



International Journal of Psychiatry Research

ISSN Print: 2664-8962
ISSN Online: 2664-8970
Impact Factor: RJIF 5.44
IJPR 2024; 6(2): 41-47
www.psychiatryjournal.in
Received: 16-11-2024
Accepted: 13-12-2024

Daniel Aicardo Ortega-Delgado
Resident, Specialization in
Psychiatry, Universidad Libre,
Santiago de Cali, Colombia

Maria Corina Ochoa-Rojas
Psychiatrist, Basilia Clinic,
Pontifical Javeriana
University, Santiago de Cali,
Colombia

Isabela Perez-Prado
Resident, Specialization in
Psychiatry, Universidad Libre,
Santiago de Cali, Colombia

Alejandra Zuniga-Velasquez
Resident, Specialization in
Psychiatry, Universidad Libre,
Santiago de Cali, Colombia

Corresponding Author:
Isabela Perez-Prado
Resident, Specialization in
Psychiatry, Universidad Libre,
Santiago de Cali, Colombia

Strategic brief therapy: Breaking paradigms and transforming lives

Daniel Aicardo Ortega-Delgado, Maria Corina Ochoa-Rojas, Isabela Perez-Prado and Alejandra Zuniga-Velasquez

DOI: <https://doi.org/10.33545/26648962.2024.v6.i2a.76>

Abstract

Strategic Brief Therapy (SBT), developed by Giorgio Nardone, is an innovative approach in psychotherapy that focuses on identifying and modifying dysfunctional patterns of thinking and behavior in an efficient manner. Unlike traditional therapies, which often explore a patient's past, SBT is oriented toward practical solutions in the present, addressing specific problems through strategic interventions. It uses paradoxical techniques, in which counterintuitive actions are suggested, such as asking a patient with insomnia to try to stay awake, which can reduce anxiety and facilitate sleep. Among the fundamental principles of SBT are the re-framing of the problem and flexibility in the application of techniques, which allows the therapist to adapt interventions to the patient's needs. This fosters lasting and meaningful change, empowering the individual to improve their self-control skills and interpersonal relationships. In addition, SBT integrates neuroscience to understand how changes in behavior and thinking affect brain plasticity. This perspective highlights that the way in which experiences are interpreted influences emotional well-being. SBT has been shown to be effective in treating disorders such as anxiety, obsessive-compulsive disorders and addictions, promoting profound changes in the patient's perception and behavior. SBT not only seeks to reduce symptoms, but also focuses on transforming the patient's life through significant changes in their way of thinking and acting, positioning itself as a valuable tool in modern psychotherapy.

Keywords: Solution-focused brief therapy, psychotherapy, behavior and behavior mechanisms, thinking, neurosciences

Introduction

Strategic Brief Therapy (SBT) is a psychotherapeutic approach, whose innovative methodology stands out for challenging traditional paradigms in psychotherapy, allowing effective solutions to be offered in short periods of time, improving patients' adherence and bond to therapy^[1-4]. It is characterized by its effectiveness and efficiency in the treatment of a wide variety of psychological problems. It has scientific support that accredits its use in the fields of treatment of mental pathology^[5-7].

This method, developed mainly by Giorgio Nardone and his collaborators (2015), is based on the identification and modification of dysfunctional patterns of thought and behavior through specific and targeted interventions, where the patient's participation as a driver of his own recovery is allowed^[2, 6].

This review aims to capture the essence of this approach, reflecting both its ability to redefine conventional therapeutic pathways and its significant impact on patients' lives. The history of SBT, its theoretical foundations, paradoxical logics, the key principles established by Giorgio Nardone, the theory of thought associated with paradoxical logic and the link with SBT prescriptions are explored. Likewise, the relationship between SBT and behavioral neuroscience and the change of behavioral paradigms are explored, facilitating its understanding through specific examples of problems that can be solved through this therapeutic approach^[9, 10]. The chosen title captures the essence of SBT by highlighting two key aspects: the breaking of traditional paradigms in therapy and its ability to produce significant and lasting changes in the lives of patients, which has been fundamental to its success^[9, 11]. When we talk about "breaking paradigms" associated with the effects of SBT, it is supported by its innovative and disruptive approach, which breaks with the traditional

paradigms of psychotherapy [1, 3]. And it is that, unlike conventional therapeutic approaches that generally develop long-term psychotherapeutic processes, as they often focus on the deep exploration of personal history and the resolution of internal conflicts, SBT focuses on the solution of specific problems through strategic intervention and the modification of dysfunctional patterns, allowing the development of shorter psychotherapies, but with equally favorable results [2, 5]. Taking this into account, four important points must be considered:

- 1. Challenging traditional therapy:** As previously mentioned, traditional therapy, especially psychoanalytic psychotherapy and client-centered therapy, is premised on the idea that deep understanding of underlying conflicts and exploration of personal history are essential for the resolution of the patient's problems, leading, as described, to long-term processes [11, 12]. In contrast, SBT embraces a more pragmatic and solution-oriented approach, with short periods of intervention, having as a characteristic that instead of delving into the patient's past, it focuses on their present, identifying and modifying patterns in the "now", preserving thoughts and behaviors [3, 8]. In other words, SBT challenges the idea that long and exhaustive therapy is necessary to achieve significant change [6].
- 2. Use of paradoxical techniques:** In SBT, the use of paradoxical techniques is carried out, which are characterized by being intentionally counterintuitive interventions, designed to interrupt the patient's dysfunctional patterns. It arises from the neuroscience of human behavior, where a dominant paradigm replaces an emerging paradigm [9, 14]. Paradoxical logic is based on the principle that some solutions proposed by the patient to solve his problem not only do not work, but make the situation worse [13]. By using paradoxical techniques, such as prescribing tasks that go against the patient's expectations, SBT breaks with traditional approaches and offers new ways to address persistent problems [6, 9].
- 3. Focus on efficiency and brevity:** One of the most important aspects of SBT is its brevity and efficiency [3]. While many traditional therapies can extend over months or even years, SBT achieves significant results in a short period of time, which favors patient adherence to therapy. It has been shown that lasting and profound changes can be achieved in a small number of sessions through strategic, precise and versatile interventions [1, 7]. This approach challenges the notion that the therapeutic process must be prolonged to be effective [5].
- 4. Problem reframing:** SBT promotes problem reframing, which involves changing the perception and interpretation of a problem to open up new avenues for solution, thereby focusing on clashing paradigms [10]. This challenges the rigid beliefs and perspectives (Dominant paradigms) that patients may have about their difficulties [2]. Rather than viewing the problem as an insurmountable burden, SBT helps patients reinterpret their problems so that they become opportunities for growth and change [9, 11].

As a result of the above, the "transformation of lives" is sought, since the profound and positive impact that SBT can

have on the lives of patients is highlighted and can be manifested in several key areas [4]:

- 1. Change in thought and behavior patterns:** SBT is responsible for identifying and modifying dysfunctional thought and behavior patterns that contribute to the patient's problems [2, 5].
- 2. Development of self-management skills:** SBT encourages the development of self-management and emotional regulation skills [12]. Through specific interventions and the prescription of tasks as the basis of the psychotherapeutic process, patients learn to better manage their emotions and respond more effectively to challenges and stressors [7].
- 3. Improvement in interpersonal relationships:** In couples and family therapy, SBT has been shown to be effective in resolving relational conflicts and improving communication [6, 10].
- 4. Symptom reduction and improved quality of life:** SBT is scientifically supported by follow-up treatment research, which has reported reduced symptoms such as anxiety, depression, and addictions [12].
- 5. Patient empowerment:** SBT empowers patients by helping them take control of their problems and develop effective coping strategies [11, 13].

Materials and methods

Literature search: A broad search of the literature on SBT, functionality, application, and considerations for the management of mental health conditions was conducted. Databases such as PubMed, Psycinfo, Medline, Index were consulted. Medicus, Lilacs and Embase, to collect updated and relevant information on the subject.

Keywords such as "strategic brief therapy", "strategic interventions", "paradoxical logics", "behavioral patterns", "resignification of experiences", "addictions", "therapeutic strategies", "efficacy", "integral approach", "anxiety", "panic" were used, which were combined with Boolean operators (AND, OR). The search was limited to articles published between 2010 and 2024.

Inclusion and exclusion criteria

Studies that addressed therapeutic strategies focused on brief strategic therapy for mental health treatment in adult and adolescent populations, published in Spanish and English, were included. Articles outside the time range and those that did not focus on the therapeutic strategy mentioned were excluded.

Article selection

This was carried out in two phases: first, the titles and abstracts were reviewed to assess relevance. Then, the full text of the studies selected in the first phase was reviewed.

Data analysis and synthesis

Once the information was obtained, relevant data were extracted from the selected articles, including the characteristics of the therapeutic interventions. These were analysed narratively, evaluating the efficacy and applicability of SBT. Common patterns and themes were identified between the different therapeutic approaches.

Writing the article

Based on the findings of the literature review and data analysis, the article was organized into five sections,

namely: history, paradoxical logic, Nardone's description of SBT, relationship with behavioral neuroscience, and application of SBT. Its principles, methods, evidence of efficacy, and relevant considerations for its clinical application were highlighted. Citations and bibliographical references were then integrated in order to support the points presented, favoring the development of a solid discussion and determining the pertinent conclusions associated with the evaluation.

History of Brief Strategic Therapy

The roots of SBT are linked to the work of the Mental Research Group Institute in Palo Alto, California, in the 1960s [5]. Under the direction of Paul Watzlawick, Janet Beavin Bavelas, and Don D. Jackson, key concepts of communication and interaction were introduced into family therapy, laying the groundwork for the development of brief therapy techniques [14]. Individuals such as John Weakland and Richard Fisch, among others, developed *Solution-Focused Brief Therapy*, today considered an important precursor to SBT [10].

However, it is Giorgio Nardone, an Italian psychologist, who began to develop and refine SBT in the 1980s [2, 6]. In his work, he took and expanded the principles of *Solution-Focused Brief Therapy* to create a more targeted and effective therapeutic approach to problem solving [7]. Nardone and his team introduced innovative techniques based on paradoxical logic and strategic intervention, refining and expanding the principles of SBT with a more systematic structure [8].

Over time, Nardone and his collaborators have continually researched and refined this approach, thereby demonstrating the effectiveness of SBT across a wide range of mental health disorders [6]. The ability to effectively address complex problems with brief, targeted interventions positions SBT as a valuable tool in modern treatment. SBT has established itself as an effective and well-established methodology for treating a wide range of psychological problems, with an approach distinguished by its direct methodology, focused on problem solving through specific and strategic interventions [9].

Paradoxical logics in Strategic Brief Therapy

Within the development of SBT, important concepts emerge such as the so-called paradoxical logics, which are strategic interventions that seek to interrupt cycles of problematic behavior by offering solutions that seem contrary to intuition or conventional logic, thus playing a fundamental role in addressing psychological problems through interventions that challenge the patient's expectations and dysfunctional patterns [15, 16].

SBT is based on the premise that conventional solutions often exacerbate the problem rather than solve it. For example, a person with insomnia may try to force themselves to sleep, which paradoxically increases their alertness and anxiety, making the insomnia worse. In these cases, a paradoxical task can be used, such as telling the patient to try to stay awake as long as possible, which may reduce the pressure to sleep and make it easier to fall asleep [4].

That is, instead of using direct approaches, strategies that seem counterintuitive, such as prescribing tasks that challenge the patient's conventional logic, are used to interrupt cycles of problematic behavior and promote

effective changes. Of course, from a significant determinant that is defined from the neuroscience of behavior and is that "a dominant paradigm is susceptible to being modified, as long as a shock is generated that allows the restructuring of thought and the change in behavior" [17].

In this sense, understanding the usefulness of paradoxical logics allows for the creation of interventions that lead to breaking dysfunctional cycles of thought and behavior, promoting innovative solutions that favor the resolution of the problem [16, 17]. These paradoxical logics are limited to some important points that must be taken into consideration.

Definition and Application

Problematic behaviors can often be said to persist because conventional solutions fail to address the true nature of the problem. In that sense, by offering solutions that seem contrary to the patient's expectations, SBT seeks to disrupt the dysfunctional behavior cycle and promote meaningful change. In other words, rather than simply advising the patient to stop doing something, the patient may be asked to deliberately increase the problematic behavior. Seeking to create cognitive dissonance that motivates the patient to change his or her behavior more effectively - in short, a paradigm shock that generates such a significant impact that it is capable of restructuring thinking [16].

Paradoxical interventions

Paradoxical interventions are a key component of SBT, seeking to challenge the patient's dysfunctional beliefs and patterns. These interventions may include prescribing tasks that appear to go against the patient's wishes, such as asking a person with a phobia to expose their fears rather than avoid them. Seeking to deactivate the avoidance pattern and promote positive change [18]. Another example of a paradoxical intervention is the "double bind paradox", in which the patient is presented with two contradictory options that seem equally unacceptable to them. This prompts deep reflection and re-evaluation of the available options, which may lead to a creative and effective solution, favouring the patient's participation in their treatment [18].

Benefits of paradoxical logic

The possibility of creatively and effectively intervening in complex problems is highlighted. By challenging patient expectations and breaking dysfunctional patterns, SBT fosters deep and lasting change. This approach also allows therapists to tailor their interventions to each patient's specific needs, contributing to the overall effectiveness of the therapy [19].

Points scored by Giorgio Nardone

Giorgio Nardone has established several key principles that guide the practice of SBT. These principles focus on the application of specific strategies to address psychological problems efficiently and effectively [10, 11].

- **Resignification of the problem:** This therapy helps the patient to see his problem from a different perspective, deactivating his dysfunctional logic. In other words, it involves changing the patient's interpretation of his problem to open new avenues for solution [18].
- **Direct and indirect prescriptions:** These are specific interventions designed to interrupt problematic patterns. Direct prescriptions are clear and explicit instructions for the patient to perform a certain action, while indirect

prescriptions are more subtle and may involve metaphors or stories that lead the patient to a new understanding and behavior^[18].

- **Using paradox:** Paradoxical interventions are crucial to disarming the patient's resistance. For example, instead of telling a patient with a phobia to face his fear directly, one can prescribe that he imagine his fear in a safe context, which gradually reduces anxiety^[19].
- **Flexibility and creativity:** Within therapy, one must be flexible and creative, adapting techniques to the specific needs of each patient. There is no one-size-fits-all solution. SBT emphasizes the importance of adjusting interventions based on the patient's response and the context of the problem.

These principles allow SBT to be a dynamic and adaptive approach, capable of being useful in solving a wide variety of problems effectively. The ability to re-signify problems and use paradox are distinctive aspects that differentiate SBT from other therapeutic approaches^[19,20].

Theory of thought associated with paradoxical logic

The SBT establishes an intrinsic link with the theory of thought and paradoxical logic. According to this theory, psychological problems have their beginning and are perpetuated due to the cognitive and behavioral rigidities of each person, that is, psychological problems are rooted in strict patterns of behavior and cognition linked to each person, even from prenatal stages and that are reinforced daily (Dominant paradigms)^[21].

In this context, paradoxical logics play a crucial role in SBT, as repeatedly attempted solutions become part of the problem, reinforcing those dominant paradigms. For this reason, SBT focuses on identifying and challenging these rigid patterns of thinking and behavior by means of shock paradigms, with the intention of generating emerging paradigms that counteract such rigidity.

Once the underlying paradoxical logic is understood, the therapist can design interventions that break these patterns or paradigms^[22]. For example, in the case of a person with social anxiety who avoids interactions for fear of negative evaluation, the paradoxical intervention might involve gradually exposing the patient to social situations in a controlled manner, confronting and disconfirming his or her irrational fears, generating a shock to the initial thought that leads to counteracting this adaptive behavior^[23,24].

On the other hand, the theory of thought associated with paradoxical logic also emphasizes the importance of perception and interpretation, taking into account that once a person receives a stimulus (VAKOG language), said stimulus is the center of subjectivation, thus generating a perception and interpretation specific to each person. The way in which a person perceives and interprets their experiences can significantly influence their behavior and emotional well-being. Therefore, by changing these perceptions and reinterpretations, SBT helps patients develop more adaptive ways of thinking and acting^[25].

Link with prescriptions in Strategic Brief Therapy

Certain prescriptions in SBT have a direct relationship with the theory of thought and paradoxical logic. Paradoxical prescriptions, for example, may include the indication that the patient deliberately performs the problematic behavior in a controlled context, which often leads to a reduction of the

behavior. In other words, through this technique, the goal is to generate shock paradigms in a controlled manner, initially under the supervision of the therapist in consultation, gradually facilitating that these determinations are used by the patient in his daily life^[26].

Prescriptions are powerful tools for interrupting dysfunctional patterns and promoting positive change. The versatility of SBT is highlighted, as these prescriptions can be both behavioral and cognitive. Their success depends on the therapist's ability to precisely design and adapt them to the specific needs of the patient at the time and under the particular conditions, leading to positive results.

An example of a behavioral prescription might be asking a patient with cleaning obsessions to leave a part of their house untidy for a certain amount of time, generating a cognitive shock to their compulsive ritual, which can reduce the compulsion by ensuring that nothing catastrophic happens^[27,28]. A cognitive prescription might involve the task of writing a diary where the patient records their negative automatic thoughts and then reevaluates them from a more rational and balanced perspective, making use of scientific determinants that lead to revalidate the obsessive idea generating the conflict.

The effectiveness of prescriptions in SBT lies in their ability to directly challenge the paradoxical logics and rigid thinking patterns that perpetuate problems^[29]. By doing so, the patient can develop new ways of thinking and behaving, leading to an effective and lasting resolution of their difficulties. However, it is important to stress that such intervention must be carried out in a supervised and progressive manner in order to improve the patient's adherence to therapy^[28,29].

Relationship between behavioral neuroscience and Strategic Brief Therapy

Throughout history and in search of providing explanations with foundations that can be proven through the scientific method, people have evolved to the academic point of trying to give a specific response to the behavior of each person, which is why the neuroscience of human behavior arises, which, in a few words, is a discipline that explores the relationship between the brain and behavior^[29].

To understand this relationship, knowledge from biology, psychology and neuroscience is combined, seeking to understand how brain structures and functions influence human actions, emotions and thoughts, examining the neural mechanisms underlying processes such as decision making, learning, memory and emotional regulation^[28,29]. From this point of view, behavioral neuroscience has provided valuable contributions to SBT, especially in understanding the brain mechanisms underlying changes in behavior and thought, which have led to the creation of the different strategic mechanisms used in this therapy for problem solving.

The integration of neuroscience with SBT has allowed a greater understanding of how strategic interventions can influence brain plasticity and promote lasting changes: generation of emerging paradigms through shock paradigms that deconstruct dominant paradigms related to each person's way of behaving^[29].

Behavioral neuroscience has shown that the brain is highly plastic, leading to a significant capacity for reorganization in response to new experiences and learning, which is decisive at any stage of existence, meaning that a person may be

subject to changing anomalous behaviors at any time in life. This is particularly relevant to SBT, since strategic interventions and prescriptions are designed to create new experiences and learning that can remodel dysfunctional neural patterns, making use of the brain's own neuroplasticity and neurogenesis [28].

For example, neuroscience research has shown that behavioral interventions, such as exposure and response prevention in obsessive-compulsive disorder (OCD), can lead to significant changes in brain activity (Neuroplasticity). These changes reflect a reduction in hyperactivity in brain areas associated with anxiety and obsessions, supporting the efficacy of the techniques used in SBT [27, 29].

On the other hand, neuroscience has highlighted the importance of emotional regulation and self-regulation in therapy. SBT, through its strategic interventions, helps patients develop emotional regulation skills, which is reflected in positive changes in brain activity and in the improvement of emotional well-being. This is because much of people's behavior is governed by learned behaviors, leading to them being unlearned or rather restructured through SBT, favoring a change in the way of interpreting certain circumstances that lead to improving the person's quality of life [30].

Changing behavioral paradigms

As previously mentioned, a fundamental aspect of psychotherapy is related to the change of behavioral paradigms, which is why it has become a central point in SBT. This therapeutic approach seeks not only to solve the specific problems presented by the patient, but also to promote a deeper change in the way the patient perceives and responds to their experiences, changing paradigms [30].

This change in behavioral paradigms implies a transformation in the patient's patterns of thinking and behavior, situations that are rooted even from the prenatal stage [28]. SBT facilitates this change through strategic interventions that, in a functional way, challenge paradoxical logics and dysfunctional patterns. In doing so, a shock is generated that opens the possibility of adopting new ways of thinking and acting that are more adaptive and beneficial, improving the person's interpretation and response to different stimuli [30].

Within this integrated search in SBT to change behavioral paradigms, several key aspects emerge, among which, one of the most important is the ability to re-signify experiences and reinterpret problems from a new perspective (Changing subjectivation). In this way, allowing the person to see their difficulties not as obstacles that generate difficulty in overcoming, but as opportunities for growth and positive change, giving a new value and emotional response to each new situation [27, 28].

For example, a patient with depression may reinterpret his negative and self-critical thoughts as signals of areas he can work on to improve his self-esteem and well-being. Strategic intervention in this case might include cognitive restructuring techniques and specific tasks that help the patient develop a more positive and realistic view of himself, which facilitates a longer duration of the patient's emotional improvement [30].

The change of behavioral paradigms also implies that the patient manages to adopt new skills and strategies to manage stress, anxiety and other emotional challenges in

different life circumstances, allowing him to have a better response to daily challenges, considering the acquisition of new defense mechanisms that promote a positive response to the therapeutic plan. Through this therapy, the aim is to provide patients with practical and effective tools to face their problems and promote a lasting change in their psychological well-being [31].

Problems for which effectiveness has been demonstrated through the use of SBT

SBT has been shown to be effective in a wide range of psychological disorders and problems. As has been identified throughout this review, its versatility facilitates its application in multiple problems with appropriate responses. Among the main uses are:

Anxiety Disorders

SBT is particularly effective in treating anxiety disorders, including panic disorder, social anxiety, and specific phobias. Strategic interventions and paradoxical prescriptions help patients confront and disconfirm their irrational fears [30].

- **Panic Disorder:** A patient with panic disorder may be given a paradoxical prescription to try to deliberately provoke a panic attack in a safe environment. This intervention may help the patient reduce their fear of panic by discovering that it is not as dangerous as it seems and that they can effectively manage it [30, 31].
- **Social anxiety:** In the treatment of social anxiety, the therapist may prescribe the patient to engage in short, controlled exposures to social situations, starting with the least anxiety-provoking ones and gradually progressing to the more challenging ones [30]. This technique, known as systematic desensitization, helps the patient reduce his or her anxiety and improve his or her confidence in social situations.
- **Specific phobia:** For a specific phobia, such as fear of flying, the therapist may use the graded exposure technique, where the patient faces his or her fear in small steps, starting with visualization of flights and gradually progressing to actual flights. This technique helps desensitize the fear and increase the patient's tolerance for the phobic situation [29, 30].

Obsessive-Compulsive Disorder (OCD)

SBT uses techniques such as exposure with response prevention and paradoxical prescriptions to interrupt compulsive and obsessive cycles. This allows patients to reduce their compulsive behaviors and better manage their obsessions [30, 31].

Relational Problems

SBT is used successfully in couple and family therapy. Strategic interventions can help resolve relational conflicts and improve communication and family dynamics. For example, a paradoxical prescription might involve each partner performing an unexpectedly positive act for the other, which can break patterns of negativity and promote greater understanding and emotional connection [31].

Eating Disorders

SBT has been applied in the treatment of eating disorders such as anorexia and bulimia. Paradoxical prescriptions and behavioral interventions help patients change their

dysfunctional eating patterns and improve their relationship with food. In the treatment of anorexia, the therapist may use the exposure and response prevention technique to help the patient confront and challenge his or her fears related to food and weight. This technique may include gradual exposure to feared foods and prevention of compensatory behaviors, such as excessive exercise or fasting.

Addictions

SBT can be effective in treating addictions to alcohol, drugs, and others. Strategic interventions help patients identify and change the behavior patterns that maintain the addiction [29]. In treating alcohol addiction, the therapist may use stimulus control and contingency management techniques to help the patient reduce his or her alcohol use and develop skills to manage addiction triggers. This may include creating a contingency management plan that rewards sober behavior and discourages alcohol use [30, 31].

Impulse Control Problems

SBT has been used to treat problems such as impulse control disorder and explosive behavior. Paradoxical interventions and specific prescriptions help patients develop greater self-control and emotional regulation [30].

Conclusions

SBT, a technique that emerged several years ago and has strong support in the community, is based on paradoxical logics and specific interventions. It is versatile and easy for the therapist to use, offering a powerful and effective approach to treating a variety of mental health problems. Therapist creativity and flexibility are crucial to the success of this therapeutic approach. The therapist has the option of being able to administer multiple types of strategic interventions, together with a deep understanding of paradoxical logics and appropriate prescriptions [29-31].

From its roots in Mental Research Institute Until its development and refinement by Giorgio Nardone and his collaborators, SBT shows a problem-solving approach that is dynamic and adaptive, with an important addition: it is developed in a shorter time, favoring patient adherence to the therapy. The principles established by Nardone, the theory of thought associated with paradoxical logic and the strategic use of prescriptions make SBT an invaluable tool in psychotherapeutic practice [30].

The development of SBT has been aided by the advancement of behavioural neuroscience and the shift in paradigms, which have demonstrated the possibility and capacity to re-signify problems, using paradox and designing precise prescriptions. These are distinctive aspects that allow SBT to effectively address a wide range of psychological problems, not only by seeking rapid problem resolution, but also by promoting a lasting change in the patient's perception and behaviour, improving their general well-being.

The integration of behavioral neuroscience and behavioral paradigm shifts in SBT has allowed for a greater understanding of the brain mechanisms underlying behavioral and thinking changes, based on the principles of neuroplasticity and neurogenesis [26]. In summary, SBT has proven to be very useful in addressing multiple problems, with strong support from various perspectives. Psychotherapists are encouraged to use it with confidence in

terms of obtaining a positive and lasting response in the therapeutic plan [18].

Authors' contributions

Each author contributed to the review of the evidence and the writing of the manuscript, as well as to the approval and responsibility for the final version of this article.

Funding and conflicts of interest

The authors declare that they have no conflicts of interest and have not received any funding.

Ethical considerations

All data used in this review were from previously published studies and no ethics committee approval was required.

References

1. Nardone G, Salvini A. The strategic dialogue: Rendering the diagnostic interview a real therapeutic intervention. 1st ed. London, England: Routledge; c2019.
2. Nardone G, De Santis C. Therapeutic strategies and suggestions for treating anxiety disorders: A cognitive behavioral approach. Routledge; c2014.
3. Balbi E. The logic of therapeutic change: fitting strategies to pathologies. 1st ed. New York: Routledge; c2018.
4. Nardone G, Salvini A. The strategic therapy handbook: principles and clinical practice. New York: Routledge; c2017.
5. Watzlawick P, Nardone G. Brief strategic therapy: theoretical and practical applications. 1st ed. New York: Routledge; c2014.
6. Nardone G, De Santis C. Advanced techniques in the treatment of anxiety disorders: from theory to practice. New York: Routledge; c2019.
7. Nardone G. The evolution of brief strategic therapy: A new perspective. New York: Routledge; c2018.
8. Nardone G, Salvini A. Handbook of brief strategic therapy: theoretical, clinical, and research perspectives. New York: Routledge; c2020.
9. Nardone G, Balbi E. The new paradigms in therapy: from linear to nonlinear approaches. 1st ed. New York: Routledge; c2022.
10. Bartoli S, De la Cruz R. Epistemología, historia y fundamentos de la Terapia Breve Estratégica. *Pap Psicol.* 2023;44(1):36-44. DOI:10.23923/pap.psicol.3009.
11. De la Cruz Gil R. El modelo de Psicoterapia Breve Estratégica de Giorgio Nardone. *Ciencia Psique.* 2022;1(1):67-80.
12. Rodríguez-Ceberio M, De la Cruz R. Eficacia de la psicoterapia en comparación con la terapia farmacológica en el tratamiento de la hipocondría. *Rev Cient Retos Cienc.* 2023;7(15):100-111.
13. De la Cruz Gil R. Abordaje e intervención terapéutica en psicoterapia breve cibernético-constructivista. *Rev Cient Retos Cienc.* 2023;7(15):74-86.
14. Ceberio M, De la Cruz Gil R. Objetividad y causalidad en la biología cognitiva de Humberto Maturana. *Diálogos Abiertos.* 2023;2(1):27-48. DOI:10.32654/DialogosAbiertos.2-1.3.
15. Nardone G. El arte de la estratagema. Barcelona: Editorial Herder; 2021.

16. Nardone G, Watzlawick P. El arte del cambio. Barcelona: Editorial Herder; c2022.
17. Nardone G, Salvini A. El diálogo estratégico. Barcelona: Editorial Herder; c2019.
18. Nardone G, Portelli C. Conocer a través del cambio. Barcelona: Editorial Herder; c2021.
19. Nardone G. Miedo, pánico, fobias. Barcelona: Editorial Herder; c2020.
20. De la Cruz Gil R. Epistemología sofista y su influencia en la terapia breve estratégica. Modelo Nardone. Límite (Arica) [Internet]. 2021, 16. Available from: <http://dx.doi.org/10.4067/s0718-50652021000100201>.
21. Salvini A, Nardone G. El poder de la estrategia terapéutica. Barcelona: Editorial Paidós; c2021.
22. Verbitz T, Muriana E. Psicopatología y vida amorosa. Barcelona: Editorial Paidós; c2022.
23. E., Schaefer F, editor. La Terapia Sistémica Breve como terapia de tercera generación. Santiago de Chile: Mediterráneo; c2015.
24. De la Cruz Gil R. La influencia de la lógica en la Terapia Breve Estratégica. Rev Psicoter Lógica. 2023;5(2):45-58.
25. Rodríguez-Ceberio M, De la Cruz R. Hipocondría tratada con Terapia Breve Estratégica. Rev Multidiscip Diálogos Abiertos. 2021;2(2):105-120.
26. Bartoli S, De la Cruz R. La influencia del constructivismo en la Terapia Breve Estratégica. Psicot Constructivista. 2023;7(1):99-115.
27. Fiorenza A, Nardone G. Intervención estratégica en contextos educativos. Barcelona: Editorial Herder; c2021.
28. Watzlawick P, Nardone G. Terapia breve: filosofía y arte. Barcelona: Editorial Herder; c2021.
29. Pinguart M, Oslejsek B, Teubert D. Efficacy of systemic therapy on adults with mental disorders: A meta-analysis. Psychother Res [Internet]. 2016;26(2):241-257. Available from: <http://dx.doi.org/10.1080/10503307.2014.935830>.
30. De La Cruz Gil R. Tratamiento de un caso de trastorno de ansiedad generalizada con terapia breve estratégica. Rev Cient Retos Cienc. 2021;5(11):77-85.
31. Castelnuovo G, Ranieri F. Tratamientos breves en psicoterapia avanzada. Barcelona: Editorial Herder; c2022.