CRD summary
This review found that the identified studies generally supported solution-focused brief therapy for the problems of children and their families, but most studies had limitations and further research was needed. These conclusions follow from the evidence, but their reliability is unclear due to the lack of information on the review methods.

Authors' objectives
To assess the effectiveness of solution-focused brief therapy for children and their families, and to identify the types of problem that might best be addressed by this therapy.

Searching
Forty-four databases, including PsycINFO and MEDLINE, were searched for peer-reviewed articles or book chapters published in English between 1990 and 2010. Search terms were reported. An advisory group was consulted for additional studies, and references of reviews and meta-analyses were checked.

Study selection
To be eligible for the review, studies needed to evaluate the effectiveness of solution-focused brief therapy for children or young people, aged from birth to 18 years, and their families.

Most of the included studies were conducted in the USA; others were conducted in a range of countries, including six in the UK. A variety of designs were used including randomised controlled trials (RCTs), quasi-experimental studies, case studies and qualitative interviews. Children's difficulties were very varied and included environmental concerns, such as divorce and parental incarceration, and personal issues, such as self-efficacy, aggression and behavioural difficulties. Solution-focused brief therapy was provided with other interventions in several studies. Timing and duration of intervention varied widely. Therapy was delivered by school psychologists, teachers, counsellors or nurses; therapists; psychiatrists; graduate, masters or doctoral students; social workers; or family support workers. Various outcome measures were used, and assessment ranged from immediately after intervention (no follow-up) to up to four years later.

The authors did not state how many reviewers were involved in selecting studies for the review.

Assessment of study quality
Quantitative studies were assessed based on American Psychological Association (2006) criteria. Total scores of 0 to 2 indicated low quality, 3 to 4 medium quality, and 5 to 7 high quality. Qualitative studies were judged using the methods of Spencer and colleagues (2003). Total scores of 0 to 4 indicated low quality, 5 to 8 medium quality, and 9 to 12 high quality. Mixed-methods studies were assessed using both methods, and given the higher of the two quality ratings.

Studies were rated as low, medium or high appropriateness, according to reported criteria. Studies were only included if they had at least medium quality and appropriateness.

The authors did not state how many reviewers were involved in quality assessment.

Data extraction
Studies were coded using a framework devised and piloted by the authors. They did not state how many reviewers were involved in extracting the data.

Methods of synthesis
Studies were tabulated and synthesised in a narrative according to whether they focussed on internalising or externalising child behaviour solutions, or both, or other applications of solution-focused brief therapy.
Results of the review
Thirty-eight studies were included in the review. Five were high quality, and 33 were medium quality. Sample sizes ranged from single cases to 339 participants.

Two of 38 studies did not support solution-focussed brief therapy, four were neutral, and the other 32 had positive outcomes. Eight were of sufficient methodological quality to show that solution-focussed brief therapy had better outcomes than control or treatment as usual.

The review found preliminary evidence (including three high-quality studies) of the effectiveness of solution-focussed brief therapy for improving internalising behaviour. Positive results were found for both group and individual interventions across the five to 18 years age range, and mainly for children and young people with moderate difficulties.

The results of studies focusing on externalising behaviour were generally positive (all medium-quality studies), particularly in the school context and as an early intervention.

Studies targeting both internalising and externalising behaviours demonstrated the potential utility of solution-focussed brief therapy. A few studies targeting other applications of solution-focussed brief therapy showed potential, for example, in reducing child maltreatment and in supporting children with developmental difficulties.

Authors' conclusions
The evidence generally supported solution-focussed brief therapy, but most studies had limitations and further studies were needed.

CRD commentary
This review was underpinned by broad inclusion criteria for participants, interventions, outcomes and study design. Searching was thorough and encompassed a range of sources. Only English-language publications were eligible, which raised the possibility of missing studies and publication bias. Studies were quality assessed, but overall scores do not take account of the varying sources of bias. It was unclear if more than one reviewer was involved in study selection, data extraction and quality assessment, which is necessary to limit bias.

A narrative synthesis was appropriate given the diversity of the studies. The studies varied hugely in participant characteristics, intervention delivery and outcomes. The authors outlined some limitations in the included studies, including the existence of concurrent interventions. These issues should be borne in mind when assessing the review.

The conclusions followed from the evidence, but their reliability is unclear due to the lack of information on the review methods.

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

Research: The authors recommended that the core elements of the solution-focussed brief therapy should be described in future studies. The extent to which the therapy could be adapted to different clients and contexts should be investigated. Gaps in the evidence should be investigated, for example for the use of solution-focussed brief therapy by teachers to improve child behaviour, use with parents and family groups to reduce recurrence of child maltreatment, and use with children and young people to support functional skills, such as reading. They suggested collaboration between practitioners and researchers to systematically extend the evidence.

Funding
Funded by the Department for Education, England, UK.

Bibliographic details

PubMedID
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.