

# Psychological Treatment for a BRCA gene mutation carrier in a Clinical Genetics Service using Solution Focused Therapy (SFT): – A Case Study

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Submitted: 12 Dec 2022 Accepted: 28 Dec 2022 Published: 31 Dec 2022

**Citation:** Clare Firth, Vishakha Tripathi (2022). Psychological Treatment for a BRCA gene mutation carrier in a Clinical Genetics Service using Solution Focused Therapy (SFT): – A Case Study. *Sci Set J of Med Cli Case Stu* 1(1), 01-05.

## Abstract

Solution focused therapy (SFT) has been successfully used with a range of physical health conditions and is often described as an empowering and optimistic therapy model. Some of the psychosocial issues that arise during the process of genetic testing include, dealing with the emotional impact of a genetic diagnosis, dealing with making difficult decisions and managing challenging health conditions. This case study describes the result of using SFT with a patient diagnosed with a BRCA2 gene mutation and prior to this a cancer diagnosis. The patient was referred for counselling after experiencing high cancer anxiety and low mood and was provided with 10 sessions of SFT over 12 months. The patient reported improvements in her mood and reduction in anxiety symptoms by the fifth session. After a small setback the patient showed further improvements after 5 more sessions, and several months following the end of treatment she reported that the improvements had been sustained. On a scale of 0-10 (with 10 being the best she could be feeling) she reported herself at a four at the start of therapy, and at a seven at the end. When asked for feedback about the treatment the patient reported that the sessions had helped her reconnect with her inner strengths and resources and that she felt more empowered to be able to manage similar issues in the future. It was felt by the authors that the SFT approach helped in particular by focusing on what the patient was already doing to help herself and then building on this, and also it helped by empowering her to use pre-existing strategies to manage her mental health. It was also felt that the SFT techniques of exploring and refining best hopes were particularly useful. Conclusion: This case study provided initial evidence for the utility of SFT in the field of clinical genetics, and might be helpful for clinicians during routine genetic appointments, or during longer term psychological interventions. Further investigation into the utility of this approach would be helpful.

**Keywords:** Solution focused therapy, genetics, cancer, anxiety, bereavement

## Introduction

Solution Focused Therapy (SFT) evolved from clinical practice in Milwaukee in the late 1980s [1]. Research studies have shown positive outcomes and that change can take place quickly, often over three to five sessions [3]. In physical health settings, SFT has been used successfully with a variety of conditions including cancer chronic pain and people with a range of longer term health conditions [4-6]. It is listed in the Department of Health's NICE Cancer guidelines for Supportive and Palliative Care and a recent systematic review of the effectiveness of SFT found that 74% of 43 controlled outcome studies reported significant positive results, and of the remainder 23% reported positive trends [7,8].

With regard to genetic counselling, Solution Focused Therapy could be useful to help deal with many of the situations that arise in genetic counselling appointments. For example, it could be used to increase health beneficial behaviours, help clients make complex and challenging decisions about managing genetic

risks, and help with specific difficult life situations and difficult illnesses and the emotional distress associated with them. This paper describes one particular client and how SFT was used to help her cope with the aftermath of a both genetic diagnosis and treatment for breast cancer.

The SFT approach focuses on positive change, whereby clients imagine their preferred future, and times when parts of it are already happening, rather than focusing on the problem itself. It asserts that by building on what's already working and helping the client identify what they want in their future then this helps the client to move forward and away from the problem. Change comes about through the clients' successful deployment of skills, strengths and resources with the focus remaining on the client's goal (s) that they bring to therapy without straying into other areas of their life, and this means that therapy tends to be briefer [2]. It also makes certain assumptions, such as the client always has the necessary skills and resources to solve their own problems and move towards their preferred future.

Key aspects of the approach include describing the 'preferred future', exploring past successes and exceptions (i.e. times when their preferred future is already happening) and asking people to notice positive signs of change. It also uses scales (usually 0-10) to help measure progress towards the preferred future. Generally, the approach adopts a curious, non-judgmental stance with an optimistic view, allowing clients to be their own expert on improving their lives

### Case Description

Sarah was a 47-year-old female diagnosed with a BRCA2 gene mutation and breast cancer in 2019. People who inherit harmful variants in this gene have increased risks of several cancers particularly breast and ovarian cancer, but also several additional types of cancer. They also tend to develop cancer at younger ages than people who do not have this variant.

Sarah was referred to the Genetics Psychology team by one of the Genetic Counsellors in the department for some emotional support due to her personal and family history of cancer and the emotional impact of this on her. The referral occurred approximately six months since she had been diagnosed with breast cancer and soon after being diagnosed with the BRCA2 gene mutation. At the time of the referral she had received the 'all clear' from cancer after completing double risk reducing mastectomy and Diep reconstruction and starting on endocrine therapy for the next five years. Prior to her diagnosis of cancer she had been working as a qualified holistic therapist specialising in therapeutic massage, Reiki, Mindfulness and Wellness Coaching. Due to her double mastectomy she could no longer continue with this vocation unfortunately due to pain from the surgery as well as fatigue and insomnia. She described herself as being fortunate however to still work at the GP practice as a social prescriber and administrative worker although she was currently taking a break while her health recovered. She enjoyed spending time with her family and friends and lived at home with her mother and her 11 year old son.

She attended her initial clinical psychology appointment with her mother and she described some difficult experiences of having witnessed several family members being diagnosed with cancer, including her father and sister who sadly passed away within a short time of each other. Also, her own experience of breast cancer had understandably left her with a strong fear about the cancer returning. At her first psychology session, she was asked about her best hopes from the appointment in line with the SFT model. She explained that she wanted to find some ways to reduce her worry about cancer returning. She went on to describe some concerns about her son, as she was worried that he might develop cancer when he got older. She was also worried about her brothers as they might also have inherited the same gene mutation. She spoke in general about wanting to encourage all her siblings to get genetic testing for themselves. She felt that as she got stronger in herself, then this is something she would try to tackle. She was then asked about what would be signs of feeling stronger in herself and she spoke about hoping to feel physically and mentally fitter after her surgery.

Sarah was then asked to rate her mood from zero-10 with 10 be-

ing the best it could be and zero being the worst, and she scored herself at a four out of 10. She was asked about what was already helping, i.e., how come it wasn't any lower than a four? She said that she was feeling somewhat positive about the BRCA gene diagnosis despite the implications of it, as she felt that it had been useful in guiding her cancer treatment. She also mentioned that having had a double mastectomy had already reduced her cancer anxiety to some extent. She mentioned that she felt that time would 'heal', and so she was asked where this feeling came from, keeping in line with a SFT principle of expanding on signs of hopefulness. She spoke about already feeling that she was making a little progress in her recovery since her operation and so she was asked how this had happened. She then mentioned that over time she was physically starting to make progress and also that the meditation and prayer that she was doing was helping her mentally. Her mother, who attended the initial session with her, spoke at this point about feeling that Sarah would be a good positive role model for her siblings. This was explored further and her mother felt that Sarah had successfully survived her cancer treatment as she had done well to cope with it mentally. At the end of the session it is usual to sum things up and give some compliments so the therapist reflected on her ability to cope with everything that Sarah had gone through so far and being resourceful in using strategies such as meditation and in general coping well mentally. She was also complimented on her thoughtfulness about her family and her ability to see the positives in the genetic diagnosis.

At Sarah's second session she was asked what had been better since her previous session, a common SFT opening question. She reported that she felt that her physical pain was a little more reduced and she was being able to be more active. She also reported that her son had gone back to school after the summer holidays and had made a good start, something that she had been concerned about. She also had managed to visit her work one day and this had given her hope that she could manage going back to work in the future. Her scale score was at a 5/10. She was complimented about the proactive steps that she had taken with the work situation and in noticing her pain reduction and being more active.

She then described a 'battle' in her head about the anxiety of the cancer returning and wanting to feel more positive about life and enjoying it more. The therapist asked her to expand on what enjoying life more might look like and she said that she would like to have a more positive relationship with her son. She insightfully spoke about wanting to be able to be more encouraging of him and supporting him from 'a loving and positive place'. When she was again asked about what this would look like, she spoke about wanting to give him 'choices' rather than 'directives' and speaking to him in a quieter voice. She also spoke about how she wanted to have more of a purpose in life, in order to make her father and sister proud. This was explored further and she felt that getting back to the work that she found most meaningful i.e., her holistic therapy would be helpful in this respect.

At the end of the session the therapist repeated the reflections that Sarah had done really well to manage things during the last month, particularly taking the proactive steps to visit her work-

place and supporting her son with going back to school. It is also often helpful to ask for feedback at the end of the session and Sarah said that the session had been useful however at the next session she'd like to receive some advice about particular strategies for managing her anxiety.

At session three Sarah reported feeling a bit better compared to the previous session. She said that since this session she had been remembering for herself some anxiety strategies that she used to do, such as breathing exercises. She had also had been thinking that her anxiety was partly based on some financial concerns due to having to take time off work, however since she was taking steps to start to go back to work she was starting to feel better in this regard. Things with her son were also going better as she was starting to give him more responsibility and modify how she was speaking with him, and this was going well. Her scale score was at a seven or eight out of 10 and she described now feeling 'excited about life'. The therapist asked about what things would look like if her scale score one point higher and she felt this would be maintaining her progress and also getting better at time management. The therapist reflected on being impressed by her ability to remember her anxiety strategies and also to change her approach with her son which had clearly had a good impact. She said that she didn't need to discuss any other anxiety strategies as she felt that she had enough to be helping her for now based on what she was already doing.

At appointment four Sarah again reported coping well and recounted lots of positives including more meditation and being more relaxed with her son. An SFT question was asked about what difference this was making and she described having a better relationship with her son, and that she was giving him more trust, independence and choices. She also mentioned that she'd been prioritising her values and putting her family first by cutting back on some of her community duties which was allowing her to rest and recover properly. She still spoke about a fear of cancer recurrence and so a coping question was asked about how she was managing this so far and she talked about trying to 'hold positive thoughts' in her mind about surviving. She was also trying to live her life with 'no regrets' and that this had steered her decision to prioritise spending more time with her family. She was asked if she wanted another appointment and she opted to come back for a follow up appointment in three months to review how she was coping.

At the time of her sixth appointment the UK was in the midst of the corona virus pandemic and Sarah described a set-back in terms of how she felt that she was coping. She described that the month of March was usually a difficult time of year anyway with the anniversary of her father and sisters' passing away, and now the COVID outbreak was making her health-related anxiety much worse. She was having to home-school her son and provide extra care at home to her mother who had been living with dementia for several years and her condition was deteriorating. As a result of these extra duties she was feeling guilty about not spending so much time with her friends and not being there enough to help them. She also described again the sense of pressure of wanting to achieve something important and meaningful in her life, in order to make her father and sister proud of her.

She was generally feeling a huge sense of cancer anxiety and had a strong feeling that she might die this year.

Approaching the conversation in an SFT way, after empathising with how she was feeling and her situation, Sarah was asked how she was getting through and what had she been managing to do despite how she was feeling, particularly with the extra demands on her time. She talked about still communicating with her family abroad, and coping with the challenges of home-schooling as well as still cooking for her family and trying to do fun activities with her mother. Her scale score was a three out of 10, and when she was asked, 'how come it wasn't any lower?' she revealed that she was still able to get up out of bed, 'put a smile on my face' and have a shower. She was asked about next small steps that she would hope to see in the future, and she that that she wanted to get back to doing her daily meditations, as well as write a letter to her friends explaining why she was not able to support them as much as she'd like to. The therapist commented on about how well she was doing to still manage to do these things and remain so thoughtful towards other people. She was also asked again about what sort of life she wanted to live in order for it to feel meaningful and how could she live it to the best possible degree despite the fear of cancer hanging over her. She described that actually spending time with her immediate family (as she was already doing) constituted a meaningful life and to have happy times with them was really most important. It was therefore suggested to her to carry on focusing on these things, and not to dwell on what she wasn't managing to do.

Over the next few appointments six-10 Sarah steadily reported more improvements, feeling calmer and more relaxed. She was doing really well to draw on her pre-existing ways of managing her anxiety such as breathing techniques and mindfulness. She felt that sessions were helping her not feel too guilty about what she wasn't able to do and reported that this was taking the pressure off. She had been challenging her anxiety about cancer and dying, and was starting to understand that her fears were at times not based on reality and she was able to keep reminding herself that she was cancer free. At the same time she was trying to live life 'more in the moment' and keep enjoying spending time with her family. She was also trying to be easier on herself in general, while at the same time trying to be more consistent in her ways of managing her anxiety and depression by getting into a regular routine with her meditation. She was continuing to use prayer as well as activities such as art and sewing to her help with her mood. At her last session she rated her mood as a seven out of 10 and she was considering resuming her vocation as a holist therapist as well as doing further training in Mindfulness and Wellness Coaching to enhance her skills. The sessions ended on a positive note and Sarah felt ready to be discharged with the knowledge that she could be re-referred in the future if necessary.

#### **Sarah's comments – five months on:**

Sarah was contacted for consent to this article being published several months after treatment ended and in her response she also chose to provide some feedback about the service. She commented that, "the psychological services, support and expertise are invaluable, fundamental and empowering to me and other

patients to help improve our mental health, wellbeing and ability to navigate through and move forward from a cancer diagnosis - especially genetic related cancers. The sessions helped me to feel, deal and heal from deep rooted issues, and empowered me to handle similar issues when they arise (e.g. re: recent deaths in the family) [14]. The impactful sessions enabled me to fully recognise, embrace and work through my fears and anxieties, reconnect with my strengths, wisdom and courage, enabling me to accept, navigate and move beyond my genetic cancer diagnosis, recovery plus the pandemic. Five months later I'm focusing on improving and sustaining my mental, physical and spiritual health by continuing with my Mindfulness/Meditation and Prayer practices, reading inspirational material, cooking and eating well, also I have started exercising regularly again, plus continuing with developing my therapies. This will enable me to resume my therapies in January with greater sustainable confidence, strength and holistic health”.

## Discussion

This account showed evidence that SFT was useful for this patient with psychological difficulties as a result of her genetic diagnosis and it supported the view about the empowering nature of the approach. As often happens during therapy sessions, clients come to sessions asking for advice or strategies to help them deal with certain feelings or situations and end up being able to draw on their own resources to help with these. In this case, during the course of her sessions Sarah rediscovered her previous strategies to deal with anxiety, and as she put it, ‘reconnect with my strengths’, rather than relying on suggestions from an external person. In line with this, Simm, Iddon & Barker [5] talk about how SFT approaches help the clinician to tap into patient expertise, enhancing self-efficacy and empowerment. Similarly, De Jong & Berg [9] discuss how the solution-focused process empowers clients so that they feel able to make decisions and act on their skills within the contexts they live. On the whole, rather than dwelling on an individuals’ weaknesses and limitations SFT works by concentrating solely on an individual’s strengths and possibilities which helps them move forward. It also allows people to improve at their own pace therefore removing any pressure that people may put on themselves to ‘get better’.

The other element of this work which may have been particularly helpful for Sarah was to encourage her to envisage a clear and detailed picture of her future and how things would be better once change happens. Improvements are thought to occur by allowing the client to ‘rehearse’ the future making it more likely to happen [10]. It also allows the client to focus upon a different and more optimistic future, thereby creating an expectation of change and a sense of optimism about the future [11]. This was felt to be particularly useful when Sarah expressed concerns about her relationship with her son and was asked to expand on her best hopes around this relationship. The next week she returned to therapy reporting good improvements in line with those that she had described.

Linking in with this, it was apparent that Sarah’s goals of therapy broadened out over the course of the sessions to include many different areas of her life such as relationships with family and friends and her work ambitions. It has been commented that the

client-led nature of SFT, and the types of questions used, encourages participants to set holistic goals relating to many different areas of their life [12]. Also, this case study highlights that goals can change from session to session and so it is often worth revisiting best hopes as therapy progresses [13].

There was a setback in the therapy at the sixth session when Sarah was experiencing increased anxiety exacerbated by the COVID pandemic and the anniversaries of her bereavements. She was also experiencing a sense of guilt at not being able to take on her usual roles with friends and the community and a huge pressure to achieve ‘something important’ in her life. It is hypothesised that the compliments provided to her at the end session six were useful to help her acknowledge what she was still able to do, and helped to reduce her sense of burden and guilt in relation to her caring roles. When she was asked about what a meaningful life would look like to her, it seemed to allow her to reconnect with her life values and purpose, enabling her to see what she was already achieving and helping her to build on this even further. It may have been that this also inspired her to address her long standing anxiety (without support from the therapist) about cancer recurrence and appraise her feelings from a different stance, thereby changing change her beliefs.

Throughout therapy it felt important to acknowledge and empathise with Sarah’s situation and feelings and this is in line with writings that when using solution focused therapy with health conditions, the therapist’s needs to be sensitive to feelings of distress and difficulty as the person adapts to an uncertain future, while trying to help them imagine a future of living well with the condition [12]. Focusing on the future is thought to help to instil hope in situations where patients could feel overwhelmed by their medical conditions [6]. However, it’s important to take care when discussing a person’s preferred future, in order to make sure that their future hopes are realistic [12]. Similarly Bray talks about cancer patients learning to live with uncertainty rather than aiming to have no uncertainty in their lives, as they often face a future with the possibility of cancer recurrence. Ratner, George & Iveson suggest that this is more effective when best hopes are located in the client’s current life [14,15]. In Sarah’s case therefore, she was asked about her hopes’ relating to specific issues that she came up with during sessions and the aim of therapy was never to reduce the anxiety entirely, rather to help her live a fulfilling and purposeful life despite it.

On another note, it is known that emotional states can greatly influence an individual’s perception of their capabilities, and that therefore positive mood enhances self-efficacy [16]. Positive emotions can also lead to greater creativity in problem solving outlined in Fredrickson’s ‘Broaden & Build’ Theory. In this case, the possible creation of positive emotions during sessions through reinforcement, compliments and respectful acknowledgement of the client’s strengths may have led to increased positive mood, leading to the creation of a more positive and creative mind-set. Furthermore, in terms of therapeutic alliance, SFT helps to foster a collaborative relationship and clients often report feeling relaxed and enjoying the sessions as well as feeling listened to and valued because the sessions are client directed. This is important because alliance has been linked to positive



therapeutic outcomes In the present study, allowing the patient to set the therapeutic pace and accepting her goals were felt to be important in building a good working alliance [17-19].

### Limitations and future directions

Being a single case report, the generalisability to other cases within the field of genetics is limited, therefore more investigation would be helpful to further establish the effectiveness of SFT in this area looking at different genetic conditions, different psychosocial issues as well as different patient demographics. It would also be useful to include standardised outcome measures on psychosocial outcomes and patient satisfaction to provide further evidence of effectiveness. Also, while Sarah commented after therapy that she felt empowered to handle similar issues when they arise in the future, it would be useful to explore this further with an even longer term follow up with more patients. Other research in different fields shows that gains from solution focused therapy can be usefully maintained however it would be useful to explore the evidence for this in this particular field [6].

### Conclusion

This report showed that SFT was successful in this case as it provided good results which lasted a few months after the end of treatment. It seems to be an empowering approach which was experienced favourably by the patient in the case study. As there is little existing data about how psychological approaches can help with clinical genetics patients to date, this case report therefore provides useful initial evidence that SFT techniques could be helpful with similar psychological issues experienced by clinical genetics patients. It is anticipated that it could be adapted to be used by genetics clinicians during routine genetic appointments, or used for longer term psychosocial interventions. More research into its efficacy would be useful.

### Conflict of Interest Statement:

The authors declare no conflict of interest.

### References

1. De Shazer S, Berg IK, Lipchik E, Nunnally E Molnar, et al. (1986) Brief therapy: focused solution development. *Family Process* 25: 207-221.
2. Macdonald AJ (2012) Blog: Evaluation list 4.12.11. Retrieved 23/11/18 from: <http://blog.ebta.nu/wp-content/uploads/2012/08/SFBTEvaluationlist120416.pdf>
3. Macdonald AJ (2011) Studies of outcome in solution-focused research since 2007'. *Context: newsletter of association for family therapy*, 118: 31-35.
4. Neilson-Clayton H, Brownlee K (2002) Solution-focused brief therapy with cancer patients and their families. *Journal of Psychosocial Oncology* 20: 1-13.
5. Simm R, Iddon J, Barker C (2014) A community pain service solution-focused pain management programme: Delivery and preliminary outcome data. *British Journal of Pain* 81: 49-56.
6. Carr SM., Smith IC, Simm R (2014) Solution-focused brief therapy from the perspective of clients with long-term physical health conditions. *Psychological Health Medicine* 19: 384-391.
7. Department of Health (2004) NICE Cancer guidelines for Supportive and Palliative Care. Retrieved from: <https://www.nice.org.uk/guidance/csg4/resources/improving-supportive-and-palliative-care-for-adults-with-cancer-pdf-773375005>
8. Gingerich WJ, Peterson L (2012) Effectiveness of solution-focused brief therapy: a systematic qualitative review of controlled outcome studies. *Research on Social Work Practice* 23: 266-283.
9. De Jong P, Berg IK (1998) *Interviewing for Solutions*. Pacific Grove, CA: Brooks/Cole Publishing Co. doi:10.1159/000439217
10. McCanny G (2009) Solution focused brief therapy. Retrieved 1/28/2021 from: <https://www.counselling-directory.org.uk/memberarticles/solution-focused-brief-therapy>
11. Reiter MD (2010) Hope and expectancy in solution-focused brief therapy. *Journal of Family Psychotherapy* 21: 132-148.
12. Northcott S, Burns K, Simpson A, Hilari K (2015) Living with aphasia the best way I can": a feasibility study exploring solution focused brief therapy for people with aphasia. *Folia Phoniatrica et Logopaedica*, 67: 156-167.
13. Michaeli D (2017) Solution Focused Therapy: Key Principles and Case Example. Retrieved 1/28/2021 from: <https://www.socialwork.career/2017/02/12-solution-focused-therapy.html>
14. Bray D (2005) A Solution Focused Intervention with a Nurse with Breast Cancer, *Solution News*, (1), 6-9.
15. Ratner H, George E, Iveson C (2012) *Solution Focused Brief Therapy: 100 key points and techniques*. Hove: Routledge.
16. Bandura A (1977) Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
17. Fredrickson B (2004) The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society London*, 359 (1449), 1367-1378. doi: 10.1098/rstb.2004.1512
18. Newsome WS (2005) The Impact of Solution-Focused Brief Therapy with At-Risk Junior High School Students. *Children & Schools*, 27 (2), 83-90. Retrieved 1/5/21 from: <https://doi.org/10.1093/cs/27.2.83>
19. Messer SB, Wampold BE (2002) Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice* 9: 21-25.