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## Solution-Focused Approach in Preventing Challenging Behaviors in Adolescent Groups

**Abstract:** The aim of this article is to present selected scientific research on the effectiveness of the Solution-Focused Brief Therapy (SFBT) in working with adolescents. It also aims to highlight the positive aspects of SFBT and its potential applications in preventing so-called challenging behaviors in youth. Firstly, the basic assumptions of SFBT will be discussed, along with the methods and techniques that can be applied when working with adolescents. The article will also describe selected scientific studies and their results, emphasizing the benefits of using this approach, such as improved social relationships, the development of social skills and stress coping mechanisms, as well as the cultivation of positive habits.

The article has two main objectives: scientific and pragmatic. It seeks to provide a comprehensive and organized overview of the available knowledge, facilitating its implementation by trained professionals.

**Key words:** Solution-Focused Brief Therapy (SFBT), challenging behavior, adolescents/teenagers.

### The Main Principles of Solution-Focused Brief Therapy

Solution-Focused Brief Therapy (SFBT), also known as Terapia Skoncentrowana na Rozwiązaniach (TSR) in Polish, was created by Steve de Shazer and Insoo Kim Berg. The team they founded at the Family Therapy Center in Milwaukee gra-

dually expanded, with additional therapists, psychotherapists, and social workers joining, including Jim Derks, Elam Nunnally, Marilyn LaCourt, Eva Lipchik (Lipchik, 2014). The development and evolution of Solution-Focused Brief Therapy were dynamic, thanks to the contributions of individuals such as: Marie Christine Cabie, Peter DeJong, Yvonne Dolan, Luc Isabeart, Gale Miller, Scott Miller, Ben Furman, Frederike Jacob, Geert Lefevere, Guy Shennan, Thorana Nelson. In the Polish context, SFBT has been disseminated through the training and scientific activities of Luis Alarcon Arias, Jacek and Mariola Lelonkiewicz, Artur Lewiński, Ewa Majchrowska, Jacek Szczepkowski, Magdalena Szutarska, and Tomasz Świtek.

All individuals contributing to the development of SFBT share a common goal: conceptualizing and implementing effective and rapid therapeutic techniques to assist clients in various life changes. This change in clients, concerning their perception of themselves, others, and the surrounding reality, can be initiated through precisely posed questions and the therapist's specific attitude. This aspect makes Solution-Focused Brief Therapy particularly dedicated to adolescents. Adolescents, in line with developmental stages and crises, have specific needs. They undergo changes, seek their own paths, rebel against authority, experience sadness, euphoria, assertiveness, and radicalism. They can also be submissive, apathetic, and engage in risky behaviors (Jankowiak, 2017). However, they always strive for a certain autonomy, to find themselves and a way of individual expression. Consequently, on the one hand, they do not want to listen to adults and their advice, dislike admitting failures out loud; on the other hand, they often suffer, feel lost, depressed, experiment with substances, escape into isolation, or engage with pornography.

Solution-Focused Brief Therapy (SFBT) appears to provide adolescents with what they need at this stage of development. It offers the opportunity to meet with a professional who does not impose solutions, accepts and respects the young person, refrains from diagnosing or formulating general interpretations. Instead, the therapist aims to lead the conversation in a way that encourages the teenager to "want to want" to seek reasons for change, and subsequently generates motivation for continuing the process in contact with a non-judgmental therapist.

Guided by curiosity about their adolescent clients, the therapist agrees on meanings and co-constructs language to help them establish goals and build solutions through the created common communicative ground. It is crucial for these goals to be the clients' ideas for solutions, as this helps maintain motivation for change. According to the principles of SFBT, a conversation focused on solutions is different from a conversation focused on solving a problem. Resolving a specific matter or issue does not necessarily have a direct connection with the problem. The system of solutions often has nothing to do with the sources of the problem or the system in which the problem originated. This approach aligns with the fact that adolescents usually do not want to revisit difficult or problematic

situations. Their dopamine-dependent brain desires rewards and successes more than an analysis of failure. Therefore, an approach in which a solution does not require delving into the problem or failure seems to perfectly address the needs of a teenager.

Concentration on the solution is a crucial principle of this approach, although it is often not obvious, so it's worth using an example. The goal of the educator is to conduct workshops for parents on the topic: "How to help adolescents develop their resources?". When the educator tries to start the prepared presentation, it turns out that the computer is not turning on. Action focused on solving the problem occurs when the educator repeatedly tries to do something about it, such as leaving the parents in the room and seeking help to start the computer. Solution-focused action takes place when the educator, despite the lack of a presentation, conducts the workshops. Because, as mentioned earlier, the goal is to conduct workshops, not to show the presentation. Therefore, it is essential to focus on the goal and remember where the client wants to go and where they do not want to go. In this regard, understanding this goal and needs is the basis of diagnosis in Solution-Focused Brief Therapy. This is not a nosological diagnosis based on ICD-11 or DSM-5. Thanks to this, it is: non-pathologizing, non-labeling, non-stigmatizing, and in a way liberating from imposed labels, thus offering hope for change.

Continuing in the realm of such important semantics, it is worth noting that in English, behaviors often referred to as "challenging behaviors," in translation: behaviors that pose a challenge, change the way of looking at individuals exhibiting them. Therefore, in this work, the terms "so-called challenging behaviors," "behaviors called challenging," and "behaviors posing a challenge" will be used interchangeably. Adopting such terminology allows us to remain in the theory and practice of Solution-Focused Brief Therapy. So-called challenging behaviors in adolescents will be understood as any recurring pattern of behavior that disrupts or threatens to disrupt at least one of the areas, such as: the relationship with oneself (e.g., self-harm, addictions), the relationship with others (e.g., violent behavior, withdrawal from contacts), achievements (e.g., in the areas of learning and fulfilling duties), resulting in a disturbance of the optimal level of functioning for the given developmental stage. This definition is closest to understanding challenging behaviors formulated by B. J. Smith and L. Fox (2003), who emphasize that these behaviors are defined based on consequences and, although they can be developmentally normative, it is important to address them appropriately, i.e., at a dangerous moment, through the application of suitable counseling procedures.

The basis for such interventions can be the philosophy formulated by Steve de Shazer and Insoo Kim Berg, according to which (Sczepakowski, 2007; De Shazer, 2013):

1. If something works, do more of it.

2. If something does not work, do something else.
3. If something is not broken, do not fix it.

According to the first point, it is important to focus on what produces the desired results and repeat it. Therefore, one should look for what works best in a given situation, then assess under what circumstances the expected effects occur and what actions lead to them, or what can help achieve the goal. Perhaps such an approach will require a different look into the past, referring to resources, searching with the teenager for exceptions and certain patterns in previously successful experiences.

The principle “if something does not work, do something else” seems incredibly simple and logical. At the same time, in practice, it is extremely challenging to apply. Repeating the same actions and expecting different results, of course, seems to make no sense. Yet, despite evident symptoms and indications that certain behavior or way of acting and thinking does not yield the desired results, clients often tend not only to repeat ineffective behaviors but also to intensify them. It turns out that the need for a change in ineffective actions and ceasing to do what does not work is not so obvious. How, then, to change that behavior and not keep doing the same thing? It is necessary to plan and engage in different forms of activity because only through this can one expect different, new results. Often, clients automatically engage in certain activities, acting routinely or even habitually. Therefore, it is important to recognize what triggers the entire sequence of subsequent activities and learn to intentionally and consciously stop ineffective actions, then replace them with new ones.

The last principle, “if it is not broken, do not fix it,” pertains to situations wherein everything is correct and functional, hence requiring no improvement. It is not worthwhile to alter what is already functioning effectively and yielding the desired results. This principle also advocates for a degree of restraint, refraining from pointing out to clients what therapists believe they should change and improve. Providing advice to someone to change something when that individual does not perceive the need for it assumes an unwanted and unsolicited expert position. Intruding upon what works for teenagers, even if it works imperfectly, can elicit anger, leave them feeling undervalued and misunderstood, and instigate resistance to meddling in areas to which the adolescent has not invited the therapist.

In their scholarly contributions, de Shazer and Berg underscored the significance of numerous techniques and pivotal components of therapy, which are explicated below (quoted in de Jong, Berg, 2007; Krasiejko, 2013; Ratner et al., 2017).

1. The Miracle Question. The aim of this question is to construct a vision of a preferred future, concentrating on goals and needs. The question appears in several versions:  
“Imagine waking up in the morning, and a miracle happened overnight. All problems have been solved, negative thoughts have vanished. Importantly,

you know nothing about the miracle. How will you recognize that the miracle has occurred?”

“Imagine that when today’s day ends, as usual, you will perform all your evening activities and go to sleep. While you are asleep, a miracle will happen in your life, and all your problems will disappear. Of course, you are still asleep, so you are unaware of it. How will you recognize that a miracle has happened? What has changed in your life?”

It is crucial for the client, when formulating the response, to focus on specific images and behaviors of themselves and others. After establishing the “day after the miracle,” the technique of small or first steps is often applied by asking: What could be the first small step that you can take today that will bring you closer to the desired change?

2. Scale-type questions. This type of question is used to prompt the client to pause and assess their position on a scale illustrating the potential development of a given situation. They reflect on where they were, where they aim to reach, and what indicators will signify their position on the scale. For children and younger teenagers, a school-scale from 1 to 6 is applied, while for older teenagers and adults, it extends from 1 to 10. An example question could be: “Considering a scale from 1 to 6, where 1 means you strongly dislike going to music class, and 6 means you love it, where are you on this scale?”. The number indicated by the teen is X. The follow-up involves asking precisely how it is at that X, then inquiring why not at X-1. This allows the individual to recognize that things are not as bad as they could be. The question also includes asking where they want to be on the scale and how they will know when they are at X+1. It is important to focus on measurable behavior rather than feelings or intuitions. Scale-type questions also enable teenagers to recognize progress as they conceptualize how they move on the scale themselves.
3. The practice of taking a break during the consultation and providing the client with a set of positive feedback. This practice is becoming less common. This involves the therapist leaving the room where the session took place and preparing a note for the client, including positive changes observed during the session, revealed resources, and strengths. Currently, these pieces of information are more frequently conveyed verbally and serve as a summary of the meeting.
4. Setting a homework assignment. The task assigned to the client is directly related to the topic of the session. Its purpose is to use what has emerged in therapy in the client’s everyday life. Homework tasks should be quite simple (for example: bring an observation about yourself, how you do something differently) to reinforce the motivation of adolescents and allow them to experience agency.

5. Seeking strengths and solutions. When an individual focuses on troubles and problems, it is challenging for them to notice that they were effective in the past, coping with issues. It is a good time to search for strengths and resources, such as skills, competencies, supportive relationships, or material possessions. This also facilitates the exploration of solutions, which, as mentioned earlier, do not necessarily have to come from the problem system.
6. Setting goals. As Seneca the Younger wrote, *"When you do not know to which port you are sailing, no wind is favorable."* Therefore, it is essential to determine what one wants, not what one does not want. The goal should be measurable, realistic, attractive to the teenager, and time-bound. It is worthwhile to initiate this process with the technique of small steps, that is, determining: "what will be today's very first small step that will bring you closer to achieving the goal?".
7. Seeking exceptions to problems. An individual experiencing a difficult situation tends to focus attention and energy on the difficulties encountered. It is quite easy at that point to forget that there are exceptions to every problem, times when the problem was absent or less significant. It is worthwhile to explore these situations, inquire in detail about the occurrence of these events, their course, and consequences. It proves useful to assure the teenager that we respect their problems and difficulties, but what is worth focusing on is the time beyond the problem. Utilizing past experiences, one can repeat what is functional, healthy, and has worked.

Additionally, the following techniques have entered the canon of Solution-Focused Brief Therapy:

1. Positive reframing. This technique involves giving a positive connotation to a specific behavior, thereby freeing adolescents from negative labels. For example, instead of telling teenagers that they are lazy, through this technique, it can be stated that they value their time, refrain from impulsive actions, or enjoy doing everything at their own pace.
2. Complimenting. When it comes to direct compliments, it is essential to balance and avoid excessive praise. With teenagers sensitive to any signs of inappropriate excessiveness or inconsistency, indirect compliments often prove more useful. For example, asking them what their best friend would say about their sports achievements.
3. EARS technique. Eliciting – extracting the client's observations about the changes they have made; Amplifying – reinforcing this through a detailed description of how the change occurred; Reinforcing – empowering the client by reinforcing their successes and strengths, exemplified by the discussed change; Start over again – beginning anew to identify signs of the next change.
4. Coping questions. The aim of these questions is to determine how individuals coped with problems in the past. What helped? What worked? What from what worked can be used in the future? How else can they cope, utilizing their knowledge to handle similar situations?

5. A not-knowing stance presented by the therapist. It does not discredit previously acquired knowledge or competence; rather, it involves a kind of withdrawal from the position of an expert or oracle. It is essential to treat teenagers as individuals responsible for their choices and to wisely accompany them in finding their life path.

## **Selected studies and their results on the effectiveness of Solution-Focused Brief Therapy in working with teenagers exhibiting challenging behaviors**

Solution-Focused Brief Therapy is a dynamically evolving approach supported by scientific research. Below are selected studies on the effectiveness of SFBT in working with teenagers in a school environment. The choice of these works was based on the criterion of utility, consistent with the principles of Solution-Focused Brief Therapy. The detailed presentation of research results along with procedures can serve as inspiration for researchers for further research inquiries and as encouragement for school staff and others dealing with challenging behaviors in youth. The application of scientifically based and researched therapeutic plans seems to be a crucial factor in developing preventive programs.

- I. The aim of the study (Sağar, Özabacı, 2022) was to examine whether statistically significant differences would occur in the problematic use of the Internet between three groups of students (13 individuals each) depending on the applied therapeutic procedures or their absence. The first group participated in a counseling program aimed at increasing healthy Internet use based on Solution-Focused Brief Therapy. The second group participated in a general group counseling program in this area. Individuals from these groups underwent six 120-minute sessions each week. The third group did not participate in any program. The supportive interventions based on SFBT were designed to help participants use Internet resources in a healthier, controlled, conscious, and functional manner. The program included Solution-Focused techniques such as miracle question, exception finding, scaling questions, compliments, homework assignments, exploring client's strengths, solution-focused questioning, goal setting, noticing small changes, coping techniques, and positive future planning. Furthermore, it also comprised components supporting the reduction of problematic Internet use, such as learning principles of healthy Internet usage, developing social skills to counteract loneliness, time management, and procrastination prevention, emotional regulation, positive reframing, relapse prevention, and problem-solving. All groups filled out the Problematic Internet Use Scale twice. The results showed that students who were members of the group with the Solution-Focused program, compared to the control group and general counseling group, experienced a signifi-

cant decrease in scores on the Problematic Internet Use Scale. These results persisted in a follow-up study conducted after three months. As the authors summarize, this program helped students improve their time management and daily activities organization, discover their resources and strengths, and enhance self-discipline in Internet usage habits. The authors speculate that the achieved changes will contribute to better organization in other areas of adolescents' functioning by generalizing acquired skills and applying them to new areas of life.

- II. A fascinating conceptualization of the impact of the Solution-Focused Approach in the preventive domain is found in the research on coping with anger and aggressive behaviors in adolescents (Akbaş, Yiğitoğlu, 2022). The experimental and randomized study involved measurements in both an experimental group (24 individuals) and a control group (24 individuals). Initially, all participants completed the STAXI-2 questionnaire to assess anger state, trait, expression, and control, as well as the Violence Tendency Scale (VTS) and an extended metric. Subsequently, the experimental group underwent an intervention procedure consistent with the principles of the Solution-Focused Therapy, comprising seven sessions, once a week, lasting 55 minutes each meeting. The program included the implementation of techniques such as focusing on positive goals, the miracle question, identifying exceptions, and flagging the minefield. At the end of each session, additional materials were provided to students to gain more information and skills in the solution-focused area.

No intervention was applied to students in the control group. Contact was made with students from both groups one week and one month after the conclusion of the 7-week sessions, and data were collected. After the intervention and in the one-month follow-up, the experimental group exhibited statistically lower results compared to the control group in the areas of: anger as a trait, externally expressed anger, and average values on the violence tendency scale. Meanwhile, average values on the anger control scale were significantly higher in the experimental group compared to the control group. The authors conclude that the obtained results shed new light on the benefits of applying Solution-Focused Brief Therapy. Thanks to SFBT, adolescents acquire skills in managing feelings of anger and potential conflicts, establishing positive interpersonal communication, solving problems, and developing empathy. They anticipate that incorporating solution-focused interventions, also within school practices, could be particularly important during sensitive periods, such as adolescence, when there is developmental growth in aggressive behaviors. It would also be significant to prepare and implement an anger management program based on SFBT, tailored for students at various educational levels.

- III. The aim of the subsequent (Malhotra, Suri, 2020) highly important investigations was to examine the effectiveness of applied therapeutic plans based on Solution-Focused Brief Therapy directed towards adolescents experiencing

bullying. The sample consisted of 30 bullied school students, including 14 boys and 16 girls, aged 13–16 years. The tools used were: the Multidimensional Peer Victimization Scale, which comprised four subscales: physical victimization, verbal victimization, manipulation, and property attacks, and the Self-Awareness Questionnaire (Saraswat, 1992), consisting of 48 items measuring self-acceptance on six separate dimensions: physical, social, intellectual, moral, educational, and temperamental, along with a metric.

Each participant in the experimental group received five individual weekly SFBT sessions lasting 40–50 minutes each. The sessions were conducted based on the Solution Focus Therapy Treatment Manual for Working with Individuals. The goal of the meetings was to stimulate and reinforce participants by tapping into internal resources and coping abilities with current problems, especially in the case of bullying. The control group did not receive such a program. Thirty individuals participated in the study, with an average age of 14.23 years. A significant increase in self-acceptance was demonstrated across all measured dimensions in the group of individuals who underwent training compared to the group without training. The authors conclude that SFBT is a highly effective approach in promoting positive self-acceptance among adolescents who have experienced bullying. In summary, the practice of Solution-Focused Brief Therapy-based interventions in the school environment has significantly developed in recent years and continues to be an area of interest for scientists, researchers, and practitioners such as: educators, social workers, career counselors, or psychologists.

IV. The aim of another study (Nameni et al., 2016) was to examine the effectiveness of group Solution-Focused Brief Therapy (SFBT) in the area of coherence. The study group consisted of teenage girls from the first year of high school who were either referred or voluntarily sought help from psychological support points due to both learning and behavioral problems. The research sample consisted of 30 15-year-old teenage girls randomly divided into two equal groups. To collect data, the Flensburg Coherence Scale was used. Both groups underwent a pretest, and then the experimental group participated in eight weekly sessions at 1.5-hour intervals. The control group was not subjected to any interventions. After eight weeks, a posttest was conducted in both groups and repeated after two months. The results obtained showed that the applied SFBT program significantly increased the sense of coherence among teenagers in the experimental group. As the authors conclude, Solution-Focused Brief Therapy can be one of the effective therapeutic and preventive interventions due to its short-term nature, utility, and the assumption of the individual's potential to achieve desired changes with minimal professional support. The therapeutic methods of SFBT stem from a non-pathologizing assumption, which helps individuals develop their own resources, appreciate their own motivation, which is essential in schools where human resources and time are limited.

The procedure for conducting interventions according to the principles of SFBT consisted of the following sessions:

1. Session one: introduction, establishing communication and session rules, defining frames, motivating and encouraging participants to focus on solutions rather than problems.
2. Session two: explaining the term “sense of coherence,” defining goals, establishing issues to be discussed in sessions, training on how to work through problems.
3. Session three: explaining the components of the sense of coherence, introducing scaling method, making a contract, determining possible ways to solve problems, and emphasizing the real and potential skills of students.
4. Session four: raising awareness among students about the benefits of a higher level of coherence, teaching the search for exceptions.
5. Session five: discussing the relationship between the sense of coherence and ways of reacting to problems signaled by students, teaching miracle questions.
6. Session six: discussing the relationship between individual elements of the sense of coherence and a sense of calm and health in the face of crises and daily stressors, teaching stabilization methods, focusing on problem-solving or reducing them.
7. Session seven: applying scaling in planning to achieve the goal and helping participants find a method to think and feel differently.
8. Session eight: summarizing previous topics, conclusions, appreciating students, and thanking them for participating in therapy.

This study is another confirmation that SFBT is successfully applied in working with teenagers. By giving individuals the freedom to choose their future and fate, it allows them to discover abilities, skills that help young people competently manage their affairs, cope with life challenges. The presented study above demonstrated positive results of applying SFBT procedures in the area of a sense of coherence.

The authors emphasize that training sessions helped students reduce the use of maladaptive strategies and thus more frequently utilize adaptive strategies through the application of specific techniques, which ultimately contributed to a higher sense of coherence. According to the authors, such good results obtained with the application of SFBT are the result of a non-judgmental, non-confrontational, friendly, and collaborative attitude of the therapist towards the client, focusing on the here and now, seeking exceptions to the problem, reinforcing them, the possibility of respecting the client's goals, and utilizing their internal resources.

- V. The research on the effects of Solution-Focused Brief Therapy (SFBT) interventions on high school students dealing with symptoms of school burnout is quite interesting (Davarniya et al., 2015). The study consisted of pretest and posttest measurements conducted on both control and experimental groups, with 30 voluntarily enrolled students participating. The Maslach Burnout

Inventory and a questionnaire were utilized as data collection tools. School burnout symptoms develop gradually and slowly. Ignoring them intensifies until coping becomes challenging. Emotional symptoms include anxiety, a sense of meaninglessness, despair, restlessness, anger, emotional deprivation, fear, a sense of worthlessness, disappointment, lack of job satisfaction, and anxiety. Physical indicators include lack of energy, physical fatigue, a sense of exhaustion, psychosomatic symptoms, aggressive and impatient behavior, and a cynical approach to the world. Cognitive indicators involve a negative attitude toward oneself, school life, and personal life. Stress experienced by students during the educational process, associated with overloaded school material and other psychological factors, can be the cause of school burnout. School burnout is defined as a sense of incompetence and the development of a cynical and indifferent attitude towards school. Burnout is also associated with emotional problems such as depression and stress, which can lead to a decreased interest in school, reduced or lost motivation for learning, school absenteeism, dropping out of school, as well as indifference, emotional burnout, a sense of personal failure, lack of academic success, or a sense of inefficacy.

In the conducted study, 30 students were randomly assigned to the experimental and control groups. The control group participated in standard educational activities according to the school curriculum. In the experimental group, six weekly SFBT-based sessions were conducted, lasting about 90 minutes, according to the following plan:

1. Session one: introduction; explaining the purpose, introducing group members, discussing group operation rules, providing information about the working method. Participants also received assistance in positively formulating the goal of their work and a list of expected changes.
2. Session two: change; group participants could express and define their goals in more detail, with a particular emphasis on the importance of solutions and change. The miracle question technique was presented during the session.
3. Session three: strengths and resources; group members focused on their resources, achievements, and strengths in coping with their school burnout.
4. Session four: exceptional situations; participants were encouraged to present situations where burnout symptoms were absent or present to a minimal degree, building on the previous session.
5. Session five: future-oriented questions; participants were tasked with designing potential situations in the future where the problem of burnout would not occur, followed by group discussion.
6. Session six: conclusion; project participants evaluated the experience gained from group work regarding themselves and the group process, using scale-type questions.

As a result of the SFBT-based program, a significant decrease in the school burnout scale was observed compared to the control group, which did not participate in the program.

The authors conclude that this method was effective for high school students who coped better with symptoms of school burnout and other problems encountered in the school environment. Students could focus on their own solutions, strengths, achievements, positive changes, exceptions, and their own resources. Moreover, this method provided an opportunity to focus more on positive aspects than negative ones, on solutions rather than problems, allowing for satisfactory results in a short period.

VI. Additional important research has been conducted to determine the impact of Solution-Focused Brief Therapy (SFBT) programs on reducing symptoms of depression among teenagers (Javanmiri et al., 2013). The study had a quasi-experimental design, structured as a pretest-posttest with the use of a control group. Twenty girls were selected for the project and randomly assigned to two groups – experimental and control. Data were collected based on the Beck questionnaire. The dependent variable was the application of the SFBT program in the experimental group, consisting of eight-hour sessions. In contrast, the control group underwent training that did not have planned therapeutic effects. After completing the project, both groups completed the Beck questionnaire and then repeated it a month later. Posttest results indicate that the therapeutic effect was stable, leading to a significant reduction in symptoms of depression among teenagers. As the authors summarize, participants in the project learned to support each other, a key element of change. The main hypothesis of the study was confirmed, suggesting that participants could find solutions to their problems by focusing on their own capabilities and skills. The reduction in depression symptoms occurred through a change in both their attitudes and some behaviors.

From the experience of group work with teenagers, it can be inferred that the Solution-Focused Brief Therapy approach can be successfully applied to them, providing them with complete freedom in deciding their future. Adolescents need to find themselves, discover their identity, and gain awareness of their abilities and skills. This type of supportive intervention aligns with their developmental right to seek themselves and explore their own potential and agency in dealing with various difficulties.

VII. In summary, the presented studies can be complemented by the results of a meta-analysis (Hsu et al., 2021), which encompassed 20 independent research samples (scientific articles), representing 1404 participants, including children and adolescents, with an average age of 10.33 years. The research revealed an average number of therapeutic sessions at 7.09 sessions. Based on the obtained results of the meta-analysis, the authors concluded that:

- improvement in the area of behavioral problems in individuals from groups undergoing programs utilizing Solution-Focused Brief Therapy (SFBT) was approximately one-third of a standard deviation greater than the improvement in comparative groups (where other approaches were applied) and control groups without treatment,
- in the case of internalizing problems, this effect did not reach statistical significance at an alpha level of 0.05, indicating no differences among comparative, control, and therapeutic groups,
- for externalizing problems, the use of SFBT proved to be statistically more effective compared to untreated groups.

## Conclusions

In conclusion, it is worth emphasizing once again that Solution-Focused Brief Therapy (SFBT) is effective in working with teenagers exhibiting so-called challenging behaviors. SFBT focuses on the positive aspects of adolescents' functioning, helping them define goals and find ways to achieve them. These goals may be related to education, career, social life, or emotional well-being. Therefore, the therapist concentrates on identifying the positive aspects of teenagers' lives, such as interests, skills, and strengths, assisting in identifying specific steps they need to take to reach their goals. It is important for a therapist working with teenagers to be empathetic, establish a rapport with them, and act more as a companion rather than giving advice. Compared to other therapeutic methods traditionally used in schools or centers, SFBT seems to have a better impact on students who displayed various difficulties and created problems. Furthermore, based on the provided data, it can be observed that the positive effects persisted even after some time from the completion of therapeutic programs. Additionally, through the generalization effect, these positive outcomes positively influenced other areas of adolescents' functioning.

An undeniable advantage of SFBT is the numerous scientific studies conducted. This contributes to the development of both theory and best practices, thereby helping to strengthen or restore the proper functioning of individuals. Scientific research, conducted to systematically and objectively collect and analyze data, provides a basis to assert that SFBT in working with adolescents exhibiting challenging behaviors is effective and brings tangible benefits. It is also important to note that theory supported by scientific research is more credible, precise, continually evolving, and has specific applications. Similarly, practice based on science provides a solid foundation for implementation and making appropriate decisions and actions.

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