

Brief Report on the Illinois Behavioral Health Workforce Center Solution-Focused Brief Therapy Pilot Initiative

Summary

This brief report summarizes the key findings from the pilot evaluation of the Illinois Behavioral Health Workforce Center (BHWC) Solution-Focused Brief Therapy (SFBT) Training and Implementation Initiative for Integrated Care (IC) Settings. For detailed information on the procedures, findings, and references, please refer to the [full report](#) [link]. The pilot phase of the initiative took place from January to June 2024 and involved 12 IC agencies across the

- 12 integrated care agencies
- 49 providers trained in SFBT
- 6 local champions developed
- 787 client sessions evaluated
- 18 focus group participants

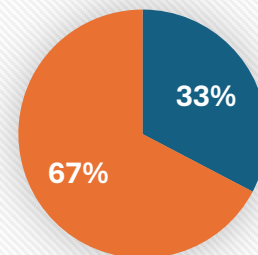
state of Illinois. Agencies received funds and implementation supports for 49 behavioral health care providers to be trained in SFBT, with half of the agencies randomly assigned to an additional local champion component. Champions received additional training and consultation and were asked to provide internal consultation and fidelity reviews on SFBT implementation at their agency. The

evaluation included insights from provider surveys and focus groups as well as a two-week client evaluation phase and agency final reports, with major findings outlined below.

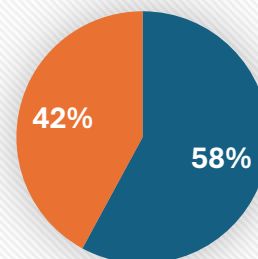
SFBT Well-Suited for Integrated Care Agencies

Providers and agencies consistently described SFBT as appropriate for the needs of IC settings. Notably, SFBT focuses on constructing solutions rather than understanding problems, contributing to its effectiveness as brief therapy by avoiding a lengthy assessment phase. Providers noted that the techniques of SFBT were helpful for the IC setting where providers often have only a few minutes with a client and may know little about the presenting problem. Providers gave high ratings for the acceptability of SFBT for IC (4.5 out of 5) and the feasibility of using SFBT in IC (4.3 out of 5). Adoption of SFBT increased from 33% of sessions using SFBT at pre-training to 58% of sessions at follow-up, with SFBT fidelity scores also increasing from 4.3 to 5.2 (out of 7). Focus group data and agency final reports also showed that SFBT worked well in IC with all 12 agencies interested in pursuing more staff training in SFBT.

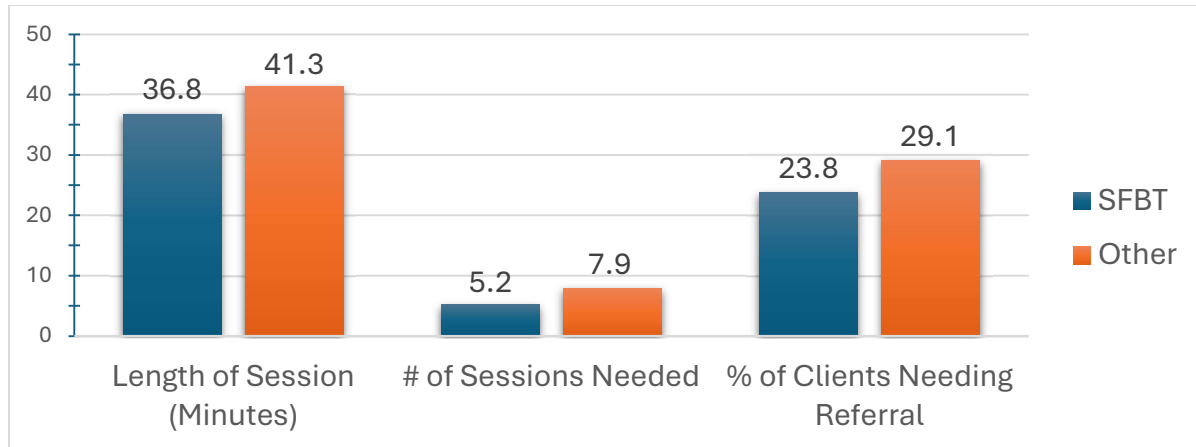
Adoption of SFBT Pre-Training



Follow-Up



■ SFBT ■ Other Approaches



SFBT Helps Agencies Serve More Clients

Across the surveys and focus groups, the evaluation findings consistently demonstrated providers' perceptions of SFBT as improving the efficiency of their services. By the end of the initiative, providers reported needing fewer sessions (5.2 vs. 7.9) and shorter sessions (36.8 minutes vs. 41.3 minutes) when using SFBT compared to other approaches, with SFBT also associated with less likelihood of needing to refer a client to more intensive services (23.8% vs. 29.1%). Feedback from focus groups and agency final reports echoed the survey data showing that SFBT facilitates more efficient services which helps agencies serve more clients.

"We have been able to get our wait list down tremendously, because we are still doing SFBT... So that has helped us, you know, get patients in and out and they're getting their appointments with us very quickly, using this method."

-Local Champion

Following the SFBT Model is Associated with Better Client Outcomes

Importantly, the evaluation data suggest that SFBT is not only efficient but also effective in promoting better client outcomes, especially with good fidelity to the SFBT model. On the

"I think we've all been really happy [using SFBT] and just feel like it's also stopped us from being kind of down in the depths with patients and being able to just kind of have the conversation be much more hopeful and positive for the future." -Local Champion

provider surveys, participants gave high ratings (6 out of 7) for the outcomes and effectiveness of the SFBT initiative, and the client evaluation data showed improvements from the start of a session to the end of a session in clients' ratings of distress, hope, confidence, and goal clarity. Regression analyses showed that using SFBT as the sole

treatment approach in the session was associated with less distress and better goal clarity by the end of the session. Further, adding in providers' ratings of their own SFBT fidelity became the most important predictor of outcomes and was associated with improvements in all four areas by the end of the session.

Ongoing Consultation and Support Promotes SFBT Implementation

A major focus of the evaluation was on the potential benefits of developing local champions as part of SFBT implementation. In most areas, there were not significant differences between providers at champion agencies and non-champion agencies. However, providers at champion agencies did give significantly higher ratings to the implementation and training in the initiative on a sustainability measure (5.9 vs. 5.0), suggesting that champions may promote the long-term use of SFBT after external funding has ended. Though the findings regarding local champions were mixed, there was strong indication that some form of ongoing consultation and support is very important for sustained implementation of SFBT.

“I think having that kind of ongoing additional support for the agency and the providers...makes a world of difference...I think I would have fizzled out on SFBT had my agency only gotten the 2 day training and then nothing else.”

-Local Champion

Notably, 5 out of 6 *non-champion* agencies indicated that they had provided some form of regular SFBT consultation to their providers, which was a key element of the champion component. This may have impacted the ability of the evaluation to see benefits from the champion component, but also highlights the importance of ongoing consultation and support to promote SFBT implementation in IC.

Continued Investment in SFBT Implementation is Warranted

Overall, the pilot evaluation findings indicate the value of SFBT for IC settings and support continued investment in the dissemination of SFBT to meet the need for accessible, effective interventions across Illinois. Key findings and implications of the pilot evaluation include:

- Providers reported needing shorter sessions and fewer sessions when using SFBT compared to other approaches. **For an average investment of \$2,418 per provider, the pilot initiative showed that providers using SFBT could help clients see meaningful change in an average of 2.75 fewer sessions.**
- Client evaluation data showed that **using SFBT was associated with clients' self-report of decreased distress and increased goal clarity over the course of one session**, especially with stronger fidelity to the SFBT model.
- Focus groups and agency final reports suggested that **SFBT may have benefits for reducing provider burnout and promoting retention that should be explored further** in future data collection evaluating the SFBT Initiative.
- Providers and agencies indicated that ongoing consultation and support is key to implementing and sustaining SFBT, but it is not clear if local champions are the best or most cost-effective implementation approach. **Future evaluation of the SFBT initiative should include the use of a solution-focused learning collaborative** to support implementation of SFBT in IC settings.