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RESEARCH REVIEWS

Research on the Solution-Focused Approach in 2022: A Scoping Review

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Following an initiative started in the late '90s by Dr Alasdair Macdonald, the European Brief Therapy Association (EBTA) continues to maintain and update a list of references to research and other relevant publications on the solution-focused approach. The current scoping review from the EBTA Research Task Group members aimed to identify trends in the methodology and results emerging from the latest research of the solution-focused practices added to the list. A total of 58 research articles published in 2022 were identified and reviewed for main trends in sample, study, intervention characteristics, and the main findings. Several trends in each of these aspects emerged from the data during the process of scoping review. Along with the summary of the main trends, related issues and questions important for practitioners, researchers, and the whole solution-focused community are discussed in the article. Finally, recommendations for future research are put forward to aid in providing answers to remaining questions relevant to the establishment of the solution-focused approach as an evidence-based practice.

Introduction

Since the beginning of its development, the solution-focused approach has been studied quite extensively with several outcome and process studies conducted and published every year. Bearing in mind the fast-growing number of published papers with limited accessibility to anyone outside academia and the need to establish the approach, in the late 1990s Dr Alasdair Macdonald started the Solution-Focused Brief Therapy Evaluation List - a collection of empirical evidence with short summaries and other information relevant to the establishment and recognition of the solution-focused approach by governments and agencies in different countries. Since 2018 the Research Task Group of the European Brief Therapy Association (EBTA RTG) has taken the privilege and responsibility of continuing collecting and updating references to research articles and publishing them on the EBTA website (https://www.ebta.eu/sf-research-list/). The EBTA RTG members seek to actively allocate and collect as many published research papers as possible on the outcome and process of the solution-focused approach across different settings, contexts, and countries (for more details see Methods section), links to which are then added to the website and categorized for a more convenient

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search or analysis. In addition, theoretical articles describing new concepts or applications that may contribute to further development or measurement instrument validation studies presenting solution-focused tools are included. Considering the application of the solution-focused approach in various fields of practice, not limited to the therapeutic context, the list contains research and publications on solution-focused practices (SFP).

The research to date has consistently shown that the solution-focused approach is useful for a wide variety of individuals and issues across different contexts. Nevertheless, the evidence is still scarce and not strong enough, indicating only "promising" results as an evidence-based practice (Bond et al., 2013; Franklin & Hai, 2021; Zhang et al., 2018). Thus, there is a continuous call for more research to give power to these promising results. In addition to producing new research, the reviews and meta-analyses of existing research are another important step in learning more about if and how any approach to change works. While several meta-analyses and systematic reviews have been conducted in the context of the SFP, to our knowledge, no scoping review has been performed aimed at mapping the published SFP research for a given time to identify current trends and gaps.

During the process of updating the list with research on solution-focused practices, the EBTA RTG has identified a considerable number of publications in 2022. Thus, the authors, as members of the EBTA RTG, decided to conduct annual Scoping reviews of research published in the previous year to monitor emerging trends, gaps, and challenges. We think that such reviews can serve as annual pictures of research on SF practices, providing insights for practitioners, inspirations and ideas for researchers, and a deeper understanding of where we have come and where we are going with the evidence for the approach to the whole solution-focused community. This article presents the first Scoping review of the SFP research published in 2022.

The current review aimed to answer the following questions: (1) In what contexts research on the SFP was mainly conducted, i.e., country, sample, and setting, and in which journals was it published?; (2) How was the research mainly performed, i.e., what design, methodology, instruments, controls groups were used?; (3) What were the main intervention characteristics?; and (4) What were the main outcome of interests and findings?

Methods

To keep the reference list, available on the EBTA website, up to date with current publications on the solution-focused approach, Google Scholar alerts are used alongside regular searching of academic databases, such as EBSCO, Science Direct, and Scopus. Relevant studies are taken into account if they comprise: (1) original research or (2) a review of the outcomes or process of the solution-focused approach regardless of the field of application (e.g., therapeutic, educational, coaching) and methodological design used, or present (3) a theoretical discussion, (4) a method description or (5) instrument validation which may contribute to the future research and development. Only published articles are considered regardless of the language of publication.

It is worth noting that the list is not an exhaustive one and includes only publications accessible to the EBTA RTG and indexed in the databases mentioned above.

In 2022 a total of 71 published papers were identified. Among these publications, 58 (81.7%) were research articles, 6 (8.45%) were reviews (2 systematic reviews, 1 meta-analysis, 2 theoretical reviews, and 1 Scoping review), 6 (8.45%) were theoretical or descriptive papers, and 1 (1.4%) was an instrument-validation study. To identify the research trends in 2022, we focused only on the 58 research articles which were concerned with the outcome (the number of primary studies k = 47; 81%), process-outcome (k = 8; 13.8%) or process (k = 3; 5.2%) of the solution-focused approach.

The review process followed three subsequent steps typical for Scoping reviews: (1) initial screening of each article to check its' fit with the inclusion criteria, followed by extracting the information on the following aspects: publication characteristics, sample characteristics, study characteristics, intervention characteristics, and main findings; (2) quantitative summary of each aspect; and (3) synthesis of information into main trends for each reviewed aspect. During the first step, the pool of articles was split equally between authors, who worked separately on the screening and extraction of relevant information in accordance with an agreed-upon form. If questions appeared, the same article was screened and examined by another author, most often by the first author. The second step was performed by the first author and then the results were discussed and approved by all authors. The third step was done collectively - all the authors discussed the observed trends until an agreement was reached.

The trends observed from the analysis of the 58 research articles are summarized by first describing the characteristics of the publication, sample, methodology, and intervention. Next, the main studied outcomes and findings are presented.

Results

The characteristics of the publication, sample, methodology, intervention, and main findings corresponding to each of the reviewed articles are summarized in Table S1 (see Data Sets/Files to download).

Publication characteristics

The majority of the 58 research articles were published in English (k = 46; 79.3%), with a lower representation of Persian (k = 7; 12.1%), Indonesian (k = 4; 6.9%), and Malay (k = 1; 1.7%) languages. The articles were published in different journals, from which four included more than one paper, i.e., Journal of Solution Focused Practices (k = 5; 8.6%), Jurnal Bimbingan Konseling (k = 3; 5.2%), International Journal of Systemic Therapy (k = 2; 3.4%), and Perspectives in Psychiatric Care (k = 2; 3.4%).

Bearing in mind that indexing and citation scores of a journal is generally considered (at least in academic discussions) as characteristics, defining an impact of a publication, we also reviewed journals for these characteristics. We

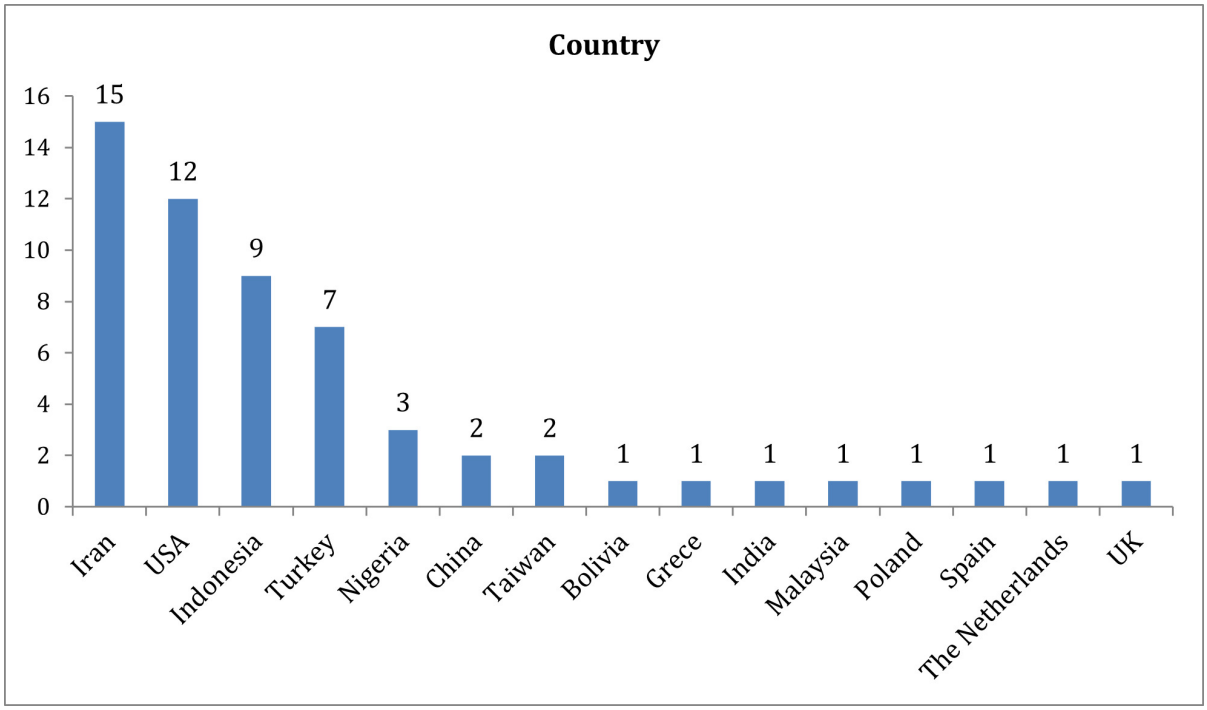

Figure 1. The distribution of SFP research published in 2022 by country.

analyzed indexing and citation data from three most popular sources: Impact Factor (IF) from Journal Citation Reports (JCR) by Clarivate (based on 2022 data); SCImago Journal Rank (SJR) indicator by Scopus (based on 2022 data); h5 from Google Scholar (based on 2018-2022 data). Our analysis revealed that 47% (*k*=27) of journals were not listed and indexed by either of these indexes. Nevertheless, 28% (k = 16) of journals were indexed by all of them. Either or both of IF or SJR scores were provided for 31% (*k* = 18) and h5 for 50% (*k*= 29) of journals. The range of the index scores was 0.5 to 5 for IF, 0.29 to 2.16 for SJR, and 7 to 212 for h5.

Context and Sample Characteristics

The research added to the List in 2022 was conducted in 15 countries (see Figure 1) from all over the world. Notably, the largest number of research papers came from Asia (*k* = 37; 63.8%), mainly from countries in the Middle East and South-East Asia. Traditionally, scholars from the USA contributed to solution-focused practice research quite substantially (*k* = 12; 20.7%). However, having in mind that SFP is well established and applied across Europe, surprisingly only five (8.6%) published research originated from this part of the world. Finally, contributions from Africa (*k* = 3; 5.2%) and South America (*k* =1; 1.7%) were the smallest in number in 2022.

A total of 3582 participants (avg. = 61.76 per study; range 1 to 468) took part in the research. Samples were mainly recruited from educational (*k* = 20; 34.5%) and medical/health care or outpatient care (*k* = 17; 29.3%) settings. Other settings were less represented, i.e., counseling services (*k* = 7; 12.1%), social care (*k* = 4; 6.9%), work-place-related (*k* = 2; 3.4%), private practice (*k* =

2; 3.4%), coaching (*k* = 1; 1.7%) or training clinics (*k* = 1; 1.7%). For 6.9% of studies this information was either not reported (*k* = 1; 1.7%) or not available (*k* = 3; 5.2%).

In most studies participants were adults (*k* = 39; 67.2%), while adolescents (*k* = 14; 24.1%) or mixed-age samples (*k* = 4; 6.9%) were less represented. For one (1.7%) article the information was not available to the authors.

The majority of studies (*k* = 30; 51.8%) were based on samples with a higher prevalence of females than males (i.e., more than 51% of the sample), from which in about half of the studies (*k* = 16) participants were exclusively females. In turn, samples including more males than females (i.e., more than 51% of the sample) were used in only 10.3% (*k* = 6) of studies, half of them (*k* = 3) including only male participants. An equal gender distribution was observed in 15.5% (*k* = 9) of studies. However, 17.2% (*k* = 10) of studies did not report the participants' gender and for 5.2% (*k* = 3) of studies this information was not available. In addition, other demographic characteristics (e.g., ethnicity, education, relationship status) were less frequently reported, which impeded the analysis of these characteristics.

Study characteristics

Design and Methodology

The vast majority (*k* = 42; 72.4%) of studies used a quantitative research methodology, with a lower representation of qualitative (*k* = 6; 10.3%) or mixed-method (*k* = 10; 17.3%) research. The predominant research designs, as reported by researchers, were quasi-experimental or experimental (*k* =26; 44.8%) and randomized controlled trials (RCT; *k* = 14; 24.1%), with a lower prevalence of case-studies (*k* = 8; 13.8%), pretest-posttest (*k* = 4; 6.9%) or mixed-methods (*k* = 2; 3.4%) design. Other methodological approaches (*k* = 4; 6.9%), such as microanalysis, thematic analysis, practice-based evidence approach, and counseling guidance action research were each used in single studies.

Outcome Measurement Instruments

A strong tendency to measure problem-focused outcomes was observed in the reviewed research, either as a single aspect of interest (*k* = 22; 37.9%) or in combination with positive-focused (*k* = 15; 25.9%) or solution-focused (*k* = 5; 8.6%) aspects. Positive-focused (*k* = 13; 22.4%) or solution-focused (*k* = 1; 1.7%) outcomes were less prevalent as a single focus of interest. The use of a measurement tool was not applicable in two (3.4%) process studies.

Type of Control Group

The majority of studies (*k* = 40; 69%) reported using control or comparison groups. Out of them, three studies (7.5%) compared the effect of various types of written questions given in separate conditions, from which one study also included a passive control group. A similar prevalence of passive (*k* = 12; 20.7%), active (*k* = 12; 20.7%), and mixed (*k* = 10; 17.2%) control groups was observed. The passive controls were more often represented by no treatment (*k* = 18; 45%) than waiting list (*k* = 3; 7.5%). One (2.5%) study did not specify

the type of passive control. Almost half of active controls were represented by treatment as usual (TAU; *k* = 9; 22.5%), while another half – by comparing SFP to other known approaches (*k* = 11; 27.5%), such as client-centered therapy, narrative therapy, emotion-focused therapy, compassion therapy, behavioral couple therapy or various forms of cognitive-behavioral therapy (CBT), such as traditional CBT or schema therapy, mindfulness or CBT combined with motivational interviewing or mindfulness. Placebo was included as a control group in one (2.5%) study. For three studies (5.2%) the information on the type of control was not available, since only the abstracts not containing this information were accessible to the authors.

Intervention Characteristics

The characteristics of the solution-focused intervention researched in the reviewed papers were analyzed taking into account the format (e.g., individual, group) and modality (pure vs. combined). The number of sessions was also examined, considering that SFP was developed as a brief therapy model, and brevity at times is mentioned as an argument for the efficiency of the SFP.

Intervention Format

SFP was most frequently researched as a group intervention (*k* = 26; 44.8%), including also five studies in which the intervention took place online or in a hybrid form following the changes required due to the COVID-19 pandemic restrictions. The individual intervention was the second most frequent format investigated in 14 (24.1%) studies, among which in one study reading materials on the SFP was also used as an intervention. SFP as couple therapy was researched in six (10.3%) studies with three of them providing it in a format of group sessions for couples. Four (6.9%) studies examined the solution-focused approach applied as an activity during which participants were asked to describe a situation or goal by responding to specific solution-focused questions. A mixed individual and family intervention (*k* = 1; 1.7%) or online chat support (*k* = 1; 1.7%) was investigated in single studies. The intervention format was not reported in three (5.2%) studies and for other three (5.2%) studies this information was not available to the authors.

Intervention Modality

More than half of the studies (*k* = 34; 58.6%) reported the use of SFP as a pure intervention modality. Nevertheless, due to the lack of detailed information in some papers, it was not always clear what authors referred to by saying that they used the solution-focused approach. Except for group interventions, for which the protocols of sessions were most often published within the article, the description of the SFP intervention or reference to the use of manuals or protocols was sometimes missing. In almost a third of studies (*k* = 17; 29.3%) SFP was combined with TAU (*k* = 3; 5.2%), psychoeducation (*k* = 6; 10.3%) or a large variety of elements specific to other approaches, mainly CBT. Yet again, information on this aspect was not reported (*k* = 3; 5.2%) or available (*k* = 4; 6.9%) for all reviewed studies.

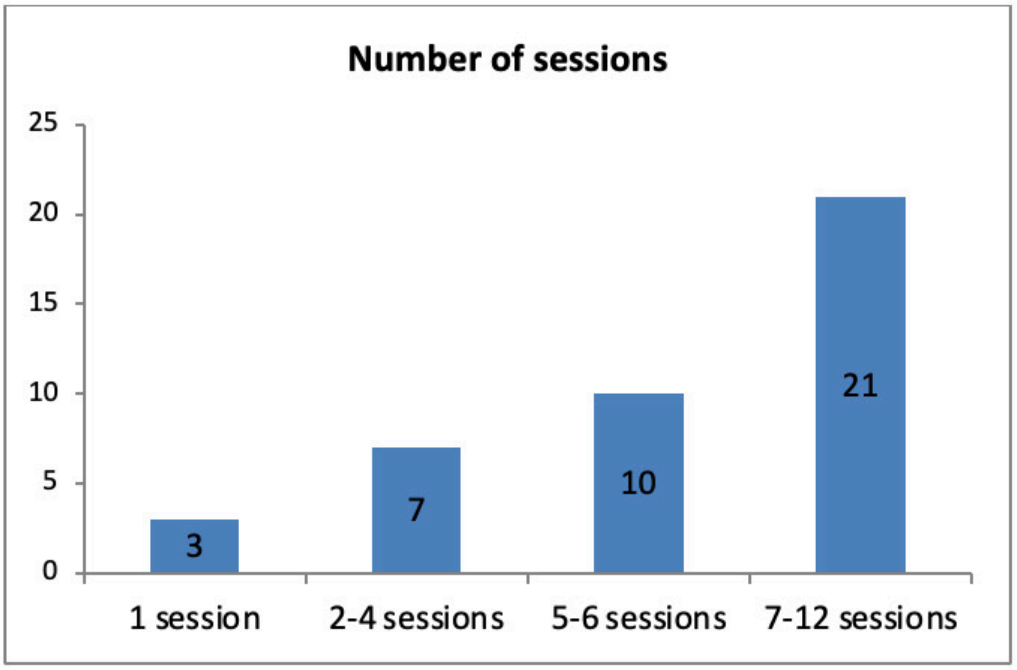

Figure 2. The distribution of SFP research published in 2022 by number of sessions; $N = 41$

Number of Sessions

The exact number of provided sessions was reported in 41 (70.7%) articles, totaling in 274 sessions, ranging between 1 and 15 with an average of 6.37 sessions per study. Two additional studies provided either only an average, i.e., 14.48 (Medina et al., 2022), or a range, i.e., from 1 to 29 (Żak, 2022), both being larger than the ones estimated from other reviewed studies. Thus, data from these two studies were not included when calculating the above-mentioned average and range, due to the lack of information on the general number of sessions. When examining the frequency of the sessions reported in the 41 papers considering the cut-of-points of 4 to 6 sessions, as suggested by previous research (Macdonald, 2011), we noticed that fewer studies reported the use of one ($k = 3$; 7.3%) or less than four sessions ($k = 7$; 17.1%), while more studies reported up to six ($k = 10$; 24.4%) or more ($k = 21$, 51.2%) sessions (see Figure 2). It is worth mentioning that some studies, especially the ones using group interventions, had a predetermined number of sessions (usually eight) in their study design. Thus, the total number of sessions was not always related to the clients' "natural need" to end the intervention as a consequence of reaching the therapeutic aims.

Main Findings

The outcome of the solution-focused approach was examined with a similar frequency for a wide variety of issues which could be categorized as being related to emotional state ($k = 19$; e.g., depression, anxiety, positive and negative affect), well-being ($k = 10$; e.g., mental toughness, hope), couple/family relationship ($k = 9$; e.g., marital compatibility, conflicts, sexual intimacy), cognitive aspects ($k = 9$; e.g., irrational beliefs, processing speed),

general health (k = 8; e.g., pain, vitality, healthy behaviors), mental health (k = 7; e.g., psychiatric symptoms), addiction (k = 7; e.g., internet, gaming, drugs), behaviors (k = 7; e.g., violent behavior), self (k = 7; e.g., self-esteem, self-competence), and solution-focused (k = 6; e.g., solution talk, clarity of long term solutions) or school (k = 5; e.g., school achievement, academic buoyancy) aspects. In summary, we can say that the internalizing aspects were investigated most often. More than half of the studies (k = 30; 51.7%) examined more than one aspect, and thus the total in above mentioned categories is bigger than the sum of the reviewed studies.

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

More than two thirds of the reviewed studies (k = 39; 67.2%) examined the outcome of SFP by comparing pre-test results to post-test or follow-up within an intervention group. The findings were consistently positive across all studies. Yet, statistically significant positive change was reached in 24 (61.5%) studies on all measured outcomes and in 3 (7.7%) studies only on some of the measured outcomes.

Between-group Outcomes (SFP vs Control/Comparison Group)

As mentioned earlier, in 40 (69%) papers the study design involved some type of comparison or control condition. With two exceptions (J. Kim et al., 2022; Yildirim & Aylaz, 2022), all studies reported results in favor of SFP when comparing to no treatment, waiting list, placebo, or TAU. SFP had also better outcomes in the studies for which the type of control group was not described, or the description was not available to the authors.

In turn, the studies showed mixed results when the outcome of SFP was compared to other known approaches. Among 11 such studies, 63.3% (k = 7) showed that SFP produced similar outcomes to schema therapy (Hashemi Saraj et al., 2022), CBT or CBT combined with motivational interviewing (Johnson et al., 2022; J. S. Kim et al., 2022; Naseriniya & Smkhani Akbarinejhad, 2022), emotion-focused therapy (Bagheriniya et al., 2022), narrative therapy (Oktava et al., 2022), guidance (Sagar & Özabaci, 2022), mindfulness based CBT (Naseriniya & Smkhani Akbarinejhad, 2022), and behavioral couple therapy (Ghorbani et al., 2022a). Three studies (27.3%) reported significant results in favor of other treatments, including mindfulness (Zafarghandi et al., 2022), behavioral couple therapy (Ghorbani et al., 2022b), and compassion-focused therapy (Ghari Saadati et al., 2022). Finally, only one (9.4%) study (Johnson et al., 2022) reported significant outcome results in favor of the SFP compared to spiritual intervention and client-centered therapy, but similar outcomes when compared to CBT. Detailed information on the main findings is presented in Table S1 (supplementary material).

Effectiveness of the Solution-Focused Process

The 11 (19%) identified process studies were concerned either with the client's experience of the process or with the differential effect of solution-focused questions on outcomes. A single study investigated the language used by the therapists, finding significant differences in the frequency and way of

using presuppositional language in nowadays practice compared to the beginning of the SFP development (Froerer et al., 2023). Similarly, the effect of the form of providing the solution-focused intervention was researched in a single study, with results indicating significantly better results for the participant's solution-building skills when the intervention was applied in an online vs hybrid format (J. Kim et al., 2022).

The research concerned with the client's experience all indicated positive themes associated with the solution-focused process and the usefulness and benefits for the clients of solution-focused specific aspects (Hsu et al., 2022; Sagar & Özabaci, 2022; Turns et al., 2022; Żak, 2022). Thematic analyses revealed that clients experienced best hopes and exploring what works as useful elements (Firth & Tripathi, 2022), while having difficulties reacting to the miracle question (Turns et al., 2022). All elements specific to the solution-focused approach were helpful from the client's perspective, yet their helpfulness varied with the client's level of engagement (Żak, 2022).

The process-outcome research showed that the use of solution-focused questions, as compared to problem-focused questions, was associated with improvement in the measured outcomes, though not for all aspects the difference reached statistical significance (Koorankot et al., 2022; Solms et al., 2022). Adding future time-machine questions to exceptions and miracle questions increased significantly the attitude of spending time in a meaningful way (Takagi et al., 2022). An increase in the client's solution-focused talk and a decrease in the problem-focused talk was also identified following a solution-focused couple therapy (McDowell et al., 2023).

Discussion

Quite a large number of research papers published in 2022 was identified by the EBTA RTG, reflecting the lasting interest in the outcome and process of the solution-focused approach with application in various fields of practice. Some of the reviewed papers were published in high-rank journals with good citation scores, demonstrating good quality of reporting and potential impact in academia and beyond. Yet almost half of the papers were published in journals not indexed by either Clarivate, Scopus or Google Scholar. This does not automatically undermine the quality of the research or reporting but it might become an important argument in the discussions on the impact and respectability of the SFP research.

When looking at the characteristics of the context where research on the solution-focused approach was mainly conducted, a trend was observed showing that more research came from Asia - predominantly from Southeast and Middle East (mainly Iran), followed by North America (USA in particular) than from any other part of the world, including Europe. If this trend is not an accident valid only for 2022, a question may arise whether the solution-focused approach is promoted, applied, or studied more in some parts of the world than in others. Considering the limited number of published studies conducted in Europe, Africa, and South America, another question is what could be done to facilitate and increase research in these regions.

Another observed trend concerned the predominance of studies conducted in the educational or medical/healthcare and outpatient care settings, while the counseling services, social care, and other settings, such as private practice, workplace, and coaching were less studied. This trend is in line with the promotion of the solution-focused approach to other practices beyond the therapeutic or social care setting where it was originally developed. Nevertheless, the relatively small number of research from the counseling/therapeutic settings raises the question of whether the promotion of the solution-focused approach to other non-therapeutic practices takes the researchers' focus from its usefulness in the former setting.

The sample characteristics showed a higher predominance of studies based on female adult participants. Thus, such results may also mean that we will know more about the effectiveness and process for this particular group. Yet, other demographic characteristics were not reported in a consistent way by all papers, thus impeding the analysis of other trends.

When looking at the characteristics of the studies, most of the identified published research was focused on outcomes, i.e., effectiveness studies, following the quantitative methodology, using more predominantly problem-focused than positive or solution-focused outcome measures. This may be in line with the overall outcome research tendency of demonstrating effectiveness or efficacy by measuring a decrease in problematic or negative aspects as opposed to an increase in positive aspects of our lives. At the same time, it somewhat contradicts the essential idea of SFP, to look for what works. A wide variety of issues was covered in research with a similar interest given to various aspects except for emotional ones which were studied more predominantly. Yet, the majority of research investigated a different specific aspect of a general category of issues, thus providing scarce evidence for the effectiveness of SFP. Passive, active, and mixed controlled groups were used with a similar frequency across research in 2022. Yet, a higher prevalence of using no treatment controls than comparisons to other known approaches was observed.

Even though SFP was more often studied as a pure modality, some growing tendency to combine it with other approaches or add some psychoeducational elements can be seen in a third of the reviewed studies. Interestingly, SFP as a group intervention was studied much more often than as an individual or couple/family intervention. One may wonder on the extent to which these trends fully reflect the real world and practical application of SFP. Do practitioners also often use the solution-focused approach in combination with psychoeducation and other approaches? Is the solution-focused approach more predominantly applied in a group rather than an individual format? Is this the modality and format in which SFP should be applied to be more effective? Or does this reflect different customs and practices of SFP application in different parts of the world?

When looking at the main results, a clear trend was observed as all studies reported positive within-group outcomes, indicating that SFP is useful for a wide variety of issues, i.e., from emotional, to relational, self, and medical. No

study reported negative effects of SFP, which might suggest that this approach does not have recorded evidence (not in 2022 at least) of causing harm. The prevalence of positive results may also be biased by the exclusive inclusion of published studies, which tend to report positive rather than negative results. Nevertheless, this positive observed trend is in line with the findings of previous systematic reviews or meta-analyses which included also unpublished research (Franklin et al., 2022; Gingerich & Peterson, 2012; Karababa, 2023).

Furthermore, studies have consistently shown that SFP performs better than passive controls, such as no treatment or waiting list, suggesting that SFP is better than no intervention. In line with a well-known Dodo Bird Verdict, stating that all approaches to change produce similarly good outcomes (Luborsky et al., 2002; Wampold, 2010), the majority of studies showed similar effectiveness of SFP to other known treatments. Nevertheless, while three studies found significant results in favor of the other treatments (Ghari Saadati et al., 2022; Ghorbani et al., 2022b; Zafarghandi et al., 2022), only one study (Johnson et al., 2022) reported significant results in favor of SFP, yet compared to two out of three examined other approaches. This trend from the 2022 research shows that SFP is an effective approach, more often than not as effective as other established approaches.

Nevertheless, the proven effectiveness of the SFP still remains in the "promising" area, as identified by previous reviews (Bond et al., 2013; Franklin & Hai, 2021; Zhang et al., 2018), considering the wide variety of settings, intervention formats, and outcome indicators studied, resulting in different studies being concerned with the outcome of different formats of the SFP for different specific issues, often in different settings. Furthermore, several essential intervention-related aspects, such as format, modality, and number of sessions, were missing or insufficiently reported in about 5% to 12% of the reviewed papers. With the exception of group intervention, for which most often than not the protocol was published within the article, the use of a manual or exact solution-focused element was also quite often missing. This somewhat hinders the evaluation of the outcomes of the SFP by raising questions of the fidelity of the examined intervention.

All these findings should be interpreted by considering the limits of the current review. Firstly, except for a third of the included articles which were double-checked, the screening and data extraction were done individually by each of the authors. Despite following the same extraction framework, some normal human errors could have occurred. Secondly, no statistical analysis was employed, thus all the observed differences in trends are based on the visual examination of the identified frequencies. Thirdly, no data was extracted on the use of specific SFP elements or manuals/ protocols, thus not being able to provide accurate information on the fidelity of the intervention used in the 2022 research. Finally, some of the reviewed studies involved complex designs with mixed methods, multiple controls, and outcome measures, making them difficult to classify and categorize. In some cases, information had to be

reduced to fit our review protocol. In the future, we may consider improving the Scoping review protocol to better meet all above-mentioned limitations and challenges.

Recommendation for Future SFP Research

Based on the identified trends in the SFP research published in 2022, we propose the following recommendations for future research. Considering the large prevalence of quantitative studies, which are still welcome and informative, we recommend future researchers to also consider qualitative or mixed methodology, which might provide answer to different and more complex questions. Replication studies are also needed to gather more evidence for the effectiveness of SFP for a specific aspect, including diversity of the sample – not only cultural, but also comprising a more balanced gender group. The accumulation of evidence in one area or on one aspect leads to stronger evidence of efficacy and effectiveness than examining separate aspects in single studies.

Considering the variety of contexts and settings where the solution-focused approach is applied, more research is needed in settings other than clinical or educational, including the counseling/therapeutic setting and social care or judiciary system, the latter not being investigated in the identified published research from 2022.

More studies examining the outcomes of the SFP in comparison to other known approaches should be encouraged, rather than accumulating more and more evidence of the superiority of the SFP over usual control groups, especially passive controls. Based on most of the research already published (not limited to the year 2022) we can already say that SFP is more effective than no treatment. Active comparisons can show for what issues and types of clients the SFP can be more effective than other known approaches or, if similar effectiveness is found, in what instances SFP is more efficient, reaching the same results while needing shorter time and thus be the preferred option.

We also call for outcome studies investigating the effectiveness of the solution-focused approach applied in the format and modality in which it is more often used in real life practice, to provide evidence close to the needs of the practitioners. If the solution-focused approach is used in combination with psychoeducation or other well-established approaches such as CBT, the needs and benefits of not using a pure SFP could also be described and explained. RCT studies could be useful to investigate whether the combination of two effective approaches, i.e., SFP and CBT, leads to an increase in the improvement of the former, the latter, or both.

We call for more process-outcome studies to provide more knowledge on the process of change following the application of the solution-focused approach or in what way different SFP elements contribute to the results. Finally, more studies on the efficiency (e.g., cost-benefit balance; comparative brevity; optimal dosage) of SFP are welcome, since we have very little knowledge about this aspect, which is especially important for legislators and decision makers in different fields of practice.

Researchers may also want to consider publishing their research in Journals indexed in well-known and commonly recognized databases (e.g., Clarivate, Scopus, Google Scholar) and having good citation scores. When publishing their studies and results, we encourage researchers to thoughtfully report basic information so that the published papers would help to find answers to questions like "What format and modality of the intervention (e.g., individual/ group/ couple; pure or combined with something) is useful for what group of clients, in which setting, for what type of issues and compared to what?". Thus we recommend providing basic information on:

- the sample – at least age, gender, and country or nationality - so a reader can know for what type of clients the results apply, yet we encourage the inclusion of additional demographic information to increase the applicability of the results;

- the intervention used – so that readers can answer the following questions: In which format SFP was used (individual/couple/ group)?; What was the fidelity of the intervention (e.g., what core elements of SFP were used; was it manualized)?; Were the professionals applying the intervention qualified to do this?; How many sessions were examined?;What was the duration of the intervention?; Was SFP used in a pure or combined modality and what was the justification for combining it?;

- the research design – so that a reader can easily understand how exactly the study was done. For example, for RCT the description of the randomization process is welcomed to provide substantial evidence on the use of this strong methodology and give strength to the outcomes;

- the control group used for comparison – to inform readers on the type of control applied (passive or active) and the characteristics of the participants included in the control group; the Effect Sizes of the estimated differences within and/or between groups or at least provide means and SD for each group at the pre-test and post-tests. This information is essential for meta-analyses and systematic reviews of the research.

It is worth noticing that all these trends and recommendations are based on the published research papers identified by the EBTA RTG and included in the list hosted on the ebta.eu website. This is not a systematic review, but a collection of publications on the SFP outcome and process which have at least the abstract available online. Despite searching various platforms and databases, the members of the EBTA RTG may not have had access to all published papers. Nevertheless, the large amount of research published and identified by the EBTA RTG in 2022 allows the identification of methodological and results trends and issues. When examining them, it is noticed that several important questions relevant to the establishment of the

solution-focused approach as an evidence-based practice still need to be answered in future research. As mentioned earlier, we plan to continue similar annual reviews of SFP research in forthcoming years, which would allow comparisons and tracking development of research trends over longer period of time.

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

List of studies included in the Scoping review

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Table S1: Summary of selected characteristics of the reviewed articles published in 2022

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