EVALUATION LIST – 16/11/16

More than 2400 publications annually. Currently 8 meta-analyses; 7 systematic reviews; 282 relevant outcome studies including 118 randomised controlled trials showing benefit from solution-focused approaches with 86 showing benefit over existing treatments. Of 85 comparison studies, 66 favour sft. Effectiveness data are also available from over 8000 cases with a success rate exceeding 60%; requiring an average of 3 – 6.5 sessions of therapy time.

Approved by US Federal Government: www.samhsa.gov; SAMHSA - The National Registry of Evidence-based Programs and Practices (NREPP). State of Washington; State of Oregon www.oregon.gov/DHS; State of Texas is examining evidence. Minnesota, Michigan and California have organisations using SF. Finland has a Master’s degree in SFT and Singapore has an approved accreditation programme. Canada has a registration body for practitioners and therapists. Sweden, Poland, Germany and Austria recognise it within their systemic practice qualification. Wales (UK) includes it in their primary mental health programme.

Many recent publications were in Persian, Finnish, French, German, Indonesian, Korean, Thai and Turkish. By 2014 there were 180 publications in Mandarin (including 60 from Taiwan) as against 45 in 2009. So this evaluation list confirms the value of the model but is no longer sufficient in itself.

META-ANALYSES

Carr A, Hartnett D, Brosnan E, Sharry J (2016) Parents Plus systemic, solution-focused parent training programs: Description, review of the evidence-base, and meta-analysis. Family Process. Parents Plus (PP) programs are systemic, solution-focused, group-based interventions designed as both prevention interventions and as treatment programs for families with child-focused problems. 6-9 group sess with 8-12 participants. Group sess 2 hours; programs span 2-3 months. 17 studies: 919 parents engaged in PP training and 440 were in waiting list control (WLC) or treatment as usual (TAU) control groups. 6 RCT, 6 non-randomized controlled trials, 5 uncontrolled single group outcome studies. Dropout rates before post-treatment assessment ranged from 2-33%. Meta-analysis of 10 controlled studies: effect size 0.58. Pooled effect sizes: child behavior problems: PP clients better than approximately 73% of controls; goal attainment: PP clients better than 94% of controls; parental satisfaction: PP clients better than 80% of controls; parental stress: PP clients better than 70% of controls. ‘In most studies follow-up assessments showed that gains were maintained a number of months later.’ (alan.carr@ucd.ie)

Gong H, Hsu WS (2016) The effectiveness of solution-focused group therapy in ethnic Chinese school settings: a meta-analysis. International Journal of Group Psychotherapy 1-27. 24 studies of sf group therapy from Taiwan and China; meta-analysis. The overall effect size of SFGT’s immediate and follow-up (2 wk – 6 mon) effects were 1.03 and 1.09 respectively. There were no significant correlations between publication year or group size in SFGT’s immediate effect. The overall SFGT immediate effect size was large for all school levels, except for junior high school (d=.61). The overall SFGT immediate effect size for internalizing behavior problems was 1.06, and for family and relationship problems it was .94. SF moves from traditional Confucian principles while saving ‘face’, normalises, is pragmatic, supports interdependence. The effectiveness of SFGT on junior high school needs further study. (weisuhu@ntnu.edu.tw) (Mandarin)

database. Up to 6.5 sessions required. Competence in SFT requires >20 hours of training?

(johnny.kim@du.edu)

Kim JS, Franklin C, Zhang Y, Liu X, Qu Y, Chen H (2015). Solution-Focused Brief Therapy in China: A Meta-Analysis. Journal of Ethnic & Cultural Diversity in Social Work, 24(3):187-201. 113 studies: experimental / quasi-experimental design; Chinese language and publication; internalizing problems. 9 eligible studies; random effects meta-analysis: SFBT effective, effect sizes ranging from \( g = 0.49 \) to 3.22. Pooled effect size estimates strongly favor SFBT (\( g = 1.26; P<0.001 \)). Implications for the use of SFBT among ethnic minority populations are discussed. DOI:10.1080/15313204.2014.991983

Park Jung-im (2014) Meta-analysis of the effect of the solution-focused group counseling program for elementary school students. Journal of the Korea Contents Association 14(11): 476-485. Master’s theses, doctoral dissertations, and journal articles published in Korea up to May 2014 were systematically reviewed. 20 studies were eligible for the inclusion criteria. The mean effect sizes and test for homogeneity of effect size (Q-statistic) were analyzed by using Comprehensive Meta-Analysis software 2.0. Main findings: average effect sizes for Solution Focused Group Counseling Program were ES 1.61 in self-esteem, ES 1.35 in school adjustment capacity, ES 1.07 in interpersonal relationship and ES 1.03 in self-efficacy. Moderating variables were focus on self-esteem and sessions of one hour.

URL: http://www.dbpia.co.kr/Article/3535871.


Suitt KG, Franklin C, Kim J (2016) Solution-Focused Brief Therapy With Latinos: A Systematic Review. Journal of Ethnic & Cultural Diversity in Social Work 25(1):50-67. Reviews all the published and non-published outcome studies that were randomized controlled trials (RCTs) or quasi-experimental designs on solution-focused brief therapy (SFBT) conducted with Latinos within the United States and Latin America. Data search: 2277 papers; 44 studies met criteria for full-text review; 6 studies (398 individuals) met criteria for this systematic review. Two studies in adult behavioural health, 3 in children and adolescents in school, 1 study with couples. In all studies there were positive outcomes on the effects of SFBT on standardized measures and participant goals. DOI: 10.1080/15313204.2015.1131651 (kgonzale@uc.cl)

Gong H, Hsu WS (2015) A meta-analysis on the effectiveness of solution-focused brief therapy: evidences from mainland and Taiwan. Studies of Psychology and Behaviors (CSSCI) 13(6): 709-803. 33 studies, total 1147 participants. 33 studies from Taiwan and China:1147 subjects. Overall effect size 0.99; school 1.01; medical settings 0.94; mainland 1.03; Taiwan 0.92. Overall 1.07 at follow-up. No correlation with year of publication. Effective for different kinds of problems and improves clients ability to solve problems by themselves. (weisuhsu@ntnu.edu.tw) (Mandarin)

**SYSTEMATIC REVIEWS**

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. (Caroline.Bond@manchester.ac.uk)


Franklin C, Zhang Anao, Froerer A, Johnson S (2016) Solution Focused Brief Therapy: A Systematic Review and Meta-Summary of Process Research. Journal of Marital and Family Therapy. Systematic review of the process research on solution-focused brief therapy (SFBT). Searches: published and unpublished studies in English across 5 databases, 5 major journals, 2 book chapters and 4 websites to locate studies that investigate why and how SFBT works. 33 studies that used various research methods were located and included for further analysis using a meta-summary approach. The findings supported the significance of the co-construction process within SFBT and the effects of specific types of SFBT techniques. The most empirical support was found for the strength-oriented techniques in comparison to the other techniques and for the co-construction of meaning. Current studies require replications with larger samples and experimental designs that study SFBT process in relationship to outcomes. (CFranklin@mail.utexas.edu) DOI: 10.1111/jmft.12193


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) DOI: 10.1177/1049731512470859


PUBLISHED FOLLOW-UP STUDIES (282):
RANDOMISED CONTROLLED STUDIES (118)


Azra T, Ahmadi A, Vahideh U (2014) The Comparison of Cognitive-Behavioral Counseling and Solution-Oriented Counseling on Women's Sexual Satisfaction in Isfahan. Journal of Women and Society 19(5): 67-83. Random; 45 women divided into 2 exp group: 6 sess sf; and control group: 8 sess CBT. Post test both improved women's sexual satisfaction (p<0.01) but CBT was more effective. (Persian) (Fatehizade@gmail.com)

Baldry E, Bratel J, Dunsire M, Durrant M (2005) Keeping Children with a Disability Safely in their Families. Practice: Social Work in Action 17(3):143-156. 55 care-givers from 40 families in crisis; family-centred intervention programmes (Australia). Objective measures: empowerment, emotional support, parent–child involvement, abuse potential, family functioning, symptom reduction, hope, happiness and worker–client alliance; also qualitative interviews. Significant improvement in abuse potential and emotional support at 6 mon and 12 mon (P<0.001). Symptom reduction and emotional support predicted 86% of variance at 12 mon. Helpful: wholly attentive listening, support, increased parent control/empowerment, validation and maintaining a strengths focus; programmes being family-focused, having 24 hours/phone availability, being home-based, with small case-loads, financial support and a consistency of worker. DOI:10.1080/09503150500285099 (e.baldry@unsw.edu.au)

Bakhshipour, B, Aryan SK, Karami A, Farrokhi N (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, City of Sari; randomly selected; assigned in 2 exp and 2 control groups. Children received 8 x 1 hr wkly sessions; adolescents 8 x 1.5 hr wkly sessions. Results indicate that the solution-focused therapy method was effective in reducing the behavioral problems (externalizing) of children and adolescents. (Persian)

Random: 25 exp 7 wkly sf groups / 22 controls interpersonal process (IPT) support groups. Significantly less stress and more wellness at post test; not maintained at 6 wk follow-up. http://rave.ohiolink.edu/etdc/view?acc_num=osu1441647678

Boyer BE, Geurts HM, Prins PJM, Van der Oord S (2014) Two novel CBTs for adolescents with ADHD: the value of planning skills. European Child & Adolescent Psychiatry 24(9):1075-1090. 159 adolescents (12-17 yrs) with ADHD; random; planning skills training or SFT; motivational Interviewing elements in both. 3 mon follow-up: parent-rated ADHD, planning problems and executive functioning, neuropsychological measures of planning, comorbid symptoms, general functioning and teacher measures. Significant improvement; large effect sizes on all domains. Marginally significant differences were found in favor of the planning-focused treatment: parents and therapists evaluated this treatment more positively than SFT. DOI:10.1007/s00787-014-0661-5. (saskia.vanderoord@ppw.kuleuven.be)

Boyer BE, Geurts HM, Prins PJ, Van der Oord S (2015). One-year follow-up of two novel CBTs for adolescents with ADHD. European Child & Adolescent Psychiatry, 1-5. 1 yr follow-up of Boyer et al 2014: 25.9% of adolescents showed normalized functioning; no difference between groups. So focusing on planning skills is not necessary for improvement or more prolonged planning-focused treatment is needed. doi:10.1007/s00787-015-0776-3

Boyer, B. E. (2016). Assessment and treatment of planning skills in adolescents with ADHD (Thesis; University of Amsterdam). Random; 159 adolescents with ADHD; Plan My Life vs SFBT. At 1 yr follow-up both were effective; 26% reached 'normalized' functioning. http://hdl.handle.net/11245/1.523769

Braunstein K, Grant AM (2016) Approaching solutions or avoiding problems? The differential effects of approach and avoidance goals with solution-focused and problem-focused coaching questions. Coaching: An International Journal of Theory, Research and Practice, 1-17. Random: allocating 140 university students in a 2 x 2 (coaching question: SF vs. PF) (goal type: approach vs. avoidance) study. SF questions led to a greater increase in positive affect, self-efficacy and goal progress and a greater decrease in negative affect than PF questions. Contrary to expectations, no differences between approach and avoidance goals on any outcomes. http://dx.doi.org/10.1080/17521882.2016.1186705


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 exp: 6 sft sess vs 23 controls: standard rehabilitation. 68% exp at work within 7 days at 60-day follow-up vs 4% controls. (f.thomas@tcu.edu)


Davnyra R, Zahrakar K (2015) The effectiveness of short-term solution-focused therapy to reduce stress on marital stress. Journal of Ilam University of Medical Sciences of the twenty-second, attachments, 9 Shahrirar 93(18). 20 women referred to mental health service with marital problems in Bojnoord, Iran; randomly allocated to test and control groups; Stockholm-Tehran Marital Stress Scale (STMSS) before and 1 mon after 6 group sessions. short-term, solution-focused therapy, marital stress in women significantly reduce the amount of data .ast meaning as in (F = 25/721, P <0.001) and tracking (F = 23/545, P < 0.001) (Persian) (rezadavarniya@yahoo.com)

Dengai Ying (2016) Application of solution-focused approach in improving the lifestyle of elderly patients with type 2 diabetes. Nursing Administration 16(9). Random: 107 exp sf health education / 107 conventional health education. Diabetes knowledge, self-management, lifestyle, catering management, sports management, blood glucose monitoring, foot care all higher in exp (P <0.01). (Mandarin)


Farhady, M., Ahramian, A., Nooralizadeh, M. and Sudani, M (2014) The Effectiveness of Group Training of Solution-focused Approach in Happiness of Couples. J. Life Sci. Biomed 4(5):395-400. Iran: 230 couples; 92 scored less than 40-42 in Revised Oxford Happiness Inventory; randomly divided 22 exp / 22 controls. 7 group sess over 2 months; controls no intervention. 1 mon follow-up. Sig improvement in exp group. Appears that SF was used in a directive fashion. (Persian) (Farhady.a@gm)

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 sf group / action learning / mentoring. Drug use, attitudes to use, knowledge of drugs, home and school behaviour all improved significantly. (jefroeschle@msn.com)

development 7(27): 63-80. 24 of 36 student volunteers randomised to 12 exp: 8 sf groups / 12 control no treatment. Mother-daughter conflicts decreased in exp group. (Persian)


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: real problem and set a goal. Measures: positive and negative affect, self-efficacy, goal attainment. 108 participants: problem-focused coaching questions; 117 participants: solution-focused questions including future-oriented 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 action 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, Norrish JM, Vella-Brodrick DA, Grant AM (2013) Enhancing well-being and goal striving in senior high school students: Comparing evidence-based coaching and positive psychology interventions. InstituteofCoaching.org (Melbourne, Australia) 1 Dec 2013. 73 senior students (male and female) from two selective high schools, Sydney, Australia randomly assigned for ten weeks. 25 cognitive-behavioural, solution focused coaching; 25 Positive Psychology intervention; 24 controls. PPI led to increases in mental well-being, CB-SF coaching increased academic goal striving; no effects were maintained at 9 mon follow-up.


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)

Ho Hung, Wu Jingjing, Zhang Xiaoyi, Zhang Jing, Liuyun Yun (2014) Effect of Solution Focused Approach Model on Metabolic Parameters of Patients with T2DM. Chinese General Practice 35. Type 2 diabetes: randomised: 60 exp SFT; 60 controls usual education. 6 mon follow-up: body mass index (BMI), blood pressure (BP), glycosylated hemoglobin (HbA1c), fasting plasma glucose (FBG), 2 h postprandial glucose (2 hPBG), total cholesterol (TC), Triglyceride (TG), high
density lipoprotein (HDL), low density lipoprotein (LDL), incidence rate of hypoglycemia. After intervention, TC and LDL between the two group had no statistical significance (P> 0.05); BMI, SBP, DBP, HbA1c, FBG, 2 hPBG, TG and the incidence rate of hypoglycemia in exp were lower than control group; HDL was higher (P <0.05).

doi: 10.3969 / j.issn.1007-9572.2014.35.014 (Mandarin)


Hosseinpour N, Jadidi M, Mirzaian B, Hoseiny H (2015). The Efficiency of Solution-Focused Brief Therapy on Adjustment Problems of Female Students in Amol, Iran. International Journal of School Health, 3(1). Random; 15 exp 5 sess / 15 controls no treatment. Increased adjustment of the students (P < 0.0006), as well as increasing 3 subscales of adjustment questionnaire comprising home adjustment (P < 0.0006); health adjustment (P < 0.0006); and social adjustment (P < 0.0003); no effect on affective adjustment (P < 0.081). (Persian) DOI: 10.17795/intjsh-27002

Hsu WS, Chen YF, Sun STM, Wu CY, Cheng HC (2009) A study of working alliance, counselor’s effectiveness, and client’s satisfaction of solution-focused real-time webcounseling on Taiwanese college students. Bulletin of Southern Taiwan University 34 (2), 57-70. Real-time webcounseling designed by Information Management of National Chi Nan University, Taiwan. 3 counselors trained. Randomised: 8 students sf; 10 students non-sf; 1-6 weekly sess. Pre-post measures: better scores for alliance and effectiveness after 1st sess for sf. Exp group significantly higher scores for counselor effectiveness and client satisfaction, not alliance. (weisuhsu@ntnu.edu.tw)

Huang Ying Miao, Li Li-xia, Lin Xin-yuan (2016) Application of solution-focused approach in home follow-up management of lumbar disc herniation patients after operation. Nursing Practice and Research 13(15). Random; 84 patients who underwent lumbar discectomy: exp group sf / control group routine management. 6 mon follow-up: exp higher self-care, functional status and quality of life scores (P<0.05). (Mandarin) doi:10.3969 / j.issn.1672-9676.2016.15.002


Javanmini L, Kimiae SA, Abadi BAGH (2013) The Study of Solution-Focused Group Counseling in Decreasing Depression among Teenage Girls. International Journal of Psychological Studies 5:1. 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. doi:10.5539/ijps.v5n1p105 (Persian) (alma_javan@yahoo.com)


Jonas B, Leuschner F, Tossmann P (2016) Efficacy of an Internet-based Intervention for burnout: A randomized controlled trial in the German Working Population. Anxiety, Stress, & Coping 1-27. Random; individuals with symptoms of burnout: 18 exp internet-based sf/cbt / 18 wait-list controls. Burnout and dep/anxiety/stress at 3 mon: significant differences in favor of the intervention group in depression (d=0.66), cynicism (d=0.87) and personal accomplishment (d=0.75). Need to repeat with larger samples. http://dx.doi.org/10.1080/10615806.2016.1233324

Jyrä K, Knekt P, Lindfors O (2016) The impact of psychotherapy treatments of different length and type on health behaviour during a five-year follow-up. Psychotherapy Research 3307: 1-13. 367 patients monitored for health behaviour (alcohol consumption, body mass index), serum cholesterol (total and HDL), smoking and exercise) for 5 yrs. Effectiveness of sft, short-term psychodynamic psychotherapy, long-term psychodynamic psychotherapy (LPP) examined in randomized clinical trial, while LPP and non-randomized psychoanalysis (PA) group were compared in a naturalistic design. At follow-up, improvement was seen with regard to alcohol consumption, serum HDL cholesterol, and smoking in the LPP and PA groups. No notable differences in health behaviour between the two groups were found. During the last two years of the follow-up, changes towards higher alcohol consumption and higher total serum cholesterol levels were observed in the short-term therapy groups. http://dx.doi.org/10.1080/10503307.2015.1112928

Karami K, Nazari AN, Zahrakar K (2012) The effects of group solution-focused counseling on reducing parent-child conflict in adolescents. Biannual Journal of Applied Counselling 3(1): 77-92. 180 students; 30 selected as one SD above mean on Conflict Tactics Scale. Random 15 exp: 8 x 90 min group sess; 15 controls. Post-test significant reduction in physical and verbal aggression and reasoning ability. (Persian) (karamikhabat22@yahoo.com)

Kim JS, Brook J, Akin BA (2016). Solution-Focused Brief Therapy With Substance-Using Individuals A Randomized Controlled Trial Study. Research on Social Work Practice. Parents at outpatient clinic for substance abuse and trauma-related problems. Random; 31 exp SFBT / 33 controls other evidence-based treatments. Both groups decreased on Addiction Severity Index and the Trauma Symptom Checklist-40. Between group effect sizes were not significant. doi:10.1177/1049731516650517 (johnny.kim@du.edu)


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-term 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 0.81-.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.

Knekt P, Heinonen E, Harkapaa K, Jarvikoski A, Virtala E, Rissanen J, Lindfors O, Helsinki Psychotherapy Study Group (2015). Randomized trial on the effectiveness of long- and short-term psychotherapy on psychosocial functioning and quality of life during a 5-year follow-up. Psychiatry Research 229(1-2):381–388. 326 outpatients with mood or anxiety disorder: randomized to SFT, short-term psychodynamic psychotherapy (SPP) or long-term psychodynamic psychotherapy (LPP); 5 yr follow-up from the start of treatment. Short-term therapies improved psychosocial functioning and quality of life more than LPP during the first year; optimism and perceived competence did not differ between therapies. Later sense of coherence and perceived competence showed significantly more improvement in LPP than in short-term therapies. No direct differences between SFT and SPP were noted.

Knekt P, Virtala E, Härkänen T, Vaarama M, Lehtonen J, Lindfors O (2016). The outcome of short- and long-term psychotherapy 10 years after start of treatment. Psychological Medicine, 1-14. Helsinki Psychotherapy Study: 326 randomly assigned to long-term psychodynamic psychotherapy (LPP), short-term psychodynamic psychotherapy (SPP) or solution-focused therapy (SFT) and were followed for 10 years. Outcome measures: psychiatric symptoms, work ability, personality and social functioning, need for treatment, remission. 74% free from psychiatric symptoms. LPP showed greater reductions in symptoms, greater improvement in work ability and higher remission rates. A similar difference in symptoms and work ability was observed in comparison with SFT after adjustment for violations of treatment standards. No notable differences in effectiveness between SFT and SPP were observed. The prevalence of auxiliary treatment was relatively high, 47% in SFT, 58% in SPP and 33% in LPP, and, accordingly, the remission rates for general symptoms were 55, 45 and 62%, respectively. DOI: http://dx.doi.org/10.1017/S0033291715002718


Kokkvoll A, Grimsgaard S, Odegaard R, Flaegstad T, Njolstad I. Single versus multiple-family intervention in childhood overweight—Finnmark Activity School: a randomised trial. Arch Dis Child 97 overweight children aged 6–12 yrs with body mass index (BMI) ≥27.5. Randomised to multiple-family intervention (MUFI) or single-family intervention (SIFI); SF in both interventions. MUFI: 3-day inpatient, follow-up visits, organised physical activity x2 weekly and a 4-day family
camp. SIFI: individual counselling and follow-up by nurse. Interim analysis after 12 months showed no between-group difference in terms of BMI or BMI SDS. The MUF1 group had a significant decrease in waist circumference compared to the SIFI group.

doi:10.1136/archdischild-2012-303571

Kramer J, Conijn B, Oijevaar P, Riper H (2014) Effectiveness of a Web-Based Solution-Focused Brief Chat Treatment for Depressed Adolescents and Young Adults: Randomized Controlled Trial. J Medical Internet Research16(5):e141. Random; 263 aged 12-22 yrs; depressive symptoms;131 exp Web-based sft PratenOnline / 132 waitlist controls. Center for Epidemiologic Studies Depression Scale (CES-D) at 9 wks, 4.5 mon, 7.5 mon. Exp significant improvement in symptoms at 9 wks and in depression at 4.5 mon: 28.2% vs 11.4%, p<.001. Exp further improvement at 7.5 mon; controls not contacted. doi:10.2196/jmir.3261 (jkramer@trimbos.nl)

Li Xiaoli, Luo Hong (2016) The effect of exception / miracle questions in nursing on affects, confidence and actual solving problems. Chinese Journal of Practical Nursing 32(1). 102 nurses; block randomization: focus group exceptions; focus group miracle; traditional psychotherapy questions. Significant improvement in self-confidence (P<0.01) in all groups after 1 wk; mood changes most in exception group and then miracle group (64.5 / 42.3 / 37.0, all P <0.05). (Mandarin)


Liang Guang-mei, Pei Jin-fei, Bao Wen-qing (2014) Effectiveness Study of Solution Focused Mode on the Rehabilitation among Young and Middle-aged Patients with First-episode Schizophrenia. Hospital Management Forum 11. Random: 40 exp sf health education / 40 controls routine follow-up care. Scores of all scales of treatment group significantly decreased on discharge and 6 mon later (p < 0.05). (Mandarin)

Lindfors O, Knekt P, Heinonen E, Harkanen T, Virtala E, Helsinki Psychotherapy Study Group (2014) The effectiveness of short- and long-term psychotherapy on personality functioning during a 5-year follow-up. Journal of Affective Disorders. Random: 326 patients: SFT (n=97) / short-term psychodynamic (n=101) / long-term (avg 3 yr) psychodynamic (LPP; n=128). Personality functioning improved in all therapy groups at 5 yr follow-up. Both short-term therapies fared better during first year of follow-up. SFT showed more early reduction of interpersonal problems. LPP outperformed SFT at the end of follow-up after adjustment for auxiliary treatment. No differences were noted between the short-term therapies at any point. Auxiliary treatment was used relatively widely which limits generalization to exclusive use of short- or long-term therapy. DOI: http://dx.doi.org/10.1016/j.jad.2014.10.039 (olavi.lindfors@thl.fi)

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 exp; 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)

Liu Fen, Deng Aihui, Wang Huirong et al (2014) Application of solution-focused approach in mental nursing of pregnant women with ante-natal anxiety. Chinese Nursing Research 28: 5A: 1572-1575. Pregnancy with high anxiety scores: randomised: 40 exp: sf approach / 40 controls: TAU. Significantly less anxiety (P<0.01) pre-post and in comparison with controls. Improvements (P<0.01) in mode of delivery, Apgar score, pain, bleeding and lactation for exp. (Mandarin)


Mache S, Baresi L, Bernburg M, Vitzthum K, Groneberg D (2016) Being prepared to work in Gynecology Medicine: evaluation of an intervention to promote junior gynecologists professionalism, mental health and job satisfaction. Arch Gynecol Obstet. Coping skills training for junior gynecologists: random: 38 exp self-care skills training with solution-focused counselling / 36 controls. At 6 mon follow-up exp significant decrease in perceived job stress and emotional exhaustion and more job satisfaction maintained at 6 mon follow-up. Satisfaction with the training also reported. (s.mache@uke.de) doi:10.1007/s00404-016-4223-6

Mache S, Bernburg M, Baresi L, Groneberg DA (2016). Evaluation of self-care skills training and solution-focused counselling for health professionals in psychiatric medicine: a pilot study. International Journal of Psychiatry in Clinical Practice 1-6. 72 psychiatrists in psychiatric clinic; random; 36 exp self-care skills training with solution-focused counselling / 36 controls. At 6 mon follow-up exp significant reduction in perceived job stress (p = 0.01), improvements in job satisfaction (p = 0.02), resilience (p = 0.02) and self-efficacy (p = 0.04); improved quality of physician–patient relationship (e.g. support, conflict management; p < 0.05). (s.mache@uke.de) http://dx.doi.org/10.1080/13651501.2016.1207085

Maljanen T, Knekt P, Lindfors O, Virtala E, Tillman P, Härkänen T, & Helsinki Psychotherapy Study Group (2015) The cost-effectiveness of short-term and long-term psychotherapy in the treatment of depressive and anxiety disorders during a 5-year follow-up. Journal of Affective Disorders. Outpatients suffering from mood or anxiety disorder; randomized to SFT, short-term psychodynamic psychotherapy or long-term psychodynamic psychotherapy (LPP). 8 measures including direct and indirect costs; statistically significant improvements were observed in all groups at follow-up. At first recovery faster in short-term therapy groups but the effectiveness of the LPP was somewhat greater than short-term therapies. The direct costs were much higher so long-term therapy can hardly be regarded as cost-effective compared to short-term therapies. doi:10.1016/j.jad.2015.09.065 326 (timo.maljanen@kela.fi)


30 children 3-session brief consultation; 30 treatment as usual. Exp group sustained improvement at 6 mon and less dissatisfaction with wait times.

Nameni Ebrahim, Shafi Abadi Abdollah, Delavar Ali, Ahmadi Khodabakhsh (2014) The effectiveness of combination of structural and Solution-focused family therapy in treatment of the substance abuse and the family function improvement. Journal of Sabzevar University of Medical Sciences 21(1): 155-163. Tehran: randomised study: 30 families: 15 exp, 15 control. Combined structural and sft; 80% use reduced at post test (p<0.0001); 66% reduced use at 6 mon (p<0.0001).

Nameni E, Baqaei N, Pardakhti F (2016) Effectiveness of Short-Term Solution-Focused Group Training on Sense of Psychological Coherence among Female Adolescents. Asian Social Science, 12(9), 90. 30 female adolescents with behavioural problems: random: 15 exp 8 wkly sf sess / 15 controls no training. 2 mon follow-up: significant improvement on Sense of Coherence in exp (P<0.05)


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: 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)

Palmer L, Pichot T, Kunovskaya I (2016) Promoting Savings at Tax Time through a Video-Based Solution-Focused Brief Coaching Intervention. Journal of Financial Therapy 7(1):2. Pilot study: impact of video-based sf brief coaching intervention delivered in conjunction with income tax preparation services at a Volunteer Income Tax Assistance location (n = 212). Individuals receiving tax preparation assistance were randomly assigned to one of four treatment groups: 1) control group 2) video-based solution-focused brief coaching 3) discount card incentive 4) both the video-based solution-focused brief coaching and the discount card incentive. Video-based sf brief coaching intervention increased both the frequency and amount of self-reported savings at tax time. Also financial therapy based interventions may be scalable through the use of technology. http://dx.doi.org/10.4148/1944-9771.1103

Pennapha Napa (2015) The consultant theory emphasizes short-term solution to reflect their inner thoughts of employees. Burapha University Journal Online 25(3). Random: 9 workers 6 sf groups / 9 controls. Significantly more self-reflection in exp group at follow-up (P<0.05). (Thai)


intervention: structured assessment of patients’ concerns combined with solution-focused approach. Cluster-randomised controlled trial: 49 community clinicians / 179 patients randomised to use DIALOG+ once per month for six months or active control. Subjective quality of life (SQOL) and secondary outcomes assessed after 3/6/12 months by blinded assessors. Implementation of DIALOG+ was variable with avg 1.8 sessions (SD=1.6) in first 3 mon and 1.1 (SD=1.2) in next 3 mon. Patients in the DIALOG+ arm had better SQOL at three, six, and 12 months (p=0.035, 0.058, 0.014, respectively; Cohen’s d=0.29-0.34). Significantly fewer unmet needs at 3 and 6 mon; fewer general psychopathological symptoms at all time-points; better objective social outcomes at 12 months, with no significant differences on other outcomes. Overall care costs lower in the intervention group. http://eprints.soton.ac.uk/376631/1/EPOS revised 27.03.2015.docx

Redžep, L, Beersma B, Theeboom T (2014) The Implications of Self-Kindness for the Effectiveness of Coaching: Self-Compassion Moderates the Impact of Solution- vs. Problem-Focused Coaching Questions on Action Planning. Uni Amsterdam masterthesis: http://www.innovatieinwerk.nl/search/node/redzep 118 students (83 females, 112 Dutch); mean age 21.44 yrs. Randomly assigned to 2 (coaching questions focus: solution- vs. problem-focus) X 2 (self-compassion: low vs. high; students told to adopt one or other by researcher) factorial design. Only 72.8% achieved low self-compassion: results based on 86 students. Problem-focus and high self-compassion interact helpfully; solution-focus worked for all. (ljerka.redzep@student.uva.nl)

Richmond CJ, Jordan SS, Bischof GH, Sauer, EM (2014). Effects of Solution-Focused Versus Problem-Focused Intake Questions on Pre-treatment Change. Journal of Systemic Therapies: Vol. 33, No. 1, pp. 33-47. Two randomized studies: Study 1, clients completed either a standard written intake form with problem-focused questions or an SFBT Short Intake Form. Clients answering the solution-focused questions described significantly more solutions and significantly fewer problems than the comparison group. Study 2: SFBT intake interview with a DSM-based diagnostic intake interview. Clients in the SFBT intake interview improved significantly on the Outcome Questionnaire (OQ) before their first therapy session, whereas those in the diagnostic intake did not. Both studies demonstrated that intake procedures are not neutral and that strength-based questions have advantages, even leading to pre-treatment change. doi: 10.1521/jsyt.2014.33.1.33 (christopherrichmond@ferris.edu)

Saffarpoor S, Farahbakhsh, Kyoumars, Shafibadi, Abdollah, Pashasharifi, Hasan (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 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. (See also Counseling Research And Development 2011: 10(37):25-44) DOI: 10.1111/j.1559-1816.2013.01036.x (Persian)

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 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.

group sess) / controls no intervention. Significant improvement in scores for exp at post-test and 4 wk follow-up. (Persian)

Shen Hou-mei (2014) Focusing on solving model in the application of psychological nursing in patients with vertigo syndrome. Journal of Anhui Health Vocational & Technical College 5. Randomised: 50 exp solution-focus / 50 controls routine care. Depression and anxiety scores significantly better in sf group clients (P <0.05). (Mandarin)

Shih-Hsiu Su, Su Shi (2015) The Effects of Solution-Focused Group Counseling on Junior high school male Students of anger. Randomised; 8 exp: 8 sess SF group counselling and 4 wk follow-up sess; 8 control no treatment. Immediate decrease in anger and further improvement at follow-up. (Mandarin) (http://dspace.lib.ntnu.edu.tw/handle/77345300/49975)


Sun Yunxia, Wu Lin, Guo Xiangrong (2015) Application effects of solution focused approach on psychological nursing in patients with MRI examination Chinese Journal of Modern Nursing 26. MRI subjects with claustrophobia; random; 64 exp 5 sess sf counseling / 64 TAU. Patients and caregivers report less anxiety / depression / dyspnea 26.5% exp vs 37.5% / sweating 46.8% vs 64.1%; P <0.05. doi: 10.3760 / cma.j.issn.1674-2907.2015.26.005 (Mandarin)

Tao Xiaohong, Shi Weidong (2014) Application of Solution-focused Approach Intervention on T2DM Patients with Depression. Journal of Modern Medicine & Health (19). Random; patients with type 2 diabetes and depression; exp 90: TAU + sft / control 90: TAU. 5 metabolic indexes before and after 6 mon: both groups are significantly lower (P<0.05); self-care better except smoking. Exp depression scores (53.23±3.79) significantly lower than controls (59.04±4.48) (P<0.05). Doi:10.3969/j.issn.1009-5519.2014.19.007 (Mandarin)

Random 31 exp sf questions about preferred future / 30 controls problem-focused questions; higher positive affect, lower negative affect in exp; no effect on attentional control. Repeat 28 exp / 26 controls: same results for affect. More cognitive flexibility in exp; apparently not mediated by positive affect. DOI: 10.1080/17439760.2015.111712661 (t.theeboom@uva.nl)

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%).


Wang Ze-min, Long Sen, Zhou Jing, Wang Yu-wen, Chen Zhi-yu (2014) Study on the effect of the Medication Guide for Patients with Schizophrenia. Hospital Management Forum 8. 100 patients with schizophrenia; randomised: 50 exp / 50 controls. Both received medication guidance; exp also sf approach. Compliance, curative effect and drug treatment-related knowledge of exp group significantly higher (P<0.05). (Mandarin)
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. 1 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.


Wu Tong, Yue Lili (2016) Paroxetine combined with focus to address the short-term treatment of social anxiety in patients with clinical efficacy. Practical Journal of Cardiovascular and Pulmonary Diseases 24(B04): 69-69. Social anxiety disorder: random; 13 exp sf + paroxetine / 13 controls psychological support + paroxetine. Significant improvement (P>0.05) over 1 yr follow-up. (Mandarin)


Yung Million, Wang Zhihong, Hu Yarong, Yi Jun (2016) Solution-focused clinical research sertraline treatment of depression after stroke therapy combined with short-term homes. Chinese Journal of Rehabilitation, (4), 249-251. Random; 38 exp SFBT + sertraline / 40 controls sertraline and TAU. 8 wk follow-up mood / quality of life / stroke symptoms improved (P<0.01) in both groups;significantly more (P<0.05) in exp. (Mandarin) (lyyy_wzh@153.com) doi:10.3870/zgkf.2016.04.003

Zhai Y, Zhu Y (2016). Study of effect on solution-focused approach in improving the negative emotion of surgical patients in department of vascular surgery. Pak. J. Pharm. Sci, 29(2), 719-722. Random: 60 exp sf groups / 60 controls TAU. Significant (P <0.05) on all measures for exp at 2 wk follow-up. (English) (yanyanzhuwf@sina.com)


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. 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). (Mandarin)

Zhang Lingling, Weisu Xia, Gao Yongping (2016) Focus solving model application results in lung cancer patients before surgery: Psychological Intervention. Chinese Journal of Modern Nursing 22 (1). Random: 46 exp sf / 46 controls TAU on day before surgery. Anxiety / depression scores similar before surgery; day after SDS scores were ( 45. 85 ± 7. 49), (49. 03 ± 7. 46) points, respectively, lower than the control group (50. 62 ± 8. 01), (54. 36 ± 6. 72) minutes; significance P<0.05. doi:10.3760 / cma.j.issn.1674-2907.2016.01.019

Zhang Xi-xia, Zhang Lan-feng, Liu Min-jie (2013) Effect of solution-focused approach combined with auricular acupressure on relieving the anxiety and pain of patients with postmenopausal cervical cancer during afterloading brachytherapy. Chinese Journal of Modern Nursing 34. Random, 60 exp: sf approach nursing and auricular acupressure; 60 controls conventional nursing. Self-rating anxiety less p<0.05; pain less p<0.005, satisfaction greater p<0.05 in exp. Doi: 10.3760/cma.j.issn.1674-2907.2013.34.014 (Mandarin)

Zhang Ze Lun (2016) The effect of Solution-Focused Brief Coaching Intervention on the self-efficacy and solution-focused thinking of teachers (Thesis). Study 1: random: 106 exp sf coaching / 101 controls: problem-solving explored the different effects of two types coaching question. Exp more effective self-efficacy (P = 0.006);degree of achievement of objectives (P = 0.030);reduce negative emotions (P = 0.046). Study 2: random; 20 exp 2 sf sess / 20 controls general interviews. Significant improvement in general self-efficacy (P<0.001); sf thinking (P<0.001). (Mandarin) http://ir.psych.ac.cn/handle/311026/19862

Zhao Mingming, Ren Lei, Jiang Wei Lian, Li Ning, Yan Leilei, Hao Lina (2015) Focus solving model for young breast cancer patients after effects of anxiety and depression. Modern Preventive Medicine 03. 150 young breast cancer patients; randomised; 75 exp / 75 control. There was no statistically significant difference of caesarean section rate between two groups (x2 =1.283 2,P > 0.05). The incidence rate of perinatal complication were all significantly lower than controls. doi : 10.3760/cma.j.issn.1674-2907.2013.14.009 (Mandarin)


COMPARISON STUDIES (85)

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)


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. 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. http://dx.doi.org/10.1016/j.chiabu.2011.10.009


4f/4m non-effective treatment. Significant improvement in exp maintained at 3 mon follow-up; other groups no change. (Turkish) (Bunyaminates81@gmail.com)

Barcons C, Cunillera O, Miquel V, Ardèvol I, Beyebach M (2016). Effectiveness of Brief Systemic Therapy versus Cognitive Behavioral Therapy in routine clinical practice. Psicothema, 28(3), 298-303. 419 referred to Adult Ambulatory Mental Health Service: 212 were allocated to Cognitive-Behavioral Therapy (CBT); 207 to Brief Systemic Therapy (BST). Not random: catchment based. Psychiatric diagnoses equivalent. Follow-up assessments of patients' status took place between one and three years later; avg 1 yr. 8% still in treatment, 52% therapeutically discharged, 38% dropped out, 2% had been referred to other services. Both therapy models were found to be equivalent in their percentage of therapeutic discharges, drop-outs, relapses and in the use of other mental health services during the follow-up period. Although both treatments were cost-efficient, BST was not briefer than CBT. (cbarcons@hospitalbenitomenni.org) (Spanish) doi:10.7334/psicothema2015.309

Barlow A, Banks AP (2014) Using emotional intelligence in coaching high-performance athletes: a randomised controlled trial. Coaching: An International Journal of Theory, Research and Practice DOI: 10.1080/17521882.2014.939679 High-performance netball players: 10 exp; 10 controls; Bar-On EQ-i emotional intelligence profiles. Coaching significantly improved self-efficacy and anxiety which link directly to EQ-I scales but not team identification which does not link directly; no change in the control group. So sf coaching is effective if direct link between a particular component of emotional intelligence and a particular outcome. (a.banks@surrey.ac.uk)

Bostandzhiev VI, 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. Groups 2, 3 and 4 included schizophrenia, bipolar disorders and anxiety disorders. Group 2 (n=8): medication without psychotherapy; Group 3 (n=27): solution-focused therapy and medication; Group 4 (n=47): syncretic group therapy (discussion of problems; avg 30 sess) and medication. 31 patients (32.3%) diagnosed as schizophrenia. Avg 2.6 sess; range 1-7. Group 1: 78.5% improved; Group 2: 25%; Group 3: 63%; Group 4: 19%. 15% of Group 4 showed deterioration but none of the others. Thus 65.8% improved when solution-focused therapy was included vs 20% without. Improvement measured by OQ45, GAF and client's scaling. 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.cepukie@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. 48 schizophrenic patients and 56 families; 24 patients and 28 families each in exp and control gps. 8 group sess for exp; significant reduction in family burden and expressed emotion vs controls. (Korean)


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.

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)


Jia Yinghua (2014) Application of solution focused approach in psychological intervention by oncology nurses. Chinese Community Doctors 35. Oncology nurses: 25 exp sf training / 25 controls usual training. Scores significantly reduced in intervention group. In observation group, 13 cases were markedly effective; 10 cases effective; efficiency 92%. In the control group, 8 cases were markedly effective and 10 cases effective; efficiency 72% (difference P<0.05). doi: 10.3969 / j.issn.1007-614x.2014.35.93 (Mandarin)

Kang Jie, Wang Yun, Sun Hong (2014) Effect of solution focused approach on negative emotion and cancer-related fatigue for patients with cancer chemotherapy. China Medical Herald 35. 39 exp sf nursing / 39 routine nursing. Negative emotions less in exp (P<0.05); increase in fatigue for controls. (Mandarin)

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

Both methods achieved 46% recovered by objective criteria (OQ-45) (‘Improved’ cases not reported); sft by 3rd sess, center by 26th.


Lee, Hyun-Ju, Eom Myeongyong (2014) Depressed women target low-income seniors living alone, the positive psychological development and effective solution - focused integrated community programs. Korea Social Welfare, 66(3):101-131. Quasi-experimental nonequivalent comparison group design; exp group program based on positive psychology and sf 10 sess; controls reminiscence group program 10 sess; no intervention group TAU. Increased subjective wellbeing and less depression in exp only at 11 wk follow-up. (Korean) (www.newnonmun.com/article=66209)


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, 22 solution focus and task. 69% better at 6 wk follow-up in all groups but shorter sessions in sft. (jlittrel@iastate.edu)

Martínez MC, Cedillo IG, Aranda BDE (2016). Adherence to nutritional therapy: Intervention based on motivational interviewing and brief solution-focused therapy. Revista Mexicana de Trastornos Alimentarios. 10 exp motivational interviewing + sft + TAU/6 TAU. Better adherence to nutritional protocol by exp group. (mcandelariamtz@gmail.com) doi:10.1016/j.rmta.2016.02.002

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.

Mei-Kuei Huang, For-Wey Lung, Wei-Tsung Kao, Yao-Hua Lu (2016) The Effects on Combining Psycho-social-educational Program with Methadone Maintenance Therapy. Daren University 48: 33 – 51. 70 subjects; 5 groups of 14 members: methadone maintenance therapy only (M), M with health education information condition (ME), ME with solution-focused brief group therapy condition (MESFBG), ME with SFB individual therapy condition (MESFBIT), and ME with SFB family therapy condition (MESFBFT). Significant differences at 6 mon in MESFBIT, MESFBGT, MESFBFT. It was also found that the family function in MESFBFT improved significantly after treatment. (Mandarin) http://www.airitlibrary.com/Publication/Index/P20101109004-201603-201606020008-2016060200
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)


Pakrosnis R, Cepuikiene 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)


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)

Pooler, T. (2015). Targeting the Mental Health Needs of Misdemeanor Defendants. New York. http://www.courtinnovation.org/sites/default/files/documents/BCSMHI.pdf. 2013: 1950 (23%) of 8,685 screened at Bronx Community Solutions had possible mental health needs. Group / sf individual intervention: less likely to be re-arrested (53% vs. 58%), significantly lower number of re-arrests (1.3 vs. 1.6) within 1 yr. At 2 yr individual session only sample consistently had fewer re-arrests on average than the mental health group only sample.

Qi Wenwen, Liu Hongyan (2016). Focus-solving model intervention for anxiety, depression and quality of life in patients with bronchial asthma. China Practical Medicine 1:209-211. Random: 100 exp TAU + sf / 100 controls TAU. Exp significantly lower scores for anxiety and depression (P<0.01); also less discomfort, less response to inducing factors and less psychoreaction to asthma (P<0.01).

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. 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. doi: 10.1111/jir.12038 (j.roeden@baalderborggroep.nl)

Roeden JM, Maaskant MA, Curfs LMG (2014). Effectiveness of Solution-focused Coaching of Staff of People With Intellectual Disabilities: A Controlled Study. Journal of Systemic Therapies: Vol. 33, No. 2, pp. 16-34. doi: 10.1521/jsyt.2014.33.2.16. 18 teams with support problem with ID client received sf coaching; 26 control teams received usual coaching as usual. Quality of staff-client relationships measured before / after coaching and 6 wk follow-up. Sf teams significantly improved on proactive thinking and quality of the relationship; both for individual staff members (45 - 59) and teams (18 - 26); progress towards team goal improved. The differences were sustained at follow-up. (j.roeden@baalderborggroep.nl)


Sarvi, Z., & Ghazi, M. (2016). Effectiveness of Group Counseling with Solution Focused (Brief) Therapy (SFBT) on Increasing Self-Efficacy of Fifth Grade Primary School Female Students. Modern Applied Science 10(12):1. From 88 fifth grade primary school female students, 16 individuals with lowest scores were selected. 8 exp 5 sf sess / 8 controls no intervention. Self-efficacy improved (p>0.01). DOI: http://dx.doi.org/10.5539/mas.v10n12p1


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)


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. Exp: 9 social workers basic training in solution-focused ideas; 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 exp group. (peter.sundman@taitoba.fi)


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, 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)


Xu Lian-fang, Chen Run-fang, Xiao Pei-duo, Huang Li-fang (2014) The effects of solution-focused approach in psychological intervention of sitting at early stage in post-operative elders with hip fracture. Journal of Nursing Administration 14(11). 206 elderly patients with hip fracture: alternate allocation 103 exp: sft / 103 controls bicycle exercise; both groups out of bed early. Fewer concerns, coping better in exp group (P <0.01; P <0.05). (Mandarin)


Zhang Xi-xia, Zhang Lan-feng, Liu Min-jie. (2013) Effect of solution-focused approach combined with auricular acupressure on anxiety and pain of patients with postmenopausal cervical cancer during and after loading brachytherapy. Chinese Journal of Modern Nursing 34. 60 exp (SF nursing; acupressure) / 60 controls (routine nursing); self-rating anxiety scale similar in both groups. One wk follow-up: significant reduction in anxiety and pain and improved satisfaction. doi : 10.3760/cma.j.issn.1674-2907.2013.34.014 (Mandarin)

Zhou Li-rui (2014) Effect analysis of applying solution-focused approach in health education for IVF-ET patients China Practical Medical 32. In vitro fertilization and embryo transplantation patients: 60 exp: 5xsf sess / 60 controls TAU. Hamilton anxiety scale (HAMA), Hamilton depression scale (HAMD) and social support rating scale (SSRS): after transplantation exp scores were significantly improved (P<0.05). (Mandarin)


Zimmerman TS, Jacobsen RB, Ma McIntyre 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)


NATURALISTIC STUDIES (79)


Belciug C, Franklin C, Bolton KW, Jordan C, Lehmann P (2016). Effects of Goal Commitment and Solution Building on the Completion Rates for a Juvenile Diversion Program. Criminal Justice and Behavior 43(7):923-936. Uses goal-setting theory to explore the effects of goal commitment (N=112) and solution building (scores 56.6±9.48) on program completion (N=106) in a sample of 159 violent first-time offenders. Solution building significantly increased program completion. doi:10.1177/0093854815626753 (connie.belciug@utexas.edu)

Bell, R, Skinner C, Halbrook M (2011) Solution-Focused Guided Imagery as an Intervention for Golfers with the Yips. Journal of Imagery Research in Sport and Physical Activity 6(1):1-16. 4 experienced golfers; multiple-baseline across participant design; solution-focused guided imagery (SFGI) for Type I yips. Data collected during actual 9-hole matches; 5 interventions. Follow-up 12-14 wks: effect maintained. Effects on other task-specific focal hand dystonias e.g., musicians, tennis players?


Beyebach M, Rodriguez Sanchez M S, Arribas de Miguel J, Herrero de Vega M, Hernandez C, Rodriguez Morejon, A (2000) Outcome of solution-focused therapy at a university family therapy center. Journal of Systemic Therapies 19:116-128. 83 cases; telephone follow-up, most 1 yr +. 82% satisfied; better outcome for ‘individual’ problems than for ‘relational’; more dropout for trainees; avg 4.7 sess. (mark.beyebach@upsa.es)
Bilge, A., & Engin, E. (2016). Effectiveness of the solution focused therapy which is based on interpersonal relationship theory: retrospective investigation. Anatolian Journal of Psychiatry 17(4), 261-269. 36 students with psychological issues: 5 sess individual SFBT (Peplau version). Mean scores for anxiety, depression and problem solving significantly improved post-therapy. (Turkish) doi:10.5455/apd.213725


Burr W (1993) Evaluation der Anwendung losungsortierter Kurztherapie in einer kinder- und jugendpsychiartischen Praxis (Evaluation of the use of brief therapy in a practice for children and adolescents). Familiendynamik 18:11-21. (German: abstract in English.) 55 cases; follow-up avg 9 mon. 34 replies; 26 (77%) improved. Avg 4 sess; new problems reported in 4 with improvement and 4 without. (wburr@t-online.de)


Cortes B, Ballesteros A, Collantes J, Aguilar ML (2016) What makes for good outcomes in solution-focused brief therapy? A follow-up study. European Psychiatry 33:S232-S233. 74 cases; telephone follow-up 6 – 39 mon (mean 15.6 mon) after termination. Goals reached 88%; complaint totally resolved 17% (26% when dropouts excluded); complaint partially resolved 76% (65% when dropouts excluded). 86% successful at termination; 67% at follow-up. No specific clinical or process variables associated with success. doi:10.1016/j.eurpsy.2016.01.580

Cruz J, Littrell JM (1998) Brief counseling with Hispanic American college students. Journal of Multicultural Counseling and Development 26:227-238. 16 students; 2 sess; follow-up 2 wk. 62.5% improved.

Darmody M, Adams B (2003): Outcome research on solution-focused brief therapy. Journal of Primary Care Mental Health 7:70-75. Goals, Coping Resources Inventory (CRI), client and therapist perception of session content. 20 cases; 3 mon follow-up. Overall change not significant; intrapersonal problems did better; clients saw conversation about past as more important than did therapists. (Melissa@brieftherapy.ie)


de Shazer, S, Isebaert L (2003) The Bruges Model: a solution-focused approach to problem drinking. Journal of Family Psychotherapy 14:43-52. 4 yr telephone follow-up of 131 alcoholics after inpatient episode: 118 contactable, 9 dead. 100 (84%) abstinent (60) or successfully controlled their drinking (40). 4 yr telephone follow-up of 72 alcoholics after outpatient treatment: 59 (82%) contacted: abstinent (36) or successfully controlled (23). Only relevant variable was therapy; social class was not a factor. (luc.isebaert@YAHOO.COM).

Dumciene A, Rakauskiene V (2014) Encouragement of Physical Activity among Students by Employing Short-term Educational Counselling. Procedia-Social and Behavioral Sciences 116:1523-152. 92 students; after sf counseling, 44.6% previously facing physical activity issues achieved prominent changes, 21.7% achieved medium changes and 33.7% showed minor changes. Physical activity increased, p<0.05. http://dx.doi.org/10.1016/j.sbspro.2014.01.428

Fadilah N, Setiawati D (2015). Application solution brief focused therapy (sfbt) to improve disclosure of self in Class VIII SMPN 1 Prambon. Jurnal BK UNESA 5(3). 5 junior high school; low self-disclosure; improved significantly post-test after sf counseling. (nurfadillah994@ymail.com) (Indonesian)

Fernandes P (2015) Evaluation of the Face to Face service. Using a solution-focused approach with children and young people in care or on the edge of care. NSPCC: 611 young people; up to 8 sess. 58% (355) young people had scores indicating distress; reduced to 15% (94) at end. 103 contacted at 3 mon: 82% (80) stll improved. No differences in outcomes related to age or learning difficulty. http://www.nspcc.org.uk/globalassets/documents/research-reports/face-to-face-final-evaluation-report.pdf

Fernie L, Cubeddu D (2016). WOWW: a solution orientated approach to enhance classroom relationships and behaviour within a Primary three class. Educational Psychology in Practice, 1-12. Trainee educational psychologists; 24 children. WOWW 2 sess per week for 3 weeks. Children record scaling each week: improvement in good listening, working together. Class teacher: positive change in peer relationships, tolerance, ability to get on with peers, respect within the class, collaborative working, and teacher confidence. DOI: 10.1080/02667363.2016.1146574

Flores LV (2005) Terapia grupal centrada en soluciones con personas que han tenido intento de suicidio. Revista de Psicología 7: 32-41. 3 suicidal patients; 6 sf group sess. Significant improvement 6 mon after treatment. (lorena_villanueva@yahoo.com) (Spanish)


George E, Iveson, C, Ratner H (1990) Problem to Solution. Brief Therapy Press: London. 6 mon telephone follow-up: 41 (66%) of 62 traced were satisfied. (brief3@aol.com)
Golby J, Wood P (2016) The Effects of Psychological Skills Training on Mental Toughness and Psychological Well-Being of Student-Athletes. Psychology 7:901-913. 16 student-athlete rowers; 4 sess 90 min sf groups. Results at 6 mon: mental toughness improved and also self-efficacy, self-esteem and positive affect. (p.j.wood@leedsbeckett.ac.uk) doi: 10.4236/psych.2016.76092

Grant AM, O'Connor SA (2010) The Differential Effects of Solution-focused and Problem-focused Coaching Questions: A Pilot Study with Implications for Practice. Industrial and Commercial Training Journal 42(2):102-111. 39 students had problem-focused coaching session with pre and post measures; then 35 of them had sf session with pre and post measures. More increase in goal approach and positive affect in sf group. (anthonyg@psych.usyd.edu.au)


Hanton P (2008) Measuring solution focused brief therapy in use with clients with moderate to severe depression using a 'bricolage'research methodology. Solution Research, 1(1): 16-24. Depression in adults: 10 cases. Beck Depression scores pre and post therapy; post therapy interview. 7 completed data: avg improvement in BDI score 55.12%. Relationship, future focus and compliments identified as most useful; break and feedback least useful. (paulhanton@blueyonder.co.uk)

He Hong, Huang Hui-wen, Zhang Jing, Zhang Xiao-yi (2013) Effect of solution focused approach on patients using insulin pen for self-injection. Chinese Journal of Modern Nursing 19(19). doi:10.3760/cma.j.issn.1674-2907.2013.19.014 124 outpatients with type 2 diabetes at Nantong University clinic; random split exp. (SF) and control (education). After intervention skills of insulin injection improved in exp (P < 0.05) and incidence of adverse reactions lower. Mastery in both groups was significantly better. (Mandarin)

Hendrick S, Isebaert L, Dolan Y (2011) Solution-focused brief therapy in alcohol treatment. 2 studies and update of de Shazer S, Isebaert L 2003. de Stecker E: 30 subjects (60% male); median age 45; 60% live alone. Significant improvement at 1 yr: 11.93 units/day reduce to 7.76. Opperman T: 30 cases (60% male); 83% live alone. 19 (63.3%) improved: 168g/day reduce to 79; 11 in better physical health at 1 yr. 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.


Hsieh, Ko-Jou (2016) Solution-Focused Group Therapy for Pain Management in Patients with Spinal Cord Injury. National Taipei University of Nursing and Health Sciences Institutional Repository 28 participants; 90 min pain management group weekly for 6 weeks. Changes after group therapy were measured, including pain intensity. Lower now-pain intensity and higher pain self-efficacy significantly; better post-traumatic growth. There were more pain-related improvements in female and elderly. (Mandarin) http://140.131.94.7/handle/987654321/4758

adolescents in Treatment for Adolescents with Depression Study (TADS). Change in 4 cognitive constructs (cognitive distortions, cognitive avoidance, positive outlook, and solution-focused thinking) mediated change in depression severity in a sample treated with CBT, fluoxetine or both. All 3 treatments were associated with change in the cognitive constructs; combination treatment produced the greatest change. Positive outlook was the construct most associated with changes over 36 wks. Doi: http://dx.doi.org/10.1891/0889-8391.28.1.3

Johnson LD, Shah S (1996) Improving quality in psychotherapy. Psychotherapy 33:225-236. 38 cases, OQ-45 checklist (symptoms, relationships, social role). Improvement after avg. 4.77 sess. (ljohnson@INCONNECT.COM)

Koorankot J, Mukherjee T, Ashraf ZAA (2014) Solution-Focused brief therapy for depression in an Indian tribal community: a pilot study. International Journal of Solution-Focused Practices 2(1):4-8. Part of larger continuing study: 9 patients: sft and SSRI antidepressant. 2 wk follow-up: 1 worse, 1 marginal, 7 significantly improved. ‘Miracles’ part of their culture but not during sleep. DOI:10.14335/ijsfp.v2i1.16 (jaseemclt@gmail.com)

Kreier F. Genco SM, Boreel M, Langkemper MP, Nugteren IC, Rijnveld V, Thissen V, Deden S, Keessen M. (2013) An Individual, Community-Based Treatment for Obese Children and Their Families: The Solution-Focused Approach. Obesity Facts 6:424-432. 559 obese children, avg BMI z-score of 2.76±0.54 (12 mon study); 372 children avg BMI z-score of 2.75±0.52 (24 mon study). 291 children (52%) completed 12 mon treatment; 22 (4%) dismissed earlier due to a good response. After 12 mon, the children showed a significant decrease in BMI z-score. 24 mon: 103 children (28%) significant decrease in BMI z-score of 0.15. 50 children (13%) dismissed before 24 mon due to significant weight loss. Negative correlation of age and reduction in BMI z-score for younger than 6 yrs. DOI:10.1159/000355909 (f.kreier@olvg.nl)

Kvarme, LG, Aabo LS, Saeteren B (2013) “I feel I mean something to someone”: solution-focused brief therapy support groups for bullied schoolchildren. Educational Psychology in Practice: theory, research and practice in educational psychology 29(4): 416-431. 19 schoolchildren, aged 12–13 years, 3 of whom were bullied. 6 interviews were conducted with the bullied children and 3 focus group interviews were held with the support groups. The bullied children reported that the bullying stopped after they received help from the support group and the improvements remained after three months. Their daily lives at school changed and they felt safer and happier and made friends. Members of the support groups reported that they were doing a meaningful job in helping the victims. doi:10.1080/02667363.2013.859569 (lisbeth.kvarme@diakonova.no)

Lee MY (1997) A study of solution-focused brief family therapy: outcomes and issues. American Journal of Family Therapy 25:3-17. 59 children; various problems; 6 mon telephone follow-up, independent raters. 64.9% improved (goal achieved 54.4%; part goal 10.5%) avg 5.5 sess. (lee.355@osu.edu)


Lee MY, Sebold J, Uken A (2007) Roles of self determined goals in predicting recidivism in
domestic violence offenders. Research on Social Work Practice 17:30-41. 1996-2004: 127 seen, 88 traced (70 male); completion (7 of 8 sess) 92.8%. 10.3% recidivism. Agreed goals and specific goals predict more confidence and less recidivism. Brain injury predicts recidivism; child abuse not found to predict.

Li S, Armstrong MS, Chaim G, Kelly C, Shenfeld J (2007) Group and Individual Couple Treatment for Substance Abuse Clients: A Pilot Study. American Journal of Family Therapy 35:221-233. 27 couples: 20 complete: multiple couples group 13/15; individual couples group 7/12; no significant differences between group results. 80% (43) traced at 6 mon: 46% (20) ‘a great deal better’; 49% (21) ‘helped somewhat’. (selina.li@camh.net)

Macdonald AJ (1994) Brief therapy in adult psychiatry. Journal of Family Therapy 16:415-426. 41 cases; 1 yr follow-up. 29 (70%) improved; more success if >4 sess; longstanding problems did less well. Equal outcome for all social classes; avg 3.7 sess. (macdonald@solutionsdoc.co.uk)

Macdonald AJ (1997) Brief therapy in adult psychiatry: further outcomes. Journal of Family Therapy 19:213-222. 36 cases; 1 yr follow-up. 23 (64%) improved; other problems solved in 10 with good outcome and 2 in the other group. Longstanding problems did less well; equal outcome for all social classes; avg 3.3 sess.

Macdonald AJ (2005) Brief therapy in adult psychiatry: results from 15 years of practice. Journal of Family Therapy 27:65-75. Further 41 cases reported; 1 yr follow-up. 31 (76%) improved; avg 5.02 sess; 20% single sess. Combined total 118; 83 (70%) improved; avg 4.03 sess; 25% single sess. Fewer new problems in good outcome group. Longstanding problems predict less improvement; equal outcome for all social classes.


Milner J, Jessop D (2003) Domestic violence: narrative and solutions. Probation Journal 50:127-141. 23 referrals; 20 cases (3 female) completed; individual or family work; 18 month follow-up. 19 (95%) not reoffend. Avg 5 sess. (judithmilner@tiscali.co.uk)


Newsome WS (2005) The Impact of Solution-Focused Brief Therapy with At-Risk Junior High School Students. Children & Schools 87:83-91. 26 preteens; improved social skills after minimum 5 of 8 group sess at 6 wk follow-up. Classroom behaviour and homework completion had also improved. (snewsome@uic.edu)

emotional exhaustion, improvement of personal achievement, empathy, energy level, self-confidence and satisfaction in life (p<.05). Significant improvement of self-perceived life situation, p=.02. doi:10.1089/acm.2014.5271.abstract.

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 Phoniatica Logopedica. Three men and two women with chronic aphasia took part; age range 40s to 70s. Improved mood GHQ from mean 4.8 to mean 2.00; improved communicative participation from mean 7.80 to mean 12.20. No change in social network / connectedness. http://www.karger.com/Journal/Home/224177

Perez Grande MD (1991) Evaluacion de resultados en terapia sistemica breve (Evaluation of results in brief systemic therapy). Cuadernos de Terapia Familiar (Family Therapy Notebooks18:93-110. 97 cases, 25% children; avg 5 sess. 71% better at end. 6-35 (avg 19) mon telephone follow-up: 81 traced. 13% relapse; 36% other problems better. More dropout if longstanding problem.


Sabri, F. (2016) Solution-Focused group therapy in a residential care setting: an outcome study conducted in Malaysia. Doctoral dissertation, Kent State University. 57 post-withdrawal drug users; SF group therapy 4 sess over 4 wk. OQ/CORE pre/post: significant improvement in treatment outcomes (P<0.001) and psychological well-being (P<0.001). https://etd.ohiolink.edu/!etd.send_file?accession=kent1466589637&disposition=inline

Shennan G (2003) The early response project: a voluntary sector contribution to CAMHS. Child And Adolescent Mental Health In Primary Care 1:46-50. 558 referrals; 415 families seen. 1-21 sess, avg 2.7. Telephone follow-up at 6-9 mon: 40 of 72 parents contacted. 62.5% improved; 75% report improved coping ability; avg 2.7 sess. (guyshennan@sfpractice.co.uk)

Shennan G, Iveson C (2011) From Solution to Description: Practice and Research in Tandem. 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. 4 studies. 24 clients, 6 mon-1 yr follow-up: 23 (83%) better, 1 (3%) worse. 39 clients, avg 18 mon follow-up: 31 (80%) better, 2 (5%) worse. 57 clients, ?-3 yr follow-up: 24 (59.7%) improved, 2 (3.5%) worse. 25 clients, 8 mon-16 mon follow-up: ‘best hopes’ achieved by 14 (56%), little 7 (28%), not at all 4 (16%).

male; significantly better well-being at 12 mon follow-up but only 14 replies. doi: 10.1177/2049463713507910 (becky.simm@nhs.net)


Simon JK, Nelson TS (2007) Solution-Focused Brief Practice With Long-Term Clients In Mental Health Services 'I Am More Than My Label'. Haworth Press: New York (p 135-6). 1997-8: 2 clinics, 1 psychodynamic, 1 sf. 781 cases vs 1673; 631 sessions vs 763 per therapist, so greater income from sf clinic. (jsimon14@hvc.rr.com)

Siwilai White Mok (2014) Results of the program to modify the view to focus on finding a solution for patients with schizophrenia who received drug psychoses. Journal of Psychiatric Nursing and Mental Health 25(3): 56-68 (Thailand). 14 non-compliant patients with schizophrenia: 5 x 1 hr program using sf reframing program. Improved self-confidence, compliance and activities of daily living.


Taylor WF (2013) Effects of SFBT group counseling on generalized anxiety disorder. (Thesis; Walden University) 30 clients; mean posttest score (M = 11.20) significantly lower than the mean pretest score, p<0.01.

Thandidawan Wanthaneeyakul, Pennapha Koolnaphadol (2016) The effect of individual solution focus brief therapy on emotion regulation of adolescent mothers. Research Methodology & Cognitive Science 13 (1):18-26. 13 mothers aged between 15-19 years old who attended family planning at Buddhathorn Hospital, Chachoengsao. 8 sess sf groups: significantly higher emotional regulation (P<0.05) at post-test and 2 wk follow-up. (Thai) (tha_ni55@hotmail.com)

Thompson R, Littrell JM (2000) Brief counseling for students with learning disabilities. The School Counselor 2:60-7. 12 students; 2 sess; follow-up 2 wk. 10 achieved 100% of goal.


Walker L, Greening R (2010) Huikahi Restorative Circles: a public health approach for reentry planning. Federal Probation Journal 74(1). 16/23 (70%) not reoffend at 2 yrs, while State 3 yr recidivism is 54.7%.


generalised anxiety disorder: SFT and acupuncture for 6 wk. All remained improved at 6 wk follow-up.


Young S, Holdorf G (2003) Using solution-focused brief therapy in referrals for bullying. Education Psychology in Practice, 19(4): 271-282. 92 cases (26 single session cases excluded from analysis); one quarter from primary schools. 85 (92%) successful; avg 3.4 sess.

Yu Jinmei, Lu Wanjun, Chen Aimei, Jiang Yan, Zhang Min, Zhong Biquin, Yan Qingyue, Huang Jin (2016) Application of solution-focused nursing approach in warfarin therapy for atrial fibrillation patients. Clinical Psychosomatic Diseases 22(4). 100 hospitalized patients with atrial fibrillation. After health education warfarin self-care knowledge, awareness of warfarin consent rate significantly higher (P <0.05), atrial fibrillation anticoagulation management scale awareness significantly higher (P <0.01), medication compliance, monitoring of international normalized ratio compliance, international normalized ratio compliance rate all significantly better than the control group (P <0.01). Bleeding complications and embolic events were significantly less than the control group (P <0.05 or 0.01). doi: 10.3969/j.issn.1672-187X.2016.04.056-0161-03 (Mandarin)


Ziffer JM, Crawford E, Penney-Wietor J (2007) The Boomerang Bunch: A School-Based Multifamily Group Approach for Students and Their Families Recovering from Parental Separation and Divorce. The Journal for Specialists in Group Work 32:154-164. School counsellors: 5 parents; 8 sess. Groups for parents, older + younger children. All improved at 6 mon follow-up interview. (StrongToGoOn@aol.com)

OTHER RESOURCES


Klingenstierna C (Sweden; 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).

Journal of Solution-Focused Brief Therapy: editor Michael Durrant
International Journal of Solution-Focused Practices: editor Caroline Klingenstierna

EBTA homepage: www.ebta.nu SFT email list: SFT-L@listserv.icors.org
SFBTA: www.sfbta.org UK Association: www.ukasfp.co.uk SOLworld: www.solworld.org

Let me know of any errors or omissions.
Dr Alasdair Macdonald, Consultant Psychiatrist, UK