Effectiveness of solution-focused brief therapy: a systematic qualitative review of controlled outcome studies
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CRD summary
The authors concluded that there was strong evidence that solution-focused brief therapy was an effective treatment for behavioural and psychological conditions, and it might be shorter and less costly than alternative treatments. These conclusions were based on very variable evidence and appear to overstate the potential benefits, they should not be considered to be reliable.

Authors' objectives
To evaluate the effectiveness of solution-focused brief therapy for patients with behavioural or mental health problems.

Searching
The following databases were searched to April 2012: MEDLINE, PsycINFO, ERIC, Social Work Abstracts, and Dissertation Abstracts; some search terms were reported. Bibliographies and other reviews were searched, expert resource lists were checked, and an online solution-focused therapy discussion group was contacted. No language or publication status restrictions were applied.

Study selection
Controlled studies, comparing solution-focused brief therapy (definition provided) with waiting list, treatment as usual, or an alternative treatment, were eligible for inclusion. Participants had to be individuals, families or small groups, who were receiving treatment for behavioural or mental health problems, or both. Cognitive or behavioural change outcomes had to be reported, after treatment.

The included studies were grouped by their focus on: child academic and behaviour problems; adult mental health; family or marriage; occupational rehabilitation; health and aging; or crime and delinquency. Study locations included Europe (including the UK), Korea, Taiwan, China, and North and South America; it appears most studies were conducted in North America. Where the duration of sessions was reported, this varied between 30 minutes and 90 minutes, with some programmes having a multi-day workshop format.

It was unclear how many reviewers selected studies, but decisions on inclusion were based on discussion and consensus.

Assessment of study quality
Articles were coded, based on the reported information, for: randomisation; matched controls; selection criteria; large sample (≥20 participants); fidelity assessment; use of alternative treatment; experienced therapists; objective measures; and follow-up.

It was unclear how many reviewers assessed the studies for quality.

Data extraction
Basic study characteristics were tabulated, along with the modality and duration of the solution-focused brief therapy, and specific techniques used. Outcome data were converted to categorical variables as follows: no change or no difference, a positive or negative trend, or a statistically significant positive or negative change.

It was unclear how many reviewers performed data extraction.

Methods of synthesis
A vote-counting approach was adopted. Studies were grouped by their focus, and tabulated with quality characteristics and positive or negative trends and results. A narrative synthesis was presented for each of the groups.

Results of the review
A total of 43 studies were included in the review, of which 26 were randomised. Participants in the studies were counted as individuals or as families, depending on the study. The total participants per study ranged from six children to over 300 adults.

**Child academic and behaviour problems**: There were 14 studies, of which six were randomised and one had an active comparator. Four studies reported a mixture of results for behavioural outcomes, with some positive trends in favour of solution-focused brief therapy and significant improvements on some outcomes. Four studies reported varying results for academic outcomes, including some significant improvements and some non-significant trends in favour of solution-focused brief therapy. Psychological outcomes were reported by six studies, with three reporting significant improvements and the remainder showing positive trends.

**Adult mental health**: There were 10 studies, of which seven were randomised and six had an active comparator. Five studies focused on depression and four of these reported significant benefits. One study reported on self-harm, one study reported on obsessive compulsive disorder, one on schizophrenia, and two on general mental health outcomes. Based on positive or equivalent results, compared with alternative treatment, the authors concluded that there was strong and reliable evidence for solution-focused brief therapy as an effective treatment.

**Marriage and family**: There were six studies, of which two were randomised and two had active comparators. Five of the six studies used family- or group-oriented solution-focused brief therapy. They included families where one member was diagnosed with schizophrenia, a child was diagnosed with autism, there were general marital difficulties, or parents with adolescent children. Generally positive or equivalent results showed that solution-focused brief therapy was promising, but the evidence was limited and this should be regarded as a preliminary conclusion.

**Occupational rehabilitation**: There were five studies, of which four were randomised and one had an active comparator. All five studies reported on the impact of solution-focused brief therapy on return to work and psychological outcomes for employees on sick leave. Positive changes were noted in three studies, out-performing waiting-list controls, and equivalent to alternative treatments. There was strong evidence of the effectiveness of solution-focused brief therapy for occupational rehabilitation programmes.

**Health and aging**: There were five studies, of which four were randomised and one had an active comparator. Outcomes measured included aggressive and wandering behaviours, mental health outcomes, adjustment to illness, and quality of life. All five studies reported positive benefits from solution-focused brief therapy, and four studies reported significant improvements. Solution-focused brief therapy was considered to offer strong potential as a successful intervention, but the studies were varied.

**Crime and delinquency**: There were four studies, of which three were randomised and none had an active comparator. Three of the four studies focused on juvenile populations. All four reported significant improvements on at least some of the reported outcomes, in favour of solution-focused brief therapy. This was credible evidence for the efficacy of solution-focused brief therapy.

**Authors’ conclusions**

There was strong evidence that solution-focused brief therapy was an effective treatment, for a wide variety of behavioural and psychological outcomes. It seemed to be shorter, making it cheaper than alternative treatments.

**CRD commentary**

The review addressed a clear question, with moderately comprehensive searches and clear attempts to access grey literature, without language restrictions. Both authors appear to have been involved at each stage, suggesting that reviewer error and bias was minimised. The study characteristics were reported, but it was unclear exactly how each of the outcomes was assessed, and the comparability of these measures was not stated.

The included studies were partly classified for quality, but the absence of a validated tool and the limited reporting makes it difficult to assess the reliability of each study. The synthesis consisted of summary vote counting, despite clear recognition of very varied evidence. Quality was partly incorporated into the overall judgements, but in several cases, the final conclusion of strong evidence in favour of solution-focused brief therapy appears to have been overly generous and based on comparisons with waiting-list controls, rather than viable alternatives. Without the actual results or statistical meta-analysis, it is difficult to ascertain the accuracy of these statements.
Overall the authors may have overstated the strength of the available evidence, while underestimating the variation and the conclusions should not be regarded as reliable.

**Implications of the review for practice and research**

**Practice**: The authors made no specific recommendations for practice.

**Research**: The authors recommended that researchers should conduct larger and more rigorous studies to add to the understanding of solution-focused brief therapy's effectiveness and efficiency.

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