

*Full Length Research Paper*

# The effectiveness of solution-focused brief therapy on increasing social adjustment of female students residing in Tehran University dormitories

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**The objective of this study is to compare the effectiveness of solution-focused brief therapy on increasing social competence of female students residing in Tehran university dormitories. The statistical population of this study consists of female students residing in Tehran public university dormitories during the 2008 to 2009 academic years. The studied sample includes 30 participants, randomly placed in an experimental and one control group. The members of the experimental groups participated in 6 sessions of solution-focused treatment. The results demonstrate that treatment method were effective on the increase of social adjustment in the students.**

**Key words:** Solution-focused brief therapy, solution-focused treatment, social adjustment, social competence.

## INTRODUCTION

For many young individuals, entering university causes an important challenge in late youth due to independent life and accepting responsibility (Hickman et al., 2000). Youth often live with family during the K-12 years and after being separated from their family and friends, they face important and complex issues such as adjustment with the new environment, living in dormitories, new courses, social needs and dropping their abnormal habits (Compas et al., 1986). This makes apparent the requirement for students to effectively adjust with the academic environment and maladjustment with the new environment will significantly affect their mental health. Adjustment to university life is a multidimensional process in which students must find effective solutions to accommodate with new conditions and their environment. Nevertheless, social adjustment is the most significant dimension of adjustment, as it is the social needs that dominate the individual's demeanor and occupy most of a student's time, energy and thought (Baker and Syrk, 1989).

Research shows that university life usually has a positive impact on a student's learning and development. However, it has been shown that student characteristics such as sex, race, ethnicity and color have direct and/or indirect effects on academic work and social adjustment levels (Pascarella and Chapman, 1983). Also, the student's individuality and their cultural patterns, interests, skills and demands may affect their capabilities and social competence process. In addition, student's backgrounds and the demographic characteristics of their living environment affect their integration and socialization process (Tinto, 1975, 1987). Limited opportunities and the feeling of injustice and inequity will reduce adjustment and create stress among students (Sandler and Hall, 1986). Interpersonal conflicts, especially in dormitories, are one of the other problems of a student's social adjustment. Roommate satisfaction, relations with dormitory employees and availability of provisions may also cause stress in students settling in dormitories. Not attending to these problems in some universities causes problems especially in first year students (Pino, 2004). Due to the stressful nature of this time period, these challenges may cause chronic diseases and adjustment problems for the students. Various methods may be used to solve student

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adjustment problems. Counseling and psychotherapy is one of these methods. Counseling and psychotherapy theories, depending on their specific assumptions, search for damages in different parts of a student's life and look to treat students using different methods. Solution-focused treatment is an approach to psychotherapy that is based on developing solutions instead of solving the problem. In this approach, instead of the current problems and the previous roots, the current resources and future hopes are discovered (Iveson, 2002). Deshazer is known widely as the main founder of the solution-focused treatment. Deshazer was strongly influenced by his early work with the Mental Research Institute (MRI) group in Palo Alto, California, and his solution-focused brief therapy (Anderson, quoted by Sexton et al., 2003). Other notable individuals are O'Hanlon, Lipchik and Weiner-Davis, who founded the primary principles and techniques of solution-focused treatment, especially solution-focused brief therapy and innovating their interpretation (Lipchik, 1993; O'Hanlon and Weiner-Davis, 1989; Anderson, quoted by Sexton et al., 2003).

In solution-focused treatment, there is no diagnosis, promotion on the insight is not considered and the past is not analyzed. Instead, clients are encouraged to do different actions. They help clients to think about what could be different. Once a solution is identified, the client and the therapist move towards it step by step (Harvard Mental Health, 2006). Deshazer (1991) stated that, the employed resolutions are problematic and not the actual problem (Anderson, quoted by Sexton et al., 2003). McGarry and McNicholas et al. (2008) studied the effect of two methods, solutions-focused and normal treatment in children and youth in mental health sectors. Client satisfaction was high in both groups and both methods responded until the third month, but after the third month, only the solution-focused method proved beneficial. Mireau and Inch (2009) also examined the effects of the solution-focused method on the mental health of people who were anticipating the use of mental health services. Participants in this test reported progress.

With regards to the aforementioned cases, in this study, we are looking to prevent and treat students' social adjustment problems in the dormitory environment. In order to study this case, we are looking to measure the efficacy of solution-focused brief therapy on social competence of female students in Tehran university dormitories. With regards to the underlying hypothesizes of this treatment, it is predicted that group counseling using the approaches will improve social adjustment in female students living in university dormitories.

**Hypothesis:** Solution-focused brief therapy will increase student social adjustment compared to control group.

## METHODS

The study is based on a pretest-posttest, control group experiment

in which there are an experimental group and one control group.

## Statistical population

The population in this study consists of female students residing in Tehran public university dormitories in the 2008 to 2009 academic years.

## Sampling

The individuals who have social adjustment problems were not known beforehand; therefore, the researcher has decided to select a relatively large sample from the population and subsequently choose the individuals with social adjustment problems from this sample. For this process, the first step was to make a list of all public universities in Tehran which added up to 16 universities. Among these 16 universities, 3 were randomly selected. The selected schools were the University of Tehran, Shahid Beheshti Medical Sciences University, and Al-Zahra University. Subsequently, by referring to the dormitories of these 3 universities, according to the number of students per dormitory and in accommodation with the overall data, an appropriate number of students were randomly chosen. In total, 500 female students were selected as the initial sample.

## Research methods

To determine the final sample, the first 500 copies of the Bell social adjustment questionnaires were passed out to students in Tehran university dormitories, in coordination with the dormitory supervisors. Subsequently, with regards to the grades obtained in this test, using a screening method, 83 people were identified as appropriate to participate in group therapy. The grade of these girls was higher than 13.76 in the Bell social adjustment questionnaires. Among these individuals, 30 people were arbitrarily selected and divided into 2 groups of 15. The groups were then randomly labeled as experimental and control groups.

Selecting a number of 15 people for each group was due to the possibility of losing people in groups. After sampling and random placement, all subjects, in the test and control groups, completed the social adjustment questionnaire in pre-test. Then the groups that were designated as test groups received following method: solution-focused brief therapy methods (six, 2 h sessions, 1 session per week), and the control group remained on hold to receive treatment. On the last session of group consultations, again all subjects (including the control group), filled all the questionnaires. The demographic details of the participants and sampling method flow chart are illustrated in Table 1.

## Measurement tool

1. Bell social adjustment questionnaire
2. Forming solution-focused brief therapy intervention groups

## Bell social adjustment questionnaire

To measure the social adjustment of students, the 1961 Bell 32-question subscale was used, which was standardized according to Naghshbandi, 2000. In this stage, subjects respond to yes/no questions: whenever subjects answer questions 1, 3, 4, 6, 5, 7, 24, 22, 20, 18, 16, 15, 12, 11, 31, 29, 28, 27, 25 with a "yes" and answer the questions 23, 21, 19, 17, 14, 13, 9, 8, 2, 32, 30, 26, with a "no", they will get a point. Those who score higher than 13.76 are

**Table 1.** The demographic details of the participants and sampling method flow chart.

	Al-Zahra University dormitory	Shahid Beheshti University dormitory	Tehran University dormitory	Total
Number of students per dormitory	170	170	160	500
Students with higher grade than 13.76	29	31	23	83
Participant in 2 groups (arbitrarily selected)	12	10	8	30
Control Group (arbitrarily selected)	6	5	4	15
Treatment Group (arbitrarily selected)	6	5	4	15

**Table 2.** Analysis of covariance for the dependent variable: Social adjustment in post-test.

Source	Sum of Squares	Degree of Freedom	Mean Square	F	Level of Significance	$\eta^2$
Group	69.578	1	69.578	6.984	0.014	0.225
Adjustment in pre-test	288.469	1	288.469	28.954	0.001	0.547
Error	239.114	24	9.963			

**Table 3.** Scheffe's Post Hoc test to test pairs for differences: Two by two comparison tests were respectively adjusted by changing social compatibility between different groups.

Group (I)	Group (J)	Mean differences between (I-J)	Standard deviation	Level of significance
Solutions - focused	Control	3.432	1.255	0.009

incompetent in their social relations and those who score lower than 13.76 are socially competent. Cronbach's alpha has reported the reliability of this questionnaire to be 0.86 (Tarkhan, 2006). This questionnaire was standardized by Naghshbandi in the year 2000 and its validity and reliability are 0.89 and 0.86 respectively.

### Ethics

This research has been completed under the supervision of the counseling center of Shahid Beheshti Medical Sciences University of Tehran and has been approved by the Ministry of Iranian Health. The participants of this research were notified by a public notice in the Universities and chose to complete the related survey. After the individuals were selected, the required explanations were given concerning ethics, keeping secrets and not disrespecting other participants in the groups.

### FINDINGS

Research findings have been analyzed using analysis of covariance.

**Hypothesis:** Solution-focused brief therapy will result in the increase of social adjustment in students compared to the control group.

As shown in Table 2 ( $F=6.984$ ) which is significant in the 99% ( $p=0.01$ ) confidence interval and therefore the null hypothesis is rejected with 99% confidence. The results show that, there is a significant difference between the

social adjustment level of the experimental and control groups after group counseling. When comparing the solution-focused group with the control group results in the significance levels of 0.009 which is less than 0.01. So with 99% confidence, we conclude that treatment group has significantly different adjustment levels from the control group (Table 3).

### DISCUSSION AND CONCLUSION

Since the approach is brief therapy, new, dependent on the client's capabilities instead of their problems and the result of clinical research, in this study the researcher is seeking to compare these two methods.

**Hypothesis:** Solution-focused brief therapy results in increasing social adjustment in students compared to the control group.

Based on the results it can be said that, the social adjustment has increased in students who have participated in the solution-focused group therapy sessions. This finding is in correlation with basic assumptions of the solution-focused approach. According to this theory, shifting from talking about the problem to talking about solutions will lead to the reduction of conflicts. Students and especially those who are in dormitories, face many environmental and academic problems and conflicts. After participating in sessions led

by a therapist, they will find possible solutions for the social problems they have faced, in relating to their new environment and being away from their family. Efficient solutions are the result of self redefinition and thereby, they will come to creating new and empowering stories about themselves. The results of this study are in accordance with the results of Gostautas and Pakrosnis (2007). They used the solution-focused method for social adjustment of adolescent orphans and reached positive results. In this study, they examined the number of treatment sessions needed to treat adolescent (12 to 18 years) problems using the solution-focused method. Their results showed that 60.3% of adolescents need two to three treatment sessions. The results also showed that, individuals who have less mental health problems lived with their families, have more confidence and go for therapy on their own will need less treatment sessions. After holding 6 solution-focused sessions, the same results were obtained in this research on female residential students. Mohammadi (2009) studied the effect of the solution focused approach in solving problems of Iranian adolescents. Participants were the group of individuals diagnosed to be at risk of delinquency whom were introduced by the school to the group. Researchers held 8 sessions of the solution focused approach (one session per week) during two months for teenagers. The results showed a reduction in the score of youth problems in the group. Karimi (2009) also studied the effectiveness of the solution focused approach on reducing aggression in Iranian school children. There were 14 participants in this research, of whom 7 were placed in the experimental group and 7 in the control group. The results showed that the aggression scores of the experimental group significantly reduced in comparison to the control group.

Based on the results of this study, participating in the solution-focused brief therapy of social competence psychotherapy sessions, will increase social adjustment in students. Students are the contemplative and intelligent groups of society, and by working on their cognitive distortions, attitudes, inertia beliefs and attributive styles, the therapist helps them to get rid of their cognitive distortions and pointless self-labeling and to be able to achieve better social relationships. Also, by learning life skills such as courage, problem solving, positive perspective, understanding their values and believing in themselves, they learn to have constructive communications with others and gain the social adequacy required for students living in dormitories and thus their social adjustment improves.

Nystuen and Hagen (2006) measured the effect of solution-focused therapy on employees with mental or physical problems. The results showed that, those who participated in at least 50% of the therapy sessions demonstrated great progress in comparison to the control group. The girls in the current research participated in almost all sessions and the result showed a higher social

adjustment following the 6 session of solution-focused method. Bakker and Bannink (2008) also examined the effects of the solutions-focused method in Psychiatry. Studies showed that solution-focused treatment is useful and reduces the cost of treatment and increases the Psychiatrist's job satisfaction. This method, along with medication can be utilized to prevent crisis in the primary stages of the Psychiatrist's work. Saidi (2006) studied the effectiveness of the couple treatment solutions focused approach, on reducing the couple's conflicts in the Khomeini city of Isfahan Province in Iran. The results showed that couple treatment solutions focused brief therapy, was effective on reducing the total score and subscale on the dimensions of marital conflicts associated with family, spouse, relationship with friends, leisure, sex, problem solving, finance and egalitarian roles. Gitipasand et al. (2008) examined the effectiveness of the solutions focused approach on reducing parent - child based conflicts in Iranian adolescent girls. The results showed that, solutions focused therapy is effective in the reduction of parent - child conflicts in adolescent girls.

The findings of this research, which has evaluated the impact of the solution-focused method on residential female students, are parallel with the results of the aforementioned reports, which have found the impact of solution-focused therapy on different social groups productive.

## Conclusion

Solution-focused brief therapy results in the increase of social adjustment in residential female students. Based on the results, it is suggested that the method be used in different academic centers to increase the social adjustment of students. It is suggested that, similar research be carried out with follow-up periods in these areas. Considering that the research is on student groups; therefore, it is recommended that other studies be carried out with this subject on non-student populations or on students with different academic degrees. The last suggestion is that other variables associated with social adjustment should be studied.

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