

SOLUTION-FOCUSED BRIEF THERAPY EVALUATION LIST – 21/4/9

Eighty relevant studies: 2 meta-analyses; 9 randomised controlled trials showing benefit from solution-focused brief therapy with 6 showing benefit over existing methods. Of 27 comparison studies, 21 favour sft. Effectiveness data are available from more than 2800 cases with a success rate exceeding 60%; requiring an average of 3 – 5 sessions of therapy time. ('Solution focused' is the best keyword for Google searches.)

Sft approved by US Federal Government: www.samhsa.gov; State of Washington; State of Oregon www.oregon.gov/DHS (Cindy Hansen, personal communication; cindyh@teleport.com). Finland has an government-approved sft accreditation programme. Canada has a registration body for solution-focused practitioners and therapists.

EBTA homepage: www.ebta.nu

Sft Webpage: www.sikt.nu; sft discussion list: SFT-L@listserv.icors.org

UK Association and discussion list: www.ukasfp.co.uk

Solution News: UKASFP newsletter: www.solution-news.co.uk

SOLworld (management): www.solworld.org

META-ANALYSES

Kim JS (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. *Research on Social Work Practice* 18:107-116. 22 studies; many factors examined. Small effects in favour of sft; best for personal behaviour change, effect size estimate .26 (sig. $p < .05$). Thus sft is equivalent to other therapies. (Dissertation: Examining the Effectiveness of Solution-focused Brief Therapy: A Meta-Analysis Using Random Effects Modeling. University of Michigan database. Up to 6.5 sessions required. Competence in sft requires >20 hours of training?) (jkim@ku.edu)

Stams GJ, Dekovic M, Buist K, de Vries L (2006) Effectiviteit van oplossingsgerichte korte therapie: een meta-analyse (Efficacy of solution focused brief therapy: a meta-analysis). *Gedragstherapie* 39(2):81-95. (Dutch; abstract in English). 21 studies; many factors examined. Small to moderate effect: better than no treatment; as good as other treatments. Best results for personal behaviour change, adults, residential / group settings. Recent studies show strongest effects. Shorter than other therapies; respects client autonomy. (G.J.J.M.Stams@uva.nl)

SYSTEMATIC REVIEWS

Corcoran J, Pillai V (2007) A review of the research on solution-focused therapy. *British Journal of Social Work* 10:1-9. 10 quasi-experimental studies, all in English: included on the basis of: statistics / design / follow-up / numbers. Only 2 follow-up studies. Moderate or high effect size in 4 studies. Are qualified workers better than students? (jcorcora@vcu.edu)

Gingerich WJ, Eisengart S (2000) Solution focused brief therapy: a review of the outcome research. *Family Process* 39:477-498. Fifteen outcome studies: 5 strong, 4 moderately strong, 6 weak. (Updated version: www.gingerich.net). (wjg4@po.cwru.edu)

Kim JS, Franklin C (2009) Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review* 31(4): 464-470. An extension of Kim (2008) examining 7 studies of sft in school settings. This review suggest that sft may be effectively applied with at-risk students in a school setting, specifically helping to reduce the intensity of negative feelings and to manage conduct problems and externalizing behavioral problems. Age ranges for applications in schools appeared flexible, from 5th graders to older children and adolescents.

PUBLISHED FOLLOW-UP STUDIES (75):

RANDOMISED CONTROLLED STUDIES (9)

Cockburn JT, Thomas FN, Cockburn OJ (1997) Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. *Journal of Occupational Rehabilitation* 7:97-106. 25 experimental: 6 sft sess vs 23 controls: standard rehabilitation. 68% experimental at work within 7 days at 60-day follow-up vs 4% controls. (f.thomas@tcu.edu)

Froeschle JG, Smith RL, Ricard R (2007) The Efficacy of a Systematic Substance Abuse Program for Adolescent Females. *Professional School Counseling* 10:498-505. 32 exp / 33 controls; pre-test post-test design. 16 wkly sft group / action learning / mentoring. Drug use, attitudes to use, knowledge of drugs, home and school behaviour all improved significantly. (jefroeschle@msn.com)

Knekt, P, Lindfors O (2004) A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders: design, methods and results on the effectiveness of short-term psychodynamic psychotherapy and solution-focused therapy during a one-year follow-up. *Studies in social security and health*, no. 77. The Social Insurance Institution, Helsinki, Finland. Randomised comparison study; 93 sft / 98 short-term psychotherapy; problems >1 yr. Sft 43% (mood), 26% (anxiety) recovery at 7 mon maintained at 12 mon; short-term 43%, 35%; no significant difference between therapies but sft faster for depression; short-term better for 'personality disorder'. Avg sft 10 sess over 7.5 mon; short-term 15 sess over 5.7 mon. No figures for partial recovery; no apparent social class difference. At 3 yr follow-up gains maintained with long-term psychotherapy only. (Unpublished: 1 sft rehospitalised vs 5 from short-term + 6 from long-term psychotherapy.) Psychoanalysis comparison data not yet published. (Knekt P, Lindfors O, Härkänen T, Välikoski M, Virtala E, Laaksonen MA, Marttunen M, Kaipainen M, Renlund C and the Helsinki Psychotherapy Study Group. (2008) Randomized trial on the effectiveness of long-and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine* 38: 689-703.) (www.kela.fi/research)

Lindforss L, Magnusson D (1997) Solution-focused therapy in prison. *Contemporary Family Therapy* 19:89-104. 2 randomised studies: (1) Pilot study 14/21 (66%) exp. and 19/21(90%) controls reoffended at 20 mon. (2) 30 experimental and 29 controls; 16 mon follow-up. 18 (60%) reoffend in exp., 25 (86%) in control; more drug offences and more total offences in controls. Avg 5 sess; 2.7 million Swedish crowns saved by reduced reoffending. (lindforss@chello.se; dan.magnusson@brottsforebygganderadet.se)

Nystuen P, Hagen KB (2006) Solution-focused intervention for sick-listed employees with psychological problems or muscle skeletal pain: a randomised controlled trial. *BMC Public Health* 6:69-77. Long-term sickness: randomised: 53 exp / 50 controls; 8 sess; 1 yr follow-up. No significant difference in return to work; mental health scores significantly improved. Authors question sample size and chosen measures. (pal@psykologbistand.no; kare.hagen@diakonsyk.no)

Smock SA, Trepper TS, Wetchler JL, McCollum EE, Ray R, Pierce K (2008) Solution-focused group therapy for level 1 substance abusers. *Journal of Marital and Family Therapy* 34(1):107-120. Randomised: 27 exp: 6 wkly groups / 29 control: 6 wkly Hazelden program groups. 19 exp / 19 control completed; significant improvement in depression and symptom distress; dependence scores unchanged. No follow-up. (Sara.smock@ttu.edu)

Thorslund KW (2007) Solution-focused group therapy for patients on long-term sick leave: a comparative outcome study. *Journal of Family Psychotherapy* 18(3):11-24. Randomised 15 exp / 15 control; 1-5 mon sick. 8 sess; increased return to work (60%(9) vs 13%(2)) and psychological health improved at 3 mon follow-up. (karin.wallgren@losningsfokus.se)

Wilmshurst LA (2002) Treatment programs for youth with emotional and behavioural disorders: an outcome study of two alternate approaches. *Mental Health Services Research* 4:85-96. Randomised controlled study: 12 wk; 27 clients 5 day/wk residential, sft, family contact 26 hr; 38 non-resident programme, cbt, family contact 48 hr. 1 yr follow-up: Behaviour improved in both groups; ADHD behaviours better in 63% of cbt, 22% of sft; group scores better for anxiety, depression with cbt. Author suggests residential care is detrimental.

COMPARISON STUDIES (27)

Chung SA, Yang S (2004) The effects of solution-focused group counseling program for the families with schizophrenic patients. *Taehan Kanho Hakhoe Chi (Journal of the Korean Academy of Nursing)* 34:1155-63. (Korean; abstract in English.) 48 schizophrenic patients and 56 families; 24 patients and 28 families each in experimental and control gps. 8 group sess for experimental; significant reduction in family burden and expressed emotion vs controls.

Corcoran JA (2006) A comparison group study of solution-focused therapy versus "treatment-as-usual" for behavior problems in children. *Journal of Social Service Research* 33:69-81. 239 children; 83 sft vs 156 'treatment as usual'. Better treatment engagement with sft but no outcome differences. (jcorcora@vcu.edu)

Eakes G, Walsh S, Markowski M, Cain H, Swanson M (1997) Family-centred brief solution-focused therapy with chronic schizophrenia: a pilot study. *Journal of Family Therapy* 19:145-158. Experimental and control groups: 5 clients and families each. Reflecting team also used. Experimental group: Family Environment Scale showed significant increase in expressiveness, active-recreational orientation and decrease in incongruence. Controls: moral-religious emphasis increased.

Forrester D, Copello A, Waissbein C, Pokhrel S (2008) Evaluation of an intensive family preservation service for families affected by parental substance misuse. *Child Abuse Review* 17(6): 410 – 426. Intensive Family Preservation Service: motivational interviewing / sft for 279 children; TAU for 89. Evaluation 3.5 yrs later: 40% of each group been in care but less time and cost saving for intervention group. (Donald.Forrester@beds.ac.uk)

Franklin C, Moore K, Hopson L (2008) Effectiveness of Solution-Focused Brief Therapy in a School Setting. *Children and Schools* 30(1):15-26. 30 exp (School A) / 29 control (School B); 5-7 groups; 1 mon follow-up (43). Teachers: externalised and internalised behaviours significantly improved, students externalised behaviours significantly improved.

Franklin C, Streeter CL, Kim JS, Tripodi SJ (2007) The Effectiveness of a Solution-Focused, Public Alternative School for Dropout Prevention and Retrieval. *Children and Schools* 29(3):133-144. 46 exp / 39 comparison. Significantly more credits earned and more credits per time spent for exp but lower attendance rates. 81% graduation rate for exp / 90% for comparison after correcting for difference in policies. (cfranklin@mail.utexas.edu)

Gostautas A, Cepukiene V, Pakrosnis R, Fleming JS (2005) The outcome of solution-focused brief therapy for adolescents in foster care and health institutions. *Baltic Journal of Psychology* 6:5-14. 81 exp (44 foster / 37 health care) / 52 comparison; test battery 1-4 wk after 2-5 sess (avg 3.42). Grouped data: significant difference all measures for exp group; therapists rated 82% much improved. Scaling in keeping with standard instruments. (c.viktorija@lycos.com)

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

Lambert MJ, Okiishi JC, Finch AE, Johnson LD (1998) Outcome assessment: From conceptualization to implementation. *Professional Psychology: Research & Practice* 29:63-70. 22 cases from Johnson & Shaha (1996) compared with 45 at university public mental health center. Both methods achieved 46% recovered by objective criteria (OQ-45) ('Improved' cases not reported); sft by 3rd sess, center by 26th.

Littrell JM, Malia JA, Vanderwood M (1995) Single-session brief counseling in a high school. *Journal of Counseling and Development* 73:451-458. 61 students; 19 problem focus and task, 22 problem focus only, 22 solution focus and task. 69% better at 6 wk follow-up in all groups but shorter sessions in sft. (jlittrel@iastate.edu)

Mintoft B, Bellringer ME, Orme C (2005) Improved client outcome services project: an intervention with clients of problem gambling treatment. *ECOMMUNITY: International journal of mental health and addiction* 3:30-40. 23 unimproved clients compared with 62 who refused further treatment and with national statistics. First session motivational interviewing and cbt, then up to 16 wks sft and self-completion booklet about goals and exceptions. 11 completed programme; improvement on all measures; numbers too small for statistics. No data on number of sessions or partial completers. (br.mintoft@auckland.ac.nz)

Newsome WS (2004) Solution-Focused Brief Therapy Groupwork With At-Risk Junior High School Students: Enhancing the Bottom Line. *Research on Social Work Practice* 14(5):336-43. 26 exp / 26 controls; poor grades and attendance. Group programme for exp only; grades improved 1.58 pretest / 1.69 posttest. Controls 1.66 pretest / 1.48 posttest; significant difference. No change in attendance which had already improved. (Quoted as 'promising treatment' by Office of Juvenile Justice: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=712)

Nowicka P, Haglund P, Pietrobelli A, Lissau I, Flodmark C-E (2008) Family Weight School treatment: 1-year results in obese adolescents. *International Journal of Pediatric Obesity* 3(3): 141-147. 65 exp: Family Weight School group; 23 no-treatment controls. 49 exp / 17 controls at 1 yr: significant weight loss in moderate obesity.

Perkins R (2006) The effectiveness of one session of therapy using a single-session therapy approach for children and adolescents with mental health problems. *Psychology and Psychotherapy: Theory, Research and Practice* 79:215-227. 78 exp single sess / 88 no treatment; follow-up 4 wks. Severity improved 74.3% vs 42.5%; frequency improved 71.45% vs 48.3%. (ruthp@iimetro.com.au)

Rhee WK, Merbaum M, Strube MJ (2005) Efficacy of brief telephone psychotherapy with callers to a suicide hotline. *Suicide and Life-Threatening Behavior* 35:317-328. 55 callers completed study: sft 16, common factors therapy 17, wait list 24. Significant improvement on 10/14 measures for treated groups; no between-group differences. (mmerbaum@wustl.edu)

Rothwell N (2005) How brief is solution focussed brief therapy? A comparative study. *Clinical Psychology and Psychotherapy* 12:402-405. Pseudo-randomization: 41 sft/119 cbt. Sft avg 2 sess, cbt avg 5 sess. No outcome difference on GAF. (Neil.rothwell@fvpc.scot.nhs.uk)

Seidel A, Hedley D (2008) The Use of Solution-Focused Brief Therapy With Older Adults in Mexico: A Preliminary Study. *American Journal of Family Therapy* 36(3): 242-252. 10 exp / 10 controls; 3 sess; various outcome measures. Significant improvement on OQ45 for treatment group. (anke.siedel@hotmail.com)

Springer DW, Lynch C, Rubin A (2000) Effects of a solution-focused mutual aid group for Hispanic children of incarcerated parents. *Child and Adolescent Social Work* 17:431-442. 5 schoolchildren offered 6 session group using sft / interactional / mutual aid approaches vs 5 waiting list controls. Possibly significant increase in self-esteem in experimental group.

Stith SM, Rosen KH, McCollum EE, Thomsen CJ (2004) Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy* 30:305-318. 14/20 individual couples, 16/22 multi-group couples completed program, 9 couples comparison group; all mild-to-moderate violence. Follow-up (females contacted): 6 mon recidivism 43% individual, 25% multi-group, 67% comparison; 2 yr recidivism: 0%, 13% (one client), 50%. (sstith@vt.edu)

Stoddart KP, McDonnell J, Temple V, Mustate A (2001) Is brief better? A modified brief solution-focused therapy approach for adults with a developmental delay. *Journal of Systemic Therapies* 20:24-41. 16/19 clients complete 8 sess; 6 mon follow-up. Better outcome if fewer problems, less developmental delay, real-life goals, self-referred. Therapy 118 days vs 372 days for long-term comparison group; client satisfaction similar. Clients often requested more sessions. (stoddart@aspergers.net)

Sundmann, P (1997) Solution-focused ideas in social work. *Journal of Family Therapy* 19:159-172. 9 social workers in the experimental group received basic training in solution-focused ideas while 11 controls worked as usual. Session tapes and questionnaires were analysed at 6 mon: 382 clients; 199 (52%) replied. More positive statements, more goal focus and more shared views were found in the experimental group. (peter.sundman@taitoba.fi)

Triantafillou N (1997) A solution-focused approach to mental health supervision. *Journal of Systemic Therapies* 16:305-328. Supervision of residential staff. 5 adolescent clients: 66% less incidents, less medication use vs 7 controls: 10% less incidents, medication increased at 16 wks. (nickt@interlynx.net)

Viner RM, Christie D, Taylor V, Hey S (2003) Motivational/solution-focused intervention improves HbA1c in adolescents with Type 1 diabetes: a pilot study. *Diabetic Medicine* 20(9):739-42. 77 approached: 21 exp, 20 controls; 2 group sess. Improvement in glycaemic index and Self-efficacy in Diabetes measures at 6 mon.; not sustained at 12 mon. (r.viner@ich.ucl.ac.uk)

Wheeler J (1995) Believing in miracles: the implications and possibilities of using solution-focused therapy in a child mental health setting. *ACPP Reviews & Newsletter* 17:255-261. 3 mon follow-up of 34 (traced) sft referrals and 39 (traced) routine referrals: 23 (68%) vs 17 (44%) satisfied; other clinic resources used by 4 (12%) vs 12 (31%). (John@jwheeler.freemove.co.uk)

Zimmerman TS, Jacobsen RB, MacIntyre M, Watson C (1996) Solution-focused parenting groups: an empirical study. *Journal of Systemic Therapies* 15:12-25. 30 clients, 6 sess; 12 controls no treatment. Significant improvement on Parenting Skills Inventory; no change on Family Strengths Assessment. (lindsay@picasso.colostate.edu)

Zimmerman TS, Prest LA, Wetzel BE (1997) Solution-focused couples therapy groups: an empirical study. *Journal of Family Therapy* 19:125-144. Six weekly groups; 23 experimental and 13 no-treatment controls. Several relationship measures improved in the experimental group.

NATURALISTIC STUDIES (40)

Bell R, Skinner C, Fisher L (2009) Decreasing Putting Yips in Accomplished Golfers via Solution-Focused Guided Imagery: A Single-Subject Research Design. *Journal of Applied Sport Psychology* 21(1): 1-14. 3 golfers; 5 sess treatment (sft interview imagined responses). 3 wk follow-up showed improvement. (robbell@bsu.edu)

Beyebach M, Rodriguez Sanchez M S, Arribas de Miguel J, Herrero de Vega M, Hernandez C, Rodriguez Morejon, A (2000) Outcome of solution-focused therapy at a university family therapy center. *Journal of Systemic Therapies* 19:116-128. 83 cases; telephone follow-up, most 1 yr +. 82% satisfied; better outcome for 'individual' problems than for 'relational'; more dropout for trainees; avg 4.7 sess. (mark.beyebach@upsa.es)

Brown EA, Dillenburger K (2004) An evaluation of the effectiveness of intervention in families with children with behavioural problems within the context of a Sure Start programme. *Child Care in Practice* 10:63-67. 12 children; Parent Management Training and sft; detailed measures; one mon follow-up. 5 improved; 5 borderline change; 2 (1 fostered) improved untreated.

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

Conoley CW, Graham JM, Neu T, Craig MC, O'Pry A, Cardin SA, Brossart DF, Parker RI (2003) Solution-focused family therapy with three aggressive and oppositional-acting children: an N=1 empirical study. *Family Process* 42:361-374. Manual and objective measures; avg 4.6 sess; 3 mon follow-up. 3/3 satisfied with result. (collie-conoley@tamu.edu)

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

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

DeJong P, Hopwood LE Outcome research on treatment conducted at the Brief Family Therapy Center 1992-1993. In Miller SD, Hubble MA, Duncan BL (eds) (1996) *Handbook of Solution-Focused Brief Therapy*. Jossey-Bass: San Francisco (p272-298). 275 cases: age 50%<19, 93%<45; avg 2.9 sess; follow-up avg 8 mon; 141 contacted. 45% goal achieved, 32% some progress. Equal outcomes by age, gender, race, economic status. (Immediate post therapy measure of change in scaling scores for 136 collected: 25% significant progress; 49% moderate progress; 26% no progress. Berg IK, DeJong P (1996) *Solution-building Conversations: Co-Constructing a Sense of Competence with Clients*. *Families in Society*, 77:376-391) (djon@calvin.edu)

de Shazer S, Berg IK, Lipchik E, Nunnally E, Molnar A, Gingerich W, Weiner-Davis M (1986) Brief therapy: focused solution development. *Family Process* 25:207-222. Telephone follow-up of 25% of 1600 cases seen during a 5 year period; 72% improved; avg 6 sess. (Brieftfc@aol.com)

de Shazer S (1985) *Keys to Solutions in Brief Therapy*. Norton: New York. (p147-157). 6 mon follow-up of 28 cases who had received formula first session task. 23 (82%) improved; 11 solved other problems. Avg 5 sess.

de Shazer S (1991) Putting Differences To Work. Norton: New York. (p161-162). 29 cases: 23 (80%) reported that they had either resolved their original difficulty, or made significant progress towards resolving it. At 18 mon success rate was 86%; 67% reported other improvements also. Avg 4.6 sess: 4 sess or more did better.

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

Franklin C, Biever JL, Moore KC, Clemons D, Scamardo, M (2001) The effectiveness of solution-focused therapy with children in a school setting. *Research on Social Work Practice* 11:411-434. 19 cases with learning problems: 7 investigated. 1 mon follow-up (objective measures); avg 7 sess. Some improvement in all; 6 of 7 better.

Franklin C, Corcoran J, Nowicki J, Streeter CL (1997) Using client self-anchored scales to measure outcomes in solution-focused therapy. *Journal of Systemic Therapies* 16:246-265. Pilot study (3 cases) of this measure as a test of outcome.

George E, Iveson, C, Ratner H (1990) Problem to Solution. Brief Therapy Press: London. 6 mon telephone follow-up: 41 (66%) of 62 traced were satisfied. (brief3@aol.com)

Green LS, Oades LG, Grant AM (2006) Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being, and hope. *Journal of Positive Psychology* 1:142-149. Self selected: 25 exp, 25 control; 16 hr training in self-coaching. 18 exp (no controls) follow-up at 30 wks: significant improvements in goal striving, wellbeing and hope. (suzygreen@optusnet.com.au)

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

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

Lamprecht H, Laydon C, McQuillan C, Wiseman S, Williams L, Gash A, Reilly J (2007) Single-session solution-focused brief therapy and self-harm: a pilot study. *Journal of Psychiatric and Mental Health Nursing* 14:601-2. 40 first time self-harmers; 1 sess. 2 rpt (6.25%) in 1 yr follow-up vs 40/302 (13.2%) untreated. (Updates **Wiseman S** (2003) Brief intervention: reducing the repetition of deliberate self-harm. *Nursing Times*, 99:34-36) (j.g.reilly@durham.ac.uk)

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

Lee MY, Greene GJ, Uken A, Sebold J, Rheinsheld J (1997) Solution-focused brief group treatment: a viable modality for domestic violence offenders? *Journal of Collaborative Therapies* IV:10-17. Sciotto study: 117 clients, 1993-1997; standard 6 sess completed by 88. 7% (6) reoffend by 1997. Plumas study: 1994-1996: 34 clients; avg 7 sess; 3% (1) reoffend by 1997. (pcmhs@psln.com) (uken@jps.net)

Lee MY, Greene GJ, Mentzer RA, Pinnell S, Niles D (2001) Solution-focused brief therapy and the treatment of depression: a pilot study. *Journal of Brief Therapy* 1:33-49. 10 clients, all had 6 sess. 9 improved on all measures at 6 mon.

Lee MY, Sebold J, Uken A (2003) Solution-focused treatment of domestic violence offenders. Oxford: New York. 90 treated (77 male); few dropouts from 8-sess programme. 48 (+22 partners) traced at 6 mon. Self-esteem and solution finding better; 16.7% cumulative recidivism over 6 yrs. Childhood abuse predicts recidivism.

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

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

Lundblad A-M, Hansson K (2006) Couples therapy; effectiveness of treatment and long-term follow-up. *Journal of Family Therapy* 28:136-152. Integrative therapy: mixture of five models in each case; at least 20% sft. 131/158 couples (82.9%) 2 yr follow-up: improved marital satisfaction, family climate, sense of coherence; reduced symptoms and reduction in expressed emotions. (ami.lundblad@bigfoot.com)

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

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

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

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

Milner J, Singleton T (2008) Domestic violence: solution-focused practice with men and women who are violent. *Journal of Family Therapy* 30:27-51. 68 referrals (16 female); avg 4.3 sess; 50 completed programme. Not reoffended according to multiple sources at minimum 3.5 yr follow-up = 73% good outcome.

Morrison JA, Olivos K, Dominguez G, Gomez D, Lena D (1993) The application of family systems approaches to school behaviour problems on a school-level discipline board: an outcome study. *Elementary School Guidance & Counselling* 27:258-272. 30 with school problems (6 special education); 1-7 sess. 23 improved but 7 relapsed.

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

Perez Grande MD (1991) Evaluacion de resultados en terapia sistematica breve (Outcome research in brief systemic therapy). *Cuadernos de Terapia Familiar* 18:93-110. 97 cases, 25% children; avg 5 sess. 71% better at end. 6-35 (avg 19) mon telephone follow-up: 81 traced. 13% relapse; 38% other problems better. More dropout if longstanding problem.

Perkins R, Scarlett G (2008) The effectiveness of single session therapy in child and adolescent mental health. Part 2: an 18-month follow-up study. *Psychology & Psychotherapy: Theory, Research & Practice* 81(2):143-56. Follow-up of 2006 cohort: 152 children, 91 traced. 60.5% 1 sess; 9.7% five or more. No increase in frequency or severity of symptoms after 18 mon.

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

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

Vaughn K, Young BC, Webster DC, Thomas MR A continuum-of-care model for inpatient psychiatric treatment. In Miller SD, Hubble MA, Duncan BL (eds) (1996) *Handbook of Solution-Focused Brief Therapy*. Jossey-Bass: San Francisco (p99-127). 688 cases before sft model: avg stay 20.2 days; 675 cases after: avg stay 6.6 days.

Wiseman S (2003) Brief intervention: reducing the repetition of deliberate self-harm. *Nursing Times* 99: 34-36. First self-harm 40 clients; 1 sess. Up to 6 mon follow-up: 39 (97%) no repeat; 78% improved on self-scaling.

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

FUTURE DEVELOPMENTS

Dr Luc Isebaert, Bruges (luc.isebaert@azbrugge.be): four-year follow-up of alcoholics; measures of personality, diagnosis, relationship state and alcohol use. Randomised trial of sft vs mindfulness therapy.

Caroline Klingenstierna, Stockholm (utbildning@cosolvias.se): randomised controlled study of sft groups for returning unemployed to work. Faster return to active list and less distress symptoms for persons (n=15+15) with more than 6 months of sick leave than control group. No significant differences between groups after 5 months follow-up. (Unpublished)

European Brief Therapy Association (EBTA) research group: sft in research publications must include: goals; exceptions; pre-session changes; clients' resources; miracle question; scaling; compliments; tasks. Return visits must begin with 'What is better?' or similar.

EBTA multi-national research project: compares client scaling with objective measures. Participating: UK (2); Bulgaria; Spain.

Multi-author international handbook of sft research in preparation: Lead editors Cynthia Franklin and Terry Trepper. (CFranklin@mail.utexas.edu; trepper@calumet.purdue.edu)

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