

RESEARCH REVIEWS

Solution-Focused Practices: Pick of the (Other) Papers 10/1

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In this edition of the Pick of the (Other) Papers, we have selected seven papers in all. Four of the papers are on practice application, showing how the solution-focused approach is implemented and perceived in various contexts such as educational, medical and training. Two of these studies touch on the aspect of virtual applications. Additionally, we recommend two scoping reviews concerned with the topics of existing measurement tools specific to the solution-focused approach and application of the approach within adult community mental health. Finally, a bibliometric analysis of research on solution-focused approach concludes our selection.

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Recommended Practice Evaluation Papers

Local champions to promote implementation of solution-focused brief therapy in integrated care settings: A mixed methods evaluation

Authored by: Eads, R., Boccio, R. M., & Carpenter, S.

Published in: *Advances in Mental Health*, 1-16, (2026), <https://doi.org/10.1080/18387357.2026.2673125>

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This study examines how best to implement Solution-Focused Brief Therapy (SFBT) in integrated healthcare settings (where mental and physical care are combined). It specifically tested whether having “local champions”, ie trained staff members supporting others, improves implementation. For this purpose, 12 healthcare agencies were randomly assigned to two corresponding groups: with or without local champions.

The use of cluster randomisation is a notable strength, as it enhances internal validity by reducing bias and allowing for stronger causal inferences regarding the role of local champions. In addition, the study adopts a mixed-methods approach, combining quantitative survey data on implementation characteristics with qualitative insights from focus groups on facilitating and impeding factors. This design allows not only for the measurement of outcomes such as adoption and fidelity, but also for a deeper understanding of the processes and contextual factors that shape implementation.

The results reveal a nuanced picture. Healthcare agencies where local champions were present had higher reported SFBT implementation rates. Yet this did not directly translate into increased use, fidelity or feasibility of the implementation, as reports were similar whether the healthcare agency had local champions or not. Nevertheless, the presence of local champions was identified as a key factor in SFBT implementation.

The findings indicate that having a local champion in integrated healthcare settings helps implementations, as it represents available support. However, it does not automatically improve all aspects of implementation. Considering the existence of various additional factors beyond the presence of local champions which impact implementation and efficacy, more studies are needed in the field. The findings should be interpreted in the light of the study’s relatively small sample size and confined geographic area to a single Midwestern state in the United States, which limits generalisability and statistical power.

Despite these limitations, the study has several strengths which makes it a valuable contribution to the field. Firstly, its real-world setting across multiple healthcare agencies enhances ecological validity and ensures that the findings are directly applicable to clinical practice. Unlike laboratory-based research, this study captures the complexities of implementing therapy models in everyday healthcare environments, reflected in the nuanced results. Secondly, the focus on implementation processes rather than solely on therapeutic effectiveness represents an important shift toward addressing the “how” of translating evidence into practice. And thirdly, the mixed-methods design provides a comprehensive perspective, combining measurable outcomes with practitioner experiences to yield actionable insights, such as the importance of having a designated support figure during implementation.

What should be included in a digital mental health intervention, based on solution-focused therapy, for young people who self-harm? A qualitative exploration of young people and clinicians' views

Authored by: Jerome, L., Adams, K., Bird, V., & Ougrin, D.

Published in: *PLOS Digital Health*, 5(3), e0001276, (2026), <https://doi.org/10.1371/journal.pdig.0001276>

Availability: Open access

Smartphone apps claiming to offer support for young people abound. However, many are found to have very limited engagement or produce sustainable change. This study by Lauren Jerome and colleagues from Queen Mary University of London explores what young people who self-harm and clinicians think should be included in a digital mental health intervention (DMHI) based on solution-focused therapy (SFT).

Because most existing digital tools rely on cognitive-behavioural therapy (CBT) and often struggle with engagement, the authors aimed to understand whether SFT could be delivered digitally—specifically through an automated, text-message-based chatbot—and what features would make such an intervention acceptable and useful. (Text messages are easier for users, who do not all have smartphones.) The researchers gathered detailed views on both the therapeutic approach and the digital delivery format through focus groups and interviews with 12 young people and 16 clinicians.

Participants generally responded positively to the idea of an SFT-based chatbot, valuing SFT's future-oriented, strengths-based questions as a refreshing alternative to problem-focused approaches. However, they emphasised that the intervention must be clear, simple, and transparent about its purpose and limitations. Personalisation emerged as a central requirement: users wanted content tailored to their goals, preferences, and changing needs, rather than generic advice. Both groups also stressed the importance of the chatbot being able to interpret user responses accurately and avoid frustrating, irrelevant, or repetitive replies. They also found being offered links frustrating.

The young people highlighted accessibility, privacy, and confidentiality as essential conditions for engagement; they valued the immediacy and anonymity of digital tools but wanted reassurance that their data would be secure and that the system would not require unnecessary personal information. The clinicians raised concerns about safety escalation—particularly how the system should respond if a user expressed imminent risk.

Participants also identified specific content they would like included, such as strengths-based questions, scaling, coping-skills education, mood tracking, and optional peer-support elements. They said that some SFT techniques (for example exploring exceptions) could be emotionally challenging without

human support. While the young people liked the idea of exploring future- and strength-oriented questions, they were also concerned that this might look simplistic.

Overall, the study concludes that a text-based, SFT-informed DMHI is acceptable to both young people and clinicians, provided it is personalised, transparent, emotionally attuned, and embedded within clear safety pathways. The findings offer concrete design recommendations for developing a digital intervention that is both therapeutically grounded and genuinely engaging for young people who self-harm.

What works? A grounded theory investigation of training non-psychology staff in using Solution-Focused Brief Therapy

Authored by: Juul, H., Bray, D., & Smith, I. C.

Published in: *Psychology and Psychotherapy: Theory, Research and Practice*, 99, 60–79, (2026), <https://doi.org/10.1111/papt.70009>

Availability: Open access

The authors, including two veteran SF practitioner-researchers, investigate how non-psychology healthcare staff experience training in Solution-Focused Brief Therapy (SFBT) and how they subsequently attempt to use it in practice. Using a constructivist grounded theory approach, the authors interviewed ten NHS staff across several services to understand the psychological, interpersonal, and systemic factors that shape how (and whether) SFBT skills are actually implemented after brief training. The study situates this within the wider context of UK healthcare, where clinicians are increasingly expected to deliver psychosocial support despite limited psychological training.

The analysis produced a process model centred on two contrasting “states of mind”: the familiar, safe “comfort zone” of the medical model and the more uncertain “brave zone” required to use SFBT. Staff moved between these states depending on four internal processes—interest, motivation, belief in SFBT, and confidence—and on a set of facilitators and barriers that operated before, during, and after training. Facilitators included personal resonance with SFBT’s ethos, observing successful SFBT practice, realistic role-modelling during training, and supportive team cultures. Barriers included entrenched medical habits, scepticism about SFBT’s relevance, time-pressured clinics, problem-focused clients, and service-level performance pressures.

After training, staff often struggled to maintain SFBT use without ongoing reminders, opportunities to practise, or supportive colleagues. Unrealistic expectations—such as believing SFBT should produce clear goals in a single short appointment—sometimes led staff to abandon the approach prematurely. Conversely, teams that fostered solution-focused discussions, shared successes, and normalised imperfect practice helped to sustain

confidence and skill transfer. The study highlights that implementation is not simply a matter of training quality but of the dynamic interplay between personal mindset, team culture, and organisational constraints.

The authors conclude that for SFBT training to translate into practice, staff must be convinced of the model's value, see it demonstrated realistically, and work within environments that reinforce solution-focused thinking. They recommend embedding demonstrations of successful SFBT, tailoring role-plays to real clinical contexts, and cultivating team-based, solution-focused supervision structures. The findings also suggest avenues for future research, including exploring why some staff choose not to attend training and examining whether individual supervision is necessary when strong team-based support is present.

Techniques used by the student counsellors in addressing mental health among university students in public universities in Kenya

Authored by: Too, A. C., & Orai, R. O.

Published in: *International Journal of Education, Science and Social Sciences*, 5(1), 63-108, (2026), <https://ijessonline.com/index.php/ijess/article/view/35>

Availability: Open access

This study explored the perceived helpfulness of five counselling techniques in addressing mental health aspects among undergraduate students. Two public universities from Uasin Gishu County, Kenya were included in the study. Among these, 749 responders participated with an almost equal distribution from each university.

A survey design was used to evaluate students' perception of counselling approach based on the characteristics specific to each approach. For this purpose, specific statements were formulated to evaluate separately each counselling approach. Thus, solution-focused brief counselling was assessed with regard to students' perception of it being helpful to identify practical solutions, time effective, with a focus on strengths rather than problems, and having a positive impact on emotional well-being. Conflict counselling techniques were assessed in relation to their perceived helpfulness in managing interpersonal conflicts, reducing stress and anxiety, and improving communication skills and academic adjustments. Crisis interventions were assessed with regard to students' perception of their helpfulness with severe emotional distress, suicidal thoughts, trauma, and anxiety. Additionally, qualitative data was obtained from school counsellors via semi-structured interviews to provide their perception on the applied counselling strategies and perceived challenges and issues in their application.

Results indicated that students in majority agreed with the helpfulness of each counselling approach for their specific application, with a slightly higher rate of agreement for solution-focused brief counselling statements (range between 76.8% and 83.1%), comparable to the perception of helpfulness of crisis intervention techniques (82.5%), and slightly lower rate reported

for conflict counselling techniques (range between 71.6% and 79.1%). Correlational analyses showed that all counselling techniques had similar strong significant correlation with perceived mental health support effectiveness.

Counsellors' perception of students' needs added to the positive evaluation of each of the counselling technique by highlighting how the students need fit with the given approach. As such, solution-focused brief counselling was perceived by counsellors to be effective for students in the light of their need for quick interventions which help them move forward. In turn, conflict counselling techniques were perceived by the counsellors to be effective for students by addressing coping mechanisms and communication skills as a root cause for emotional stress, while crisis intervention techniques help in quickly stabilizing the emotional state and provide referral support.

About three-quarters of students preferred virtual sessions as they reported more ease in seeking help from the privacy of their home, thus avoiding physical exposure by going to the counselling office. Counsellors also perceived an increased use in virtual services, while perceiving students to be more open during virtual then face-to-face interactions. Readers are directed to the article, which presents many detailed findings in its 45 pages, available online in open-access format.

The authors conclude that undergraduate students value counselling interventions which provide immediate effects such as crisis counselling or solution focused brief counselling.

While acknowledging the limited generalizability typically associated with survey methodology, this research offers meaningful addition to the literature on solution-focused approach. Specifically, it provides empirical insights into the implementation of this intervention in naturalistic conditions, documents perceived effectiveness across dual stakeholder groups (practitioners and clients), and broadens the diversity of the empirical base by including findings from an underexplored cultural demographic.

Recommended Review Papers

A scoping review of solution-focused measures

Authored by: Hong, J., Cooper, Z. and Franklin, C.

Published in: *Journal of Marital and Family Therapy*, 52: e70133, (2026), <https://doi.org/10.1111/jmft.70133>.

Availability: Open access

The paper presents the first comprehensive scoping review of measurement tools designed to assess constructs central to Solution-Focused Brief Therapy (SFBT). Because SFBT emphasises solution-building rather than problem-solving, the authors argue that understanding how these constructs are operationalised is essential for both research and clinical practice. Using PRISMA-ScR guidelines, they searched eight databases and supplementary sources, ultimately identifying 24 studies describing 11 distinct instruments,

ranging from client-focused measures like the Solution-Building Inventory (SBI) and Solution-Focused Inventory (SFI) to provider-focused tools assessing fidelity, theoretical orientation, and communication style.

Across these instruments, the strongest empirical support was found for the SBI and SFI, which have been validated in multiple countries and languages. Most other measures had only one or two psychometric studies, often with convenience samples such as university students. Reliability and validity were generally acceptable, though inconsistencies emerged—particularly in the factor structure of the SBI and the weaker internal reliability of the SFI's resource-activation subscale. Only three measures demonstrated sensitivity to change over time, highlighting a major gap in the field.

A conceptual mapping of the instruments showed that strengths and resources were the most frequently assessed SFBT construct, followed by behavioural activation, hope, and positive emotions. In contrast, two core components of SFBT—the use of the client's own language and goal setting—were rarely or never represented. The authors argue that this imbalance reflects broader trends in SFBT research and risks narrowing the theoretical understanding of solution-building. They call for more consistent terminology, better alignment with contemporary SFBT theory, and the development of measures that capture co-construction and preferred-future work more explicitly.

The review concludes that while several promising tools exist, the field lacks comprehensive, psychometrically robust measures that fully reflect the breadth of SFBT practice. Future research should prioritise validating instruments with clinical populations, refining inconsistent scales, and conducting longitudinal studies to assess sensitivity to change. Strengthening measurement, the authors argue, is essential for advancing SFBT research, improving fidelity assessment, and supporting evidence-based practice.

Use of Solution-Focused Brief Therapy Within Adult Community Mental Health: A Scoping Review

Authored by: Orr, M., Ryder, S., & Considine, J.

Published in: *Clinical Psychology & Psychotherapy*, 33(2), e70255, (2026), <https://doi.org/10.1002/cpp.70255>

Availability: Open access

This scoping review paper aimed at allocating, analysing, and summarising empirical evidence on the solution-focused approach (SFA) in community adult mental health settings published in English. Along with many recent general reviews of SFA research, this attempt to focus on SFA outcomes in a more specific group can help to better understand the applicability and potential of SFA in this setting.

Out of 1468 citations, 20 research papers, including randomised trials, quasi-experimental studies, observational studies, and qualitative narrative analysis, were identified, and such characteristics as design, aims, population,

intervention, measured outcomes, and major findings were analysed. Bearing in mind that out of 20 reviewed papers, 15 were related to the Helsinki Psychotherapy Study; such a small sample number points to the need for more studies assessing the outcome of the SFA in adult mental health settings. In addition, most of the studies were conducted in Western Europe and North America, raising a question of cultural representation of SFA outcome research.

As for the SFA outcome, all reviewed studies demonstrated positive results regarding improved mental health, psychosocial functioning, and subjective evaluation of the SFA effectiveness. An important finding was that positive outcomes of SFA interventions were evident earlier than those of other studied approaches, such as psychodynamic psychotherapy.

Along with the promising SFA outcome results, the authors highlight the importance of reporting all important aspects of outcome studies, such as participants' characteristics, intervention fidelity, practitioners' qualifications, dropout rates, etc. Finally, authors called for more empirical research focusing on process, comparative studies, and broader populations within adult community mental health.

Mapping the Landscape of Solution-Focused Brief Therapy: A Bibliometric Analysis

Authored by: Fernandez, J. A., & Fernandez, J. A.

Published in: *The American Journal of Family Therapy*, 54(2), 119–141, (2026), <https://doi.org/10.1080/01926187.2025.2472775>

Availability: Subscription or purchase required

Even though some large-scale reviews of publications on the solution-focused approach (SFA) have been recently published, these types of papers are always useful as they allow one to grasp the main directions and trends in the field. This bibliometric analysis focused exclusively on research on SFA published in English and indexed in the Scopus publication database. The authors aimed to answer several research questions related to the main SFA research trends over time; authors, institutions, and countries contributing the most to SFA research; journals publishing the highest number of studies on SFA; and keywords mentioned the most frequently in the SFA publications.

The search procedures provided a set of 458 papers published between 1990 and 2024 that were analysed. The results provided a ray of interesting and intriguing findings, like: which paper on the SFA was the first included in the Scopus database; what has been the most productive country, the most published and cited author, university, paper, or a leading funding agency; which keywords were the most frequent, and what clusters do they form? We will not mention them here so as not to spoil the pleasure of guessing and then finding the answers in the paper.

Overall, results of the analysis revealed that the number of publications on SFA has grown substantially, particularly in the last three decades. They also showed that SFA research has been widely disseminated across various settings, including mental health, education, and social work. Several research gaps were identified, for example, a lack of published studies on SFA outcomes in Asia, Africa, and South America. The authors also stressed a need for broadening the scope of research to include more diverse populations and settings, as well as exploring the long-term outcomes of the SFA.

Finally, the authors discussed how the results of such a general quantitative bibliometric analysis could be useful for practitioners and policy makers.

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