Effectiveness of Solution Focused Brief Therapy as an intervention in real-world clinical practice.

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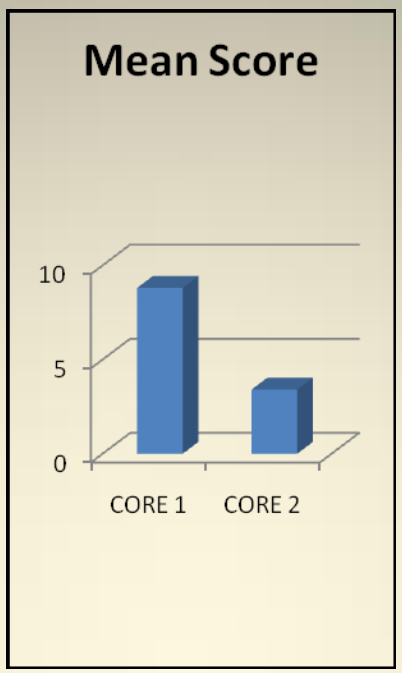
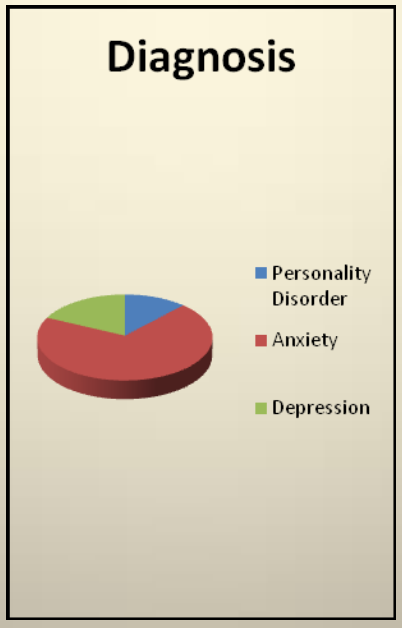
Abstract
The clinical outcomes of forty-two patients referred to a nurse-led SFBT clinic were audited. Data was subjected to t-test analysis to determine significance of clinical outcomes. Change was measured using the CORE-18 Clinical Outcomes tool. Results indicate a mean change of 5.4 ($p<0.0001$) achieved in a mean 4.5 sessions.

Introduction / Background
Solution focused brief therapy (SFBT) is a psychotherapeutic approach based on 'solution-building', as opposed to 'problem-solving' (Iveson, 2002). In this respect, it departs from the traditional psychotherapeutic assumption that a detailed understanding of the presenting problem; its formation, maintenance and resolution, is necessary for therapeutic change to take place. Rather, SFBT is a future-focused, goal-orientated approach, which focuses on exceptions (examples of when the 'problem' is not experienced), solutions (descriptions of what life will be like when the problem is gone) and the construction of scales to measure the client's progress towards their solution (Trepper et al. 2006). In randomised clinical trials SFBT has been shown to be as effective as short-term psychodynamic therapy in relieving a range of psychiatric symptoms and increasing functional capacity and work ability (Knekt et al, 2011), in an average of 4 sessions (Macdonald, 2012). However, as far as we are aware, there have been few studies examining the effectiveness of SFBT in a real –world setting. This study seeks to evaluate the effectiveness of SFBT delivered as part of an inner-city community mental health team.

Methods
Anonymised data from forty-two patients referred to a nurse-led SFBT clinic were retrospectively audited. Data included gender, age at referral, initial results using the CORE-18 outcome measure, follow-up results using the same measure, diagnosis and number of sessions. Data was collated and analysed using paired two-tail t-tests for comparison of outcome data.





Results
Of forty –two patients referred to the SFBT clinic, thirty-four (81%) completed a course of treatment, with a mean of 4.5 sessions (range= 1-15). Mean CORE-18 outcome on referral was 8.8 and mean CORE-18 outcome post treatment was 3.4, a mean change of 5.4 ($p<0.0001$) (range=0-9). Mean age of patients was 31.5 years (range 21-40) with no significant difference between genders. Nine patients attended only one session and eight did not return a follow-up CORE-18; however, no difference ($p=0.8$) was noted between initial CORE-18 for this group (mean=8.6) and the group as a whole (mean=8.8). The majority of patients were referred with a primary diagnosis of anxiety disorder (70%); the remainder having a primary diagnosis of either depression (18%) or personality disorder (12%).

Discussion
This study clearly does not isolate the SFBT element of treatment from anything else happening in the patients lives. Therefore we cannot say that the provision of SFBT has directly resulted in these outcomes. However, in the real-world clinical encounter it is impossible to isolate one aspect of the patient's life from everything else she/he is experiencing; we would therefore argue that this is a strength of this study. It can be seen that SFBT, delivered as part of a package of treatment, can be effective in brining about therapeutic change in a range of conditions. While the majority of patients presented with anxiety related problems, 12% presented with a diagnosis of personality disorder; often seen as a highly challenging condition for therapists, and one which requires long-term therapeutic contact. Of importance, the mean contact time for the group was only 4.5 sessions; in real-world clinical practice this would appear a very low number of sessions. This has an important impact in terms of Scottish Government HEAT targets for Psychological Services. If patients can be seen quickly and effectively in nurse-led clinics, this will reduce the demand on Psychological Services, allowing more challenging cases faster access to a scarce , and expensive resource. Although not measured, this was an anecdotal outcome of the study, where it was reported that a number of patients were referred to the SFBT clinic while awaiting Psychological Services, but having resolved their problem later cancelled this appointment. Recognising the limitations of this study, we call for a larger scale study to evaluate the effectiveness of SFBT in real-world clinical practice.

References
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