Solution-Focused Brief Counseling: Guidelines, Considerations, and Implications for School Psychologists

Camille N. Jones, Shelley R. Hart, Shane R. Jimerson, Erin Dowdy, James Earhart, Jr., Tyler L. Renshaw, Katie Eklund,
University of California, Santa Barbara

and

Doug Anderson
Solutions and Strengths, LLC and Stillwater Area Public Schools, MN

The increasing emphasis on school-based mental health services is likely to increase the demand for school psychologists to provide counseling with students. Providing counseling in the school context can be challenging, especially given time constraints and limited number of sessions. Solution-focused brief counseling (SFBC) is an approach that warrants consideration for use with children at school. This synthesis provides a brief overview of the extant scholarship regarding SFBC, describes the guidelines for implementing this approach, explores considerations and implications for school psychologists who use this approach to provide counseling services, and recommends future directions for scholarship. Lessons learned through a university and school collaboration to provide student support services are also included.

Everyday, students are identified with a myriad of social, emotional, and behavioral problems. Typically, when a student is troubled, or being troublesome to others, he is referred to the counselor, school psychologist, or team of psychoeducational personnel, with the dictum "fix-him" (Williams, 2000, p. 76). For this reason, school psychologists may spend significant amounts of time conducting counseling to help students with mental health concerns. Recent data from school psychologists in the United States and other countries around the world revealed that the third greatest percentage of work time was occupied with counseling students, preceded only by psychoeducational evaluations and consultation (Jimerson, Graydon, Curtis & Staskal, 2007). Moreover, schools psychologists indicated that working directly with students was one of the most enjoyable aspects of the job, and many school psychologists expressed an interest in increasing the role of counseling in their work (Jimerson et al., 2007; Hosp & Reschly, 2002). Given the growing emphasis on school-based mental health services, the demand for school psychologists to provide counseling services is likely to increase in the future (Fagan & Wise, 2007).

Although counseling is regarded as one of the most desirable job tasks among school psychologists, counseling in the school context brings about unique challenges that are not typically experienced in traditional clinical settings. For instance, school-based mental health services tend to be conducted under time constraints and within limited sessions. Thus, there is a need for school psychologists to employ counseling approaches that are amenable to the school context. Solution-Focused Brief Counseling (SFBC) is a recently developed approach that may be conducive to such challenges and is applicable to various populations of students with a variety of school problems (Murphy, 2008).

Given the potential goodness-of-fit within the school setting, SFBC was used to provide mental-health counseling services to several students participating in a local behavioral collaboration project between the University of California, Santa Barbara (UCSB) and two elementary schools in a southern

Correspondence may be sent to Shane Jimerson, UCSB, GGSE, CCSP, Santa Barbara, CA 93106-9490 or e-mail: Jimerson@education.ucsb.edu

TABLE OF CONTENTS

California school district. Advanced school psychology students implemented SFBC with several first-through-sixth graders identified with a variety of mental health challenges, such as feelings of depression and anxiety, disruptive behavior, along with social skills deficits. The following sections describe the core components of SFBC, developmental considerations for using this approach with various student populations, applications of SFBC, and future directions and implications for school psychologists providing SFBC.

CORE COMPONENTS

SFBC is a strength-based, student-driven approach that attempts to facilitate change by identifying and implementing solutions, rather than exploring the origin and nature of problems. It has been suggested that SFBC "…offers great promise as a time-effective, cooperative approach for school [psychologists] that shifts the focus from 'what's wrong' to 'what's working' with students" (Murphy, 1997, p. 5). SFBC generally occurs in 4-6 sessions and is guided by seven core principles that are imperative to elicit positive behavioral changes (Sklare, 2005). Table 1 provides a complete listing of these principles. Most importantly, SFBC requires creating clear, student-driven goals that identify ideal behaviors. Such goals should be concrete, specific, and focused on positive, rather than negative, behaviors. To accomplish these goals, students are encouraged to do more of what has been successful in the past or to do something entirely different – if their current solutions are not providing favorable outcomes (de Shazer, Dolan, Korman, McCollum, Trepper, & Berg, 2007; DeJong & Berg, 2008). In addition to these guiding principles, several key elements are used to elicit change and are integral for the SFBC process. Table 2 provides a description of these key elements, along with examples of their practical application in the school context. It is noteworthy that these key elements do not have to be provided in sequential order and some may be used repeatedly throughout a single counseling session (de Shazer et al., 2007; DeJong & Berg, 2008).

TABLE 1. *General guiding principles of Solution Focused Brief Counseling*

1. People are capable of remarkable change and are resourceful, bringing strengths and successes to the counseling situation.
2. Cooperation and a strong student-practitioner alliance enhances change.
3. Focus on future solutions, rather than past problems.
4. No problem is constant; there are always exceptions to problems.
5. Small changes can "ripple" into bigger changes.
6. Ongoing and systematic student feedback improves outcomes.
7. If it works, do more of it; if it does not, do something different.

Note. Adapted from "Best practices in conducting brief counseling with students" (p. 1440) by J. Murphy, 2008.

DEVELOPMENTAL CONSIDERATIONS

SFBC is appropriate when working with children whose cognitive abilities are adequate to comprehend and appreciate the concepts central to the solution-focused process (Nims, 2007). This approach requires students to use their cognitive abilities to describe problems and emphasizes the use of language as an important solution-building tool. Language is used throughout therapy to delineate treatment goals and to find out what steps students have taken to achieve their goals. Therefore, SFBC is not appropriate with children who do not have the necessary language skills or the ability to use abstract concepts to translate complex ideas into words so that their needs and desires are understood (Berg & Steiner,

TABLE OF CONTENTS

TABLE 2. *Key Elements of Implementing Solution Focused Brief Counseling*

Intervention	*Description*	*Example(s)*
Socializing/Joining	Explore student's interests, strengths and resources.	--How can I help you today? --Tell me about something you are good at.
Problem Description	Have student describe what the current problem is. For *visitors* the problem may need to be reframed in terms of what the teacher or parent thinks the problem is.	--How is this situation a problem for you? --What is it about this that makes it a problem? --How have you dealt with it? Was that helpful? --Why does your teacher think this is a problem? --If we were to ask the principal, what do you think he would say?
Goal Development	Have student describe what *they* want to be different. Student is encouraged to frame their goals as a solution rather than the absence of a problem. Details are clarified about what will be better for them when these changes occur.	--What do you want to be different for you in (pick one: school, home, life)? --When you are not getting (discipline slips in class, sent to the principal, etc.), what will you be doing instead? --When that happens, what things will be better or different for you?
Pretreatment Change	If the student is aware of the first counseling session in advance, they frequently start to notice positive changes prior to their first session. In the first session, the practitioner asks about positive changes that are already starting to happen in order to build hope and identify effective solution attempts.	--Since this appointment was scheduled, have you noticed any positive changes? Please tell me about these changes.
Exception Questions	Ask student about times in her life when the problem was not happening or was less severe. Exception questions are frequently	--Tell me about the last time that (solution) happened. --Tell me about a time recently when the problem was better, even if it was only a little bit better.

TABLE OF CONTENTS

	very helpful in identifying effective solutions and student strengths and resources.	
Relationship Questions	Students construct descriptions of interactional events and significance.	--What will your parents/teachers notice that would tell them that the problem is gone?
Miracle Questions	The student is asked to describe the things he would notice if a miracle occurred and the problem was gone. The miracle question magnifies even minute glimpses of exceptions and is pursued and explored in depth.	--I'm going to ask you a strange question. Suppose while you were sleeping tonight a miracle happens. The miracle is that the problem is solved. But because you were sleeping, you don't know the miracle has happened. When you wake up tomorrow, what will be different that will tell you that the miracle has happened and the problem has been solved? --What else?... What else?
Scaling Questions	Have student describe on a scale of 1-10 how confident she is in finding a solution to the problem. Scaling helps the student to start to take small steps toward resolving their problem.	--On a scale of 1-10 how confident are you that you can find a solution? --What would it take to get from a '5' to a '6'?
Constructing Solutions	Interview student to clarify previous solutions, exceptions and to co-create new solutions. Emphasis is placed on utilizing and refining current, effective skills and resources versus teaching new skills.	--I notice you said in the past you have found a solution by doing your homework at homework club. What *will* need to happen for that solution to work for you now?
Coping Questions	Coping questions are particularly helpful if the problem is not getting better to clarify strengths and resources, build hope and identify potential solutions.	--I imagine that [this problem] has been difficult for you. How have you been dealing with that so far?

Checking In	Practitioner asks the student for clarification in regards to whether or not any other information needs to be given.	--Is there anything else you I should know about the situation? --Is there anything I forgot to ask?
Taking a Break and Reconvening	Practitioner takes a break to collect thoughts and comes up with compliments and suggestions for the student.	--Thank you so much for talking with me; I really admire your strength, talking about these things can be really tough.
"Formula First Session Task" (de Shazer, 1985)	Practitioner asks the student to notice what is occurring in their life that they want to continue. This question assists the student in goal development, builds hope, and develops solution ideas for future sessions.	--Between now and the next time we meet, I would like you to observe so you can describe to me next time, what happens in your (pick one: classroom, school, home, life) that you want to continue.
Experiments/Homework Assignments	Practitioner suggests the student implement an experiment between sessions at her discretion. These experiments are based on something the student is already doing that is moving them toward her goal.	--I have noticed you said that your goal is to finish a full week of your reading response journal. One of the great things you have done was to finish one part of the assignment during the week. I'm wondering what you *will* need to do to complete two parts of that assignment in the next week?
Collaboration to Support Behavior Change	Practitioner communicates with teachers, parents, etc. about the student's goals and to prompt them to notice any positive changes in the student's behavior	--E-mail teacher or parent to say, "I have permission to share that my student has some ideas about changing her behavior. Please notice and acknowledge any positive changes that she makes in the next week."
Follow-Up	Practitioner asks about the progress since the last session and about what has been better since the last session.	--What has been better since the last time we met?

TABLE OF CONTENTS

2003). For example, SFBC would typically be inappropriate for children that are pre-kindergarten age, given the reliance on cognitive abilities and language acquisition (Nims, 2007). However, there is some evidence that developmentally appropriate language adjustments can be made to interventions, allowing SFBC to be used with children as young as five years old (DeJong and Berg, 2002). In addition, play- or art-based strategies such as using puppets, drawings, or stories may be effectively incorporated into work with younger students (Berg & Steiner, 2003). In the present project, doctoral students experienced difficulty using this approach with younger students in K through third grades, who seemed to lack the cognitive skills and sustained attention to actively engage in SFBC.

Thus, it is important for school psychologists to determine whether SFBC is an approach that can yield potential benefits given the idiosyncratic abilities and characteristics of the individual student. As another example, using SFBC in secondary education settings may be particularly effective because it is responsive to the adolescent quest for identity and autonomy (Murphy, 1997). In addition, the focus on student-driven goals and utilizing the student's strengths, key student words, belief systems, and theories of change supports the therapeutic relationship and the success of SFBC (Selekman, 2005). School psychologists working in secondary education settings and considering using SFBC should also be familiar with developmental features of adolescence such as the need for independence and self-direction to enhance working with this population (Murphy, 1997). Research has reported that preadolescents and adolescents made significant progress toward achieving their goals using SFBC (DeJong & Berg, 2008).

IMPLICATONS FOR PRACTICE

Student Needs and Referral Routes

School psychologists provide support services, including counseling, to diverse students with diverse needs. Students frequently enter counseling via recommendations from parents, teachers, and/or administrators. The SFBC approach recognizes that students have different motivations for counseling and therefore it may be valuable to consider the referral route and potential implications for counseling services. Students will typically fall into one of three distinct categories: (a) visitors, (b) complainants, and (c) customers (de Shazer et al., 2007).

Visitors. Visitors typically enter counseling because they are forced by another person. They may be uncommitted to changing, not want to acknowledge that a problem exists, and may be resistant to implementing counselor suggestions or interventions. Since students receiving counseling are often referred by others, they are frequently entering as *visitors*. The emphasis of student-driven goals in SFBC can be especially powerful with *visitors* in developing the therapeutic relationship and starting the change process.

Complainants. Complainants are students that understand the existence of a problem and yet are unwilling to take action to resolve it. They perceive themselves as innocent bystanders who do not have the power to facilitate change, as change is thought to be someone else's responsibility.

Customers. Customers acknowledge the presence of a problem and want to actively change it. They are most inconvenienced by the problem and express a sense of urgency to find a solution. In the education system, parents, teachers and administrators may also be considered customers.

Using the previously described categories for students, school psychologists should tailor interventions based on students' referral route and responsiveness to counseling, to help them resolve problems and generate optimal solutions (Murphy, 1997). Considering the importance of the relationship between the professional and the client as related to outcomes of counseling (Lambert, 1992), it is important for school psychologists to be aware of students' disposition regarding the counseling support services provided.

Factors that Enhance the Therapeutic Process

Practitioners providing school-based mental health services should have a general understanding of the importance of various dimensions of counseling. Lambert (1992) summarized three decades of research regarding "what works" in helping people change during the therapeutic process. Four inter-

TABLE OF CONTENTS

related factors have been found to lead to successful outcomes: (a) *client factors* – personal strengths, beliefs, resources (40%); (b) *relationship factors* – empathy, acceptance, and warmth (30%); (c) *expectancy factors* – hope and expectancy for change (15%); and (d) *model/technique factors* – theoretical orientation and intervention techniques (15%). This indicates that the aspects most predictive of change are client and relationship factors. Consequently, while practitioners using the SFBC approach should place an emphasis on the core components and specific techniques, it is most critical to build the therapeutic alliance and focus on "what the client brings" to counseling. In addition, recognizing and building upon students' strengths and resources directly aligns with the principles of SFBC.

Empirical Support

SFBC is a therapeutic approach that is widely used in the United States and increasingly in other countries (Gingerich & Eisengart, 2000). It has been used in social service agencies, educational settings, family therapy, couples therapy, and for the treatment of sexual and substance abuse (de Shazer, 2007). Practitioners typically report successful outcomes associated with the implementation of SFBC. However, little research has been conducted on its effectiveness in helping children (Corcoran & Pillai, 2009).

Gingerich and Eisengart (2000) conducted a review of the outcome research related to SFBC, including all controlled studies of SFBC student outcomes in the English literature up to the year 1999. Recently, Corcoran and Pillai (2009) conducted an updated review of the research on SFBC. Few studies were identified that examined the effectiveness of SFBC with children and adolescents. Practitioners typically report successful outcomes associated with the implementation of SFBC. For a comprehensive description of the outcome research related to SFBC, please refer to Gingerich and Eisengart (2000) and Corcoran and Pillai (2009).

The following provides a brief review of the extant literature on SFBC with children and adolescents. Table 3 includes a summary of research that has used components of SFBC with youth in clinics or school-based settings. Several studies may have been excluded from the aforementioned reviews of the outcome literature based on methodology and implementation issues (Corcoran & Pillai, 2009; Gingerich & Eisengart, 2000). Collectively, this research offers insights regarding outcomes associated with the use of SFBC with youth.

SFBC has been associated with a number of positive outcomes in children and adolescents. For instance, Franklin, Biever, Moore, Clemons, and Scarmado (2001) examined the effectiveness of solution-focused counseling with fifth- and sixth-grade students who received special education services and were identified as needing help solving school-related behavior problems. Results indicated that children receiving SFBC made positive changes with a range of behavioral problems. In addition, a comparison study examined the effectiveness of SFBC versus Cognitive Behavioral Therapy (CBT) in a sample of children with behavior problems (Corcoran, 2006). Both SFBC and CBT interventions were equally effective and made significant improvements over time, as measured by behavioral data gathered from parent rating scales (e.g., Conners' Rating Scales; Conners, 1990). Accordingly, SFBC appears to be a promising counseling approach that may yield results comparable to the well-established CBT approach (Corcoran, 2006). In addition, a meta-analysis of Solution-Focused Brief Therapy outcome studies (Kim, 2008) found that the effect sizes of Solution-Focused Brief Therapy were comparable to those in other psychotherapy and social-work meta-analysis conducted in real-world settings (Kelly, Kim & Franklin, 2008). Importantly, SFBC has demonstrated similar success to other counseling approaches, generally with fewer sessions (Kelly, Kim & Franklin, 2008). Overall, the literature on SFBC with children has (a) primarily targeted specific behavior problems, (b) often involved very small sample sizes, (c) rarely examined implementation fidelity, and (d) seldom used rigorous experimental methodology. In order to determine the effectiveness of the approach it is important to evaluate treatment outcomes.

TABLE OF CONTENTS

TABLE 3. *Empirical Findings of Solution Focused Brief Counseling with Children*

Authors	Year	Use	N	M/F	Ethnicity	Grade	Age	Intervention	Measures	Findings
Froeschle, Smith, & Richards	2007	Effectiveness of drug prevention program that incorporated SFBC interventions	40 = SFBC group 40 = control group	F = 80	SFBC group: Mexican-American = 22 Caucasian = 16 African-American = 2	8th	Not Reported	Solution-Action-Mentorship (SAM) program integrated with SFBC	--American Drug and Alcohol Survey (ADAS) --Substance Abuse Screening Inventory Adolescent Version 2 (SASSI-A2) --Piers-Harris Children's Self Concept Scale-2 --Home and Community Social Behavior Scales --School Social Behavior Scales-2	SFBC was associated with decreased drug use, increased knowledge of drug-use consequences and socially competent behaviors.
Corcoran	2006	Comparison Study of SFT v. Treatment as Usual (Cognitive Behavioral Therapy-CBT) for Behavior Problems in Children	139 SFT-58 completed Treatment; 100 CBT-27 completed Treatment	Not Reported	Not Reported	Elementary, Middle, and High School	5-17 years; Mean = 10	SFT provided by Master-level social work students; 4-6 sessions Treatment as Usual = CBT	--Feelings, Attitudes, and Behaviors Scales for Children (FAB-C) --Conners' Parent Rating Scale	Both groups made significant improvements over time; SFT appears to show results comparable to CBT
Perkins	2006	Single Session SFT	216	145 boys; 71 girls	Not Reported		5-12 years (n = 159); 13-15 (n = 57)	Single Session Therapy (2hrs)	Devereux Scales of Mental Disorders (DSMD); Frequency of MPP; Severity of MPP; Health of the Nation Outcome Scales for Children and Adolescents	Treatment group showed significant improvement. Students were satisfied with therapy
Conoley et al. (2003)	2003	SFBC with families who had aggressive and oppositional children	3	M =3	European American	Elementary	8-9 years	Solution-Focused Family Therapy	Parent Daily Report (PDR); BASC	Reduction in externalizing behaviors (e.g., ODD; conduct problems)
Yarbrough & Thompson	2002	Counseling Approaches on Off-Task Behavior	3	M =3	African-American = 1 Caucasian = 1	3rd & 4th	8 & 9	SFT and Reality Therapy	Homework Assignments	Child receiving SFT improved in completion of homework

Authors	Year	Use	N	M/F	Ethnicity	Grade	Age	Intervention	Measures	Findings
										assignments. He went from no homework assignments to completing all assignments in 3 of 4 subjects
Franklin, Biever, Moore, Clemons, & Scamardo	2001	Effectiveness of SFT with Children in a School Setting	7 Children identified as learning disabled or needing help solving school-related behavior problems	M = 3 F = 4	Mixed Race (Latino-Caucasian) = 2; Caucasian = 3; Latino = 2;	5th & 6th	10-12 years	SFT provided by Advanced Doctoral Students trained by developers at Brief Family Therapy Center in Milwaukee; 5-7 sessions	AB Single Case Design	Children made positive changes on a range of behavioral problems
Corcoran & Stephenson	2000	Effectiveness of SFT with Child Behavior Problems	136; 58,8% attrition rate	M = 86 F = 50	White (non-Hispanic) = 106; African-American = 12; Mexican-American = 3; Asian = 3; Other = 4	Elementary, Middle, and High School	Not Reported	SFT provided by Master-level social work students; 4-6 sessions	--Feelings, Attitudes, and Behaviors Scales for Children (FAB-C) --Conners' Parent Rating Scale	Significant positive difference in Conner's ratings, except for Anxiety scale; FAB-C conduct problems and self-image revealed significant differences
Springer, Lynch, & Rubin	2000	Effectiveness of SFBC with Children of Incarcerated Parents	10	M =4 F = 6	Hispanic	4th & 5th grade	Not Reported	Group SFBC provided by Marriage and Family Therapy graduate students; 6 sessions	Hare Self-Esteem Scale	Increase in self-esteem among members of the SFBC group.

Progress Monitoring

When providing counseling services, it is vital for school psychologists to monitor progress to assess for desired behavioral changes. Previous research has used behavior rating scales, such as the Conner's Rating Scales (Conners, 1990); the Feelings, Attitudes, and Behaviors Checklist (FAB-C; Beitchman, 1996); and the Behavioral Assessment System for Children (BASC; Reynolds & Kamphaus, 1992) to measure progress toward specific social, emotional, and behavioral goals. Instruments that briefly measure mental health concerns are ideal when evaluating treatment outcomes in school-based brief counseling. However, change may not be apparent after only a few sessions as measured by such omnibus standardized measures (Corcoran & Pillai, 2009). More sensitive behavioral and emotional progress monitoring tools appropriate to examine SFBC outcomes are needed in the field.

Murphy (2008) notes that SFBC is an outcome-informed approach, in which two progress-monitoring tools can be used for each session: (a) the Child Outcome Rating Scale (CORS; Duncan, Miller, & Sparks, 2003) and (b) the Child Session Rating Scale (CSRS; Duncan, Miller, Sparks, & Johnson, 2003). Each measure assesses elements of treatment outcomes (e.g., personal distress, well-being) and the therapeutic alliance (e.g., respect and understanding). These scales are practical and time-efficient ways for school psychologists to systematically evaluate counseling progress. Moreover, they provide quick feedback that allows practitioners to immediately correct relationship problems when they occur (Murphy, 2008).

When counseling young children (e.g., K-4th grade) the UCSB team experienced some difficulty obtaining accurate information from these scales. Children appeared to be inclined to respond in an overly positive nature (e.g., everything in life was going well, and the psychologist-student relationship was perfect). Although studies have found these measures to have adequate reliability and validity evidence for adults, further research is necessary to examine the psychometric properties of these instruments with young children (Murphy, 2008). Preliminary experiences of the UCSB collaboration team suggest that these outcome and alliance measures may include concepts that are difficult for young children to comprehend.

FUTURE DIRECTIONS FOR RESEARCH

While SFBC has much to offer the arena of school-based mental health, further research is warranted to validate its use in the educational context and/or with children and adolescents. Research has revealed mixed results related to certain outcomes (e.g., GPA, self-esteem, attendance; Froeschle et al., 2007; Franklin, 2007), thus additional research is necessary to better understand "for whom and with what" SFBC is most effective. Furthermore, school psychologists are increasingly being asked to establish their role as evidence-based practitioners (Huber, 2007). While school psychologists may be critical consumers, their role in conducting research and evaluation unfortunately tends to be limited (Fagan & Wise, 2007). In order to have research applicable to the field, school psychologists must become more involved in the production of relevant research. In addition, as school psychologists are on the "frontlines," offering support to students in short-term, long-term, and crisis situations, they are the most informed regarding what is needed and capable of demonstrating and evaluating what works.

Further challenges to the study of SFBC include the lack of measurement tools sensitive to behavioral and emotional change. The importance of developing a Response to Intervention (RtI) framework with academic, social, emotional, and behavioral challenges is imperative in the field. In order to do so, omnibus measures (e.g., Conners', BASC), not developed for the purpose of progress monitoring, cannot be the only standardized option for evaluating change. There is an exigent need in the field for the development of standardized measures of social, emotional, and/or behavioral change.

Finally, the application of SFBC principles and techniques to other aspects of a school psychologist's job duties holds promise. Solution-Focused interventions have shown promise in a variety of school psychologists' roles such as classroom management (Berg & Shilts, 2005), counseling and social skills groups (Metcalf, 2008), discipline (Metcalf, 2005), special education referrals (Metcalf, 2008), alternative schools such as Gonzolo Garz Independence High School in Austin, Texas (Kelly, Kim &

TABLE OF CONTENTS

Franklin, 2008) and consultation. Solution-focused consultation models have received most attention as promising methods of consultation (e.g., Dougherty, 2005). As direct interactions with students may have limits, it will be vital to take advantage of alternative methods, influencing those surrounding children (e.g., teachers, parents) in order to effect change in students' lives. As a consultant, an individual may engage in a variety of roles such as advocate, expert, trainer/educator, collaborator, fact finder, and process specialist.

CONCLUSIONS

Solution-Focused Brief Counseling (SFBC) is a strengths-based, student-driven approach that focuses on developing solutions to problems rather than on their origins. Students are considered to be competent and capable of constructing solutions that will eliminate problems and promote optimal well-being. This approach may prove useful for practitioners providing school-based mental health services because of its emphasis being time-effective and goal-oriented. Given the many challenges students face, it is important for the therapeutic environment to be a place that students can feel empowered and their strengths highlighted. Presently, there is a paucity of empirical evidence supporting the use of SFBC with children and adolescents; however, the extant literature reveals that it may be associated with favorable outcomes. Further research is warranted to determine whether SFBC may be a valuable counseling technique to implement in the schools with students who are experiencing social, emotional, and behavioral challenges.

REFERENCES

Berg., I.K. (2005). *Classroom solutions: Woww approach*. Milwaukee, WI, FBTC Press.

Berg, I.K., & Steiner, T. (2003). *Children's Solution Work.* New York: W. W. Norton & Company.

Conners. C.K. (1990). *Manual for Conners' Rating Scales*. New York: Multi-Health Systems, Inc.

Corcoran, J. (2006). A comparison group study of solution-focused therapy versus "treatment as usual" for behavior problems in children. *Journal of Social Service Research, 30,* 69-81.

Corcoran, J., & Stephenson, M. (2000). The effectiveness of solution-focused therapy with child behavior problems: A preliminary report. *Families in Society, 81,* 468-474.

Corcoran, J., & Pillai, V. (2009). A review of the research on solution-focused therapy. *British Journal of Social Work, 39,* 234-242.

Conoley, C.W., Graham, J.M., Neu, T., Craig, M.C., O'Pry, A., Cardin, S.A., Brossart, D.F., & Parker, R.I. (2003). Solution-focused family therapy with three aggressive and oppositional-acting children: A *N* = 1 empirical study. *Family Process, 42,* 361-374.

DeJong, P., & Berg, I.K. (2008). *Interviewing for solutions* (3rd ed.). Belmont: Thompson Brooks/Cole.

de Shazer, S. (1985). *Keys to solution in brief therapy.* New York: Norton.

de Shazer, S., Dolan, Y., Korman, H., McCollum, E., Trepper, T., Berg, I. K. (2007). *More than miracles: The state of the art of solution-focused brief therapy.* New York: Haworth Press.

Dougherty, A.M. (2005). *Psychological consultation and collaboration in school and community settings* (4th ed.). Belmont, CA: Thomson Brooks/Cole.

Duncan, B.L., Miller, S.D., & Sparks, J.A. (2003). *Child outcome rating scale.* Florida: Author.

Duncan, B.L., Miller, S.D., Sparks, J.A., & Johnson, L.D. (2003). *Child session rating scale.* Florida: Author.

Fagan, T.K., & Wise, P. (2007). *School psychology: Past, present, and future* (3rd ed.). Bethesda: National Association of School Psychologists.

Franklin, C., Biever, J., Moore, K., Clemons, D., & Scarmado, M. (2001). The effectiveness of solution-focused therapy with children in a school setting. *Research on Social Work Practice #,* 411-433.

Froeschle, J.G., Smith, R.L., & Ricard, R. (2007). The efficacy of a systematic substance abuse program for adolescent females. *American School Counselor Association 10,* 498-505.

Gingerich, W.J., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process 39,* 477-498.

Hosp, J.L., & Reschly, D.J. (2002). Regional differences in school psychology practice. *School Psychology Review, 33,* 271-286.

Huber, D.R. (2007). Is the scientist-practitioner model viable for school psychology practice? *American Behavioral Scientist, 50,* 778-788.

Jimerson, S.R., Graydon, K., Curtis, M.J., & Staskal, R. (2007). The international school psychology survey: Insights from school psychologists around the world. In S.R. Jimerson, T. Oakland, & P. Farrell (Eds.), *The Handbook of International School Psychology* (pp.481-500). Thousand Oaks: SAGE.

TABLE OF CONTENTS

Kelly, M.S., Kim, J.S., & Franklin, C. (2008). *Solution-focused brief therapy in schools: a 360-degree view of research and practice*. New York: Oxford University Press.

Kim, J.S. (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. *Research on Social Work Practice*, 18(2), 107-116.

Lambert, M.J. (1992). Implications of outcome research for psychotherapy integration. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration*, (pp. 94-129). New York: Basic Books.

Metcalf, L. (2005). *Teaching toward solutions (2nd ed.).* New York, Crown House Publishing.

Metcalf, L. (2008). *The field guide to counseling toward solutions.* San Franciso: Jossey-Bass.

Murphy, J.J. (1997). *Solution-focused counseling in middle and high schools.* Upper Saddle River, NJ: Merrill Prentice Hall.

Murphy, J.J. (2008). Best practices in conducting brief counseling with students. In A. Thomas and J. Grimes (Eds.), *Best Practices in School Psychology V: Volume 4* (pp.1439-1456). Bethesda, MD: National Association of School Psychologists.

Nims, D.R. (2007). Integrating play therapy techniques into solution-focused brief therapy. *International Journal of Play Therapy, 16,* 54-68.

Perkins, R. (2006). The effectiveness of one session of therapy using a single-session therapy approach for children and adolescents with mental health problems. *The British Psychological Society, 79,* 215-227.

Reynolds, C.R., & Kamphaus, R.W. (1992). *Behavior Assessment System for Children (BASC).* Circle Pines, MN: American Guidance Services.

Selekman, M.D. (2005). *Pathways to change: Brief therapy with difficult adolescents (2nd ed.).* New York: The Guilford Press.

Sklare. G.B. (2005). *Brief counseling that works: A solution-focused approach for school counselors and administrators* (2nd ed.). Thousand Oaks, CA: Sage.

Springer, D., Lynch, C., & Rubin, A. (2000). Effects of a solution focused mutual aid group for Hispanic children of incarcerated parents. *Child and Adolescent Social Work Journal, 17,* 431-442.

Williams, R.G. (2000). The application of solution-focused brief therapy in a public school setting. *The Family Journal: Counseling and Therapy for Couples and Families 8,* 76-78.

Yarbrough, J.L., & Thompson, C.L. (2002). Using single-participant research to assess counseling approaches on children's off-task behavior. *Professional School Counseling, 5,* 308-314.

TABLE OF CONTENTS