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An evaluation of the sustainability and impact of teaching Specialist Community Public Health Nurse students to work therapeutically with families.

Background: This paper reports on the long term impact of an innovative module designed for Specialist Community Public Health Nursing (SCPHN) students entitled 'Working Therapeutically with Families'. The module was designed to enhance student self-reflection around what they bring to their working relationships, and teach some specific systemic therapy techniques aimed at enhancing these relationships.

Objectives: We were specifically interested in the sustainability of the skills learnt for those who attended the module and whether any of these had been passed onto their team since qualifying.

Design: An anonymous online questionnaire design was used.

Participants: A random selection of students (N=43) from the final two years that the module ran were emailed; 18 took part in the study.

Methods: Questionnaire data was analysed by descriptive statistics and thematic analysis.

Results: Up to three years after completing the module, students were still using the ideas and some of them (e.g. genograms) had spread to be used by the current work teams. Students also reported that they found the skills of self-reflexivity useful in both their work and private lives.

Conclusion: A systemic therapy based module aimed at improving self and other understanding and working relationships is valuable to SCPHN training.

Introduction

Students undertaking the Specialist Community Public Health Nursing (SCPHN) programme are qualified nurses, registered with the Nursing and Midwifery Council (NMC, 2004). In undertaking the SCPHN programme, students return to post-graduate nursing education for 52 weeks, in their chosen discipline (health visiting, school nursing or occupational health nursing). Comprising 50% theory and 50% practice, in line with the competency requirements set out by the NMC (2004), the programme has a particular focus on developing students' attributes and technical skills in working therapeutically with young people, individuals and

families to promote positive outcomes. The importance of increased numbers of nurses in community-based public health roles has been highlighted in the Five Year Forward View (NHS England, 2014) with a steer to support greater flexibility in nurse education (Willis, 2015). In 2011 the Health Visitor Implementation Plan (HVIP) (Department of Health (DH), 2011) prioritised the recruitment of health visiting through SCPHN programmes nationally. In implementing the Healthy Child Programme (HCP) (DH, 2009), the aim was to promote individual and population health by working with children, young people, individuals and families within a service framework that offered a minimum of five family contacts (DH, 2014). In order for SCPHNs to successfully engage, contribute and deliver improved health and social outcomes through the HCP, building relationships and partnership working with families are vital. Positive relationships are seen as essential in carrying out the 'triad of core health visiting practices': practitioner– parent relationship, home visiting and needs assessment (Cowley *et al.*, 2013, p 154).

How students learn communication skills and develop compassionate mindsets is much debated in health care and no specific interventions are deemed more effective over others. Interventions and methods thought to have some success include role modelling (Markakis *et al*, 2000; Sawatzky *et al* 2013), simulation (McKeon *et al*, 2009) and more commonly experiential experiences where communication skills, professional attitudes and empathy can be applied and practiced (Spencer *et al*, 2000; Rapport, Rodriguez, & Bade, 2010). Likewise, the development of self-reflection by creating opportunities in education for students to engage in genuine and respectful dialogue, reflection, self-awareness and critical thinking is seen as essential (Schwind *et al*, 2014). Integral to this is a comprehensive understanding how therapeutic relationships work and as students developing these skills, the ability to learn and practise in a safe and supportive learning environment.

In light of this in 2011 the SCPHN course at the University of the West of England, Bristol, introduced an optional module into the SCPHN programme entitled Working Therapeutically with Families (WTWF). This module was based on a systemic approach that considers the family more than a collection of individuals, in that it becomes a system in and of itself with its own patterns of relating that are unique. Any change made by any member of the family will impact on all other members of that system in a recursive way (Stratton *et*

al, 1990). For SCPHN practitioners working in a more systemic way, a more holistic and panoramic view of the system or family network allows for a more feasible and tangible approach to underpin intervention and influence positive outcomes.

The WTWF Module

The module was based on the core principles and skills taught as part of a Foundation year in Systemic Family Therapy (AFT, 2015) and was delivered by qualified Systemic Family Therapists. The module, awarding 20 university credits at undergraduate (higher education level 6) and master's level (higher education level 7), ran for 6 days, initially twice a year for 3 years (2011-2013) and once a year for 2 years (2013-2015). Although the teaching remained the same across both levels, the assessment criteria was different in line with university undergraduate and master level marking criteria.

Across a 5 year period 240 SCPHN students successfully completed the module, 134 at Level M and 106 at Level 3. The average group size was 20 students in both Bristol and in the UWE teaching base, Plymouth. Assessment was a class presentation focused on working with an individual or family and a 2000 word essay, that applied the theoretical underpinning and learning to a case

INSERT TABLE 1 HERE

The initial module curriculum is described in Table 1. Evaluation forms were given out following each teaching day as well as an overall module evaluation on the last day. Each year the curriculum content developed and evolved to be more in line with students' needs following feedback, thus enhancing student learning and overall experience. The final module curriculum is described in Table 2.

INSERT TABLE 2 HERE

Students' verbal and written evaluation ratings at the time of teaching were always high for both application to practice, satisfaction and experience. Please note that an interested

reader can find many of these techniques described in detail in the key course text: Dallos, R. & Draper, R. (2015). *An introduction to family therapy: Systemic theory and practice* (4th ed.). Maidenhead: Open University Press.

Aim of study

The module proved popular at the time of delivery and feedback was positive. In this study, we were interested in the longer-term impact of taking the module. This evaluation therefore sought to elicit longer-term impact and specifically to ascertain how SCPHN practitioners continued to utilize their learning post qualification. Our research questions were whether the ideas and skills taught in the university had had a sustained impact on practice for both ex-students and the teams they worked within? **The long term impact of learning is relevant to SCPHN training internationally, both in terms of which topics proved most relevant for practice to aid curriculum design, and in terms of this study providing an example of how this could be investigated by courses locally.**

Ethical Approval

The study was granted ethical approval by the University of the West of England's Research Ethics Committee- REC REF No: HAS.16.10.033. This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Method

Students who had completed the module in the last two years that it ran were emailed explaining the purpose of the evaluation (N =43). Those emailed were randomly selected by an administrator new to the course who did not know the students' grades or attitudes towards the module. The email included an electronic link to opt into the study.

Participants

18 previous students (now participants) opted in and completed the questionnaire. Given the relatively small number of participants and that most still work in the local area, in order to preserve anonymity the demographic information for the cohorts from which these students were members is presented:

INSERT TABLE 3 HERE

No participants had any previous experience or exposure to training in family therapy. 4 of the participants had some experience in counselling and/or therapeutic working.

Questionnaire

On following the link participants were taken to an information sheet explaining the purpose of the evaluation, that all responses were anonymous and that they could withdraw anytime by ceasing to provide answers. The next screen was a consent form, where participants had to agree that they understood what was being asked of them and the conditions of their participation, before clicking to continue onto the questionnaire itself, the content of which is described in the results section.

Analysis

The responses in free text boxes within the questionnaire were analysed using inductive Thematic Analysis (Braun & Clark, 2006). This procedure involved reading and re-reading the text and generating codes. These codes were then organised into themes that were then reviewed between two of the authors (CB & EC) and further developed if necessary and named.

Results

Participants were asked to name what ideas/techniques they recalled from the module without any prompting (Figure 1).

INSERT FIGURE 1 HERE

The content of the module was then provided for participants. Participants were asked which ideas/techniques they remembered with prompts provided (Figure 2).

INSERT FIGURE 2 HERE

Participants were then asked which of the topics they learnt on the module they remembered using in their clinical practice at the time of training (Figure 3).

INSERT FIGURE 3 HERE

Participants were then asked if the ideas they were learning helped them develop as a SCPHN in any other way. Participant responses are anonymised below by allocating each person with a unique number (e.g. 5430).

There were two overarching themes, that of self-development and that of professional development.

Self-development

Participants spoke about increased self-awareness as a result of taking the module:

Helped me look at myself and understand me more ... and why I do or say what I do (8365)

Through the module I also identified that I was a "rescuer" which is very useful to know and let go of (9030)

Many people spoke about how they developed an increased awareness of ones 'own belief system' (5682) and their attitudes and values:

I look more at my own values and prejudices particularly assumptions I make (4192)

This was particularly important when working with families from different cultural backgrounds:

I also am now aware of hidden culture attitudes I hold. So I am able to challenge myself and put opinion aside, when working with difference (9030)

Participants also spoke about how they used their learning on the module to understand how their own family has influenced them:

*How my own family life cycle and upbringing has made me have certain attitudes
(0981)*

Looking at my own family life cycle and genogram [sic] really helped me to realise the many factors that can inadvertently effect an individual/family (3947)

Learning about family scripts and allowed me to explore this within my family (3692)

And some people spoke about using their learning to influence their own family:

*I have found myself using systems theory and reframing a lot in family exchanges!
(6174)*

and dealings with those around them:

It helped me with everyday life and deadlines, I felt it helped to open my mind to a different way of thinking! (4059)

*I also feel my capacity to be compassionate has increased in comparison to before
(4351)*

Professional development

Participants made the connection between how this understanding of themselves would have a positive impact on their professional practice:

It was very important part of the course to understand my values and how they can influence your practice, by doing this in the course I feel when seeing families now/after qualifying my values are less influential and focused on the family (0386)

I realised I identified strongly with the mother, so now I reframe my professional view to be child centred, whilst also trying to be inclusive of dads (9030)

The course also provided participants with practical 'tools'/techniques to use in their work:

It helps me to explore issues or concerns with clients more deeply – set of tools which help me to do this e.g. genogram (4192)

I have more openness whilst also developing my professional curiosity (9030)

In terms of sharing their learning from the course with others at the time of training, there was a mixed response. Some participants shared their learning from the course with their team the time of doing the course:

I discussed my ideas with my team and how they influenced the outcomes at client contacts (3692)

With one participant noting 'you can see who has done this module and who has not!' (4351). However, some participants choose not to:

I didn't share these ideas (0981)

For those that did share ideas, there were various descriptions of how the learning from the module was used within professional systems:

I share these ideas often with my team and observe them being used in meetings by other practitioners (4351)

Team I worked with in consolidated practice were very interested in the module – they particularly found reframing a useful technique to carry into practice. I

presented the PowerPoint assignment to the team at their request, and hypothesising became part of daily team discussions after family contacts (6174)

However, one participant mentioned that despite sharing the ideas, they felt it was up to individuals within a team as to whether these were taken into practice:

I discussed the benefits of widening out our use of the genogram. I have done this as an individual, but it hasn't been implemented as standard practice. It is up to each individual practitioner to assess when it is deemed appropriate (3947)

Since qualifying, only 1 participant had attended further training on the topics covered on the course, although 3 participants however indicated that they planned to do in the future. With regards to whether any ideas/techniques learnt during the module are used in their current clinical practice, participants listed a number of different topics (Figure 4):

INSERT FIGURE 4 HERE

In general, participants commented that:

As a practitioner I also find it empowering to know one small change which may result from our conversation may influence a whole system functioning (4351)

All of them have influenced my understanding and approach to practice. This is especially true when dealing with difficult situations and trying to aid a change in perception to enable a new view to grow (4351)

I try really hard to use a stance of neutral curiosity when interacting with families so that their narratives can flow and take their own shape. Hopefully without any sense of judgement being present in the exchange. I think this protects the equity of the service I provide i.e. that I continually reflect, and don't rely on a rapport built on 'liking' due to a hidden value system, but on trust (6174)

This was by far the most useful module in the SCPHN training. I have found that because of this module I am far more comfortable in being curious about families ... talk openly about family scripts and find that families really engage in the idea, particularly when they are trying to break from a negative family script. (0981)

Other participants also expanded on the particular techniques they found useful:

Genograms – to identify the issues affecting family / how far back they go

Family Scripts – to identify why things are an issue still

Reframing – to help clients accept the issue in a less negative light

Stance of curiosity – helps me to ask open questions and keep my assumptions away

Circular questions – I have written some down in my diary to prompt me if I get stuck with a client and can see I am reinforcing their attitudes. Particularly like the scale of 0-10 questions as help to look objectively at issue (4192)

I use reframing, hypothesising, family scripts and family life cycles frequently – these techniques and concepts help unravel why transitions are proving problematic, and I have found that families respond well to telling their family story, and thinking about their place in that story in a different way (6174)

Genograms ... especially as I work in a rural area where families are often linked (5430)

Just under half of the participants believed that their supervisor and/or the teams they had worked with since taking the module had benefitted from the training. One participant reported that the training resulted in them becoming 'a better team member who has a greater capacity to understand what may be impacting others' (4351). However, the remainder of participants did not think that the training had benefitted their supervisor or team or they were unsure of whether the training had had any impact. In terms of the impact that taking the training had had on the clients they work with, half the participants stated that they had referred someone to a GP or another professional related to therapeutic need, as a result of involvement in the module. Referrals made ranged from

CAMHS to counsellors, with one participant reporting that the training had allowed them to 'understand a clients' bigger picture which may need expert assistance' (4351).

15 participants reported that they intended to work therapeutically with families in the future, with the remaining 3 stating that they already do. 94% of participants intended to seek further training in the area of systemic therapy. Participants felt highly motivated (Figure 5) and confident (Figure 6) to do this work.

INSERT FIGURE 5 HERE

Some participants went on to expand on why they had chosen the number they did in Figure 5:

I feel I have an internal toolkit to assist families now where as previously I would have felt unsure how to manage some situations (4351)

Although I thought I practised holistically, this module made me realise I had so much to learn. I have seen the difference this module makes to my practice and hopefully clients (3947)

Learning that telling people what to do, doesn't really work, enthused me to find new therapeutic ways of working, to empower families to effect their own change (9030)

However, one participant pointed out that to carry out some of the interventions needed time and that this was not afforded by her professional system:

Helped me to practice more consciously but not always time to as much as I would like and doesn't feel that management or commissioners support this (4192)

INSERT FIGURE 6 HERE

Some participants went on to explain their scores in Figure 6. For many participants, their confidence had increased:

My knowledge base and where to find more was expanded hugely (3947)

Role play gave me confidence to use the questioning in practice and help build relationships with clients (4382)

However, a few participants commented that they still felt they needed more practice or had more to learn:

Though my confidence has improved I am starting my career in this field and am quite aware I still have lots to learn (4351)

More confident but sometimes still feels artificial (4192)

When asked for any final comments, participants used the opportunity to thank the course organisers and teachers and emphasised their enjoyment (often listing it as a favourite module) and the value of the course:

I hope this module remains in SCPHN training as it is by far the most useful (0981)

The module has been invaluable in practice (6174)

A number also summarised the transformational impact it has had on their practice:

I found this module really helped my practice and it is always at the back of my mind when working with complex families, it has helped me understand what is really going on not the presenting problem and to see beyond that (0386)

I feel as if this module was one of the most eye opening and useful modules of the SCPHN course, the impact it had on my skills and confidence really are immeasurable and I feel these skills will be important to teach to all SCPHN students. (4059)

Discussion

The evaluation identified a number of key areas that SCPHN practitioners were able to recall from the WTWF curriculum and utilise in their current practice. These included: genograms, systemic questioning, hypothesising, self-reflexivity, the family life cycle, family scripts and reframing. These skills were very much central to the original teaching and students were given ample opportunity in class sessions to practise in a safe and supportive environment. Opportunities to reflect and share experiences and challenges in working with young people and families, in the presence of a trained family therapist, provided an experiential setting where students were able to take time to consider, ask questions and try out new ideas. This is very much in line with Kolb's (1984) active experimentation and testing stage of learning and Schon's (1987) learning-by-doing.

The findings also highlight a personal dimension of development and learning. Developing a self-awareness of one's own prejudices, attitudes and beliefs in particular, was identified as crucial to hold aside when working with clients (particularly those from a noticeably different background). It was also evident that this was perceived as adding value to and in their personal life in managing family issues and reflecting on upbringing. hooks (1994) describes the process of education changing students personally as well as for the acquisition of knowledge as 'transformative pedagogy' (p. 36). Mezirow (1997) also refers to transformational learning as inducing the learner to explore in depth, meaning of beliefs and values, a process that results in significant impact in terms of understanding, inclusivity and compassion. In a narrative review of health visiting education Malone et al. (2016) identified that health visitors must expand their abilities and change attitudes and values in order to deliver health enhancing practice. The health visiting orientation and the three associated core practices (practitioner– parent relationship, home visiting and needs assessment. Cowley et al., 2013) necessitate an insightful appreciation of the different systems and dynamics of influence. This study highlights that for the majority of those who participated in the study this was evident.

For just over half of the participants these skills spread to other systems they worked within as qualified SCPHN, notably hypothesising, reframing, genograms, systemic questioning and family scripts. The way in which one participant described the sustained use of some of their learning was an excellent demonstration of systems thinking: 'one small change which may result from our conversation may influence a whole system functioning'. Importantly, a critical impact for clients in undertaking the module was that over half of the participants had referred clients onto their GP or another professional for therapeutic support. Taking the WTWF module for the vast majority of participants in the study appeared to make a lasting impression on participants' approaches and practice and 94% intended to seek further systemic training in the future.

Limitations and future research

With only 18 participants completing the evaluation, the findings represent an incomplete picture and cannot be generalised to illustrate the experiences of all 240 students who took the module. However, it is possible to draw some tentative conclusions and possible implications for the future.

Implications for education, practice and future research

For these participants the module proved successful and some key learning was identified. In 2016 following a planned revalidation of the UWE SCPHN programme, the optional 20 credit modules that included WTWF was replaced with a 40 credit practice module. Sustaining the optional modules and resourcing the WTWF module with qualified systemic psychotherapists was challenging. Equally it was important to ensure all students received some input around systemic and therapeutic working, not just those taking the optional module. The practice module, mandatory for all SCPHN students, therefore incorporated (and continues to do so) a number of key concepts, taken from the original WTWF content. However, it is acknowledged that this presents only a flavour of the systemic approach and it is difficult to know how much of this learning is retained within the larger more generic practice module. What is evident from the study is that for those students completing the questionnaire, the tools provided in the original optional module were relevant and valuable and have continued to have lasting impact. Reintroducing the key concepts identified in this evaluation as a Continuing Professional Development opportunity for those practitioners with an interest in this specific area would be advantageous. Equally it is important as SCPHN practitioners to have specific educational input in the SCPHN programme on working therapeutically with children, young people and families and that this takes equal place alongside the more technical skills of assessment and safeguarding.

Conclusion

It is evident that learning self-reflexivity and some core systemic therapy techniques are highly beneficial and valuable for SCPHN students. The benefits went beyond their practice into their own lives, increasing their self-awareness and potentially their well-being and

mental health in being able to recognise issue early on and feel confident to seek help for both themselves and their clients.

References

Ahmed, N., Ellins, J., Krelle, H. Lawrie, M. (2014). *Bringing Together the Evidence on Shared Decision Making and Self-management Support*. London: The Health Foundation

Association of Family Therapy (2015). *The Blue Book: Training standards and course accreditation*. Leicester: AFT

Cowley, S., Whittaker, K., Grigulis, A., Malone, M., Donetto, S., Wood, H., Morrow, E., Maben, J. (2013). *Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families*. London: National Nursing Research Unit

Department of Health (2011). *Health Visitor Implementation Plan 2011–2015: A call to action*. London: Department of Health

Department of Health and Department for Children Schools and Families (2009). *The Healthy Child Programme: Pregnancy and the first five years of life*. London: Department of Health

Department of Health (2014). *Overview of the Six Early Years High Impact Areas*. London: Department of Health

Dewing, J. (2004). Concerns relating to the application of frameworks to promote person-centredness in nursing with older people. *International Journal of Older People Nursing*, 13(3), 39-44

hooks, b. (1994). *Teaching to transgress*. New York: Routledge

Kolb, D. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice Hall.

Malone, M., Whittaker, K.A., Cowley, S., Ezhova, I. & Maben, J. (2016). Health visitor education for today's Britain: Messages from a narrative review of the health visitor literature. *Nurse Education Today*, 44, 175-186

Markakis, K.M., Beckman, H.B., Suchman, A.L., & Frankel, R.M. (2000). The path to professionalism: Cultivating humanistic values and attitudes in residency training. *Academic Medicine*, 75, 141-150

McKeon, L.M., Norris, T., Cardell, B., & Britt, T. (2009). Developing patient-centered care competencies among prelicensure nursing students using simulation. *Journal of Nursing Education*, 48, 711-715

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, 74, 5-12

NHS England, Public Health England, Health Education England, Monitor, Care Quality Commission, NHS Trust Development Authority. (2014). *Five year forward view*.

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> (accessed 10/10/2018)

Nursing & Midwifery Council (2004). *Specialist Community Public Health Nurses Competencies*. London: NMC

Rapport, M.J., Rodriguez, J. & Bade, M. (2010). Use of a Community Volunteer Program to Develop Value for Patient-centered Care in Physical Therapist Professional Education.

Journal of Physical Therapy Education, 24(2), 53-59

Schon, D.A. (1987). *Educating the Reflective Practitioner. Toward a New Design for Teaching and Learning in the Professions*. San Francisco: Jossey-Bass Publishers

Sawatzky, J., Enns, C., Ashcroft, T., Davis, P. and Harder, B. (2009). Teaching Excellence in Nursing Education: A Caring Framework. *Journal of Professional Nursing*, 25, 260-266

Schwind, J., Beanlands, H., Lapum, J., Romaniuk, D., Fredericks, S., LeGrow, K., Edwards, S.,

McCay, E. and Crosby, J. (2013). Fostering Person-Centered Care Among Nursing Students: Creative Pedagogical Approaches to Developing Personal Knowing. *Journal of Nursing Education*, 53(6), 343-347

Spencer, J., Blackmore, D., Heard, S., McCrorie, P., McHaffie, D., Scherpbier, Southgate, L. (2000). Patient-oriented learning: A review of the role of the patient in the education of medical students. *Medical Education*, 34, 851-857

Willis, L., (2015). *Raising the bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. Health Education England

<https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf> (accessed 10/10/2018)