

# Solution-Focused Brief Therapy: Overview and Implications for School Counselors

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## **Abstract**

Solution-focused brief therapy is a fairly new approach of counseling that has been found to be useful in various settings. The strategy's usefulness and limitations in a school setting will be examined in this article. Included in the article are the basic components of the solution-focused approach, questions significant to the strategy, explanations regarding the five components of compliments, and implications for school counselors.

Various reasons exist for counselors to need an efficient and effective approach to aid individuals in making meaningful changes in a shorter period of time. For instance, managed health care, which resulted as an effort to control high health costs, is a big challenge for those individuals who provide counseling services in a private practice (Russell-Chapin & Ivey, 2004). In previous years, some health insurance plans often paid for an unlimited number of sessions; however, today most companies require "approval of services and documentation of treatment goals, progress, and success for services to be covered" (Russell-Chapin & Ivey, p. 65).

School counselors also need an effective, brief theoretical method of counseling. Littrell, Malia, & Vanderwood (1995) declared many school counselors have enormous caseloads that limit their time when working with students. In addition to huge caseloads, Birdsall and Miller (2002) added that expectations of principals,

increased mental illness among students, and increased school violence are just a few other problems that school counselors also confront. Additionally, school counselors must address academic failures, school fights, drug use, chronic absences, bullying, and difficult parents. Understandably, school counselors frequently feel inundated by the many noncounseling duties they must perform. As a result, they may often feel they have limited time for counseling students. Thus, school counselors need a counseling approach that will work within a few sessions. One such strategy, Solution-Focused Brief Therapy (SFBT), has been found to be an effective short-term approach to use in school settings (Birdsall & Miller, 2002; Conoley, C., Graham, J., Neu, T., Craig, M., O'Pry, M., Cardin, S., Brossart, O., and Parker, R. 2003; Corcoran, 1998; Dielman & Franklin, 1998; Franklin, Biever, Moore, Clemons, & Scamardo, 2001; LaFountain & Garner, 1996; Littrell et al., 1995; Newsome, 2005; Teall, 2000; Thompson & Littrell, 1998; Watkins & Kurtz, 2001; Young & Holdorf, 2003).

SFBT is a relatively new model of short-term intervention for various mental health problems that was developed by Steve de Shazer and colleagues at the Brief Family Therapy Institute at Milwaukee (Corcoran & Stephenson, 2000; Gingerich & Eisengart, 2000; Stalker, Levene, & Coady, 1999; Winship, 2007). Corcoran and Stephenson (2000) stated deShazer's work was greatly influenced by Milton Erikson and also John Weakland.

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In contrast to Weakland's brief problem-focused approach, however, de Shazer focused on a solution-focused approach. For example, de Shazer saw clients as experts who possessed strengths and competencies they could use to make their lives satisfying. The therapist's role was to assist clients in discovering their past successes, resources, and strengths in order to create solutions.

Even with its popularity, some literature purports that little empirical evidence exists to support the claims of success made by SFBT advocates (Coady, Stalker, & Levene, 2000; Franklin et al., 2001; Stalker, et al., 1999). For instance, Franklin et al. (2001) stated most SFBT studies have been limited by their research designs and "did not use standardized outcome measures, adequate baselines, control groups, or other experimental procedures" (p. 413). Coady et al. (2000) added even the studies that have utilized control groups were limited as to generalization because of small sample size, rigid criteria for participation, and little information about intervention procedures.

Stalker et al. (1999) found fault with SFBT in several ways. First, these authors believed using SFBT with clients who have chronic disorders would be naïve and even harmful. Second, they stressed some clients need to explore the past; thus, ignoring the past is neglecting the client's history and "raises ethical as well as clinical issues" (p. 474). Third, Stalker et al. alleged SFBT de-emphasizes affective factors, which they feel are vital to a client's well-being. Piercy, Lipchik, and Kiser (2000) echoed this sentiment and stated "solution-focused clinicians need to know how to acknowledge, join with, and

respond to client emotions as well as thoughts and actions" (p. 26). These authors believed clients tend not to come back for future sessions if counselors focus only on solutions instead of listening to what clients try to tell them. On the other hand, several positive studies have been completed with SFBT. Gingerich and Eisengart (2000) critically reviewed all of the controlled outcome studies of SFBT through 1999 to evaluate the extent to which the theory has received empirical support. Of the 15 studies reviewed, 5 were well-controlled, and all 5 showed positive outcomes. These studies involved antisocial adolescent offenders, depression among college students, parenting skills, recidivism in a prison population, and rehabilitation of orthopedic patients. Ten studies were moderately or poorly controlled. However, all studies supported SFBT effectiveness.

Several studies were completed in school settings, and although they consisted of small sample size and some did not include a comparison group, all studies demonstrated that SFBT proves promising for use as a short-term method for obtaining positive results (Birdsall & Miller, 2002; Conoley et al., 2003; Corcoran, 1998; Dielman & Franklin, 1998; Franklin et al., 2001; LaFountain & Garner, 1996; Littrell et al., 1995; Newsome, 2005; Teall, 2000; Thompson & Littrell, 1998; Watkins & Kurtz, 2001; Young & Holdorf, 2003). For example, Littrell et al. (1995) found brief counseling appropriate for academic achievement issues such as test taking, time management, staying on task, academic concerns, and dealing with behavioral and personal concerns. Newsome and Kelly (2004) described an eight-week SFBT intervention designed

for grandparents who are raising school-aged grandchildren. They affirmed the approach offers “promise as a time-sensitive, goal-oriented approach with grandparents” (p. 81). Young and Holdorf (2003) worked with an Anti-Bullying Project to develop approaches for dealing with bullying in middle and high schools. They found SFBT strategies were productive in this circumstance because the techniques do not require choosing sides or assuming judgment about the cause of the problem. Students are not labeled as victims or bullies; thus, a positive environment in which solutions can be discovered is feasible. Young and Holdorf’s (2003) study found SFBT to be an approach that avoids creating dependence, a significant requirement for attaining long-term success of an intervention. Thus, these studies provided support for counselors’ use of SFBT with students in school settings.

Nevertheless, Littrell et al. (1995) cautioned counselors in school settings must ensure that they do not prematurely focus on one concern and omit more serious concerns. For example, students may need time to become comfortable enough to reveal problems such as physical abuse. Also, Littrell et al. stated even though brief counseling approaches are fairly simple to use, much skill is necessary to assist students in identifying meaningful goals. Additionally, school counselors must be knowledgeable of when brief counseling is or is not suitable. Accordingly, school counselors must be familiar with the basic components of SFBT and understand how it can be included in the school counseling program.

Basic Components of Solution-Focused Therapy.

According to Corcoran and Stephenson (2000), the key philosophy of SFBT is clients already hold the key to their solutions. In regard to this idea, Sklare (2005) asserted counselors must follow the old saying, “If it ain’t broke, don’t fix it” (p. 9). In other words, counselors must strive not to allow their own agendas to become the focus of counseling since “making an issue out of something that is not an issue for clients can cause difficulties in areas that were previously manageable to them” (p. 9). Accordingly, counselors should encourage clients to be the experts in sessions. Thus, the counselor’s role is to help clients recognize the key to their solutions comes from the inner strengths they have previously used to survive their problems. The counselor helps clients recognize their strengths, develop goals, and commit to change. Counselors and clients create a cooperative environment in which solution building develops.

Next, the counselor works to help clients identify how the situation will differ when it is solved. In fact, solution-focused counselors do not focus on what caused a problem. Rather, they use language and techniques to address how the problem will be solved. By creating a future in which the problem has been solved, clients may be motivated to act in ways that will assist them in fulfilling their goals (de Shazer, 1988).

SFBT techniques are simple to implement and can be used by counselors who have different levels of experience to generate a satisfactory outcome for clients (Lee, 1997). Several techniques are employed by solution-focused therapists. Birdsall and Miller (2002) stated five significant questions are part of the

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solution-focused method including (a) coping questions, (b) exception-finding questions, (c) the miracle question, (d) scaling questions, and (e) task-development questions. These questions are explained briefly below.

### **Questions Significant to Solution-Focused Therapy**

#### ***Coping Questions***

Birdsall and Miller (2002) described coping questions as questions that help clients focus on what they have done so far to survive difficult situations. Coping questions elicit the attention away from clients' fear of problems to helping them find inner strengths and adaptive powers. This technique helps clients take their minds off of failure and puts the attention on what has worked for them. Clients reframe their negative views to more positive ones. An example of a coping question provided by Birdsall and Miller is, "What have you found helpful so far" (p. 4).

Iveson (2002) stated some clients' lives are so tumultuous that they cannot visualize a better future or identify anything of value in their present circumstances. Using the coping question strategy implies the counselor respects and values a client's ability to hang on in spite of adversity. Acknowledging clients have already discovered ways to adjust to their present problems provides them with motivation to believe in themselves.

#### ***Exceptions***

Birdsall and Miller (2002) defined exceptions as times when a client functioned better or times when a problem was not as severe. A typical exception question could be as simple as, "Have there been times

when the problem did not happen or was less severe" (Birdsall & Miller, 2002, p. 5). If an exception is identified, the counselor would then focus on the "who what, when, and where" of exceptions rather than the problem (p. 5).

#### ***Miracle Question***

Another type of question, the miracle question, is future-oriented and requires clients to brainstorm about possibilities. Sklare (2005) saw the miracle question as "seeds of solutions [that] have been planted during the initial contact with clients as school counselors engage in solution and goal talk rather than problem talk" (p.27). The miracle question is typically asked in a manner similar to the following: "Consider the possibility that while you are sleeping tonight, the problem you presented today is solved during your sleep. When you awake, how will you know that a miracle has occurred and that your problem is solved?" This type of questioning encourages goal setting in that the answer to the question helps clients identify changes that they desire to occur. The answer also forces clients to focus on a positive future and moves the focus away from current and past problems to a future solution. Clients may drift back to problem talk; however, Sklare suggested the counselor would then redirect the focus to the difference that will occur in clients' lives when the miracle takes place.

#### ***Scaling Question***

Metcalf (1995) defined scaling questions as "therapeutic tools used to measure the effects of a problem on a person's life" (p. 257). For example, clients are asked to select a number of where they are on a

scale of 1 to 10, where at 1 the problem controls the client and at 10, the client controls the problem. Clients are then asked where they would like to be by the next session. Once that question is answered, the counselor asks clients what would have to take place, for example, to get from a 3 to a 5 on the scale by the next session. Sklare (2005) noted rarely does a client respond to a scaling question with a 0 rating. He suggested if it did happen, the counselor should compliment the client's presence in the counselor's office as reflecting expectation that things will get better.

Iveson (2002) professed scaling questions can be used to distinguish various aspects of a problem and its solution. For instance, if a client is experiencing several problems, a different scale can assess each one. Iveson stressed the scales will overlap and aid the client in discovering that change in one area can lead to progress in other areas as well.

### ***Task Development Questions***

The fifth type of question regards task development and aids clients in setting small, specific goals that can be achieved and that will allow them to see that new behaviors will help them solve future problems (Birdsall & Miller, 2002). Finding solutions that can be implemented in practical, step-by-step fashions may lead to successful outcomes. This strategy, in turn, may enable clients to manage their lives in achievable measures rather than believing they must achieve 100% success immediately. Thus, using small steps to achieve success allows the formation of a stable foundation upon which to build success. Sklare (2005) noted if clients identify exceptions to their problems,

counselors can assign them the task of doing more of what has been working for them. When clients are unsure about their goals or are reluctant to take action, counselors can assign them the task of noticing when things are better or to pretend their miracle is happening one day.

Birdsall and Miller (2002) affirmed using these five questions provides structure for counseling sessions, provides concrete terms and examples for both clients and counselor, and provides a plan for clients to draw upon at the session's end. They further added that questions do not have to be asked in a specific sequence, but counselor experience will aid in knowledge of when to use the questions.

### **Compliments**

Campbell, Elder, Gallagher, Simon, and Taylor (1999) proposed compliments serve as important therapeutic tools with the use of SFBT. The outlook of these authors is that "all of solution-focused therapy is compliments" (p. 36). Likewise, Iveson (2002) stated regardless of how a session goes, it should end with compliments. Sklare (2005) asserted compliments should refer to specific behaviors exhibited by clients. Campbell et al. (1999) constructed a template of five components they believe as valuable in creating compliments for clients. These components include (a) normalizing statements, (b) restructuring statements, (c) affirmation of client competencies, (d) a bridging statement, and (e) a between-session suggestion (p. 36). The authors reminded the reader templates may and should be altered to accommodate clients or family members.

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### *Normalizing Statements*

According to Campbell et al. (1999), compliments provide a way of normalizing the client's situation. For example, compliments aid clients in realizing their experiences or reactions are understandable. This realization helps clients change their perspectives to one in which they can recognize a solution exists. Campbell et al. revealed many clients have acknowledged the realization they were not crazy was extremely valuable to them. The normalizing statement helps bring forth this perspective by simply providing a statement of affirmation that it is okay for clients to feel the way they have been feeling given their current situation.

### *Restructuring Statements*

Campbell et al. (1999) described the restructuring statement as a tool that effectively helps clients change their way of thinking. For instance, clients may see their circumstances in a manner that limits the solution and makes them feel trapped in a situation. Solution-focused therapists employ the use of questions to aid clients in focusing on awareness of their options. Campbell et al. suggested a restructuring statement for clients stuck at a "difficult crossroad" might be, "It seems...that you're going through a period of transition in your life, and of course you want to take your time before you make a decision" (p. 38). This type of statement allows the counselor to offer options while giving clients the control to restructure their way of thinking.

### *Affirmations*

Campbell et al. (1999) maintained affirmations should be provided. The authors declared affirmations summon clients' attention to their own "personal

and social resources" can lead to solutions (p. 40). They also stressed counselors' feedback should include the clients' own language, values, and views of their experiences. Campbell et al. provided an example of a case study in which an individual was forced to live with her parents who had always been critical of her lifestyle and her ability as a mother. The counselor complimented the client on being supportive of her own daughter—opposite of how her parents had been of her. The counselor further affirmed, "We think your daughter is very fortunate to have a mom like you," (p. 40) and professed confidence in the client's ability and determination to figure out how to take steps that would be right for both client and daughter.

### *Bridging Statement*

The bridging statement is a "bridge" as to what has been discussed and the logical next step. It connects the compliments and task portion of the message (Sklare, 2005). Campbell et al. (1999) described the bridging statement as incorporating anything that can have meaning for the client—experiments, crazy ideas, curiosities, etc. In other words, the therapist takes the client's words and helps the client make something useful of them. For instance, Campbell et al. suggested if clients label themselves as paranoid, the counselor might say, "One thing we know about paranoid people is they are experts at observing. [I] have a suggestion that will use your observation skills" (p. 40).

### *Between-Session Suggestions*

Between-session suggestions relate to homework tasks. Campbell et al. (1999) proposed homework tasks be kept simple, accentuate possibilities, and be designed

according to each client's willingness to change. A task might be something as simple as noticing when a situation is just a little better. For example, the counselor could insist clients make a list of what happens on a day when things go well. The main goal is to aid clients in discovering what works best for them. When a useful activity is discovered, clients would be instructed to participate in it more. On the other hand, if something does not work, clients would be instructed to do less of the specific activity.

Campbell et al. (1999) recommended counselors include a break as part of the SFBT session. They stressed the break provides time for reflection of focus, structure, and creating compliments. Simon and Campbell (1996) applauded the use of a team approach in which a team is consulted during the break or at other times outside the session. Using this strategy, one or more team members observe behind a one-way mirror in the interview room. This method allows the client to benefit by a combined group effort, which may provide additional ideas for interventions to use with the client. de Shazer (1985) stated an observing team is not necessary. Nevertheless, he, too, recommended a break in sessions to provide therapists with time to consider appropriate interventions or to have the opportunity to consult with a team.

Sklare (2005) encouraged counselors to use a break to write a message to the client that reflects compliments and bridging statements. Sklare affirmed bridging statements "provide a rationale for the task the student is assigned to accomplish before the next session" (p. 67). In his book, *Brief Counseling That Works*,

Sklare provided a form entitled "Road Map to Solutions" for use in the first counseling session. This form is designed specifically for organizing notes for the purpose of completing a message. As previously stated, compliments are integral to the SFBT process. They effectively provide clients with a better understanding of their circumstances and with hope and optimism for a brighter future.

### **Implications for School Counselors**

Even though Gingerich and Eisengart (2000) concluded their review of controlled outcome studies of SFBT failed to establish efficacy for the theory, these authors revealed the studies do provide support that SFBT techniques are beneficial to clients for a wide range of applications. Likewise, Franklin et al. (2001) examined the effectiveness of SFBT with children in a school setting and found the students showed positive changes for various behavioral problems and academic difficulties. Corcoran (1998) claimed SFBT matches the cognitive abilities of children and benefits those children with short attention spans. Dielman and Franklin's (1998) case study of a student with ADHD supported Corcoran's idea. Furthermore, briefer sessions mean students will not be removed unnecessarily from academic classes that are imperative to their academic success.

Overall, SFBT appears ideally appropriate for school settings. Many adolescents struggle with academic problems, personal problems, or both, as they pass through various stages of life. An important part of maturing is to be able to problem solve. SFBT is an approach that can help students enhance their self-esteem and belief in their own abilities. The

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approach focuses on students' strengths instead of their weaknesses. In other words, SFBT shifts students' thoughts away from their difficulties and toward the power that is within each of them to make and implement plans that can lead to brighter futures.

Through relatively few sessions in most cases, students seem to gain confidence in themselves by focusing on solutions rather than problems. According to Iveson (2002), SFBT averages about five sessions and rarely extends over eight sessions. Iveson declared if no improvement has occurred within three sessions, SFBT is not likely to work. Iveson recommended lengthening time between sessions as progress occurs. Importantly, counselors should include follow-up sessions to determine if clients are achieving more satisfying lives. Improvements recognized should be explored in order to assess strengths and resources clients used to bring about positive change. If success has not been achieved, counselors should explore with clients how they have managed to keep their situations from worsening.

Not only is SFBT beneficial for school counselors' use with students, the strategy can benefit the entire school environment. For instance, school counselors who frequently experience the effect of bullying and other forms of cruelty among students can play a key role in creating a safe environment by creating a solution-focused school in which students can be successful. Birdsall and Miller (2002) believed counselors should teach faculty and staff the solution-focused approach, including its overarching principles instead of just its individual

techniques, in order to aid understanding of how SFBT works as a whole. This idea makes sense since teachers spend more time with students at school than anyone else. As agents of active change, teachers can contribute positively to the long-term effect of interventions. Birdsall and Miller also recommended school counselors make great effort to build communication with parents regarding their children's educational goals and to strive to provide services for families. Ultimately, SFBT promotes the idea that people vital to students' lives—counselors, teachers, parents, and others—work together for the success of students/clients. For instance, these individuals can be significant resources in helping students focus on positive, effective behavior rather than ineffective, unconstructive behavior. Importantly, through its focus on positive thinking and solutions, SFBT techniques can benefit all involved.

Even so, as reported in Littrell et al. (1995), school counselors must use caution and be ethically aware of when SFBT's use is appropriate. For example, Stalker et al. (1999) stated SFBT is not effective for complex or long-standing problems. They purported SFBT could even be harmful if used inappropriately. Birdsall and Miller (2002) agreed SFBT should not be used with serious issues such as suicidal tendencies, abuse, and eating disorders. Also, some clients may be able to move on without an examination of the past whereas others may not. Additionally, school counselors must remember even though the solution-focused process is simple, much skill is required to help students set small, meaningful goals. Thus, counselors who desire to use the solution-focused approach should

attend workshops devoted to further training about the approach. They should also become familiar with its techniques and knowledgeable regarding its suitability for each situation.

### Conclusion

Despite limitations of various studies that have been conducted regarding SFBT, the studies represent much promise regarding the approach. To provide empirical evidence of SFBT's usefulness, future research must utilize adequate sample sizes, comparison groups, standardized measures, and use multiple measures of change (Thompson & Littrell, 1998). Gingerich & Eisengart (2000) stressed future research of SFBT should require the method's procedures are strictly followed and the method is compared with other empirically validated interventions "where therapist allegiance is equally balanced between treatments" (p. 494).

Overall, studies have taken place using a wide variety of settings and populations. These studies will enhance future studies for more rigorously controlled investigations that can provide conclusive evidence of SFBT's usefulness. Ultimately, SFBT is a method that warrants further investigation. When used appropriately, it is an effective tool that can be embraced by school counselors to ease their caseloads.

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### References

- Birdsall, B., & Miller, L. (2002). Brief counseling in the schools: A solution-focused approach for school counselors. *Counseling and Human Development, 35* (2), 1 – 9.
- Campbell, J., Elder, J., Gallagher, D., Simon, J., and Taylor, A. (1999). Crafting the "Tap on the Shoulder:" A compliment template for solution-focused therapy. *The American Journal of Family Therapy, 27*, 35–47.
- Coady, N., Stalker, C., & Levene, J. (2000). A closer examination of the empirical support for claims about the effectiveness of solution-focused brief therapy: Stalker et al. respond to Gingerich. *Families in Society, 81*, 223 – 230.
- Conoley, C., Graham, J., Neu, T., Craig, M., O'pry, M., Cardin, S., Brossart, D., & Parker, R. (2003). Solution-focused family therapy with three aggressive and oppositional-acting children: An N = 1 empirical study. *Family Progress, 42*, 361 – 374.
- Corcoran, J. (1998). Solution-focused practice with middle and high school at-risk youth. *Social Work in Education, 20*, 232 – 244.
- Corcoran, J., & Stephenson, M. (2000). The effectiveness of solution-focused therapy with child behavior problems: A preliminary report. *Families in Society, 81*, 468 – 474.
- de Shazer, S. (1985). *Keys to solutions in brief therapy*. New York: W. W. Norton & Company.

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- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: W. W. Norton.
- Dielman, M., & Franklin, C. (1998). Brief solution-focused therapy with parents and adolescents with ADHD. *Social Work in Education, 20*, 261 -268.
- Franklin, C., Biever, J., Moore, K., 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.
- Gingerich, W., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process, 39*, 477 – 498.
- Iveson, C. (2002). Solution-focused brief therapy. *Advances in Psychiatric Treatment, 8*, 149 –157.
- LaFountain, R., & Garner, J. (1996). Solution-focused counseling groups: A key for school counselors. *School Counselor, 43*, 256 – 268.
- Lee, M.-Y. (1997). A study of solution focused brief family therapy: Outcomes and issues. *American Journal of Family Therapy, 25*, 3 – 17.
- Littrell, J., Malia, J., & Vanderwood, M. (1995). Single-session brief counseling in a high school. *Journal of Counseling & Development, 73*, 451 – 458.
- Metcalf, L. (1995). *Counseling toward solutions: A practical solution-focused program for working with students, teachers, and parents*. New York: The Center for Applied Research in Education.
- Newsome, W. (2005). The impact of solution-focused brief therapy with at-risk junior high school students. *Children & Schools, 27*, 83 – 90.
- Newsome, W., & Kelly, M. (2004). Grandparents raising grandchildren: A solution-focused brief therapy approach in school settings. *Social Work with Groups, 27*, 65 – 84.
- Piercy, F., Lipchik, E., & Kiser, D. (2000). Miller and de Shazer's article on "Emotions in Solution-Focused Therapy." *Family Process, 39*, 25-33.
- Russell-Chapin, L., & Ivey, A. (2004). *Your supervised practicum and internship: Field resources for turning theory into action*. Belmont, CA: Thomson Learning.
- Simon, J., & Campbell, J. (1996). *Use of solution focused therapy in a community mental health clinic: Brief by choice*. Paper presented at the 1996 Kurt Almer Research Symposium, Albany, NY.
- Sklare, G. (2005). *Brief Counseling That Works* (2nd ed.). Thousand Oaks, CA: Corwin Press.
- Stalker, C., Levene, J., & Coady, N. (1999). Solution-focused brief therapy - One model fits all? *Families in Society, 80*, 468 – 477.

- Teall, B. (2000). Using solution-oriented interventions in an ecological frame: A case illustration. *Social Work in Education, 22*, 54 – 61.
- Thompson, R., & Littrell, J. (1998). Brief counseling for students with learning disabilities. *Professional School Counseling, 2*, 60 – 67.
- Watkins, A., & Kurtz, D. (2001). Using solution-focused intervention to address African-American male overrepresentation in special education: A case study. *Children & Schools, 23*, 223 – 234.
- Winship, G. (2007). Single-session solution-focused brief therapy and self-harm: A pilot study. *Journal of Psychiatric and Mental Health Nursing, 14*, 601-602.
- Young, S., & Holdorf, G. (2003). Using solution-focused brief therapy in individual referrals for bullying. *Educational Psychology in Practice, 19*, 271 – 282.