

RESEARCH REVIEWS

Solution-Focused Practices: Pick of the (Other) Papers 8/1

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Continuing what we hope will become a traditional section of the JSFP, for this issue we (Andreea Žak and Rytis Pakrosnis - European Brief Therapy Association (EBTA) Research Task Group members and Mark McKergow - JSFP editor) have selected seven papers recently published in other journals which we think are particularly interesting and useful for the establishment of the effectiveness of the solution-focused approach, understanding the process and providing recommendations for future practice and research.

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This time we have selected three controlled trials conducted in the clinical or medical settings and one controlled study conducted in the community, alongside two systematic reviews and one conceptual discussion paper. For each paper, we provide a summary and our reasons for picking it. Readers can follow the links to the online papers which, in all cases this time, have open access. We have adopted the convention of naming these review articles in line with the JSFP issue in which they appear, so this is number 8/1.

For more research, reviews, and theoretical or practice-oriented papers, readers are directed to online reference lists hosted by the [EBTA](#), [SFBTA](#), or [the Solution Focused Universe](#).

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Recommended Papers

Efficacy and executive function of solution-focused brief therapy on adolescent depression

Authored by: Chen, H., Zhou, M., Han, L., Manoharasetty, A., Yu, Z., & Luo, H.

Published in: *Frontiers in Psychiatry*, 2024, <https://doi.org/10.3389/fpsyt.2024.1246986>

Availability: Open access

This non-randomized controlled trial was performed in an outpatient setting in China and aimed to examine the effect of solution-focused brief therapy (SFBT) on depression and anxiety symptoms and executive functioning. The sample consisted of adolescents aged 12 to 18 years diagnosed with major depressive episodes based on DSM-IV criteria. Only adolescents not previously benefiting from psychotherapy and not presenting self-harming behaviors, suicide attempts, or any additional diagnosis were included.

The distribution into the SFBT or active comparison group (short-term psychodynamic psychotherapy) was based on participants' preferences. Despite a higher preference for participants to choose the psychodynamic than the SFBT approach, with a prevalence of 45 vs 37 per group, the dropout rates may indicate a preference to continue the treatment under the latter. The dropout rates were lower in the SFBT vs psychodynamic group on all measured aspects, i.e., 5 vs 10 participants ended treatment prematurely and 1 vs 4 discontinued measurements. Additionally, discontinued treatment due to worsening of symptoms requiring hospitalizations (2 vs 4) or due to early ending following recovery (1 vs 2) was also two times lower in the SFBT than psychodynamic group. Yet, the low rates per dropout reason don't allow clear inferences.

Finally, the data was examined on a similar amount of participants per group (28 in SFBT and 25 in the comparison group) with no significant differences between groups on age, gender, education or baseline medication. Both subjective (Patient Health Questionnaire-9, PHQ-9; Generalized Anxiety Disorder-7, GAD-7) and objective (verbal fluency task, VFT; brain activation measured through hemoglobin concentrations via near-infrared imaging spectrum) assessment methods were used at multiple times: baseline, 3rd, 6th and 10th session.

Results showed that by the end of treatment both SFBT and psychodynamic treatment led to a significant reduction in the presence and severity of depression (via PHQ-9 scores) and anxiety symptoms in general (measured through GAD-7). Yet, the SFBT group registered a faster and steady decline throughout the treatment, while the psychodynamic group had improvements only after the 10th session. Also, adolescents undergoing

SFBT had significantly higher performance on executive task (VFT) and brain activity in areas relevant for depression at each measurement time compared to those receiving psychodynamic treatment.

A particular relevance of this study is the evidence provided for increased activity in the dorsolateral prefrontal cortex, which was found by previous studies to be hypoactive in adolescents with depression symptoms, while being also responsible for emotion regulation and cognitive control. A higher activation of this area was noticed after the 6th session of SFBT, leading as such to a potential positive impact on depression symptoms.

The results of this study are important for showing with both subjective and objective measures the potential effectiveness of SFBT in adolescents diagnosed with depression.

Solution-focused brief therapy in community-based services: A meta-analysis of randomized controlled studies

Authored by: Franklin, C., Ding, X., Kim, J., Zhang, A., Hai, A. H., Jones, K., Nachbaur, M., & O'Connor, A.

Published in: Research on Social Work Practice, 2024, <https://journals.sagepub.com/doi/full/10.1177/10497315231162611>

Availability: Open access

This rigorously conducted meta-analytic review of 28 randomised controlled trials (RCTs) aimed to shed light on the outcomes of the SFBT in outpatient community-based social work services for adults, adolescents, and families. Based on a critical overview of previous SFBT outcome reviews, authors conducted a meta-analysis including only RCT studies assessing the SFBT outcome on six specific clinically relevant domains, such as depression and anxiety, health and wellbeing, behavioural health functioning, family functioning, and psychosocial adjustment. In addition, they examined the impact of the number and types of SFBT techniques used on effectiveness.

Results revealed that the overall treatment effect of SFBT when compared to different types of inactive or active (usually CBT) controls, was statistically significant with medium effect sizes for four outcome domains (depression, behavioural health functioning, family functioning, and psychosocial functioning) and non-significant for remaining two outcome domains (health and wellbeing, and anxiety). Another intriguing result from this study was that the use of three and less, or 10 and more, SFBT techniques did not result in significant treatment effects, which were instead significant when 4 to 9 SFBT techniques were used across all three categories (i.e., cooperative relationship, client strengths/resources, and desired future). Based on these results authors hypothesised a possible technical dosage effect in SFBT suggesting that using too little or too many SFBT elements may be counterproductive to clients' change. For example, becoming technique-driven and using too many techniques could contradict the general idea of SFBT as a collaborative co-construction process. Moreover, this study also

showed that using elements from all three categories (cooperation, resource activation, and desired future) together is essential for the effectiveness of the SFBT.

Discussed results of this meta-analytic study raise important questions for the practice and training and encourage researchers to look closer at the process and the role of different elements of SFBT.

Coaching for parents of children with type 1 diabetes: A randomized controlled trial

Authored by: Fung, A., Howard, D., Nichol, H., Irvine, M. A., Zhang, Q., Bone, J. N., ... & Hursh, B. E.

Published in: *Patient Education and Counseling*, 2024, <https://doi.org/10.1016/j.pec.2024.108205>

Availability: Open access

This RCT examined the effect of solution-focused health-coaching on health-related quality of life of children with type 1 diabetes, diabetes management, diabetes-related family conflict and level of blood glucose.

102 families were included in the study and randomly allocated to the intervention or control group. Parents from both groups received standard routine care, while the intervention group received additional solution-focused coaching provided by telephone every two-weeks for six months. Health-related coaching aims to facilitate change in behaviours with potential impact on the health condition. At the six months follow-up 18 families dropped out.

Results indicated no significant differences at the end of coaching and follow-up period on none of the outcomes of interest. Nevertheless, a steady improvement in the quality of overcoming treatment barriers across measurements was observed in the coaching group, as well as an increase in communication at follow-up as reported by both parents and children. Both these dimensions registered a decrease in the control group. Additionally, parents positively evaluated the solution-focused health coaching perceiving benefits for themselves as being able to set and follow through goals related to their child's diabetes management. 82% of parents recommended the addition of health-coaching to manage child's diabetes, and 58% wished to continue the coaching after the research ended. These results indicate that individual benefits exist for the direct receivers of the intervention; children not being actively included in the telephone coaching.

The relevancy of this study consists in the evidence provided on the application of solution-focused approach in the medical setting, where not so many randomised clinical trials have been performed. Increase in publications can strengthen the understanding of the effectiveness of the approach on various medical or non-medical related aspects specific to various conditions, with the potential benefit of tailoring the intervention for particular needs.

Solution-focused approaches in adult mental health research: A conceptual literature review and narrative synthesis

Authored by: Jerome, L., McNamee P., Abdel-Halim N., Elliot K., & Woods J.

Published in: Frontiers in Psychiatry, 2023, <https://doi.org/10.3389/fpsyt.2023.1068006>

Availability: Open access

In this conceptual review of 56 papers published between 1993 and 2019, by using a systematic search and narrative synthesis, authors aimed to identify the common attributes and capture the historical evolution of how solution-focused approach has been described and conceptualised in the published papers on adult mental health.

In total, five themes emerged from thematic analysis of the extracted data, reflecting main elements and concepts relatively stable across different descriptions of the solution-focused approach: SF perceived as moving away from traditional approaches; problems versus solutions; solution-focused tasks; views of others; and practitioner characteristics. Further, using narrative synthesis and concept mapping of the data authors built and presented a graphical conceptual framework, demonstrating the conceptualization of solution-focused approach in the adult mental health literature.

Several core elements of the solution-focused approach remained consistent across the publications and throughout the identified themes, e. g., seeing the client as an expert, the assumption of inevitable change, the importance of collaborative work and clients' empowerment, seeing the client rather than the problem as the centre of the process, the importance of concentrating on the client's future etc. The further analysis by grouping of publications by setting and publication year revealed the relative stability and coherence of how the SF approach is described and conceptualised in the literature related to its application in adult mental health. The authors provide several insights and possible explanations for such findings, comparing them to previous research, the nature of solution-focused approach and demands from the mental health system.

Along with other recently published conceptual and bibliographical literature reviews, this paper broadens our understanding of the historical development, current state of art, and possible future trajectories of the solution-focused approach and provides valuable ideas for the future research.

The effect of individual short- and long-term psychotherapy on perceived social support: Analysis of secondary outcomes of a randomized clinical trial

Authored by: Laurila, M., Lindfors, O., Knekt, P., & Heinonen, E.

Published in: Nordic Journal of Psychiatry, 2024, <https://doi.org/10.1080/08039488.2024.2306229>

Availability: Open access

This RCT is a continuation of a series of rigorous long-term research performed in Norway in the Helsinki Psychotherapy Study concerned with the effectiveness of SFBT on adult outpatients with anxiety and/or mood disorders as examined in comparison to short-term and long-term psychodynamic approach.

In this particular study, the research focused on the impact of the different treatment approaches on patients' perceived social support. The sample consisted of 326 adults aged 20 to 45 years with at least one year of work dysfunction, and not having any other additional diagnoses than anxiety and/or mood disorders based on DSM-IV criteria. The attendance to SFBT, short-term or long-term psychodynamic psychotherapy was assigned randomly. Dropout rate was larger in the long-term group than in the two short term groups both at the beginning of treatment due to change of mind about participation (26 vs 4 in the SFBT and 3 in the short-term psychodynamic groups) and premature ending of treatment (21 vs 11 in the SFBT and 10 in the short-term psychodynamic groups). A possible preference for short-term treatments could be inferred, though more investigation on this aspect is needed.

Multiple yearly measurements were performed across a five-year time. The results indicated significant improvement in perceived social support (measured through the Brief Inventory of Social Support and Integration, BISSI) in the SFBT group since the first year after treatment, while the short-term psychodynamic group reported improvement only after the third year. By the fifth year, the SFBT group had more improvements than the short-term psychodynamic approach (12% vs 7%). While the long-term psychodynamic group had more improvement during the third year than the SFBT one (15% vs 8%), no additional improvement was registered in the former group by the fifth year.

These results add to the evidence for the quicker benefits of the SF approach registered in the clinical population while additionally showing steady progress over time. It is worth noticing that the yearly measurement led to comparisons of patients still undergoing long-term treatment with those which already ended the short-term therapy. Despite this, the results are evidence of continuous improvement in participants' lives even after the solution-focused intervention ended, in line with the assumptions guiding the SF approach of activating resources already existing in a client's life and increasing the client's awareness of how to further use them.

Efficacy of Solution Focused Therapy Among Women with Post-Traumatic Stress Disorder due to Intimate Partner Violence in Selected Informal Settlements in Nairobi County, Kenya

Authored by: Njuki, M., Muriungi, S.K., & Tuikong, S.

Published in: African Journal of Clinical Psychology, 2023, <https://www.daystar.ac.ke/ajcp/article/efficacy-of-solution-focused-therapy-among-women-with-post-traumatic-stress-disorder-due-to-intimate-partner-violence-in-selected-informal-settlements-in-nairobi-county-kenya>

Availability: Open access

This paper investigated the efficacy of Solution-Focused Therapy (SFT) used to alleviate symptoms associated with Post-Traumatic Stress disorder (PTSD), among 116 women over 18 years of age who had experienced intimate partner violence (IPV). The sample was recruited from the informal settlements located in Nairobi County, Kenya. The study used both qualitative and quantitative data following the Concurrent Triangulation mixed method design. A control group (no treatment) in a similar settlement close by were used to compare results. Participants were screened for PTSD using tools from DSM-5 and for IPV using the Women Abuse Screening Tool (WAST). A 10-week SF intervention was used, following a baseline assessment. Directly after the intervention, an assessment was carried out to assess reduction of symptoms. A final assessment was carried out 12 weeks after the end of the intervention to assess the lasting impact of the treatment effects.

The results are startling; a significant reduction in the means of PTSD in the experimental group at the end of treatment which was maintained at the 12-weeks follow-up. There was no significant change in the PTSD symptomatology in the control group. Based on these results, the authors concluded that SFT was an effective intervention in alleviating the symptoms of PTSD in this population, who appear to be under-reported and under-investigated. The work is well rooted in established SF practice and academic writing. The authors conclude that the efficacy of SFT in reducing the severity of PTSD when one has experienced Intimate Partner Violence renders the application of SFT tremendously valuable in clinical practice.

The Pie of Inspiration: Positioning the Therapist's and Client's Knowledge in Solution-Focused Brief Therapy

Authored by: Zatloukal, L.

Published in: Contemporary Family Therapy, 2023, <https://doi.org/10.1007/s10591-023-09663-y>

Availability: Open access

This rich-in-content and thought-provoking theoretical paper starts with a conceptual discussion on “knowledge” and its sources in connection with the “not-knowing” or constructive curiosity stance (leading to co-constructing something new and valuable for the client) – one of the essential ingredients of the therapeutic relationship and co-construction process in SFBT. The author distinguishes between the knowledge/expertise on content and the process and argues, as well as illustrates by a case example, that content-related expertise (e.g., strengths) should not be necessarily limited to what the client already has, knows, or is aware of but could also be brought into the

conversation from multiple sources, including the practitioner. This idea is based on the notion that clients are not limited to what they already know, but rather have the resources to obtain new resources. Thus, along with being constructively curious, the skill of utilising the content-related ideas from the practitioner and other sources in respectful, useful, and solution-focused ways could enrich SFBT practice and benefit the clients.

Building on the conceptual discussion the author then turns to practise and offers some insights and methods on how to utilise different sources of knowledge and still stay solution-focused by maintaining partnership and transparency in the relationship with clients. In particular, the “Pie of Inspiration” – a model for introducing into the conversation ideas from various perspectives not limited to the client and organising them is presented and followed by some practical examples of applying when working with adults and children. Finally, acknowledging possible pitfalls of therapists sharing their content-related knowledge, the author concludes by offering some guidelines for doing this in a solution-focused way.

This paper stimulates the discussion on the nature and limits of the processes in SFBT and raises new important questions for theory, practice, training, and research.

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