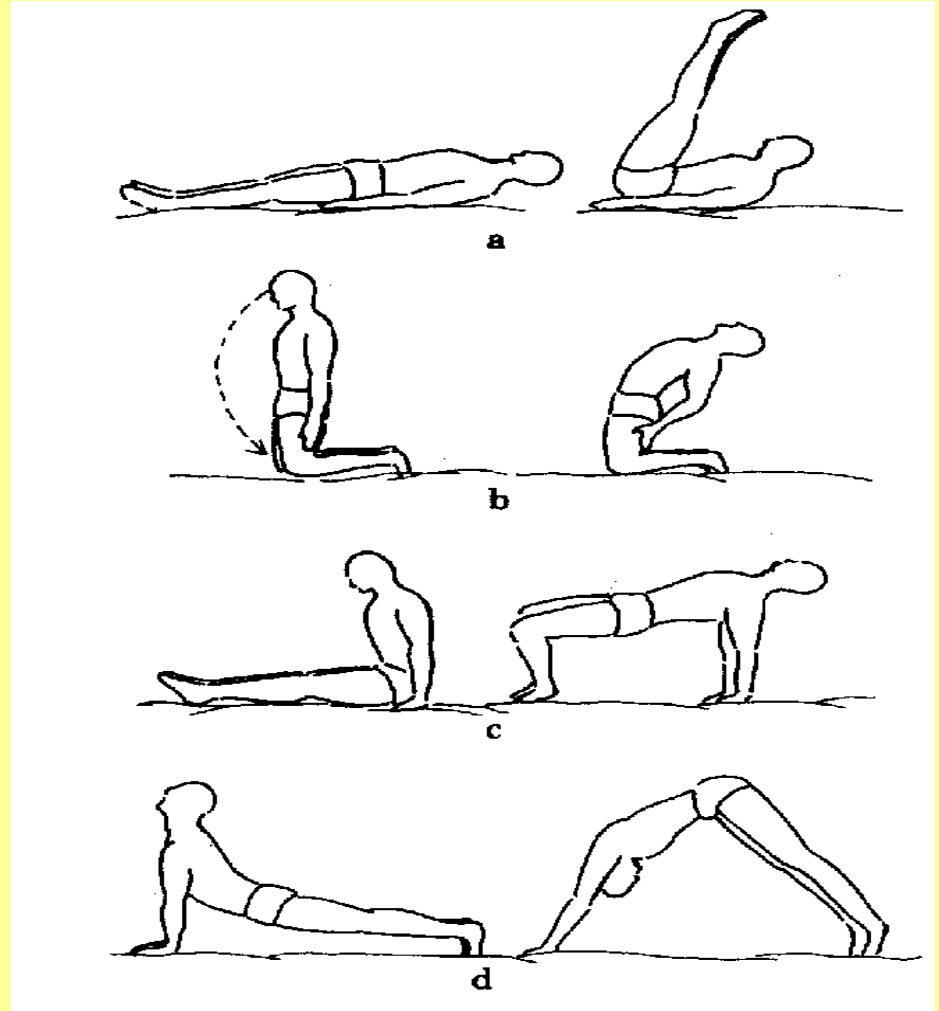
Keep it Simple

Invest in a local expert then task them to:

- **Offer some clinic type time (Therapy)**
- **Identify, demonstrate and verbalises which components of formal therapy can be used in helpful conversations and how**
- **Arrange teaching, formal and informal around the potential nature of these conversations**
- **Encourage staff to be able to verbalise this and its usefulness**
- **Offer supervision and chair potential interest group**
- **Feedback as standard agenda item at team meetings**

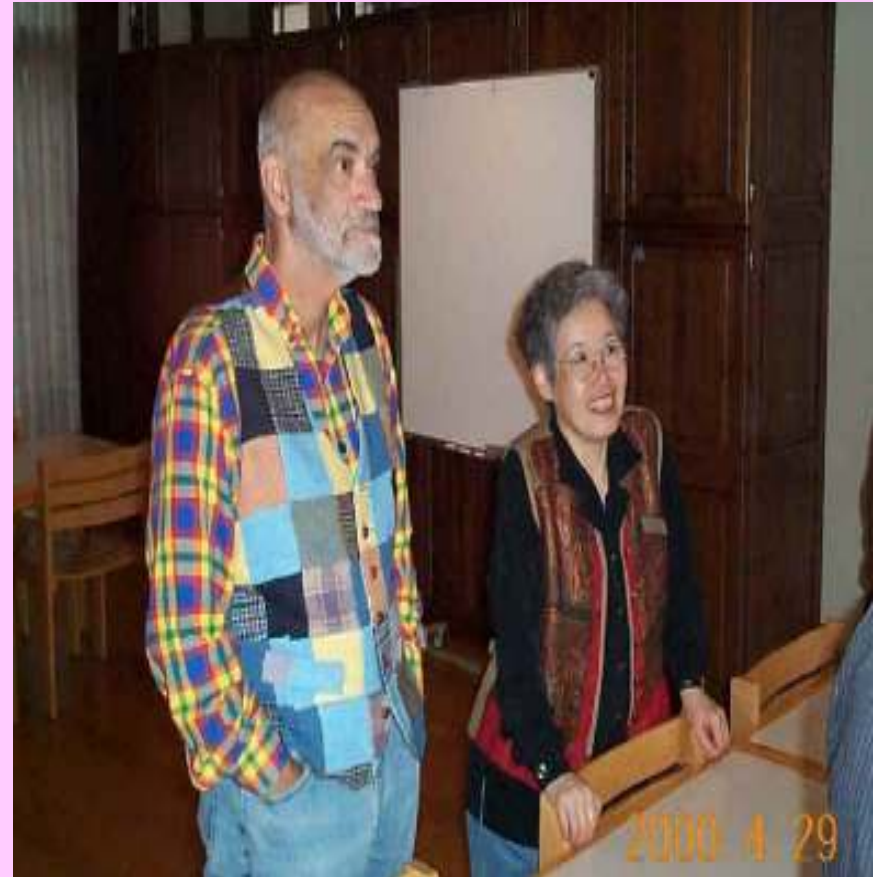
Solution Focused

- An exercise



Solution Focused Brief Therapy

- Attributed to the work of –De Shazer and Kim-Berg – in the 1980's



SF Approaches

- Reframing the story-discovering an alternative narrative
- Goals and preferred futures
- Finding Exceptions
- Discovering previous successes
- Identifying transferable skills
- More of what works/less if it doesn't
- Test something different
- Scaling to identify how far away from worst case scenario- preferred future and good enough point

Surely it's a Con- a play on words!

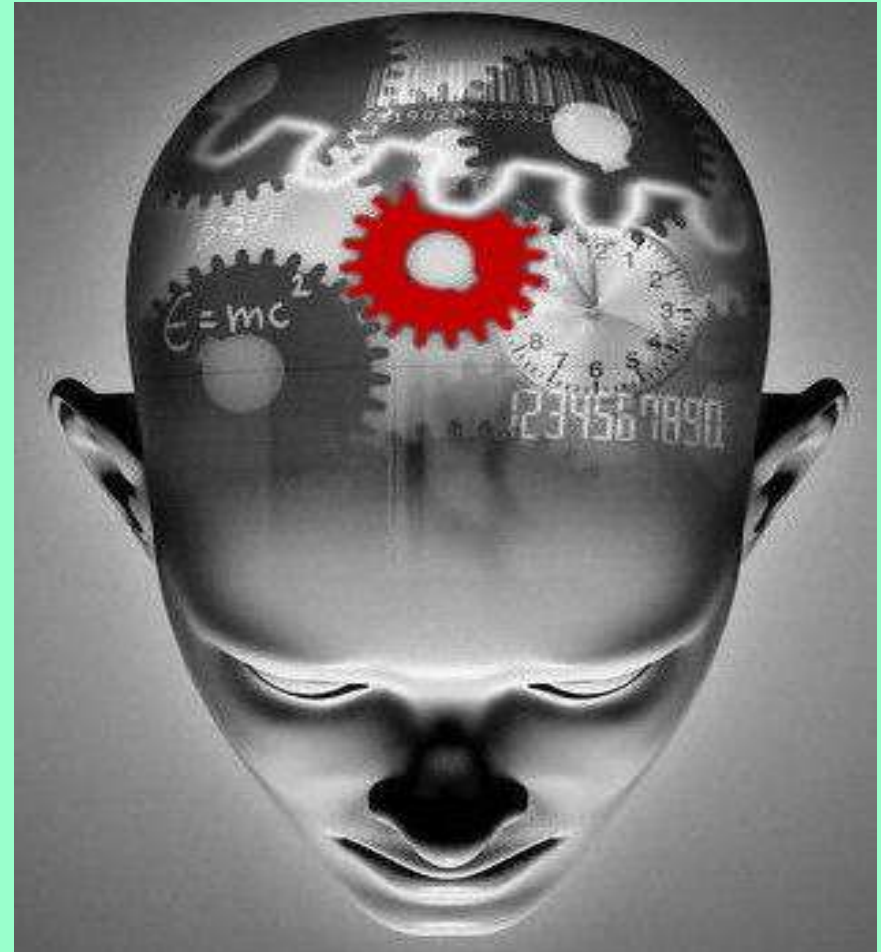
- Some would argue so. The approach draws on social constructivist doctrine influenced by post modern thought
- What!



Cognitive Behavioural Therapy

- A Psychotherapy based on modifying cognitions, assumptions, beliefs and behaviors, with the aim of influencing disturbed emotions.

(Wikipedia)



CB approaches

- Listing problems/emotional distress alongside contextual information relating to behaviour at that time
- Conversations that help an individual identify links between actions and feelings/motivation
- Discovering with an individual which activities have the most impact for them in changing the way they feel
- Individual action plans- may use STR support
- Use of scaling to measure and identify progress with the individual

We already do most of that!

Tell me something new!

Acknowledgements!

If you recognise your work, thank you for either the direct or indirect influence that has shaped this approach to acute care and its delivery.

I am only sorry I cannot reference you all directly as my thoughts and practices are not arranged with the reference list attached

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