

**Effective Counseling Interventions with Youth and Families:
A Review of Solution Focused Brief Therapy**

Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990-2010. *Journal of Child Psychology and Psychiatry*, 54 (7), 707-723.

Introduction

Responsive services, in the form of individual, group and family interventions, are a core component of the work of many school counselors (American School Counseling Association (ASCA), 2013). Solution focused brief therapy (SFBT), also called solution focused counseling (SFC), is increasingly used in schools due to its flexibility, brevity, and efficacy (Kim & Franklin, 2009; Murphy, 2008). Having a theoretically sound, effective and efficient clinical intervention model is critical to successful school counseling programs, so identifying these models is imperative. This study summarizes the current research on SFBT with children and families.

Solution focused brief therapy is theoretically grounded in the work of Milton Erickson and the brief family therapy model of de Shazer and Berg (1997), which focuses on what is working instead of identifying problems. These models have a future orientation and work towards solutions rather than a past orientation that explores prior events. SFBT has also been influenced by research in positive psychology, which suggests that emphasizing client strengths and competencies promotes positive outcomes (Seligman, 2002), and by counseling outcome research that indicates that clients improve most significantly during the first few sessions (Whiston & Quinby, 2009).

Key components of the SFBT and SFC models include goal-setting, finding what is working or where there are exceptions to a problem, scaling, identifying client and family resources, eliciting client solutions, and soliciting client commitment to agreed-upon goals. This model is particularly well-suited to work in schools due to the high caseloads of most school counselors and the related need to respond to a variety of student situations efficiently and promptly. SFBT's positive focus and strength-based approach align with school counseling program models and educational outcomes.

Method

Bond, Woods, Humphrey, Symes, and Green (2013) conducted a comprehensive, international review of studies examining SFBT in multiple settings. This review focused on 38 qualitative and quantitative research articles that met standards for best evidence (out of 83 possible studies from 44 databases). Inclusion criteria for quantitative research were based on American Psychological

Association (APA) standards (2006) and included the use of randomized group design, manualization, large sample sizes, fidelity checks, and reliable and valid outcome measures. Inclusion criteria for qualitative research were based on the work of Spencer, Ritchie, Lewis and Dillon (2003) and included evaluation of research design, sampling, data collection and documentation methods, explicit reflexivity, and evidence of researcher-participant negotiation.

Results

Of the 38 studies that met the standard of “best evidence,” eight studies demonstrated that SFBT outcomes were better than the treatment provided in control groups which usually used “treatment as usual”, four resulted in no evidence of difference, and two found negative outcomes for SFBT.

- The research suggests that SFBT has generally positive results for children and youth who have *internalizing behaviors*, such as anxiety and depression, and most of the studies with high methodological quality were in this domain. Findings were complicated by the fact that many of the interventions used SFBT in combination with other practices, such as academic support, coaching, and empowerment training.
- For *externalizing behaviors*, such as aggression and social skills difficulties, the outcomes were strongest for SFBT interventions when the intervention occurred in schools and included teachers, when families were involved, and when used with younger children. As with internalizing behaviors, several studies about externalizing behaviors combined SFBT with other practices, such as academic support and social skills training, with generally positive outcomes.
- Studies with youth who were experiencing *both internalizing and externalizing behaviors* were inconsistent, and typically had multiple components to the intervention in addition to the SFBT component, making it difficult to determine the impact of that aspect of the intervention. The authors conclude that SFBT is possibly an effective method for working with youth who are multifaceted and possess diverse needs; however, additional research is needed.
- Some studies examined the use of SFBT with students who possess *intellectual, learning, or developmental difficulties*. One study where the intervention was provided with parents found little impact for the SFBT intervention, and two studies with youth found that SFBT had a significant impact.

Critical Perspectives

This summary of SFBT outcome studies with children and youth reiterates the challenges of identifying effective treatment modalities. As with most outcomes studies of therapeutic approaches, there were very few studies that met the criterion for high-quality quantitative or qualitative research. Many studies used SFBT in conjunction with other practices, confounding any outcomes, and the impact of SFBT varied widely depending on the context and presenting issue of the youth involved. The outcomes studied, as well as the measurements for those outcomes were varied, making comparisons challenging.

Despite these challenges, this summative article concludes that there is preliminary evidence that SFBT can be used effectively, particularly when families are involved and when the intervention is conducted in schools with children who have internalizing or externalizing behavior problems. SFBT was found to be most effective when used as an early intervention, with mild to moderate, but not severe, problems. The evidence also suggests that SFBT youth-based interventions are most successful when conducted in small group and individual counseling and with young females.

Implications for Practice

Making decisions about how to provide effective clinical interventions that work in the school setting with students who experience a wide range of difficulties is an ongoing challenge for school counselors. Solution-focused brief therapy (SFBT) shows promise as a modality that is both effective and efficient in schools with youth who are experiencing mild internalizing and/or externalizing difficulties.

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