EVALUATION LIST – 4/12/11

111 relevant studies: 2 meta-analyses; 21 randomised controlled trials showing benefit from solution-focused approaches with 9 showing benefit over existing methods. Of 43 comparison studies, 36 favour sft. Effectiveness data are also available from some 5000 cases with a success rate exceeding 60%; requiring an average of 3 – 5 sessions of therapy time.


META-ANALYSES


Stams GJJ, Dekovic M, Buist K, de Vries L (2006) Effectiviteit van oplossingsgerichte korte therapie: een meta-analyse (Efficacy of solution focused brief therapy: a meta-analysis). Gedragstherapie 39(2):81-95. (Dutch; abstract in English). 21 studies; many factors examined. Overall small to medium effect size d= .37; d= .57 compared to no-treatment; as good as treatment as usual d=.17. Best results for personal behaviour change, adults, residential / group settings. Recent studies show strongest effects. Shorter than other therapies; respects client autonomy. (G.J.J.M.Stams@uva.nl)

SYSTEMATIC REVIEWS


RANDOMISED CONTROLLED STUDIES (19)

Cockburn JT, Thomas FN, Cockburn OJ (1997) Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. Journal of Occupational Rehabilitation 7:97-106. 25 experimental: 6 sft sess vs 23 controls: standard rehabilitation. 68% experimental at work within 7 days at 60-day follow-up vs 4% controls. (f.thomas@tcu.edu)


Froeschle JG, Smith RL, Ricard R (2007) The Efficacy of a Systematic Substance Abuse Program for Adolescent Females. Professional School Counseling 10:498-505. 32 exp / 33 controls; pre-test post-test design. 16 wkly sft group / action learning / mentoring. Drug use, attitudes to use, knowledge of drugs, home and school behaviour all improved significantly. (jefroeschle@msn.com)


Harris MB, Franklin C (2009) Helping Adolescent Mothers to Achieve in School: An Evaluation of the Taking Charge Group Intervention. Children and Schools 31(1): 27-34. Randomised, 33 exp / 40 comparison. Taking Charge group programme added to usual school. Significant post-test improvement in attendance, grades, social problem-solving and coping. Less drop out:3%/20%. (Two smaller studies (n=46, n=23) replicate these findings). (CFranklin@mail.utexas.edu)

Knekt, P, Lindfors O (2004) A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders: design, methods and results on the effectiveness of short-term psychodynamic psychotherapy and solution-focused therapy during a one-year follow-up. Studies in social security and health, no. 77. The Social Insurance Institution, Helsinki, Finland. Randomised comparison study; 93 sft / 98 short-term psychotherapy; problems >1 yr. Sft 43% (mood), 26% (anxiety) recovery at 7 mon maintained at 12 mon; short-term 43%, 35%; no significant difference between therapies but sft faster for depression; short-term better for ‘personality disorder’. Avg sft 10 sess over 7.5 mon; short-term 18.5 sess over 5.7 mon. No figures for partial recovery; no apparent social class difference. (www.kela.fi/research)
Knekt, P., Lindfors, O., Härkänen, T., Välikoski, M., Virtala, E., Laaksonen, M.A. et al. (2008). Randomized trial on the effectiveness of long-and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. Psychological Medicine, 38, 689-703. 326 psychiatric outpatients with mood or anxiety disorders randomly assigned to sft (10 sessions over 7.5 months), short-term psychodynamic therapy (18.5 sessions over 5.7 months) or long-term psychodynamic therapy (232 sessions over 31.3 months). All three treatments were effective, but auxiliary treatments frequent. At 3-year follow-up, effect sizes for sft .81-.87 for depression and .60-.80 for anxiety symptoms. Short-term psychodynamic produced greater depression and anxiety reduction than long-term during first year; sf more depression reduction than long-term during first year. At 3 years, the improvements of both brief therapies still persisted; long-term psychodynamic patients (undergoing continuing therapy) kept improving and outperformed the brief therapies on anxiety, not on depression.

Knekt, P., Lindfors O, Laaksonen MA, Renlund C, Haaramo P, Harkanen T, Virtala E, Helsinki Psychotherapy Study Group (2011) Quasi-experimental study on the effectiveness of psychoanalysis, long-term and short-term psychotherapy on psychiatric symptoms, work ability and functional capacity during a 5-year follow-up. Journal of Affective Disorders 132(1-2): 37-47. 326 psychiatric outpatients; mood or anxiety disorder; randomly assigned to sft, short-term psychodynamic or long-term psychodynamic psychotherapies. Additionally, 41 patients suitable for psychoanalysis were included in the study. The patients were assessed 9 times on numerous measures during 5yr follow-up. A reduction in psychiatric symptoms and improvement in work ability and functional capacity was noted in all treatment groups during the 5-year follow-up. Psychoanalysis was most effective at the 5-year follow-up, which also marked the end of the psychoanalysis.


Lindfors L, Magnusson D (1997) Solution-focused therapy in prison. Contemporary Family Therapy 19:89-104. 2 randomised studies: (1) Pilot study 14/21 (66%) exp. and 19/21(90%) controls reoffended at 20 mon. (2) 30 experimental and 29 controls; 16 mon follow-up. 18 (60%) reoffend in exp., 25 (86%) in control; more drug offences and more total offences in controls. Avg 5 sess; 2.7 million Swedish crowns saved by reduced reoffending. (lindforss@chello.se; dan.magnusson@brottsforebygganderadet.se)


Nystuen P, Hagen KB (2006) Solution-focused intervention for sick-listed employees with psychological problems or muscle skeletal pain: a randomised controlled trial. BMC Public Health 6:69-77. Long-term sickness: randomised: 53 exp / 50 controls; 8 sess; 1 yr follow-up. No significant difference in return to work; for subsample of employees who participated in at least 50% of session, mental health significantly improved (effect size d=.57); for subsample of employees with psychological problems, mental health improved (d=.71) . (pal@psykologbistand.no; kare.hagen@diakonsyk.no)

somatoform patients from 7 Family Health Centers in Chile were randomized to control (TAU) or exp (Brief Family Intervention, mainly sf). All staff of exp (psychologists, social workers, medical doctors, physiotherapists…) at least 40 hours of training in sf, MRI & externalization. BFI patients higher on consumer satisfaction than controls. BFI reduction in total health costs, cost of medication, of medical visits and of complimentary medical analysis at termination and 1-year follow-up (all p< .005). Effect size of total cost reduction d= .80. Average 3 sessions.


Thorslund KW (2007) Solution-focused group therapy for patients on long-term sick leave: a comparative outcome study. Journal of Family Psychotherapy 18(3):11-24. Randomised 15 exp / 15 control; 1-5 mon sick. 8 sess; increased return to work (60%(9) vs 13%(2)) and psychological health improved at 3 mon follow-up. (karin.wallgren@losningsfokus.se)

Vogelaar L, van’t Spijker A, Vogelaar T, van Busschbach JJ, Visser MS, Kuipers EJ, van der Woude CJ (2011) Solution focused therapy: A promising new tool in the management of fatigue in Crohn’s disease patients: Psychological interventions for the management of fatigue in Crohn's disease. J Crohn’s and Colitis. doi:10.1016/j.jcrohns.2011.06.001 29 patients; quiescent Crohn's disease and a high fatigue score; 72% female; mean 31 yrs. Randomized to Problem Solving Therapy (PST), Solution Focused Therapy (SFT) or to controls (treatment as usual, TAU). SFT group improved on fatigue scale 85.7% of patients; PST group 60%; TAU group 45.5%. Medical costs lower in 57.1% SFT; TAU 45.5%; PST group 20%. Drop out rate highest in PST (44%; SFT 12.5%; TAU 8.3%).

Wake M, Gold L, McCallum Z, Gerner B, Waters, E. (2008). Economic evaluation of a primary care trial to reduce weight gain in overweight/obese children: the LEAP tril. Ambulatory Pediatrics, 8, 336-341. Overweight children in primary care: randomised: 82 offered 4 sess sf health education; 81 controls. LEAP (Live, Eat & Play) intervention conducted by 34 GPs after 7.5 hours of training in “stages of change” and sf family therapy. Higher costs of LEAP but no significant change or difference in BMI, activity or nutrition at 15 mon follow-up. (melissa.wake@rch.org.au)

Higher costs of LEAP 2 but no significant change or difference in BMI, activity or nutrition at 12 mon follow-up. (melissa.wake@rch.org.au)

Wilmshurst LA (2002) Treatment programs for youth with emotional and behavioural disorders: an outcome study of two alternate approaches. Mental Health Services Research 4:85-96. Randomised controlled study: 12 wk; 27 clients 5 day/wk residential, sft, family contact 26 hr; 38 non-resident programme, cbt, family contact 48 hr. 1 yr follow-up: Behaviour improved in both groups; ADHD behaviours better in 63% of cbt, 22% of sft; group scores better for anxiety, depression with cbt. Author suggests residential care is detrimental.


COMPARISON STUDIES (43)


Bostandzhiev VI, Bozhkova E (2011) A comparative study in a Mental Health Day Center 2002-2005 (Macdonald AJ, Solution Focused Therapy: Theory, Research and Practice. Sage Publications: London 2011). 96 subjects : 41 exp / 55 controls. Group 1 (n=14; anxiety disorders, depression): solution-focused therapy without drug therapy; Group 2 (n=8): medication without psychotherapy; Group 3 (n=27): solution-focused therapy and medication (including schizophrenia, bipolar disorders, anxiety disorders); Group 4 (n=47): syncretic group therapy (recitation and discussion of problems, average 30 sessions) and medication. Groups 2, 3 and 4 included schizophrenia, bipolar disorders and anxiety disorders. Thirty-one patients (32.3%) diagnosed as schizophrenia. Avg 2.6 sess; range 1-7 Improvement measured by OQ45,GAF and client’s scaling. Group 1: 78.5% improved; Group 2: 25%; Group 3: 63%; Group 4: 19%. 15% of Group showed deterioration but none of the others. Thus 65.8% improved when solution-focused therapy was included against 20% without. There was rapid change in daily functioning for all diagnostic categories, ranging from coping with chores and family to full recovery. (See also Bozhkova E (2011) Psychology - Theory and Practice 3: 85-95 (Bulgarian; abstract in English). (mail@bozhkova.info)

Cepukiene V, Pakrosnis R (2010) The outcome of Solution-Focused Brief Therapy among foster care adolescents: The changes of behavior and perceived somatic and cognitive difficulties. Children and Youth Services Review http://dx.doi.org/10.1016/j.childyouth.2010.11.027. 7 foster care homes in Lithuania. Treatment (age average 14.6) and control groups similar; 46 adolescents each. Maximum of 5 sessions. Evaluation at 6 weeks: Standardized Interview for the Evaluation of Adolescents’ Problems. 31% of treatment group significant behavior change; 29%change in somatic and cognitive difficulties. (v.cepukiene@smf.vdu.lt; r.pakrosnis@smf.vdu.lt)
Chung SA, Yang S (2004) The effects of solution-focused group counseling program for the families with schizophrenic patients. Taehan Kanho Hakhoe Chi (Journal of the Korean Academy of Nursing) 34:1155-63 (Korean; abstract in English). 48 schizophrenic patients and 56 families; 24 patients and 28 families each in experimental and control gps. 8 group sess for experimental; significant reduction in family burden and expressed emotion vs controls.


Franklin C, Moore K, Hopson L (2008) Effectiveness of Solution-Focused Brief Therapy in a School Setting. Children and Schools 30(1):15-26. 30 exp (School A); 5-7 groups; 29 control (School B); 1 mon follow-up (43). Teachers: externalised and internalised behaviours significantly improved, students externalised behaviours significantly improved.

Franklin C, Streeter CL, Kim JS, Tripodi SJ (2007) The Effectiveness of a Solution-Focused, Public Alternative School for Dropout Prevention and Retrieval. Children and Schools 29(3):133-144. 46 exp / 39 comparison. Significantly more credits earned and more credits per time spent for exp but lower attendance rates. 81% graduation rate for exp / 90% for comparison after correcting for difference in policies. (cfranklin@mail.utexas.edu)

Gostautas A, Cepukiene V, Pakrosnis R, Fleming JS (2005) The outcome of solution-focused brief therapy for adolescents in foster care and health institutions. Baltic Journal of Psychology 6:5-14. 81 exp (44 foster / 37 health care) / 52 comparison; test battery 1-4 wk after 2-5 sess (avg 3.42). Grouped data: significant difference all measures for exp group; therapists rated 82% much improved. Scaling in keeping with standard instruments. (a.gostautas@smf.vdu.lt)


Koob JJ, Love SM (2010) The implementation of solution-focused therapy to increase foster care placement stability. Children and Youth Services Review 32(10):1346-1350. 31 adolescents with multiple placements: CBT in year 1, sft in year 2. Number of disruptions in sft year decreased from mean 6.29 (SD 3.6) to mean 1.45 (SD 0.68), p <.001.

programme: increase in self-efficacy on standard measures at post-test for girls and at 3 mon follow-up for boys and girls (slight improvement for controls also at 3 mon). (lisbeth.kvarme@diakonova.no)

LaFountain RM, Garner NE (1996) Solution-focused counselling groups: the results are in. Journal for Specialists in Group Work 21:128-143. Experimental 27 sft counsellors, 176 students; control 30 non-sft counsellors, 135 students. Experimental students better on 3 of 8 measures including 81% goal achievement (controls no report). Less depersonalisation and more personal accomplishment in sft counsellors at 1 yr.

Lambert MJ, Okiishi JC, Finch AE, Johnson LD (1998) Outcome assessment: From conceptualization to implementation. Professional Psychology: Research & Practice 29:63-70. 22 cases from Johnson & Shaha (1996) compared with 45 at university public mental health center. Both methods achieved 46% recovered by objective criteria (OQ-45) ("Improved" cases not reported); sft by 3rd sess, center by 26th.


Littrell JM, Malia JA, Vanderwood M (1995) Single-session brief counseling in a high school. Journal of Counseling and Development 73:451-458. 61 students; 19 problem focus and task, 20 problem focus only, 22 solution focus and task. 69% better at 6 wk follow-up in all groups but shorter sessions in sft. (jlittrel@iastate.edu)

Mintoft B, Bellringer ME, Orme C (2005) Improved client outcome services project: an intervention with clients of problem gambling treatment. ECOMUNITY: International journal of mental health and addiction 3:30-40. 23 unimproved clients compared with 62 who refused further treatment and with national statistics. First session motivational interviewing and cbt, then up to 16 wks sft and self-completion booklet about goals and exceptions. 11 completed programme; improvement on all measures; numbers too small for statistics. No data on number of sessions or partial completers. (br.mintoft@auckland.ac.nz)


Pakrosnis R, Cepukiene V (2011) Outcomes of solution-focused brief therapy for adolescents in foster care and health care settings. 129 adolescents; 112 completed therapy (19% dropout); 91 controls. Maximum 5 sess; avg 3.11. Significant improvement at end of therapy for 77% foster care; 67% mental health care; 52% rehabilitation group. In Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution-focused Brief Therapy: A Handbook of Evidence-Based Practice. Oxford University Press: New York 2011. (CFranklin@mail.utexas.edu; trepper@calumet.purdue.edu)
Panayotov P, Anichkina A, Strahilov B (2011) Solution-focused brief therapy and long-term medical treatment compliance / adherence with patients suffering from schizophrenia: a pilot naturalistic clinical observation. 51 pts; treatment as usual and also sft (various goals for therapy). Own controls: compliance 244 days; increase to 827 days after therapy completed. 76% still taking meds at time of study. (plamenpan@mail.bg) In Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution-focused Brief Therapy: A Handbook of Evidence-Based Practice. Oxford University Press: New York 2011.

Perkins R (2006) The effectiveness of one session of therapy using a single-session therapy approach for children and adolescents with mental health problems. Psychology and Psychotherapy: Theory, Research and Practice 79:215-227. 78 exp single sess / 88 no treatment; follow-up 4 wks. Severity improved 74.3% vs 42.5%; frequency improved 71.45% vs 48.3%. (ruthp@imetro.com.au)

Rhee WK, Merbaum M, Strube MJ (2005) Efficacy of brief telephone psychotherapy with callers to a suicide hotline. Suicide and Life-Threatening Behavior 35:317-328. 55 callers completed study: sft 16, common factors therapy 17, wait list 24. Significant improvement on 10/14 measures for treated groups; no between-group differences. (mmerbaum@wustl.edu)


Short E, Kinman G, Baker S (2010) Evaluating the impact of a peer coaching intervention on well-being amongst psychology undergraduate students. International Coaching Psychology Review 5(1): 27-35. 32 exp receive sf coaching training and 5 sess; 33 no coaching experience or teaching. Less increase in distress in exp; 23 (72%) exp reported intervention to be effective. (emma.short@beds.ac.uk)


Sundmann, P (1997) Solution-focused ideas in social work. Journal of Family Therapy 19:159-172. 9 social workers in the experimental group received basic training in solution-focused ideas while 11 controls worked as usual. Session tapes and questionnaires were analysed at 6 mon: 382 clients; 199 (52%) replied. More positive statements, more goal focus and more shared views were found in the experimental group. (peter.sundman@taitoba.fi)

Triantafillou N (1997) A solution-focused approach to mental health supervision. Journal of Systemic Therapies 16:305-328. Supervision of residential staff. 5 adolescent clients: 66% less incidents, less medication use vs 7 controls: 10% less incidents, medication increased at 16 wks. (nickt@interlynx.net)


Wells A, Devonald M, Graham V, Molyneux R (2010) Can solution focused techniques help improve mental health and employment outcomes? Journal of Occupational Psychology, Employment and Disability 12(1): 3-15. 82 exp up to 6 sess; 64 completed / 82 controls no treatment. Improved mental health scores, self-esteem, expectation of ability to work on objective measures and scaling. 41 (64%) exp moved into work or work preparation; not significantly different from controls. (alyson.wells@jobcentreplus.gsi.gov.uk)

Wheeler J (1995) Believing in miracles: the implications and possibilities of using solution-focused therapy in a child mental health setting. ACPP Reviews & Newsletter 17:255-261. 3 mon follow-up of 34 (traced) sft referrals and 39 (traced) routine referrals: 23 (68%) vs 17 (44%) satisfied; other clinic resources used by 4 (12%) vs 12 (31%). (John@jwheeler.freeserve.co.uk)


liver disease. Chinese Journal of Nursing, 3 (DOI CNKI:SUN:ZHH.0.2011-03-006). 100 patients with type 2 diabetes complicated by non-alcohol fatty liver, 50 exp (follow-up management with sf approach), 50 control (follow-up us usual). Diabetes self-care behavior and diabetes knowledge in sf higher than control at 6 months (p < .05). Glycosylated hemoglobin (HbA1c), triglyceride (TG), body mass index (BMI) and waist circumference (WC) decreased at 6-months (P<0.05) in both groups, results in sf group significantly better than controls (P<0.05) (Mandarin; abstract in English).


**NATURALISTIC STUDIES (42)**


Beyebach M, Rodriguez Sanchez M S, Arribas de Miguel J, Herrero de Vega M, Hernandez C, Rodriguez Morejon, A (2000) Outcome of solution-focused therapy at a university family therapy center. Journal of Systemic Therapies 19:116-128. 83 cases; telephone follow-up, most 1 yr +. 82% satisfied; better outcome for ‘individual’ problems than for ‘relational’; more dropout for trainees; avg 4.7 sess. (mark.beyebach@upsa.es)


Burr W (1993) Evaluation der Anwendung losungsorientierter Kurztherapie in einer kinder- und jugendpsychiatrischen Praxis (Evaluation of the use of brief therapy in a practice for children and adolescents). Familiendynamik 18:11-21. (German: abstract in English.) 55 cases; follow-up avg 9 mon. 34 replies; 26 (77%) improved. Avg 4 sess; new problems reported in 4 with improvement and 4 without. (wburr@t-online.de)


Cruz J, Littrell JM (1998) Brief counseling with Hispanic American college students. Journal of Multicultural Counseling and Development 26:227-238. 16 students; 2 sess; follow-up 2 wk. 62.5% improved.

Darmody M, Adams B (2003): Outcome research on solution-focused brief therapy. Journal of Primary Care Mental Health 7:70-75. Goals, Coping Resources Inventory (CRI), client and therapist perception of session content. 20 cases; 3 mon follow-up. Overall change not significant; intrapersonal problems did better; clients saw conversation about past as more important than did therapists. (Melissa@brieftherapy.ie)


de Shazer, S, Isebaert L (2003) The Bruges Model: a solution-focused approach to problem drinking. Journal of Family Psychotherapy 14:43-52. 4 yr telephone follow-up of 131 alcoholics after inpatient episode: 118 contactable, 9 dead.  100 (84%) abstinent (60) or successfully controlled their drinking (40).  4 yr telephone follow-up of 72 alcoholics after outpatient treatment: 59 (82%) contacted: abstinent (36) or successfully controlled (23). Only relevant variable was therapy; social class was not a factor. (luc.isebaert@YAHOO.COM).

Fischer, R.L. (2004) Assessing client change in individual and family. Research on Social Work Practice, 14, 2, 102-111. 3920 counselling cases treated by 40 sf-trained staff at a child- family serving agency. 0-10 Scaling question on overall daily functioning and on emotional coping asked in every session. First session averages around 6.3 for functioning and 5.5 for coping for all cases; last session averages slightly above7 for individual clients (functioning and coping) and slightly below 7 for couples and families (functioning and coping). Average gains small but significant: 10%-20% increase in scores of self-reported functioning and 20%-30% in emotional coping, equivalent to effect sizes between d= .30 and d= .40. More increases with more sessions, but mode of termination (agree or dropout) irrelevant.


George E, Iverson, C, Ratner H (1990) Problem to Solution. Brief Therapy Press: London.  6 mon telephone follow-up: 41 (66%) of 62 traced were satisfied. (brief3@aol.com)

with pre and post measures; then 35 of them had sf session with pre and post measures. More increase in goal approach and positive affect in sf group. (anthonyg@psych.usyd.edu.au)


Hanton P (2008) Measuring solution focused brief therapy in use with clients with moderate to severe depression using a 'bricolage'research methodology. Solution Research, 1(1): 16-24. Depression in adults: 10 cases. Beck Depression scores pre and post therapy; post therapy interview. 7 completed data: avg improvement in BDI score 55.12%. Relationship, future focus and compliments identified as most useful; break and feedback least useful. (paulhanton@blueyonder.co.uk)

Hendrick S, Isebaert L, Dolan Y (2011) Solution-focused brief therapy in alcohol treatment. 2 studies and update of de Shazer S, Isebaert L 2003. de Stecker E: 30 subjects (60% male); significant improvement at 1 yr. Opperman T: 30 cases (60% male); 63.3% improved; some in better physical health at 1 yr. In Franklin C, Trepper T, Gingerich WJ, McCollum E. (eds) Solution-focused Brief Therapy: A Handbook of Evidence-Based Practice. Oxford University Press: New York 2011.

Johnson LD, Shaha S (1996) Improving quality in psychotherapy. Psychotherapy 33:225-236. 38 cases, OQ-45 checklist (symptoms, relationships, social role). Improvement after avg. 4.77 sess. (ljohnson@INCONNECT.COM)

Lee MY (1997) A study of solution-focused brief family therapy: outcomes and issues. American Journal of Family Therapy 25:3-17. 59 children; various problems; 6 mon telephone follow-up, independent raters. 64.9% improved (goal achieved 54.4%; part goal 10.5%) avg 5.5 sess. (lee.355@osu.edu)


7/12; no significant differences between group results. 80% (43) traced at 6 mon: 46% (20) ‘a great deal better’; 49% (21) ‘helped somewhat’. (selina.li@camh.net)

Macdonald AJ (1994) Brief therapy in adult psychiatry. Journal of Family Therapy 16:415-426. 41 cases; 1 yr follow-up. 29 (70%) improved; more success if >4 sess; longstanding problems did less well. Equal outcome for all social classes; avg 3.7 sess. (macdonald@solutionsdoc.co.uk)

Macdonald AJ (1997) Brief therapy in adult psychiatry: further outcomes. Journal of Family Therapy 19:213-222. 36 cases; 1 yr follow-up. 23 (64%) improved; other problems solved in 10 with good outcome and 2 in the other group. Longstanding problems did less well; equal outcome for all social classes; avg 3.3 sess.

Macdonald AJ (2005) Brief therapy in adult psychiatry: results from 15 years of practice. Journal of Family Therapy 27:65-75. Further 41 cases reported; 1 yr follow-up. 31 (76%) improved; avg 5.02 sess; 20% single sess. Combined total 118; 83 (70%) improved; avg 4.03 sess; 25% single sess. Fewer new problems in good outcome group. Longstanding problems predict less improvement; equal outcome for all social classes.

Milner J, Jessop D (2003) Domestic violence: narrative and solutions. Proportion Journal 50:127-141. 23 referrals; 20 cases (3 female) completed; individual or family work; 18 month follow-up. 19 (95%) not reoffend. Avg 5 sess. (judithmilner@tiscali.co.uk)


Newsome WS (2005) The Impact of Solution-Focused Brief Therapy with At-Risk Junior High School Students. Children & Schools 87:83-91. 26 preteens; improved social skills after minimum 5 of 8 group sess at 6 wk follow-up. Classroom behaviour and homework completion had also improved. (snewsome@uic.edu)

Perez Grande MD (1991) Evaluacion de resultados en terapia sistematica breve (Evaluation of results in brief systemic therapy). Cuadernos de Terapia Familiar (Family Therapy Notebooks18:93-110. 97 cases, 25% children; avg 5 sess. 71% better at end. 6-35 (avg 19) mon telephone follow-up: 81 traced. 13% relapse; 36% other problems better. More dropout if longstanding problem.


**Shennan G** (2003) The early response project: a voluntary sector contribution to CAMHS. Child And Adolescent Mental Health In Primary Care 1:46-50. 558 referrals; 415 families seen. 1-21 sess, avg 2.7. Telephone follow-up at 6-9 mon: 40 of 72 parents contacted. 62.5% improved; 75% report improved coping ability; avg 2.7 sess. (guyshennan@sfpractice.co.uk)

**Thompson R, Littrell JM** (2000) Brief counseling for students with learning disabilities. The School Counselor 2:60-7. 12 students; 2 sess; follow-up 2 wk. 10 achieved 100% of goal.


**Ziffer JM, Crawford E, Penney-Wietor J** (2007) The Boomerang Bunch: A School-Based Multifamily Group Approach for Students and Their Families Recovering from Parental Separation and Divorce. The Journal for Specialists in Group Work 32:154-164. School counsellors: 5 parents; 8 sess. Groups for parents, older + younger children. All improved at 6 mon follow-up interview. (StrongToGoOn@aol.com)

**PUBLISHED FOLLOW-UP STUDIES (103)**

**OTHER POINTS**

**Dr Luc Isebaert**, Bruges (luc.isebaert@YAHOO.COM): Randomised trial of sft vs mindfulness therapy.

**Caroline Klingenstierna**, Stockholm (caroline@framtidsfokus.se): randomised controlled study of sft groups for returning unemployed to work. Faster return to active list and less distress symptoms for persons (n=15+15) with more than 6 months of sick leave than control group. No significant differences between groups after 5 months follow-up (Unpublished).

EBTA homepage: www.ebta.nu Sft discussion list: SFT-L@listserv.icors.org
UK Association: www.ukasfp.co.uk SOLworld (management): www.solworld.org

Dr Alasdair Macdonald, UK, (www.solutionsdoc.co.uk)

Dr. Mark Beyebach, Spain, EBTA Research Coordinator (mark.beyebach@upsa.es)