Solution-Focused Group Therapy

Solution-Focused Group Therapy (SFGT) is a strengths-based group intervention for clients in treatment for mental or substance use disorders that focuses on building solutions to reach desired goals. SFGT is an application of Solution-Focused Brief Therapy (SFBT) in a group setting.

Developed out of brief family therapy, SFBT uses language and social interactions to construct new psychological meanings and behaviors. It emphasizes what the client wants to achieve through therapy rather than the client's problems and failings in the past. Based on the notion that individuals know their situation best and are capable of generating their own solutions, SFBT aims to build on the client's resources, strengths, and motivation. SFBT has been used with adolescents and adults in a variety of settings.

The use of SFBT with a group allows clients to observe and learn from others and utilize group connections. Clients typically participate in SFGT for 12 group sessions. In the study reviewed, adult clients referred for treatment of relatively mild substance abuse problems received six 90-minute sessions of SFGT. Minimally, an SFGT therapist should possess a master's degree in counseling, social work, marriage and family therapy, psychology, psychiatry, or a similar discipline, as well as training in SFBT and training and consultation in SFGT.

Descriptive Information

Areas of Interest	Substance abuse treatment
Outcomes	**Review Date: April 2012** 1: Depression 2: Psychosocial functioning
Outcome Categories	Mental health Social functioning
Ages	18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	American Indian or Alaska Native Black or African American Hispanic or Latino White
Settings	Outpatient
Geographic Locations	Urban
Implementation History	SFGT has been used at Jefferson County Public Health in Colorado since 1995, reaching more than 15,000 clients. SFGT offered by the Denver Center for Solution-Focused Brief Therapy has been implemented in Alaska, California, Colorado, Michigan, Texas, and Virginia as well as in Canada, England, Germany, Japan, and Korea.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: Yes
Adaptations	SFGT has been modified for use with various cultural groups, including African American, Asian, Hispanic, and Native American populations. The book Solution-Focused Brief Therapy: Its Effective Use in Agency Settings

	has been translated into Chinese, French, and Japanese.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Quality of Research

Review Date: April 2012

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Smock, S. A., Trepper, T. S., Wetchler, J. L., McCollum, E. E., Ray, R., & Pierce, K. (2008). Solution-Focused Group Therapy for level 1 substance abusers. Journal of Marital and Family Therapy, 34(1), 107-120. Pub Med icon

Outcomes

Outcome 1: Depression	
Description of Measures	Depression was measured using the Beck Depression Inventory (BDI), a 21-item multiple-choice questionnaire. Each item presents statements relating to a symptom of depression, with each statement rated on a scale from 0 to 3. Total scores range from 0 to 63, with higher scores representing more severe depression.
Key Findings	Clients referred for substance abuse treatment were randomly assigned to a group receiving SFGT or one receiving a traditional problem-focused treatment. From pre- to posttest, both groups had improvement in BDI scores, but the improvement was only significant for the intervention group ($p = .002$). No statistically significant differences in BDI scores were found between the two groups.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.0 (0.0-4.0 scale)

Outcome 2: Psychosocial functioning	
Description of Measures	Psychosocial functioning was measured using the Outcome Questionnaire (OQ-45.2), a 45-item multiple-choice instrument that assesses functioning in three domains: symptom distress (primarily depression and anxiety), the quality of interpersonal relationships, and social role. Each item is scored on a scale from 0 to 4. Scores on each item are summed for a total score ranging from 0 to 180, with higher scores indicating greater dysfunction.
Key Findings	Clients referred for substance abuse treatment were randomly assigned to a group receiving SFGT or one receiving a traditional problem-focused treatment. From pre- to posttest, both groups had improvement in total Outcome Questionnaire scores, but the improvement was only significant for the intervention group ($p = .002$). No statistically significant differences in total Outcome Questionnaire scores were found between the two groups.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.0 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	78.9% Male 21.1% Female	44.7% White 28.9% Black or African American 21.1% Hispanic or Latino 5.3% American Indian or Alaska Native

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Depression	4.0	3.5	2.3	0.0	1.0	1.5	**2.0**
2: Psychosocial functioning	4.0	3.5	2.3	0.0	1.0	1.5	**2.0**

Study Strengths

The outcome measures in the study are widely used and have strong and stable psychometric properties. Researchers made a good effort to ensure that participating therapists had appropriate skill levels and adhered to the treatment models. Random assignment to treatment condition controlled potential confounding to some extent.

Study Weaknesses

Attrition was substantial, and participants not completing the study were not described or accounted for in the analysis. Analytical steps to assess and control for confounding, such as multivariate methods, were not undertaken and would have been problematic to accomplish given the small sample size.

Readiness for Dissemination

Review Date: April 2012

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Denver Center for Solution-Focused Brief Therapy. (n.d.). Suggested solution-focused reading.

Lehmann, P., & Patton, J. D. (2012). The development of a solution-focused fidelity instrument: A pilot study. In C. Franklin, T. Trepper, W. J. Gingerich, & E. McCollum (Eds.), Solution-Focused Brief Therapy: A handbook of evidence-based practice (pp. 39-54). New York, NY: Oxford University Press.

Pichot, T. (with Smock, S. A.). (2009). Solution-focused substance abuse treatment. New York, NY: Routledge.

Pichot, T. (n.d.). Solution-Focused Group Treatment [PowerPoint slides].

Pichot, T., & Dolan, Y. (2003). Solution-Focused Brief Therapy: Its effective use in agency settings. New York, NY: Haworth.

Program Web sites:

- Denver Center for Solution-Focused Brief Therapy Web site, http://www.denversolutions.com/
- International Alliance of Solution-Focused Teaching Institutes Web site, http://iasti.org/?page_id=21
- Solution-Focused Brief Therapy Association Web site, http://www.sfbta.org

Session Format for Solution-Focused Groups

Solution-Focused Group Skeleton outline

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
1.8	1.5	1.0	**1.4**

Dissemination Strengths

The book Solution-Focused Substance Abuse Treatment contains examples of dialogue from group sessions; these examples allow implementers to see how SFBT can be applied in a group setting, specifically with substance abusers. The Denver Center for Solution-Focused Brief Therapy offers the required on- or off-site training, first in SFBT and then in SFGT, as well as individual or group consultation. The Denver Center also can provide guidance specifically addressing evaluation.

Dissemination Weaknesses

Few implementation, training, and quality assurance materials are available to directly support the use of SFGT with substance-abusing clients, though a wide range of materials are available for the broader individual therapy it is based on, SFBT. The materials do not address key implementation factors or provide guidance on using the intervention in an organizational setting. While training on SFGT is provided, no training manual or other materials to supplement PowerPoint slides are available to ensure high-quality, standardized training. A therapist fidelity tool is available, but it is specific to SFBT. The developer suggests that client outcomes be monitored through the accomplishment of goals in the treatment plan, but no specific instructions are provided to guide this process. It is unclear how data derived from client treatment plans can be used for program improvement.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Solution-Focused Substance Abuse Treatment (book)	$38 each	Yes
Solution-Focused Brief Therapy: Its Effective Use in Agency Settings (book)	$41 each	Yes
1- to 2-day, on-site training in SFBT or SFGT	$1,500 per day for up to 50 participants or $2,000 per day for 50-99 participants, plus travel expenses	Yes, one training option in SFBT and SFGT required
1- to 2-day, off-site SFBT training in Littleton, CO (several options available)	$150-$250 per person, depending on class selected, for up to 20 participants	Yes, one training option in SFBT and SFGT required
1-day, off-site SFGT training in Littleton, CO	$150 per person for up to 20 participants (group rate available)	Yes, one training option in SFBT and SFGT required
Phone or Skype consultation	$120 per hour for one participant or $200 per hour for two to six participants	Yes, one consultation option required
On-site group consultation	• $200 per hour in Denver metro area for up to six participants (4-hour minimum) • $1,500 per day outside Denver metro area for up to 50 participants, plus travel expenses (1-day minimum)	Yes, one consultation option required

Off-site group consultation in Littleton, CO	$50 per session, typically one session per month for 6 months	Yes, one consultation option required
Session Format for Solution-Focused Groups	Free	Yes
Solution-Focused Fidelity Instrument	Free	No

Additional Information

Additional trainings at the Denver Center for Solution-Focused Brief Therapy are available. International certification specific to SFGT is also available through the Denver Center; the minimum number of consultation hours required for certification is 10 per 100 hours of practice.

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

de Shazer, S., & Isebaert, L. (2003). The Bruges Model: A solution-focused approach to problem drinking. Journal of Family Psychotherapy, 14, 43-52.

Enea, V., & Dafinoiu, I. (2009). Motivational/solution-focused intervention for reducing school truancy among adolescents. Journal of Cognitive and Behavioral Psychotherapies 9(2), 185-198.

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(5), 689-703. Pub Med icon

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. Journal of Korean Academy of Nursing, 33(3), 440-450.

Lamprecht, H., Laydon, C., McQuillan, C., Wiseman, S., Williams, L., Gash, A., et al. (2007). Single-session Solution-Focused Brief Therapy and self-harm: A pilot study. Journal of Psychiatric and Mental Health Nursing 14(6), 601-602.

Lindforss, L., & Magnusson, D. (1997). Solution-focused therapy in prison. Contemporary Family Therapy, 19(1), 89-103.

McCollum, E. E., Stith, S. M., & Thomsen C. J. (2012). Solution-Focused Brief Therapy in the conjoint couples treatment of intimate partner violence. In C. Franklin, T. S. Trepper, E. McCollum, & W. J. Gingerich (Eds.), Solution-Focused Brief Therapy: A handbook of evidence-based practice (pp. 183-195). New York, NY: Oxford University Press.

Panayotov, P. A., Strahilov, B. E., & Anichkina, A. Y. (2011). Solution-Focused Brief Therapy and medication adherence with schizophrenic patients. In C. Franklin, T. S. Trepper, E. McCollum, & W. J. Gingerich (Eds.), Solution-Focused Brief Therapy: A handbook of evidence-based practice (pp. 196-202). New York, NY: Oxford University Press.

Wilmshurst, L. A. (2002). Treatment programs for youth with emotional and behavioral disorders: An outcome study of two alternate approaches. Mental Health Services Research, 4(2), 85-96. Pub Med icon

Wiseman, S. (2003). Brief intervention: Reducing the repetition of deliberate self-harm. Nursing Times, 99(35), 34-36. Pub Med icon

Contact Information

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Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.