Application of Solution Focused Coaching in Occupational Therapy for Mental Health Recovery in Hong Kong

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Outline

- What is Mental Health Recovery?
- Occupational Therapy and Mental Health Recovery
- Mental Health Recovery and Solution Focused Approach
- What is Solution Focused Approach and Coaching
- The OSKAR Coaching Model
- Case illustration
- Conclusion

Mental Health Service
From Institutionalization to Recovery

Recovery Movement in Mental Health

- Emerged in the 1980's
- recovery experiences of mental health service users
- longitudinal research

Seven Long-Term Studies			
Subjects Recovered and /or Improved significantly*	Sample Size	Average Length in Years	Study
62-68%	269	32	Harding et al. (1987a & b) Vermont
57%	140	22.5	Ogawa et al. (1987) Japan
49%	269	35	DeSisto et al. (1995 1 & b) Maine
*For Schizophrenia Subsamples			

- Get better
- Cope well with symptoms
- Re-establish self-identity
- Resume work and life roles

Mental Health Recovery in Hong Kong

Mental Health Service Plan (HA, 2010)
The vision of the future is of a person-centred service based on effective treatment and the ***recovery*** of the individual.
Focus on ***recovery*** and social inclusion Inpatient care only when indicated
Patient-centred service delivery with ***engagement*** of the users

What is Mental Health Recovery ?

William A. Anthony, PhD
Professor & Director,
Center for Psychiatric Rehabilitation,
Boston University

Patricia Deegan, PhD
User & Research Psychologist
Adjunct Professor,
Dartmouth College School of Medicine and at Boston University

SAMSHA, 2011

Mental Health Recovery	Clinical Recovery
reclaiming positive self-identity, meaningful and contributing life	reducing symptoms and deficits
Striving to reach full potential	enhancing functional improvement
taking recovery as a process of personal growth & development	targeting recovery as treatment outcome
Taking responsibility by service users with peers and family support	relying on experts and professionals

- Not a linear process

Guiding Principles in Mental Health Recovery

- Hope
- Person-driven
- Many Pathways
- Holistic
- Peer support
- Relational
- Culture
- Addresses trauma
- Responsibility
- Respect

EMPOWERMENT

Occupational Therapy and Mental Health Recovery

- empower people with various disabilities to live a meaningful life of their choices through returning to their valued life roles at home, work and leisure
- provide comprehensive assessment and training to deal with patient's functional deficits in work and other daily living skills
- need to renew mindset, knowledge and skills to enhance our role to support client's personal growth and recovery journey

Mental Health Recovery and Solution Focused Approach

- Guiding principles only serve as a framework for implementation of Recovery-Oriented mental health services
- Does not provide related intervention tools to operationalize its practice
- The Solution Focused approach is chosen as an intervention strategy for it aligns well with the values and principles of Recovery

What is Solution Focused (SF) Approach?

- A brief therapy developed by Steve de Shazer and Insoo Kim Berg at the Brief Therapy Center in Milwaukee, Wisconsin, USA
- a way of thinking about how people change and reach their goals,
- through conversation with clients,
- and co-construct solutions together

SF Approach

Focus is on:	Instead of:
Solutions	Problems
Strengths	Weaknesses
Competencies	Inadequacies
What is going well?	What is wrong?
What is working?	What isn't working
Action toward a preferred future	Understanding the causes

"Change is happening all the time; our role is to identify useful change and amplify it" ***(Gregory Bateson)***

"Problem talk create problems – solutions talk create solutions" ***(Steve De Shazer)***

SF Assumptions

- Positive Focus
- Exceptions to every problem can be created
- Small change leads to larger change
- Clients have strengths
- Client is the expert
- Meaning and experience are interactively constructed

Mental Health Recovery

- Hope
- Person-driven
- Taking responsibility
- Respect
- Reclaiming positive self identity
- Rediscovering new meaning and purpose in life
- Striving for full potential

SF Coaching

- bring people from where they are to where they want to be (Berg & Szabo', 2005).
- raise the awareness of clients their preferred future and to take responsibility for their goals through questioning
- the OSKAR Model (Jackson & McKergow, 2007).
  - A simple and structured model
  - Enhance consistent practice by therapists for better outcome

SF Coaching – the OSKAR Model

Outcome

- Establish a coaching platform to facilitate change
- Typical questions
  - How do you know that the session is helpful to you?
- Find out the future perfect for the coachee
- Typical questions – Miracle Question
  - Suppose you went to bed tonight and while you are sleeping, a miracle happened…and all these things we've been talking about just disappeared…when you wake up in the morning, what would be the first small clue that something was different ? Who would notice? What would they notice? What will be different for you?

Scaling

- condition of coachee on a performance parameter, say on a scale of hope, confidence, determination, etc.
- Objective self assessment
- Facilitate discussion on progress, strengths identified and goal setting
- Typical questions
  - On a scale of 1-10, with ‘10’being fully confident and ‘1’ being not confident at all, where would you put yourself on the scale?
  - How do you get the number, say n and not n-1?
  - What do you need to do to maintain your number, say at n?
  - What do you need to do for one point higher, say n+1?

Know-how

- Know-how are “things that count” to help the performance of the coachee
- Knowledge or strengths like attributes, skills of coachee
- Important resources for goals setting
- Typical questions
  - What helps you to perform at the number say n on the scale?
  - When do parts of the outcome happened already?
  - When did you achieve similar things before?

Affirm and action

- Affirm coachee's performance
- boost confidence and motivation
- Actions to take should be
  - do more of what works
  - stop doing what does not work and doing something different
- Typical questions
  - What's already going well?
  - I am impressed by what you have done….
  - What the small next steps of action will you take?

Review

- Actions taken, progress made and goals
- Typical questions
  - What's been better?
  - How did you do that?
  - What else is better?
  - On the scale, where would you say you are now?
- Affirm coachee's effort and to take encourage to move forward

Case Vignette

- Susan was admitted to psychiatric ward last year
  - increased restlessness with poor sleep after change of medication
  - lack of interest to go out and just stay at home
- Referred to OT in the psychiatric day hospital
  - Attended three half-day sessions a week for training on life skills
  - received weekly coaching session for about 20 minutes
- Extracted from one coaching session using the OSKAR model

Case Vignette – Session 1

C – Coach Ce - Coachee

C: After some small talks, the Coach asks coachee, "What do you want to achieve in this session?" ***(Beginning with Outcome and Setting a coach plalform)***

Ce: I want to sleep better!

C: Suppose you go to bed tonight and a magic happens: your insomnia has gone! How do you know that the magic has happened when you get up in the morning? Do you notice any difference on you? ***(Using the Miracle question to explore coachee's preferred future)***

Ce: Hum, happier, do more cooking, help more people

C: What else?

Ce: Would like to chat with others more, participate in activities more and happier! ***(Coachee can unexpectedly express her preferred future in details in responsive to the Miracle Questions)***

C: On a scale of 1 to10, with 10 representing the preferred future you just mentioned and '1' when the situation remains unchanged, where would you stay on the scale? ***(Using Scaling question to encourage coachee to have self-evaluation)***

Ce: Six

Case Vignette – Session 1

C – Coach **Ce** - Coachee

C: Well, why it is not five but a six? ***(Tapping coachee's know-how)***

Ce: Oh, I can still sleep for four to five hours and there is some improvement in my chest discomfort now.

C: What else that helped you to be at 6? ***(Identifying coahee's know-how)***

Ce: When I'm not attending the day hospital, I will occupy myself with activities like going out for strolling, listening to birds singing and doing household tasks.

C: Wow! I am really impressed by what you have learnt and done to improve yourself so far! If you would go from six to seven, 1 point higher, what will be the step that you have to take? ***(Coach affirms coachee's know-how and strengths and encourages her to take further actions)***

Ce: I will continue my current activities and do more things like strolling, watching the sea, listening to birds, housework during day time; discuss with doctor about my medication, practice more relaxation; try not to nap after meal and not to worry much about children and grand-daughter.

Conclusion

- Mental Health Recovery is a way of living an ordinary, satisfying, hopeful, and contributing life despite having mental illness
- Self-direction, strength-based, taking responsibility, and maintaining hopeful attitude are the key dimensions of Recovery
- Role enhancement as a Coach is needed to empower client for personal growth in the recovery journey
- The SF Coaching Model - OSKAR is found to support clients in Mental Health Recovery which holds people to take responsibility for their goals and preferred future

Conclusion

- Through a genuine conversation with clients, solutions towards their preferred future are co-constructed interactively
- The OSKAR model provides a pathway or a map for therapist to coach clients towards their preferred future
- SF Coaching is simple yet not too simple to use effectively. Continue professional training and supervision are needed
- Research studies are needed to enhance treatment outcome

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Thank You