# Evidence for the efficacy of SFT and further reading

**META-ANALYSES**

Kim JS (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. Research on Social Work Practice 18:107-116. 22 studies; many factors examined. Small effects in favour of sft; best for personal behaviour change, effect size estimate .26 (sig. p<.05). Thus sft is equivalent to other therapies. (Dissertation: Examining the Effectiveness of Solution- focused Brief Therapy: A Meta-Analysis Using Random Effects Modeling. University of Michigan database. Up to 6.5 sessions required. Competence in sft requires >20 hours of training?) (jkim@ku.edu)

Stams GJJ, Dekovic 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):81-95. (Dutch; abstract in English). 21 studies; many factors examined. Small to medium effect size 0.37; better than no treatment; as good as other treatments. Best results for personal behaviour change, adults, residential / group settings. Recent studies show strongest effects. Shorter than other therapies; respects client autonomy. (G.J.J.M.Stams@uva.nl) (Short version of Stams 2006 and Kim 2008 in Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution-focused Brief Therapy: A Handbook of Evidence- Based Practice. Oxford University Press: New York 2011.)

**SYSTEMATIC REVIEWS**

Bond C, Woods K, Humphrey N, Symes W, Green L (2013) 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 doi: 10.1111/jcpp.12058.
38 studies included: 9 applied SFBT to internalizing child behaviour problems, 3 applied SFBT to both internalizing and externalizing child behaviour problems, 15 applied the approach to externalizing child behaviour problems and 9 evaluated the application of SFBT in relation to a range of other issues. Provides tentative support for the use of SFBT; particularly effective as an early intervention when presenting problems are not severe.

Lovelock H, Matthews R, Murphy K (2011) Evidence-based psychological interventions in the treatment of mental disorders: a literature review. Australian Psychological Association http://www.psychology.org.au/Assets/Files/Evidence-Based-Psychological-Interventions.pdf. SFBT shows Level II effectiveness for depression, anxiety and substance misuse.

In 2012 at least 100 publications were not in English (including over 60 in Mandarin from Taiwan alone) and others in Farsi, Finnish, French, German, Korean and Turkish. So this evaluation list confirms the value of the model but is no longer sufficient in itself.

Corcoran J, Pillai V (2007) A review of the research on solution-focused therapy. British Journal of Social Work 10:1-9. 10 quasi-experimental studies, all in English: included on the basis of: statistics / design / follow-up / numbers. Only 2 follow-up studies. Moderate or high effect size in 4 studies. Are qualified workers better than students? (jcorcora@vcu.edu)

Gingerich WJ, Eisengart S (2000) Solution focused brief therapy: a review of the outcome research. Family Process 39:477-498. Fifteen outcome studies: 5 strong, 4 moderately strong, 6 weak. (Updated version: www.gingerich.net). (wallace.gingerich@case.edu)

Gingerich WJ, Peterson LT (2013) Effectiveness of Solution-Focused Brief Therapy: A Systematic Qualitative Review of Controlled Outcome Studies. Research on Social Work Practice 23(3): 266-283. All available controlled outcome studies of SFBT: 43 studies were abstracted: 32 (74%) of the studies reported significant positive benefit from SFBT; 10 (23%) reported positive trends. The strongest evidence of effectiveness came in the treatment of depression in adults where four separate studies found SFBT to be comparable to well-established alternative treatments. Three studies examined length of treatment and all found SFBT used fewer sessions than alternative therapies. The studies reviewed provide strong evidence that SFBT is an effective treatment for a wide variety of behavioral and psychological outcomes and it may be briefer and therefore less costly than alternative approaches. (http://rsw.sagepub.com/content/early/2013/01/22/1049731512470859)

Kim JS, Franklin C (2009) Solution-focused brief therapy in schools: A review of the outcome literature. Children and Youth Services Review 31(4): 464-470. An extension of Kim (2008) examining 7 studies of sft in school settings. This review suggest that sft may be effectively applied with at-risk students in a school setting, specifically helping to reduce the intensity of negative feelings and to manage conduct problems and

externalizing behavioral problems. Age ranges for applications in schools appeared flexible, from 5th graders to older children and adolescents.

**PUBLISHED FOLLOW-UP STUDIES (122):**

**RANDOMISED CONTROLLED STUDIES (26)**

Babollah B, Khadijeh AS, Abolfazl K, Noorali F. (2011) The effectiveness of solution-focused therapy on reducing behavioral problems of the elementary and brief therapy and high school students at Sari. Counseling Research And Development 10(37);7-24. Pre-test and post-test on 16 elementary and 16 high school students of City of Sari; randomly selected; assigned in 2 experimental and 2 control groups. Children received 8 one hour weekly sessions; adolescent group received 8 1.5 hr weekly sessions. Results indicate that the solution-focused therapy method was effective on reduction the behavioral problems (externalizing) of children and adolescents.

Cockburn JT, Thomas FN, Cockburn OJ (1997) Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. Journal of Occupational Rehabilitation 7:97-106. 25 experimental: 6 sft sess vs 23 controls: standard rehabilitation. 68% experimental at work within 7 days at 60-day follow-up vs 4% controls. (f.thomas@tcu.edu)

Daki J, Savage RS (2010) Solution-Focused Brief Therapy: Impacts on Academic and Emotional Difficulties. Journal of Education Research 103: 309-326. 7 exp received 5 sf groups; 7 controls: academic support only. Significantly larger effect size on 26/38 measures in exp; only 10/38 for controls.

Froeschle JG, Smith RL, Ricard R (2007) The Efficacy of a Systematic Substance Abuse Program for Adolescent Females. Professional School Counseling 10:498-505. 32 exp / 33 controls; pre-test post-test design. 16 wkly sft group / action learning / mentoring. Drug use, attitudes to use, knowledge of drugs, home and school behaviour all improved significantly. (jefroeschle@msn.com)

Grant AM, Curtayne L, Burton G (2009) Executive coaching enhances goal attainment, resilience and workplace well-being: a randomised controlled study. J Positive Psychology, 4(5): 396-407. Training workshop for 41 executives; Group 1 (20): cbt/sf coaching at once; Group 2 (21): 10 week wait before coaching. Enhanced goal attainment, resilience and workplace well-being; reduced depression and stress once each group had completed the programme. (anthonyg@psych.usyd.edu.au)

Grant AM (2012) Making Positive Change: A Randomized Study Comparing Solution-Focused vs. Problem-Focused Coaching Questions. J Systemic Therapies 31(2): 21-35.
Random: 225: real problem and set a goal. Measures: positive and negative affect, self- efficacy, goal attainment. 108 problem-focused coaching questions; 117 solution-focused questions including the Miracle Question; then second set of measures. Both effective in enhancing goal approach; solution-focused group significantly greater increases in goal approach, positive affect, decreased negative affect, and increased self-efficacy; and generated significantly more actions steps to help them reach their goal. Although real-life coaching conversations are not solely solution-focused or solely problem-focused, agents of change should aim for a solution-focused theme.

Green LS, Grant AM, Rynsaardt J (2007) Evidence-based life coaching for senior high school students: building hardiness and hope.' International Coaching Psychology Review, 2: 24-32. Randomised: 25 exp; 10 individual coaching sessions over 28 wks/ 24 controls; no treatment. Students; ' no significant disability; volunteered for program. Exp: standard measures: improve on hope, hardiness, depression but not stress or anxiety.

Harris MB, Franklin C (2009) Helping Adolescent Mothers to Achieve in School: An Evaluation of the Taking Charge Group Intervention. Children and Schools 31(1): 27-34. Randomised, 33 exp / 40 comparison. Taking Charge group programme added to usual school. Significant post- test improvement in attendance, grades, social problem-solving and coping. Less drop out:3%/20%. (Two smaller studies (n=46, n=23) replicate these findings). (CFranklin@mail.utexas.edu)

Javanmini L, Kimiaeel SA, Abadi BAGH (2013) The Study of Solution-Focused Group Counseling in Decreasing Depression among Teenage Girls. International Journal of Psychological Studies 5:1 doi:10.5539/ijps.v5n1p105. All teenage girls in Sahneh, Iran: 20 girls chosen by stratified random sampling and then randomly assigned to exp and control groups. BDI before and after 8 sessions group counseling vs 'irrelevant' skills teaching; again 1 mon after. Reduction in BDI score significant 0.01 at follow-up. (alma_javan@yahoo.com)

Knekt P, Lindfors O (2004) A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders: design, methods and results on the effectiveness of short-term psychodynamic psychotherapy and solution-focused therapy during a one-year follow-up. Studies in social security and health, no. 77. The Social Insurance Institution, Helsinki, Finland. Randomised comparison study; 93 sft / 98 short-term psychotherapy; problems >1 yr. Sft 43% (mood), 26% (anxiety) recovery at 7 mon maintained at 12 mon; short-term 43%, 35%; no significant difference between therapies but sft faster for depression; short-term better for 'personality disorder'. Avg sft 10 sess over 7.5 mon; short-term 15 sess over 5.7 mon. No figures for partial recovery; no apparent social class difference. (www.kela.fi/research)

Knekt P, Lindfors O, Härkänen T, Välikoski M, Virtala E, Laaksonen MA et al. (2008). Randomized trial on the effectiveness of long-and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. Psychological Medicine, 38, 689-703. 326 psychiatric outpatients with mood or anxiety disorders randomly assigned to sft (10 sessions over 7.5 months), short-tem psychodynamic therapy (18.5 sessions over 5.7 months) or long-term psychodynamic therapy (232 sessions over 31,3 months). All three treatments were effective, but auxiliary treatments frequent. At 3-year follow-up, effect sizes for sf .81-.87 for depression and .60-.80 for anxiety symptoms. Short-term psychodynamic produced greater depression and anxiety reduction than long-term during first year; sf more depression reduction than long-term during first year. At 3 years, the improvements of both brief therapies still persisted; long-term psychodynamic patients (undergoing continuing therapy) kept improving and outperformed the brief therapies on anxiety, not on depression.

Knekt P, Lindfors O, Virtala E, Härkänen T, Sares-Jäske L, Laaksonen MA (2012) The effectiveness of short- and long-term psychotherapy during a 7-year follow-up. European Psychiatry 27, Supplement 1,1-x. 326 cases; long (7 yr) follow-up. A reduction in psychiatric symptoms and improvement in work ability and functional capacity was noted in all treatment groups. The short-term therapies were more effective than long-term psychotherapy during the first year, whereas long-term therapy more effective after 3 yrs follow-up. No notable differences in symptoms or working ability were observed between long- and short-term therapies during the last 4 years of follow-up. A total of 80% of the patients in short-term groups and 60% in long-term group used auxiliary treatment. Psychoanalysis was the most effective at 5-year follow-up. Cost- efficiency analysis including social and unemployment costs showed that long-term therapy cost three times as much.

Ko M-J, Yu S-J, Kim Y-G (2003). The effects of solution-focused group counseling on the stress response and coping strategies in the delinquent juveniles. Taehan Kanho Hakhoe Chi (Journal of Korean Academy of Nursing; Korean), 33(3), 440-450. 15-18 yr olds on probation. Random, 30 exp 6 sess weekly / 30 control no treat. Better problem coping in exp. (Yusook@catholic.ac.kr)

Lindforss L, Magnusson D (1997) Solution-focused therapy in prison. Contemporary Family Therapy 19:89-104. 2 randomised studies: (1) Pilot study 14/21 (66%) exp. and 19/21(90%) controls reoffended at 20 mon. (2) 30 experimental and 29 controls; 16 mon follow-up. 18 (60%) reoffend in exp., 25 (86%) in control; more drug offences and more total offences in controls.

Avg 5 sess; 2.7 million Swedish crowns saved by reduced reoffending. (lindforss@chello.se; dan.magnusson@brottsforebygganderadet.se)

Nystuen P, Hagen KB (2006) Solution-focused intervention for sick-listed employees with psychological problems or muscle skeletal pain: a randomised controlled trial. BMC Public Health 6:69-77. Long-term sickness: randomised: 53 exp / 50 controls; 8 sess; 1 yr follow-up. No significant difference in return to work; mental health scores significantly improved. Authors question sample size and chosen measures. (pal@psykologbistand.no; kare.hagen@diakonsyk.no)

Saffarpoor S, Farahbakhsh K, Shafiabadi A, Pashasharifi H. (2013) A comparison between the effectiveness of solution-focused brief therapy and the quadripartite model of social competence and a fusion model of these two methods on increasing social adjustment of female students residing in Tehran dormitories. Journal of Applied Social Psychology DOI: 10.1111/j.1559- 1816.2013.01036.x 60 patients, randomised to 3 exp and 1 control groups. All 3 treatment methods were effective; no significant differences were observed between solution-focused and quadripartite model; combination model exhibited superior efficacy.

Schade, N., Torres, P. & Beyebach, M. (2011). Cost-efficiency of a brief family intervention for somatoform patients in primary care. Families, Systems, & Health, 29-3, 197-205. 256 somatoform patients from 7 Family Health Centers in Chile randomized to control (TAU) or exp (Brief Family Intervention, mainly sf). All staff of exp at least 40 hours of training in sf, MRI & externalization. BFI patients higher on consumer satisfaction than controls. BFI reduction in total

McGarry J, McNicholas F, Buckley H, Kelly BD, Atkin L, Ross N (2008) The clinical effectiveness of a brief consultation and advisory approach compared to treatment as usual in Child and Adolescent Mental Health Services. Clin Child Psychol Psychiatry 13(3):365-376. Randomised: 30 children 3-session brief consultation; 30 treatment as usual. Exp group sustained improvement at 6 mon and less dissatisfaction with wait times, health costs, cost of medication, of medical visits and of complementary medical analysis at termination and 1-year follow-up (all p< .005). Effect size of total cost reduction d= .80. Average 3 sessions.

Shin S-K (2009) Effects of a Solution-Focused Program on the Reduction of Aggressiveness and the Improvement of Social Readjustment for Korean Youth Probationers. Journal of Social Service Research 35( 3): 274 – 284. Randomised: adolescents on probation: 20 exp 6 weekly group sessions / 20 control; indiv sess as requested. Reduced aggression and increased social adjustment in exp at end of programme. (skshin2000@hotmail.com)

Smock SA, Trepper TS, Wetchler JL, McCollum EE, Ray R, Pierce K (2008) Solution-focused group therapy for level 1 substance abusers. Journal of Marital and Family Therapy 34(1):107– 120. Randomised: 27 exp: 6 wkly groups / 29 control: 6 wkly Hazelden program groups. 19 exp / 19 control completed; significant improvement in depression and symptom distress; dependence scores unchanged. No follow-up. (Sara.smock@ttu.edu)

Spence GB, Grant AM (2007) Professional and peer life coaching and the enhancement of goal striving and well-being: An exploratory study. Journal of Positive Psychology, 2(3): 185–194. Volunteers: randomised to coaching: 21 by professionals, 22 by peers, 20 controls. Peer coaches had 1 day of training. Measures at end of 10 weeks: better attendance and more progress towards goals in professional group. (anthonyg@psych.usyd.edu.au; gordons@psych.usyd.edu.au)

Thorslund KW (2007) Solution-focused group therapy for patients on long-term sick leave: a comparative outcome study. Journal of Family Psychotherapy 18(3):11-24. Randomised 15 exp / 15 control; 1-5 mon sick. 8 sess; increased return to work (60%(9) vs 13%(2)) and psychological health improved at 3 mon follow-up. (karin.wallgren@losningsfokus.se)

Vogelaar L, van't Spijker A, Vogelaar T, van Busschbach JJ, Visser MS, Kuipers EJ, van der Woude CJ (2011) Solution focused therapy: A promising new tool in the management of fatigue in Crohn's disease patients: Psychological interventions for the management of fatigue in Crohn's disease. J Crohn's and Colitis. doi:10.1016/j.crohns.2011.06.001 29 patients; quiescent Crohn's disease; high fatigue score; 72% female; mean 31 yrs. Randomized to Problem Solving Therapy (PST), Solution Focused Therapy (SFT) or to controls (treatment as usual, TAU). SFT group improved on fatigue scale 85.7% of patients; PST group 60%; TAU group 45.5%. Medical costs lower in 57.1% SFT; TAU 45.5%; PST group 20%. Drop out rate highest in PST (44%; SFT 12.5%; TAU 8.3%).

Wake M, Baur LA, Gerner B, Gibbons K, Gold L, Gunn J, Levickis P, McCallum Z, Naughton G, Sanci L, Ukoumunne OC (2009) Outcomes and costs of primary care surveillance and intervention for overweight or obese children: the LEAP 2 randomised controlled trial. British Medical Journal 339: 1132. Overweight children in primary care: randomised: 139 offered 4 sess sf health education; 112 controls. Mean attendance 2.7 sess. No significant change or difference in BMI, activity or nutrition at 12 mon follow-up. (melissa.wake@rch.org.au)

Wilmshurst LA (2002) Treatment programs for youth with emotional and behavioural disorders: an outcome study of two alternate approaches. Mental Health Services Research 4:85-96. Randomised controlled study: 12 wk; 27 clients 5 day/wk residential, sft, family contact 26 hr; 38 non-resident programme, cbt, family contact 48 hr. I yr follow-up: Behaviour improved in both groups; ADHD behaviours better in 63% of cbt, 22% of sft; group scores better for anxiety, depression with cbt. Author suggests residential care is detrimental.

Zhang H-Y, Wu W-E, Wen W-J, Zheng Y-M (2010) Application of solution focused approach in schizophrenia patients of convalescent period. Medical Journal of Chinese People's Health 18: 2410-2412 (Mandarin). 120 schizophrenia patients; randomised; observation group 31 male, 27 female; 5-step sf health education approach; controls 34 male, 22 female; routine health education. Pre and post evaluation by medical reply and social support. Significantly more social support and coping with illness in observation group (p>0.05).

**COMPARISON STUDIES (47)**

Amiri H, Sharme MS, Zarchi AK, Bahari F , Binesh A. (2013) Effectiveness of Solution-Focused Communication Training (SFCT) in Nurses' Communication Skills**.** Iranian Journal of Military Medicine 14 (4): 279- 286. 71 nurses from medical-surgical departments of Tehran hospital. 8 hour workshop; pre-test; post-test two months after. 3 questionnaires completed (participant, head nurse, colleagues). Mean difference

statistically significant [P= 0/001]; also between mean scores of 4 subscales of nurses' communication skills. (amirizh@yahoo.com)

Anderson L, Vostanis P, O'Reilly M (2005) Three-year follow-up of a family support service cohort of children with behavioural problems and their parents. Child: Care, Health and Development 31(4):469-477. One of three groups had sft. Improvement not sustained or new problems at 3 yrs for all groups.

Antle BF, Barbee AP, Christensen DN, Martin MH (2008) Solution-based casework in child welfare: preliminary evaluation research. Journal of Public Health Child Welfare 2(2): 197- 227. Study 1: fully trained workers, 27 cases; minimal trained, 21 cases. Better compliance, less legal action, fewer removals in trained group. Study 2: 51 cases from fully trained, 49 minimal. Better compliance and goal achievement in both urban and rural areas.

Antle BF, Barbee AP, Christensen DN, Sullivan DJ (2009) The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. Children and Youth Services Review 31 (12): 1346-1351. 6 mon follow-up: 39 SBC workers, 339 cases; 38 TAU workers, 421 cases. Significantly less recidivism for SBC: 350.69 cases vs 538.00.

Antle BF, Christensen DN, van Zyl MA, Barbee AP (2012) The impact of the Solution Based Casework Practice Model on federal outcomes in public child welfare. Child Abuse and Neglect http://dx.doi.org/10.1016/j.chiabu.2011.10.009. 4559 child welfare cases were reviewed through a CQI case review process. High levels of fidelity to the model demonstrated significantly better outcomes in the areas of child safety, permanency and well-being and exceeded federal standards. Components of Solution-Based Casework were significant predictors of these federal outcomes and accounted for variance in these outcomes better than any other casework process factors.

Bostandzhiev Vl, Bozhkova E (2011) A comparative study in a Mental Health Day Center 2002- 2005 (Macdonald AJ, Solution Focused Therapy: Theory, Research and Practice. Sage Publications: London 2011). 96 subjects : 41 exp / 55 controls. Group 1 (n=14; anxiety disorders, depression): solution-focused therapy without drug therapy; Group 2 (n=8): medication without psychotherapy; Group 3 (n=27): solution-focused therapy and medication (including schizophrenia, bipolar disorders, anxiety disorders); Group 4 (n=47): syncretic group therapy (recitation and discussion of problems, average 30 sessions) and medication. Groups 2, 3 and 4 included schizophrenia, bipolar disorders and anxiety disorders. Thirty-one patients (32.3%) diagnosed as schizophrenia. Avg 2.6 sess; range 1-7 Improvement measured by OQ45,GAF and client's scaling. Group 1: 78.5% improved; Group 2: 25%; Group 3: 63%; Group 4: 19%. 15% of Group showed deterioration but none of the others. Thus 65.8% improved when solution- focused therapy was included vs 20% without. Rapid change in daily functioning for all diagnostic categories, ranging from coping with chores and family to full recovery. (See also Bozhkova E (2011) Psychology - Theory and Practice 3: 85-95 (Bulgarian; abstract in English). (mail@bozhkova.info)

Cepukiene V, Pakrosnis R (2011) The outcome of Solution-Focused Brief Therapy among foster care adolescents: The changes of behavior and perceived somatic and cognitive difficulties. Children and Youth Services Review 33(6):791–797. 7 foster care homes in Lithuania. Treatment (mean age 14.6) and control groups similar; 46 adolescents each. Maximum of 5 sessions. Evaluation at 6 weeks: Standardized Interview for the Evaluation of Adolescents' Problems. 31% of treatment group significant behavior change; 29% change in somatic and cognitive difficulties. (http://dx.doi.org/10.1016/j.childyouth.2010.11.027. v.cepukiene@smf.vdu.lt; r.pakrosnis@smf.vdu.lt)

Chung SA, Yang S (2004) The effects of solution-focused group counseling program for the families with schizophrenic patients. Taehan Kanho Hakhoe Chi (Journal of the Korean Academy of Nursing) 34:1155-63 (Korean; abstract in English). 48 schizophrenic patients and 56 families; 24 patients and 28 families each in experimental and control gps. 8 group sess for experimental; significant reduction in family burden and expressed emotion vs controls.

Corcoran JA (2006) A comparison group study of solution-focused therapy versus "treatment-as- usual" for behavior problems in children. Journal of Social Service Research 33:69-81. 239 children; 83 sft vs 156 'treatment as usual'. Better treatment engagement with sft but no outcome differences. (jcorcora@vcu.edu)

Eakes G, Walsh S, Markowski M, Cain H, Swanson M (1997) Family-centred brief solution- focused therapy with chronic schizophrenia: a pilot study. Journal of Family Therapy 19:145-158. Experimental and control groups: 5 clients and families each. Reflecting team also used. Experimental group: Family Environment Scale showed significant increase in expressiveness, active-recreational orientation and decrease in incongruence. Controls: moral-religious emphasis increased.

Forrester D, Copello A, Waissbein C, Pokhrel S (2008) Evaluation of an intensive family preservation service for families affected by parental substance misuse. Child Abuse Review 17(6): 410 – 426. Intensive Family Preservation Service: motivational interviewing / sft for 279 children; TAU for 89. Evaluation 3.5 yrs later: 40% of each group been in care but less time and cost saving for intervention group. (Donald.Forrester@beds.ac.uk)

Franklin C, Moore K, Hopson L (2008) Effectiveness of Solution-Focused Brief Therapy in a School Setting. Children and Schools 30(1):15-26. 30 exp (School A); 5-7 groups; 29 control (School B); 1 mon follow-up (43). Teachers: externalised and internalised behaviours significantly improved, students externalised behaviours significantly improved.

Franklin C, Streeter CL, Kim JS, Tripodi SJ (2007) The Effectiveness of a Solution-Focused, Public Alternative School for Dropout Prevention and Retrieval. Children and Schools 29(3):133- 144. 46 exp / 39 comparison. Significantly more credits earned and more credits per time spent for exp with lower attendance rates. 81% graduation rate for exp / 90% for comparison after correcting for difference in policies. (cfranklin@mail.utexas.edu)

Gostautas A, Cepukiene V, Pakrosnis R, Fleming JS (2005) The outcome of solution-focused brief therapy for adolescents in foster care and health institutions. Baltic Journal of Psychology 6:5-14. 81 exp (44 foster / 37 health care) / 52 comparison; test battery 1-4 wk after 2-5 sess (avg 3.42). Grouped data: significant difference all measures for exp group; therapists rated 82% much improved. Scaling in keeping with standard instruments. (a.gostautas@smf.vdu.lt)

Grant AM, Green LS, Rynsaardt J (2010) Developmental Coaching for High School Teachers: Executive Coaching Goes to School. Consulting Psychology Journal: Practice and Research 62:151-168. 23 exp / 21 controls; 10 week programme. Improved goal attainment, resilience and wellbeing at end of programme. (anthonyg@psych.usyd.edu.au)

Koob JJ, Love SM (2010) The implementation of solution-focused therapy to increase foster care placement stability. Children and Youth Services Review 32(10):1346-1350. 31 adolescents with multiple placements: CBT in year 1, sft in year 2. Number of disruptions in sft year decreased from mean 6.29 (SD 3.6) to mean 1.45 (SD 0.68), p <.001.

Kvarme LG, Helseth S, Sørum R, Luth-Hansen V, Haugland S, Natvig GK (2010) The effect of a solution-focused approach to improve self-efficacy in socially withdrawn school children: A non- randomized controlled trial. International Journal of Nursing Studies, doi:10.1016/j.ijnurstu.2010.05.001 Exp girls 55 / boys 36; controls girls 44 / boys 20. SF group programme: increase in self-efficacy on standard measures at post-test for girls and at 3 mon follow-up for boys and girls (slight improvement for controls also at 3 mon). (lisbeth.kvarme@diakonova.no)

LaFountain RM, Garner NE (1996) Solution-focused counselling groups: the results are in. Journal for Specialists in Group Work 21:128-143. Experimental 27 sft counsellors, 176 students; control 30 non-sft counsellors, 135 students. Experimental students better on 3 of 8 measures including 81% goal achievement (controls no report). Less depersonalisation and more personal accomplishment in sft counsellers at 1 yr.

Lambert MJ, Okiishi JC, Finch AE, Johnson LD (1998) Outcome assessment: From conceptualization to implementation. Professional Psychology: Research & Practice 29:63-70. 22 cases from Johnson & Shaha (1996) compared with 45 at university public mental health center. Both methods achieved 46% recovered by objective criteria (OQ-45) ('Improved' cases not reported); sft by 3rd sess, center by 26th.

Lamprecht H, Laydon C, McQuillan C, Wiseman S, Williams L, Gash A, Reilly J (2007) Single- session solution-focused brief therapy and self-harm: a pilot study. Journal of Psychiatric and Mental Health Nursing 14:601-2. 40 first time selfharmers; 1 sess. 2 rpt (6.25%) in 1 yr follow-up vs 40/302 (13.2%) untreated. (Updates Wiseman S (2003) Brief intervention: reducing the repetition of deliberate self-harm. Nursing Times 99:34-36) (j.g.reilly@durham.ac.uk)

Littrell JM, Malia JA, Vanderwood M (1995) Single-session brief counseling in a high school. Journal of Counseling and Development 73:451-458. 61 students; 19 problem focus and task, 20 problem focus only, 22 solution focus and task. 69% better at 6 wk follow-up in all groups but shorter sessions in sft. (jlittrel@iastate.edu)

McAllister M, Zimmer-Gembeck M, Moyle W, Billett S (2008) Working effectively with clients who self-injure using a solution-focused approach. International Emergency Nursing, 16(4): 272-279. Nurses in two Australian emergency departments completed questionnaires before and after participating in SFN training focused on

working with complex clients who self-harm. A comparison group of nurses also completed questionnaires. Results indicated some benefits of the intervention; there were improvements in participants' perception that nursing is strengths oriented and in nurses' satisfaction with their skills. There were no significant improvement in nurses' reports of their professional self-concept.

Mintoft B, Bellringer ME, Orme C (2005) Improved client outcome services project: an intervention with clients of problem gambling treatment. ECOMMUNITY: International journal of mental health and addiction 3:30-40. 23 unimproved clients compared with 62 who refused further treatment and with national statistics. First session motivational interviewing and cbt, then up to 16 wks sft and self-completion booklet about goals and exceptions. 11 completed programme; improvement on all measures; numbers too small for statistics. No data on number of sessions or partial completers. (br.mintoft@auckland.ac.nz)

Newsome WS (2004) Solution-Focused Brief Therapy Groupwork With At-Risk Junior High School Students: Enhancing the Bottom Line. Research on Social Work Practice 14(5):336–43. 26 exp / 26 controls; poor grades and attendance. Group programme for exp only; grades improved 1.58 pretest / 1.69 posttest. Controls 1.66 pretest / 1.48 posttest; significant difference. No change in attendance which had already improved. (Quoted as 'promising treatment' by Office of Juvenile Justice: http://www.ojjdp.gov/mpg/Default.aspx)

Nowicka P, Haglund P, Pietrobelli A, Lissau I, Flodmark C-E (2008) Family Weight School treatment: 1-year results in obese adolescents. International Journal of Pediatric Obesity 3(3): 141-147. 65 exp: Family Weight School group; 23 no-treatment controls. 49 exp / 17 controls at 1 yr: significant weight loss in moderate obesity.

Pakrosnis R, Cepukiene V (2011) Outcomes of solution-focused brief therapy for adolescents in foster care and health care settings. 129 adolescents; 112 completed therapy (19% dropout); 91 controls. Maximum 5 sess; avg 3.11. Significant improvement at end of therapy for 77% foster care; 67% mental health care; 52% rehabilitation group. In Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution-focused Brief Therapy: A Handbook of Evidence-Based Practice. Oxford University Press: New York 2011. (CFranklin@mail.utexas.edu; trepper@calumet.purdue.edu)

Panayotov P, Anichkina A, Strahilov B (2011) Solution-focused brief therapy and long-term medical treatment compliance / adherence with patients suffering from schizophrenia: a pilot naturalistic clinical observation. 51 pts; treatment as usual and sft. Own controls: compliance 244 days; increase to 827 days after therapy completed. 76% still taking meds at time of study. (plamenpan@mail.bg) In Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution- focused Brief Therapy: A Handbook of Evidence-Based Practice. Oxford University Press: New York 2011.

Perkins R (2006) The effectiveness of one session of therapy using a single-session therapy approach for children and adolescents with mental health problems. Psychology and Psychotherapy: Theory, Research and Practice 79:215-227. 78 exp single sess / 88 no treatment; follow-up 4 wks. Severity reduced 74.3% vs 42.5%; frequency of symptoms reduced 71.45% vs 48.3%. (ruthp@iimetro.com.au)

Rhee WK, Merbaum M, Strube MJ (2005) Efficacy of brief telephone psychotherapy with callers to a suicide hotline. Suicide and Life-Threatening Behavior 35:317-328. 55 callers completed study: sft 16, common factors therapy 17, wait list 24. Significant improvement on 10/14 measures for treated groups; no between-group differences. (mmerbaum@wustl.edu)

Roeden, J.M., Maaskant, M.A. & Curfs, L.M.G. (2012). Process and effects of Solution-Focused Brief Therapy with People with Intellectual Disabilities; a Controlled Study. Journal of Intellectual Disability Research. doi: 10.1111/jir.12038 Controlled: 20 people with mild ID receiving SFBT and 18 people with MID receiving care as usual (CAU). 2 of the 20 clients quit SFBT prematurely. Most clients receiving SFBT (13 of 18 clients) showed clinically relevant progressions (more than 2 points on a 1 to 10 scale) towards their treatment goals after SFBT (13 of 18 clients) and at follow-up (14 of 18 clients). Directly after therapy, the SFBT group performed statistically significantly better than the CAU group on psychological functioning, social functioning, maladaptive behaviour, autonomy, and social optimism. At 6 wks follow-up improvements in psychological functioning, social functioning, and maladaptive behaviour were still statistically significant compared to CAU, with medium to large effect sizes. (j.roeden@baalderborggroep.nl)

Rothwell N (2005) How brief is solution focussed brief therapy? A comparative study. Clinical Psychology and Psychotherapy 12:402-405. Pseudo-randomization: 41 sft/119 cbt. Sft avg 2 sess, cbt avg 5 sess. No outcome difference on GAF. (Neil.rothwell@fvpc.scot.nhs.uk)

Seidel A, Hedley D (2008) The Use of Solution-Focused Brief Therapy With Older Adults in Mexico: A Preliminary Study. American Journal of Family Therapy 36(3): 242-252. 10 exp / 10 controls; 3 sess; various outcome measures. Significant improvement on OQ45 for treatment group. (anke_seidel@hotmail.com)

Short E, Kinman G, Baker S (2010) Evaluating the impact of a peer coaching intervention on well-being amongst psychology undergraduate students. International Coaching Psychology Review 5(1): 27-35. 32 exp receive sf coaching training and 5 sess; 33 no coaching experience or teaching. Less increase in distress in exp; 23 (72%) exp reported intervention to be effective. (emma.short@beds.ac.uk)

Springer DW, Lynch C, Rubin A (2000) Effects of a solution-focused mutual aid group for Hispanic children of incarcerated parents. Child and Adolescent Social Work 17:431-442. 5 schoolchildren offered 6 session group using sft / interactional / mutual aid approaches vs 5 waiting list controls. Possibly significant increase in self-esteem in experimental group.

Stith SM, Rosen KH, McCollum EE, Thomsen CJ (2004) Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy. Journal of Marital and Family Therapy 30:305-318. 14/20 individual couples, 16/22 multi-group couples completed program, 9 couples comparison group; all mild-to-moderate violence. Follow-up (females contacted): 6 mon recidivism 43% individual, 25% multi-group, 67% comparison; 2 yr recidivism: 0%, 13% (one client), 50%. (Additional cases reported McCollum EE, Stith SM, Thomsen CJ (2011) Solution-focused brief therapy in the conjoint couples treatment of intimate partner violence. Reduced physical aggression in both sexes for 17/20 individual couples; reduced in males only for 27/29 multi-group couples. In Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution-focused Brief Therapy: A Handbook of Evidence-Based Practice. Oxford University Press: New York 2011.) (sstith@vt.edu)

Stoddart KP, McDonnell J, Temple V. Mustate A (2001) Is brief better? A modified brief solution- focused therapy approach for adults with a developmental delay. Journal of Systemic Therapies 20:24-41. 16/19 clients complete 8 sess; 6 mon follow-up. Therapy 118 days vs 372 days for long-term comparison group; client satisfaction similar. Better outcome if fewer problems, less developmental delay, real-life goals, self-referred. Clients often requested more sessions. (stoddart@aspergers.net)

Sundmann, P (1997) Solution-focused ideas in social work. Journal of Family Therapy 19:159- 172. 9 social workers in the experimental group received basic training in solution-focused ideas while 11 controls worked as usual. Session tapes and questionnaires were analysed at 6 mon: 382 clients; 199 (52%) replied. More positive statements, more goal focus and more shared views were found in the experimental group. (peter.sundman@taitoba.fi)

Triantafillou N (1997) A solution-focused approach to mental health supervision. Journal of Systemic Therapies 16:305-328. Supervision of residential staff. 5 adolescent clients: 66% less incidents, less medication use vs 7 controls: 10% less incidents, medication increased at 16 wks. (Republished with introduction: 2011 InterAction 3(1) 46-83)

Viner RM, Christie D, Taylor V, Hey S (2003) Motivational/solution-focused intervention improves HbA1c in adolescents with Type 1 diabetes: a pilot study. Diabetic Medicine 20(9):739-42. 77 approached: 21 exp, 20 controls; 2 group sess. Improvement in glycaemic index and Self- efficacy in Diabetes measures at 6 mon.; not sustained at 12 mon. (r.viner@ich.ucl.ac.uk)

Violeta Enea ID (2009) Motivational/solution-focused intervention for reducing school truancy among adolescents. Jour Cognitive & Behavioural Therapies 9(2):185-198. 19 exp / 19 controls age 16-17; 8 group counselling sessions MI / sft. 61% decrease in truancy for exp; no change for controls.

Walker L, Hayashi L (2009) Pono Kaulike: reducing violence with restorative justice and solution-focused approaches. Federal Probation 73(1). 4 year pilot programme: 59 eligible; 41

Vostanis P, Anderson L, Window S (2006) Evaluation of a family support service: short-term outcome. Clin Child Psychol Psychiatry 11(4):513-528. (doi: 10.1177/1359104506067874). Family support service A: 51 children; family support B (sf): 49. Matched controls: 40 children referred to CAMHS. Better reduction of HoNOSCA, SDQ and satisfaction scores in both FSS: sf faster. exp, of whom 38 evaluated; 21 controls. 10/38 (26%) reoffend; 12/21 (57%) controls; significant ($t=2.17$, $p<0.05$). (http://www.uscourts.gov/viewer.aspx?doc=/uscourts/FederalCourts/PPS/Fedprob/2009- 06/index.html)

Wells A, Devonald M, Graham V, Molyneux R (2010) Can solution focused techniques help improve mental health and employment outcomes? Journal of Occupational Psychology, Employment and Disability 12(1): 3-15. 82 exp up to 6 sess; 64 completed / 82 controls no treatment. Improved mental health scores, self-esteem,

expectation of ability to work on objective measures and scaling. 41 (64%) exp moved into work or work preparation; not significantly different from controls. (alyson.wells@jobcentreplus.gsi.gov.uk)

Wheeler J (1995) Believing in miracles: the implications and possibilities of using solution- focused therapy in a child mental health setting. ACPP Reviews & Newsletter 17:255-261. 3 mon follow-up of 34 (traced) sft referrals and 39 (traced) routine referrals: 23 (68%) vs 17 (44%) satisfied; other clinic resources used by 4 (12%) vs 12 (31%). (John@jwheeler.freeserve.co.uk)

Yang F-R, Zhu S-L, Luo W-F (2005). Comparative study of solution-focused brief therapy (SFBT) combined with paroxetine in the treatment of obsessive-compulsive disorder. Chinese Mental Health Journal, 19(4), 288-290. OCD: 30 exp / 30 controls. Paroxetine in standard dose; exp received 6-8 sft sess. 83.3% exp vs 60% controls improved on Y-BOCS at 2 wk follow-up. (Mandarin; abstract in English)

Zimmerman TS, Jacobsen RB, MacIntyre M, Watson C (1996) Solution-focused parenting groups: an empirical study. Journal of Systemic Therapies 15:12-25. 30 clients, 6 sess; 12 controls no treatment. Significant improvement on Parenting Skills Inventory; no change on Family Strengths Assessment. (lindsay@picasso.colostate.edu)

Zimmerman TS, Prest LA, Wetzel BE (1997) Solution-focused couples therapy groups: an empirical study. Journal of Family Therapy 19:125-144. 23 exp; 6 weekly groups / 13 no- treatment controls. Several relationship measures improved in the experimental group.

**OTHER RESOURCES**

Franklin C, Trepper TS, Gingerich WJ, McCollum EE (eds) '**Solution-focused Brief Therapy: A Handbook of Evidence-Based Practice'.** Oxford University Press: New York 2011.

Caroline Klingenstierna, Stockholm (caroline@framtidsfokus.se): randomised controlled study of sft groups for returning unemployed to work. Faster return to active list and less distress symptoms for persons (n=15+15) with more than 6 months of sick leave than control group. No significant differences between groups after 5 months follow-up (Unpublished).

**EBTA homepage: www.ebta.nu**

Sft discussion list: SFT-L@listserv.icors.org

**SFBTA: www.sfbta.org** UK Association: www.ukasfp.co.uk SOLworld (management): www.solworld.org

**Dr Alasdair Macdonald**, Consultant Psychiatrist, UK (www.solutionsdoc.co.uk)

**Solution-Focused Therapy: Theory, Research & Practice** Paperback 9 Sep 2011by Alasdair Macdonald

**Systematic review of Solution focused brief therapy (Gov.uk):**
Working with children and families
https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCYQFjAA&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F184113%2FDFE-RR179.pdf&ei=EwyMVZfzB4T5UNr5gcAP&usg=AFQjCNF-9fnRpbzxxeolEO0MUwA-zbXujA&sig2=Q_LLYUb3g-kNQIrsJEOk9Q&bvm=bv.96782255,d.d24https://www.gov.uk/government/uploads/system/.../DFE-RR179.pdf