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RESEARCH REVIEWS

Main Trends in Research on the Solution-Focused Approach in 2023: A Scoping Review 🇨🇳🇹🇼

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The article presents the results of the second annual Scoping review conducted by the EBTA Research Task Group members aimed to map the trends emerging from the research on the solution-focused approach published in 2023. Out of 120 articles published in 2023 and added to the SFA PubList by EBTA, 84 were research articles that were reviewed for the main characteristics of publication, context and sample, research methodology, intervention, and main findings on the outcome and process of the solution-focused approach. Additionally, the current review expanded the scope of analysis by including several additional aspects, such as dropout rates, the means to ensure fidelity, and the main solution-focused elements used in the researched solution-focused interventions. Along with the quantitative analysis and a summary of the main trends compared with the ones from the previous review, related issues, open questions, and suggestions for further research directions and quality are discussed. An overall conclusion can be made on the accumulation of more and more evidence for the efficacy and effectiveness of the solution-focused approach in various contexts coming from randomized-controlled trials and experimental studies, which are more often published in respectable scholarly journals. Future studies could look more into the process and mechanisms of change specific to the solution-focused approach, alongside the comparison of outcomes and processes with other established approaches. Chinese traditional Chinese simplified

Since 2018 the Research Task Group of the European Brief Therapy Association (EBTA RTG) has actively collected references to articles on the solution-focused approach (SFA) concerned with conceptual discussions, practice descriptions, new developments, and research conducted across different settings, contexts, and countries. A selection of the identified references is published online as the SFA PubList by EBTA. For a more convenient search or analysis, the references on the list are categorized by publication year, paper type, methodology, and research design. We hope that such a collection of references (currently listing more than 750 sources

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published since 1975) concerned with various aspects coming from multiple contexts and countries, and written in different languages will contribute to the widespread of solution-focused ideas and establishment of the approach internationally and interdisciplinary.

While maintaining the SFA PubList by EBTA, authors noticed a tendency for considerable growth in the number of published research papers in recent years. The growing number of studies provides more answers to important questions and evidence for the effectiveness of the approach. On the other hand, a question of quality and rigor of the research on the SFA arises. Moreover, single studies usually have a limited scope of questions and do not provide a larger picture. Systematic literature reviews including meta-analytic studies and umbrella reviews are conducted to reflect on the quality of research and see the broader picture covered by current studies. Several such reviews have been recently published, addressing SFA effectiveness in specific contexts and settings or analysing different moderators (e.g. Franklin et al., 2024; Karababa, 2024; Kim et al., 2023; Kumar et al., 2024; Neipp & Beyebach, 2024; Vermeulen-Oskam et al., 2024; Żak & Pękala, 2024). Systematic and umbrella reviews usually include the best study designs conducted so far and thus are selective. To our knowledge, no broad-scope all-inclusive reviews have been done to map the published research on SFA for a given time to identify current trends (including in methodological design) and gaps.

Thus, from 2023, members of the EBTA RTG decided to conduct annual Scoping reviews of research concerned with the outcome and/or process of the SFA published in the previous year to monitor emerging trends, gaps, and challenges (Żak et al., 2023). These reviews aim to answer the following questions: (1) What were the characteristics of the publications and the Journals chosen for publication, i.e., language, indexing?; (2) In what contexts was research on the SFA mainly conducted, i.e., country, sample, and setting?; (3) How was the research mainly conducted, i.e., what design, methodology, instruments, and control groups were used?; (4) What were the main solution-focused intervention characteristics?; and (5) What were the main outcomes of interest and findings?

We hope that annual reviews will serve as pictures of research on SFA that provide insights for practitioners, inspirations, and ideas for researchers, as well as a deeper understanding of where we have come and where we are going with the SFA research. Continuous reviews from each year will also allow yearly comparisons of the main trends. Following the first Scoping review covering publications from 2022 (Żak et al., 2023), this article presents the results of the second Scoping review of research on the SFA published in 2023.

Methods

The present Scoping review was conducted following the steps and methodology from the previous year as developed by Żak, Pakrosnis, and Kuminskaya (2023). Firstly, papers published in scholarly peer-reviewed

journals in 2023 regardless of the language and country of publication were identified via Google Scholar alerts and regular search of academic databases, such as EBSCO, Science Direct, and Scopus by using the keywords "solution-focused approach", "solution-focused therapy", "solution-focused practice", and "solution-focused work". Next, references to the papers presenting original research, a review, a conceptual discussion, a practice description, an intervention development, or a measurement instrument development or validation were added to the SFA PubList by EBTA. Finally, among the identified references the research papers on the outcome or process of the SFA were selected for inclusion in the Scoping review. Intended to be an all-inclusive review, no other inclusion or exclusion criteria were applied.

After selecting the papers, the Scoping review was conducted following subsequent steps. First, an initial screening of each identified publication was performed to check for inclusion criteria. Following, information (in a table format) on publication characteristics (e.g., Journal title and indexing information), context and sample characteristics (e.g., country, setting, age, gender), study characteristics (e.g., design, type of control group), intervention characteristics (e.g., modality, number of sessions), and main findings was extracted. Then a quantitative summary of each aspect of interest was produced and synthesized into the main trends for each reviewed aspect. In this second review, the scope of analysis was expanded by reviewing additional aspects of the reviewed studies, such as dropout rates, the means to ensure fidelity of the solution-focused intervention, and the number and type of main solution-focused elements used in reviewed studies.

Both authors collectively worked to identify and select references to be included in the SFA PubList by EBTA. Following agreement on the papers fitting the inclusion criteria for the Scoping review, i.e., outcome and process studies, the pool of publications for review was split equally between authors. Each worked separately to extract relevant information and performed quantitative summarization. Then the results were discussed and approved jointly. If questions or categorization issues appeared along the way, each author examined the same article, and then both authors discussed it together until a final decision was reached. For the final step, represented by synthesizing the information, both authors discussed the observed main trends until an agreement was reached.

Results

A total of 120 papers published in 2023 were added to the SFA PubList by EBTA, including 84 (70.0%) research articles, 6 (5.0%) reviews (2 systematic reviews based on meta-analysis methodology, 2 traditional narrative reviews, and 2 Scoping reviews), 25 (20.8%) theoretical papers (19 practice descriptions, 5 conceptual discussions, and 2 intervention development), and 5 (4.2%) correlational studies. The Scoping review included only the 84 research articles that were concerned with the outcome (k = 68; 81%), process-outcome (k= 8; 9.5%), or process (k = 8; 9.5%) of the SFA.

The results of the analyses and identified trends are presented and discussed further, structured around each of the aspects to which the current Scoping review aimed to find answers. The characteristics of each reviewed publication, its study context and sample, methodology, intervention, and main findings are presented in Table S1 as supplementary material.

Publication Characteristics

The majority of the 84 reviewed research articles were published in English (k = 55; 65.5%), which is a natural tendency, having in mind that most scholarly journals available online are published in English. Other represented languages were Persian (k = 16; 19.0%), Chinese (k = 6; 7.1%), Arabic (k = 2; 2.4%), Indonesian (k = 2; 2.4%), Korean (k = 1; 1.2%), Polish (k = 1; 1.2%), and Turkish (k = 1; 1.2%).

The articles were published in different journals, with six of them each including two papers, i.e., Aging Psychology, Jurnal Bimbingan Konseling, Families in Society, KONSELI: Jurnal Bimbingan dan Konseling, Journal of Psychological Science, and Rooyesh-e-Ravanshenasi Journal (RRJ). To evaluate the impact of the journals that publish research on the SFA the index and citation data from three different sources were analysed, i.e., Impact Factor (IF) from Journal Citation Reports (JCR) by Clarivate (based on 2023 data), SCImago Journal Rank (SJR) indicator by Scopus (based on 2023 data), and h5 from Google Scholar (based on 2019-2023 data). The analysis indicated that 65% (k = 55) of journals were listed by at least one of the selected indexes, while 20 (24%) were indexed by all three. The majority of journals (k = 52; 62%) were indexed by the easiest-to-access h5 index, while a lower percentage (k = 29; 35%) were indexed by either one or both of the two most valued indexes (i.e., IF and SJR). The indexing scores ranged from 0.7 to 9.5 for IF, 0.14 to 2.19 for SJR, and 4 to 77 for h5 respectively.

Context and Sample Characteristics

In 2023 the research on the SFA was conducted with samples originating from 21 countries (see Figure 1) across all continents. The largest part of the samples came from Asia (k = 56; 66.7%), with Iran, China, and Indonesia as leading countries. Notably, as much as 9.5% (k = 8) of research was done in Africa, slightly more than in North America (k = 6; 7.1%; five of them in the USA) or Europe (k = 5; 5.9% from which two were conducted in the Netherlands). Contributions from South America (k = 2; 2.4%) and Australia (k =1; 1.2%) were comparatively small in 2023. In addition, 3.6% (k = 3) of the research sample was international, and another 2.4% (k = 2) was cross-continental (North America and Asia; Europe, Africa, and South America). Finally, in 1.2% (k = 1) of papers, the information on the country of the research sample was not available.

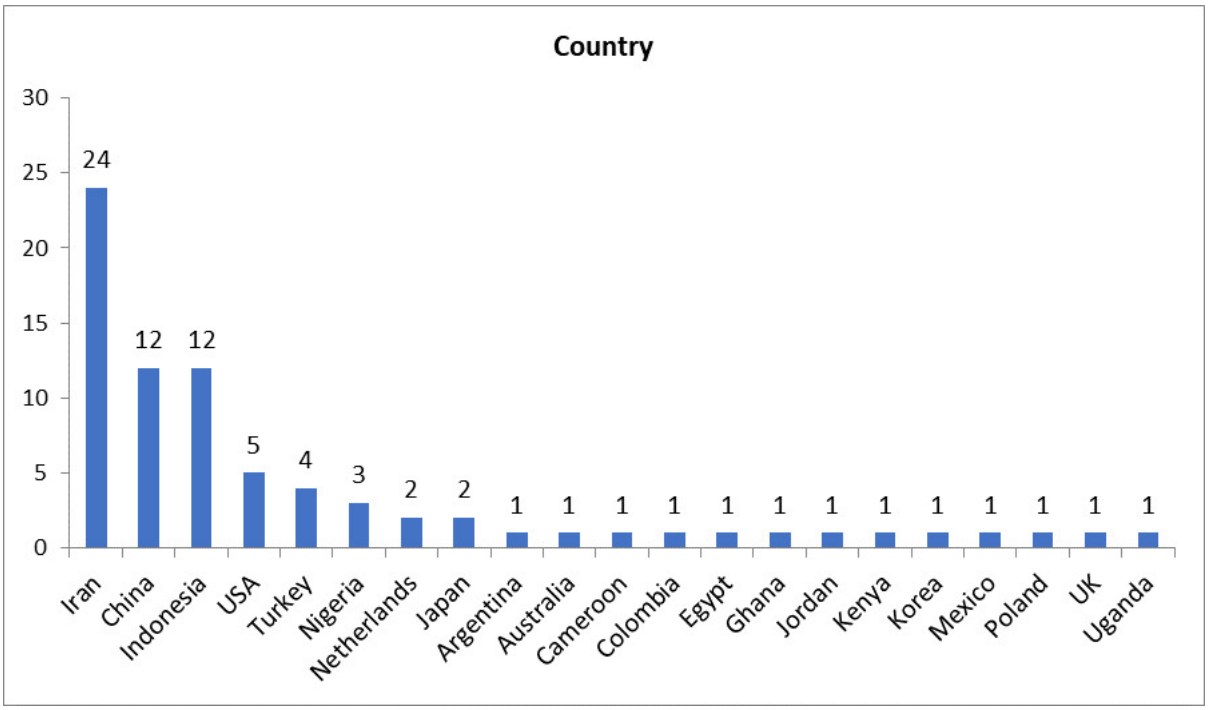

Figure 1. The distribution of SFA research published in 2023 by the country where the study was conducted

The information on sample size was reported in 94.1% (*k* = 79) of papers. Two papers (2.4%) did not report this information, and for three papers (3.6%) it was not accessible to the authors. A total of 4561 participants (*avg.* = 57.73 per study; range 1 to 574) participated in the research on the SFA in 2023.

Samples were mainly recruited from educational (*k* = 32; 38.1%), medical/health care (*k* = 26; 31.0%), and counselling services (*k* = 15; 17.9%) settings. Samples from other settings were less represented, i.e., social care (*k* = 4; 4.8%), coaching (*k* = 2; 2.4%), and workplace-related (*k* = 1; 1.2%). This information was not available for 4.8% (*k* = 4) of studies.

In more than half of the studies, participants were adults (*k* = 50; 59.5%), and in almost one-third, adolescents (*k* = 22; 26.2%), while children (*k* = 5; 6%) or mixed-age samples (*k* = 2; 2.4%) were less represented. This information was not available to the authors for three (3.6%) articles, and for two (2.4%), it was not reported.

Almost half of the studies (*k* = 36; 42.9%) were based on samples with a higher prevalence of females than males (i.e., more than 51% of the sample), among which in 20 studies the sample was represented exclusively by females. Samples where males outnumbered females (i.e., more than 51% of the sample), were used in only 14.3% (*k* = 12) of studies two of them including only male participants. An equal gender distribution was observed only in 10.7% (*k* = 9) of studies. However, 21.4% (*k* = 18) of research papers did not report the participants' gender, in 10.7% (*k* = 9) of studies this information was not available. In addition, other demographic characteristics (e.g., ethnicity, education, relationship status) were reported even less frequently, not allowing the summation of these characteristics.

Study Characteristics

Design and Methodology

A quantitative research methodology was predominant (k = 65; 77.4%) among the identified published papers from 2023. Ten (11.9%) studies were mixed-method research, while qualitative-only methodology was used in nine (10.7%) studies. Bearing in mind, that the vast majority of studies investigated outcomes of the SFA, naturally the predominant research designs were experimental with a higher prevalence of experiments (k = 32; 38.1%) and quasi-experiments (k = 17; 20.2%) than randomized controlled or clinical trials (RCTs; k = 9, 10.7%). Single-group pretest-posttest design was present in 13 (15.5%) studies. Other designs were less prevalent, i.e., thematic analysis (k = 5; 6%), case studies (k = 3; 3.6%), case analysis (k = 2; 2.4%), and grounded theory method (k = 2; 2.4%). Finally, one (1.2%) study used action research.

Outcome Measurement Instruments

Considering that SFA holds a strength-based view, it is unsurprising that positive-focused measurement instruments were used more often, either alone (k = 28; 33.3%) or combined with problem-focused (k = 33; 39.3%) measures. Problem-focused aspects alone (k = 15; 17.9%) were less prevalent in research in 2023. Two studies (2.4%) used process-focused measures (i.e., semi structured interviews). Measurement tools were not applicable in five (6.0%) or unavailable to the authors in one (1.2%) study.

Type of Control Group

In line with the research design, 58 (69%) studies included a control group from which for one study the information on group characteristics and between-group results was not available to the authors as it was not included in the accessible abstract. Passive (k = 24; 42.1%), active (k = 22; 38.6%), and mixed (passive and active; k = 11; 19.3%) control groups were used in the research on the SFA in 2023. Since 11 studies used both active and passive controls, the total number of control groups used was 68, with 35 (51.5%) being passive and 33 (48.5%) active. Among the total of 68 groups, the passive controls were represented by no treatment (k = 29; 42.6%) and waitlist (k = 6; 8.8%), while active comparisons groups were most often represented by other known approaches (k = 15; 22.1%) or treatment as usual (TAU; k = 13; 19.1%), and less by placebo (k = 2; 2.9%). Three (4.4%) studies concerned with the process included various comparison groups such as reading solution-focused vs problem-focused vignettes, receiving solution-focused vs problem-focused questions, and assessing progress by scaling vs dichotomous questions. The other known approaches used for comparison were most often mindfulness-based cognitive-behavioural therapy (CBT), but also schema therapy, problem-focused coaching, GROW coaching, generic group counselling, integrated transdiagnostic intervention, reality therapy, acceptance and commitment-based therapy, and compassion-focused therapy.

Intervention Characteristics

The main characteristics of the solution-focused interventions are summarised below such as format (e.g., individual, group), modality (pure vs. combined), means to ensure intervention fidelity, core elements of SFA used in the intervention, and the number of sessions.

Intervention Format

In 2023, almost half of the studies investigated SFA as a group intervention (k = 38; 45.2%), including two studies in which SFA was applied in an online group format. The SFA as an individual intervention (including one provided online) was used in 17 (20.2%) studies, and as a couple or family therapy in seven (8.3%) studies with one of them providing it in a mixed format of individual and group sessions for couples and one in an online format. Five (6.0%) studies investigated solution-focused self-help worksheets or computerized tools. Two (2.4%) studies examined the SFA applied as an activity during which participants were asked to describe a situation or goal by responding to single or several solution-focused questions and one (1.2%) as a mixed individual and group intervention. Finally, solution-focused training was investigated in a single study (1.2%). The intervention format was not reported in five (6.0%) studies and for the other six (7.1%) studies this information was not available to the authors, while for two (2.4%) studies this aspect was not applicable.

Intervention Modality

Notably, information on the modality of the intervention studied was not always reported (k = 11; 13.1%) or accessible (k = 11; 13.1%), and for four (4.8%) papers it was not applicable. Only in one-third of the studies (k = 27; 32.1%), the intervention was based exclusively on the SFA. In other studies, the intervention was either modified (k = 17; 20.2%), adapted to fit a specific context or setting (k = 7; 8.3%), or combined with other approaches (k = 7; 8.3%) including psychoeducation or a large variety of elements specific to CBT, narrative therapy, motivational interviewing, or family therapy.

Intervention Fidelity and Core Elements Used

Information on the means to ensure solution-focused intervention fidelity was reported in 63.3% (k = 51) out of 79 papers where this aspect was applicable. This information was either not reported (k = 15; 17.9%), or not available to authors (k = 13; 15.5%) for the remaining papers. Protocols for providing solution-focused intervention were the predominant method to ensure fidelity (k = 40; 47.6%), while manuals (k = 3; 3.6%) and integrity checklists (k = 2; 2.4%) were used very rarely.

Core elements of the SFA used in the investigated interventions were reported in 62.8% (k = 49) out of 78 papers where this aspect was applicable. This information was not reported in 20.5% (k = 16) of studies, or not available to the authors in 16.7% (k = 13) of papers. In total 7 core elements

were mentioned across all studies, though they were specifically described in only one study. The range of core elements varied from 1 to 7 with an average of 3.9 per study. Among 49 papers reporting core elements, the most frequently mentioned ones were: preferred future (k = 45; 91.8%), exceptions (k = 39; 79.6%), scaling (k = 33; 67.3%), search for clients' strengths (k = 31; 63.3%), and the end-of-session-feedback (k = 26; 53.1%). The use of coping (k = 12; 24.5%) questions was less frequent in the reviewed studies, while pre-session change was the least mentioned element (k = 4, 8.2%).

Number of Sessions

Out of 79 studies for which the number of provided sessions was applicable, 10 (11.9%) did not report this information, and for eight (9.5%) it was not accessible to the authors. Two (2.6%) papers provided either only an average, i.e., 3.3 (Chen et al., 2023), or a range, i.e., from 1 to 3 (van Loggerenberg et al., 2023). Due to the lack of information on the general number of sessions, data from these two studies were not included when calculating the average and frequency of the number of sessions. Thus, the exact number of sessions was reported in 59 (70.2%) papers, with an average of 6.02 sessions per study and a range between 1 and 18 (mainly between 1 and 8 with only three single papers each reporting 10, 11, and 18 sessions).

The analysis of the frequency of the sessions (see Figure 2) revealed that fewer studies reported one (k = 5; 8.5%) or 2 to 4 sessions (k = 10; 16.9%), while more studies reported 5 to 6 (k = 20; 33.9%) or more than 7 (k = 24; 40.7%) sessions. It is worth mentioning that some studies, mostly the ones concerned with group intervention, had in their study design a predetermined fixed number of sessions (usually 6 to 8) not reflecting the client's needs related to the length of the intervention.

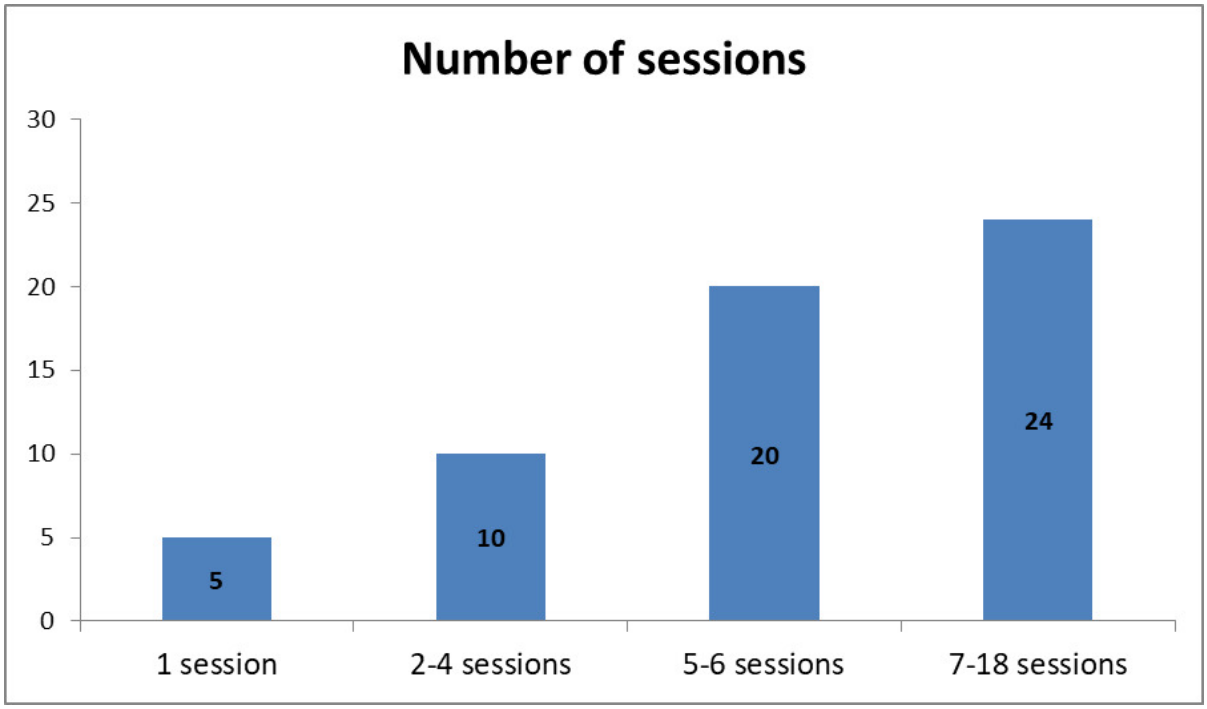

Figure 2. The distribution of SFA research published in 2023 by number of sessions; n = 59

Dropouts

The information on dropout rates for solution-focused intervention groups was reported in 35.1% (k = 26) out of 74 papers where this aspect was applicable. The average dropout percentage for solution-focused intervention groups in these studies was 7.6%, ranging between 0 and 25%. However, as much as 43.2% (k = 32) of papers did not report this information, and for 21.6% (k = 16) of papers, this information was unavailable to the authors.

For control groups dropout rate was reported in 34.8% (k = 23) of papers where this aspect was applicable, resulting in the average dropout rate of 6.8%, ranging between 0 and 25%. Again, 33.3% (k = 28) of papers did not report dropout rates and in 17.9% (k = 15) of papers, this information was not available to the authors. The dropout rates reported in the solution-focused vs control group were equal or similar (a difference of up to 2%) in 15 (65.2%) studies, lower (a difference between 5% and 12.5%) in five (21.7%) studies, respectively higher (a difference between 5% and 14%) in three (13.1%) studies.

Main Findings

A wide variety of outcomes were examined in the studies identified, i.e., well-being or hope (k = 22), mental health (k = 18), emotional (k = 16), self (k = 14), family (k = 13), behavioural (k = 10), solution-related (k = 10), medical (k = 9), social (k = 5), academic (k = 5), coping (k = 5), attitude (k = 5), addiction (k = 3), process-related (k = 3), and cognitive functioning (k = 1). Some studies examined more than one outcome category, thus the sum is higher than the total number of studies.

Within-group Outcomes (Pre-Test to Post-Test/ Follow-up)

Two-thirds of the reviewed studies (k = 56; 66.7%) examined changes in the variables of interest within the intervention group between pre-test and post-test or follow-up assessments. The within-group changes were not reported in 12 (14.3%) studies, not applicable due to the research design in 12 (14.3%) studies, or were not available to the EBTA RTG members for four (4.7%) studies.

The majority of studies examining within-group changes reported positive findings that reached statistical significance for all (k = 41; 73.2%) or part (k = 8; 14.3%) of measured outcomes with no negative outcomes reported. Seven (12.5%) studies reported positive results without reaching or reporting statistical significance levels. The significant positive outcomes were maintained at 1 to 6 months follow-up in all 19 (100%) studies measuring the long-term maintenance of progress.

Between-group Outcomes (SFA vs Control Group)

Out of the 58 studies including a control group, the between-group comparison results were not available to the authors for two studies, i.e., not reported in the accessible abstract. For the other two studies, the between-

group comparisons concerned the differential effect of asking scaling vs dichotomous questions to assess progress and thus were summarized together with other process studies. Thus, the between-group outcomes were examined based on the remaining 54 studies with a total of 63 control groups, since some studies used two control groups. A vast majority of these studies indicated significantly better results for all measured outcomes in the solution-focused group compared to no treatment (k = 23; 42.6%), waitlist (k = 5; 9.3%), placebo (k = 1; 1.18%), and TAU (k = 11; 20.4%). Few studies reported significantly better results for the solution-focused intervention groups on some of the measured outcomes as compared to no treatment (k = 3; 5.6%), waitlist (k = 1; 1.8%), placebo (k = 1; 1.8%), and TAU (k = 2; 3.5%). One study (1.8%) found mixed results for different outcomes compared to no treatment in high school students, i.e., the solution-focused group performed significantly better on escape orientation, similar on overall problem-solving attitudes, and significantly worse on confidence orientation (Lin et al., 2023).

Fifteen studies compared the effectiveness of SFA to other known approaches, such as reality therapy, mindfulness-based CBT, schema therapy, acceptance and commitment therapy, compassion-focused therapy, or the problem-focused approach by contrasting differences when asking questions or reading case vignettes. Among these, the majority of studies (k = 10; 66.7%) indicated similar outcomes between groups. Only two (13.3%) studies indicated significantly better outcomes for the solution-focused group on internalizing issues (e.g. expressed emotions) compared to mindfulness-based stress reduction (Karami et al., 2023b), and respectively positive and negative affect as well as positive expectations for treatment compared to problem-focused case description vignettes (Geschwind & Dunn, 2023). One study (6.7%) indicated significantly worse outcomes for the solution-focused group when the SFA approach was combined with narrative therapy and compared to mindfulness-based stress reduction on sleep quality (Karami et al., 2023a). Two (13.3%) studies indicated mixed results for different outcomes. The solution-focused intervention group performed significantly better compared to problem-focused coaching and GROW on hope and problem-solving expectancy when participants' openness-to-experience was high, but significantly worse on goal clarity when participants' openness-to-experience was low, while no significant between-group difference was found in positive and negative affect (Abdulla, 2023a). In another study, the solution-focused intervention group had a similar outcome on suicidal thought intensity one week after the end of the treatment, but significantly worse results at one-month follow-up compared to transdiagnostic intervention (Asadi et al., 2022).

Solution-Focused Process Findings

Sixteen (19.05%) studies were concerned with the solution-focused process mainly investigating the role of solution-focused elements on the outcome (k = 6; 37.5%), the practitioner's (k = 4; 25%), client's (k = 2; 12.5%) or both practitioner and client's (k = 1; 6.2%) experience with the approach, and therapeutic alliance (k = 3; 18.8%).

Solution-focused elements. Process studies examined the effect of setting goals, focusing on resources and exceptions, and asking scaling or miracle questions as well as the content of the end-of-session feedback on clients' outcomes and therapists' experience with their application.

Defining realistic goals significantly correlated with increased confidence in goal achievement and completion as well as with increased well-being and life satisfaction among participants (Beauchemin et al., 2023). Focusing on clients' goals, strengths, and identified exceptions was found to potentially increase the in-training-therapists' hope and positive emotions toward the clients' success (Geschwind & Dunn, 2023). A study by Choi (2023) revealed that listening and amplifying clients' resources and exceptions increased clients' self-initiated solution-focused talk even when their presenting problems were serious. Also, the client's solution-focused talk was rather a product of dynamic interaction than a linear consequence of a single therapeutic intervention. The study also found that solution-focused therapists' feedback was indeed future-oriented and focused on amplifying solutions rather than solving past problems.

In turn, assessing current success towards reaching a goal on a scale as opposed to a binary yes-or-no form in a computerized format was not associated with between-group differences in goal attainment expectancy and commitment (Abdulla, 2023b; Abdulla & Woods, 2023). Similarly, asking the miracle question in a computerized self-help format did not produce significantly better outcomes compared to problem-focused questions or GROW (Abdulla, 2023a).

Practitioners' experience with the solution-focused approach. The perceived experience of using the SFA was examined in different settings applied as a stand-alone intervention or as a part of a larger intervention program.

Counsellors' experience with applying SFA in an online single-session format with adolescents revealed several themes as being fundamental for successful work, i.e., creating a counselling relationship, having essential communication skills, and time management (Mulawarman et al., 2023).

The analysis of the firefighter first responders' experience with SFA in crisis intervention while offering support to their colleagues led to the identification of five themes: intentionality, becoming solution-focused informed, integrating new ideas, using questions as interventions, and self-care (Tillman et al., 2023).

Social workers, applying SFA in their work, reported the usefulness of scaling questions, exceptions, and clients' empowerment, while social work students in training perceived weaknesses of the approach associated with the miracle question and omitted past talk (Miś, 2023). Several issues in learning the SFA were identified, such as clients' resources being ignored by students, their avoidance of controversial or conflicting topics, and failure to include clients' views as a basis for change (Miś, 2023).

The perception of two intervention programs that included solution-focused elements was examined. The assessment of the DIALOG+ program as applied in focus groups with schoolteachers and students yelled three main themes: reflections on the application and use of technology, perception of student-teacher roles in the implementation of the intervention, and perceived effects on students' mental health and behaviours (Gomez-Restrepo et al., 2023).

Resident care workers identified both positive and negative aspects of using the solution-focused elements combined with the motivational interview, with a similar percentage reporting only positive or negative ones (42%) and an overall tendency for positive ratings, i.e., average score of 7.3 on a scale from 1 (the worst program) to 10 (the best program; Eenshuistra et al., 2023). Among the positive aspects, practitioners mentioned getting to know the client and developing ideas for actions including action plans, testing, and open questions. Negative aspects were related to difficulties in working with uncollaborative adolescents in compulsory care and in being silent while waiting for clients' responses to questions.

Clients' experience with the solution-focused approach. Adolescents reported both positive and negative aspects of the solution-focused intervention applied in residential care such as feeling listened to, being able to talk, receiving testing questions instead of ready responses, but also not liking to talk, not liking the topic, and not understanding the aim of the intervention (Eenshuistra et al., 2023).

Adult female clients diagnosed with HIV, after experiencing the SFA, appreciated not being defined by their diagnosis, developing skills to find solutions, perceiving progress toward goals, safety in expressing emotions, receiving group support, reported having positive responses to the intervention, willingness to recommend the intervention, and improving access to the intervention (Yates et al., 2023).

A mixed age group of cancer survivors perceived the SFA as overall positive, unique, more conversational, and less formal compared to psychoeducation programs or other traditional approaches such as CBT or psychoanalysis (Zhang et al., 2023). The patients appreciated the brevity of the intervention and its positive effects. They perceived several strengths such as the co-constructive stance, the client's active contribution to the process, the reinforcement of hope, and the exploring opportunities despite the cancer

diagnosis. Weaknesses of the intervention were also perceived in the form of guilt when between-session assignments were checked and feeling misunderstood for the reasons of being in therapy as a mandated client.

Therapeutic alliance. Respecting and appreciating the client's perspective, specific to SFA, was found to be an integral part of developing and maintaining the therapeutic alliance (Fife et al., 2023), which in turn was associated with a decrease in perceived symptoms severity both during and between solution-focused sessions (Manubens et al., 2023). Furthermore, therapeutic alliance within the solution-focused process significantly predicted parenting stress, while parents' engagement in therapy significantly predicted family functioning (van Beek et al., 2023).

Discussion

In this Scoping review, we continued to analyse the yearly trends in publication, sample, research, and intervention characteristics, as well as the main findings as they emerged from the articles on SFA research published in 2023. Compared to 2022 (Żak et al., 2023) the EBTA RTG members identified overall more published papers, i.e., 120 vs 71, and more research articles, i.e., 84 vs 58, among which there was more outcome (69 vs 47) and process (8 vs 3) studies, and a similar number of process-outcome studies (7 vs 8). This could result from a higher effectiveness of the EBTA RTG in identifying published research for the SFA PubList by EBTA. Nevertheless, an increase in publications on SFA was also previously identified by other reviews (Beyebach et al., 2021; Kim et al., 2019), which may indeed suggest a growing body of research on the SFA. Further Scoping reviews covering more than one year could be more adequate to confirm this positive tendency.

Several trends observed in the previous review (Żak et al., 2023) were evidenced by the current examination of the 2023 published research papers on all examined aspects, i.e., publication characteristics, sample and context, methodology, intervention, and main outcomes. Specifically, we continued to see a predominance of English over other languages. The reviewed research papers were also published in Arabic, Chinese, Indonesian, Korean, Persian, and Polish languages. Compared to 2022, more countries were represented in publications (21 vs 15) indicating a wider global spread of interest in research on SFA. The majority of research still originated from Asia, with an obvious increase in numbers (from 56 to 37) and with Iran continuing to be the leading country with almost a double increase in identified publications (from 15 to 24). A double increase was also observed in publications from Africa (from 6 to 3), while the number of research originating from North America decreased by half (from 12 to 6) and remained the same for Europe (5 vs 5). It is difficult to say whether these geographical differences result from a different engagement of scholars in research on the SFA, a quicker and easier publishing process in some parts of the world or are accidental and related to better accessibility of online publications from certain regions. Another observed continuous tendency was that research papers were mostly published in different journals, with some exceptions when two papers

appeared in the same journal. The frequency of journals listed in at least one of the chosen indexes (i.e. IF, SJR, or h5) increased from 53% in 2022 to 65% in 2023. This trend indicates an increase in publications on SFA in renowned journals which can potentially lead to an increase in the academic impact of the publications providing stronger arguments for the establishment of the SFA as an effective and evidence-based approach.

The educational, medical/health care and outpatient care settings continued to be the most researched contexts. The participants continued to be more often represented by female adults and other demographic characteristics of the participants were still unreported which impedes exploring other sample-related trends.

The methodology used in 2023 papers followed a similar trend as the one observed in the previous year, though differences were also found. Outcome research performed using quantitative methodology, represented mainly by experimental design (with as much as 1/10 being RCTs), was more frequently published than process or process-outcome studies and those using qualitative research design. This trend indicates a continuous interest in providing evidence for the effectiveness of the SFA more than in answering the question of how and why SFA works. In experimental studies, passive and active control groups were applied with a similar frequency. No-treatment control groups are still the most prevalent type of control, present in almost half of experimental studies, despite being considered an outdated research strategy. Only one-fifth compared the outcome of the SFA to other known approaches. A noticeable distinction in methodology compared to the trend observed in 2022 was a higher use of positive-focused than problem-focused measurement instruments, which is in line with the strength-based view specific to the SFA. In the previous year, the reverse was observed (Żak et al., 2023). The research continued to examine the effectiveness of SFA for a wide variety of outcomes with well-being and hope being more predominantly studied this time alongside mental health and emotional issues.

The solution-focused interventions continued to be more predominantly applied in a group rather than individual, couple, or family format, leaving the question of how well this prevalence reflects the real-life applications of SFA still open. Similar to the 2022 trend, a third of the studies published in 2023 reported modifications to the solution-focused intervention by including psychoeducation or elements specific to other known approaches, mainly CBT. A tendency to apply the SFA for more than 4 sessions (6 on average) was still present which could be partially explained by a considerable amount of research on group interventions which are usually planned for a predetermined number of 6 to 8 sessions. This notion again brings us back to the question of how well the SFA applied in research reflects its application in real practice.

In the current Scoping review, two additional aspects not previously accounted for were considered, i.e., treatment fidelity and dropout rates. Protocols were the predominant form reported to ensure fidelity and were

specific to the research of group or couple interventions and seldom in studies of individual interventions. In the latter, fidelity was ensured mainly by the use of manuals, integrity checklists, or session recordings. All seven core elements specific to the SFA (Gingerich & Eisengart, 2000; Kim & Franklin, 2009; Trepper et al., 2014) were reported to be used across the reviewed studies, with only one study reported using them all (Zhang & Froerer, 2023). Preferred future, scaling, exploring exceptions and strengths, and end-of-session feedback were the most prevalent core elements reported, while pre-session change was the least used element. Nevertheless, information on intervention characteristics continues to not be provided in full and thus limits the examination of actual trends.

The dropout rates reported across studies for both the solution-focused and control groups ranged between 0% to 25%. The rates for the solution-focused group were often low, ranging between 0% and 8% in 18 out of the 26 studies reporting this information, including 10 studies in which the dropout rate was zero. The dropout rates were often similar to or lower than the ones identified in the control groups, with three exceptions, all RCT studies compared to treatment as usual or placebo. These results are in line with previous findings according to which the dropout rates of problem-solving approaches are significantly lower compared to other approaches (Cuijpers et al., 2008). The largest dropout rates (between 23% and 25%) were reported for studies using a single-group design and may result from the criteria used to define what a dropout is. For example, a dropout of almost 23% resulted from including all participants who failed to attend up to four sessions (Manubens et al., 2023). Considering that participants in solution-focused intervention can experience progress even in less than four sessions (Mcdonald, 2011), without further information it is difficult to say whether the dropout was a consequence of the misfit instead of the success of treatment. The reason for dropping out after experiencing the intervention is worth pursuing to better understand how the SFA is perceived and adapted to the client's needs.

Similar trends in the main findings can be seen across the outcome research published in 2023 vs. 2022. Participants attending solution-focused interventions reported positive outcomes which were maintained at the follow-up assessment and no evidence of harm (negative outcome) from within-group comparisons was reported. As for between-group comparisons, research continued to show significantly better outcomes associated with SFA in comparison to passive controls, placebo, or TAU, and rather similar outcomes compared to other known approaches. Single studies reported significantly worse outcomes in some aspects for the SFA group as compared to control. Considering the heterogeneity observed on all examined characteristics, the current research continues to provide evidence for the efficacy and effectiveness of SFA for a wide variety of outcomes, applied to different populations, in various settings, and various formats of interventions.

Process studies continued to be interested in how various elements of the SFA affect both the client's outcome and the practitioner's and client's experience with the approach. Computerized self-help programs showed no difference in clients' outcomes when progress was assessed in a binary or scaling form, or when the miracle question was compared to problem-focused ones (Abdulla, 2023a, 2023b; Abdulla & Woods, 2023). Considering the specificity of computerized interventions, it would be interesting to see how these variations are reflected in real-life practice. Working towards goals with a highlight on clients' strengths was found to positively impact practitioner's expectations and attitudes towards the clients (Choi, 2023; Geschwind & Dunn, 2023). This may be an important way through which SFA continues to show positive results in research, considering that therapists' expectations and faith in the approach impact the outcome (Wampold, 2001). Future process studies could examine the potential mediating role of solution-focused therapists' expectancy on the clients' outcomes.

Adult clients appreciated several aspects of the SFA (Yates et al., 2023), while negative aspects were reported by studies including teenagers (Eenshuistra et al., 2023; Zhang et al., 2023) from both the client and practitioner's perspective (Eenshuistra et al., 2023). Considering that previous meta-analyses indicated that the SFA was less effective for adolescents than other age groups (Gong & Hsu, 2017; Schmit et al., 2016), more process studies are needed to examine what are the adjustments to the intervention that could lead to a higher fit.

Process studies were also concerned with the therapeutic alliance, showing that this aspect is not only taken into account in the SFA but is also an integral part of the co-construction process (Fife et al., 2023) with positive effects on therapy outcomes (Manubens et al., 2023; van Beek et al., 2023). These findings go against the critical voices who assume that the therapeutic alliance is not taken appropriate care by solution-focused practitioners.

Limitations and Future Recommendations

The Scoping review has several limitations. Firstly, being a Scoping review no systematic literature search or statistical analysis was employed. Despite an overall search across several databases, it is possible that the EBTA RTG group did not have access to all published research in 2023. Additionally, the presented trends are based only on references with online availability and do not include articles available only in a printed version. Secondly, a duplication of screening and data extraction was applied only for part of the references included, mainly where uncertainty arose. Therefore, normal human errors could have occurred during these steps. Thirdly, though more information was extracted than in the previous Scoping review, the quality of the research was not examined. All results were analysed together without accounting for the difference in the quality and reliability of the data. In the future, we consider further improvements to the Scoping review process by

including specific assessment tools to provide a clearer picture not only of the trends but also of the confidence in the evidence based on the quality of the methodology employed.

Conclusions

The trends that emerged from the analysis of the outcome, process, and outcome-process studies published in 2023 and included in the SFAPubList by EBTA mostly confirmed the ones identified in the first such yearly Scoping review (Żak et al., 2023). Evidence for the efficacy and effectiveness of the SFA seems to grow yearly with papers published in more impactful journals, and slightly more interest in *how* and *why* the solution-focused process works. However, the balance between outcome and process research could be better. In addition, outcome studies could also move from comparing solution-focused interventions to no-treatment controls towards comparative studies against other established approaches looking for differences not only in outcomes but also in the process and mechanisms of change.

Finally, considering the high heterogeneity across all observed aspects relevant under the acronym PICO, i.e., population, intervention, control group, and measured outcomes, the next step in establishing the effectiveness of the SFA is to focus also on confidence in the findings by accounting for the methodology of the research. Future publications could contribute to this aim by being transparent and providing in full at least the minimum required information on the PICO aspects.

Statement of Ethics

An ethics statement is not applicable because this study is based exclusively on previously published literature.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Supplementary Materials

Table S1. Summary of selected characteristics of the reviewed articles published in 2023

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The List of Studies Included in the Scoping Review

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