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.

Approved by US Federal Government: www.samhsa.gov; www.ncbi.nlm.nih.gov/books; State of Washington; State of Oregon www.oregon.gov/DHS; State of Texas is examining evidence. Finland has a government-approved accreditation programme. Canada has a registration body for practitioners and therapists.

META-ANALYSES

Kim JS (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. Research on Social Work Practice 18:107-116. 22 studies; many factors examined. Small effects in favour of sft; best for personal behaviour change, effect size estimate .26 (sig. p<.05). . (Dissertation: Examining the Effectiveness of Solution-focused Brief Therapy: A Meta-Analysis Using Random Effects Modeling. University of Michigan database. Up to 6.5 sessions required. Competence in sft requires >20 hours of training?) (jkim@ku.edu)

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

Corcoran J, Pillai V (2007) A review of the research on solution-focused therapy. British Journal of Social Work 10:1-9. 10 quasi-experimental studies, all in English: included on the basis of: statistics / design / follow-up / numbers. Only 2 follow-up studies. Moderate or high effect size in 4 studies. Are qualified workers better than students? (jcorcora@vcu.edu)

Gingerich WJ, Eisengart S (2000) Solution focused brief therapy: a review of the outcome research. Family Process 39:477-498. Fifteen outcome studies: 5 strong, 4 moderately strong, 6 weak. (Updated version: www.gingerich.net). (wjg4@po.cwru.edu)

Kim JS &Franklin C (2009) Solution-focused brief therapy in schools: A review of the outcome literature. Children and Youth Services Review 31(4): 464-470. An extension of Kim (2008) examining 7 studies of sft in school settings. This review suggest that sft may be effectively applied with at-risk students in a school setting, specifically helping to reduce the intensity of negative feelings and to manage conduct problems and externalizing behavioral problems. Age ranges for applications in schools appeared flexible, from 5th graders to older children and adolescents.

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)

Daki J, Savage RS (2010) Solution-Focused Brief Therapy: Impacts on Academic and Emotional Difficulties. Journal of Education Research 103: 309-326. 7 exp received 5 sf groups; 7 controls: academic support only. Significantly larger effect size on 26/38 measures in exp; only 10/38 for controls.

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)

Grant AM, Curtayne L, Burton G (2009) Executive coaching enhances goal attainment, resilience and workplace well-being: a randomised controlled study. J Positive Psychology, 4(5): 396-407. Training workshop for 41 executives; Group 1 (20): cbt/sf coaching at once; Group 2 (21): 10 week wait before coaching. Enhanced goal attainment, resilience and workplace well-being; reduced depression and stress once each group had completed the programme. (anthonyg@psych.usyd.edu.au)

Green LS, Grant AM, Rynsaardt J (2007) Evidence-based life coaching for senior high school students: building hardiness and hope.' International Coaching Psychology Review, 2: 24-32. Randomised: 25 exp; 10 individual coaching sessions over 28 wks/ 24 controls; no treatment. Students; ' no significant disability; volunteered for program. Exp: standard measures: improve on hope, hardiness, depression but not stress or anxiety.

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-tem 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 sf .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.

Ko M-J, Yu S.-J, Kim Y-G (2003). The effects of solution-focused group counseling on the stress response and coping strategies in the delinquent juveniles. Taehan Kanho Hakhoe Chi *(*Journal of Korean Academy of Nursing; Korean), 33(3), 440-450. 15-18 yr olds on probation. Random, 30 exp 6 sess weekly / 30 control no treat. Better problem coping in exp. (Yusook@catholic.ac.kr)

Lindforss 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)

McGarry J, McNicholas F, Buckley H, Kelly BD, Atkin L, Ross N (2008) The clinical effectiveness of a brief consultation and advisory approach compared to treatment as usual in Child and Adolescent Mental Health Services. Clin Child Psychol Psychiatry 13(3):365-376. Randomised: 30 children 3-session brief consultation; 30 treatment as usual. Exp group sustained improvement at 6 mon and less dissatisfaction with wait times.

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)

Schade, N., Torres, P. & Beyebach, M. (2011). Cost-efficiency of a brief family intervention for somatoform patients in primary care. Families, Systems, & Health, 29-3, 197-205. 256

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.

Shin S-K (2009) Effects of a Solution-Focused Program on the Reduction of Aggressiveness and the Improvement of Social Readjustment for Korean Youth Probationers. Journal of Social Service Research 35(3): 274 – 284. Randomised: adolescents on probation: 20 exp 6 weekly group sessions / 20 control; indiv sess as requested. Reduced aggression and increased social adjustment in exp at end of programme. (skshin2000@hotmail.com)

Smock SA, Trepper TS, Wetchler JL, McCollum EE, Ray R, Pierce K (2008) Solution-focused group therapy for level 1 substance abusers. Journal of Marital and Family Therapy 34(1):107–120. Randomised: 27 exp: 6 wkly groups / 29 control: 6 wkly Hazelden program groups. 19 exp / 19 control completed; significant improvement in depression and symptom distress; dependence scores unchanged. No follow-up. (Sara.smock@ttu.edu)

Spence GB, Grant AM (2007) Professional and peer life coaching and the enhancement of goal striving and well-being: An exploratory study. Journal of Positive Psychology, 2(3): 185–194. Volunteers: randomised to coaching: 21 by professionals, 22 by peers, 20 controls. Peer coaches had 1 day of training. Measures at end of 10 weeks: better attendance and more progress towards goals in professional group. (anthonyg@psych.usyd.edu.au; gordons@psych.usyd.edu.au)

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.crohns.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)

Wake M, Baur LA, Gerner B, Gibbons K, Gold L, Gunn J, Levickis P, McCallum Z, Naughton G, Sanci L, Ukoumunne OC (2009) Outcomes and costs of primary care surveillance and intervention for overweight or obese children: the LEAP 2 randomised controlled trial. British Medical Journal 339: 1132. Overweight children in primary care: randomised: 139 offered 4 sess sf health education; 112 controls. LEAP 2 intervention conducted by GP after 5 hours of training in "stages of change" and sf family therapy. Mean attendance of families 2.7

sess. 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. I 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.

Zhang H-Y, Wu W-E, Wen W-J, Zheng Y-M (2010) Application of solution focused approach in schizophrenia patients of convalescent period. Medical Journal of Chinese People's Health 18: 2410-2412 (Mandarin). 120 schizophrenia patients; randomised; observation group 31 male, 27 female; 5-step sf health education approach; controls 34 male, 22 female; routine health education. Pre and post evaluation by medical reply and social support. Significantly more social support and coping with illness in observation group (p>0.05).

COMPARISON STUDIES (43)

Anderson L, Vostanis P, O'Reilly M (2005) Three-year follow-up of a family support service cohort of children with behavioural problems and their parents. Child: Care, Health and Development 31(4):469-477. One of three groups had sft. Improvement not sustained or new problems at 3 yrs for all groups.

Antle BF, Barbee AP, Christensen DN, Martin MH (2008) Solution-based casework in child welfare: preliminary evaluation research. Journal of Public Health Child Welfare 2(2): 197- 227. Study 1: fully trained workers, 27cases; minimal trained, 21 cases. Better compliance, less legal action, fewer removals in trained group. Study 2: 51 cases from fully trained, 49 minimal. Better compliance and goal achievement in both urban and rural areas. (copy in Research folder)

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.

Corcoran JA (2006) A comparison group study of solution-focused therapy versus "treatment-as-usual" for behavior problems in children. Journal of Social Service Research 33:69-81. 239 children; 83 sft vs 156 'treatment as usual'. Better treatment engagement with sft but no outcome differences. (jcorcora@vcu.edu)

Eakes G, Walsh S, Markowski M, Cain H, Swanson M (1997) Family-centred brief solution-focused therapy with chronic schizophrenia: a pilot study. Journal of Family Therapy 19:145-158. Experimental and control groups: 5 clients and families each. Reflecting team also used. Experimental group: Family Environment Scale showed significant increase in expressiveness, active-recreational orientation and decrease in incongruence. Controls: moral-religious emphasis increased.

Forrester D, Copello A, Waissbein C, Pokhrel S (2008) Evaluation of an intensive family preservation service for families affected by parental substance misuse. Child Abuse Review 17(6): 410 – 426. Intensive Family Preservation Service: motivational interviewing / sft for 279 children; TAU for 89. Evaluation 3.5 yrs later: 40% of each group been in care but less time and cost saving for intervention group. (Donald.Forrester@beds.ac.uk)

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)

Grant AM, Green LS, Rynsaardt J (2010) Developmental Coaching for High School Teachers: Executive Coaching Goes to School. Consulting Psychology Journal: Practice and Research 62:151-168. 23 exp / 21 controls; 10 week programme. Improved goal attainment, resilience and wellbeing at end of programme. (anthonyg@psych.usyd.edu.au)

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.

Kvarme LG, Helseth S, Sørum R, Luth-Hansen V, Haugland S, Natvig GK (2010) The effect of a solution-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial. International Journal of Nursing Studies, doi:10.1016/j.ijnurstu.2010.05.001 Exp girls 55 / boys 36; controls girls 44 / boys 20. SF group

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 counsellers 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.

Lamprecht H, **Laydon C**, **McQuillan C**, **Wiseman S**, **Williams L**, **Gash A**, **Reilly J** (2007) Single-session solution-focused brief therapy and self-harm: a pilot study. Journal of Psychiatric and Mental Health Nursing 14:601-2. 40 first time selfharmers; 1 sess. 2 rpt (6.25%) in 1 yr follow-up vs 40/302 (13.2%) untreated. (Updates **Wiseman S** (2003) Brief intervention: reducing the repetition of deliberate self-harm. Nursing Times 99:34-36) (j.g.reilly@durham.ac.uk)

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. ECOMMUNITY: 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)

Newsome WS (2004) Solution-Focused Brief Therapy Groupwork With At-Risk Junior High School Students: Enhancing the Bottom Line. Research on Social Work Practice 14(5):336–43. 26 exp / 26 controls; poor grades and attendance. Group programme for exp only; grades improved 1.58 pretest / 1.69 posttest. Controls 1.66 pretest / 1.48 posttest; significant difference. No change in attendance which had already improved. (Quoted as 'promising treatment' by Office of Juvenile Justice: http://www.ojjdp.gov/mpg/Default.aspx)

Nowicka P, Haglund P, Pietrobelli A, Lissau I, Flodmark C-E (2008) Family Weight School treatment: 1-year results in obese adolescents. International Journal of Pediatric Obesity 3(3): 141-147. 65 exp: Family Weight School group; 23 no-treatment controls. 49 exp / 17 controls at 1 yr: significant weight loss in moderate obesity.

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@iimetro.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)

Rothwell N (2005) How brief is solution focused brief therapy? A comparative study. Clinical Psychology and Psychotherapy 12:402-405. Pseudo-randomization: 41 sft/119 cbt. Sft avg 2 sess, cbt avg 5 sess. No outcome difference on GAF. (Neil.rothwell@fvpc.scot.nhs.uk)

Seidel A, Hedley D (2008) The Use of Solution-Focused Brief Therapy With Older Adults in Mexico: A Preliminary Study. American Journal of Family Therapy 36(3): 242-252. 10 exp / 10 controls; 3 sess; various outcome measures. Significant improvement on OQ45 for treatment group. (anke_seidel@hotmail.com)

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)

Springer DW, Lynch C, Rubin A (2000) Effects of a solution-focused mutual aid group for Hispanic children of incarcerated parents. Child and Adolescent Social Work 17:431-442. 5 schoolchildren offered 6 session group using sft / interactional / mutual aid approaches vs 5 waiting list controls. Possibly significant increase in self-esteem in experimental group.

Stith SM, Rosen KH, McCollum EE, Thomsen CJ (2004) Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy. Journal of Marital and Family Therapy 30:305-318. 14/20 individual couples, 16/22 multi-group couples completed program, 9 couples comparison group; all mild-to-moderate violence. Follow-up (females contacted): 6 mon recidivism 43% individual, 25% multi-group, 67% comparison; 2 yr recidivism: 0%, 13% (one client), 50%. (Additional cases reported **McCollum EE, Stith SM, Thomsen CJ** (2011) Solution-focused brief therapy in the conjoint couples treatment of intimate partner violence. Reduced physical aggression in both sexes for 17/20 individual couples; reduced in males only for 27/29 multi-group couples. 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.) (sstith@vt.edu)

Stoddart KP, McDonnell J, Temple V. Mustate A (2001) Is brief better? A modified brief solution-focused therapy approach for adults with a developmental delay. Journal of Systemic Therapies 20:24-41. 16/19 clients complete 8 sess; 6 mon follow-up. Therapy 118 days vs 372 days for long-term comparison group; client satisfaction similar. Better outcome if fewer problems, less developmental delay, real-life goals, self-referred. Clients often requested more

sessions. (stoddart@aspergers.net)

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)

Viner RM, Christie D, Taylor V, Hey S (2003) Motivational/solution-focused intervention improves HbA1c in adolescents with Type 1 diabetes: a pilot study. Diabetic Medicine 20(9):739-42. 77 approached: 21 exp, 20 controls; 2 group sess. Improvement in glycaemic index and Self-efficacy in Diabetes measures at 6 mon.; not sustained at 12 mon. (r.viner@ich.ucl.ac.uk)

Violeta Enea ID (2009) Motivational/solution-focused intervention for reducing school truancy among adolescents. Jour Cognitive & Behavioural Therapies 9(2):185-198. 19 exp / 19 controls age 16-17; 8 group counselling sessions MI / sft. 61% decrease in truancy for exp; no change for controls.

Vostanis P, Anderson L, Window S (2006) Evaluation of a family support service: short-term outcome. Clin Child Psychol Psychiatry 11(4):513-528. (doi: 10.1177/1359104506067874). Family support service A: 51 children; family support B (sf): 49. Matched controls: 40 children referred to CAMHS. Better reduction of HoNOSCA, SDQ and satisfaction scores in both FSS: sf faster.

Walker L, Hayashi L (2009) Pono Kaulike: reducing violence with restorative justice and solution-focused approaches. Federal Probation 73(1). 4 year pilot programme: 59 eligible; 41 exp, of whom 38 evaluated; 21 controls. 10/38 (26%) reoffend; 12/21 (57%) controls; significant (t=2.17, p<0.05). (http://www.uscourts.gov/viewer.aspx?doc=/uscourts/FederalCourts/PPS/Fedprob/2009-06/index.html)

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)

Yang F-R, Zhu S-L, Luo W-F (2005). Comparative study of solution-focused brief therapy (SFBT) combined with paroxetine in the treatment of obsessive-compulsive disorder. Chinese Mental Health Journal, 19(4), 288-290. OCD: 30 exp / 30 controls. Paroxetine in standard dose; exp received 6-8 sft sess. 83.3% exp vs 60% controls improved on Y-BOCS at 2 wk follow-up. (Mandarin; abstract in English)

Zhang, W.J., Xu, G., Guo, H., Luo, P., & Yu, I. (2011). Application of solution-focused approach in follow-up management among patients with type 2 diabetes complicated by non-alcohol fatty

liver disease.Chinese Journal of Nursing, 3 (DOI CNKI:SUN:ZHHL.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 (P0.05) in both groups, results in sf group significantly better than controls (P0.05) (Mandarin; abstract in English)

Zimmerman TS, Jacobsen RB, MacIntyre M, Watson C (1996) Solution-focused parenting groups: an empirical study. Journal of Systemic Therapies 15:12-25. 30 clients, 6 sess; 12 controls no treatment. Significant improvement on Parenting Skills Inventory; no change on Family Strengths Assessment. (lindsay@picasso.colostate.edu)

Zimmerman TS, Prest LA, Wetzel BE (1997) Solution-focused couples therapy groups: an empirical study. Journal of Family Therapy 19:125-144. 23 exp; 6 weekly groups / 13 no-treatment controls. Several relationship measures improved in the experimental group.

NATURALISTIC STUDIES (42)

Bell R, Skinner C, Fisher L (2009) Decreasing Putting Yips in Accomplished Golfers via Solution-Focused Guided Imagery: A Single-Subject Research Design. Journal of Applied Sport Psychology 21(1): 1-14. 3 golfers; 5 sess treatment: sf guided imagery. 3 wk follow-up showed improvement. (robbell@bsu.edu)

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)

Brown EA, Dillenburger K (2004) An evaluation of the effectiveness of intervention in families with children with behavioural problems within the context of a Sure Start programme. Child Care in Practice 10:63-67. 12 children; Parent Management Training and sft; detailed measures; one mon follow-up. 5 improved; 5 borderline change; 2 (1 fostered) improved untreated.

Burr W (1993) Evaluation der Anwendung losungsorientierter Kurztherapie in einer kinder- und jugendpsychiartischen 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)

Conoley CW, Graham JM, Neu T, Craig MC, O'Pry A, Cardin SA, Brossart DF, Parker RI (2003) Solution-focused family therapy with three aggressive and oppositional-acting children: an N=1 empirical study. Family Process 42:361-374. Manual and objective measures; avg 4.6 sess; 3 mon follow-up. 3/3 satisfied with result. (collie-conoley@tamu.edu)

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)

DeJong P, Hopwood LE Outcome research on treatment conducted at the Brief Family Therapy Center 1992-1993. In Miller SD, Hubble MA, Duncan BL (eds) (1996) Handbook of Solution-Focused Brief Therapy. Jossey-Bass: San Francisco (p272-298). 275 cases: age 50%<19, 93%<45; avg 2.9 sess; follow-up avg 8 mon; 136 contacted. 45% goal achieved, 32% some progress. Equal outcomes by age, gender, race, economic status. (Immediate post therapy measure of change in scaling scores for 141 collected: 25% significant progress; 49% moderate progress; 26% no progress. Berg IK, DeJong P (1996) Solution-building Conversations: Co-Constructing a Sense of Competence with Clients. Families in Society, 77:376-391) (djon@calvin.edu)

de Shazer S (1985) Keys to Solutions in Brief Therapy. Norton: New York. (p147-157). 6 mon follow-up of 28 cases after formula first session task. 23 (82%) improved; 11 solved other problems. Avg 5 sess.

de Shazer S (1991) Putting Differences To Work. Norton: New York. (p161-162). At 18 mon follow-up 86% reported success; 67% reported other improvements also. Avg 4.6 sess: >3 sess did better.

de Shazer S, Berg IK, Lipchik E, Nunnally E, Molnar A, Gingerich W, Weiner-Davis M (1986) Brief therapy: focused solution development. Family Process 25:207-222. Telephone follow-up of 25% of 1600 cases seen during a 5 year period; 72% improved; avg 6 sess.

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.

Franklin C, Biever JL, Moore KC, 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. 19 cases with learning problems: 7 investigated. 1 mon follow-up (objective measures); avg 7 sess. Some improvement in all; 6 of 7 better.

Franklin C, Corcoran J, Nowicki J, Streeter CL (1997) Using client self-anchored scales to measure outcomes in solution-focused therapy. Journal of Systemic Therapies 16:246-265. Pilot study (3 cases) of this measure as a test of outcome.

George E, Iveson, 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)

Grant AM, O'Connor SA (2010) The Differential Effects of Solution-focused and Problem-focused Coaching Questions: A Pilot Study with Implications for Practice. Industrial and Commercial Training Journal 42(2):102-111. 39 students had problem-focused coaching session

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)

Green LS, Oades LG, Grant AM (2006) Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being, and hope. Journal of Positive Psychology 1:142-149. Self selected adults: 25 exp, 25 control; 16 hr training in self-coaching. 18 exp (no controls) follow-up at 30 wks: significant improvements in goal striving, wellbeing and hope. (suzygreen@optusnet.com.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)

Lee MY, Greene GJ, Uken A, Sebold J, Rheinsheld J (1997) Solution-focused brief group treatment: a viable modality for domestic violence offenders? Journal of Collaborative Therapies IV:10-17. Sciotto study: 117 clients, 1993-1997; standard 6 sess completed by 88. 7% (6) reoffend by 1997. Plumas study: 1994-1996: 34 clients; avg 7 sess; 3% (1) reoffend by 1997. (pcmhs@psln.com) (uken@jps.net)

Lee MY, Greene GJ, Mentzer RA, Pinnell S, Niles D (2001) Solution-focused brief therapy and the treatment of depression: a pilot study. Journal of Brief Therapy 1:33-49. 10 clients, all had 6 sess. 9 improved on all measures at 6 mon.

Lee MY, Sebold J, Uken A (2003) Solution-focused treatment of domestic violence offenders. Oxford: New York. 90 treated (77 male); few dropouts from 8-sess programme. 48 (+22 partners) traced at 6 mon. Self-esteem and solution finding better; 16.7% cumulative recidivism over 6 yrs. Childhood abuse predicts recidivism.

Lee MY, Sebold J, Uken A (2007) Roles of self determined goals in predicting recidivism in domestic violence offenders. Research on Social Work Practice 17:30-41. 1996-2004: 127 seen, 88 traced (70 male); completion (7 of 8 sess) 92.8%. 10.3% recidivism. Agreed goals and specific goals predict more confidence and less recidivism. Brain injury predicts recidivism; child abuse not found to predict.

Li S, Armstrong MS, Chaim G, Kelly C, Shenfeld J (2007) Group and Individual Couple Treatment for Substance Abuse Clients: A Pilot Study. American Journal of Family Therapy 35:221-233. 27 couples: 20 complete: multiple couples group 13/15; individual couples group

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. Probation 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)

Milner J, Singleton T (2008) Domestic violence: solution-focused practice with men and women who are violent. Journal of Family Therapy 30:27-51. 68 referrals (16 female); avg 4.3 sess; 50 completed programme. Not reoffended according to multiple sources at minimum 3.5 yr follow-up = 73% good outcome.

Morrison JA, Olivos K, Dominguez G, Gomez D, Lena D (1993) The application of family systems approaches to school behaviour problems on a school-level discipline board: an outcome study. Elementary School Guidance & Counselling 27:258-272. 30 with school problems (6 special education); 1-7 sess. 23 improved but 7 relapsed.

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 sistemica 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.

Perkins R, Scarlett G (2008) The effectiveness of single session therapy in child and adolescent mental health. Part 2: an 18-month follow-up study. Psychology & Psychotherapy: Theory, Research & Practice 81(2):143-56. Follow-up of 2006 cohort: 152 children, 91 traced. 60.5% 1 sess; 9.7% five or more. No increase in frequency or severity of symptoms after 18 mon.

Reinehr T, Kleber M, Lass N, Toschke AM (2010) Body mass index patterns over 5 y in obese children motivated to participate in a 1-y lifestyle intervention: age as a predictor of long-term success. American Journal of Clinical Nutrition 91:1165-1171. 663 obese children: 6 sessions sf plus nutrition / exercise programme ('Obeldicks'). Significant mean change in BMI at 5yr: 0.46; best effect in younger children. (Several similar studies by same team.) (t.reinehr@kinderklinik-datteln.de).

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.

Vaughn K, Young BC, Webster DC, Thomas MR A continuum-of-care model for inpatient psychiatric treatment. In Miller SD, Hubble MA, Duncan BL (eds) (1996) Handbook of Solution-Focused Brief Therapy. Jossey-Bass: San Francisco (p99-127). 688 cases before sft model: avg stay 20.2 days; 675 cases after: avg stay 6.6 days.

Walker L, Greening R (2010) Huikahi Restorative Circles: a public health approach for reentry planning. Federal Probation 74(1): 16/23 (70%) not reoffend at 2 yrs. State 3 yr recidivism is 54.7%.
(www.uscourts.gov/FederalCourts/ProbationPretrialServices/FederalProbationJournal/FederalProbationJournal.aspx?doc=/uscourts/FederalCourts/PPS/Fedprob/2010-06/index.html)

Wiseman S (2003) Brief intervention: reducing the repetition of deliberate self-harm. Nursing Times 99: 34-36. First self-harm 40 clients; 1 sess. Up to 6 mon follow-up: 39 (97%) no repeat; 78% improved on self-scaling.

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)