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An Overview of the Efficacy of Solution-Focused Short Interventions

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Abstract

A strengths-based therapeutic approach, solution focused brief therapy (SFBT) emphasizes people's resources and how they might be leveraged to facilitate positive transformation. The goal of solution-focused brief therapy (SFBT), a relatively new and popular therapeutic practice, is to assist clients in creating solutions as opposed to solving issues. This study aims to investigate the effects of a solution-focused brief therapy session. For this, literature has been looked for manually as well as through electronic resources like PubMed and Google Scholar. Solution-focused brief therapy as a technique for intervention to enhance psychological health and non-cognitive abilities. The reviewed studies offer compelling evidence that solution-focused brief therapy is a useful treatment for a range of behavioral and psychological outcomes. Moreover, it may be less expensive than alternative treatments due to its shorter duration. Solution-focused brief therapy seems to work especially well as an early intervention for mild presenting issues.

Keywords: Solution-Focused Brief Therapy; Therapeutic; Intervention

Abbreviations

SFBT: Solution-Focused Brief Therapy; SBC: Solution-Based Casework.

Introduction

Solution-focused brief therapy (SFBT) is a strengths-based intervention that is based on the idea that clients should have the resources and motivation to solve their own problems because they are the ones who understand them best and can come up with solutions on their own [1]. Solution-focused brief therapy combines collaborative goal-setting, the application of solution-building techniques that take place between the therapist and the client, and thoughtfully constructed questions that intentionally use communication tools from communication science to alter perceptions through co-constructive language [2-5]. It is thought that these well designed communication procedures are essential to supporting clients in making changes. Problems are not to be solved only by the therapist; rather, solutions are to be co-constructed with the client(s) [6]. Solutions arise in perceptions and interactions between individuals. In an effort to improve treatment integrity of the model and assist standardize how practitioners apply solution-focused brief therapy (SFBT), the Research Committee of the Solution-Focused Brief Therapy Association recently published a treatment manual.

Three Fundamental Components of Solution-Focused Brief Therapy were Determined by the Committee:

- Use of talks focused on the issues raised by clients;
- Talks centered on creating new meanings together on client concerns;
- Employment of certain methods to assist clients in creating a shared vision of a desired future and relying on prior achievements and assets to address problems [7].

Since family-centered social work and the achievements of social work practice are celebrated in Families in Society, which is celebrating its 100th anniversary, this article's publication is highly appropriate given how frequently SFBT is taught and used in social work practice [8]. According to Franklin C, et al. [9], systematic family behavior therapy (SFBT) involves several key therapeutic processes, including the co-construction of meaning, leveraging the client's strengths, establishing a cooperative helping relationship, helping the client set collaborative goals, using positive emotions, such as hope, and assisting clients in creating unique solutions. An interdisciplinary team of therapists led by two social workers, Steve de Shazer and Insoo Kim Berg, developed solution-focused short therapy (SFBT) in the early 1980s from models of brief family therapy [10].

The 1980s saw the development of solution-focused brief therapy (SFBT), a strengths-based intervention and associates from the Milwaukee, Wisconsin-based Brief Family Therapy Center (BFTC) [11-15]. Previous studies on SFBT have demonstrated its potential as a successful intervention. This concept is the subject of ongoing research, with more rigorous research designs being used in recent investigations. While solution-focused brief therapy has gained popularity among social workers and practitioners across all fields, social workers are under pressure from policy makers to show that their services are effective and to select therapy interventions that are backed by research) [16,17]. The mandate for research-supported practice is unlikely to go away anytime soon, as managed health care organizations have pushed for evidence-based treatment options, for example [17]. SFBT relies heavily on the intentional use of language and questioning techniques, which are linked to the co-construction process, cooperative helping relationship, and problem-building [6,18].

Solution-focused brief therapy (SFBT), often known as a constructivist, social, or postmodernist therapy, is founded on more than 20 years of theoretical development, clinical practice, and empirical research. Its origins can be found in the work of family systems theorists, hypnotist Milton Erickson, and more recent post-structural and postmodern theories that fostered a potent form of antirealism philosophy prevalent in the late 20th-century humanities [7,19]. In contrast to many conventional problem-focused methods, SFBT places an emphasis on the clients' perspectives, desired future, strengths, past successes, and coping mechanisms [20]. The SFBT ideals of maximizing self-determination, empowering clients, monitoring and extending their transformation, and honoring human dignity all help to encourage solution-building in the counseling session [21,22].

The Following Five Steps Typically Make up the SFBT Technique [21,22]:

- The client gives a brief description of the issue;
- Together, the client and therapist create a personalized list of goals that are particular, attainable, subservient, and tangible in order to create a less troublesome future;
- the client and therapist openly discuss past fixes and exclusions from troubling occurrences;
- The psychotherapist determines between-session tasks based on the goals and exceptions of the clients and provides end-of-session feedback, including compliments; and
- The client's development is assessed by the psychotherapist, and any positive changes are discussed. Apart from their inherent ability to empathize, complement, reframe, and normalize, SFBT psychotherapists also frequently ask targeted questions to help clients make good adjustments in their life [23].

- The Following Lists Some Exemplary SFBT Question Examples Along with their Intended Uses:
- The main technique used by SFBT psychotherapists to assist clients in identifying their chosen future is the miracle ("suppose") inquiry. Psychotherapists advise their patients to picture a day in the future when their current problems won't exist. This aids in releasing clients from their usual mindsets that are problem-satiated.
- Exception questions look for instances in which a perceived issue was missing, less severe, or more bearable and invite clients to reflect on how they might have contributed to such exceptions. Following clients' initial answers to an exception inquiry, the therapist either directly or indirectly compliments the clients on their strengths.
- The emphasis of coping questions is on the fact that individuals have already made steps to deal with challenges they have faced. Coping questions are powerful because they help clients develop strengths as they acknowledge that they have what it takes to achieve their goals or that they are already moving in that direction.
- Scaling questions are an essential tool for helping customers rate their own drive, self-assurance, or advancement on a numerical scale. These serve to

translate abstract ideas into concrete numbers, direct clients' attention toward more manageable and feasible small improvements, and highlight exceptions when they arise. These are the key advantages of these.

- Relationship questions deal with how people interact with each other in social networks or families. Relationship questions, which prompt clients to think about the perspectives of important others, are essential in helping clients identify outside resources that are relevant to achieving their goals and are also a crucial component of the solutions, particularly when the clients perceive their significant others as part of their perspective.

SFBT has grown rapidly since De Shazer, Berg, and their colleagues founded and developed the Brief Family Therapy Center in Milwaukee, a city in Midwestern America, in the 1980s. Researchers have been responsible for a gradual increase in the number of studies exploring the efficacy of SFBT in response to its varied range of applications. Through qualitative analyses of the literature, a number of researchers discovered that while SFBT performed comparably to other counseling modalities, it had a better cost-benefit ratio because it required a significantly smaller number of sessions to achieve the goals of the clients [24-26].

In practical terms, solution-focused therapists work with their clients to co-create solutions through dialogue, emphasizing the futures they envision and the times when some of those futures are already realized. Rather than focusing solely on problem analysis, they also take advantage of their clients' strengths and past achievements. As a result, SFBT is a process of solution construction rather than a method for solving problems. The foundation of solution-focused approaches is the deconstruction of diagnostic labels [27], the rejection of the "illness ideology," and the belief in the capacities and strengths of people [28].

By adopting a constructivist and non-expert approach to wellbeing, SFBT encourages continuous effort to customize each intervention to the unique needs of each person and family, respecting their worldviews and utilizing their values and beliefs as tools for transformation. SFBT is particularly well-suited to operate in diverse cultural contexts and to provide interventions for cultural minorities and targeted populations due to its collaborative approach [29,30]. Moreover, short-term behavioral therapy (SFBT) was created as a means of creating feasible answers in challenging situations. Its application to underprivileged people is further enhanced by its solution-focused approach, which emphasizes simplicity and short interventions.

A relatively new kind of counseling and psychotherapy that has grown in popularity recently is called solution-focused therapy (SFT). Despite having its roots in the US, it has spread too many other nations, particularly Malaysia, where it is particularly used to treat mental health concerns [31]. SFT is a quick therapeutic method that concentrates on assisting clients in recognizing and achieving their objectives. It is predicated on the idea that patients are capable of solving their own problems and that the therapist's job is to assist the patient in recognizing and utilizing their abilities. SFT has been applied in a number of contexts in Malaysia, such as private offices, hospitals, and mental health clinics [32]. SFT ideas have also been applied by some therapists to their work with particular demographics, including couples, families, and teenagers.

In contrast to other traditional therapies, solution-focused therapy takes a distinct approach when providing counseling. Understanding and identifying the client's concerns is the foundation of most traditional therapies. However, the purpose of counseling is enhanced by solution-focused therapy, which bases the solution on the client's resources. The theory behind solution-focused therapy is that issues don't always arise. Consequently, in order to develop a solution, the customer must place themselves in a problem-free scenario. Customers who are in psychological turmoil tend to think negatively. As a result, this therapy facilitates the client's ability to feel good and think positively [33].

Clients with stress, despair, and other mental health issues including addiction have benefited from solution-focused therapy since the mid-1980s [34]. Because the goal of solution-focused therapy is to help the client change their thoughts, feelings, and behaviors, it can be beneficial for them. Creating a supportive and secure environment for the client to make adjustments is another crucial aspect of the counsellor's job. The counselor's job is to motivate the client to keep making adjustments. Through the reduction of distressing symptoms, solution-focused therapy assists clients in altering their thoughts and feelings to more positive ones.

Child with Solution-Focused Brief Intervention

One paradigm for child protection that works well with a strengths-based approach is the solution-focused approach [35,36]. Solution-focused Brief Therapy (SFBT) is a brief family therapy paradigm that was created in the 1980s by Steve de Shazer, Insoo Kim Berg, and associates outside of the child protection sector. Within SFBT, the emphasis moved from what clients do wrong to what clients do right, with an emphasis on exceptions that provide the framework for future development [37]. Detailed talks of clients' chosen futures and other interviewing approaches aimed at co-constructing workable solutions in therapy were gradually incorporated into the scope of SFBT [38]. It is believed that the role of the

solution-focused therapist is to "lead from one step behind" by posing helpful questions while maintaining a cooperative attitude [39]. This does not diminish the therapist's skill; they are supposed to guide and structure the discussion in a helpful manner, to strategically complement, and to provide recommendations that would encourage change [36].

Solution-focused methods have quickly spread across a range of intervention contexts, including psychotherapy, organizational consultancy, orthopedic rehabilitation, education, and social work, due to the allure of this collaborative and empowering approach. Solution-focused child protection workers engage in active dialogues with clients to identify partnership goals, elicit descriptions of clients' preferred futures, highlight and discuss completed steps (including exceptions and solutions), and provide detailed instructions for the next small steps [35,36,40]. The focus is on speaking the language of the user and giving the client choice and voice. As George E, et al. [41] point out, the solution-focused approach is typically portrayed as a dramatic departure from problem-focused approaches; but, in actuality, it can be coupled with more conventional problem-focused models [42-44]. Solution-focused Trauma-Informed Care [45] is one instance of this kind of integration in child welfare.

The solution centered approach holds great potential to transform child protection, but thus far, it has yielded scant empirical proof. Moreover, certain writers have expressed apprehensions regarding the possibility of compromised mandated authority and hazards to children's safety resulting from the solution-focused concentration on client autonomy [46-48]. So far, studies that look at pure solution-focused interventions have only looked at them in foster care settings [49-51]. Research on child preservation has solely looked at integrative methods. Forrester D, et al. [52] conducted a quasi-experimental study on families with drug-abusing parents whose children were at danger of entering care, combining motivational interviewing with solution-focused short treatment.

Solution-based casework (SBC), a practice paradigm influenced by relapse prevention, family life cycle theory, and solution-focused family therapy, is the subject of many studies on solution-focused practices in child welfare [53]. Solution-focused principles such as clients having the necessary skills that can be used in the prevention of maltreatment, the purposeful identification of client strengths, and building on the skills that clients already use successfully are the foundation of solution-based casework, which employs solution-focused interviewing techniques [53,54]. According to the research, solution-based casework improves a number of child welfare outcomes, including recidivism, safety, and permanence. Comparing the cases of two worker groups, Antle and colleagues discovered that caseworkers who applied the SBC model had better client compliance with appointments, referrals, and tasks, more cooperative relationships with families, and a lower likelihood of initiating early legal actions against a family [53]. Furthermore, when Antle and colleagues looked at how the SBC model affected recidivism related to child maltreatment, they discovered that the group that received solution-based casework had a notably lower number of referrals for recidivism than the comparison group. Another study by Antle BF, et al. [55] examined 4,559 Kentucky public child welfare cases and assessed the application of solution-based casework using state-specific Continuous Quality Improvement tool items that were tailored to the model. Results indicated that all Child and Family Services reviews indicated considerably higher safety, well-being, and permanence scores in cases where the solution-based casework model was applied.

The effect of solution-focused practice training on the outcomes related to child welfare was the subject of two more research. The co-founder of solution centered practice conducted a one-week training session for the staff of an adolescent residential treatment center [53]. One year before and one year after the solution-focused practice training, data on the number of placements for the teenagers were gathered. It is supported by Koob and Love's statistically significant variations in the number of placement disturbances indicating solution-focused methods help foster care placements remain stable. In the second study, Kazi MAF, et al. [56] and colleagues discovered a significant reduction in the length of stay in foster care was linked to an intensive solution-focused casework training program for Chautauqua County child welfare personnel. The length of time a child was in foster care was also inversely connected with the caseworker's exposure to solution-focused casework training [56].

An organizational strategy that is used in all agency interactions is called trauma-informed care. Thus, the implementation of Trauma-Informed Care requires not only specific skills that child welfare workers can use with children and families, but also interpersonal skills and organizational strategies to reduce secondary traumatic stress and burnout [57,58]. In the field of child welfare, there is ample evidence of the prevalence of secondary traumatic stress, which is defined as the adverse outcomes that workers encounter due to their indirect exposure to the trauma of the children and families they work with [59-61]. These effects may resemble those of a direct trauma experience [59]. According to Sprang G, et al. [61], burnout is characterized by emotional tiredness, a depersonalization of clients, and a decrease in personal accomplishment as a result of stressful work situations such heavy caseloads.

Child care workers are not exempt from the prevalence of burnout, which has been linked to higher turnover rates [62].

The effect of solution-focused practice training on child protective worker burnout was assessed by Medina and Beyebach M, et al. [63]. When compared to the control group, which maintained the same professional attitudes, they discovered that the group that got instruction on fundamental solution-focused strategies exhibited a greater inclination toward strengths-based behaviors and beliefs. Results also showed that employees could lower their burnout levels by adopting more strengths-based beliefs and practicing strength-oriented professional behaviors. This suggests that solution-focused practice training could be a strategy to prevent burnout in child protective workers [63].

SFBT-Based Treatment for Substance Use

Eliminating substance usage or lessening the harm caused by substance use in clients is the main objective of substance use treatment. Short-term family systems therapy served as the model for short-term strength-based behavioral treatment, or SFBT. Unlike interventions based on medical model approaches, which depend on in-depth client assessments and a disease viewpoint, this one is practical [64]. In order to reduce substance use, SFBT focuses on strengthening connections and improving social and living environments [65,66]. SFBT emphasizes the family and other systems in addition to the person. In order to assist clients better their lives in all spheres of life-from work to family and interpersonal relationships-SFBT practitioners start where the client is at in terms of motivation for change. In therapy, the pursuit of self-determined goals, the development of future solutions, the amplification of positive behaviors, and the cultivation of positive emotions like hope are all prioritized.

Clients using SFBT have the option to self-determine their own goals, which can have a direct connection to substance abuse or to other social or interpersonal issues. Practitioners address substance use in addition to what the client wants and aspire to achieve [66,67]. Self-determined goals can be things like sticking with a job, fulfilling probation requirements, or preserving a marriage. The therapist works in a collaborative, nondirective manner to assist clients in exploring and realizing the connection between their substance use and problem-solving. The therapist poses questions to assist clients imagine what their life would be like if they were not dealing with difficult circumstances like court dates, family issues, tickets or arrests for driving while intoxicated. Goals for the future are the focus of SFBT, which also assists clients in creating original solutions that can fit their particular situation. Clients are better able to see how their substance use may be keeping them from leading the lives they wish to lead when they place a strong emphasis on their own objectives and ideal future. In order to come up with answers regarding substance use, it's also critical to engage with the client's ambivalence and investigate both their motivations for taking substances and their desires to cut back on them. Furthermore, a useful technique in SFBT is having people identify prior experiences that reduced their substance use [66,68].

The narrative evaluation of SFBT outcome studies conducted by Gingerich WJ, et al. [69] examined research on substance use. Only two out of the fifteen papers that were assessed examined SFBT in drug users. According to one study [70], only 2% of participants in the comparator group achieved recovery after two sessions, while 36% of the SFBT group satisfied the study's recovery standard after the first two sessions. In the second trial, which employed a single-subject design, it was discovered that SFBT was successful in lowering the customers' alcohol consumption [71]. Furthermore, although Gingerich WJ, et al. [28] and Kim JS, et al. [72] discussed certain studies that included drug use outcomes, they did not specifically look at the evidence regarding the efficacy of SFBT in conjunction with substance use. Individual studies have also emerged that focus on SFBT in substance use treatment together with other comorbid mental health issues such as depression, trauma, and child abuse [66,70,73-75].

Solution Focused Telemental Heath

SFBT teletherapy is a successful treatment approach for a number of presenting issues, including post-partum depression [76], alcohol-related issues among college students [77], and teenagers facing domestic abuse [78]. The therapies have not only been successful, but web-based SFBT chat interventions have also demonstrated consistent, clinically meaningful improvement, comparable effect sizes in pre-posttests compared to in-person therapy, and even greater effect sizes four months later) [79]. In both the in-person and online delivery of SFBT psychotherapy treatment, participants in a randomized research of anxiety in college-age people shown significant improvements in anxiety symptomology without significant variations across delivery methods [80]. In addition to allowing a focus on the abilities the client currently possesses to attain their goals, the process of client strength identification strengthens and builds the client-therapist relationship [78]. The therapeutic relationship is not hampered by the provision of services through technology because these discussions can take place both in-person and through TMH.

Identifying the qualities and abilities that their clients already possess is a focus for SFBT therapists. By honoring

their individual resources, objectives, and intervention preference, clients in solution-focused therapy are able to expand on their agency [78]. These discussions rely more on the therapist's willingness to trust the client and let them take the lead than they do on the client and therapist being in the same room. The questioning techniques used by SFBT therapists are a useful intervention that transfers well to TMH. Something along the lines of, "What are some things you could start doing now that would help remind you of your reasons for living, just a little bit?" gives a client the ability to recognize the abilities they currently have and regains their autonomy to carry on with their life.

Solution Focused Telemental Health Crisis Intervention

Therapists using teletherapy can benefit from the immediate and practical tool that solution focused therapy offers, as it provides evidence-based support for a variety of presenting difficulties and telehealth methods. The paradigm is easy to learn, according to research participants in the SFBT teletherapy study, and they saw an almost instantaneous improvement in their crisis client's responses and positive [81]. According to Hsu W, et al. [81], crisis telephone volunteers for SFBT believed that SFBT was approachable and replaced less effective, previously trained tactics in helping clients move toward goal development and hope. Moreover, a study conducted by Kramer J, et al. [79] indicated that teenagers undergoing major depression symptoms who participated in an online SFBT chat session experienced statistically significant improvements in their mental health immediately after the treatment and bigger effects at follow-up. The terminology employed by SFBT telehealth therapists when discussing suicide has undergone a significant change. For instance, the term "died by suicide" has been used by the researchers instead of "committed suicide," which implies that a loved one died in a manner similar to that of a crime; "successful suicide," which suggests that living would be a failure; or "completed suicide," which implies that something is lacking [82,83]. By moving toward co-constructive language and implying that the client is "struggling with suicide" as opposed to being suicidal, the clinician shows the client that they have hope for the future and believe they have the ability to change. This also strengthens the therapeutic relationship between the two parties across the screen [82]. This deliberate, while seemingly insignificant, adjustment may have an effect on how teletherapists utilize suicide crisis to emphasize and encourage practical adjustments.

When guiding clients through a crisis, therapists can find themselves ill-prepared to handle that conversation on a TMH platform. Over and above ethical considerations, Gilmore AK, et al. [84] identified three therapeutic areas of concern when working with suicidal thoughts and behaviors on telehealth platforms: (1) lack of control; (2) assessment; and (3) triaging patients as necessary. The term "listen, select, build" refers to the three-step recursive co-constructive process used in SFBT. It involves intentionally focusing on the client's language, preferred futures, and issue exceptions while avoiding presumptions about what the client may be revealing [85].

S.no	Authors	Findings
1	Neipp MC, et al. [86]	The type and manner of the intervention, manualization, and SFBT components all had a minor impact on the results. Additionally, there was additional variation based on the type of comparator and the diagnostic criteria used. These findings add to the body of proof supporting SFBT.
2	Franklin C, et al. [87]	All outcome domains showed statistically significant and medium treatment effect sizes. A moderate treatment effect was demonstrated by interventions utilizing four or more SFBT strategies in three different categories: future-focused questions, strengths and resources, cooperative language, co-construction, and building a therapeutic connection.
3	Naraswari IA, et al. [88]	The study's findings indicate that: (1) students' social-emotional skills can be improved through solution-focused brief counseling; (2) students' psychological well-being can be improved through solution-focused brief counseling; and (3) students' social-emotional skills and psychological well-being can be improved at the same time through solution-focused brief counseling.
4	Ghanbar Z, et al. [89]	The pretest scores of the control and experimental groups differed significantly in terms of emotion regulation, pain perception, and hostile documents, according to the results. These results suggest that SFBT is crucial in managing the emotions and quality of life of heart patients; therefore, these findings can be used to develop treatment and prevention plans for heart patients.

5	Takagi G [90]	The outcomes demonstrated that the mechanical feedback raised the likelihood of finding a solution. On the other hand, regardless of the feedback, using the self-care support tool based on solution-focused brief therapy boosted solution-building, positive and negative effects, and the likelihood of living an ideal life. Additionally, the improvement in problem-solving and positive impact increases with the likelihood that the goal will be clear and actual.
6	Finlayson BT, et al. [91]	One of the countless effects of the coronavirus has been a shift in the way people offer services. The pandemic forced mental health practitioners to abruptly switch from in-person to online treatment delivery. Therapists may experience some anxiety when they are introduced to and trained in a new therapeutic modality. Since the pandemic has put more people in crisis situations than ever before and teletherapy isn't likely to disappear as a means of providing services, therapists need assistance navigating crisis situations when working with clients virtually, where it can feel as though they have less control because of their physical distances from one another. The authors contend that solution-focused brief therapy is an integrative model that, in cases of crisis, captures clients' resources and reasons for living, independent of the primary model or models that therapists use in individual sessions.
7	Sahrah A, et al. [92]	For groups of young adults who encounter quarter-life crises, this research is crucial since it offers knowledge and coping mechanisms. Quasi-experimental research methodology is applied. The findings of the research demonstrate that postgraduate students going through a quarter-life crisis can benefit spiritually from brief, solution-focused treatment. Graduate students with higher levels of spiritual well-being report feeling better about themselves and experience less anxiety, which lowers their risk of experiencing a quarter-life crisis. From the account, it may be inferred that postgraduate students going through a quarter-life crisis benefit spiritually from brief therapy sessions that concentrate on finding answers. Patients who received brief solution-focused therapy reported feeling better about themselves and being able to overcome issues including worry, pessimism, and poor self-esteem. The topic became more upbeat in hopes that the quarter-life crisis could be resolved as a result of the decline in these complaints.
8	Tillman BE, et al. [93]	This multiple case study investigates the effects on a first responder peer-support process of integrating Solution-Focused Crisis Intervention into the practice of Critical Incident Stress Management. Participants learned and practiced applying Solution-Focused Crisis Intervention within a Critical Incident Stress Management framework over the course of four classroom-based training sessions. Five main themes were identified through the use of a constant comparison method: intentionality, integrating new ideas, being informed about solutions, using questions as interventions, and self-care for Critical Incident Response Team members. The inclusion of Solution-Focused Crisis Intervention gave the participants the ability to adopt strategies that support the development of each person's strengths and serve as resources for their impacted peers.
9	Medina A, et al. [94]	The pre-test results show that the experimental and control groups performed similarly. The experimental group outperformed the control group at the post-test: recidivism was lower, fewer cases had been referred to risk teams, fewer children had been taken from their homes, and workers' and parents' goal achievement ratings as well as parents' and kids' well-being ratings were higher. For goal achievement, the effects were small; for recidivism, they were medium; and for well-being and child removal, they were large. Compared to the control group, the teams that employed solution-focused short treatment required fewer sessions to achieve these results and allocated fewer extra resources.
10	Takagi G, et al. [95]	The study's findings suggest that having a clear long-term solution improves a time-oriented mindset. Furthermore, the goals become more realistic due to the clarity of the short-term solutions. Furthermore, it has been demonstrated that, regardless of the circumstance, implementation increases solution-building and positive, ideal levels of life. These findings suggest that emphasizing the long-term solution broadens one's appreciation of time constraints.

11	Novella JK, et al. [96]	The Beck's Anxiety Inventory and the College Counseling Assessment of Psychological Symptoms' Generalized Anxiety and Social Anxiety subscales showed significant changes in scores for participants in both study conditions. However, there were no significant differences in the two delivery methods' efficacy.
12	Hsu KS, et al. [97]	For child behavioral issues, a modest to medium positive impact size favoring solution-focused brief therapy over control circumstances was discovered using the robust variance estimation (RVE) meta-analysis. The study found no statistically significant difference between the effect sizes of family-involved solution-focused brief therapy and family-non-involved solution-focused brief therapy for child behavior problems, nor did it find evidence of a moderating effect from family involvement in these interventions. Solution-focused short therapy outperformed comparison groups in terms of effectiveness for externalizing behaviors, with a small to medium impact size; however, the small effect size in favor of solution-focused brief therapy for internalizing disorders was not statistically significant.
13	Joubert J, et al. [98]	The suggested paradigm, called "Journey of Possibilities," is based on the authors' study with trauma survivors in South Africa. It emphasizes asking clients what they want, explaining that goal, and using resources to help them get there. It differs from other SFBT models in that it states clearly that fostering optimism and subjective well-being requires both the therapeutic alliance and the cooperative language process. Questions focused on strengths and resources-particularly those pertaining to relationships—are also emphasized. According to the authors, the approach may help psychological practice while dealing with trauma and may help trauma survivors feel more hopeful and subjectively better.
14	Li J, et al. [99]	Following the intervention, these outcomes were observed: 1) The intervention group outperformed the control group despite both groups having low Self-rating Anxiety Scale ratings. 2) Prior to the intervention, the positive and negative affect scores of both groups were higher and lower, respectively; however, the intervention group's changes in scores were larger than those of the control group.
15	Franklin C, et al. [100]	All studies reviewed found promising evidence on Solution-Focused Brief Therapy effectiveness in improving substance use behaviors and related psychosocial problems.
16	Zhang X, et al. [101]	The results generally pointed to the beneficial intervention effects of solution-focused group counseling on Internet addiction.
17	Wallace LB, et al. [102]	The study's findings demonstrate that therapists can employ Working on What Works in classrooms of both public and private schools as a workable intervention. Improving student attendance and classroom performance-two major areas of concern for schools-is possible when focusing on What Works.
18	Gonzalez SK, et al. [103]	Using 10 out of the 13 solution-focused brief therapy strategies, social workers have found success with them. It is important to interpret the results cautiously, however encouraging trends were seen. The study's participants showed improvements in their "percentage of days abstinent," "consequences of alcohol use," "depression index," and "self-reported well-being."
19	Kim JS, et al. [104]	The Addiction Severity Index-Self-Report and the Trauma Symptom Checklist-40 showed declines in both groups. Since the research validated the treatments the control group got, SFBT yielded similar results because the between-group effect sizes were not statistically significant on either measure.
20	Davarniya R, et al. [105]	The short, solution-focused couple therapy was found to be effective in reducing couple burnout both in the posttest and follow-up phases. Couples who are having marital problems may benefit from brief, solution-focused pair therapy.
21	Zhang A, et al. [106]	The findings suggested that solution focused brief therapy is a potential strategy for improving behavioral results in medical settings as well as an effective intervention for psychosocial outcomes.

22	Creswell C, et al. [107]	The authors randomly allocated 136 patients to undergo either solution-focused short therapy (n=68) or brief guided parent-delivered cognitive behavioral therapy (n=68) between March 23, 2012, and March 31, 2014. Clinical Global Impressions of Improvement scores improved much or very much for 40 (59%) children in the brief guided parent-delivered cognitive behavioral therapy group and for 47 (69%) children in the solution-focused brief therapy group at the primary endpoint assessment (June 2012 to September 2014). No significant differences were found between the groups for either clinical or economic outcome measures.
23	Grant AM [108]	Solution-focused cognitive-behavioral (SFCB) coaching has been shown in studies to improve performance, lower stress levels, and foster resilience. As a result, solution-focused cognitive-behavioral coaching could be a helpful technique for improving wellbeing and performance as well as a preventative measure that can lower the likelihood of burnout and weariness brought on by stress. The main cognitive and behavioral mechanisms of solution-focused cognitive-behavioral coaching are described in this article along with their applicability in this context. Despite the enormous potential of solution-focused cognitive-behavioral coaching, companies, coaches, and consultants still require a framework for direction and orientation throughout the coaching process.
24	Gong H, et al. [109]	Solution-focused group therapy as a whole All school levels saw a significant immediate effect size from solution-focused group therapy, with the exception of junior high schools (d =.61). For internalizing behavior problems, the overall Solution-Focused Group Therapy immediate impact size was 1.06, and for family and interpersonal problems, it was.94. This study provides substantial data supporting the high degree of efficacy of solution-focused group therapy in ethnic Chinese educational environments.
25	Gonzalez SK, et al. [103]	Research on the benefits of SFBT on standardized measurements and participant goals was found in studies involving Latinos in adult mental health, children and adolescents in schools, and couples.
26	Habibi M, et al. [110]	The pretest results revealed no discernible difference between the two groups, while the intervention group's depression scores were considerably reduced by SFBT.
27	Kim JS, et al. [35]	This article examines the conceptualization of emotional processes in Solution-focused brief therapy and demonstrates how practitioners and academics of the approach have utilized positive emotions to help clients develop solutions. The broaden-and-build theory of positive emotions developed by Fredrickson is also reviewed in this article, along with additional empirical evidence supporting the role of positive emotions in the process of change in psychotherapy in general and solution-focused brief therapy in particular provided by positive psychology research. This article concludes by demonstrating the particular ways in which solution-focused short therapy evokes pleasant feelings, so demonstrating the potential for solution-building conversations to enhance positive emotions in clients.
28	Huoliang G, et al. [111]	The findings showed that SFBT can help clients handle problems more effectively and increase their capacity to do it on their own. The use of SFBT may expand in the future to a variety of contexts, particularly in mainland primary and middle schools and Taiwan's medical settings. In a similar vein, additional research is required to determine whether SFBT is beneficial for externalizing behavior issues.
29	Kim JS, et al. [112]	These findings demonstrate the beneficial effects of Solution-Focused Brief Therapy for Chinese patients with mental health issues. The use of Solution-Focused Brief Therapy with ethnic minority populations is examined and its implications highlighted.
30	Beyebach M [113]	The outcomes validated their potential benefit in decreasing dropout rates, boosting homework compliance, and enhancing termination outcomes. The findings of this continuing study directly affect training and practice.

31	Gingerich WJ, et al. [28]	Ten studies (23%) indicated favorable trends, whereas thirty-two (74%) reported a significant positive impact with SFBT. In four different investigations, SFBT was found to be as beneficial as well-respected alternative treatments for treating adult depression, which was the greatest indication of its efficacy. SFBT required fewer sessions than alternative therapies, according to three studies that looked at treatment duration.
32	Bond C, et al. [26]	The review contained 38 studies in total. Of them, nine used the strategy to address internalizing child behavior issues, three addressed both internalizing and externalizing concerns, fifteen used the technique to address externalizing issues, and nine assessed the use of SFBT in connection to a variety of other problems.
33	Kondrat DC, et al. [114]	In order to address suicidal risk factors that are responsive to prompt therapeutic intervention, this article suggests using the real-world encounters that occur between a client and a practitioner in emergency rooms. To guarantee that a suitable hospitalization outcome is achieved, a therapeutic method that can have a favorable effect on a client's degree of hopelessness and facilitate the assessment of suicide risk should be employed.
34	Lagana RC, et al. [115]	The findings show that while alternative schools frequently offer these qualities, traditional schools do not. These include the ability to form close relationships with teachers, a school-wide emphasis on maturity and responsibility, knowledge of social issues, and positive peer interactions. This article provides advice for educators and schools to better support pupils who are considered to be at-risk.
35	Daki J, et al. [116]	In 26 out of 38 measures, the results indicated benefits for the intervention condition. The intervention's mean eta-squared effect size was.20, which is considered very large. With only 10 effects in favor of the control group and a mean of.09, a medium-sized impact, both were statistically higher than zero. Solution-focused brief therapy (SFBT) was found to be an effective intervention in this cohort, as evidenced by the considerably greater effect sizes observed when SFBT was compared to the control mean.
36	Kim JS, et al. [76]	Although the review's findings were conflicting, SFBT did appear to be a promising strategy for dealing with at-risk kids in a classroom context. Specifically, it assisted students in managing their conduct issues, externalizing behavioral issues, and lessening the severity of their negative emotions.

Table 1: Previous research findings towards efficacy of solution-focused short interventions.

Conclusion

Clinical training resources have been developed to assist practitioners in learning and applying SFBT in psychosocial treatment. Since the 1980s, SFBT has been used with clients who have psychosocial difficulties. Promising evidence on the effect of SFBT on changing behaviors and related psychological disorders was discovered in all analyzed trials. By enabling customized, client-led, and hopeful interventions, SFBT gives the therapist an extra tool with which to work with this diverse clientele. In order to help lessen the symptoms of psychological distress and further investigate answers to the issues that clients are facing, Solution-Focused Therapy was modified as a counseling intervention paradigm [117].

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