

**Research Note**

# Basic Skills Required to Change Complaints into Solutions in HIV Patients —A Case Study

Yumi OHSHITA

Faculty of Health and Welfare, Department of Human and Welfare,  
Prefectural University of Hiroshima

**Objective** : The purpose of this thesis was to provide an effective clinical social work practice model for HIV patients based on social constructionism. An example of how to address life problems of HIV patients by transforming their complaints into concrete solutions is shown.

**Materials & Methods** : The Coordinated Management of Meanings (CMM) theory was used to assess deviance amplifying feedback loops (DAFL), which were then altered by applying Solution Focused Brief Psychotherapy (SFBP) skills. Data were collected through a session with a subject, and the effectiveness of the approach was determined.

**Results** : Using the assessment framework and SFBP skills, the problems of the client were minimized, becoming minor challenges in his daily life. The assessment framework was useful in determining the recommended intervention point, while the SFBP skills were effective in focusing on this intervention point to promote alternative constitutive rules (cR) and regulative rules (rR). The client was able to control his problems as a result, thus allowing him to return to work. His social adaptation level also increased.

**Conclusion** : A clear area for intervention was illustrated in this case study. The approach involved minimal intervention in dealing with the client's life challenges, as well as facilitating the development of new social relationships. Such clinical social work practice can therefore be used to re-create and find solutions to complaints related to multiple problems.

**Key words** : HIV patient, constructivism, deviance amplifying feedback loop (DAFL), Solution Focused Brief Psychotherapy (SFBP), CMM theory

*The Journal of AIDS Research* 9 : 54–57, 2007

## 1. Introduction

Most HIV patients encounter a multitude of problems in their daily lives, ranging from medical and economic to interpersonal. From a social constructionism point of view, these problems develop in an arbitrary manner and consist of a number of construction rules. If the mechanisms of these rules were de-

termined, transforming them into solutions could be possible. In this thesis, an outline of the social work practice model and intervention skills undertaken for an HIV patient with multiple problems is described in a case study based on assessment of the construction rules of deviance amplifying feedback loops (DAFL). Solution Focused Brief Psychotherapy (SFBP)<sup>1)</sup> skills were chosen to improve the observed DAFL. As far as we know, this is the first time the possibility of combining this assessment framework and intervention skills has been discussed. The effectiveness of this approach is thereafter evaluated by analyzing the alternative feedback loops created by gathering data during a therapeutic intervention process with the client.

**Correspondence** : Faculty of Health and Welfare, Department of Human and Welfare, Prefectural University of Hiroshima, 1-71 Ujina Higashi 1chome, Minami-ku, Hiroshima-city, Hiroshima Prefecture, Japan 734-8558  
Fax : 082-251-9405

Received June 19, 2006 ; Accepted January 5, 2007

## 2. Materials and Methods

### 1) The Basic Framework of the Practical Theory

Coordinated Management of Meanings (CMM)<sup>2)</sup> was the basic methodology used to understand the rules related to construction of the client's multiple problems. Using this model, we can explain the mechanisms involved in creation of a client's complaints through communication processes.

HIV patients usually complain about the impossibility of choosing an appropriate action for a particular problem. Using this framework, the DAFL mechanisms creating interpersonal, medical and economic problems can be assessed as a set of constitutive rules (cR) and regulative rules (rR). Accordingly, by transforming the dynamics of the cR and rR, the client's DAFL mechanisms can be altered with the aim of diminishing his/her complaints. Here, to change the observed DAFL, and thus address the underlying problem, intervention skills were chosen based on SFBP.

### 2) The Assessment and Intervention Framework

Figure 1 shows a simplified outline of the assessment framework based on the CMM theory. In the CMM framework, the mechanisms of the DAFL can be explained by the dynamic feedback loop between the two types of rules (cR and rR). The cR are organized hierarchically into four different categories as follows<sup>3)</sup>: (1) *Life-script (L-S)*, a client's conception of self during social interactions in a life situation; (2) *Relationship (R)*, a client's conception of how and on what terms two or more persons engage with each other; (3) *Episodes (Ep)*, conceptions of patterns of reciprocated acts; and (4) *Speech Acts (SpActs)*, the relational meanings of verbal and nonverbal messages. The rR then guide the choice of action(s) depending on the cR.

### 3) Intervention Skills<sup>4)</sup>

One of the intervention skills used to transform the client's complaints into concrete problem definitions was descriptive questions. Descriptive questions encourage a client to explain the cR and rR of his/her complaints. As a result, possible points of change are highlighted. Next, reflective questions were used to determine the recommended point of change. Reflective questions are effective in altering a client's problem definition. Example reflective questions include miracle questions (asking the client to imagine that his/her problem has disappeared), exceptional questions (asking the client about a situation when his/her problems do not arise) and scaling questions (asking the client to rank aspects of a particular problem). By applying these skills, the recommended point of intervention and process of change are concretely explained.

### 4) Case Analysis<sup>5)</sup>

The client (T) was a 28-year-old HIV-infected male with multiple problems, one of which was medical: a somatoform disorder, which appeared after notification of his HIV status and development of a rectal disorder. The two most difficult symptoms associated with his disorder were bad stomachache and forgetfulness; his forgetfulness was exasperated by taking too many sleeping pills and pain medication to relieve his stomachache. The client was also experiencing economic problems: he was unable to work due to the above medical conditions, and therefore, had such a low income that he was unable to afford his high medical expenses. Third, he was experiencing interpersonal problems including low self-confidence and poor coping skills with regard to his medical-related problems. Retouch correction was performed with all information obtained based on the Act on the Protection of Personal Information.

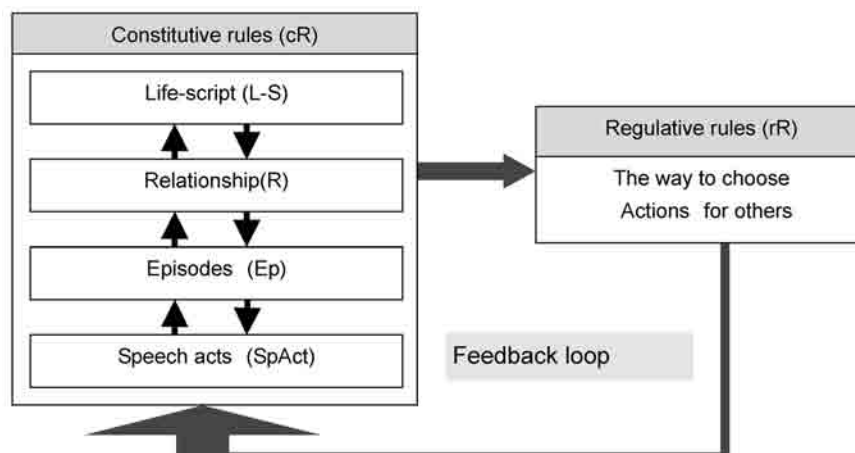


Figure 1 The framework of assessment and intervention.

a) Assessment

The client’s complaints were shown to be the result of the DAFL shown in Figure 2. Logically speaking, the DAFL mechanism was determined as follows : (1) the client reflects negatively on many experiences of pain (Ep) in his daily life ; (2) he is unable to alter his negative attitude because his Ep are the basis of his cR ; and (3) he is therefore not able to choose an appropriate action to deal with his symptoms of stomachache and forgetfulness (rR).

b) The Intervention Strategies

To decrease the effect of the Ep on his cR, the following intervention strategies were chosen : (1) focus on the main cause of his Ep (forgetfulness), (2) application of descriptive questions to describe his Ep, (3) application of reflective questions to alter his Ep, (4) help in encouraging the client to find a solution by himself, (5) help in encouraging the client to change his choice of actions, and (6) empowerment of the client through the above processes.

c) The Intervention Process

Descriptive question 1 :

- ① SW (social worker/the author) : Tell me what problem is causing you to take too many sleeping pills and pain medication?
- ② T : I forget many appointments and therefore can’t work (negative Ep).

Descriptive question 2 :

- ③ SW : What situations do you find problematic?
- ④ T : For example, if I answer a customer call in my office, I am often unable to remember what the customer has said. I can’t work in such a situation.

Reflective question 1 :

- ⑤ SW : How do you try and remember your daily schedule and obligations? For instance, how did you remember today’s medical appointment?
- ⑥ T : I take notes! (solving behavior) But sometimes I even forget that I have made notes. Today, when I got up, I thought, “What day is today?” On realizing it was Wednesday, I then opened my pocketbook and found I had a medical appointment (exceptional Ep).

Reflective question 2 :

- ⑦ SW : What do you think would happen if you used the same method in your office?
- ⑧ T : I think it’s a good idea, but I would also worry that I may forget that I took notes(negative expectation of Ep).

Reflective question 3 :

- ⑨ SW : If so, what do you think would happen if you gave your notes to someone else as soon as you took them?
- ⑩ T : I would be afraid that my co-worker would think I was troublesome if I continuously did so (negative expectation of social relationships).

Reflective question 4 :

- ⑪ SW : Which do you think your co-worker would find more troublesome : the fact that you didn’t convey a message or that you frequently remembered to do so?
- ⑫ T : It would be worse not to convey a message (positive expectation of Ep and social relationships).

Reflective question 5 :

- ⑬ SW : In that case, why don’t you try this method?
- ⑭ T : I will consult with my co-worker (emergent new problem-solving behavior).

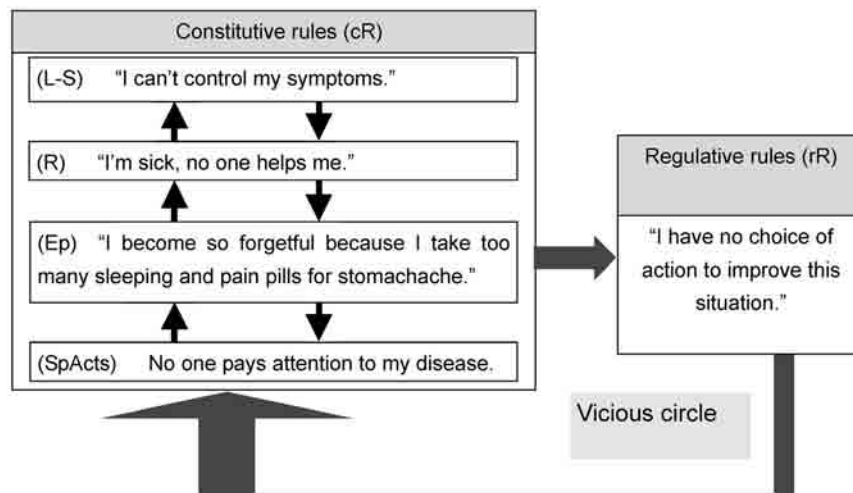


Figure 2 The client’s deviance amplifying feedback loops.

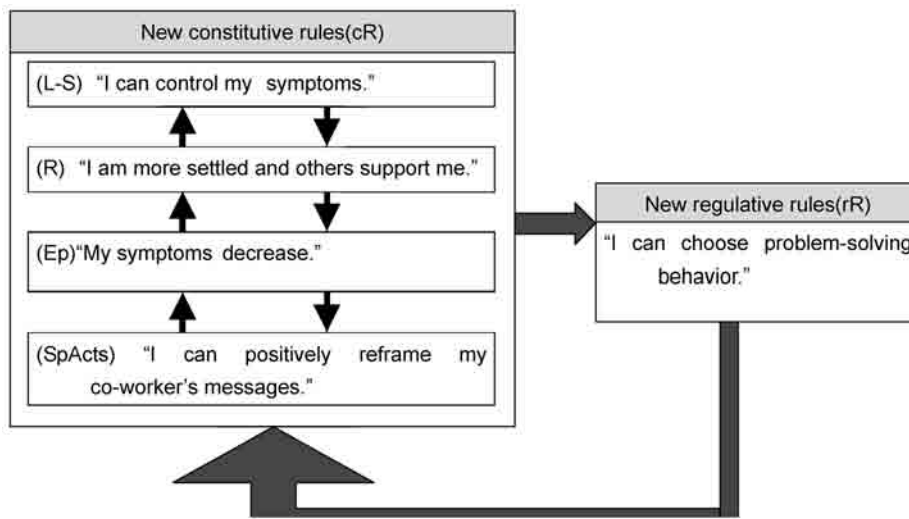


Figure 3 The altered DAFL resulting from intervention.

### 3. Results

Using the CMM-based assessment, a recommended intervention point (Ep) was chosen, and by applying descriptive and reflective questions to negative Ep ② and ④, the client was able to identify a successful solution ⑥. Accordingly, this was a trigger to change his negative cR. The repetitive nature of the reflective questions (⑦, ⑨, ⑪, ⑬) also allowed the client to easily describe his new relationship with a co-worker ⑭. In this situation, his cR were positive. Moreover, by applying reflective questions the client was able to determine an alternative choice of actions; thus, indicating a change in his ability to make choices regarding appropriate actions. As a result, he was able to trigger a change in his negative attitude (rR).

Through this intervention process, his DAFL changed as shown in Fig. 3. As a result, his complaint of forgetfulness disappeared and his stomachache decreased, he was able to control his symptoms and medication, and regained positive self-confidence, which allowed him to envision a more positive future. After this session, he was able to return to work, thus improving his economic problem. That is, as a result of changing the client's DAFL, his three major problems were improved and his social adaptation level was increased.

Despite remaining HIV positive, the client's condition has not developed into full-blown AIDS. One and a half years after the above intervention, the client's somatoform disorder completely disappeared, and his rectal disorder did so 2 years after intervention. At present, he remains well.

### 4. Conclusions

The effectiveness of using a combined model consisting of CMM and SFBP skills was illustrated in this case study. This approach involved minimal intervention in dealing with a client's complaints of multiple problems. Here, application facilitated the client in dealing with challenges resulting from his HIV status. Such clinical social work practice therefore has the power to re-create and find solutions to complaints associated with multi-problems.

**Acknowledgment :** I would like to express gratitude to my client who was willing to take part in this study.

### References

- 1) Berg IK, Family Based Services : A solution-focused approach, Norton, New York, 1994.
- 2) Cronen VE, Pearce WB : Systemic epistemology (Campbell D, Draper R eds), Applications of Systemic Family Therapy : The Milan Approach, Grune & Stratton, New York, 1985.
- 3) Cronen VE, Pearce WB, op. cit.
- 4) Miller G : Becoming miracle worker. Aldine De Gruyter, New York pp 68-69, 1997.
- 5) This case was analyzed by system theory at first in Japanese. Yumi Ohshita : Case analysis in social work practice (Kenji Kameguchi ed), Family Therapy, Mineruba Inc, Japan, pp 193-207, 2006. The same case was re-analyzed from point of social constructionism in this paper in English. This paper is rewrote thesis which was presented at Asian Pacific AIDS international conference.