The evolution of a clinical practice approach

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We, and our colleague Dr. Wendy Watson, have co-evolved an advanced practice approach for working with families experiencing illness. It has arisen from more than 20 years of clinical practice with families and 10 years of collaboration as a clinical research team.

Our fascination with, and commitment to, the importance of beliefs developed from our clinical practice and research collaboration with families experiencing physical and emotional suffering from illness. At no time are family and individual beliefs more affirmed, challenged or threatened than when illness emerges. Over the years, we began to realize that it was the beliefs about a problem that was the problem when families experienced difficulties with an illness. This notion has become one of the most significant prevailing assumptions underlying our approach. We came to understand how beliefs are at the heart of health and healing.

A thorough understanding of each family member's beliefs is essential, but likewise, an understanding of the clinical approach of any health professional is incomplete without a thorough knowledge of the clinician's beliefs about families, illness, change and clinicians. The most powerful clinical work that health professionals can do is to draw forth family members' beliefs about their illness. Some beliefs are more useful than others in coping with illness. To uncover those beliefs that are useful and those that are not, we have conceived a simple dichotomy of beliefs: constraining versus facilitative beliefs. Another one of the fundamental premises of our approach is that family members hold beliefs about their problems that are "constraining" or "facilitative." Constraining beliefs perpetuate problems and restrict options for alternate solutions to problems. Facilitative beliefs increase options for solutions to problems.

Beliefs are drawn from the medium of therapeutic conversations in which both family members and the health professional ask questions and provide answers. We also discuss our own beliefs about families' illness experiences and offer those to families in as transparent a manner as possible. Therefore, our approach focuses on identifying, challenging and modifying families' constraining beliefs about illness and creating more facilitative beliefs. The outcome is that families experienced a new or renewed appreciation of their strengths/resources and increased options to discover solutions to their suffering. In the process, our own beliefs as clinicians, were continuously being altered from our learning and collaboration with families.

The context for our clinical work is the Family Nursing Unit (FNU), within the Faculty of Nursing, The University of Calgary, established in 1982 for the interactional study and treatment of families experiencing illness. The FNU offers assistance to families when one or more members are experiencing difficulties with a health problem (chronic illness, life-threatening illness, or psychosocial problems). Families seen at the FNU are often referred by health professionals such as family physicians or community health nurses. Each family is interviewed by a graduate nursing student (masters or doctoral level) or a faculty member. Interviews are observed through a one-way mirror by the clinical nursing team, who participate in the therapeutic conversation using the telephone intercom and through reflecting teams. Our graduate masters and doctoral nursing students and externs have also helped to clarify our thinking. Each interview is videotaped, and an average of four sessions are provided to each family. Families are asked at the end of each session when they would like to return for the next session.

Our years of clinical work with families only became a touchstone when we embarked some five years ago on a research project which allowed us to examine our clinical practice. The research project, funded by the Alberta Foundation for Nursing Research, was entitled, "Exploring the process of therapeutic change in family systems nursing practice: An analysis of five exemplary cases." This research helped us uncover a new understanding about our clinical approach and gave us a language with which to describe the therapeutic process. The research question was, "How does therapeutic change occur?"

The families chosen in our research project were deemed "exemplary families" if they showed and reported dramatic, positive therapeutic change during our clinical work with them, that is, cognitive, behavioral, or affective change; symptom reduction; or a combination of these types of change. One such family consisted of a father (age 63) and mother (age 62) who had moved across Canada to care for their only son (age 34). The son had been diagnosed with multiple sclerosis (MS) at age 27. The parents had been living in Mark's home and caring for him for three years when they referred themselves to the FNU. The presenting concern was the parent's "difficulty in coping with tension in the home" related to the care of their son. We worked with the family for four sessions over six months. One of the most significant aspects of our clinical work with this family was providing the opportunity for the family to discuss the family members' beliefs about the impact that MS had upon the family and to offer ideas to diminish the family's emotional and physical suffering. The uncovering and distinguishing of illness beliefs proved to be one of the most useful to the family.

Approximately one year after the completion of the clinical sessions, the family participated in a follow-up evaluation interview. They reported being very satisfied with the assistance they had received from the FNU. The father said the family sessions "helped put my mind at ease. We are interested in going places now and don't feel like we are discarding our son." The mother offered that the family sessions "helped me speak freely about what was bothering me. I wasn't able to do that before." Her son reported that he was "now aware of more possibilities to solve problems."

When asked who benefited most from the family sessions, both the mother and father agreed their son had benefited most: "He pursued options and other avenues to go for assistance. We didn't have to do it all." The son responded by saying, "We were starting to feel trapped. No one got a day off. There is less tension now. We feel freed up." Consequently, the emotional suffering

continued on page 12

was dramatically reduced within the family by assessing and intervening in the constraining beliefs of the family and identifying, affirming and solidfying facilitative beliefs.

These clinical and research experiences naturally lent to describing them in a book for health professionals who encounter families experiencing chronic illness, life-threatening illness or psychosocial problems. Practical ideas of how to help families with their emotional and physical suffering are offered in our book from the knowledge that has been gained through our clinical practice and research. Our clinical approach, our research project, complete with theoretical underpinnings and key therapeutic moves is described. This book entitled, **Beliefs: The heart of healing in families and illness** (1996), published by Basic Books, New York. And of course through the writing of this book, as in the work with families, our own biopsychosocial-spiritual structures have been changed. Our beliefs about beliefs have been revisited, refined, and sometimes refuted, as have been our beliefs about families, illness, therapeutic change and clinicians. At this time, we find the whole notion of the connection between beliefs, families and illness quite compelling and captivating.