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Problem- and solution-focused characteristics of parenting support, 3 years after implementation of the solution-focused approach: A qualitative content analysis

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Abstract

In recent years, solution-focused parenting support has been developed and implemented as a promising brief and strength-based approach. Given the fundamental differences between solution-focused and the historically more common problem-focused parenting support and the complexity of transforming professional practice, an actual shift towards solution-focused parenting support can be expected to be limited up to now. However, because research into the specific communication characteristics of professional parenting support is currently lacking, no conclusion can be drawn at present. Therefore, this study aims to explore the current problem- and solution-focused characteristics of parenting support in the Dutch youth healthcare (YH). In total, 15 support sessions performed by 10 public health nurses were audio recorded and transcribed verbatim. A detailed qualitative content analysis of professional communication was conducted to identify problem- and solution-focused factual, expressive, relational and appealing aspects of parenting support. Problem-focused characteristics dominated all sessions of parenting support. This study is the first to thoroughly analyse the problem-focused and solution-focused communication characteristics of professional parenting support using a qualitative content analysis. Parenting support practice in the Dutch YH did not shift substantially to a solution-focused approach. More effort is required to stimulate and facilitate this professional transformation.

KEYWORDS

child welfare, parenting support, problem focused, solution focused

1 | INTRODUCTION

In recent years, a growing body of evidence is encouraging the use of solution-focused parenting support over the historically more common problem-focused parenting support. First, solution-focused support was found to be as effective in solving typical problems as other support approaches (Kim, 2008). Second, solution-focused support was found to require less time than other support approaches (Bond, Woods, Humphrey, Symes, & Green, 2013; Gingerich & Peterson, 2013; Stams, Deković, Buist, & de Vries, 2006). Third, solution-focused support is positively associated with goal approach, positive affect and action planning and was found to decrease negative affect in clients (Grant, 2012; Neipp, Beyebach, Nuñez, & Martínez-González, 2016). In general, the added value of solution-focused parenting support is described as

enabling parent empowerment, which contributes to improved parenting and to parents' ability to independently solve future problems (Rapp, Saleebey, & Sullivan, 2005). Given these effects and its time-efficient and strength-based nature, solution-focused parenting support is recommended as the preferred approach, especially when problems are still mild (Bond, Woods, Humphrey, Symes, & Green, 2013; Carr, Hartnett, Brosnan, & Sharry, 2017).

Despite the recent development of this preferred approach in parenting support (Carr, Hartnett, Brosnan, & Sharry, 2017; Polaschek & Polaschek, 2007; Wells, Shields, Hauck, Bennett, & Johnson, 2014), an actual shift from problem-focused to solution-focused parenting support is expected to be limited in current child welfare services (Lietz, 2011; Roose, Roets, & Schiettecat, 2014; Toros, DiNitto, & Tiko, 2018). This expectation is based on the combination of vital differences between both approaches (De Jong & Berg, 2013; De Shazer, 1988, 1997; McAllister, 2003) and current implementation strategies of these interventions. We will elaborate on these issues.

Differences between the two approaches are fundamental and become apparent in the factual (content), expressive (expression of professional role), relational (view on parents and parents' role) and appealing (what is expected of parents) aspects of professional communication during parenting support sessions (Schulz von Thun, 2010). Problem-focused parenting support originates in the tradition of the biomedical model (Engel, 1977). This support approach is past-oriented and focuses on identifying problems and their causes and on solving or reducing problems by eliminating or intervening in those causes. In this approach, the professional has an expert role during the different support stages, that is, assessment, definition, implementation and evaluation. Parents serve mainly as a source of information to enable the process of professional judgement and decision making. In addition, parents are expected to comply with the professional's actions and suggestions to problem solving (De Jong & Berg, 2013; McAllister, 2003; Wilkinson, 2012). In contrast, solution-focused parenting support is a future-oriented and strength-based approach that concentrates on improving parents' motivation, confidence, competences and problem-solving skills (De Jong & Berg, 2013; De Shazer, 1988, 1989; McAllister, 2003). The support process is divided into various stages (De Jong & Berg, 2013). First, the preferred future and current strengths and resources are assessed. Second, a first small step towards the preferred future is assessed. Third, professional feedback is provided. Finally, parents' progress is evaluated and their need for further support is determined. The parents' perspective is central in every stage of support. The professional, meanwhile, has a stance of 'not-knowing' and leads the support process explicitly from the parents' perspective (De Jong & Berg, 2013; De Shazer, 1988, 1989; McAllister, 2003).

Sustainable implementation of solution-focused professional parenting support behaviour implies an alignment between this new approach and the professional's views, beliefs, values and identity. A combination of context specific implementation strategies in several stages of change is needed to facilitate this alignment and behaviour change (Durlak & DuPre, 2008). For example, the implementation model of Grol and Wensing (2013) distinguishes five stages for sustainable implementation: orientation, insight and understanding, acceptance, change and maintenance. Within each stage, different strategies are described that contribute to the goals of a specific stage.

To the best of our knowledge, current implementation strategies of solution-focused and other parenting support interventions in child welfare services are limited to a standardized 2- to 5-day technical intervention training, the provision of intervention material and, possibly, a limited amount of additional peer supervision sessions. For example, Parents Plus provides a 3-day training including programme materials. Posttraining peer supervision sessions are provided on additional request (ParentsPlus, 2017). The implementation of another positive parenting support intervention, Triple P, is stimulated by a 3-day training plus three peer support sessions (Triple P, 2019).

In 2014, the Dutch youth healthcare (YH) promoted the shift from problem-focused to solution-focused parenting support as part of a system reform of youth care in the Netherlands (Knijn & Hopman, 2015). The YH is a national public child and family welfare service that contributes to a healthy physical, psychological, social and functional child development by a set of preventive activities and early interventions. It is available for all families living in the Netherlands, free of charge and is governed by the Public Health Act (2008). Parenting support by the YH is provided as early social intervention by public health nurses to parents with mild parenting problems. Although these mild problems are generally viewed as normal parenting problems connected to the developmental stage of the child, parents can experience problems in handling these situations (e.g., regarding children's sleeping problems, aggressive behaviour, disobedience or fear of strangers). Therefore, the aim of this support is to empower parents and to prevent the development of more severe parenting problems and further negative consequences (Dutch center for youth healthcare, 2018). Public health nurses are educated as Bachelor of Nursing and as social nurses during a Post Bachelor education. They can offer one to three sessions of parenting support, on average. If more support is needed or if problems are more severe, parents are referred to other or more specialized professionals (e.g., social worker, psychologist and psychiatrist).

To facilitate the shift to solution-focused parenting support in the YH, different interventions were initiated. Training public health nurses in solution-focused support techniques and additional peer supervision sessions were the most commonly used methods to encourage the implementation of this new approach. However, given the profound nature of the shift (discussed above), it seemed questionable whether these methods would be sufficient to achieve the shift to solution-focused parenting support in daily practice of the Dutch YH.

The litmus test to determine whether solution-focused parenting support was implemented sustainably is to study the professionals' actual behaviour in natural circumstances (Hulsman, Ros, Winnubst, & Bensing, 1999). To the best of our knowledge, good fidelity measures in solution-focused parenting support research are currently lacking. Fidelity measures of Parent Plus interventions are

limited to 'requiring facilitators to follow detailed guidelines in program manuals, complete integrity checklists after each session, and attend preprogram training and regular supervision with program developers' (Carr, Hartnett, Brosnan, & Sharry, 2017, p. 4). Furthermore, in reviews of solution-focused parenting support, fidelity measures were reported as lacking in general or were based on self-report (Bond, Woods, Humphrey, Symes, & Green, 2013; Gingerich & Peterson, 2013). Knowledge about current parenting support communication characteristics is needed to inform further implementation processes.

Therefore, the aim of this study is to explore the problem-focused and solution-focused communication characteristics of actual parenting support by public health nurses in the YH, 3 years after solution-focused parenting support was implemented.

2 | METHODOLOGY

2.1 | Study design

A qualitative research design was used to identify the problem- and solution-focused characteristics of current parenting support in the YH. This approach enables the identification of factual, expressive, relational and appealing aspects of professional communication in naturally occurring parenting support sessions in the YH (Merriam & Tisdell, 2016; Schulz von Thun, 2010).

2.2 | Setting

This study was performed at a YH organization in the south of the Netherlands, in a region comprising 18 municipalities which are served by nine self-organized teams. These teams consist of medical doctors, public health nurses and health assistants.

2.3 | Population and study sample

The research population of this study consisted of public health nurses, because they provide parenting support as early intervention. In total, 53 public health nurses were employed at this YH organization. The average age of these nurses was 48 years (range 24–63), and their mean work experience as a public health nurse was 19 years (range 1–37). In 2014, these public health nurses received a 3-day training and participated in two peer supervision sessions to consolidate the implementation of solution-focused parenting support.

For this study, a sample of 15 public health nurses was selected through a purposive selection procedure, based on the criterion of maximum variation (Palinkas et al., 2015). The selected nurses varied on the criteria of team (region), age, work experience as a public health nurse, number of attended parenting support courses and self-reported experience with parenting support. Due to job change, pregnancy leave and sickness leave, the initial sample was changed to a final sample of 10 public health nurses (Table 1).

2.4 | Data collection

Data were collected through audio recordings of actual parenting support sessions between parents experiencing mild parenting problems and public health nurses. These recordings provide data about parenting support in their natural occurrence. Small recording devices were used, and no researcher was present during the support sessions. This procedure ensured unobtrusive data collection (Merriam & Tisdell, 2016).

Preceding data collection, the participants received a protocol for case selection, recording instructions and an informed consent form. In order to prevent professionals to act differently due to knowledge about research goals, our specific interest in solution-focused and problem-focused characteristics was not mentioned to participants. Rather, participants were informed that we were interested in their general way of working when providing parenting support. Case selection was based on the criterion of a mild parenting problem in which the nurse professionally indicated that one to three sessions would be adequate to support the parents. Data collection started after the informed consent procedure with the nurse was completed.

TABLE 1 Sample selection

Population characteristics	Total population	Initial sample	Final sample
Number of public health nurses	53	15	10
Different teams (regions)	9	9	7
Age (years)			
20–30	5	2	1
30–40	11	3	3
40–50	7	5	3
50–60	24	4	3
60–67	6	1	0
Work experience as a public health nurse (years)			
1–10	15	5	3
10–20	13	4	4
20–30	10	4	2
30–40	15	2	1
Number of attended parenting support courses			
1–2	15	3	3
3–4	34	11	6
5–6	4	1	1
Self-reported experience with parenting support			
1: Little	6	1	1
2: Moderate	19	8	5
3: Extensive	28	6	4

Prior to recording, parents were informed by the nurse about the aim and procedures of the research activities and were asked for permission to record the support sessions. The audio recordings were transcribed verbatim for analysis and anonymized. The procedures in this study were approved by the Ethical Review Board of Tilburg University (Reference number: EC-2017.05).

2.5 | Data analysis

A qualitative content analysis procedure was conducted. This type of analysis enables the identification of factual aspects and the interpretation of expressive, relational and appealing aspects of parenting support provided by public health nurses as being either problem or solution-focused (Krippendorff, 2012; Mayring, 2014; Schulz von Thun, 2010).

2.5.1 | Coding protocol

An initial coding protocol was developed to identify problem- and solution-focused characteristics of parenting support. Problem- and solution-focused parenting support can both be divided into general support stages: (a) Problem description; (b) Assessment; (c) Definition; (d) Implementation; (e) Evaluation (De Jong & Berg, 2013; Wilkinson, 2012). The coding protocol included these stages of the parenting support combined with typical problem-focused and typical solution-focused factual, expressive, relational and appealing aspects of professional communication (De Jong & Berg, 2013; McAllister, 2003).

Factual, expressive, relational and appealing aspects of professional support

The factual aspect of a message refers to the content of a message. In problem-focused support, the content of support focuses on for example the 'problem' or 'cause'. In solution-focused support, on the other hand, 'the preferred future' or 'current strengths' are examples of the factual aspects of professional messages.

The expressive aspect of a message refers to how the professional presents herself. In problem-focused support, the professional acts as an expert. By contrast, in solution-focused support, the professional operates from a stance of not knowing and leads the process from the parents' perspective.

The relational aspect of a message pertains to how the professional expresses her view on the role of the parents. In problem-focused support, the professional views the parents as an important source of information from whom to retrieve as much detailed information as possible about the problem and its causes to enable the process of professional reasoning and judgement. In solution-focused support, the professional views the parents as the expert in describing the problem, the preferred future and the possibilities to grow towards this future.

The appealing aspect of the message refers to what the professional implicitly or explicitly expects from the parents. During problem-focused support, the professional expects parents to cooperate during the support process by, for example, answering the questions asked and by acting upon professional advice. In solution-focused support, the professional expects the parents to create a solution based on their own possibilities and perspective, in a cocreative support process (De Jong & Berg, 2013; Schulz von Thun, 2010).

The initial coding protocol was used both deductively and inductively. It was used deductively, because the coding scheme was constructed from a theoretical knowledge base. It was used inductively, because flexibility during analysis was needed to ensure the codes would match the actual data (Mayring, 2014). An interrater agreement procedure was performed to test the clarity and completeness of these codes.

Interrater agreement

The interrater agreement procedure was based on the criterion of 80% agreement within 20% of all transcripts and was completed in two stages (McHugh, 2012). In the first stage, three researchers (including the primary researcher) compared the results of their individual analysis. Their 80% agreement in 20% of all transcripts was confirmed. In the second stage, these results were compared with the results of the analysis of a fourth researcher. Again, the criterion of 80% agreement was reached, and interrater agreement was confirmed.

The initial coding protocol was adapted throughout this procedure with a view to achieving clarity and completeness. Revisions were accepted if all researchers involved approved. Changes to the coding protocol included for example the deletion of the problem description stage. This stage is the first stage in both approaches and was therefore not distinctive. Moreover, specific factual aspects were no longer assigned to either problem- or solution-focused characteristics, because they could be found in both approaches (e.g., compliment and professional advice). Their problem-focused or solution-focused nature was found to be dependent on the expressive, relational and appealing aspects of that message.

The primary researcher proceeded with the analysis based on the final protocol for analysis, which is illustrated in Table 2. During this final analysis, no additional changes were necessary. For a full description, the final protocol can be obtained from the primary researcher.

2.5.2 | Stepped data analysis

The analysis was performed in three steps. In 'Step 1: Support stage', the transcripts of the parenting support sessions were divided into segments that indicated the different stages of parenting support. These stages were the assessment stage, definition stage, implementation stage and evaluation stage. In 'Step 2: Expressive, Relational and Appealing aspects', the expressive, relational and appealing aspects were interpreted within the context of each selected stage of parenting support. After all, the nature of these aspects is

TABLE 2 Illustration final coding protocol

Stage of support process	Aspect of message	Solution-focused codes	Problem-focused codes
Definition stage	Factual aspect	Preferred future	Problem
		Compliment	Cause
		Professional advice	Compliment
		Professional reflection	Professional advice
			Professional reflection
	Expressive aspect	Professional attitude of 'not knowing'	Professional as an expert
		Grounding (i.e., establishing and expressing mutual understanding)	
	Relational aspect	Parent as the expert	Parent as source of information
	Appealing aspect	Cocreation	Cooperation

TABLE 3 Example of stepped analysis

Excerpt from transcript case R4	Step 1: Support stage	Step 2: Expressive, relational and appealing aspects	Step 3: Factual aspects
Nurse: And that does not work? Well, but does joining the battle like you do work?	Assessment stage	E: Professional as an expert R: Parent as source of information A: Cooperation	Previous attempt
Parent: No, it does not, not really.			
Nurse: No. It is not like she is suddenly finishing her meal properly?			Previous attempt
Parent: No.			
Nurse: For how long has this been a problem?			Problem
Parent: For some time, though.			
Nurse: Did it start before the rudeness problem?			Problem
Parent: Yes.			
Nurse: Well, to sum up, it's a three-year-old girl who plays well, is developing fine in several outcomes, is able to clearly express herself, is rarely sick and is growing well. Her obedience is, however, a challenge, especially at meal times.	Definition stage	E: Professional as an expert R: Parent as source of information A: Cooperation	Problem
Parent: Yes			
Nurse: Now, we can do two different things. First, we could observe the behavior for some time to see if we can identify some specific causes. Second, we could hypothesize the cause and select interventions based on this hypothesis. What would you prefer?	Intervention stage	E: Professional as an expert R: Parent as source of information A: Cooperation	Intervention
Parent: I would prefer the first option.			
Nurse: Ok, that is possible. That means that we will first have to explore what happens in advance of the problematic behavior and how you react to it. Moreover, I will give you a DVD with many examples of problematic parenting situations. You can use these examples to better describe the parenting behavior that you recognize as your own. In this session, I will not give any further advice if that is fine with you?			Intervention
Parent: Yes, that is fine			

revealed in consecutive messages. For example, whether a question is asked to identify the parents' perspective or to enable professional judgement and decision making only becomes apparent in the consecutive reactions of the professional to the parents' answers. In 'Step 3: Factual Aspects', all factual aspects were identified in each individual professional message in the transcripts. If a factual aspect could be identified in both approaches of parenting support, its nature was determined by the expressive, relational and appealing aspects in this stage of parenting support. An example of this stepped data analysis procedure based on the data is provided in Table 3.

2.5.3 | Member check

After completing the analysis, a member check procedure was conducted with all participants individually for two aims. First, to determine whether the protocol reflected their view on the characteristics of problem- and solution-focused parenting support. Second, to determine whether the results reflected their parenting support practices (Merriam & Tisdell, 2016). All participants supported the protocol for analysis, and they recognized and confirmed the results of the analysis. No changes were needed due to this member check procedure.

3 | RESULTS

Each participant contributed one case of parenting support. Thus, in total, 10 cases of parenting support were recorded. Within these cases, a wide range of parenting problems was supported by the public health nurses. Eating problems, sleeping problems and interaction problems were most common. The cases varied in terms of the number of support sessions, ranging from one to four sessions per case. Moreover, each session varied in length (range: 30–90 min) and in the number of professional messages that could be identified and analysed (range: 29–181 messages). In sum, 1534 professional messages were suitable for analysis. The rigour of the results presented was established by the saturation of factual, expressive, relational and appealing aspects of parenting support within six cases of parenting support. This data saturation was confirmed by the analysis of four additional cases.

3.1 | Stages in parenting support

All stages of parenting support emerged from the transcripts (i.e., assessment, definition, implementation and evaluation stage). The public health nurses used the stages in an iterative way. Not every individual case exhibited all stages of the parenting support process. Overall, the assessment stage and the implementation stage dominated all parenting support sessions. The iterative application of the different stages in one session is illustrated in a case (R10) in which the parents described their parenting problem as their two children not getting along, which caused a lot of tension for all family members.

R10:

Assessment stage

Nurse: So, you experience a negative atmosphere in your family interaction? What have you already tried?

Definition stage

Nurse: So, actually, what you are telling me is that there is a lot of negative attention in your family that leads to a negative atmosphere. Especially around breakfast and dinnertime.

Assessment stage

Nurse: And what do you do when they cross your parenting borders?

Definition stage

Nurse: So, actually, she does not want to do things you ask of her, because she has made up her mind and your appeal does not fit into her own ideas.

Implementation stage

Nurse: What you should do in such a situation is create clarity. It will be stage different at some times. Therefore, you need to be clear to her in advance, that's what she needs.

Evaluation stage

Nurse: I would like to plan another session with you sometime next week.

3.2 | Problem-focused characteristics of parenting support

Within all cases and in all stages of the recorded parenting support cases, the factual, expressive, relational and appealing aspects of the professional messages were mainly characterized by problem-focused features (i.e., 1525 of in total 1534 messages). The most common problem-focused factual aspects coded were *problem* and *professional advice*. Both factual aspects were used in all stages of the support. The main expressive, relational and appealing problem-focused aspects coded in all stages of support were, respectively, *professional as an expert*, *parent as a source of information* and *cooperation*. These problem-focused characteristics are illustrated by a case of a public health nurse (R4) supporting parents who perceived their child as being rude in family interaction. This nurse started the first session with an extensive problem assessment, assessing the problem, its causes and the actions of parents to solve the problem. The questions were initiated from a professional perspective and parents were expected to cooperate, that is, to answer the questions to provide the professional with information to enable professional reasoning and judgement. The words in bold style refer to the problem-focused factual aspects of each message.

R4:
Nurse: So, what is **the problem**? Can you tell me more about **that**?
…
Nurse: Could you perhaps give **an example**?
…
Nurse: You mean **a reply**?
…
Nurse: It is about **obedience** then?
…
Nurse: And when did **this** start?
…
Nurse: And does **it** get worse or does **it** remain the same?
…
Nurse: Can you relate **it** to something? Does **it** relate to your behavior or to what has happened or not at all?
…
Nurse: Are there moments that **the situation** is different, for example when she returns from preschool? That **it**'s worse or that **it** has improved?
…
Nurse: What have you already tried in order to solve **this problem**?
…

3.3 | Solution-focused characteristics of parenting support

Of all 1534 analysed professional messages, 11 messages were interpreted as solution-focused on one or more aspects of that message. For example, asking for goals in the assessment stage in terms of the *preferred future* was identified as a solution-focused factual aspect. The expressive, relational and appealing solution-focused characteristics that were identified were, respectively, *professional attitude of not knowing*, *grounding*, *parent as expert* and *cocreation*. These characteristics are illustrated in a case in which the eating behaviour of a child was presented as a huge problem by the parents (R6). This case started with a thorough assessment of the problem and the way parents had handled it so far. During this assessment, the parents began to realize that a lot had already changed for the better. They started to become more positive and hopeful. The stages presented are the definition and the implementation stage of this session. The sentences in bold style illustrate solution-focused support by a focus on *solution*, *grounding*, giving *compliments* and a *professional attitude of not knowing* in consecutive messages.

R6:
Nurse: What do you think? To my opinion you are telling me that the situation is better than it ever was before.
Mother: yes, it has never been this good!
Nurse: **What do you think should happen now? What do you think is necessary in your situation?**
Mother: Well, my ideal is that she eats what she needs as a 6-year-old.
Nurse: **That a good one. You emphasize 'as a 6-year-old'. Well, let us find out what a 6-year-old should eat.**

3.4 | Interpreting factual aspects

Some factual aspects could be identified in both problem- and solution-focused parenting support messages; for example, *compliment* and *professional advice*. Messages containing these factual aspects were interpreted as either problem-focused or solution-focused, depending on the nature of the associated expressive, relational and appealing aspects. The next session illustrates how a message containing the factual aspect *compliment* was interpreted as entirely problem-focused, because the *professional* presented herself *as an expert* providing a lot of *professional advice* without *grounding*. The case (R5) is about a child asking for maternal attention in a negative way. The compliments in this conversation are presented in bold style.

R5:
Nurse: So, you really would like to know where this negative behavior came from.
…
Nurse: Sometimes it is hard to find out. There could be multiple factors. His world is getting larger, he is at school now, he starts to develop certain feelings about how to cope with situations, his baby brother was born, and you have stayed in the hospital for a few days … It could be that a combination of these factors have an impact on his feelings. With children, it is often hard to determine a specific cause. What you can do, **and actually you are already practicing it**, is to really listen to your gut feeling. This is probably the best way of finding out what is happening and how you can help him.
…
[Mother gives an example of what she has tried.]
…
Nurse: **Super!**
…
[Mother gives another example of what she has tried.]
…
Nurse: **Very good, yes!** Children can ask for attention in two different ways. First, cute and positive. Then, you can give them a compliment. But children can also ask for attention in a negative way.
…
Nurse: I think he wants your full attention. Therefore, having small conversations with him, **like you already do, is very good**. Possibly, you can do that more often.
…

3.5 | A combination of expressive, relational and appealing characteristics

Other text fragments presented combinations of problem-focused and solution-focused expressive, relational and appealing aspects. In the following example, which is from the case in which a child asked for maternal attention in a negative way (R5), the *progress of support* was coded as the factual aspect. The professional took a solution-

focused *stance of not knowing* (expressive) and asked the parents how they would prefer to proceed (relational: *parent as expert*). These aspects were interpreted as solution-focused. Moreover, the professional made an explicit appeal to the parents to contact and inform her about their progress. This appealing aspect was interpreted as problem-focused. In the example, the underlined words illustrate the problem-focused appealing aspect, and the words in bold style illustrate the solution-focused factual, expressive and relational aspects.

R5:
Nurse: **How would you like to proceed?**
Mother: Well, how long, yes … First, I have to put it into practice. I do not know how much time I will need …
Nurse: Let us do it this way. What if you contact me in a few weeks, **whenever you are ready?** First, **you can practice as long as you need** and then you call me or email me …
I would appreciate it if you could inform me about your progress.
…

4 | DISCUSSION

The aim of this study was to identify the problem-focused and solution-focused characteristics of parenting support provided by public health nurses in the Dutch YH, 3 years after solution-focused parenting support was implemented.

The literature indicates that problem-focused parenting support is equally effective on solving typical parenting problems but more time-consuming than a solution-focused approach (Bond, Woods, Humphrey, Symes, & Green, 2013; Gingerich & Peterson, 2013; Kim, 2008; Stams, Deković, Buist, & de Vries, 2006). According to a solution-focused point of view, knowledge about the problem and its causes does not provide knowledge about the solution. Moreover, putting the parents' perspective at the heart of the support process, as is typical for solution-focused support, adds to a problem-solving approach by increasing parents' motivation, confidence and problem-solving competences (Rapp, Saleebey, & Sullivan, 2005).

Our findings show that both problem-focused and solution-focused features are present in current professional parenting support in the YH. However, in all stages of support, problem-focused characteristics were found to dominate in the nature of professional messages. In particular, the performance of an extensive and time-intensive problem assessment and the offering of professional advice from the professional's perspective were notable in all cases. These characteristics are typical for a problem-focused support approach.

In this study, parenting support sessions were recorded by the public health nurse using a small unobtrusive audio recording device. These recordings were transcribed verbatim. This method of gathering and processing data adds to the internal validity of the results of this study. First, the data represented professional support in its most natural occurrence. Second, the detailed transcriptions enabled the assessment of the interrater reliability as performed by different researchers.

Despite the fact that audio recordings are favourable for securing the natural setting over video recording and specifically over the presence of an observer at the scene, the absence of these might also have limited the collection of relevant data. First, visual information would have made the researcher more familiar with the specific context of parenting support. Consequently, a more detailed description of this context could add to the external validity of this study (Merriam & Tisdell, 2016). However, the apparent differences between the contexts of the cases recorded that could be retrieved from the transcripts (i.e., location of support, family characteristics and family composition) did not result in different problem-focused and solution-focused support characteristics. Therefore, it is assumed that these contextual differences do not influence the problem-focused or solution-focused nature of professional parenting support in the YH. Second, a consequence of audio recordings is that nonverbal aspects of communication could not be observed. Although verbal and nonverbal communication are theoretically inseparable in the meaning-making process, encoding nonverbal communication is by definition viewed as complex (Bavelas & Chovil, 2000). Moreover, distinctive descriptions of nonverbal aspects in both problem- and solution-focused approaches are lacking. Given these complexities, a reliable interpretation of nonverbal communication as problem or solution-focused could not be expected. That is why audio recording seemed the best data collection method for this study.

The stepped analysis procedure in this study was complex. Theoretical knowledge about both approaches was prerequisite for the application of the coding protocol, for the interpretation of expressive, relational and appealing aspects of support and for equal contribution to discussions during interrater agreement procedures. The interrater agreement procedure was performed in two stages, involving four different researchers. Intense discussions contributed to an improved coding protocol. This thorough procedure added to the validity and reliability of the process and results of this study (Leung, 2015).

To the best of our knowledge, this is the first time that the problem-focused and solution-focused characteristics of professional parenting support communication were studied so thoroughly, using a qualitative content analysis. In current reviews on the effectiveness of solution-focused parenting support, the lack of fidelity measures is reported as a common limitation. Moreover, in cases where fidelity was measured, these claims primarily rested upon professional self-reports (Bond, Woods, Humphrey, Symes, & Green, 2013; Gingerich & Peterson, 2013). In this study, during the member check procedure, participants indicated that they had expected their parenting support to be more solution-focused. It is known that incompetent professionals tend to overestimate their competences (Hulsman, Ros, Winnubst, & Bensing, 1999; Kruger & Dunning, 1999). Therefore, identifying problem-focused and solution-focused characteristics directly from the professional support communication adds to the fidelity claim of solution-focused parenting support (Hulsman, Ros, Winnubst, & Bensing, 1999; Mowbray, Holter, Teague, & Bybee, 2003).

Although no conclusive inferences can be made due to the design of this study, results indicate that the impact of training public health nurses, followed up by two additional peer supervision sessions, on applying solution-focused parenting support seems to be limited. While some professional messages contained solution-focused characteristics, overall, the nature of parenting support remained problem-focused. This is in line with our expectations based on existing implementation and transformative learning theories. To facilitate a shift from problem-focused to solution-focused parenting support, policy makers should acknowledge that, besides system level changes, an long-term complex process of transformative professional learning during the different stages of implementation should be facilitated in order to change their perspectives, assumptions and, consequently, their support behaviour (Cullinane, Martin, Peelo, & Duggan, 2005; Grol & Wensing, 2013; Henderson, 2002; Mezirow, 1997, 1998). Insight in, and deep understanding and acceptance of solution-focused parenting support are first steps for intrapersonal perspective change. Stage four of implementation 'Change' as distinguished in the model of Grol and Wensing seems crucial for subsequent actual behaviour change and in-depth internal transformation of professionals. Experimenting with new behaviour, critical reflection and continuous improvement are at the core of this stage. When professional experiences within this stage are positive, chances of sustainable implementation will improve (Grol & Wensing, 2013; Henderson, 2002; Mezirow, 1997, 1998). Our further research will focus on how the transformation of public health nurses towards solution-focused parenting support can be stimulated, within each stage of implementation, using an action research methodology.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS APPROVAL STATEMENT

The procedures in this study were approved by the Ethical Review Board of Tilburg University (Reference number: EC-2017.05).

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REFERENCES

Bavelas, J. B., & Chovil, N. (2000). Visible acts of meaning: An integrated message model of language in face-to-face dialogue. *Journal of Language and Social Psychology*, *19*(2), 163–194. https://doi.org/10.1177/0261927x00019002001

Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990–2010. *Journal of Child Psychology and Psychiatry*, *54*(7), 707–723. https://doi.org/10.1111/jcpp.12058

Carr, A., Hartnett, D., Brosnan, E., & Sharry, J. (2017). Parents plus systemic, solution-focused parent training programs: Description, review of the evidence base, and meta-analysis. *Family Process*, *56*(3), 652–668.

Cullinane, B., Martin, F., Peelo, W., & Duggan, A. (2005). Make it Happen: Six Steps to Successful Parenting, a Pilot Project. Dublin: HSE Area Four Community Work Service. In T. Walsh (Ed.), 2010*Solution-focused helper: Ethics and practice in health and social care*. Maidenhead, Berkshire: McGraw-Hill Education. Available at. http://ebookcentral.proquest.com/lib/uvtilburg-ebooks/detail.action?docID=650334 accessed 16 June 2020

De Jong, P., & Berg, I. K. (2013). *Interviewing for solutions* (Fourth ed.). Belmont, USA: Brooks/Cole.

De Shazer, S. (1988). A requiem for power. *Contemporary Family Therapy*, *10*(2), 69–76. https://doi.org/10.1007/bf00896586

De Shazer, S. (1989). Resistance revisited. *Contemporary Family Therapy*, *11*(4), 227–233. https://doi.org/10.1007/bf00919462

De Shazer, S. (1997). Some thoughts on language use in therapy. *Contemporary Family Therapy*, *19*(1), 133–141. https://doi.org/10.1023/a:1026170718933

Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, *41*(3–4), 327–350. https://doi.org/10.1007/s10464-008-9165-0

Dutch center for youth healthcare. (2018). Operational framework youth healthcare. Utrecht. Available at: https://www.ncj.nl/themadossiers/uitvoeringskader/basispakket-jgz/ (accessed 17 January 2019).

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*(4286), 129–136.

Gingerich, W. J., & Peterson, L. T. (2013). Effectiveness of solution-focused brief therapy: A systematic qualitative review of controlled outcome studies. *Research on Social Work Practice*, *23*(3), 266–283.

Grant, A. M. (2012). Making positive change: A randomized study comparing solution-focused vs. problem-focused coaching questions. *Journal of Systemic Therapies*, *31*(2), 21–35.

Grol, R., & Wensing, M. (2013). Effective implementation of change in healthcare: A systematic approach. In R. Grol, M. Wensing, M. Eccles, & Davis (Eds.), *Improving patient care: The implementation of change in health care* (pp. 40–63). West Sussex: Wiley Blackwell/BMJ Books.

Henderson, G. M. (2002). Transformative learning as a condition for transformational change in organizations. *Human Resource Development Review*, *1*(2), 186–214. https://doi.org/10.1177/15384302001002004

Hulsman, R. L., Ros, W. J. G., Winnubst, J. A. M., & Bensing, J. M. (1999). Teaching clinically experienced physicians communication skills. A review of evaluation studies. *Medical Education*, *33*(9), 655–668. https://doi.org/10.1046/j.1365-2923.1999.00519.x

Kim, J. S. (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. *Research on Social Work Practice*, *18*(2), 107–116. https://doi.org/10.1177/1049731507307807

Knijn, T., & Hopman, M. (2015). Parenting support in the Dutch 'participation society'. *Social Policy and Society*, *14*(04), 645–656.

Krippendorff, K. (2012). *Content analysis: An introduction to its methodology* (Third ed.). Thousand Oaks, CA: Sage Publications.

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology*, *77*(6), 1121.

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, *4*(3), 324–327. https://doi.org/10.4103/2249-4863.161306

Lietz, C. A. (2011). Theoretical adherence to family centered practice: Are strengths-based principles illustrated in families' descriptions of child welfare services? *Children and Youth Services Review*, *33*(6), 888–893. https://doi.org/10.1016/j.childyouth.2010.12.012

Mayring, P. (2014). Qualitative content analysis: theoretical foundation, basic procedures and software solution, Klagenfurt. Available at: http://nbn-resolving.de/urn:nbn:de:0168-ssoar-395173 (accessed 20 January 2017).

McAllister, M. (2003). Doing practice differently: Solution-focused nursing. *Journal of Advanced Nursing*, *41*(6), 528–535.

McHugh, M. L. (2012). Interrater reliability: The kappa statistic. *Biochemia Medica*, *22*(3), 276–282.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (Fourth ed.). San Francisco, CA: Jossey-Bass.

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, *1997*(74), 5–12. https://doi.org/10.1002/ace.7401

Mezirow, J. (1998). On critical reflection. *Adult Education Quarterly*, *48*(3), 185–198. https://doi.org/10.1177/074171369804800305

Mowbray, C. T., Holter, M. C., Teague, G. B., & Bybee, D. (2003). Fidelity criteria: Development, measurement, and validation. *American Journal of Evaluation*, *24*(3), 315–340. https://doi.org/10.1177/109821400302400303

Neipp, M.-C., Beyebach, M., Nuñez, R. M., & Martínez-González, M.-C. (2016). The effect of solution-focused versus problem-focused questions: A replication. *Journal of Marital and Family Therapy*, *42*(3), 525–535. https://doi.org/10.1111/jmft.12140

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

ParentsPlus. (2017). Delivering Parents Plus in a Quality Way. Available at: https://www.parentsplus.ie/delivering-parents-plus-in-a-quality-way/ (accessed 27 January 2020).

Polaschek, L., & Polaschek, N. (2007). Solution-focused conversations: A new therapeutic strategy in well child health nursing telephone consultations. *Journal of Advanced Nursing*, *59*(2), 111–119.

Public Health Act. (2008). Available at https://wetten.overheid.nl/BWBR0024705/2020-03-19 (accessed 18 January 2020).

Rapp, C. A., Saleebey, D., & Sullivan, P. W. (2005). The future of strengths-based social work. *Advances in social work: Special issue on the futures of. Social Work*, *6*(1), 79–90.

Roose, R., Roets, G., & Schiettecat, T. (2014). Implementing a strengths perspective in child welfare and protection: A challenge not to be taken lightly. *European Journal of Social Work*, *17*(1), 3–17. https://doi.org/10.1080/13691457.2012.739555

Kommunizieren lernen (und umlernen). Braunschweig 1977, blz. 9-100Schulz von Thun, F. (2010). *Hoe bedoelt u? Een psychologische analyse van menselijke communicatie (Derde druk)*. Groningen, Houten: Noordhoff Uitgevers. Edited by Maruschka Gijsen from: Psychologische Vorgänge in der zwischen-menschlichen Kommunikation. In B. Fittkau, H. M. Müller-Wolf, & F. S. von Thun (Eds.). Braunschweig: © Georg Westermann Verlag. 1977

Stams, G. J., Deković, M., Buist, K., & de Vries, L. (2006). Effectiviteit van oplossingsgerichte korte therapie: Een meta-analyse. = Efficacy of solution-focused brief therapy: A meta-analysis. *Gedragstherapie*, *39*(2), 81–94.

Toros, K., DiNitto, D. M., & Tiko, A. (2018). Family engagement in the child welfare system: A scoping review. *Children and Youth Services Review*, *88*, 598–607.

Triple P. (2019). Small differences, big changes. Course details. Available at https://www.triplep.net/glo-en/getting-started-with-triple-p/train-your-staff-population-approach/course-details/ (accessed 27 January 2020).

Wells, G., Shields, L., Hauck, Y., Bennett, E., & Johnson, K. (2014). Do we make a difference? Parents' and nurses' experiences of using a strengths–based, solution-focused approach to care. *Australian Journal of Child and Family Health. Nursing*, *11*(2), 5–10.

Wilkinson, J. M. (2012). *Nursing process and critical thinking* (Fifth ed.). Upper Saddle River, New Jersey: Pearson.

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