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# **Solution focused brief therapy and depression**

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**Abstract**---Solution focused brief therapy is a psychotherapeutic technique which focuses on solutions rather than the causes of the problems. The therapy mainly progresses on the basis of optimistic approach and is based on the premise that individuals are equipped with skills to solve their problems. This therapy is called as goal-oriented therapy. The goal is achieved by asking questions pertaining to resilience ability and tools which can help them face the life challenges. The focus of SFBT is the health of the person, proficiencies, strengths, resources as well as coping skills rather than his/her problem, weaknesses and deficits. The present study examined the efficiency of Solution Focused Brief Therapy (SFBT) on depression and reviewed various studies conducted to support or oppose SFBT as an effective treatment approach for the same.

**Keywords**---SFBT, depression, effectiveness, brief therapy.

**Introduction**

Everybody encounters bitterness and misery eventually in their lives. Clinical Depression, nonetheless, is more challenging and of longer span than average distress, which hinders an individual's capacity to engage in routine activities. The symptoms of depression include: loss of interest in already enjoyable tasks, significant changes in craving (either essentially decreased or expanded), rest issues (dozing excessively or excessively little), weakness, a sense of uselessness or misery, issues with focus and decision making, and thoughts regarding self-destruction.

While the expression "Gloom" has just been around for 100 years, authentic proof recommends that a feeling of bitterness or despair has for some time been an all-inclusive piece of human experience. The study of treating sadness has bloomed in the last 30-40 years, and stimulant meds are probably the most often recommended drugs in America. It was nineteenth Century German specialist Emil Kraepelin who started alluding to different types of despondency as

"depression," because of the low mind-set that characterizes it. Kraepelin likewise adopted a double strategy to psychological instability, isolating unhappiness into two classes: hyper melancholy and dementia praecox.

Kraepelin's classification was based on whether the depression's source was outside or inside: assuming that it was brought about by an external misfortune, for example, the demise of a friend or family member, it was viewed as a type of high level of hopelessness. In any case, discouragement that didn't come from a known, outside cause was perceived to have "developed" out of the peculiar mind, and as such was viewed as a break from reality that is like present-day schizophrenia. The tremendous interest in this condition has, caused a uniqueness in fields of study, treatment techniques develop, what comprises depression as an emotional problem.

### **Causes of Depression**

There can be various causes of depression, main causes are abuse (sexual, emotional and physical), elderly people are more vulnerable to depression, particularly those who either live alone or lack social support, some medicines or drugs can also make a person develop symptoms of depression. It can also result from conflicts with people, or within the family or death of a near one or because of being a female too. Moreover, genes, that is having family history of depression, or stressful life events, personal issues like socially isolated, or severe illnesses and substance abuse can make people vulnerable to depression.

### **Measures of Depression**

Cautious evaluation is a significant for evidence-based practice. Beginning appraisals of side effects can assist with deciding treatment choices, and occasional evaluation can direct treatment and check progress. Large numbers of the instruments depicted underneath were utilized in the investigations and deliberate surveys. These instruments incorporate both consultation and self-report measures and might be utilized to screen, analyze as well as track treatment results. Each instrument has been shown to be legitimate and solid, and most are accessible at no expense. Clinicians are urged to audit the proof-based writing about these evaluations, particularly with respect to their planned use and proper populaces, to figure out which apparatuses are the most ideal for their patients and practices. These instruments include:

The Center for Epidemiologic studies Depression Scale (CES-D) which was designed for use in the general population and is now used as a screener for depression in primary care settings. It measures major dimensions of depression experienced in the past week.

Hamilton Depression Rating Scale (HAM-D) measures depression in individuals before, during and after treatment.

Children's Depression Inventory (CDI) assesses severity of depression in children and adolescents ranging from 7 to 17 years old. Two scales measure emotional problems and functional problems.

Quick Inventory Depressive Symptomatology-Self-Report (QIDS-SR) measures the severity of depressive symptoms in adults that is 18 years and older.

Geriatric Depression Scale (GDS) is mainly designed to screen and measure depression in older adults.

Beck Depression Inventory (BDI) is also one of the very popular scales to assess depression symptoms. It has been used worldwide.

### **Effective Psychotherapies**

Several psychotherapies are considered effective for alleviating depression and are most commonly used. These include:

#### **Cognitive Therapy**

This is a goal-oriented, structured and short-term therapy which focuses on our thoughts and that the thoughts can influence our emotions. In this sense, if a person has positive thinking style, he/she is less likely to develop depression. Whereas a person who have negative thinking style is more vulnerable to depression, because when he/she keeps thinking negatively in a loop, it's really not possible to come out of it to feel good. This is what cognitive therapy do. t tries to make people learn that loop of constant negative thinking and realize the cognitive distortions. Once a person realizes the distorted patterns of thoughts, he/she is more likely to develop them into positive thinking patterns and mood.

#### **Behavioral Therapy**

This type of therapy emphasizes changing behavior in order to reduce depression, as the proponents of this therapy believes that behavior influences emotions. Due to which this therapy employs behavior activation which means involving patients in the exercises and tasks that improves their overall emotion and feeling, enhances well-being and consequently, alleviating depression.

#### **Cognitive Behavior Therapy**

The two therapies- cognitive therapy and behavior therapy are found to effective whenever employed together, so, while treating depression, these two therapies are most likely to be integrated and applied. Due to this reason, the name of this therapy is Cognitive- behavior therapy. Because it is a combined approach, so it focused on both behaviors and negative thoughts which causes depression. In other terms, this therapy considered both of the aspects as the main reason behind depressive symptoms. The therapist will ask to identify the response patterns towards events as well as the cognitive distortions and after recognizing them, you are being assisted by the therapist to change these into healthier patterns of behaving and thinking. It's a briefer, structured as well as goal-focused therapy.

#### **Dialectical Behavior Therapy**

This particular therapy is also very much based upon Cognitive behavioral therapy, with the only difference of asking depressive patients, to not only recognize but also accept the negative thought patterns as well as behavior. The proponents believes that once a person recognizes and accepts, this made him to

come to terms with his/ her faulty thinking and emotions and enable him to face and deal with them effectively. Coping with stress and managing one's responses to stress as well as improving the overall quality of relations with other people are also the outcome of this therapy. It has been found to be one of the effective approaches towards depression. It incorporated mindfulness in its therapeutic treatment especially during crisis.

### **Psychodynamic Therapy**

The other name for this therapy is psychoanalytic therapy which focuses on the past unresolved conflicts that are most likely to be unconscious and are considered as the main reason for depression. Such conflicts emerge during childhood stages if any of the stage could not be cleared out due to unfulfillment of the required needs. This therapy works through bringing those unconscious conflicts and conflicting emotions into the conscious level and the therapists assist the depressed patient to bring them into awareness that help him to recognize, acknowledge and then change the perspective into a healthier one. In contrast to the earlier therapies discussed above, this therapy is less focused as well as a long-term therapy.

### **Interpersonal Therapy**

According to interpersonal therapy, poor social support and conflicts in interpersonal relationships can also contribute to the development of depression as the main cause. So, this therapy emphasizes the role of both factors, and also address them through exploring past social roles as well as present social roles along with the interpersonal relationships of the person concerned. Though they have a lot to focus on but the therapist picks up only few areas to focus while giving intervention. The goal of this brief therapy is to find out the role these interpersonal relationships are playing in a person's life as well as the conflict resolution.

### **Solution-Focused Brief Therapy**

Solution-Focused Brief Therapy (SFBT), also known as Solution-Focused Therapy (SFT), is a goal-oriented therapy which concentrates more on the solutions of the problems as well as human strengths, health and resources rather than on the problems and weaknesses. According to De Shazer (1988) In SFBT, the focus is on here and now and searching for the right solution rather than on identifying the causes and making interpretations of the issues. De Shazer and Berg (De Shazer, et al. 1986) are the originators of SFBT during the time period ranging between 1970's and 1980's because they have found that the clients could share their issues without realizing that the solutions to their problems lies in their own inner resources. This therapy can be utilized effectively for various mental health problems including depression, anxiety, and mood disorders adults (Maljanen, et al. 2012), substance abuse and addictions (Kim, Brook, & Akin, 2018), relationship and marital issues (Sanai, et al. 2015), stress and low self-esteem. On the other hand, it cannot be utilized for severe psychiatric issues like schizophrenia etc, but can be integrated with other types of treatment.

This therapy follows a range of techniques and activities while providing intervention to the clients suffering from diverse issues. In this therapy, the therapist encouraged the client to seek out inner solutions from his/her strengths and personal resources regarding the issues. Apart from providing encouragement, client also made to believe that positive transformations are always possible, one has to maintain healthy behaviours that are beneficial. Because, in SFBT, therapist and client both need to work in collaboration with each other along with mutual understanding, they set goals, search and find solutions of the problems together, and resolve the issue.

The therapist in SFBT played an active role by putting different questions to gather information and understanding about the strengths and resources of the clients about which he himself is not aware of. After recognizing those strengths of the clients, the therapist tries to indirectly aware the client about his/her strengths, tried to support them as well as make him shift his perspective and focus from problem- oriented to solution focused life. This is a brief therapy that ranges between 6- 12 sessions, one session per week and the sessions can be of approximately 20- 90 minutes long. The techniques that are being used during the treatment process are as follows:

### **The Miracle Question**

In this technique, therapist asks the concerned person to imagine a scenario that they have so and so issues, then they have gone to sleep and as they wake up the next day, all their issues have disappeared. Then they have questioned the client to share the experience about the visualization as well as the difference between the two scenarios. This will surely make the client understand their real issue in better way, its impact on their lives, and encouraged them to work towards finding a solution to move towards a better future and fulfilling life, so that they can understand the feeling of waking up without any issues in life.

### **Coping Questions**

Coping questions are those questions that provide a deeper understanding to the therapist into the lives of the client about the ways and strategies they have been using, which helped them in managing their stressful lives even after going through a lot. In other terms, what made them to continue with their lives, even after having long term depression and anxiety. Such coping questions help the client to identify and recognize the resources and strengths he was already having and utilizing them unconsciously. Further, this will assist the client to apply such resources to solve the present problem too.

### **Exceptions to the Problems**

According to the proponents of this therapy, there are certain moments in everyone's life when there is no problem or issue, or maybe the problem is present but it has no detrimental impact on a person's life. So, the purpose behind asking such questions is to gain an understanding into those exceptions as well as make the client understand the difference and the proper reason behind that difference during these events. Client is being questioned about thinking and recalling those

moments in life and explore the differences. This can lead to a solution itself, and to reminiscence the times with no issue, which further decreases the negative impact of the present problem onto their mental and emotional condition. Reminding about good times also motivate a person to change the present problematic times.

### **Compliments**

In this technique, the therapist has to listen to the client actively in order to identify and recognize the strengths as well as their responses and then tell the client about it along with accepting the fact that it has been very hard for the client to deal and manage such issues. This is how therapist compliment the client which in reality encourages him and make him value his/her personal strengths. Such indirectly complimenting technique may assist the client to notice the strength and the compliment related to it, which in turn leads to self-complimenting by the client. The therapist can also use direct compliments in client's response.

### **Scales**

In this technique, it is simply being asked by the therapist to the client to rate his/her problem's severity on a scale ranging from 1-10 just to help in visualizing where they are in understanding the issue. And this technique can be utilized in between various sessions just to understand the progress and the status of the client as compared to the earlier sessions. This can also help in assessing the path left towards the achievement of their goal as well as what more can be done to achieve the full rating of 10, so they can start further exploration. Scaling technique *can serve* the function of clarifying the feelings of the person concerned, as well as provide direction to the therapeutic session and in bringing out the obstacles that may be hindering the client to utilize his/her abilities to resolve the issue.

### **Advantages and Disadvantages**

The advantages of SFBT are that it is a short-term, goal-oriented, future-oriented and more cost-effective therapy. It makes the client to move ahead in life with more optimistic thinking style, enhances his/her self-esteem, encourage and motivate them to recognize the problem and use their abilities, strengths and internal resources to manage and resolve their issues. Moreover, it is a non-judgmental and compassionate therapy in nature and the client have to actively participate in this.

On the other hands, it has some disadvantages too. And that is, due to being short-term, it may not be a perfect intervention for each and every client, especially with severe issues or with introverts. Another can be its less emphasis on the past experience and traumatic events because past has an impact on the present behaviour of people., and this therapy might make a client's feel unheard in context to their traumas of past. Sometimes, it becomes difficult for sustaining this therapy because the client wants to share about his past issues and the therapist want him to focus on the present problem and look for the better future.

One of the important disadvantages of this therapeutic technique is that it's a client led therapy, so there can also be a possibility that the client ended the sessions prior to the actual achievement of the goals, because he might have thought that they have achieved it.

### **Depression and SFBT**

Many researches have been conducted to see the effect of solution focused brief therapy on depression. Abbasi, Mohammadi, Zaharakar, Davarniya, and Babaeigarmkhani (2017) studied effectiveness of Solution-Focused Brief Therapy (SFBT) on reducing depression and increasing marital satisfaction in married women. This study followed a quasi-experimental research design with pre-test and post-test with random assignment into two groups- experimental and control group. The sample consists of 30 married females suffering from depression and are not satisfied with their marital life. After being pre-tested on depression and marital satisfaction scales, they were given six SFBT sessions. Data was analysed and the results demonstrated a decrease in depression and an increase on satisfaction with marital life among women belonging to experimental group as compared to the women in control group. It simply suggests that, applying SFBT on depressed patients will be beneficial for positive outcomes.

Another study was conducted by Habibi, Ghaderi, Abedini, and Jamshidnejad (2016) which shows the adequacy of solution focused brief therapy (SFBT) on diminishing despondency in head-of-family ladies. The randomly assigned sample of the study was 30 women which were randomly selected on the basis of their scores on Beck Depression Inventory (BDI) scale which should be above 50%, and then they have been divided into the experimental and control groups. These women were given SFBT sessions for around 8 weeks. Findings show that no tremendous contrast between the two groups in the pretest, while SFBT, fundamentally diminished depression scores in the treatment women group. Hence, conclusions say that SFBT could be utilized as a treatment program among depressed ladies.

Spilsbury (2012) studied Solution-focused brief therapy for reducing the symptoms of depression and alcohol dependence which shows better effects on such population with comorbid behavioral condition. Depending upon alcohol and feeling depressed are regular comorbid conditions in patients to whom intervention was being given. Sometimes, complications develop because of the presence of personality issues that might additionally impact the treatment and, surprisingly, create an obstacle to patients getting treatment. The patient just looked for treatment after his he develops liver issues. Notwithstanding SFBT, the patient was asked to take some medications for his conditions. After completing three SFBT sessions given at 1-month gap, the patient reported that he was able to maintain the abstinence from alcohol. Moreover, a reduction of depressive symptoms from extreme to normal was also reported by the patient as estimated by Depression Anxiety Stress Scale. Additionally, he also revealed a decrease in the recurrence and power of negative thoughts. Results were kept a year following treatment.

Ayar and Sabancıoğulları (2022) conducted a study to assess the impact of the SFBT on depressive symptoms of patients as well as their perception of support and they have designed the study pre and post intervention programme. The treatment was given to the experimental group only and that too for six to ten sessions. They have found that, there were no statistically genuine differences between the means of BDI and PSSI scores of the both the groups prior to intervention (pre-test). But with the application of treatment programme (post-test) and with passage of time, around after three months, a reduction can be seen in the BDI mean scores of the subjects in the treatment group as compared to the subjects in control group. The mean PSSI scores in the treatment group were found to be escalated at 1 week after program and reduced following 3 months.

A pilot study has been conducted using a pre-test and post-test design to study the effectiveness of SFBT on depressed patients. The researches have collected data on 10 clients and intervention was given. The results of this study suggests that there was a significant decline in depression of the patients as assessed by BDI along with enhanced daily functioning of the client with improved perception of social support. This shows the efficacy of the Solution Focused Brief Therapy on depression (Lee, Greene, Mentzer, Pinnell, & Niles, 2001).

In addition to these studies, one other pilot study was found to have evidenced the effectiveness of SFBT on an Indian tribal community to check out the applicability of SFBT in Indian context. The sample of nine clients with depression belonging to Indian tribal community was given the intervention along with medication. The findings of the study demonstrated a significant decline in the levels of depression after the intervention which proved SFBT as an effective treatment for depression irrespective of cultures and context (Koorankot, Mukherjee, & Ashraf, 2014).

Liaqat and Saleem (2021) have conducted a single case study on a 39-year-old female on the effectiveness of SFBT for major depressive disorder. The result of this intervention based single case study was that the client responded to the intervention in positive way and her attitude change from pessimistic to optimistic was also manifested after treatment. This study has contributed to the literature with regard to the efficacy of SFBT on females who are middleaged.

Similar to the earlier study, Reddy, Thirumoorthy, Vijayalakshmi, and Hamza (2015) conducted a study namely "Effectiveness of Solution-Focused Brief Therapy for an Adolescent Girl with Moderate Depression" on a single Indian client who was 19 year old female student of high school and she was suffering from depression. She has most of the symptoms of depression. So, the practitioner provided her the intervention of SFBT with six sessions and the result was consistent with the earlier reviewed studies. The findings suggest a significant improvement in her depressive symptoms as well as her school performance. so, this study also supports the efficacy of SFBT.

Last but not the least, a recent study was conducted by Aminnasab, Mohammadi, Zareinezhad, Chatrouz, Mirghafari, and Rahmani (2018) on the topic namely "Effectiveness of Solution-

Focused Brief Therapy (SFBT) on Depression and Perceived Stress in Patients with Breast Cancer” to investigate the efficacy of SFBT on depressive symptoms as well as perceived stress in the clients who are suffering from breast cancer. It was a semi-experimental study followed a pre-test, post-test and follow-up for one month with a sample of 30 patients selected through convenience sampling in Iran. All the patients were divided into control and experimental group and were tested on scales. Then the intervention of 8 SFBT sessions was given to the experimental group only. Later, post-test was conducted through assessment with scales. After the statistical analysis of the data, a significant difference was found among the two groups, simply suggesting a decline in the depression scores. This study demonstrated the efficacy of SFBT in not only decreasing depression but also perceived stress specifically among women with breast cancer.

### Conclusion

Under solution focused brief therapy very less research has been done. Solution focused brief therapy is much popular in western world than in India. Though, this therapy is very beneficial but very less usage is there in Indian context. If used, this therapy will definitely alleviate depression as it follows non-judgmental and compassionate approach along with enhancing a person’s self-esteem and positive future orientation. And from the above review of several studies, it can be concluded that solution focused brief therapy can have long lasting positive effect on depression which leads to success in alleviating depression with such short-term approach and smaller number of sessions. After going through the treatment, the client was improved from melancholy as well as her scholastic execution was additionally improved essentially. This therapy is cost-effective, take less time and give effective results as far as depression is concerned.

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