

SFT School Outcome Studies

Table 1. Outcome Studies on Solution-focused Therapy in Schools

Author and Date	Population	Sample Size	Setting	Study Design	Number of Sessions	Measures	Results
Littrell, et. al. (1995)	School children (grades 9-12)	61	High School	Post test only	3	Self-anchored scales	All three brief counseling approaches were successful in helping students move closer to their goals, and diminish uncomfortable feelings about their problems. No difference between brief therapy groups however SFT achieved similar results in shorter time.
Franklin et al. (2001)	Learning challenged middle school children	7	Middle school	Single Case Design	5-10	Conners	Five of seven (71%) cases improved per teacher's report.
LaFountain (1996)	Elementary/High School children	311	Elementary/High School	Quasi-experimental Design	8	Index of personality character	Modest but statistically significant between-group differences were found on 3 sub-scales of the Index of Personality Characteristics: Nonacademic, Perception of Self, and Acting In. These differences suggest that students in the experimental group had higher self-esteem in nonacademic arenas; more positive attitudes and feelings about themselves; and more appropriate ways of coping with emotions. No effect size mentioned. A limitation of the study is the use of self-reported

							scales instead of more objective or behavioral measures. (from gingerich)
Moore & Franklin, (under review)	Students	59	Middle School	Quasi-experimental Design	Not mentioned	Teacher Report form of the Achenbach Behavioral Checklist, the Youth Self Report of the Achenbach Behavioral Checklist	Internalizing and Externalizing score for TRF shows experimental group declined below the clinical level by post test and remained there for follow-up. Comparison group changed little b/w pre/post, and follow-up. Effect size for internalizing was 1.4 which is large. Effect size for externalizing was .61 which is medium. Internalizing score for YSR shows that no difference b/w experimental and comparison. Effect size was .08 which is weak. Externalizing score for YSR shows experimental group dropped below the clinical level and continued to drop at follow-up. Effect size was .86 which is large.
Springer (2000)	Children	10	School	Quasi-experimental Design	6	Hare Self-esteem scale	SFBT subjects made significant pre-post improvement on the Hare Self-Esteem Scale, whereas the comparison group's scores were unchanged. Effect size was .57 which is moderate. However, a covariance analysis of post-test scores (with pre-test scores the covariate) found no significant between-group differences. Limitations include small

							sample size and absence of randomization.
Newsome (2004)	Children	26	Junior High School	Quasi-experimental Design	8	School attendance and Academic G.P.A.	Results of the study indicated that students in the experimental group increased post-G.P.A. compared to the comparison group when using pre-G.P.A. as the covariate. School attendance, however, showed no difference between the experimental group and comparison group.

Table 2. Outcome Studies on Solution-focused Therapy

Post Test Only

Author and Date	Population	Sample Size	Setting	Number of Sessions	Measures	Results
Beyebach (2000)	Families	83	Family Therapy Center at University in Spain	4-5	Presenting Problem Classification System, First Session and Last Session Rating Questionnaire, Follow-up Questionnaire	82% of clients reported problems were solved during therapy. Outcomes at termination proved long lasting, correlating highly with outcomes as measured at follow-up.
Lee (1997)	Children	59	Children's mental health facility	5.5	Questionnaire from BFTC	64.9 success rate

Lindfross (1997)	Prisoners	59	Prison	1-12	Recidivism (new offense with return to probation or prison)	At 12 months after release prisoners in the treatment group had a recidivism rate of 53% compared to 76% for the control group. At 16 months recidivism rates increased to 60% for the experimental group and 86% for the control group, and differences remained statistically significant. In addition, the seriousness of recidivist offenses and length of resulting sentences was less for the SFBT group than the control group.
Macdonald (1994)	Psychiatric patients	41	Psychiatric hospital	3.71	Questionnaire from BFTC	70 % successful
Macdonald (1997)	Psychiatric patients	36	Psychiatric hospital	3.35	Questionnaire from BFTC	64 % showed improvement
Sundman (1997)	Adults	382	Public social service agencies	Not reported	Therapist and client completed questionnaire	Although both groups appeared to have improved, no statistically significant differences in goal achievement were found.
Triantafillou (1997)	Children	12	Children's residential treatment agency	4	Serious incident reports (restraints, police, hospital); medication use	The SFT group had decreased by 65.5% compared with a 10% decrease for the control group. During the same period, two of the clients in the treatment group were able to discontinue their psychotropic drugs completely whereas 66% of the control group clients increased their dosages.

Experimental or Quasi Experimental Designs

Author and Date	Population	Sample Size	Setting	Number of Sessions	Measures	Results
Bozeman (1999)	Psychiatric patients	52	Outpatient mental health	3	Beck Depression Inventory, Nowotny	SFT group improved significantly more on Hope scale. Effect size was 1.09 which is

			clinic		Hope Scale	large. No significant difference on Beck depression scale. A limitation of this study is the possible lack of proficiency in SFT by therapist.
Cockburn, et. al. (1997)	Orthopedic patients	48	Rehabilitation Program	6	F-COPES and PAIS-SR	Significant difference between traditional and SFT on both measures. No effect size mentioned. Limitations include lack of generalizability due to small sample and stringent criteria for participation.
Eakes (1997)	Families	10	Mental health clinic	5	Family environment scale	Significant between group differences on 4 of 11 dimensions of the scale. No effect size mentioned. Limitations include small sample size and no follow-up, just pretest and posttest scores.
Ingersoll-dayton (1999)	Elderly	21	Nursing Home	7	Modified Caretaker Obstreperous-Behavior Rating Assessment	Family members and nurses aide reported decrease in problem behaviors (wandering and aggression among residents) in both severity and frequency. Family members perceive problem behaviors as less problematic than nurses aide. No effect size reported. Limitations include self report measures and study design assigned residents to experimental and control groups within the same areas of the nursing homes.
Lambert (1998)	Adult Couples	72	Private practice	2-7	Outcome questionnaire	36% of the 22 SFBT patients whose initial Outcome Questionnaire (OQ-45) scores were above 63 were recovered after 2 sessions of SFBT, and 46% were recovered after 7 sessions. (Recovery was defined as reliable change and were below the clinical cut-off score.) This compared with 2% of the comparison group recovered after 2 sessions of time-unlimited eclectic treatment, and 18% recovered after 7 sessions. No effect size mentioned. Other limitations include use of a single brief self-report questionnaire.

Lindfors & Magnuson (1997)	Adult criminal population	60	Swedish prisons	5	Recidivism	Treatment group less recidivism, less serious crimes at 12 and 16 months.
Seagram (1997)	Youth Offenders	40	Secure Facility for youth offenders	10	Test of self-conscious affect for adolescents, Jesness behavior checklist, Coopersmith self-esteem inventory, Carlson psychological survey, Teacher report form, youth self-report.	The treatment group had significantly more optimism for the future, greater empathy, fewer antisocial tendencies, and less chemical abuse (Carlson Psychological Survey), and less difficulty with concentration (Achenbach). Effect size ranged from .76-1.03 which is large. Within a 6-month follow-up period, 4 (20%) members of the treatment group vs. 8 (42%) members of the control group had re-offended (run away or were moved from open to secure custody). Limitations include lack of external validation to help verify self-report data and reduced sample size at time 3 which reduced power of the test, increasing likelihood of type II error.
Sundstrom, (1993)	College Students-all females	40	University	1	Beck Depression Inv., Depression Adject. Checklist, Rosenberg self-esteem scale	Both groups significant improved on BDI and DAC; no significant between groups differences on any measures.
Zimmerman, et. al. (1997)	Couples	36	Marriage & Family Therapy Clinic	6	Marital status inventory and Dyadic Adjustment Scale	Significant difference between groups after treatment. No effect size mentioned. A limitation is that neither partner had to have necessarily consider their relationship to be good or bad. They only needed to be interested in improving the relationship in some way. There was no clinical cutoff score.
Zimmerman, et. al. (1996)	Parents	42	Marriage & Family Therapy Clinic	6	Family Strengths Assessment (FSA) and Parenting Skills Inventory (PSI)	Some benefits for experimental group on the PSI, but not FSA. No effect size mentioned. A limitation is the study did not use equal sample sizes.

AB Designs

Author and Date	Population	Sample Size	Setting	Number of Sessions	Measures	Results
Corcoran (2000)	Children	136	University sponsored mental health clinic	4-6	Feelings, Attitudes and Behaviors Scale for Children, Conners' Parent Rating Scale	Results showed significant improvement from pretest to posttest for a number of subscales in the Conners' Parent Rating Scale: conduct problems, impulsivity, and hyperactivity.
Dahl (2000)	Elderly	74	Outpatient Clinic	2-3	Global Assessment of Functioning (GAF), Patient Satisfaction Questionnaire, Self-Scaling Questions	T-Test showed moderate increases for both GAF and self-scaling scores.
Franklin et. al. (1997)	Adolescents	3	Youth runaway and homeless shelter	5	Self-anchored rating scales	Significant improvement in all 3 cases.
Geil (1998) Unpublished Dissertation	Elementary school children and teachers	8 student teacher pairs	Elementary school	12 consultations	Instructional Environment System –II and Code for Instructional Structure and Student Academic Response	Statistical difference in two of the consultation cases – only 1 SFT case.
Naude (1999)	Adult couples	8 couples	Military clinic	4 or 8	Dyadic Adjustment Scale, Goal Attainment Scale	Marital adjustment appeared to improve from baseline to treatment in 5 couples. Seven couples reported they met their therapy goals.
Nelson (2001)	Adult couples	5	Not Mentioned	4	Revised Dyadic Adjustment Scale, Kansas Marital Satisfaction Scale, Self-	On the RDAS and KMSS scale, 7 participants showed improvement between baseline and intervention scores. 2 showed little change in scores and 1 reported a

					Reported Goal Sheet,	decline in scores. On SRGS, 8 reported progress, 1 reported no change and 1 reported a decline in score. Results lend support to the supposition of positive outcomes from SFT's couples work.
Polk (1996)	Adults	1	Employee assistance program	6	Days abstaining from alcohol, days work attended	Modest increase in both days abstaining from alcohol and work days attended.
Conoley, C., et al. (2003)	Defiant and Oppositional Aggressive Children	3 families with Oppositional Aggressive Children	Unknown	4-5	Parent Daily Report (PDR) and Behavior Assessment system for Children-Parent Rating Scale (BASC)	The three cases supported the hypothesis that SFT would benefit oppositional and aggressive children. PDR of problematic behavior, the BASC, and verbal reports indicated that the three cases benefited from SFT. All families believed that the concerns that brought them to family therapy had been resolved.