Solution-focused brief therapy: a review of the outcome research
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Authors' objectives
To critically review all of the controlled outcome studies of solution-focused brief therapy (SFBT) to date, to assess the extent to which SFBT has received empirical support.

Searching
PsycLIT, Social Work Abstracts, PsycINFO, MEDLINE and Dissertation Abstracts were searched up to and including 1999 using the following search terms: ‘solution-focused’, ‘solution-oriented’ and ‘outcome research’. The World Wide Web was also searched using the same terms. In addition, a listing of published outcome studies from the European Brief Therapy Association was reviewed, and several reviews of SFBT research and the bibliographies of studies included in the review were consulted. Studies were restricted to those published in the English language.

Study selection
Study designs of evaluations included in the review
Controlled studies that used a comparison group or single-case repeated measures design were eligible for inclusion. The exact design of the included studies was unclear from the details presented. Six studies were randomised.

Specific interventions included in the review
Studies implementing SFBT were eligible for inclusion. The intervention had to include one or more of the following components: a search for pre-session change; goal-setting; use of the miracle question; use of scaling questions; a search for exceptions; a consulting break; and a message including compliments and task. The follow-up periods of the included studies ranged from no follow-up to 12 months. The comparison groups included no intervention, problem-focused brief therapy, standard counselling groups, pre- and post-test comparison groups, waiting-list controls; problem-focused interpersonal therapy, standard rehabilitation treatment, and standard institutional services.

Participants included in the review
No a priori inclusion or exclusion criteria relating to the participants were specified. The participants in the included studies had problems relating to depression, opposition, parent-child conflict, orthopaedic injury, prison, recidivism, adolescent offending, marital relationships, drinking, schizophrenia, income, child-welfare, externalising behaviour, substance abuse, or were of an academic, personal or social nature.

Outcomes assessed in the review
Studies with SFBT client outcomes, i.e. client behaviour or functioning, that reported end-of-treatment or later outcomes were eligible for inclusion. The following studies were excluded: studies reporting only client satisfaction; studies examining intermediate therapy outcomes; ethnographic and change process studies (as they did not assess end-of-treatment outcomes).

How were decisions on the relevance of primary studies made?
Potential studies were independently reviewed by each author and included if both agreed that the study met the inclusion criteria.

Assessment of study quality
The studies were assessed according to standards for assessing empirical support for psychological treatments, as developed by the American Psychological Association (see Other Publications of Related Interest no.1) and then further modified (see Other Publications of Related Interest no.2). The criteria were: randomised or acceptable single-case design; focus on specific well-defined disorder; suitable comparison group; use of treatment manuals and procedures for monitoring treatment adherence; reliable and valid outcome measures; and sample size. The authors do not state how the papers were assessed for validity, or how many of the reviewers performed the validity assessment.
Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Data relating to the participants, intervention, design, outcomes and results were extracted.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken with the studies divided into three groups based on the standards for assessing empirical support for psychological treatments: well controlled, moderately controlled and poorly controlled.

How were differences between studies investigated?
The authors inspected study details for differences between the studies.

Results of the review
Fifteen controlled studies met the inclusion criteria: 5 well-controlled studies (n=229), 4 moderately controlled studies (n=384 plus 36 couples) and 6 poorly controlled studies (n=431 plus family members).

All of the 5 well-controlled studies reported benefit from SFBT. Four found SFBT to be significantly better than no treatment or standard institutional services. The other study compared SFBT with a known treatment, Interpersonal Psychotherapy for Depression, and found SFBT produced equivalent outcomes (no significant differences were found).

The remaining 10 studies that were classified as moderately or poorly controlled contained methodological limitations, but their findings were consistent with a hypothesis of SFBT effectiveness. One of the studies suggested that SFBT may be an efficient intervention in that a successful outcome can be achieved with minimal intervention.

Authors' conclusions
The 15 studies provided preliminary support for the efficacy of SFBT, but did not permit a definitive conclusion. The methodology in future studies should be strengthened to provide more conclusive evidence of SFBT efficacy.

CRD commentary
The aim of the review was clearly focused and was supported by inclusion and exclusion criteria relating to the intervention, outcomes and study design. However, the exact design of the studies was not always clear from the details reported. The literature search was comprehensive, but was restricted to published English language studies. Therefore, it is possible that relevant unpublished and non-English studies may have been missed. In addition, few details relating to the review process were provided. Relevant study details were tabulated and the studies were grouped appropriately in a narrative format. However, each study was described separately in some detail, while the results of the studies were only narratively synthesised very briefly and vaguely in the 'Discussion' section of the report. The findings of the review were preliminary, as the authors concluded, and should be viewed in light of the drawbacks reported here.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors state that more rigorously controlled investigations are required to provide more conclusive evidence concerning SFBT efficacy. They state that in order for efficacy to be established, the intervention should be clearly and specifically proceduralised so that it can be implemented consistently by different investigators across research sites; future efficacy studies need to compare SFBT with other empirically validated interventions where therapy allegiance is equally balanced between treatments; it is desirable that the comparison group is another empirically validated psychotherapeutic intervention and that such studies have large samples (40 to 50 participants per group); and investigators should work towards approximating more closely efficacy standards in SFBT outcome research.
Bibliographic details

PubMedID
11143600

Other publications of related interest

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.