

Virtual Care Tip Sheet

A Humanistic Approach to Virtual Care

In this information sheet you will find:

- a story from a clinician sharing their experience integrating solution-focused practices in virtual care (p. 2)
- a model to guide solution-focused practice (p. 3)
- solution-focused tips and strategies that can be used before, during and after the virtual care visit (p. 4)
- resources to support skill building



Interested in learning about solution-focused practice or becoming certified as a Solution-Focused Health Care Coach?

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Humanistic principles provide the foundation of solution-focused (SF) practice.^{1,2,3} Fundamental presumptions of providing a humanistic approach to care include:

- building a relationship and collaborating with the client and their family
- believing that the client and their family are the expert of their own lived experience
- believing that the client and family are motivated to grow and develop

Taking a humanistic approach and by extension engaging in solution-focused practice, supports the core values of clinical care at Holland Bloorview Kids Rehabilitation Hospital and act as a framework that enhances the experience of virtual care for the clinician and the client. There are so many ways staff are putting these principles into practice already. This information sheet is meant to help continue the conversation and foster skill building. Each clinician may take away something different from this resource.



Solution-Focused Practices in Virtual Care: My Experience

By Amanda Musto, OT

As an occupational therapist (OT) who was redeployed to the Solution-Focused team full time, I've had the rare privilege to use solution-focused coaching (SFC) in its purest form with a family that I would have normally seen in my clinical role as an OT. This experience provided me some unique insights.

I had a coaching call with the father of a client. The father identified that he wanted to feel like he was doing a good job and providing a good learning environment for his son, despite being at home during the pandemic. As a clinician, I lead with questions and elicited, amplified and reinforced the strengths and resources of the family. He had some really wonderful insights. We focused on what he and his wife were managing to do already with their son. During the coaching call, I used scaling questions to explore with the father his feelings of doing a good job. He expressed a shift of his feelings on a scale by 2 points! We both felt great at the end of the call and agreed on a having a follow-up in two weeks.

Our next call, he identified a goal that aligned with my OT practice area, how to keep his son safe and engaged while he cooked in the kitchen. My OT brain wanted to jump straight to all of the amazing strategies or activities that his son could be doing while he cooked. For example, perhaps his son could help with safe activities in the kitchen. I used my questions to try and lead the father to come to the conclusion I was hoping for. The conversation felt forced and I felt a friction that didn't exist in our previous question. I had a moment in the middle of our coaching session where I reflected on why I was feeling this way and why were we not moving in a productive direction. Why was I feeling frustrated with myself and this father? I actually told the father that I wanted to start the conversation over again and acknowledge that I felt like I was getting ahead of myself.

I went back to some SFC basics. I asked him to notice what he was doing when his son came into the kitchen and when his son was able to stay in the living room and play independently. We had a more fulsome conversation that was collaborative and flowed naturally. What I originally perceived as 'resistance' on the part of the father disappeared. Based on his own observations, the father realized that he was trying to "hide" or be "secretive" about cooking in the kitchen. This actually fuelled his son's curiosity about a "forbidden" activity and encouraged his son to be in the kitchen more. Then the huge Ah-ha moment happened.

The father came up with the strategy of "redirecting his son's curiosity into things that he can do." This was the exact conclusion I had hoped the father would come to! This father was able to get there on his own by talking out loud about things he noticed about him and his son. From there, I was able to amplify all the strengths and resources that we talked about in our first conversation. The father then came up with 3 concrete activities he wanted to try over the next 3 weeks. *He did all the work...I just listened and asked questions.*



A Humanistic Approach to Virtual Care

Providing a humanistic approach to virtual care involves leading with presence⁴. To lead with presence:

- use your breath (e.g. take slow deep, visible breaths, this creates a pause)
- slow your speech down
- be aware of your own emotions and narratives (about your role and about the client - focus on what matters)
- be curious⁵
- lead with questions



What does it mean to be curious and lead with questions?

Being curious invites collaboration and acknowledges the client or family member as experts of their own lived experience.⁵

This allows them to express themselves. As a clinician, it is important to lead with questions that demonstrate your curiosity such as:

- How are you managing?
- Despite all of these challenges, what are you doing?



Tips

There are key words that you can use to foster a solution-focused conversation. Here are some examples of words that you can try:

- | | | |
|-----------|----------------------|--------------|
| • Manage | • When | • Notice |
| • Despite | • Even just a little | • Doing |
| • Instead | • Suppose | • What else? |
| • Helpful | • For you | • Who else? |
| • Useful | • Different | |



Solution-Focused Practice Model: E.A.R.S.

Elicit, Amplify, Reinforce, and Start again (E.A.R.S.)⁶ is a solution-focused model of communication that can help facilitate virtual care visits with your client and their family. As a clinician, it is important to consider what a client and their family may need or want.

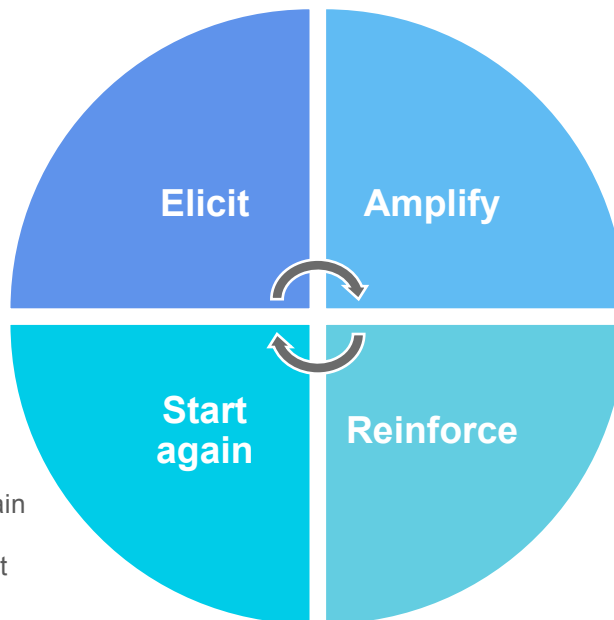
You can use the E.A.R.S model to build rapport, set collaborative goals, amplify their agency and autonomy.⁶ Here are some guiding principles and sample questions you can try to guide your conversations:

Elicit

- Ask questions that help to elicit the client or family's strengths and resources
- Try:
 - What needs to happen in our conversation today so that it will be useful for you?
 - What are your best hopes from our conversation?
 - What's better since our last conversation?

Start again

- Start the conversation again
- Try:
 - What else is a little bit better?



Amplify

- Ask questions that amplify strengths and resources
- Try:
 - What did you do?
 - How did you do that?
 - What was helpful for you?
 - What is different for you as a result?

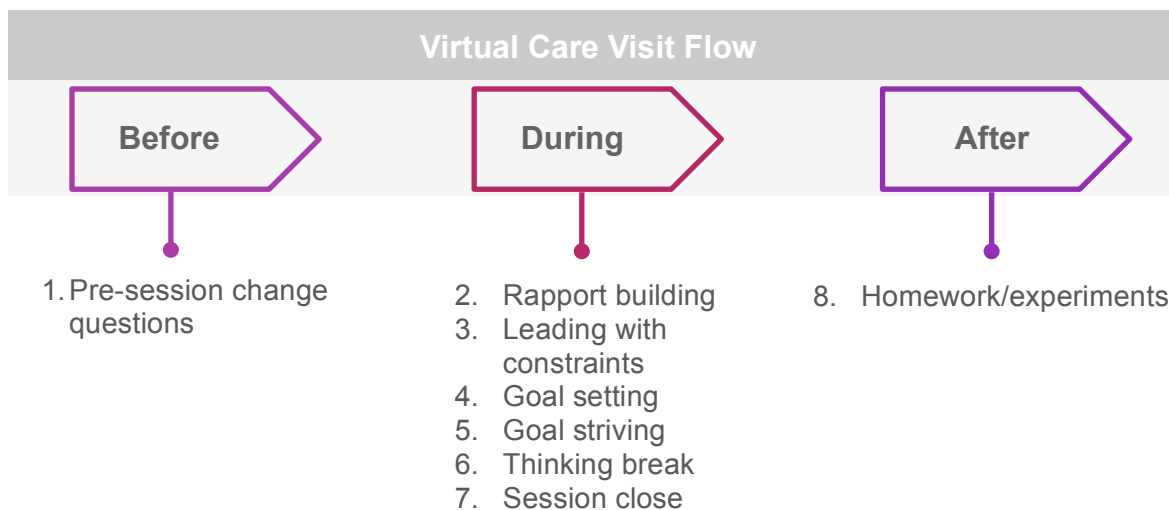
Reinforce

- Reinforce strengths and resources with compliments (direct and indirect)
- Try:
 - What have you learned as a result?
 - What can help you maintain these improvements?
- Words to try:
 - Wow
 - That is so great



Virtual Care Visit Flow

Using a solution-focused approach to manage the conversation between you, the client and family members during the virtual care visit is important. Try using these eight steps to help you maintain a solution-focused approach while providing care:



Before the virtual care visit

1 Pre-session change questions

Fostering pre-session change is an important component of a client's care and involves directing the client and their family's attention to their strengths and resources prior to their first virtual care visit.^{7,8,9} Pre-session change can help to:

- amplify the client's strengths, resources and positive affect
- improve goal setting
- make solution finding more accessible during the virtual care visit

It is important to collect pre-session information prior to the virtual care visit. You can do this with the client and/or family member by email, over the phone or video. As a clinician, it is valuable for you to keep track of pre-session and in-between session change so that you can see how the client and the family are progressing across visits.

What type of pre-session questions can I ask the client and/or family member to help prepare for the virtual care visit?

- How will you know that the visit was helpful for you or for your child?
- What would you like to be different as a result of our virtual visit?
- What are you (and your spouse/partner) already doing that is working - even just a little bit?
- What are your strengths as a parent of (child's name)?
- What is important for me to know about your family (child)?
- What are three things you appreciate most about your child?
- What have you/other clinicians in the past done in previous virtual appointments that has made them meaningful for you?



During the virtual care visit

2 Rapport building

Rapport building contributes to successful clinical outcomes and is a fundamental skill that emphasizes relationships and humanizes the client or family member being spoken to.¹⁰ Although clinical appointments with your clients may be short, rapport building is still possible and is important to do.

To build rapport with your client and their family:

- aim for understanding
- gather information
- use language that is easy to understand
- begin with positive assumptions
- ask, don't tell

3 Leading with constraints

Leading with constraints is a respectful way of acknowledging the problem and that there may not be an immediate solution.^{11,12} Here are some conversation starters you can try:

- Given that...
- Understanding that ...
- Despite ...

4 Goal Setting

Goal setting helps the clinician and the client identify how they will know the virtual care session is helpful or useful to the client^{7,9}. Asking the client how they know that the session is helpful or useful to them, contracts the conversation and provides the clinician a frame for checking in during the session.

Goals are...

- ✓ set at the beginning of the session (e.g. How will you know this virtual care visit has been helpful or useful to you? What is most important for us to accomplish today/to discuss).
- ✓ set by and belong to the client. As a clinician, it is important to remain non-judgmental about the client's goals.
- ✓ a movement toward something and help the client frame in a positive manner what they want. Remember, the absence of something is not a goal.
- ✓ something that impact 'doing,' not simply feeling.



Tips

As you set goals with your client and their family, it is important to check-in with them. Try asking the client and/or family:

- Are we on track with our session?
- Are we addressing what needs to be addressed today?
- Is this still helpful for you?

The table below outlines a framework¹³ to help establish collaborative goals and next steps.

Criteria for Goal Setting	Description	Key Words	Sample Questions	Example
<i>Positive</i>	<ul style="list-style-type: none"> Goals should be in the positive. The absence of something is not a goal. 	“Instead”	What will you be doing instead?	When a client expresses what they want as the absence of something, for example, “I don’t want as much pain when…” Ask them what they want instead. For example, “what would you like instead of pain when you are getting out of bed?” This question helps them to know what they do want.
<i>Present/ Current</i>	<ul style="list-style-type: none"> Goals should be present or current. Asking questions around what will be different for them amplifies (A.) strengths and resources by helping them to have a different perspective. 	“Difference”	When you are on track, what will you be doing differently or saying differently to yourself?	A follow up to this is always, “What difference will that make for you?”(E) For example, “When you are able to get out of bed in the morning with less pain what difference will that make for you?” The client may respond (for example), “I will be more energized at the beginning of the day.”
<i>Process Form</i>	<ul style="list-style-type: none"> Goals should be in process form. Ask questions around how they will manage to make their goal. This helps to elicit (E.) strengths and resources. When you are able to get out of bed in the boarding. 	“How” *ing	How will you be doing this?	The clinician amplifies (A) the energized, “How else might you feel energized in the morning?” or “What else might you do to feel energized?” This type of questioning is goal striving - next steps.
<i>Specific</i>	<ul style="list-style-type: none"> Goals should be specific. Ask for as much descriptive detail as possible. This helps to build positive neural pathways. 	“What else”	How specifically will you be doing this?	Ask ‘what else’ as many times as you can. The first answer the client gives is easy. Each subsequent answer requires more critical thinking. This type of thinking helps reinforce (R) their own agency and solution finding skills
<i>Client control</i>	<ul style="list-style-type: none"> Goals should be in the client’s control. Asking questions about what they will be doing, or what others will notice them doing when things are different reinforces (R.) their agency and autonomy. 	“You”	What will you be doing when this happens?	“When you are more energized in the morning, what else might be different for you?” “What will others notice is different for you when your mornings are better?”
<i>Client’s language</i>	<ul style="list-style-type: none"> Goals should be stated in the client’s words. Use the client’s words as much as possible. 	Use the client’s words		“I will begin my day in a better state of mind when I have less pain.” Do not change those words when you respond. As a clinician you might say, “So you will begin your day in a better state of mind when you have less pain. What else”?

5 Goal Striving

Goal striving focuses on doing (implementation of the goal).^{13,14} It involves working with the client and the family to understand what the next steps are that the client can take toward their stated goal(s). The table above provides examples of goal setting and goal striving questions.

Scaling questions can be useful to help understand where the client is currently in relation to their goal, what resources they have to help them and what small steps they can take next to move up the scale.⁷ Scaling questions can be used to explore skill, knowledge, motivation, confidence, progress, commitment, coping, and safety.

Define or name the scale

On a scale of 1 to 10, with 10 being where you would like things to be and 1 being the opposite, where are you now?

Explore current number

What helps you to be there? How did you get there? What is different about there and (lower number)?

Explore one number higher

What will be different when you are... (half-point or one point higher) on the scale? What will you be doing? What will others notice? How will that be better?

6 Thinking Break

Individuals are often most impacted by what they hear last and first. Offering a “thinking break” can provide you, the client and family with the opportunity to pause, think and reflect on the virtual care visit (e.g. what worked well, hopes for the future).¹⁵ The period of time following the thinking break can be very impactful for clients and families because it contains the main message of their experience. Approximately 10-15 minutes before the virtual care visit is over, invite the client and family to take a 5 minute thinking break for everyone by:

- muting their phone during a telephone visit
- muting their microphone and turning off their video during a video visit

As the clinician, you can use the thinking break to write notes outlining what happened during the session and identify homework or experiments for the client/family to work on.



Tips

Introduce the thinking break at the beginning of the session. This can be done when you are seeking consent for the virtual care visit, for example.

7 Session Close

The thinking break provides a natural and useful transition into a more formal session close. The aim of the session close¹⁶ for the clinician is to:

- assimilate the client's thinking break reflections
- provide a session summary
- provide feedback (compliments)
- review your collaborative understanding
- enquire about homework or experiments
- ask for evaluation

Try using these lead-in sentences or questions to close your session:

- Given that we only have a few minutes left in our visit, I wanted to check in with you one more time....
- Have we talked about what is important to you?
- What about our session was most helpful?
- Is there a question I haven't asked, that might be helpful
- Would you find some homework or experiments useful?
- Homework (Homework is part of session close, yet happens after the session)

After the virtual care visit

8 Experiments and Homework

As part of closing the virtual care visit, ask the client or parent if the idea of homework or experiments might be helpful. Providing the client or the family with homework or experiments is a way of asking them to *notice* what they are already doing that is useful (even just a little) or when the problem they are experiencing is less prevalent¹⁵. It is a noticing exercise to help clients and parents shift from empathetic distress to a place where they are noticing positivity.

Do this by beginning with a compliment:

“Thinking about...how well you managed in our session today...I’m curious if you would like some experiments to work on between now and our next visit?”

OR

“I am really impressed by...how well you managed in our session today...does some homework sound like it might be a good idea?”

With homework (see examples below), the aim is to help the client do something different and reframe by drawing their attention to what's working, rather than a problem.¹⁵

Example of Homework or Experiments

Observing what is working

- Ask the client to 'notice (between now and the next session) the successes, strengths and resources of their child. For example:
 - What are they (the child) doing when they are crying less?
 - What are they (the child) doing when they are able to self-regulate - even just a little bit?

Pretending experiment

- Occurs for a short, defined period of time.
- Ask the parent or the child to pretend, for just an hour (for example), that what they want to be different has already happened for them. This must be related to their stated goals.
- Then at the next visit, ask what they did differently as a result.

Prediction experiment

- Ask the client to predict, every day for a week, the opportunity they will have each day to implement – using the scaling.
- Review the differences together.

Ask about support

- What kind of support might they need to implement the homework/experiments?
- Who might be able to support them?
- What support has helped in the past?

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