Title: Developing the Learning Effectiveness Scale of Solution-focused Brief Therapy in Taiwan

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SFBT was developed by the clinical practice of Steve de Shazer, Insoo Kim Berg and their colleagues at the Brief Family Therapy Center in Milwaukee, Wisconsin, in the early 1980s (Berg & Dolan, 2001). SFBT is often referred to as a therapy of constructivism, social constructivism, or postmodernism which actively cultivated antirealism philosophy that pervaded the late twentieth-century humanities (Osborn, & Johnson, 2001). SFBT regards clients as competent and capable experts who are able to solve their own problems with minimal assistance (Kim, 2006; Trepper, Dolan, McCollum, & Nelson, 2006) and also views the therapy as a process whereby the client and the therapist co-construct desirable realities. By means of the therapeutic skills of SFBT, such as miracle questions, exceptional questions, scaling questions, relationship questions, coping questions, and compliments, clients’ solutions are elicited (Kim, 2006). Underlying the process of solution-building, SFBT, resting on the premise that clients can identify their best personal goals and can effectively plan a course to fulfill their expectation effectively, focuses on clients’ goals, strengths, and resilience, examines previous solutions and exceptions to the problems, and encourages clients to repeat useful behavior frequently so that they can establish their own goal-realization solutions (Trepper, et. al, 2006). SFBT draws up a list of values and practice principles, such as respecting human dignity, individualizing service, building on strengths, encouraging clients’ participation, maximizing self-determination, fostering transferability, protecting confidentiality, promoting normalization, monitoring changes, and amplifying clients’ empowerment(Berg, & Dolan, 2007).

SFBT has been expanded into an important and practical therapy approach (Berg, & Dolan, 2001). In less than two decades, SFBT has grown from a little-known and
unconventional therapeutic approach to one that is now widely used in the United States and many other regions of the world including Taiwan (Hsu, 2006 & 2009; Hsu, Cheng, & Chen, 2007; Lin, 2004). Since the growth of SFBT, recent training programs and researches on SFBT effectiveness have been growing dramatically. Giasson (1995), Lammarre (2005), Leon- Yznaga (2000), Skidmore (1994), and Warner (2000) have investigated the effectiveness of SFBT training programs, and found these SFBT training programs could promote counselors’ and social workers’ abilities to utilize SFBT’s techniques more proficiently and also improve their counseling work. In Taiwan, through conducting researches, Hsu (2002), Chen (2004) and Cheng (2005) stated SFBT training programs obviously affected the values, beliefs, cognitive models of counselors and were significantly beneficial for their individual lives and professional work. However, most related researches adopted qualitative methods. That means the instruments to measure effectiveness of SFBT training programs are limited.

Considering applications and developments of SFBT the purpose of this study was to develop a scale to quantitatively and effectively measure the effectiveness SFBT training programs.

Study: Instrument Development and Exploratory Factor Analysis

Subjects

This study adopted convenient sampling method, and 395 subjects (aged 25-50) who had attended SFBT training program with at least 12 hours were invited. These sample included more women (78 %, n = 307) than men (22%, n=88). Their occupations included 192 social workers (48.6%), 107 counselors (27%) and 96 school teachers (24.3%). Most of the participants were between the ages of 25 and 30 (45.5 %). Most of their working years was between 1 and 6 years (n = 228 , 58.3%) and most had college degree (n = 281, 73%).

Result

After item analysis (CR value) and exploratory factor analysis (principal component analysis), this scale comprised 4 subscales of 45 items. The 4 subscales were focused on Interviewing Techniques, Respecting Clients, Trusting Clients, and Goal formalization separately. All of the items were listed in random order and rated on a 10-point Likert-type scale (1_strongly disagree that it describes me to 10 _strongly agree that it describes me).

This scale has good reliability and validity. The Cronbach’s α of this scale was .976 and that of the 4 subscales (Interviewing Techniques, Respecting Clients,
Trusting Clients, and Goal formalization) were .972, .935, .940 and .925 for each. The Spearman-Brown reliability coefficients of the whole scale and its subscales (Interviewing Techniques, Respecting Clients, Trusting Clients, and Goal formalization) were .991, .916, .903, .870, and .897. Meanwhile, the construct validity was measured by using principal component analysis. The Interviewing Technique subscale explained 23.376%, and the Respecting Clients, Trusting Clients and Goal formalization subscales explained 14.649%, 13.400%, and 12.356% accordingly; and the total scale explained 67.779%. Psychometric evaluation revealed that this scale was both sufficiently reliable and valid.

Study 2: Discriminant Validity

This study adopted convenient sampling method. Participants were 220 subjects who had attended SFBT training program at least 12 hours. The sample included more women (81.8 %, n =180) than men (18.2%, n=40). Their occupations included 144 school teachers (65.5%), 51 counselors (23.2%) and 25 social workers (11.4%). Half of them got Master degrees. Most of them were between the ages of 25 and 30 (45.5 %, aged 25-30). Most of their working years is between 1 and 6 years (n = 65, 30%).

Result

Discriminate validity was evaluated in terms of gender, occupation and work years. The results demonstrated that this scale validity discriminated counselors from social workers on the total scale (F = 3.837, p < .01), Respecting Clients subscale (F = 3.119, p < .01) and Goal formalization subscale (F =4.172, p < .01). That meant the counselors had higher learning effectiveness after receiving SFBT training programs. In addition, female subjects tended to have higher scores on Respecting Clients subscale (F = 9.764, p < .05) and Trusting Clients subscale (F = 6.036, p < .01) than male.

Further discussion and implications of this scale and SFBT training programs in future researches were provided.