SFP AND SELF-CARE: A PERSONAL VIGNETTE



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Health Practitioners Competence Assurance Act 2003

Public Act 2003 No 48
Date of assent 18 September 2003
Commencement see section 2

- Focus is on "public safety"
- Its purpose is to protect the health and safety of members of the public by providing mechanisms to ensure the life long competence of health practitioners
 - Continuing Competence Programme (associated with APC)
 - Regular professional supervision



WHAT IS SFP?

SFP focuses on finding solutions to a problem and empowering the client

instead of spending time and effort on finding the possible causes of a problem



KEY SF ASSUMPTIONS WITHIN THE CONTEXT OF SELF-CARE

- > The therapist is not the expert on the client, the client is
- > Situations are never static, they are fluid
- > Focus is on "what works"
- > There are always exceptions
- > The client (me!) has skills, strengths and resources
- "Blame and fault" do not make things better
- ➤ A little change (for the better) is better than no change; no change is better than things getting worse
- > Sometimes, "good enough" is good enough



THE "MIRACLE QUESTION"

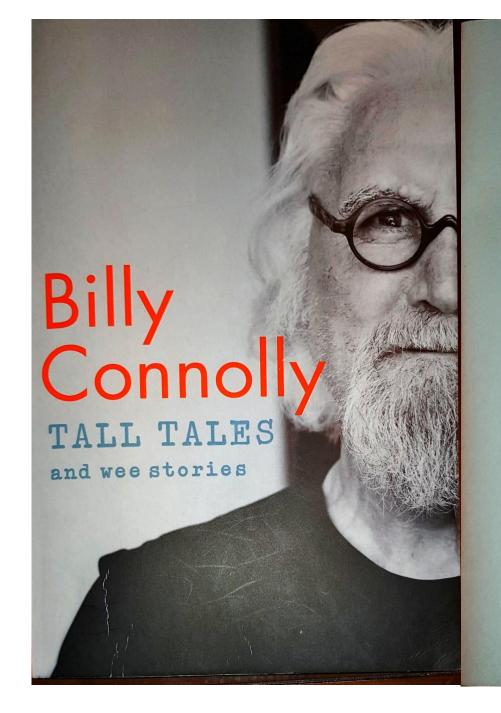
"Imagine that you go home tonight and go to bed.
While you are asleep, a miracle happens. The
problem that brings you here today is solved.
Because you were asleep, you don't know that a
miracle has occurred. When you wake up, what will
be the first sign that the problem has been solved?"



AFFIRMATIONS

- What will be the first sign to me that things are getting better? How will I know?
- When things are going well, what will be happening?
- How did I do that?
- How did that make a difference?
- What will others notice about me?





143 Home for my wife to laugh

VXOX MHS

TALL TALES and wee stories



IDENTIFYING STRENGTHS, RESILIENCE AND COPING

- How have I managed to deal with everything that has happened over the past couple of days, weeks, months ...?
- Given everything that has gone on, how come things aren't worse?
- When I've had to manage through high stress situations in the past, what helped me then to work through my thoughts and feelings?
- What would I do more of, or do differently, should a similar incident occur again?

SCALING

 For me, scales were initially used to set a baseline as to where I was at – from that, they helped me gauge my progress and reflect on what I was doing that was making a difference

Examples of Questions:

On a scale of 0-10, where 0 is "I can't do this" and 10 is "I'm coping as best as I can", where am I?

What tells me I'm at 6 and not at 5? How did I get to 6?

What will be happening (how will I know) when I get to 7?

Who will notice? What will others notice?



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