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Solution-focused coaching in pediatric rehabilitation: Investigating transformative experiences for families

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Abstract

Coaching is gaining interest in health care. While the use of coaching within the field of pediatric rehabilitation is also gaining interest, there is very little research literature on the utility and impacts of coaching for pediatric rehabilitation. Service providers, clients, and families want effective approaches used in rehabilitation. This study investigated the outcomes and experiences of families receiving Solution-focused Coaching in pediatric rehabilitation (SFC-peds). The methodology utilized was a retrospective qualitative descriptive study. This design was chosen to discover whether there were transformative experiences of clients and families who received solution-focused coaching interventions. Each of 9 families participated in two interviews separated by 5 months. The families had received services within the past 6 months from either occupational therapists or physical therapists who had 3-10 years of experience using the SFC-peds approach. Each interview was transcribed verbatim and analyzed using thematic analysis and a phenomenological approach.

The SFC-peds services received by the families were viewed as collaborative and solution-focused in comparison to problem based and service provider driven. With the SFC-peds approach, the families were involved in setting the goals and action plans. Key themes that emerged were: i) goal oriented collaborative process; ii) client engagement in therapy; iii) enhanced capacity and community participation; iv) empowered mindsets. The solution-focused

coaching approach was experienced as supportive by families and paced to suit the individual participant.

The findings from the study provide evidence supporting the use of SFC-peds in pediatric rehabilitation. Engagement and collaboration in goal setting and creation of action plans was clearly important to the participating families. *This investigation was supported by a Harnisch grant from the Institute of Coaching, McLean Hospital, Harvard Medical School Affiliate.*

Introduction

Coaching is gaining interest in health care. While the use of coaching within the field of pediatric rehabilitation is also gaining interest, there is very little research literature on the utility and impacts of coaching for pediatric rehabilitation. Therapists, clients, and families want effective approaches used in rehabilitation. Coaching is a goal-oriented means of facilitating client engagement and empowerment (An & Palisano, 2013; Baldwin, King, Evans, McDougall, Tucker, & Servais, 2013; Dunn, Cox, Foster, Miche-Lawson, & Tanguary, 2012; Graham, Roger, & Ziviani, 2010; Hanft, Rush, & Sheldon, 2004), which is distinct from more traditional impairment-focused methods of working within pediatric rehabilitation (Baldwin et al., 2013). Solution-focused coaching (SFC) is a form of brief coaching that emphasizes clients' strengths and *their* generation of unique solutions for *their* situation (Berg & Szabo, 2005; Iveson, George, & Ratner, 2012; O'Connell, Palmer, & Williams, 2012; Szabo & Meier, 2008). SFC-peds is a conceptual model developed by the authors that outlines the nature of SFC within a pediatric setting. Research to investigate the clinical impact of the SFC-peds is lacking. The current qualitative research proposal fills that gap. This study will enhance our understanding of how SFC-peds affects the families who have traditionally experienced a problem-focused, therapist-led intervention. It will involve two open-ended interviews with six families in order to examine their perceptions of the impacts of a SFC-peds approach and determine whether there are transformative experiences for these families. The findings from this study will help to identify

the benefits of a SFC-peds approach, and possibly provide support for this innovative intervention approach in pediatric rehabilitation.

Background and Purpose

The effects of SFC-peds have not been previously examined (Baldwin et al., 2013), but our pilot work and anecdotal feedback from service provider coaches through our program evaluation has shown promising results. Service providers have reported that they find this method beneficial to their work with clients, that they like the positive approach, and that families are more engaged and empowered through this process of facilitating customized goal-setting and plans tailored to the client's strengths, needs, and resources (Servais & Baldwin, 2013).

Research Questions

The present study will offer further and more in depth information on the challenges and benefits of using SFC-peds within pediatric rehabilitation. In addition, the current study will involve clients and their families, who were not involved in the program evaluation. The inclusion of the recipients of SFC-Peds is critical to understanding the strengths and challenges of experiencing this method of intervention.

Method

This study was completed at one of the regional pediatric rehabilitation centres within Ontario, Canada. The regional pediatric rehabilitation centre provides rehabilitation services to more than 8000 children with disabilities and their families through provincial funding. The study received ethical approval from the regional pediatric rehabilitation centre as well as the pediatric rehabilitation hospital where two of the study investigators worked. The methodology utilized was a retrospective qualitative descriptive study. This design was chosen to discover whether there were transformative experiences of clients and families who received solution-focused coaching interventions. The families participated in two semi-structured qualitative

interviews 5 months apart. The responses to the first interview were reviewed and informed the questions for the second interview.

A total of 9 family interviews were completed. Each family was identified by a rehabilitation professional. The rehabilitation professionals (RPs) involved were trained to deliver their services within a solution-focused approach and will have received a minimum of 20 hours of coaching training and 3-10 years of clinical experience with the approach. We want to be clear that these RPs were framing their interactions with their clients from a coaching perspective and blended in their unique expertise and the SFC-peds approach to guide the families in the achievement of their desired goals. Each RP identified 1-2 clients and families from their recent caseload (within 6 months) with whom they have used a SFC-peds approach and who have expressed a willingness to be contacted by the research assistant to determine whether they are interested in participating in a qualitative interview about their experiences.

There was an intention to include a diverse group of participants related to the diagnosis and age in the current study. This was achieved, with the diagnoses of the clients involved in the study including; children and youth with developmental delay, seizure disorder, Autism Spectrum Disorder, Fetal Alcohol Syndrome, Cerebral Palsy, and decreased fine motor skills, gross motor skills and speech and language development. The ages of the children and youth involved were also diverse, ranging from pre-school age to college age. The parents, the children and the youth were all proficient in English to participate in the interviews. The children and youth received either physiotherapy or occupational therapy through the pediatric rehabilitation centre.

Procedure

Family members were interviewed twice by an experienced independent rehabilitation professional with extensive experience in SFC-peds. The interviews were 5 months apart to allow for the families to experience changes. Some clients and families received

additional coaching sessions in the timeframe between interviews some did not. The first interviews were all conducted face-to-face and lasted 90 minutes. The second interviews were slightly shorter in duration and some were conducted by phone for ease for families. The interview questions focused on the family's experiences working with the rehabilitation professional. The questions were designed to probe into potential transformational experiences resulting from the SFC-peds approach (see appendix A for sample questions). Interviews were audio taped and transcribed verbatim.

Analysis

The data was analyzed using a phenomenological approach. The team utilized a thematic analysis to review the transcripts independently and then met to create the coding scheme for the qualitative analysis, which was revised and refined until the final version was agreed on. The RA coded the transcripts using MAXQDA software, (VERBI Software, 2015). The team generated key ideas from the coded transcripts through discussions about key ideas, reflection and review of the transcripts. (Full details of the qualitative analysis are available in the reference King, Schwellnus, Servais & Baldwin, *Solution-Focused Coaching in Pediatric Rehabilitation: Investigating Transformative Experiences and Outcomes for Families*. 2017).

Findings

Interview Themes

Four themes emerged, i) goal oriented collaborative process; ii) client engagement in therapy; iii) enhanced capacity and community participation; iv) empowered mindsets. Overall, the participants' comments reflected the highly collaborative nature of SFC-peds, they noted being highly involved in goal-setting and that the RPs listened to and supported them in implementing the plans to achieve the goals. There were high levels of engagement noted, participants indicated that due to the co-constructed goals, they were more able to follow-up at home which was different from the traditional therapist as expert model of intervention. The participants' comments suggested that they fully participated in the intervention sessions

under the SFC-peds approach, they reported feeling that they gained an understanding of their child's strengths and reasons for challenges and therefore were more able to manage the situations with more success. Lastly, the participants noted feeling empowered by the sessions, which instilled a sense of confidence in managing their current situation. Full details of the themes are published in King et al, 2017.

Conclusions and contributions of the research

The results of the study support the use of SFC-peds in pediatric rehabilitation. This study involved out-patient families only and therefore, as a limitation, these results can not be generalized to in-patient rehabilitation. SFC-peds was found to be extremely engaging, due to the high level of collaboration in the goal-setting and discussions between the families and the RPs.

Implications for Rehabilitation

The use of a coaching model such as SFC-peds may alter pediatric rehabilitation service delivery towards a process that fosters increased collaboration rather than the therapist-led more traditional approach. Due to the reliance on family expertise regarding their child, SFC-peds may be particularly beneficial for out-patient or community-based intervention, rather than in an acute, more medical and problem-focused clinical situation. The study themes support the success of intervention that is individualized to the client's and family's preferred future in an ever changing life situation.

Recommendations

There is a need for further investigation of the utility of SFC-peds. Studies involving service providers would provide further insights into the process of SFC-peds. Prospective clinical studies are needed to support the current findings, including studies involving a comparison group that does not receive SFC-peds.

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Questions from the Semi-Structured Interview for Families

Area of Focus 1: Impact of SFC

1. When you first started with x therapist, what were your expectations for the sessions? How was x's work with you similar or different from any other therapists you might have worked with in the past? How was it similar/different?
2. Describe your experience with x therapist. How did you and x work together? What worked well for you? What didn't work so well for you? What did the therapist do that was helpful/not so helpful? What (if any) positive or negative experiences did you have in how you worked together with x?
3. When you think about your experiences in the sessions with x, how were the goals and plans for you and your child developed? Has this work with x made a difference for you, for your child, for others in the family or in your community? If so, how? What if anything did the therapist do to make you feel listened to, supported? Did you get to work on things that were important to you? Give an example.
4. When you consider what you've learned from your work with x, how does this apply to you and your child in the future?

Area of Focus 2: Exploring Transformative Experiences of SFC

5. Has your work with x changed the way you think about your situation? Explain how?
(Probing questions: Were there changes in how you saw your situation, saw your self, child, others and the environment? If so, in what ways did that change? Can you tell me a story to illustrate this?)
6. Has your work with x changed the way you/your child/your family do things?
(Probing questions: Did you learn about how to work through challenging situations. If you did, what did you learn? What did your child learn? Has this impacted on your child's participation in the things they do in life. Can you share a story to illustrate this?)