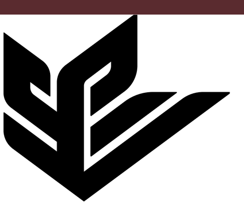
Efficacy of Solution Focused Therapy with At Risk Youth



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ABSTRACT

Dating back to the 1980's, Solution Focused Brief Therapy (SFBT) is a therapy approach that helps clients put problems in their life into context as measurable, manageable, and fixable. For many, this solution forward approach helps to improve symptoms and resolve stuck behavior patterns often stemming from childhood (Visser, 2013). This client driven, not knowing approach helps clients discover their own autonomy and understand that, not only are their problems solvable, but that they themselves have the internal resources by which to solve them (Anderson & Goolishian, 1992). However, there is still much interest as to who can benefit most from this form of therapy. However, the goal of this research is to see how effective SFBT is in working with at-risk youth. Is it effective, and does it work well in various contexts.

INTRODUCTION

- While there are many reasons that lead young people to be labeled 'At Risk' shockingly little research has been put forth into what therapeutic modalities are most efficacious for working with these populations.
- At Risk youth is defined in this study as students experiencing one or more of the following; low SES, academic struggling, drug use, mental health disorders (depression and anxiety), homelessness, adolescent pregnancy, violent behavior.
- Solution Focused Therapy could potentially be beneficial for its brief model that can be applied in a variety of contexts like schools, shelters, and group homes.
- Much of the research on SFBT has been focused in school settings where teachers are given tools like SFBT to implement in the classroom. The aim of this research is to take that further by seeing the results of therapy on these individuals.
- Lastly, we will look to extend the previously researched areas of SFBT with at risk youth by comparing its effectiveness between different treatment settings

PRIMARY AIM AND HYPOTHESES

- What is the effectiveness of Solution Focused Therapy on At Risk Youth in combination with the treatment setting?
- We believe that Solution Focused therapy will not only be effective with this target population but will show equal effectiveness in both a school setting and a clinical setting.

METHODS

Participants

- Participants will include high school students, grades 9-12 (14-18 years old) whos' teachers and principals have identified at least 2 markers for being 'At Risk'. We will look to have a culturally representative sample that matches closely to the demographics of the school selected.
- We would look to recruit 30 participants with 15 receiving in school individual therapy services and 15 receiving therapy services in a clinical office setting. Participants will receive 5-7 individual SFBT sessions each lasting 45 minutes. We will also have 30 students in a comparison group that consist of an equally representative sample.

Procedures

- We will be measuring change and benefit to the students using the Youth Self-Report (YSR) and the Teacher's Report Form (TRF) to track participants internalizing and externalizing behaviors both before treatment, halfway through treatment (session 3), and after treatment.

MEASURES

- The YSR and TRF are used to evaluate the outcome of our study. We will track both the internalizing score and the externalizing score.
- The internalizing score is the measure looking at a participants amount of withdrawal, somatic complaints, and anxious/depressive scales.
- The Externalizing score looks at items pertaining to delinquency, violence, and substance use.
- Over the course of our study, we would hope to see both of these scores going down among participants regardless of treatment setting.

RESULTS

- After this research is conducted, we would run an ANOVA in order to determine the between group differences of those who received SFBT treatment and the control group regardless of setting services were received. This will help to determine SFBT's overall effectiveness on working with at risk youth.
- We would also run a t-test regression between the in-school group and the clinical setting group in order to determine if there were any differences in SFBT's effectiveness giving varying treatment settings.
- We are hoping that, in line with our research hypothesis, SFBT will show to be effective in working with this population in both treatment settings equally, netting in an overall reduction of diagnostic symptoms at the end of treatment when compared to the start of treatment.

Discussion

- Given the prevalent research into the school to prison pipeline, and the ample information about the negative effects of being classified as an 'at risk' youth, we feel that researcher, therapists, and the community at large has a responsibility to help young people that are struggling in ways that are pragmatic and effective. Creating effective interventions, and bolstering the research around where these interventions work, helps policy makers make informed decisions about how best to support young people. This combined with more robust ways of identifying young people that are in need of help can result in, hopefully, substantive reductions of suffering that many young people face.
- Research like this can help to provide a blueprint for looking into the effects of other therapeutic interventions on this population. It is uncommon for people to be right on the first try, and iteration is critical in order to find what may be most effective in working with these target populations.
- Additionally, this work also helps to expand the knowledge base on SFBT by providing a more in depth look at how SFBT interacts with this specific population. Hopefully, this can lead other researchers to be curious about other populations or other treatment settings so that therapy can be more effective and accessible.