



A Review On Solution Focused Brief Therapy Studies In Turkey

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ABSTRACT

The aim of this study is to examine experimental studies conducted with solution focused brief therapy psychological counselling in Turkey. In this study in which descriptive method was used, the data were analysed with document analysis. In this respect, a total of 26 studies, 24 graduate theses and 2 articles, which were conducted experimentally with solution focused counselling approach, were analysed. According to the results of the study, it was found that there was an increase in studies conducted with this approach in recent years, the majority of the studies were conducted in the fields of education and nursing, and the sample groups of the study were mostly secondary school, high school and university students. It was found that mostly group counselling method and semi-experimental pattern were used in studies, a great majority of the studies were conducted with 6 sessions, all of the studies except one included control group, 3 of the studies included placebo group and follow-up test was conducted in 14 of the studies. It was found that the studies were applied on very different problem areas, mainly undesired behaviours and that 4 of the studies met all the criteria determined for solution focused approach. When the studies conducted were examined, it was found that there were no studies in which solution focused approach was compared with another psychotherapy approach. As a result of the study, it was found that in all studies except one, solution focused counselling had a significant effect on the experimental group.

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1.Introduction

Solution focused brief therapy (SFBT) was developed by Insoo Kim Berg, Steve de Shazer et al. in the early 1980s as a result of the clinical studies of Milwaukee Brief Family Therapy Centre in the USA (de Shazer, 1985, 1988). As the name suggests, SFBT focuses more on producing solutions rather than solving problems and the main therapeutic task is to show clients how to be different and what to do to be happy. In this therapy, little attention is paid to diagnosing the client's problem, looking at the past or discussing the problem. Solution focused therapists presume that clients want to change, they have the capacity to predict change and they do their best to make the change happen (Gingerich and Eisingart, 2000). According to De Shazer and Berg (1997), there is no connection between the problem and the solution. In order to solve the problem, it is unnecessary to analyse the problem in detail. According to Sklare (2013) who organizes study groups about this therapy approach in America, solution focused brief psychological counselling approach is an effective and structured counselling approach which works on the solutions of the problems by making clients realize the times in which they do not have problems rather than understanding the reasons of clients' problems and emphasizes the strong aspects of the clients. In order to understand solution focused approach better, the rules and assumptions of the approach should be examined.

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Solution focused approach has three basic rules. De Shazer (1987) and Berg and Miller (1992) explained these rules as the following. The first one is *“if it ain't broke, don't fix it”*. According to this rule, an issue which is not a problem for clients is not addressed. Counsellors' search for underlying issues that the client did not mention can create additional concerns in the clients' lives. The point that counsellors who apply this rule should pay attention to is that the goals should be determined not by them, but by the clients. The second rule is *“once you know what works, do more of it”*. During the process of counselling, counsellors reach many valuable information from clients about which solutions work. Counsellors should especially pay attention to clues given by clients so that clients can replicate the correct things that work. There are certainly moments that each client can overcome the problems related to the problems they are experiencing. Counsellors who apply this rule should pay attention to this information, find the moments that work in clients' lives and encourage clients to do the solutions that work more. The third rule is *“if it doesn't work, don't do it again and do something different”*. According to this rule, if the client tries to do the things that do not work again and again, this won't help with the problem of the solution. Clients tend to try familiar coping strategies they know about with the difficulties they face; however, if they want to reach different solutions, they should use different strategies. Solution focused approach has some basic assumptions based on these rules. According to Sklare (2013), Murphy (2008), Lipchik (2002), these assumptions can be summarized as the following:

- Every client is special and unique.
- Clients have the strength, resources and capability to cope with their problems.
- Nothing is just negative. There are always moments (exceptions) when the problem is not experienced.
- Small changes expand, leading to big changes.
- The clients' expressions should be transformed into positive sentences reflecting what they want to do, rather than negative sentences including what they don't want to do.
- The past cannot be changed; thus, clients should focus on now and the future.
- Cooperative relationship between the client and the counsellor develops solutions.
- The problem and the solution do not necessarily have to be related.

As mentioned above, solution focused counselling approach is different from problem focused approaches with its specific rules, principles and assumptions. Despite problem focused approaches that focus on understanding problem patterns in clients' lives, solution focused approach focuses on how clients' lives will change and what positive possibilities for this change are (Sharry, 2016). Solution focused approach, which is different from other traditional approaches with its basic philosophy and basic concepts, has some certain techniques that can be used practically during therapy such as miracle question, scaling question, exception question, compliment, crystal ball, break and homework. Each of these techniques have been designed to assist the client and the counsellor to set behavioural clear goals and reach a solution in a short time by focusing on the solution rather than the problem in line with the basic philosophy of the solution focused approach. Solution focused counselling approach, which has attracted the attention of expert counsellors with its new perspective and techniques, has begun to be applied in schools, social services, therapy centres, child care centres and hospitals by counsellors in the last two decades and its effects have begun to be tested by researchers (Gingerich and Eisengart, 2000). When the literature is reviewed, it can be seen that there is an increase in the number of experimental studies conducted with solution focused counselling approach especially in recent years. Gingerich and Eisengart (2000) state that in less than two decades, SFBT evolved from a lesser known and uncommon therapeutic approach to an approach that has become widespread in America and other countries. Researchers who want to investigate the effectiveness of this approach, the prevalence of which is increasing day by day, have experimentally tested this therapy approach in many different types of problems.

When studies conducted in literature are reviewed, it can be seen that experimental studies have been conducted which examine the effects of solution focused brief therapy on depression (Sundstrom, 1993; Triantafillou, 1997), parental skills (Zimmerman, Jacobsen, MacIntyre and Watson, 1996), time for

orthopaedic patients to return to work (Cockburn, Thomas and Cockburn, 1997), tendency to commit crime again in prison (Lindfors and Magnusson, 1997), decreasing antisocial thoughts and behaviours in adolescent criminals (Seagram, 1997), decreasing academic and personal worries (Littrell, Malia and Vanderwood, 1995), marital satisfaction (Zimmerman, Prest and Wetzel, 1997), alcohol problem (Polk, 1996), schizophrenia (Eakes et al., 1997), parent-adolescent conflict (Franklin, Corcoran, Nowicki and Streeter, 1997), child's welfare (Sundman, 1997), exclusive student behaviour (Geil, 1998), mood, anxiety, adjustment disorders and substance addiction in adults (Lambert, Okiishi, Finch and Johnson, 1998). Gingerich and Eisengart (2000) who critically analysed all of these experimental studies in literature stated that although the studies had some deficiencies in fulfilling experimental conditions, they were important in terms of showing the efficiency of solution focused approach.

Kim et al. (2015) who researched whether SFBT was effective on a different population examined the effect of SFBT on Chinese population with the meta-analysis they conducted. As a result of the analysis of 9 experimental studies which used SFBT on Chinese with mental and behavioural problems, it was found that SFBT had a positive effect on Chinese population. In another study, Kim and Franklin (2009) analysed the results of experimental studies which examined the effectiveness of SFBT. As a result of the study which analysed 14 experimental studies in which SFBT was applied in schools, it was found that SFBT was a very useful and effective approach especially about working with students under risk. It was found that SFBT applied in schools was effective in decreasing students' negative feelings, coping with problems and externalizing behavioural problems.

When the literature was reviewed, it was found that SFBT is a very effective approach on Europe and other populations, especially America. In addition, it was found that SFBT is a counselling approach with a proven effectiveness which can be used on different groups (adult, adolescent, child) and in different problem areas (mental health, behavioural problems, emotional problems). An increase can be seen in experimental studies conducted in Turkey on the effectiveness of SFBT approach, the use of which has increased especially in the last 20-30 years in the whole world since it is brief and provides solution quickly; however, it can be seen that there are no comprehensive analyses examining the studies conducted with this approach.

The main purpose of this study is to analyse experimental studies conducted in Turkey with solution focused brief counselling approach. In line with this purpose, the experimental studies conducted were first analysed in terms of the year they were conducted in and their fields of study. Next, the studies were analysed in terms of some predetermined variables. These variables are: 1- study group 2- number of samples, 3- problem area studied, 4- whether there is significant effect, 5- modality, 6- number of sessions applied, 7- experimental design, 8- whether there is follow-up test is conducted, 9- whether there is a comparison group with another psychotherapy approach.

Finally, it was analysed how many of the SFBT criteria the experimental studies conducted met. While determining these criteria, De Shazer and Berg (1997)'s study, Gingerich and Eisingart (2000)'s qualitative study and Kim and Franklin (2009)'s study were taken into consideration. The criteria which prove that the experimental study conducted is solution focused and which are similarly used in literature are as follows:

- 1- Use of miracle question,
- 2- Use of scaling question,
- 3- Use of counselling break technique,
- 4- Compliments to the client,
- 5- Giving homework,
- 6- Looking for strengths and solutions
- 7- Setting a goal
- 8- Looking for exceptions to the problem (times when there are no problems)

All these variables and determined criteria were analysed and a general profile of studies conducted on SFBT in Turkey was shown and whether this approach is effective on Turkey population was researched.

2. Method

2.1. Study Design

Descriptive research design was used in this study. In this study design, which aims to describe a situation that has existed in the past and still continues to exist today, the individual, event or object, which is the subject of the research is described as it is within its own conditions (Karasar, 2005).

2.2 Data Collection Process

In the study, firstly graduate theses were searched on March 20, 2020 in the National Thesis Centre data base of Higher Education Institution (YÖK) by using the key word "solution focused" and without any time limitation. At first, 31 theses were found for the key word "solution focused". Abstracts of the 31 theses were examined and three of them were eliminated because they did not have experimental design. Since 3 of the 28 remaining theses did not give permission for full access, 25 were downloaded from the data base. Since one of these 25 theses was conducted with foreign students and because of this it could not explain the effect of the approach on the population, it was excluded. For this reason, 24 graduate theses were included in the study. In addition, in order to reach articles published, Google Academic, EBSCOhost and the data bases of a university were searched, the same key words were used in the search and again no time limitation was set. The abstracts of the articles were analysed and the articles made from the theses reached first in the data collection process and those which did not have experimental design were excluded. As a result of this analysis, 2 articles which had experimental design and which were not made from the 24 theses included in the data previously were chosen for the study. As a result, the present study includes 26 studies, 24 graduate theses and 2 articles. In terms of ethical considerations, the names of the studies and authors were not included and the studies were shown with numbers.

2.3 Data Analysis

In the study, document analysis was used as data collection method. Document analysis is the systematic examination of existing documents or records as the source of data (Karadağ, 2009). In this direction, the graduate theses and articles, which make up the sample of the study, were analysed, information was given about the results of the study and suggestions were made in line with the results.

2.4 The Role of the Researcher

Unlike quantitative research, the researcher is someone who uses his/her experience in data collection and analysis in qualitative research. In the analysis of the documents which are the subject of the research, it is important for the researcher to know and understand the subject closely (Yıldırım, 1999). The present study was conducted by a researcher who had theoretical and practical experience in the field of psychological counselling and guidance. The researcher has been trained in the Solution Focused Brief Therapy approach examined in this study and has a certificate. In addition, the researcher used Solution Focused Brief Psychological Counselling in the experimental study he conducted in his doctorate thesis.

3. Results

In this section, graduate theses and articles conducted experimentally with SFBT in Turkey were analysed and evaluated. In this context, first of all the information about the year the studies were conducted and published were presented, then the studies were numbered and analysed according to the predetermined variables (study group, sample, problem area studied, modality, number of sessions applied, experimental design, whether follow-up test was conducted, whether there was a comparison group and whether there was a significant effect). Finally, all of the studies were analysed according to their states of having met SFBT criteria. The distribution of the years the studies included in the sample were published is shown in Table 1.

Table 1. Distribution of the years the studies were published in

Years	Master	Doctorate	Article
2007	1	-	-
2008	-	1	-
2012	1	-	-
2014	-	5	-
2015	1	3	1
2016	-	3	1
2018	-	2	-
2019	1	6	-
TOTAL	4	20	2

When Table 1 is examined, it can be seen that 4 of the studies conducted with SFBT is master’s thesis, while 20 are doctorate theses and 2 are articles. It was found that the majority of the studies were doctorate theses. When the distribution of the studies was examined by years, it was found that the first study was conducted in 2007 and there was an increase in the number of studies conducted over the years. The year the highest number of studies was conducted was 2019. Distribution of the fields of studies included in the sample is shown in Table 2.

Table 2. Distribution of the fields the studies were conducted in

Field of Study	f
Education (Psychological Counselling and Guidance)	13
Health (Nursing)	8
Psychology	1
Social Services	3
Family Counselling (Psychological Counselling and Guidance)	1

When Table 2 is reviewed, it can be seen that 13 of the experimental studies conducted with SFBT were conducted in the field of education (department of psychological counselling and guidance), 8 were conducted in the field of health (nursing), 1 was conducted in the field of psychology, 3 were conducted in the field of social services and 1 was conducted in the field of family counselling (department of psychological counselling and guidance). According to these results, it can be seen that the field SFBT was used in experimental studies the most was the department of psychological counselling and guidance, which was followed with the field of nursing.

In this section, in terms of ethical considerations, the names and authors were not given and the 26 studies conducted were numbered and analysed by specific variables. The findings about the groups the studies were conducted on, the number of samples, problem area and whether the application had a significant effect on the experimental group are shown in Table 3.

Table 3. Analysis of the studies included in the sample in terms of some variables

Studies	Study Group	Number of samples			Problem	Sig. Effect
		Experimental	Control	Placebo		
1	Secondary school	29	30	-	Exam anxiety- Aggression- Problem Solving	Yes (No significant effect on follow-up tests for exam anxiety and problem solving)
2	High school/adolescents	8	9	8	Anger management- Communication skills	Yes in anger management, no in communication skills
3	High school/adolescents	12	12	-	Peer bullying	Yes
4	University	12	12	-	Burnout	Yes
5	University	11	11	11	Rumination	Yes
6	Secondary school	11	11	-	Risk Taking	Yes
7	University	16	16	-	Social Phobia	Yes
8	Secondary school	10	10	-	Self-efficacy	Yes
9	High school/adolescents	24	24	-	Self-confidence	Yes
10	Secondary school	12	12	-	Social Emotional Learning Skills	Yes
11	Secondary school	9	9	-	Academic Motivation in Students with Academic Risks	No
12	Married couples	8 pairs	8 pairs	-	Marital adjustment	Yes
13	Adolescents	22	20	-	Self-efficacy and self-esteem in adolescents with attention deficit and hyperactivity	Yes
14	Adult	31	31	-	Suicide probability and social functionality in depressive individuals	Yes

15	Adolescents	16	16	-	Nutrition, exercise attitude and behaviours in obese and overweight individuals	Yes
16	Secondary school	28	30	-	Health control focus and self-efficacy	Yes
17	Adult	31	45	-	Anxiety and healthy lifestyle in individuals with nutritional disorder	Yes
18	Adolescents	21	19	-	Self-efficacy, asthma control and quality of life in individuals with asthma	Yes
19	Secondary school	34	34	-	Coping with peer bullying	Yes
20	Adult	30	30	-	Coping and disease compliance in individuals with chronic renal failure	Yes in coping, no in disease compliance
21	University	15	15	-	Assertiveness	Yes
22	University	11	11	11	Depression	Yes
23	Adult	30	55	-	Submissive behaviours and looking at future with hope in women with low socioeconomic level	Yes
24	Adult	6	6	-	Psychosocial adaptation in individuals with chronic renal failure	Yes
25	University	10	14	-	Levels of hopelessness and stress	Yes
26	Primary school	10	-	-	Destructive behaviours	Yes

When Table 3 is reviewed, it can be seen that the highest number of experimental studies conducted with SFBT was conducted on adolescents attending secondary school (7), which was followed by adolescents attending high school (6) and university students. While these groups were followed with the adult group

(5), it was found that 1 study was conducted on primary school students and 1 study was conducted on married couples within the context of family counselling. When the sample groups were analysed, it was found that all studies except 1 had control group. Of the 26 studies, only 3 were found to have a placebo group in addition to control group. When the problem areas of the studies were analysed, it was found that SFBT was applied experimentally in very different problem areas. While it was found that 7 of the studies were conducted on individuals with any health problem (for exp. chronic renal failure, obesity, etc.), it was found that most of the studies focused on problematic behaviours which negatively influence the individual's life. Another important finding of the study was that SFBT had a significant effect on the problem area in 22 of the studies conducted. Three different problem areas were analysed in one study and it was concluded that while all of these problem areas were significant in the post-test, two problem areas were not significant as a result of the follow-up test (Table 3, study 1). In 2 of the studies, while one problem area was significant, the other problem area was not found to cause a significant effect on the study group (Table 3; studies 2 and 20). In one study, it was found that SFBT did not cause a significant effect on the experimental group (Table 2; study 11). The modality of the experimental study conducted, the number of sessions, experimental design, whether there was a follow-up test, whether there was a comparison group on which experimental application was conducted with another theory are shown in Table 4.

Table 4. Analysis of the studies included in the sample in terms of some variables

	Modality	Sessions	Design	Follow-up	Comparison Group
Studies					
1	Group	7	Pre-post test semi-experimental	+	-
2	Group	10	3X2 experimental design	-	-
3	Group	6	2X3 experimental design	+	-
4	Group	6	2X3 experimental design	+	-
5	Group	6	3x4 experimental design	+	-
6	Group	6	2X3 experimental design	+	-
7	Group	6	Solomon 4 groups model	-	-
8	Group	6	2X3 experimental design	+	-
9	Group	6	2X3 experimental design	+	-
10	Group	8	2X3 experimental design	+	-
11	Group	6	Pre-post test semi-experimental	-	-
12	Family counselling	6	Pre-post test semi-experimental	+	-
13	Individual	6	Pre-post test semi-experimental	+	-
14	Individual	6-10	Pre-post test semi-experimental	+	-
15	Individual	8	Pre-post test Randomized	-	-
16	Group	9	Pre-post test semi-experimental	-	-
17	Group	8	Pre-post test Randomized	-	-
18	Group	4	Pre-post test Randomized	-	-
19	Group	8	Pre-post test semi-experimental	+	-
20	Individual	6	Pre-post test Randomized	+	-

21	Group	6	Pre-post test semi-experimental	-	-
22	Group	7	2X3 experimental design	+	-
23	Individual	4-8	Pre-post test semi-experimental	-	-
24	Individual	5-6	Pre-post test semi-experimental	-	-
25	Individual	4-8	Pre-post test semi-experimental	-	-
26	Group	6	Single group pre-post test	-	-

When Table 4 is reviewed, it can be seen that most of the experimental studies conducted were conducted with a group. While 18 of the studies were conducted as group counselling, 7 of the experimental studies were found to be conducted individually. Only 1 study was conducted on married couples in the form of family counselling. When the number of the sessions is reviewed, it can be seen that most of the studies were conducted as 6 sessions. It was found that number of sessions differed in four of the studies which were conducted on individuals. When the number of sessions is reviewed, it can be seen that the highest number of sessions is 10, while the lowest number of sessions is 4. When the experimental designs conducted are analysed, it can be seen that mostly 2X3 (experimental and control group, pre-test, post-test and follow-up test) design and pre-test-post-test control group semi-experimental design were used. When the number of follow-up tests, which show whether the experimental procedure had a significant permanent effect on the group the experiment was conducted, was analysed, it was found that follow-up test was applied in 14 studies, while it was not applied in 12 studies. Another important finding of the study is that none of the studies compared SFBT with an experimental study conducted with another theory.

Finally, within the context of the study, it was analysed how many of the solution focused criteria the experimental studies conducted in Turkey with SFBT met. In this context, 8 criteria that could indicate that the study was a SFBT study were determined. The results of how many of the SFBT criteria the studies met are shown in Table 5.

Table 5. The status of meeting solution focused counselling criteria for the studies

Studies	Miracle question	Scaling question	Break	Compliment	Homework	Strengths/solutions	Setting positive goals	Exceptions	Total
1	+	+	-	+	+	+	+	+	7
2	+	+	-	+	+	+	+	+	7
3	+	+	-	+	+	+	+	+	7
4	+	+	-	+	+	+	+	+	7
5	+	+	+	+	+	+	+	+	8
6	+	+	-	+	+	+	+	+	7
7	+	+	+	+	+	+	+	+	8
8	+	+	-	+	+	+	+	+	7
9	+	+	-	+	+	+	+	+	7
10	+	+	-	-	+	+	+	+	6
11	+	+	-	+	+	+	+	+	7

12	+	+	-	+	+	+	+	+	7
13	+	+	+	+	+	+	+	+	8
14	+	+	+	+	+	+	+	+	8
15	+	+	-	+	+	+	+	+	7
16	+	+	-	-	+	+	+	+	6
17	+	+	-	+	+	+	+	+	7
18	+	+	-	+	+	+	+	+	7
19	+	+	-	-	+	+	+	+	6
20	+	+	-	-	-	+	+	+	5
21	Not evaluated since the details about the experimental procedure were not stated in the study.								-
22	+	+	-	+	+	+	-	+	6
23	Not evaluated since the details about the experimental procedure were not stated in the study.								-
24	+	+	-	+	+	+	+	+	7
25	+	+	-	+	+	+	-	+	6
26	+	+	-	+	+	+	+	+	7

When Table 5 is examined, it can be seen that 2 of the studies were not evaluated since the details about the experimental procedure were not stated in the study. Of the remaining 24 studies, it can be seen that 4 studies meet all of the criteria of solution focused counselling. When all the studies are analysed, it can be seen that at least 5 criteria were used. It can be seen that miracle question, scaling question and exceptions, which are the most important techniques of solution focused brief therapy, were used in all of the studies. It can be seen that the least used criterion was "break". It can be seen that the break technique was used in only 4 studies. Overall, it can be seen that studies conducted with SFBT in Turkey met the solution focused criteria determined by the researchers who developed the theory.

4. Discussion and Conclusion

The aim of the present study was to analyse the experimental studies conducted in Turkey with "Solution focused brief counselling". Thus, the efficiency of this approach the use of which has been recently increasing in the whole world on studies conducted in Turkey were presented and a general profile was given. The results of the study can be summarized as follows:

- In Turkey, experimental studies conducted with SFBT approach were mostly doctorate studies and the highest number of studies was conducted in 2019.
- When the fields of the studies conducted were examined, it was found that the highest number of studies were conducted in the field of education (department of psychological counselling and guidance), followed by the fields of nursing and social services.
- When the sample groups the studies were conducted on were examined, it was found that the highest number of studies was conducted on secondary school students, followed by adolescents, university students and adult groups.
- It was found that only 1 of the studies did not include control group, the remaining 25 had control group and 3 studies had also placebo group in addition to control group.

- When the problem areas the studies were conducted on were examined, it was found that the experimental process was tried on various different problem areas. While problem areas focused mostly on undesired behaviours, it was followed by studies conducted on individuals who experienced any health problem.
- When the studies conducted were examined, it was found that all studies except 1 had significant effect on the experimental group SFBT was applied.
- It was found that group counselling was preferred in studies and the number of studies conducted with a group was found to be higher than those conducted individually.
- When the number of sessions in the experimental procedure applied was examined, it was found that the studies were mostly conducted as 6 sessions. It was found that the lowest number of sessions was 4, while the highest number of sessions was 10.
- When the experimental designs were examined, it was found that the designs used most were 2x3 experimental design and pre-test/post-test control group semi-experimental design.
- When the studies were examined, it was found that follow-up test was used in 14 studies, while it was not used in 12 studies.
- According to another important finding of the study, it was found that the efficiency of SFBT was not compared with another experimental procedure based on another theory in any of the studies.
- Finally, when the studies were examined in terms of the state of using the 8 criteria of SFBT, while no evaluation was made in 2 of the studies because details were not given about the experimental process, it was found that all of the studies used at least 5 criteria and 4 studies used all of the 8 criteria.

As a result of findings of the present study which analysed the experimental studies conducted with SFBT approach in Turkey, it was found that the studies had significant effect on the experimental groups and it was found that SFBT had a significant effect on Turkey population. It can be seen that there are studies with similar results in literature. As a result of Gingerich and Eisingart (2000)'s study which analysed experimental studies conducted with SFBT, it was found that in all of the 15 studies which were analysed, SFBT had a significant effect on the group it was applied. Similarly, as a result of the meta-analysis Kim et al. (2015) analysed the effects of SFBT on Chinese population, and it was found that in all of the 9 experimental studies, SFBT was effective on Chinese population. In another study, Kim and Franklin (2009) examined the effectiveness of SFBT applied in schools and as a result of the study they concluded that SFBT was effective on problems experienced in schools. According to these results, as it is possible to say that SFBT is an effective counselling approach, it is also possible to say that the reason for this result can be the fact that authors did not want to publish studies which found no effect or that editors did not find these studies worth publishing.

As can be understood from its name, Solution Focused Brief Therapy is a counselling approach which tries to reach a solution in a short time and which tries to reach the solution in a time as short as possible without focusing on problems. In a meta-analysis conducted by Kim (2008), it was found that in experimental studies conducted with SFBT approach, studies with an average session number of 6.5 gave more effective results when compared with other studies. According to the results of this study, it was also found that studies conducted with solution focused approach mostly had 6 sessions. There are similar studies conducted with 6 sessions in literature (Zimmerman, Jacobsen, MacIntyre and Watson, 1996; Cockburn, Thomas and Cockburn, 1997; Zimmerman, Prest and Wetzel, 1997; Polk, 1996; Eakes et al., 1997).

Another important result of this study is that studies conducted in Turkey were mostly conducted on the field of education (schools), nursing (health institutions) and social services (community health centres). Miller, Hubble and Duncan (1996) stated that solution focused studies were conducted in various fields such as family counselling services, health institutions, schools, prisons, hospitals, and community health centres. Experimental studies conducted in literature support this finding. It can be seen that SFBT is applied in various fields, mainly educational institutions (Sundstrom, 1993; Eakes et al., 1997; Geil, 1998).

According to Sklare (2013), solution focused approach is a very practical and effective approach for counsellors working in schools. The sample groups on which the 26 studies analysed in this study were mostly secondary and high school students (adolescents) and university students. There are similar studies in literature. The number of studies which present results that practices with solution focused approach give effective results especially in schools are very high (Adıgüzel and Göktürk, 2013; Kim and Franklin, 2009; Meydan, 2013; Doğan, 2000). The remarkable point here is that there are no studies conducted on elderly and child group. Only 1 of the 26 studies analysed in the present study was conducted in the field of family counselling with married couples. Considering that solution focused therapy comes from family systems centre and that the starting point is family counselling, it can be said that more studies should be conducted with this sample group.

In this study, it was found that in all of the studies conducted with SFBT except 1, there was a control group in addition to experimental group and in 3 of the studies, in addition to control group there was also a placebo group. When it is considered that it is important for experimental studies to have control groups so that the effect of experimental process can be understood better, it can be said that experimental designs of the studies examined in the present study are positive. Another interesting finding of the study is that none of the studies analysed compared the efficiency of SFBT with another theory. When the experimental studies conducted in literature are examined, it can be seen that there are limited numbers of studies making comparisons with other theories. In a study, Sundstrom (1993) compared SFBT with Interpersonal Psychotherapy approach and concluded that both were effective in depression treatment. Gingerich and Eisingart (2000) compared studies conducted with SFBT with other theories and mentioned the significance of finding out the effect of the therapy like this. It can be said that the fact that no such comparison was made in none of the 26 studies analysed within the context of this study is a shortcoming in terms of showing the effectiveness of SFBT.

Finally, the studies analysed in the present study were analysed based on SFBT criteria and it was found that four of the studies met all of the criteria, while all of the studies met at least 5 of the 8 criteria. When similar studies were analysed in literature, Gingerich and Eisingart (2000) analysed 15 studies according to 7 criteria they set. As a result of the study, it was found that all of the 7 criteria were met only in two studies, while 4 or less criteria were met in five of the studies. When it is considered that solution focused counselling approach has its specific rules and assumptions, it can be thought that applying the predetermined criteria is important in terms of setting a standard.

5. Suggestions

Suggestions made in the light of the findings of the study can be listed as follows:

- Considering that solution focused approach can also be applied in classrooms, studies conducted in the future can be applied in the form of classroom counselling in addition to group and individual counselling.
- Experimental studies with SFBT to be conducted in the future can be applied on married couples within the context of family counselling and on elderly sample.
- Experimental studies conducted with SFBT can be compared with another theory and the effectiveness of SFBT can be shown better.
- In addition to education, nursing and social services, SFBT can be applied in child health centres, hospitals, prisons, nursing homes, etc.
- In order to establish a standard in SFBT applications, importance should be given to include all SFBT criteria in studies conducted.

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