The mind is its own place and in itself can make a hell of heaven a heaven of hell.’

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Introduction
The prevalence of mental health problems in children and young people has become an area of significant concern within the UK and it is reported that approximately three children in each classroom could be described as having a diagnosable mental health condition (Layard, 2011, as cited in Thorley, 2016). Consequently, schools are becoming recognised as appropriate settings in which to provide preventative support for the mental health and well-being of children and young people (Greig, 2007). Solution-focused approaches have emerged in EP practice (Ajam & Rhodes, 2001) and have been applied at a number of systemic levels, ranging from the individual, therapeutic level (Ajam & Rhodes, 2001); group level (Stringer & Mall, 1999); to whole school level (Redpath & Harker, 1999). Given the therapeutic context in which SFBT emerged, casework appears to offer a natural application for EPs (Ajam & Rees, 2001). Early outcome research provides preliminary support for the effectiveness of SFBT in creating positive change (Miller, Hubble & Duncan, 1996). Whilst research appears to provide support for the effectiveness of SFBT in creating positive outcomes for clients (Seagram, 1997), the studies are often hampered by poorly defined outcome measures and a lack of detail regarding the process (Gingerich & Essengart, 2000). Within the context of SFBT, a central question for practitioners is whether the outcomes of what is done in sessions is valid – can the therapist make inferences about the relationship between using SFBT and outcomes, and are the applications of SFBT delivered in the manner originally designed?

Smith and Glass (1977) reported that individuals receiving therapy of any sort were 80% more likely to notice appreciable progress than the individuals who did not receive any therapy, leading to the question: what happens in therapy that is effective? This study aimed to provide an in-depth account of individual SFBT sessions completed between EPs and young people, exploring what happens during SFBT, the perception of the therapeutic relationship and the attainment of goals.

Methodology

What happens during SFBT?
How do they describe the experience?
How do they describe the therapeutic relationship?
Does SFBT lead to positive change?

Results

Qualitative Analysis – Cross Case Analysis

This study set out to explore the phenomenon of SFBT between young people and EPs by investigating the perception of the experience, what happens in therapy, the therapeutic relationship and measure how much change occurred. Findings were positive at a number of levels, for example: a high level of consistency was found between theory and practice in relation to the process of SFBT. Further, all young people made improvements on the GAS measure and the experience was described positively. Not only had significant change occurred in the young person’s own situation “it’s changed how I am as a person”, but mention was made to how change had occurred in other parts of the young person’s system including home and school. However, a difference was found in relation to the common factors in therapy (Lambert, 1992). Although EPs recognised the importance of the therapeutic relationship, more focus was placed on techniques used; whilst young people valued relationship factors. Although this study’s findings are indeed positive in relation to the application of SFBT in EP practice, the conclusions of this study must be considered as tentative and exploratory. It is hoped that the current study lends some support to the field, which might stimulate further research in this area.

Quantitative Analysis

- Lack of reliability and external validity of SFBT checklist – high degree of subjectivity on behalf of researcher
- Small sample size – unable to conduct statistical analysis on GAS
- Semi-structured interview – variance in EP and young person participation and how this might have influenced the qualitative analysis. Other way of engaging young people?
- Short-term benefits evaluated – no follow-up
- In depth account of SFBT – process and outcome
- Adding valuable information to relatively under-researched area – practice-based evidence?
- Implications for EP practice – individual and systemic levels
- Voice of the young person central to the process

Strengths and Limitations

- The prevalence of mental health problems in children and young people has become an area of significant concern within the UK
- Consequences, schools are becoming recognised as appropriate settings in which to provide preventative support for the mental health and well-being of children and young people (Greig, 2007)
- Solution-focused approaches have emerged in EP practice (Ajam & Rhodes, 2001)
- Have been applied at a number of systemic levels, ranging from the individual, therapeutic level (Ajam & Rhodes, 2001); group level (Stringer & Mall, 1999); to whole school level (Redpath & Harker, 1999)
- The therapeutic context in which SFBT emerged, casework appears to offer a natural application for EPs (Ajam & Rees, 2001)
- Early outcome research provides preliminary support for the effectiveness of SFBT in creating positive change (Miller, Hubble & Duncan, 1996)
- Whilst research appears to provide support for the effectiveness of SFBT in creating positive outcomes for clients (Seagram, 1997)
- The studies are often hampered by poorly defined outcome measures and a lack of detail regarding the process (Gingerich & Essengart, 2000)
- Within the context of SFBT, a central question for practitioners is whether the outcomes of what is done in sessions is valid – can the therapist make inferences about the relationship between using SFBT and outcomes, and are the applications of SFBT delivered in the manner originally designed?
- Smith and Glass (1977) reported that individuals receiving therapy of any sort were 80% more likely to notice appreciable progress than the individuals who did not receive any therapy, leading to the question: what happens in therapy that is effective?

Summary

This study set out to explore the phenomenon of SFBT between young people and EPs by investigating the perception of the experience, what happens in therapy, the therapeutic relationship and measure how much change occurred. Findings were positive at a number of levels, for example: a high level of consistency was found between theory and practice in relation to the process of SFBT. Further, all young people made improvements on the GAS measure and the experience was described positively. Not only had significant change occurred in the young person’s own situation “it’s changed how I am as a person”, but mention was made to how change had occurred in other parts of the young person’s system including home and school. However, a difference was found in relation to the common factors in therapy (Lambert, 1992). Although EPs recognised the importance of the therapeutic relationship, more focus was placed on techniques used; whilst young people valued relationship factors. Although this study’s findings are indeed positive in relation to the application of SFBT in EP practice, the conclusions of this study must be considered as tentative and exploratory. It is hoped that the current study lends some support to the field, which might stimulate further research in this area.

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