

Positive Lexical Choice: A Bridge to Hope through Solution Focused Brief Therapy

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Abstract

Hope is a contributing factor towards therapeutic change in counselling, and yet there is limited research on how hope is co-constructed between the counsellor and the client during a therapeutic session. This practice-based research draws on Snyder's (2000) work on hope to explore how hope is co-constructed through Solution Focused Brief Therapy (SFBT) with one adolescent. Snyder describes hope as a goal-oriented approach requiring both client agency and pathways. This research project draws on a qualitative methodology underpinned by social constructionism. Data from one participant collected through video and audio recordings of two counselling sessions with the counsellor-researcher was utilised. Microanalysis was used for data analysis, enabling exploration of grounding sequences, therapist use of questions, lexical choice and discourse markers. Findings highlighted three phases; co-construction of goals, co-construction of agency and redefining futures. These phases, while identified within the data, were informed by Snyder's Hope Theory and contributed to the understanding of how hope is co-constructed in counselling. Findings show a strong connection between positive lexical choice (PLC) and the co-construction of hope. In addition, the three components of goals, pathway and agency enable hope to be co-constructed collaboratively with the client. Further research exploring lexical choice across counselling theories would make further valuable contributions to therapists' understanding of how hope is co-constructed in counselling.

Keywords: Hope, Solution Focused Brief Therapy, SFBT, Microanalysis, School Guidance, Adolescents, Positive Lexical Choice, PLC, Formulations, Questions, Goals, Agency, Pathways, Counselling, Psychology, Therapy.

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Positive Lexical Choice: A Bridge to Hope through Solution Focused Brief Therapy

Hope is a broad concept and can hold different meanings to every one of us. I have noticed through personal conversations when discussing hope with colleagues, friends, and family, that their perspective of what hope means varies and presents as varying degrees between goals for the future, a connection to faith, and perhaps an element of wishful thinking.

Hope has been and remains, a focus of research for many academics. For this research, I will focus on the elements of hope within the context of counselling.

Research shows that hope is an important factor within counselling and for clients to enable them to move forward. I am curious as to how hope may or may not be co-constructed within my counselling practice. What does hope sound like in counselling? How does hope present or become more explicit within the session? How does the communication between client and counsellor indicate that hope is present, developing, increasing, or perhaps decreasing?

1.1 Professional connection to hope

I have entered the field of counselling after many years working within the Department of Corrections and broader Social Work Sector. The Department of Corrections in New Zealand includes prison services and community probation services. My work involved monitoring and providing rehabilitation interventions with people convicted and sentenced to community-based sentences or people released from prison with release conditions, including parole. I spent 11 years working within the community probation service, leaving the Department of Corrections in 2016. During my work with the Department of Correction clients, I have held the concept that I have a responsibility to hold

hope for others and with others until they can hold it for themselves. Holding hope for my clients is a philosophical approach to practice that I have relied upon when engaging clients within the criminal justice system. Having held the viewpoint that if I did not believe in the possibility of behaviour change and the client's inherent desire toward something different, then my engagement with them would have limited impact and effect. When I refer to change, I am relating to changes the client identifies as useful for them in their world to move towards something different, a goal perhaps, whether this is health-related or to reduce behaviour that might be harmful to themselves or others. From this attitude or value-based approach, I found myself feeling as though I was holding hope with and for others until the client could connect to a sense of hope for themselves.

While perhaps a personal value-based approach for my work with clients, holding a hope value approach was later supported in my practice when I discovered the theory of Desistance in 2014. Within the field of criminology, desistance contributes towards a client's decision to move away from criminal behaviour with a duration of longevity that reflects this change (McNeill, 2006). Both the client's and probation officers hope is found to be a core element in supporting clients to change and move away from criminal behaviours and develop prosocial lives (McNeill, 2012). Research has identified the relevance of both hope from the client and probation officer along with motivation as factors to support desistance from criminal behaviours (Bartels, 2017; LeBel, Burnett, Maruna, & Bushway, 2008). A sense of hope held by the client contributed to their longevity of desistance (Capaldi et al., 2016)

Hope held by professionals working in the criminal justice sector is a pivotal element contributing to desistance for people seeking to shift from an already ingrained pathway of crime, towards a crime-free lifestyle (LeBel et al., 2008). Clients that identified with a personal sense of hope towards possibilities for something to be different as well as

connecting to a sense of hope from their probation officer, social worker, and other support people in their lives contributed to the client's positive outcomes and behaviour change. Hope instilled by others is found to have a contagious effect on the client, connecting them to hope and possibilities. Research shows that the client connects to something more positive, including the possibility of a crime-free future (Maruna, 2012).

1.2 A personal connection to this research

While counselling has many theoretical and technical layers that inform and support practice, there remains the beliefs, values, and individualism of the counsellor and client that inform and contribute to the relational layers and outcomes (Lambert & Barley, 2001). I will discuss the connection between counselling outcomes and the therapeutic relationship further in my literature review. Given this, I believe it is essential for this research to include what hope means to me both in my past and present understanding of hope; such an approach would be a form of reflexivity. The ability to reflect and bring reflexivity into this research is likely to inform my findings. To support this statement, I quote Etherington's (2007) work relating to ethical research n reflexive relations,

“Reflexive research encourages us to display in our writing/conversations the interactions between ourselves and our participants from our first point of contact until we end those relationships, so that our work can be understood, not only in terms of what we have discovered, but how we have discovered it” (p. 601)

My research data has come from my counselling sessions with clients and explores the co-construction of hope through the language used within the counselling session. As a practice research participant, it seems only prudent to acknowledge my connection to hope.

On a personal note, hope has meant many things to me. Hope has come through both internal and external influences in my life. I grew up with a Christian faith, and from this, I

certainly connected to a spiritual sense of hope. The hope in the unknown, hope in trusting, hope in believing that no matter what, all will work out, and I will grow through the experience no matter what challenges arise. Van Hooft (2011) explored hope through clinical, political and religious perspectives and goes on to suggest hope to be a “psychological state that we experience as part of our inner, subjective lives” (p. 11)

At a young age of 16 years, I was influenced by a tutor who supported me to be the best I could be. I was a late bloomer academically, and it was not until I was attending a youth training scheme in business and administration that I came across Peter, a tutor on the programme who saw potential in me above and beyond what I could see for myself. He told me one day that I could be anything I put my mind to be. At the end of my training, the team asked me to return as a mentor and tutor for youth. The confidence, belief, and hope instilled in me by Peter felt genuine, accepting, and freeing.

Throughout life, I believe a connection to hope has given me resilience and the ability to see possibilities. An ability to see the world as a glass half full rather than a glass half empty, for me, I consider this to be more than optimism. I recognise that hope, optimism, faith, possibility, positive thinking, and self-efficacy can all overlap; however, for my research, I focused on how hope is co-constructed in counselling. As a school guidance counsellor undertaking a Masters Degree in Counselling with Solution Focused Brief Therapy (SFBT) as the primary approach, I continue to develop my understanding, practice, and connection with this therapeutic approach. My research is through the lens of SFBT, and my literature review reflects this.

1.3 Overview

Within the literature review, I have explored the theory of hope, hope in counselling, the philosophical stance of solution-focused brief therapy and the connection of hope for

school guidance counsellors working with adolescents. I have connected my literature review to my rationale and research question. The literature review informs the discussion of my findings and how these contribute to future research and counselling of adolescents in schools.

There are researchers in the counselling field undertaking a specific focus on the use of SFBT techniques, this research is not one of them, and my research has remained focused on hope and the collaborative language utilised to co-construct hope through the philosophical lens of SFBT, this has influenced my literature review.

The methodology chapter addresses the epistemology, method of analysis and how I came to this decision. Within this chapter, I have included the recruitment and data selection process. I have addressed ethical and cultural considerations as well as trustworthiness and rigour of this research.

Within the findings chapter, I have provided a detailed approach using microanalysis and highlighted the emergence of three phases within the data. I have included summaries of my findings.

The discussion chapter connects both the findings and literature review to hope in counselling and contributes to how hope is co-constructed in counselling using SFBT. Also included are limitations of this research and recommendations for further research.

2 Literature review

This literature review provides an introduction to hope and hope in counselling using Solution Focused Brief Therapy. I have explored hope as a concept and then approached the literature review through the psychological construction of hope. I have included research relating to Hope Theory (Snyder, 2002), emotional constructs of hope and hope in counselling. I have addressed the philosophical stance, and skills utilised within Solution Focused Brief Therapy (SFBT). I have also introduced research linking hope and SFBT in counselling. My research involved counselling adolescents in schools, and I have, therefore addressed the connection of hope for school guidance counsellors.

I have highlighted gaps in research related to hope and SFBT and linked this to my rationale for researching my practice and how hope is co-constructed through SFBT counselling in school guidance.

I use the terms counselling and psychotherapy interchangeably along with psychotherapist, counsellor, and therapist as interchangeable terms.

2.1 Hope: an introduction

The concept of hope is an integral part of human nature, and yet the definition of hope remains widely debated. Pettit (2004) states that hope “gives you firm and friendly coordinates in an uncertain and uncompanionable world. To have hope is to have something we might describe as cognitive resolve” (p. 159). This research hopes to shed light on how these coordinates developed through the co-construction of hope in SFBT counselling.

Lopez, Snyder, and Pedrotti (2003) identified at least 26 theories or definitions of hope, along with several approaches to measuring hope. Given the ongoing debate and a multitude of meanings, I do not attempt to define hope in the literature review but introduce

an awareness of the different constructs. To do so, I have utilised Webb's (2016) five modes of hope which captured variations in how hope is defined. The five modes Webb (2016) identified are patient hope, critical hope, estimative hope, resolute hope and utopian hope. The most relevant mode relating to this research is that of resolute hope. Webb (2016) described resolute hope as "precisely that quality which enables human beings to galvanise their cognitions in a way that overcomes the burden of evidence" (p. 75). Webb (2016) identified resolute hope as having a future-orientated significant desire with a cognitive affect that provides mental imaging and cognitive resolve. Included in resolute hope is the perception that one is capable of developing pathways and motivation through agency thinking towards the hoped-for goal (Webb, 2016). This connection later brings me to Snyder's (1994) work on hope, where Snyder identified pathways and agency thinking as necessary components towards hope.

2.2 Hope in counselling

One aspect identified within psychotherapy found to contribute towards change is hope (Lopez et al., 2004). When researching factors that influenced client outcomes, Lambert and Barley (2001) completed an extensive review of outcome literature within psychotherapy and across multiple treatments and disorders. From their review, Lambert and Barley (2001) summarised research regarding factors contributing towards the therapeutic relationship and described the factors as being divided into four areas as follows: extra therapeutic or factors outside of the counselling session; expectancy effects such as clients' expectations from counselling; specific therapeutic techniques; and common factors. Common factors included facilitative conditions that supported the therapeutic relationship. Lambert and Barley (2001) identified that the therapeutic relationship contributed up to 30% towards positive client outcomes and client expectancy effects contributed 15% towards outcomes in psychotherapy (Lambert, 1992). Reiter (2010) refers to this expectancy to include hope and Cutcliffe (2004)

identified the therapeutic relationship as a conduit towards developing hope in counselling.

Snyder, Michael and Cheavens (1999) have suggested that successful psychotherapy hastens change by enhancing the contribution of hope as a common factor or expectancy from clients within counselling.

With the therapeutic relationship contributing to 30% of client outcomes, there has been a significant body of research on what and how the client and counsellor relationship evolves. Various research has indicated that increasing hope is foundational to positive change and outcomes for many clients (Weinberg, 2013) and yet unlike the therapeutic relationship, there is limited research on how hope and expectancy interact in the counselling session. I have identified three studies that explore hope occurring in counselling sessions and discuss them in detail.

Cutcliffe (2004) researched hope in bereavement counselling. Using an adapted grounded theory approach to research, Cutcliffe (2004) interviewed counsellors across various philosophical training as well as ex-clients of bereavement counselling. While the exact number of participants is not evident in this article, he provided examples from 12 different counsellor interviews (Cutcliffe, 2004). From these interviews, along with the ex-client interviews, Cutcliffe (2004) identified three phases for bereavement counselling that inspired hope. These phases are, forging the connection and relationship, facilitating a cathartic release and experiencing a healthy or good ending (Cutcliffe, 2004). While presenting as a linear approach, the earlier phase itself does not end as the other phase commences but continues alongside. In addition to the three phases, key findings identified three core variables of hope: implicit or inextricable hope, therapist's hope and clinical supervision for the therapist (Cutcliffe, 2004). Implicit hope includes the interaction between client and therapist where hope itself is not directly referred to but might, through the nature

of the conversation and behaviour imply hope exists. The effect of the therapy in action is impossible to separate and becomes inextricably intertwined with hope.

Interestingly, when the therapist imposed explicit hope on the client, the client has identified this as counterproductive (Cutcliffe, 2004), by doing so, the client felt imposed upon. The client being told things will improve was less useful than self-discovery through the process of the therapy. The therapist's own sense of hope influenced by their beliefs in the counselling process and their ability as a therapist contributed to the therapeutic environment and the client's connection to implicit or inextricable hope (Cutcliffe, 2004). Effectively, the therapists projected their hope into the client through the therapeutic atmosphere of the counselling environment and their therapeutic practice (Cutcliffe, 2004). Cutcliffe's research has highlighted a connection between counsellor hope and client hope. Client expectancy from treatment has long been recognised as a contributing factor to client outcomes (Lambert & Barley, 2001). Cutcliffe (2004) identified the therapeutic relationship as a conduit towards developing hope in counselling. Expectancy as a common factor in therapy relates to the clients becoming hopeful and trusting the treatment process (Thomas, 2006), I find myself considering the therapist hope as described by Cutcliffe as a bridge between the therapeutic relationship and client expectancy. To maintain hope, therapists identified clinical supervision as an enabling and supporting factor (Cutcliffe, 2004), and self-care by therapists is recognised as a contributing factor for effective therapist intervention (Lambert & Barley, 2001).s

Cutcliffe (2004) recommended increasing our focus on the value of hope in counselling and identified hope in bereavement counselling as an additional condition to that of Rogerian conditions: empathy, positive regard, and genuineness. These three conditions invariably inform the therapeutic relationship in counselling. Cutcliffe's (2004) findings add

further research supporting the significance of the therapeutic relationship in promoting hope, and the contribution hope provides in counselling, in particular, bereavement counselling.

Yohani and Larsen (2012) expanded on the cultivation of hope in trauma-focused counselling through multidimensional lenses. In doing so, they discussed the history and journey hope has had within counselling and highlighted pertinent points from hope related research such as hope being “pivotal” in the early aspects of treatment (Hanna 2002, Horvath and Greenberg 1994, Ilardi & Craighead 1994, Wickramasekera 1985 as cited in Yohani & Larsen, 2012, p. 195). Yohani and Larsen (2012) suggested that the reason for this is not yet fully understood. There is also a limited body of research examining the inspiration of hope in counselling (Larsen & Stege, 2010a).

Larsen and Stege (2010a, 2010b) identified a gap in hope research specific to what occurs in the counselling session, including how hope develops between the therapist and client. Larsen and Stege (2010a, 2010b) utilised recordings from therapy sessions to inform post-session interviews with the therapists. The study, based on interpretive inquiry, explored therapist practices relating to hope across implicit and explicit approaches and consisted of five hope-educated psychotherapists and eleven clients (Larsen & Stege, 2010a, 2010b). Implicit hope was classified as such when the word ‘hope’ was not introduced, in this instance, the therapist identified, in the interview, their attention towards client hope (Larsen & Stege, 2010a, 2010b).

Each therapist listened to recordings of their counselling and provided their views of what they said to their clients within counselling and how they perceived this to instil hope with their clients (Larsen & Stege, 2010a, 2010b). Completed in two parts, part one explored **implicit** indicators of hope-based conversations, and part two analysed **explicit** hope-based conversations within counselling (Larsen & Stege, 2010a, 2010b).

Larsen and Stege (2010a, 2010b) identified implicit indicators of hope, where hope was indirectly cultivated in the counselling session, as a contributing factor towards the therapeutic relationship. Implicit hope also informed the client perspective change. Explicit use of the word hope developed multidimensional aspects of hope in the counselling session these included: development of a cognitive goal focus, hope as a behaviour, temporal aspects of hope or future hoped for thinking, hope as an embodied emotion by developing noticing of the emotion and body sensations when feeling hopeful and hope in relationships such as how others might influence hope for the client.

Larsen and Stege (2010b) quoted a reflection from one of the therapist-participants as she listened to a recording of her counselling session. This quote captured why I wanted to explore hope and how it is co-constructed in counselling.

I'm thinking as I'm listening to him here, how influential counsellors are in what [we're] going to pay attention to. How diligent and careful we can be in deciding what we're going to pay attention to when we're hearing all this content. 'Cause there's all these parts of him and they're all true. What influences do we have in the outcome by paying more attention to some things than other things? That's what having a hope focus really is all about...Which things, if I pay attention to them, will build his hope? And...Which things if I pay attention to them, might I be able to succeed in making a difference? Because surely that's my hope...is to make some kind of difference. (p. 299)

This quote offered insight into how and why therapists use specific language within counselling to develop hope with their clients; however, the research does not micro analyse the co-construction of the language within the counselling session. Therefore, while providing an understanding through post reflections on counselling sessions, exploring what

is actually occurring in the counselling session through the co-construction of language is not explicitly addressed.

Larsen and Stege (2012) later extended their study to include post-session interviews with the research counselling clients using video-assisted recall. Using a case study approach, they researched client accounts of hope in counselling. Transcripts of the counselling sessions, along with post client interviews, were analysed. During the interviews, clients discussed their experiences of hope from the counselling session. Key findings identified three areas each with subcategories as follows;

- **Relationship with the therapist** included three subcategories; a sense of safety and acceptance, feeling heard and understood and the evidence of counsellor investment. For some clients, to feel heard and understood included a sense of validation. Counsellor investment was visible to the client both through speech and body language (Larsen & Stege, 2012).
- **Supportive identity development** included three subcategories; agency, self-awareness and worthiness. Clients described the agency as their capacity towards change, including a sense of ability or 'I can', this was a significant aspect towards connection with their agency. Developing a sense of self and new understandings through self-reflection contributed towards their identity. Receiving the counsellor's focus and attention supported the client's sense of worthiness (Larsen & Stege, 2012).
- **Perspective change** included five subcategories; highlighting strengths, future focus, recognising possibilities, making hope intentional and reframing (Larsen & Stege, 2012).

Both studies contributed to research regarding hope in counselling and how hope developed in counselling utilising reflections from clients and counsellors from their recorded sessions. Included in the research are transcribed segments pertinent to the reflections. The

study involved therapists with specific training in hope counselling which will have influenced these findings.

While this research on hope in counselling clearly has strong connections with SFBT, there remains less focus on the explicit use of the word hope. I have not received hope specific counselling training and remain curious how hope itself is co-constructed in my SFBT counselling practice and believe my research will further contribute to understanding implicit connections to hope in counselling and how SFBT contributes to the co-construction of hope. In addition, through micro-analysis of counselling sessions, a direct focus on the use of language will go beyond reflection on practice.

Further to research on hope in counselling, Chamodraka, Fitzpatrick, Janzen, and Ingrid (2017) studied hope in counselling through the clients' voice and developed the Hope as Empowerment Model (HEM). Through a grounded theory approach, 11 interviews were completed with 18 counselling clients, one of 18 was a negative case comparison (Chamodraka et al., 2017). Counselling clients who increased hope during counselling sessions informed the selection criteria, these clients were identified using a pre and post hope scale assessment tool (Chamodraka et al., 2017). During the interview, clients were asked several questions relating to the counselling session, the relationship with the counsellor, and their connection to an increase in hope (Chamodraka et al., 2017).

Key findings identified six higher-order categories of hope development with the core category, hope as a sense of empowerment having developed through three complementary categories; increased sense of control, increased sense of direction and increased faith in counselling (Chamodraka et al., 2017).

Clients presenting with a stronger sense of empowerment also reflected a stronger sense of control and direction after counselling similar to that of Snyder's Hope Theory

(Chamodraka et al., 2017). Snyder (2002), identified client agency and pathway as necessary components for hope in counselling. Snyder's Hope Theory, including agency and pathway, are discussed later in this chapter.

Client/therapist match contributed to the outcomes in that; if a client was seeking clear direction and not receiving this, they were less likely to present with higher hope outcomes. Clients who received what they originally asked for from the therapist or therapeutic approach identified as having higher hope from the session (Chamodraka et al., 2017). Remaining flexible within the therapeutic process and working with the client's preference is likely, therefore, to enhance the client's hope. This study indicated support for Lambert's common factors, including expectancy in that the clients have expectations of positive outcomes in therapy and client compatible approaches to meet their needs.

The research identified that hope within counselling is informed by the therapeutic relationship such as the belief and trust from the client in the effectiveness of the counsellor and the therapeutic process, this correlated with aspects of Larsen and Stege regarding implicit approaches of hope based counselling (Larsen & Stege, 2010a) and further supported Cutcliffe's (2004) study regarding the importance of the therapeutic relationship towards instilling hope in bereavement counselling.

The findings from this research identified hope as a sense of empowerment as a core category from the interviews. Hope as a sense of empowerment included an increase in the sense of control and direction.

2.3 Snyder's Hope Theory; an introduction.

Snyder's Hope Theory developed from his earlier research relating to why people make excuses (Snyder, 1994). Researching the academic journey that led to Snyder's Hope Theory (Snyder, 1994), including what Snyder referred to as the opposite of hope, enabled

me to develop a greater understanding of what is and what is not hope. I have included details of this research as I believe this further informs hope in counselling. Mehlman and Snyder (1985) researched correlations between students responses when receiving negative feedback and how excuses played a role in self-preservation. Ninety-six male undergraduates from a psychology programme participated in the study. The experiment included each participant receiving either a high or low score result on an intelligence test; participants then completed a mood questionnaire (Mehlman & Snyder, 1985). Those in the excuse-facilitated conditions completed an excuse questionnaire, while the remaining participants received a control questionnaire; at this point, the administration of the mood questionnaire reoccurred (Mehlman & Snyder, 1985). Findings indicated that excuse-making without the scrutiny of an audience negated negative affect when facing a sense of failure (Mehlman & Snyder, 1985). Whereas when faced with the scrutiny of an audience of excuse-making, the emotional affect was self-defeating (Mehlman & Snyder, 1985). The use of excusing behaviour when faced with a sense of failure had self-protective and self-defeating properties dependant on the audience (Mehlman & Snyder, 1985).

Snyder (2000) described grappling with participants' feedback in his research that indicated something other or more than excuses and went on to refer to hope as being the "other side" of excusing (p. 6). Excuses described by Snyder (Snyder, 2000) limited responsibility of the student and created a way of transferring the responsibility to circumstances outside the individual. An example of excusing would be excusing oneself from the outcome of a failed exam, or pre-empting failure and excusing in advance or identifying oneself as the excuse such as 'because I have depression' thereby creating psychological space between the action and oneself (Bird, 1998).

2.3.1 Cognitions in Hope Theory

Snyder, influenced by his earlier research on excusing, commenced a journey towards his development of Hope Theory. Snyder was encouraged during his early interest on hope to explore peoples goal thinking (Snyder, 2000). He began by asking people in general about their thinking. Snyder (2000) asked his question “Would you please tell me about the thoughts you are having today?”(p. 7). While I have been unable to access specific journals describing Snyder’s study, he has discussed and quoted his research, including the above pinnacle question in later publications. Snyder (1994) discovered peoples pursuit towards goals and in relation to hope, connected this to whether goals were achievable, including having a route towards their goal, Snyder identified this as ‘waypower’ and described this as a form of pathway thinking. From the responses to the question as mentioned above, Snyder (1994) noticed the energy or motivation people referred to when answering this question as a form of willpower or agency thinking. Snyder identified that for hope to exist, one must have both agency and pathway cognitions (Snyder & Taylor, 2000)

Tong, Fredrickson, Chang and Lim (2010) however, argue that only agency is required for hope to exist. They researched and compared Snyder’s hope theory with alternative assessments that have been used to research hope, including asking participants how hopeful they are feeling (Tong et al., 2010). Utilising a variety of hope-based questions with the participants, Tong et al., (2010) consistently found that the participants aligned with aspects correlating to that of Snyder’s agency cognitions and not that of pathway cognitions. The research occurred in the USA and Singapore and therefore reflected outcomes across both individualistic and collectivist cultures. Findings in both countries supported agency as the dominant factor for research participants when asked about hope (Tong et al., 2010). Snyder’s Hope Theory placed value for both agency and pathways and identified that outcomes improved significantly for clients when both agency and pathways exist (Snyder &

Taylor, 2000). Given this, there remains debate on whether pathways are specifically required to consider hope being present in contrast with pathways contributing towards outcomes beyond the concept of hope. Research that has occurred across both individualistic and collectivist cultures remains relevant to New Zealand. New Zealand's history with colonisation has led to a bi-cultural community where both collectivist and individualistic cultures co-exist. I am therefore curious to explore how hope is co-constructed in my counselling and how agency or pathways present themselves in my research.

2.4 Emotion as a construct of hope

While a significant quantity of research has focused on the cognitive elements of hope (Lopez et al., 2003), hope has additionally been defined through emotional constructs. When researching literature related to emotions and hope, Richards (2002) highlighted that both negative and positive emotions influenced the pursuit of goals. Richards (2002) stated "emotions also have been argued to catalyse efforts both to engage in pathways thinking and to do what is needed to execute these pathways" (p. 308) indicating that both can be influential drivers towards the pursuit and successful goal completion. Richards (2002) recommended further research in this area.

Understanding of the affects of negative and positive emotions are elaborated upon by Baumgartner, Pieters and Bagozzi (2008). An example of a negative emotion that has supported the pursuit of a goal is the fear of not doing so; acknowledging the likely negative emotional impact if the goal is not achieved can act as a motivator towards the pursuit of a goal, at the same time, noticing the anticipated positive emotional effect of success can also support goal attainment (Baumgartner et al., 2008). In addition to this, one's agency or belief in one's capacity towards a goal is likely to strengthen once a positive emotional affect towards the goal has occurred. An example of this might be where part success towards the

desired outcome has occurred which in turn enhanced and motivated continued efforts towards one's goal (Baumgartner et al., 2008), in turn creating a positive re-enforcement loop.

Parallels could be drawn here to earlier research on excusing. Excusing contributed to both negative and positive changes to the emotional impact when facing a sense of failure (Mehlman & Snyder, 1985). The emotional affects of excusing highlighted that the impact differed depending on whether the excusing was under the scrutiny of others (Mehlman & Snyder, 1985). If excusing is the opposite of hope, correlations may also be relevant when exploring the emotional influences of the client-self and significant others when researching hope in counselling. From this research, what we do not seem to know is how the client's emotion in the counselling session directly contributes to hope.

When considering my literature findings to date on hope and hope in counselling, I have identified several important factors across the studies and theories that contributed to hope in counselling. I summarise these as follows; therapeutic relationship including client and therapist flexibility, a sense of safety and client/therapist expectancy, emotional connection to the goal, the development of goals themselves, a sense of agency including autonomy and ability towards achieving their goal, validation of the client and connection to strengths and resources which in turn contributed to client perspective change. While the above studies explored counsellor and client perspectives and provided new theories on hope in counselling, none of these studies provided a microanalysis that directly examined the use of language in the counselling session or how the therapist use of language influences the co-construction of hope. I am hoping, therefore, that my research will further contribute to an understanding of hope in counselling.

To further inform my research as a School Guidance Counsellor, I have explored the literature on Solution Focused Brief Therapy (SFBT) and the influences of hope on adolescents in school settings.

2.5 Solution Focused Brief Therapy

I refer back to the therapeutic relationship and the common factor of expectancy as described by Lambert and Barley (2001). Reiter referred to expectancy, determined by Lambert, as an element of hope and explored how SFBT techniques contributed to hope in counselling. Reiter (2010) encouraged further research in “how these factors play a role in and can be enhanced in therapy” (p. 146). Exploring at a microanalysis level, how hope is co-constructed in therapy using SFBT will provide further insight regarding the connection between hope and SFBT while developing a broader understanding of conversational factors beyond techniques.

To provide an understanding of SFBT, I have provided an overview of the underlying assumptions and techniques. For this research, I do not analyse a single technique or assumption but explore the overarching approach of SFBT and how my SFBT counselling co-constructed hope in counselling. This section provides the reader with a broad understanding of SFBT, including the SFBT assumptions and techniques that present themselves in counselling.

2.5.1 SFBT assumptions and beliefs

Solution-focused brief therapy (SFBT) is a counselling approach premised on a future goal-orientated direction with the client (Trepper, Dolan, McCollum, & Nelson, 2006). SFBT originated from the 1970s when Steve De Shazer and Insoo Kim Berg, along with colleagues, explored what makes brief family therapy work (Metcalf & Connie, 2009). SFBT developed through practice-based research rather than a theoretical hypothesis – what this meant was,

rather than De Shazer and Berg hypothesise about what had been helpful for clients, they started asking clients what had been useful within the counselling. SFBT stems from family therapy and is renowned for its strength-based practice (De Jong & Berg, 2013).

SFBT therapists work with clients through the premise of SFBT assumptions and beliefs (De Jong & Berg, 2013) along with a series of techniques. Hanton (2011) is one of many authors to describe the SFBT assumptions, beliefs and techniques and his work significantly informed my early training in SFBT. As I started to provide counselling through SFBT I wanted to develop greater understanding and connection to the philosophical assumptions and beliefs underpinning SFBT. The most significant influences for my practice include Fiske (2008) Metcalfe (2017) Lipchik (Lipchik, 2002) and Connie (2013); however, there are many other authors and researchers that have contributed to my practice to date.

To work within the philosophy of SFBT, the therapist must see the client as the expert on themselves, or trust that the client has the answers and skills to move forward (Hanton, 2011). Fiske (2008) referred to best practice in SFBT not as rules or guidelines, but to provide therapy through “*what works* for a particular client-therapist system”. The client and therapist together, inform best practice. Given the literature reviewed on hope in counselling, I connect this assumption to one contributing to the therapeutic relationship including how this assumption enables the therapist to be informed by their needs and adapt accordingly, thereby remaining flexible within the counselling session.

When a client seeks out therapy, the therapist assumes change has already commenced before attendance occurs, in SFBT, this is called pre-session change (Hanton, 2011). An SFBT therapist recognises that by seeking help such as making the first phone call before attending the first session, change is already occurring for the client. This approach might not be a direct question such as, what has got better for you since you made the

appointment? The question is applied with care, such as “It is our experience that many people notice that things are better between the time they set up an appointment and the time they come in for the first session. Have you noticed such changes in your situation?” (Berg & Miller, 1992, as cited in Cheung, 2009, p. 216). There are some parallels to Snyder’s Hope theory, for instance, Snyder acknowledged the start of the change process occurring before counselling in that the “beginning of a new activity (i.e., psychotherapy) should trigger agentic thinking” (Snyder & Taylor, 2000, p. 93).

The SFBT therapist actively looks for change and sees change as a constant, whether this is a micro-moment or more extended period towards change. In other words, even when the situation might appear static, it is not (Henden, 2017), I liken this to Lipchik’s (2002) part description of change “change is inevitable as well as unpredictable” (p. 19). Hanton (2011) also highlighted that small changes are better than no change, and no change is better than deterioration for the client. In relation to when a therapist feels overwhelmed by the client’s story or the situation starts to feel ‘hopeless’ or ‘stuck’, Lipchik (2002) identified that noticing small changes in a clients life supports the moving away from a sense of being stuck both for the therapist and the client, which in turn “generates hope” (p. 21). In SFBT, no client change is not seen as a failure (Hanton, 2011). Clients with high hope cognitions are more likely to overcome blocks presented in the pathway of their goal compared to clients presenting with low hope cognitions (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). It is likely, by acknowledging small change rather than focusing on the end goal, that the therapist instils agency, in turn supporting clients to discover new pathways. Snyder (2000) identified client agency as a contributing factor towards hope and movement towards pathways (Snyder et al., 2000).

Within SFBT, the problem does not need to be fully understood or known in detail to build solutions. One of the common misunderstandings of SFBT is that this therapy avoids

the client problem altogether (Lipchik, 2002). Henden (2017) recommended allowing up to 25 mins throughout the first session in a 60-minute appointment for the client to disclose their issue or problem. He calls this the “5 o’clock rule” (Henden, 2017, p. 82). SFBT therapists provide an opportunity for clients to feel heard, including acknowledging the problem (Choi, 2020). While issues are acknowledged and provided for in SFBT therapy, the escalation of the problem talk or diagnoses of the reason for the problem is not part of the SFBT approach (Choi, 2020). One of the reasons for this is that SFBT therapists will take the stance that solutions themselves are not always related to the problem, and the therapist does not define the client by the problem (Hanton, 2011).

SFBT counsellors do not align with concepts such as right and wrong or blame and fault. If the client introduces this concept, such ideas are not expanded on; instead, alternatives are constructed within the session, this may be implicit or explicitly explored with the client (Hanton, 2011). Examples of how self-blaming from a client is responded to could be, “and what would you notice that tells you that you are dealing with this differently, maybe in a better way?” (Hanton, 2011, p. 17) or for a client who blames others, “is it helpful for you to lay fault with them?” (Hanton, 2011, p. 17).

SFBT therapists hold a stance that everyone has a preferred future when they come to counselling (De Jong & Berg, 2013). “Our job is to find out what our clients want, not what they don’t want” (Hanton, 2011, p. 19). Hope Theory by its pure nature of goal informed therapy contributes to the development of preferred futures. What is different is perhaps the degree to which the goal is future-oriented and how the goal is developed with the client.

2.5.2 SFBT Techniques

In this subsection, I explain fundamental techniques within SFBT practice. I commence with a discussion on goal development, followed by the use of the miracle question, scaling questions, exception finding, coping questions and compliments.

2.5.2.1 SFBT goals

SFBT, as with many psychotherapeutic approaches, holds a stance that a goal or focus within therapy is necessary (Cheung, 2009). The purpose of a goal guides the therapeutic process and provides for the evaluation of therapeutic outcomes (Wollburg & Braukhaus, 2010). Cheung (2009) stated, “much of the work for SFBT lies in the negotiation of well-formed and achievable goals” (p. 214). Snyder (2002) identified tangible goals as a necessary component to develop hope. How a goal has developed within therapy differs across modalities, the goal might have a focus on avoidance such as focusing on the negative aspect of the issue and seeking to move away from the negative, or an approach goal, whereby the focus is to move towards a preferred outcome (Wollburg & Braukhaus, 2010). Within SFBT, the goal is co-constructed with the client and seeks to support the client to move forward in their lives (Bannink, 2007). Lipchik (2002) described the co-construction of a client’s goal as a process within the therapy itself. The therapist works with the client to explore what it is they want to happen, and less on why the issue occurred.

Developing future-oriented goals can occur through a description of what would be happening when the problem is either not present or less impacting in their lives (Weatherall & Gibson, 2014). The therapist helps the client discover what it is they are seeking to move towards, rather than from what they wish to move away. To achieve this, *goal-related questions* including *best hopes questions*, such as “what are your best hopes from today’s session”, (Hanton, 2011), or, *instead questions* such as “when you no longer feel sad, what will you notice instead?” are utilised to instil future-oriented thinking with the client. The instead question can further support goal development as it is not uncommon for clients to respond with their issue and with what they do not want (Macdonald, 2011); Using SFBT techniques, the therapist slowly co-constructs future-oriented goals with the client (Metcalf, 2017).

2.5.2.2 Miracle Question

The *miracle question* is a ‘signature’ technique within SFBT and is utilised by the therapist for varying purpose. The *miracle question* presupposes a problem-free future (Weatherall & Gibson, 2014) and can provide a visualisation of a preferred future for the client.

SFBT co-constructs solutions with clients and remains client-centred, given this, there is no set order to inform the therapist of when to use the *miracle question* (Franklin, Biever, Moore, Clemons, & Scamardo, 2001). The *miracle question*, when used early in a session, often supports or enhances goal development and description for both the client and the therapist (Weatherall & Gibson, 2014). When the *miracle question* is utilised later in counselling, this might be to support a client who is having difficulty thinking beyond the issue. In my SFBT practice, I do not rely on the *miracle question* but utilise this *question* when a client is providing a limited description of their preferred future. Clients presenting with suicide ideation often present with a constricted state, unable to see beyond their current suicidal state of mind. Fiske (2008) described the *miracle question* as “the single most powerful tool I have for interrupting or disrupting that constricted state” (p. 53).

Using the *miracle question* in counselling sessions, I have observed the effects as a process to ‘unlock’ the client from the dominance of the issue. This ‘unlocking’ process may also contribute to overcoming barriers towards pathways in Hope Theory. Helping a client realise that they can unlock their routes has been identified as a useful approach within Hope Theory (Snyder, Lehman, Kluck, & Monsson, 2006). Goal visualisation brings the client closer to their goal, and in doing so, client motivation increases (Cheema & Bagchi, 2011). Given the nature of the *miracle question*, I propose that the visualisation process provides description towards both goals and pathways as described by Snyder (1994).

2.5.2.3 Scaling questions

Lipchik refers to scales as a symbolic approach to help clients move away from ‘either/or’ thinking (as cited in Zatloukal, Žákovský, & Bezdíčková, 2019). *Scaling questions* serve a multitude of uses. I describe two uses within SFBT as follows, the first being to develop a conversation to measure the clients progress towards their goal and the second to develop a description of the clients preferred future (Trepper et al., 2006). The latter includes asking the client to place themselves on a scale, 1 to 10, for their current position towards their goal and the next step explores where on the scale, the client wants to get to, this can include progress points towards the goal or preferred future. The focus is not on the numbers, but the description given by the client, this description is co-constructed through the use of *scaling questions* (Hanton, 2011).

2.5.2.4 Exception finding

SFBT is known for working with exceptions such as a time when the issue is not present in the client’s life or when the problem is impacting less on them (Nelson, 2019). An SFBT therapist utilises *exception questions* to enhance a sense of possibility with the client, for example,

A dependent drinker is not 100% drunk 100% of the time; a client who is chronically depressed is not depressed to the same extent every day, and a suicidal person is not constantly suicidal: there will be times when they are less so, or not at all. (Henden, 2017, p. 86).

Drawing on exceptions supports the client to connect to their strengths and ability to move towards future possibilities (Hanton, 2011) and can be likened to developing that of agency in Snyder’s Hope Theory. The exceptions evoked from the client align with the assumption that the client comes with skills, strengths, and resources of their own (Hanton,

2011). Snyder (1994) referred to previous success and memory of past pathways as a supporting factor towards the client developing new pathways.

2.5.2.5 Coping questions

Another form of evoking strengths and resources are *coping questions*. Coping questions explore how the client has previously managed similar situations or how they have survived to date with the current situation (Nelson, 2019) and often acknowledge how challenging life is (Fiske, 2008). De Jong and Berg (2002) state “Coping exploration promotes a process of mutual discovery” (p. 227 as cited in Fiske, 2008, p. 101). Berg and Steiner (2003) provided examples of how a coping conversation might co-construct in counselling “How do you suppose you have coped with so many difficult situations you are just describing?”...“Most people would have given up long time ago. What keeps you going?”...“What is it about you that got you through such trying circumstances without giving up hope?” (p. 25). Fiske (2008) provided an example from working with coping questions where the client co-constructed new meaning to her issue; the client shifted from labelling herself as “victim or cursed to someone dealing with really tough stuff” (p. 160). The example from Fiske highlighted how the SFBT therapist explores the client’s coping strategies in a way that honours the issue while affirming and connecting the client to their strengths or resilience.

By eliciting the clients coping mechanisms, the therapist instils agency which in turn can support the client to keep on going and connect to their strengths, autonomy, and ability, towards their preferred future (Hanton, 2011).

2.5.2.6 Compliments

Compliments explicitly draw attention to client strengths (Insoo Kim Berg & Dejong, 2005). Recognising when the client has done something different, something towards their goal or expressed a past success contributes to client’s agency, their connection to their own

ability to move forward and beyond the issue (Hanton, 2011), explicitly noticing and acknowledging this with the client can develop agency as defined by Snyder. The use of compliments encourages a client to connect to what they have done well; in doing so, the client increases the opportunity to notice these strengths moving forward (Hanton, 2011). Examples include “how did you do that?”, “Wow! That must have been difficult?” (Nelson, 2019). Compliments need to be evidence-based, related to the conversation and the client (Ratner, George, & Iveson, 2012); this maintains genuine positive regard for the client and supports a stance of not knowing as the therapist maintains a connection to what the client brings. Of note, how clients receive and respond to compliments will vary across cultures (Hanton, 2011). Within some cultures, giving and receiving compliments is not the ‘norm’ and can therefore provide challenges for the client to accept such comments in counselling (Hanton, 2011). An SFBT therapist carries this awareness to their counselling, by maintaining a genuine connection to the client and their circumstance is important when utilising compliments within SFBT (Hanton, 2011).

The techniques, as mentioned above, support the philosophical perspective and enable the counsellor to co-construct preferred futures. The co-construction of meaning-making with the client, through SFBT assumptions and practices, leads me to discuss the connection between SFBT and social constructionism.

2.6 SFBT within social constructionism

SFBT conforms with social constructionism in that “reality is subjective, and there are many realities, all equally correct” (Bannink, 2007, p. 87). SFBT works from the premise that language and meaning are socially constructed. In therapy, the session is co-constructed with the client through mutual conversation. The premise of social constructionism helps hold the therapist in a ‘curious’ stance and a stance of ‘not knowing’ thereby supporting the

assumption of the client as the expert of themselves. This belief is foundational within SFBT and quite contrary to some therapies where the problem is analysed, diagnosed, and treatment prescribed through a more directive or pathological lens of therapy (Nelson, 2019).

Elaboration on social constructionism and how this contributed to this study occurs within the methodology chapter.

2.7 School Guidance Counsellors and adolescent hope

The employment of School Guidance Counsellors in New Zealand commenced in the 1960s and provided therapeutic interventions to support a multitude of needs by the client (Besley, 2001). Examples of practice include educational guidance, learner engagement and psychological interventions from low to high-risk issues. Such practices may involve family members or additional school services (Crowe, 2006). Both individual and group interventions are provided. Some counsellors may be the solo practitioner, or there may be a team of health practitioners working collaboratively, this varies depending on the school roll and needs identified by the school Board and Leadership Team (Crowe, 2006).

Student referral pathways to school guidance counselling vary from teacher referral, health services or family referral to self-referral. Across the three schools I am familiar with as a School Guidance Counsellor it is common practice to encourage self-referral. Self-referral is likely to enhance a sense of agency for the client. Gibson and Cartwright (2013) completed a study regarding agency with young clients in School Guidance Counselling. I have focused on this study as it was completed in New Zealand and informed School Guidance Counselling in the context of this research.

Gibson and Cartwright (2013), through narrative methodology, explored how client agency is constructed in school guidance counselling. The research included narrative interviews with 22 students aged between 16-18 years (Gibson & Cartwright, 2013). For their

study, Gibson and Cartwright (2013) defined agency as “the capacity of the young client to construct themselves as active in counselling within the context of the constraints of the social arrangements and expectations that frame this experience” (p. 342). Findings highlighted that the referral process, such as whether the referral was internally or externally driven, influenced how clients maintained a sense of agency (Gibson & Cartwright, 2013). The autonomy of choice to attend counselling was an important factor for the client’s connection to agency. When referred by others, the client maintained agency by deciding on how much or how little they engaged in counselling (Gibson & Cartwright, 2013). Given this, where a third party has referred a client, providing an opportunity for explicit connection to autonomy and agency is likely to enhance the client’s connection to their agency and enhance engagement in counselling. At times, the counsellor approach, style or directiveness including the client not feeling heard, threatened the client’s sense of agency, such moments rarely led to overt dialogue with the counsellor but would manifest by the client disengaging or changing counsellors (Gibson & Cartwright, 2013). In turn, the client maintained their agency through alternate measures of engagement (Gibson & Cartwright, 2013). Correlations to Snyder’s agency in Hope Theory (Snyder, 1994) such as one’s motivation towards a goal could be made here, and the findings indicated how choice or autonomy in counselling contributed to overall client agency in counselling. Counsellors working with adolescents need to maintain awareness of the power imbalance both within and outside the counselling room for their clients (Knight, Gibson, & Cartwright, 2018). Being explicit and exploring the implications of the power imbalances may further empower the client and enhance their sense of agency in the counselling room (Gibson & Cartwright, 2013).

In other research, adolescents in schools assessed as having high hope have been found to have better academic outcomes as well as better overall wellbeing including reduced likelihood of depression and anxiety-related symptoms (Van Ryzin, 2011).

Promoting hope in adolescents is recognised as a contributing factor for outcomes both academically, socially and for their overall wellbeing (Gilman & Huebner, 2006) and hope has been identified as a buffer between wellbeing and life's challenges (Pedrotti, Edwards, & Lopez, 2008).

Given the role of school guidance counsellors, counsellors are in a prime position to engage students with agentic thinking and develop a sense of autonomy. Developing an understanding of how hope including agency is co-constructed in counselling will afford me a more in-depth understanding of my school guidance counselling and contribute to the research on hope in counselling.

2.8 Rationale

Having begun this literature review relating to hope and hope in counselling, I have identified a limited number of qualitative case studies focused on the counselling sessions themselves compared to quantitative studies that focused on screening and assessments of hope. Miller, Hubble, Duncan, and Wampold state that "Little effort has been expended on studying the characteristics of actions of effective therapists" (2010, pp. 424-425) compared to that spent on the effectiveness of therapeutic theories or models.

Both Larsen et al. (2012) and Chamodraka et al. (2017) provided the client voice and perspective of how hope developed in counselling from post-session interviews. Larsen et al. (2012) utilised recordings from counselling sessions for reflection within the post counselling interviews; however, the direct analysis of the raw counselling transcripts was not part of their research, and there remains limited focus on how hope is co-constructed in the counselling session. Neither area of research has specified the use of a therapeutic approach. Larsen et al. (2012) utilised counsellors trained in hope counselling however the specific

theory and theoretical aspects have not been specified, given this, a gap remains on how specific theories support the co-construction of hope in counselling such as the use of SFBT.

My findings to date indicate continued limited research exploring factors unique to different therapists, including how hope is co-constructed within counselling through transcripts of practice. Given this, my research has focused on exploring the co-construction of hope through practice-based research of my counselling practice, informing both my ongoing practice and the wider counselling field.

By developing a greater understanding of how to support and co-construct hope when working with adolescents in schools, I will develop and provide insight not only for my own counselling practice but also the wider counselling field. I propose that targeting hope within a school guidance counselling setting will support student outcomes, socially, emotionally and academically. It is possible those working in education may also find this research useful when exploring the collaborative, conversational development of hope with adolescents.

2.9 Research Question

For my research, I have therefore explored how hope is co-constructed within my counselling practice with adolescent clients using SFBT as my therapeutic approach. I explore how both parties co-constructed hope through conversation and collaboration within the counselling session. I am curious as to what hope sounds like within the dialogue and how have I influenced this dialogue to elicit and develop hope with my client. This research is practice-based and included me as the counsellor. My research question is; How is hope co-constructed in counselling through Solution Focused Brief Therapy working with adolescents in a school guidance setting?

3 Methodology

3.1 Epistemology

Epistemology relates to the philosophical study of human knowledge, including the study of how we develop our knowledge and derive meaning through language within the world we live in. (Carter & Little, 2007). Social constructionism holds the position that there is no 'one truth' this includes how we, as humans, are socially constructed through the influence of language and social interaction. My research posits within this theoretical framework through qualitative methods.

My research question, methodology, and methods of choice reflect this epistemological stance of there being more than one truth. I recognise that I bring my social construction of knowledge and concept of hope to this research. Given this, I believe it is important to recognise the subjectivity and reflexive nature of this research, in the interest of transparency and subjectivity, I have provided an overview of my views on hope and reflected on my journey with social constructionism and qualitative methods. My expressed views included reflections on the process of my research, including the choice of methodology and methods within the epistemological framework of social constructionism. This research is my first experience with qualitative research, and I will reflect further on this later.

My Christian upbringing has influenced my personal view of hope; this instilled in me a sense of spirituality and connection to a belief that there is something more than ourselves. I connect to this hope as this contributed to an inner sense of everything will be all right when facing life challenges, a sense of knowing I would get through the challenge. My concept of hope has also developed from the influences of other people in my life. People that expressed

belief in me believe in the possibility for me showed confidence in my potential, and ability to achieve my goals.

I always believed in the possibility for myself and others. I remember a defence lawyer commenting to my family how different I was to many of the police officers with whom they had worked. This difference was my ability and willingness to engage with the people I was investigating with empathy while holding integrity and regard to the legislation and belief in protecting vulnerable children.

An understanding that their pathway has come from their life experiences, choices, and an underlying belief in the ability for people to change and make the life choices they might want to make. This value and belief system influenced my career pathway of being a Police Officer, where I trained as a Detective in the UK and specialised in child protection. Moving to New Zealand, I later worked with teenagers who came from challenging home lives, including gang-related families. From here, I trained as a Probation Officer and spent eleven years working in the community teams for the Department of Corrections. Through all of this, my internal belief was that we need hope, and when people connect to hope, change happens. This pathway and inner connection to hope have contributed to my research question with an intent to develop a greater professional understanding and enhance my counselling practice about hope and supporting clients to connect to their strengths and possibilities.

3.2 A journey with social constructionism

Social constructionism, with its stance on the social construction of language, is a good fit not only for my research question but for my counselling and use of SFBT. However, my connection to social constructionism has not been without personal challenge.

As a child, I imagine myself as a concrete thinker. My thinking was very ‘black and white’, ‘right and wrong’ and this continued as I developed into adulthood. As I matured, more room for ‘grey’ appeared in my thinking, and I learned to challenge my worldviews and understanding of the world. Moving to New Zealand from the UK allowed me to explore biculturalism and challenge the white privilege I had taken for granted; this understanding and personal development drew me closer to social constructionism as I connected to how language and social interaction had informed my worldviews and contributed to my earlier insights on issues, such as equality.

From my teenage years, when I first picked up a psychology book, I questioned the nature, nurture debate and believed that both influence whom we become. I connected to the combination of genetics and social learning. It was not until my late thirties that I thought of counselling approaches as linguistic and how this influences client outcomes.

Before I commenced training in SFBT, across ten years, I had trained in Motivational Interviewing (MI). To this day, I am a trainer of this therapeutic approach. It was through my MI training that I connected therapeutic approaches as linguistic. This moment was a significant reframing of MI for me. From that moment, my practice moved beyond technique, I embraced this concept and connected to the nuances within the dialogue. While my research is not related to MI, my connection to the linguistic nature of counselling supported my training that came later with SFBT and influenced my choice of research.

Social constructionism informs my methodology. The philosophical stance is something I have learned to connect with rather than instinctively embrace from the outset.

Having first been introduced to social constructionism through my training with SFBT, I found myself initially challenged by elements of the assumptions and beliefs such as the stance of ‘not knowing’. I had to learn to extend my curiosity beyond my past training

and the absolutes I had often clung to. As I have further developed my practice, working with the assumptions and beliefs of SFBT, I have also noticed an affiliation with social constructionism develop within me. While social constructionism is an ongoing and debated philosophical viewpoint, I now find that I identify with the following quote; Burr (2015) wrote,

Social constructionism insists that we take a critical stance toward our taken-for-granted ways of understanding the world and ourselves. It invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world... Social constructionism cautions us to be ever suspicious of our assumptions about how the world appears to be. (p. 13).

Social constructionism relates to how we perceive and construct our world through language; this includes language connected to history and culture, past and present (Pasupathi, 2001). Sharing my journey with social constructionism is relevant to this research in that I have at times been challenged by aspects of qualitative research as well as social constructionism, looking for absolutes and numbers to define my noticing, this may have influenced my choice of microanalysis.

One of the descriptions I found useful to revisit during my research journey and to reassure me of my research design is that offered by Hacking (as cited in Elder-Vass, 2012)

One of the most significant implications of any claim that something is socially constructed is that it could be constructed differently: it would be possible for us collectively to think differently and this would make the constructions that depend on this thinking different in themselves (p. 5).

Concerning how social constructionism fits my research, I argue that all meanings, inferences, and perspectives are unique to everyone. Given this, the counselling itself is also a social construction. Through language, meaning, and understanding, hope and change are co-constructed between the client and counsellor.

Hope can present both implicitly and explicitly within the dialogue or co-construction between client and counsellor (Yohani & Larsen, 2012). Therefore, how hope presents will vary between me, as the counsellor, and with the client in the session.

I recognise that I influence the dialogue within the counselling session and bring my interpretation to my analysis. Using a social constructionism epistemological stance has enabled me to explore the language within counselling while holding an awareness that what I noticed and how I connected to the co-construction of hope will differ from other researchers.

Given this influence, I recognise the individual influences I bring to this research and provide transparency of this throughout my research to further support the rigour and trustworthiness of my findings (Carter & Little, 2007).

SFBT is underpinned by social constructionism in that the therapeutic approach works from the world of the client utilising a curious approach and stance of not knowing what is best for the client (Burwell & Chen, 2006). The use of language within SFBT co-constructs new meanings and solutions with the client (Franklin et al., 2001). This approach contrasts with some theoretical approaches that have a more directive and expert stance held by the counsellor (Hanton, 2011).

Working through a lens of social construction and within the counselling assumptions, beliefs, and practice of SFBT, I have explored how hope is co-constructed when working with adolescents. Utilising data collected from my counselling sessions between myself and

my client as a research participant, I have studied the data using a microanalysis approach and discussed how this contributes to the co-construction of hope in counselling.

I acknowledge that my practice as a counsellor started for me with a sense of belief in my client. I believe that there is hope for my clients and that seeking to hold this hope in the counselling session for my client until they can connect to hope for themselves is a fundamental belief I hold in counselling. This belief is not always easy when change might not seem visible in the counselling session, or the client presents as ‘stuck’ and struggling to connect to their hope. Developing an understanding of how my practice guided towards or away from hope in the dialogue will support my counselling practice and ability to hold hope even when such holding is noticeably challenging.

Hope can be co-constructed with clients not only through SFBT but many theories; it is my opinion that working through the assumptions of SFBT along with SFBT techniques will enhance the opportunity to develop hope in counselling. I have explored the connection between my SFBT practice and the co-construction of hope with the client. This research will further develop my understanding of how the dialogue in counselling influences hope and will support my ongoing development as a counsellor while contributing towards broader research relating to hope in counselling.

3.3 Qualitative methodology

This research has been completed through a qualitative methodology and explores the interaction between both counsellor and client. I have utilised microanalysis to code and analyse how hope is co-constructed in counselling through SFBT.

Qualitative research offers provision for the narrative of practice and captures the agency of human nature (McLeod, 2011). McLeod (2011) suggested in qualitative research “the primary aim...is to develop an understanding of how the social world is constructed” (p.

3). While quantitative research requires larger pools of data for any significant statistical analysis, qualitative research focuses on the minutiae of interactions within a smaller collection of data. Qualitative research fits within the lens of social constructionism and practice-based research (Bager-Charleson, 2014).

As this research is qualitative and based on practice with a case study approach, the required data to address this research is through a small pool of data from counselling sessions. Utilising a small sample has provided the opportunity for in-depth microanalysis rather than a larger sample of data more suited to quantitative research.

I have kept the research intimate to the conversations that occurred, and I've achieved this by utilising sufficient transcript to reflect the context of the dialogue through qualitative practice-based research along with the application of microanalysis. I am aware that through the qualitative approach and analysis of the conversation, my interpretation will have influenced my findings. Recognising this has supported me to remain open to my noticing within the data and to challenge my assumptions as I explore the data and interpretation of this (Bager-Charleson, 2014). I value the interpretation that has evolved through my analyses as this brings my counselling self to the research and further informs my practice (J. McLeod, 1999)

3.4 Reflexivity

Everyone is influenced by their home life, culture, family, and whānau, along with schooling, to mention a few. Working through a socially constructed lens, I do not wish to impose my values and beliefs onto the client or assume that their preferred future or goals would relate to any goals I might consider for them. I am aware, however, that I bring myself to my counselling sessions and my research and through this, I bring my interpretation to the

research. This interpretation also influences the co-construction and direction of the counselling and therefore, the data.

Reflexive use of journal entries, notes and recorded discussions with my supervisors support my reflexivity in this research. “Reflexive practice requires us to reflect on each aspect of our work just as we would with the work of others” (Bager-Charleson, 2014, p. 63). Capturing the journey of the research and analysis supports understanding of the researcher’s journey with the data, which further informs both the analysis and conclusions of this research (Bager-Charleson, 2014). My journal is in the form of rough notes focusing on the session and my assumptions relating to hope, along with my reflections as I explore and analyse the data. My reflections have informed both my findings and discussion chapters. Both reflections and research have enabled a rich awareness of myself as an SFBT counsellor and researcher.

3.5 Method and research design

This next section commences with detail of the recruitment and research setting. I go on to explain my journey with the data collection.

3.5.1 Participants and research setting

This planned research was to occur within a school guidance setting in a College within New Zealand consisting of 13 to 18-year-old students and is a part submission of my Masters in Counselling supported by the College Guidance and Leadership teams. I am employed as a School Guidance Counsellor within the College and therefore work closely with Guidance team members. Within this College, the School Guidance team consists of three counsellors, including the Head of Department and an administrator. We work closely with the education learning support centre, and Special Education Needs Co-ordinator. Our role is to receive direct counselling referrals from students as well as teachers, parents and

support services from the community. We have a dedicated building and students have direct access to our services. The counselling provided can vary between friendship fallouts and educational challenges to complex trauma. Where the need arises, we utilise other health and family services offered within the community.

Concerning selection, the minimal criteria were that research participants were required to be a student at the College, the student was seeking counselling, and the student and caregivers agreed and consented to the student participating in the research.

Counselling would occur within a school guidance counselling room, and the sessions would be recorded by either video and audio or audio-only, depending on the preference of the student.

3.5.2 Recruitment

Use of the Guidance Counselling Administrator supported recruitment for this research, this occurred by the administrator asking the client at the time of their referral whether they were open to the idea of participation for this research. If a client identified as interested, I would provide a more detailed explanation of the research during my first meeting and if they remained interested, I provided written information and consent forms for discussion with their parents and further consideration.

At the time of recruitment, the world was starting to deal with COVID-19, and New Zealand was heading towards a lockdown environment ("Alert System Overview," 2020). This change in circumstances added unforeseen challenges and limits to the recruitment process.

Three students agreed to participate before lockdown, and two returned the required consent forms. The third participant was an international student who had an emergency flight home before returning the consent forms due to the COVID-19 pandemic.

Recording of counselling sessions commenced during the COVID-19 outbreak. Both students completed one recorded counselling session at the school Guidance Centre before the country moved into full lockdown later that week. Lockdown at alert level four required all residents in New Zealand to remain at home and minimise activities. Essential workers consisted of services such as police, fire, health services, post services, petrol stations and grocery stores; these services remained open. Non-essential workers were required to work from home or place work on hold. Physical exercise within local areas where transport was not required, such as short local walks was supported. Limitations on sports where the risk might include the use of emergency services such as water sports, hiking, mountain biking were enforced ("Alert System Overview," 2020).

At this time, counselling for all students as well as research participants changed to online (via Zoom?) and phone counselling. The opportunity to recruit additional students ceased at this time. The recording of counselling sessions continued from the online and phone counselling for this research with ongoing consent provided by the participant.

In total, seven recordings were completed, with a 4:3 split between the two participants. After spending many hours listening and transcribing data from both participants, I decided not to utilise data from one of the participants. The use of the data from this participant would be challenging to anonymise due to several factors, including ethnicity and the microanalysis approach I have applied. This participant also presented with high risk and complexities that added to the ethical and reflective process that informed this decision.

Given this decision, the data used for this research is drawn from one participant. Data generated from this participant included four audio recordings in total. Data has been drawn from the first two counselling sessions; this enabled the story within the counselling session

to emerge and provide for the greater context of the dialogue and microanalysis. This decision supported the purpose of the research and provided an opportunity to explore how hope is co-constructed within the counselling. Given this, while additional counselling sessions were transcribed and listened to, the data within the later sessions are not included. It is my opinion that the chosen data provided enough information to meet the research question and contain comprehensive data to support timeframes and the purpose of this research. I tend to reflect in-depth to my practice, and I noticed the risk of indefinite continuations of microanalysis across all my material. My research supervisors have guided me here and supported me to develop comfort with the concept that 'less is more'. This approach has been a challenge for me and my journey with qualitative methods.

The data is taken from transcripts of counselling sessions. The data included for analysis towards this research is from counselling sessions with a 14-year-old female in a school guidance setting. The relationship between myself as the therapist and the client has already developed from past counselling in a previous school year. The client has reconnected for further counselling.

3.5.3 Data collection

Data consisted of audio or audio-visual recordings of counselling sessions; these recordings were subsequently transcribed. Data from forms used in counselling included the use of a document providing two simple hope scales designed for this research. In addition to this, a reference to counselling forms utilised within my general practice is included within the data. These forms are the Child Outcome Rating Scales (CORS) (**Appendix A**), and Child Session Rating Scales (CSRS) (**Appendix B**) (Hubble, Miller, & Duncan, 2005). Neither the CORS nor CSRS are specific to this research, nor are they designed for research purposes. Permission to utilise these forms in my counselling is part of an individual license held by me. For this research, email correspondence provided permission to refer to these forms as

part of my data and findings (S. D. Miller, personal communication, August 28, 2020) (**Appendix C**). The CORS is a four-item tool to assess change in clients throughout the therapeutic sessions and is utilised at the start of each session (B. L. Duncan & Miller, 2003). The CSRS is also a four-item tool designed to assess the therapeutic alliance and is utilised at the end of each session (B. L. Duncan et al., 2003). The CSRS provides for client feedback and informs the degree of therapeutic practice connected to outcomes (B. Duncan, Miller, Sparks, A. Claud, & Reynolds, 2003). These forms also contribute towards goal development (Campbell & Hemsley, 2009) and provide a continuous feedback approach to therapy (Reese, Norsworthy, & Rowlands, 2009). The CORS and CSRS utilised in my counselling sessions provided a conduit towards goals and session outcomes. They are not specific to the research design but remain tools utilised within my current practice and therefore provide data as part of this research. My data connected the use of the CORS form in session one with conversations towards goal development.

I designed a hope scaling tool (**Appendix D**) for this research with the intent that the client's perspective contributes information as to whether hope has stayed the same, decreased, or increased in the session for them. My earlier design for this research included the State Hope Scale (Snyder et al., 1996) as a situational pre and post-assessment of clients' goal-directed thinking. After exploring this as part of my research proposal, a decision was made that this would lend towards a mixed methods study significant data samples to that intended for this research. I, therefore, designed a simple form with a scale relating to the hopefulness of my clients' pre and post-session. Initially, the scaling question was quite wordy, so I simplified this and asked the client to scale between 0 and 10, how "hopeful at start of session": and how "hopeful at end of session". A visual form with unhappy and smiley faces was included. After further discussion with my supervisors, I was concerned that by introducing hope specific language at the start of my counselling, I would influence the

counselling session and artificially bring a focus on hope. I, therefore, decided to complete both scales at the end of the counselling session. This form provided the client with a voice towards their connection to hope during the counselling session.

Asking the first hope scale at the end of the session was hard for my client to articulate retrospectively. Given this, we agreed to place the first scale at the start of the session. I remained concerned that this change would bring a conscious lens on the aspect of hope in the counselling session by the participant and therefore influence the data. However, given the feedback from my client, I adjusted the approach and did not find evidence to support my earlier concerns of influence on the data.

The hope scales informed myself as the counsellor and the client, whether she noticed changes in their sense of hopefulness within the counselling session. The reflection includes two scaling questions relating to the client's perception of their level of hope before the session and at the end of the session. Adding a hope scale brought a perspective from the client into the research relating to their sense of hope at the time of the counselling and remains a small but relevant part of the data analysis. This scale gives a voice to the client in the research beyond the researcher's analysis of the counselling conversation itself.

3.6 Ethical considerations

This research received approval from the Educational Research Human Ethics Committee (Dr P. Shepherd, personal communication, February 28, 2020 (**Appendix E**)).

The research is assessed by myself as bringing value to my practice with clients, the wider counselling community, and school guidance counselling practice. The value of research is an essential ethical consideration when researching with human subjects (Guillemin & Gillam, 2004).

I remained mindful of increased risk or negative impacts on the counselling sessions due to the nature and complexities the participants brought to counselling by checking in on their consent and continued recording of counselling. It is important that no student felt coerced or negatively impacted by being part of this research.

One participant grappled with suicidality and disclosed significant challenges for them during the lockdown period of COVID-19. While consent was not withdrawn, as I listened and analysed the data I made a difficult decision not to complete microanalysis or include the data from this participant in this research, this decision was based on their presented risk during the recordings alongside the challenge to hold the client's anonymity. The dialogue within the counselling session that reflects the phases discovered in this research could not be included without risking anonymity. While small segments of the counselling would have contributed to this research, in that the data would highlight moments of lexical choice contributing to each phase and the development of hope, I deemed the loss of the collaborative dialogue within each phase too significant.

Even without complex or risk related topics in counselling, there is a possibility that full engagement may be hampered through the recording of the counselling session. Section 4.1.1 in my findings highlights my exploration of this concern when I notice the participant looking at the recording equipment.

Recording of counselling sessions for trainee counsellors is not an unusual event and often occurs for reflective practice and evidence of counselling skills for academic and practice development. This is something I have undertaken with previous clients for my training. The difference here is that the consent includes the recording of counselling sessions to collate data for research. Parental consent is also required given this includes research with adolescents, this aspect will be elaborated on further.

It was imperative to myself, ethically as a researcher and counsellor that my practice was not hindered within sessions for research purposes. Given this, I approached the counselling aspect of my practice as business as usual while keeping a close watch for the negative impacts of such recordings on the student. In addition to this, I utilised both research and clinical supervision which provided opportunities to check-in, reflect, and monitor my practice as I balanced my dual role of both counsellor and researcher.

Discussions occurred with the School Principal and we agreed that all participants no matter what the age would require parental consent. This reduces reputational risk to the school and further reduces the risk of coercion of participation.

Discussion and consent forms were provided for both student and caregivers (**Appendix F, Appendix G**). Explicit information advising that consent can be withdrawn at any stage of the data collection period of my research was paramount to support the counselling and research process while mitigating against the risk of any perception of coercion through the data collection process.

Upon commencement of counselling, I checked in and revisited student participation ensuring continued and informed consent before recording each session.

Confidentiality and privacy of the research participants are maintained by using non-identifiable material. Names of the school where the research occurred, names, and personal details of the participants, including class details, friends, and family or whānau, have been omitted. While all identifiable information is minimised, due to the nature of utilising counselling dialogue through practice-based research, there is no guarantee that elements of transcripts included in the research can be entirely anonymised. For instance, if parties have shared that they are participating in the research, or a unique aspect of language in the

transcripts presents as identifiable to friends, family, teachers, this will be an unforeseen outcome, and all reasonable efforts have been undertaken to minimise this risk.

As a Counsellor, I practice within the New Zealand Association of Counsellors Code of Ethics (NZAC, 2002, revised 2016). Specific to research the NZAC Code of Ethics highlights the following;

11.1 Value of Research

(a) Counsellors should promote and facilitate evaluation and research in order to inform and develop counselling practice.

(b) Counsellors should limit the demands of any research exercise to what can be justified in terms of benefit to individuals or the community. (NZAC, 2002, revised 2016, p. 13).

Choosing not to include data from one of the participants due to their presented issues, risk, and the challenges to maintain anonymity highlighted the ongoing ethical practice within this research. Ethical consideration to my data is further evident when I ceased additional microanalysis once I considered enough data was included to discuss and explore the research question.

3.7 Cultural consideration

To date, I have not had a statistically high number of indigenous people of New Zealand clients referred to myself; this is partly due to the ethnic population of the school and residential area. My research does not explicitly look at ethnicity or how to work with a Maori population; given this, the research was not deemed to require Māori consultation or a Kaupapa Maori Researcher.

Working within Aotearoa/New Zealand as a counsellor requires me to work through a bi-cultural lens (NZAC, 2002, revised 2016). Had an indigenous client opt into the research, I would have worked with them in a manner that respectfully acknowledges their ancestry. Recognising the client as Tangata Whenua, original inhabitants of Aotearoa, I would have adjusted my practise to meet the client's needs as desired by the client. Such an approach could have included additional whanau time to support the consent process to provide a greater sense of inclusion and connectivity to the research.

Cultural supervision is part of my practice, and I continued to utilise this to support my counselling and research as necessary.

My practice remains holistic, and I am mindful not to imprint Western tradition as a lead approach with my clients. By working holistically and through social constructionism, I find the counselling sessions are tailored to each client. I find this approach generally supports working cross-culturally and lends to an ability to remain curious and having a stance of 'not knowing' and therefore, holding a posture of cultural humility. Being curious and maintaining a perspective of 'not knowing' enables the client to explore their preferred goals collaboratively without imposing my understanding or assumptions on the client. This approach, informed by SFBT, provides flexibility to adjust and shift my practice with the client as I work with and trust their knowledge of themselves.

As part of my research, I recognise that cultural identity can also impact the anonymity of participants. My early stage of analysis has required me to reflect both ethical and culturally, including whether participants represent minority ethnicities in the community. From these reflections, I have made difficult decisions, relating to what data to include and exclude from my findings to protect anonymity.

3.8 Data analysis

By using a social constructionist lens, I sought to explore my findings as openly as possible recognising that there are different ways to view and express hope. In addition to this, I am aware that what I bring and how I connect to hope will have threads throughout this research. Through two recordings with one client of my counselling practice, I have explored how language within counselling between the client and me has contributed, or not, towards the co-construction of hope. Use of two hope scales and reflexive journals further inform my research.

The dominant approach to my research process has been microanalysis of dialogue from audio recordings. Throughout my research, I remained informed by hope based theories, in particular, Snyder's Hope Theory (1994) and I have applied microanalysis through a social constructionist epistemology.

For this research, I started with conversational analysis and then changed to microanalysis, I identified this approach as a better fit for my research question and what I wanted to explore within my data.

Conversational analysis explores both the spoken language and the nuances between words, such as pauses, encouragers, and hesitations. The approach originates from the study of common language and stems from ethnomethodology (White, 2019). My analysis focuses on the use of counselling language, which, by its nature, differs from everyday language. I have not sought to explore body language or pauses presented in the data. Where tone has been noticed as specifically relevant to an utterance, I have commented on this in my findings.

The approaches developed within both conversational and microanalysis are becoming more widely utilised as a research tool across the health sector, including the

interaction between medical practitioners and patients (White, 2019). Both approaches are considered to be closely related (Wieder, 1999).

As I further developed my understanding of conversational analysis and started to look at my data, I became concerned that my research would become too focused on the pauses and nuances beyond the words. I wanted to focus on what was said and how the language itself influences the co-construction of hope in counselling. This decision was informed by my observations when reading research journals where conversational analysis is applied, such as the example provided by Strong (2006) where hand gestures, pauses and body language are coded. I noticed how this influenced the data and my connection to the findings. I found myself drawn to examples of microanalysis where the words held a strong focus such as that of De Jong, Bavelas and Korman (2013).

Microanalysis is the close examination of communication between two or more persons and includes an analysis of the interactive dialogue between such parties (Janet Bevan Bavelas, McGee, Phillips, & Routledge, 2000). Micro also implies smaller samples and has been likened to looking at communication under a microscope (Bull, 2002). The analysis may or may not include elements such as nonverbal interactions and provides for flexibility of design to meet the research purpose, including what microlayers are tended to and how micro the layers of analysis go. Exploring turn-taking with the client and counsellor dialogue enables a closer look at the language, and how this might influence the conversation, it is on this premise I have applied microanalysis to my research.

My decision has provided a clear pathway towards my findings using the audio recordings of counselling sessions. Providing flexibility within my research while remaining strategic, transparent, and reflexive within my analysis is arguably a necessary component

within qualitative research (Holloway, 2005). The flexibility and reflexive approach to my research has contributed to the trustworthiness of the data.

Having decided to utilise microanalysis, I continued to listen to the data several times over and read the transcripts I had completed. From here, I carried out an in-depth micro analysis of two counselling sessions from one participant. I was surprised by the lack of overt SFBT techniques in both sessions, such as scaling and the miracle question. Having been trained across different counselling modalities, I became intrigued by this noticing. My research question included the use of SFBT; I spent some time listening for SFBT approaches to ensure I was exploring hope through SFBT counselling. I listened and reread the transcripts with this question in mind and concluded that I had provided counselling using SFBT. I had initially thought my research might lead towards the exploration of techniques from SFBT and how, from these, hope might co-construct. I was excited that my data provided another layer of investigation, without signature techniques or what might be considered more overt techniques, such as the miracle question, I was now finding myself looking at the dialogue in its entirety. From listening and reading the transcripts, I identified that I required detailed exploration of significant portions of dialogue which in turn enabled microanalysis of the subtleties in the language influenced by SFBT assumptions and approaches and how these co-construct hope in the counselling session.

Throughout my training with SFBT, I have continued to explore the therapeutic relationship and how I can maintain my relational dialogue with my clients while developing understanding and techniques utilised within SFBT. To support my journey with this, I was encouraged by my lecturers to read and connect with Lipchik's work. I have found myself revisiting this text as I questioned my SFBT practice in this research and related to a quote from Lipchik (2002)

“Good cooking is more than following a recipe. It requires assumptions about what will happen to certain foods when they are subjected to heat, or when they are mixed with each other. Of course, people can do all these activities without understanding the underlying theory, but it is less likely that they will excel at what they do or transcend technical skills to become artists (p. 9).

I believe this quote reflected my findings and my current journey as an SFBT counsellor in that I have not followed a recipe in these transcripts. I have not relied on hallmark techniques from SFBT as I might have done in my early development of practice. Instead, I was counselling through the assumptions and beliefs of SFBT and shaped a collaborative conversation accordingly. My initial doubts when listening to my practice highlighted to me that I was still critiquing my practice based on the hallmarks rather than the overall quality of SFBT counselling.

When deciding on my microanalysis design, I discovered research where data was coded into grounding sequences, questions, formulations, and lexical choice; this included the research of SFBT counselling (De Jong et al., 2013). I became excited by this research and considered it to be a great fit to provide a systemic layer and consistency towards my analysis by the use of these identifiable markers. Within qualitative research, identifiable markers help connect the reader to the analysis (Erlingsson & Brysiewicz, 2017). My decision to use this microanalysis approach provided a balance of validity and reflexivity that would support my findings. In this instance, the coding enables exploration of collaboration within the dialogue, the use of SFBT, and exploration of how hope is co-constructed in counselling. Here I have provided a simplified explanation of the coding that informs my analysis.

3.8.1 Grounding sequences

Grounding sequences are two or more utterances in a conversation where an understanding of what is said occurs. While grounding sequences initially stemmed from two

utterances, this indicated more of a monologue approach to language (De Jong et al., 2013). Three or more utterances provide evidence of a collaborative process of meaning-making (Janet Beavin; Bavelas, Jong, Korman, & Jordan, 2012). For this research, I have identified completed grounding sequences when there are three or more utterances towards meaning-making within the conversation. The completion of the grounding sequence occurs once mutual understanding presents within the dialogue (Janet Beavin; Bavelas et al., 2012).

3.8.2 Questions

Therapist questions can provide a neutral curiosity or guide the conversation towards or away from issues and the language introduced by the client (Tomori & Bavelas, 2007). Open questions while not limited to this, often start with a what, where, or how. Clarifying questions are applied to develop more meaning or to check an understanding of something from the client. Closed questions lead towards the narrowing of an answer, to a yes, no, or a more limited description (Christiansen, 2018). SFBT utilises presupposition questions whereby something becomes implied within the framing of the question. Within SFBT, a presupposition approach is used to imply a preferred future, strength or past coping experience, in turn, supporting the client to connect to their strengths and abilities towards dealing with the issues they face and finding alternative pathways or futures to help them move forward (Metcalf & Connie, 2009). I have identified the questions mentioned above as they present in the data.

3.8.3 Formulations

Formulations include different types of reflections or responses back to the client. These reflections are a way of responding to the client's utterance without responding with a question, I have coded for paraphrasing, reframing, and summarising. A reflection could include repeating back the client's words, known as mirroring the client's language in its entirety. However, the reflection will often select specific elements within the client's

utterance by choosing to omit, add, or reframe the words (Korman, Bavelas, & De Jong, 2013). A summary is often but not limited to a multi-layered use of reflections brought together to summarise a part of the counselling session or conversation. Summaries present throughout counselling conversations (Korman et al., 2013) and provide opportunities to transition towards another part of the counselling session, check-in and reconnect to a focus or goal, or to support the closing of a counselling session. Formulations in themselves can hold a neutral, positive, or negative lexical choice by guiding the direction and focus within the dialogue (Korman et al., 2013). Formulations are utilised across various therapeutic modalities; however, the therapeutic modality is likely to inform how these are framed for the client.

3.8.4 Lexical choice

The lexical choice is a way of coding the direction the therapist's use of language has taken the conversation. Considering whether the therapist's utterance has guided the discussion towards the issue or problem-focused language or strengths and solutions. For this research, formulations and questions are coded for lexical choice. The coding identified whether a negative or a positive lexical choice has occurred. A negative lexical choice (NLC) is determined when I framed a question or formulation towards the issue or hold the problem language with the client. I identified a positive lexical choice (PLC) when I provided a question or formulation towards strengths and solutions (Jordan, Froerer, & Bavelas, 2013)

De Jong et al., (2013) through microanalysis, introduced the concept of coding grounding sequences, questions, formulations and lexical choice as a scientific method to explore the co-construction of meaning in psychotherapy, in turn, allowing close examination of the influences therapists have in counselling through dialogue.

Jordan et al., (2013) utilised the above microanalysis to compare lexical choice across theoretical approaches. I believed a similar approach to coding would enable close

examination of my data and how this might inform the co-construction of hope in counselling. At the same time, I believed this approach would also provide structure and consistency to inform the rigour and trustworthiness of my research.

My microanalysis included exploration of grounding sequences and discourse markers. Grounding sequences enabled exploration to the degree of co-construction, and collaborative nature of the dialogue (Janet Beavin; Bavelas et al., 2012). Discourse markers enabled the exploration of nuances within the collaborative conversation and how this might influence the engagement between myself and the client.

3.8.5 Discourse Markers

Discourse markers are connective elements in the speech that may not change the meaning of the words themselves but might somehow influence the context of the utterance within the transcript (Schourup, 1999). When listening to the data, I noticed discourse markers such as 'so' in my utterances. I became curious about the influences these may have on the co-construction of hope and therefore included them in my microanalysis.

3.9 Trustworthiness and Reflexivity

Trustworthiness and reflexivity are important considerations in qualitative research. When working through qualitative methods, providing evidence of trustworthiness is essential to hold the researcher accountable as well as instilling confidence in the findings (Morrow, 2005). Within qualitative research, there are differing views on aspects of trustworthiness; the elements contributing to trustworthiness remain influenced by the epistemologies (Morrow, 2005). In general terms, trustworthiness includes aspects of credibility, transferability, dependability, confirmability and reflexivity (Korstjens & Moser, 2017). Qualitative research through social constructionism relates trustworthiness to subjectivity, dependability, triangulation, and reflexivity. Within practice-based research,

reflexivity becomes critical in that I am researching my practice (Bager-Charleson, 2014). My reflections relating to hope, including observations of myself with qualitative research, contributed to the reflexivity and trustworthiness of this research.

Having chosen a form of coding through microanalysis that has previously been utilised and recommended for further research of counselling transcripts (De Jong et al., 2013), I feel confident in my choice of coding approach. I believe the coding utilised has provided credibility through the transparent nature of my analysis. The microanalysis chosen fitted this research and provided for transferability for future research. Throughout my research, I have included myself, shared my beliefs and philosophical underpinnings that have informed my research. This reflexive approach provided transparency as both counsellor and researcher. By providing such openness, I have been able to acknowledge and write to the subjective nature of my research.

Triangulation through multiple sources of data is not a significant part of this research design, in that numerous sources of data have not been sought such as client interviews. However, the client's voice, through the use of a hope scale, while a minimal aspect of this research, provided an additional form of data and has contributed to trustworthiness in my findings (Morrow, 2005).

I have had the privilege of conversations with my research supervisors at Canterbury University; through these conversations, I experienced the opportunity to debrief my research. Morrow (2005) identified the opportunity to debrief with '*peers*' or '*debriefers*' as a means to support trustworthiness and reflexivity (p. 260). I utilised both supervisors to reflect on my process throughout different stages of my research; both supervisors acted as a mirror to my thoughts while at times, also playing devil's advocate. Through this process, I grappled

with data and the connections I noticed within my microanalysis, including links to the co-construction of hope.

I sought additional viewpoints to my data and remained open to alternative understandings; this has occurred through discussions with my clinical supervisor, and research peers. The reflections from these discussions further supported my accountability towards my findings.

I have developed a greater understanding and appreciation for qualitative research, including that 'less is often more', allowing greater depth of analysis or 'quality over quantity'.

I have learned to hold my focus within a qualitative perspective through a social constructionist lens. I am aware that I tend to lean towards research ideas requiring mixed methods and have, therefore challenged myself to hold to the boundaries of this research both within qualitative research and holding myself to the research question.

Selection of data and whether to utilise both participants or remain with one has been a dilemma often discussed within supervision both with my research supervisors and my clinical supervisors. While I opted to limit the data analysed, this has provided the richness of a narrative where the presence of hope is explored in counselling and aligns with qualitative research. Use of singular participants or small samples is similar to other studies in counselling where the research is limited to one client, even one session, and examined in detail (Weatherall & Gibson, 2014). I have provided a richness of context within the data rather than multiple samples where smaller segments are related to qualitative analysis; the data selection has provided for context and transparency. In doing so, trustworthiness increased, and the reader can follow and connect the data and findings, allowing for less interpretation and increased transparency (Cope, 2014).

The following chapter presents findings from microanalysis of two counselling sessions conducted by me with a 14-year-old New Zealand European female; session one occurred face to face in a school guidance counselling room and the other via telephone counselling.

4 Findings

This chapter provides findings from the microanalysis of recordings from two counselling sessions provided by one research participant. This research is practice-based research with myself as the counsellor.

In the findings, three phases are identified from the analysis and inform the structure of this chapter. I present the results starting with the first counselling session across each phase. The phases identified are the co-construction of the goal, followed by phase two, co-construction of agency, and phase three, redefining futures. Each phase concludes with a summary. I then provide an analysis of session two, following the same structure. Session two includes what I have identified as a bridging section between phases one and two. The three phases identified are informed by Snyder's Hope Theory (Snyder, 1994).

4.1 Session one

The first segment of data follows the completion of a **Child Outcome Rating Scale (CORS)** (**Appendix H**) often utilised by the therapist, and a separate hope scale explicitly utilised for this research (**Appendix I**) as discussed in the methodology. In this instance, the CORS contributed to the data.

The client placed herself on the scale between a five and a six with a “meh” on how she is doing at the moment, between a three and four on how things are for her in the family, between four to five on how she sees herself managing in school, and in general so everything else between a four and a five. (**Appendix H**)

On the **hope scale**, which indicates how hopeful the client was feeling at the time of entering the room, the client placed herself at a six (**Appendix I**). The hope scale will be revisited in the summary and discussed in more depth in the next chapter.

4.1.1 Phase one; co-constructing goals and preferred futures

To provide the context of this session, in this instance, the client commenced sharing of her issues as soon as she walked through the door, before sitting down and formally beginning our counselling session. The client's issue related to changes in her holiday plans to visit her mother. The COVID-19 pandemic had started to impact travel in New Zealand, and the client's travel plans had just been cancelled at the time this counselling session occurred. New Zealand was at alert level two with talk of moving to alert level 3, later that day the country announced a move to alert level four with 48 hours' notice to prepare and go into full lockdown. The school closed the following day.

4.1.2 Transcript of phase one

Line	Speaker	Utterance
1	T	So, thinking about what you've put here and think about when you walked in, you started to sort of already, sort of go, argh talking about quite a bit of stuff. While we were setting up. What, would be most important for you today, the best hopes from today's session.
2	C	I don't know. (client looks at video)
3	T	Once you've managed to ignore the fact the video's on. I know it's put putting you off at the moment.

Line	Speaker	Utterance
4	C	No, I (pause) that question always catches me out. I don't know.
5	T	It's a tricky one, isn't it for you? Yeah. So, we often reframe it don't we in thinking about. So, when, you know, you've walked out of this room today, how do you know that turning up in the first place has been useful for you?
6	C	Um, feel relaxed I don't know, just at ease to come up the meh
7	T	So, feeling more relaxed. And then it's so like (demonstrated a letting go type of sigh). Is that letting go sort of just....
8	C	I suppose. Yeah. Just not being so tense I guess
9	T	So, less tense. OK. So, thinking about being more relaxed and less tense. When you're less tense, what do you notice is different for you?
10	C	Body language can change. I think.
11	T	Yeah..so body language. In what way?

Line	Speaker	Utterance
12	C	Um...Not not looking so like tight I suppose...I don't really know.. not being like stiff.
13	T	So, it feels different.
14	C	Yeah
15	T	So, you notice it, you're not sure whether other people will notice it or not?
16	C	Yeah. Something like that.
17	T	So less stiff? So, what what is the opposite of that? What's less stiff.
18	C	Just....I don't know.
19	T	So, one of the things you said you'll feel is more relaxed?
20	C	Yeah
21	T	and I'm sensing that that's within your body. What other ways do you feel more relaxed?
22	C	Mentally

Line	Speaker	Utterance
23	T	Mentally. How do you know that when you're more relaxed mentally...what do you notice?
24	C	That I guess alot less anxious of what's going on, and, kinda everything just seems like it's flowing good,it's just cruisy.
25	T	Yep, so when you're less anxious, less tense, you're actually flowing more it's more cruisy.
26	C	Being able to go with the flow a bit better.

4.1.3 Analysis of phase one; how the goal was co-constructed.

To open the dialogue with the client towards their goals from attending counselling, I used a **presuppositional question** focusing on ‘best hopes’ (1). My question implied there is a best hope to explore. By using this future-focused language, often utilised within solution-focused therapy, I have made a **lexical choice** towards a positive alternative versus language that might relate to the problem.

The client has responded with not knowing the answer to this question (2), here the dialogue developed through a **grounding** sequence. I observed the client looking at the recording device, and she seemed distracted by this. In attempts to settle and reassure the

client, I acknowledged the device again now that the session had commenced and tried to reassure the client (3). The client corrected me (4) “No, I (pause) that question always catches me out. I don't know.” The grounding sequence continued as the client, and I exchanged and developed an understanding that it is indeed the question and not the video. The grounding sequence became completed (5) when I acknowledge that I have understood the client that her pause was related to the question.

Having grounded the understanding that the best hopes question is hard for the client, I extend the offer to ease this challenge by explicitly **reframing** the question with another **presuppositional question** (5) “So we often reframe it don't we in thinking about, so when, you know, you've walked out of this room today, how do you know that turning up in the first place has been useful for you? Here a **discourse marker** has been utilised “so” to connect the acknowledgement of the question being tricky and the decision to reframe the question. The reframing enabled the client to connect to the question, and she provided an answer of wanting to be more relaxed, at ease, to come further up the scale, come up from the ‘*meh*’ (6) on the scale. Maintaining the use of a presuppositional question held the **lexical choice** towards solution language.

Worth noting is that the ‘*meh*’ used by the client has become a form of language used in our counselling sessions when using scales. The ‘*meh*’ is communicated when she is not quite at the number given on the scale but not far below either. This ‘*meh*’ is an example of myself and the client learning to co-construct our language in the session. Here the client indicated wanting to go up the ‘*meh*’ this related to the scale provided in the CORS at the start of the session where she scaled herself as a 6 with a ‘*meh*’.

The best hope question led us both towards the start of the goal-setting process with the client stating, ‘more relaxed’ as her best hopes. Instead of assuming what more relaxed

means to the client, I explored this further (7), here a **discourse marker** of “so” sets up the **formulation of paraphrasing** before I extend this with an expression, using my body to express what relaxed might look or feel like (7) “So feeling more relaxed. And then it's so like (the therapist then shakes her arms and shoulders with a sigh demonstrating a letting go). Is that letting go sort of just....”. Through a **positive lexical choice** I used a **curious** tone and left the question unfinished; in doing so, I have left space for the client to clarify or fill the gaps. A **grounding sequence** has taken place here where understanding developed between both myself and the client. The client partially agrees (8) with a “suppose” and added to this by bringing her own words of “less tense”. I use a **discourse marker** “so” leading into a **formulation of a paraphrase** (9) of “less tense” followed by another **discourse marker** “ok” which also contributed to the **grounding sequence** indicating some understanding. After this discourse marker, I went on and **paraphrased** again, bringing together both “more relaxed” and “less tense”. Following this paraphrase, I asked a **presuppositional question** exploring the **noticing** the client might experience when ‘less tense’. Less tense derived in the conversation from being part of more relaxed. In seeking to understand the goal of more relaxed further, I delved deeper into what ‘less tense’ meant to the client by seeking to explore what she might notice. By asking this, I made a **lexical choice** to hold a positive direction by exploring what is ‘less tense’ versus what ‘tense’ is. This utterance is a more complex sentence having several contributing factors (9) “So, less tense. OK. So, thinking about being more relaxed and less tense. When you're less tense, what do you notice is different for you?”

The client continued with the grounding sequence of developing mutual understanding around what less tense is (10) and connected to the earlier expression provided by myself (7). While stating that her body language can change the client adds “I think” and an “um” with a (pause) indicating she is still processing this answer (10).

This response is acknowledged by contributing to the **grounding sequence** (11) by indicating some understanding “yeah” linked by a **discourse marker** “so” and a **formulation** of a **paraphrase** “body language”. I followed on from this with an **open question** further extending exploration of the answer.

The client has responded with a **discourse marker** “um” (12) followed by more detail, “not looking so tight, I suppose” again indicating lack of certainty through another **discourse marker**. After a (pause) the client clarified her uncertainty, stating she does not know, and then added more detail to the answer by saying “not being like stiff”. I responded with a discourse marker (13) “so” before **formulating a reframe** “it feels different”. The **client completed the grounding sequence** with “yeah” (14), here the grounding sequence of exploring more relaxed in connection to the body has completed, and mutual understanding has occurred.

Instead of insisting on certainty from the client, I use a **discourse marker** “so” and amplify the noticing the client might experience “so you notice it” with a **formulation** by **reframing** (15). This formulation is a **lexical choice** towards certainty that the client is noticing something different, holding the language towards a solution focus while **affirming** the client. At the same time, I followed this with a **curiosity** framed as a **question** around the client not being sure whether other people would notice the “less tense” indicating the uncertainty might be because the difference would be subtle (15). Here the client engaged with a **grounding sequence** towards partial agreement (16) with an indicator this is not quite the case “something like that”.

In response to this, I sense that the level of understanding needed has been met. I moved on from ‘less tense’ and more towards ‘less stiff’, bringing in another way the client connected to what she wanted less of (17). This utterance commenced with a **discourse**

marker “so” followed by a **formulation** through **reflecting** a previous comment, “less stiff”. Another **discourse marker** connected this reflection to an **open question** exploring the **opposite** of ‘less stiff’. I have made a **lexical choice** to take the direction of the question towards the solution language by focusing on what ‘less’ is (17), the positive lexical choice could have been made more prominent had I used ‘more relaxed’. The client presented with a discourse marker “just” followed by a (pause) and then shared, not knowing (18).

The conversation between (17) and (18) stagnated and lost traction towards the goal of more relaxed. Perhaps, here I have held a stance of exploring what the client wanted less of too much and did not pick up so quickly that the client has possibly clarified what she can, at that time. After noticing the client and I had exhausted the conversation of ‘less tense’ and ‘less stiff’, I broadened the scope by bringing curiosity back to ‘more relaxed’ (19).

Having picked up on this cue, I changed the focus and made a **lexical choice** to reintroduce the language of the goal ‘more relaxed’. I achieved this by checking in with a **clarifying question** (19). The client provided a **grounding** response indicating agreement “yeah” (20). I extended this by using **curious** language “sensing” indicating uncertainty before identifying that this is within her body (21). A solution-focused lexical choice followed my curiosity by asking a **presuppositional question**; this question implied certainty that there are more ways in which the client feels relaxed.

The client took up this invite by introducing a new language to this sequence (22) “Mentally”. I responded with a **curiosity** again holding solution language through **lexical choice** combining two **attribution questions** in my response “How do you know? What do you notice?” both implied that the client already had this knowledge.

The client continued the grounding sequence of exploring what ‘mentally’ is and how this related to the goal of more relaxed. The client provided more description, introducing a

new language of “less anxious” about what is happening in her life and described her solution language of “it’s flowing good, it’s just cruisy.” (24)

I consolidated the client's comment with a **formulation** by **paraphrasing** and amplifying back to the client (25) with a **positive lexical focus**. The client responded with a paraphrase of her own (26) as if confirming our shared understanding. The **grounding sequence** exploring ‘mentally’ and the goal of being ‘more relaxed, flowing good, just cruisy’ is established.

4.1.4 Summary of the above analysis; how the goal was co-constructed.

This phase started with me asking about the client’s best hopes from the counselling session. The best hopes question is a recognised approach in Solution Focused Brief Therapy to support the exploration of the client’s goals and draws the client towards future-oriented approaches. Clients, while often clear in their minds about what the issue is, tend to indicate uncertainty as to what their goal is from attending counselling beyond exploring the problem. This uncertainty is evident in utterances 1 to 5. Within this section, the client has corrected me with ease by highlighting it is not the video, but the question itself challenging the client (4-5), this provided evidence of a therapeutic relationship.

Between the client and I, the goal is co-constructed through collaborative dialogue. Not only has the client identified wanting to be more relaxed, but the client and I co-constructed what more relaxed extended to for the client. I have noticed that I have remained connected to the language the client used about what she does not want; she does not want to be ‘tense’ or ‘stiff’, she wanted less of this. The client has held language that is problem-focused while also expressing wanting ‘less’ of this. I remain curious about what would have happened had I spent less time exploring what ‘less’ of this was and more time on what ‘more relaxed’ is. My curiosity lies with whether we would have derived the same level of understanding, would we have derived the same goal. Even though I utilised the problem-

language, I remained focused on what ‘less’ is which held the client’s language while holding a subtle yet positive lexical choice of moving towards the solution, this was achieved by remaining focused on the lesser aspect of the problem talk. From this dialogue we now know what the goal *is not*, as well as what it *is*; less tense, less anxious, less stiff, and more relaxed, everything is flowing good and it’s just cruisy. Here the client and I have co-constructed the goal the client had at that time. Development of goals contributes to the co-construction of hope in that by co-construction of a client’s future-oriented goal, I have supported the client to think beyond the issue, the client has started to consider how to develop a preferred future within the circumstances she is faced.

For each transcript and phase, I have provided a summary of the transcript (**Table 1 to 7**) including which SFBT assumption most influenced my utterance, the SFBT technique utilised, the lexical choice and connections to Snyder’s Hope Theory. **Table 1** provides a summary of session one, phase one.

This next phase is a continuation of the transcript from session one. Having established the goal with the client of being ‘more relaxed’ ‘feeling good’ and ‘just cruisy’ I have moved into what I have identified as another phase of the conversation. I have called this phase two, co-constructing agency.

4.1.5 Transcript phase two; co-constructing agency.

Line	Speaker	Utterance
1	T	Yeah. ok. So something you often look forward to. And I wonder whether there’s been a time when you’ve dealt with similar disappointments?

Line	Speaker	Utterance
2	C	Never been a disappointment of going up there before coz its always been pre-planned. And booked like I don't know, know how long ago it was booked for me to go up, but it was a fair few months ago before this all happened. Um, but there have been disappointments with things before.
3	T	Ok, so what sort of disappointments, have you had to deal with before?
4	C	I was promised to fly to Christchurch, which I always look forward to because it's a time where I get to spend time with Dad without everybody else. And um, then it didn't end up happening because something else popped up. So that was that was disappointing.
5	T	So, thinking about that. And knowing that you had that disappointment. How did you manage to get through that to the other side?
6	C	I just went away, had a bit of alone time and just tried. I did some form of crafty thing to keep my mind off it because I'm very artsy and musical so that, I did something and listened to music in the background and just I could of even, I think I may of read a book or something

Line	Speaker	Utterance
7	T	So when you've had those disappointments before taking some time out, some alone time for you, is that for processing or?
8	C	Um, yes, um, it's a good time to process it or just to get stuck in a different world and just be, just chillax.
9	T	So you sort of take stuff off into this different space where you can relax and look after yourself and some of the ways you do that is craftwork. So in that instance, with Christchurch, you used craftwork and art and music.

4.1.6 Analysis of phase two; co-constructing agency

As the client and I moved forward from the co-construction of the goal, I started a **grounding sequence** with “yeah” indicating agreement, followed by a **grounding response** of “ok” followed by a **discourse marker**, “so”, with a **formulation** through the use of a **paraphrase**. This utterance linked the issue that the client brought to counselling, the disappointment of not being able to visit her mother, and connected this to the **closed question** that followed (1) “And I wonder whether there’s been a time when you've dealt with similar disappointments.” I have expressed **curiosity** here using the word, ‘wondering’ which seemed to soften the fact that this is a closed question. This question seemed quite neutral with **neither a clear positive nor negative lexical choice**, leaving the direction of conversation open for the client to respond with either problem or solution-oriented language. By saying “wondering whether there has been a time” does not connect to a presupposition in

that this does not imply that there has been such a time, whereby the client has managed similar disappointments but remained neutral on whether that has or not been the case.

The client highlighted that this has never happened before (2) in that she has never experienced a cancellation to visit her mother. The client then **paused** and added a **discourse marker** “um” the client added (2), “but there have been disappointments with things before”, here the client has started to contemplate the question more broadly than the first part of her answer initially indicated.

The **grounding sequence** around what disappointment she will talk about has occurred. In response to the client, I extended their comment, inviting the client to connect to a past disappointment (3). This utterance started with a **grounding response**, “ok” indicating understanding followed by a **discourse marker** and an **open question** which sought to establish a disappointment the client has had to deal with before (3). This question provided an opportunity to explore past experiences of disappointments. In response to the client’s earlier response, I have slowed this process down by opening up the conversation to any disappointment. I have not yet asked for a disappointment that the client has coped with but have sought to connect with any past disappointment. There is no apparent lexical intention towards the problem or solution focus as I have held a neutral position in my language. Holding more neutral dialogue has contributed to my stepping back and slowing down of my exploration of coping strategies.

The client took this invitation up by providing an experience from her past. She described this with some detail. The **grounding sequence** of establishing what disappointment could be explored is established (4).

I followed this with a **discourse marker** and a **formulation** of a **summary** as a precursor to the **presuppositional question (5)** “So thinking about that, and knowing that

you had that disappointment. How did you manage to get through that to the other side?”.

There was a clear **positive lexical choice** of solution-focused language in that asking “how did you manage to get through that to the other side” implied the client had success managing this disappointment. In response to this question, the client went on to share much detail about how she managed the disappointment, utilising skills and interests that she already had and continued to have in her life (6).

I used a **formulation** and reflected this to the client with a **reframe** of “alone time” and finished with an **open and curious question** asking if this is a form of “processing”. The tone I used is curious; the **curiosity** is further **amplified** by my finishing the utterance with a **discourse marker** “or?” (7). When introducing the idea that this coping approach which included alone time, was a form of processing provided an opportunity for the client to extend or correct me. The curiosity is very explicit at that moment due to the way I end the question, highlighting the curiousness I am bringing to my question helped hold the collaborative dialogue.

The client agreed and further extended this with some **grounding** “Um, yes, um, it's a good time to process it” (8) and elaborated in her own words, linking the two with a **discourse marker** “or just to get stuck in a different world and just be, just chillax” (8). Here we have a link to the words from the co-construction of the goal. Linking past coping strategies of an earlier disappointment to be able to “chillax”.

4.1.7 Summary of analysis of phase two; co-constructing agency.

Here the exploration of exceptions with the client around how she has managed a prior disappointment has enabled the client to connect to past coping strategies. In doing so, she developed agency through connecting with her ability to cope with disappointments. The client has also linked her coping strategies to the goals established in phase one; co-constructing of goals and preferred futures by introducing ‘just chillax’ into the conversation.

Snyder’s Hope Theory (1994) highlighted the connection and necessity of agency for clients to experience hope towards their goals. I have developed agency with this client by developing a connection with her past coping experiences and strategies that have previously worked for her. In doing so, the client has connected to possibility and her agency towards her goal and managing her current situation; agency instils a sense of hope towards goals. See **Table 2** for a summary of my findings and links to Snyder’s Hope Theory.

This next section continued with the transcript from session one. I have defined this part of the counselling as entering another phase whereby the client and I co-constructed a new future, instead of focusing on the disappointment about not being able to visit her mother, the client and I co-constructed an alternative holiday plan with a fresh perspective. This phase not only redefines the holiday plans but links the goal and agency phases together. I have identified this as phase three; redefining futures.

4.1.8 Transcript phase three; redefining futures.

Line	Speaker	Utterance
1	T	So, there's been a trip cancelled. You felt really disappointed. And you've managed it by managing yourself actually and really knowing yourself really well from the sounds of it. What parts of that are going to help you with the disappointment of not seeing your mum and your sister?
2	C	Well, on the holidays, I end up, always end up at dad work helping out and doing things, so that's a good way of running around getting tools for people and doing

Line	Speaker	Utterance
		small jobs that I can do. So that's always something that's fun and educational in a way (tone uplifts).
3	T	So, keeping busy. Which is similar to when you've taken your alone time, you've made yourself busy doing things being active, using your hands. And something else I'm hearing is that you'll feel like you're learning as well
4	C	um, I always learn something because I ask questions, I always ask questions. Sometimes it seems that I ask too many. But if there's something on a vehicle that I've never seen before. I'll ask what it is and learn how it works. (inaudible). So, it's interesting (holds uplifted tone).
5	T	So, you'll be learning quite a bit around vehicles, tools, getting tools for people. Learning more about how tools are utilized
6	C	Yep.
7	T	What else helps you manage with things like, you know, times when you just can't go and see your mum in the holidays?

Line	Speaker	Utterance
8	C	This is the first time it's happened, so I don't really know
9	T	This was a new experience in the school holidays when you've not got up to see your mum. So, what else given that your experiences of other disappointments and how you've managed that. What else on top of going to Dad's work is going to help?
10	C	I'll probably end up going to stay with my Auntie a few nights a week (tone uplifts)
(Talked briefly about where Auntie lives)		
11	T	What's going to be good at Aunties?
12	C	It's a nice place just to get out of this like town and just go to the country and just enjoy the views, walking the dogs just around somewhere and yeah, it's nice just to get away from everything I suppose, because it's kind of in the middle of nowhere, it's great.
13	T	Sounds like it also supports that alone time connection where you're really comfortable in being in your own space. It gives you an environment that you're like, that's going to help with that. So being alone being at Aunties, nice place, views, dogs.

Line	Speaker	Utterance
14	C	I like animals, animals are great. They're make the best friends
15	T	So, what's it gonna be like when you're with your dog and you're at your Auntie's, you have your Aunties dog what's going to help with that? What are you going to notice?
16	C	Just be chilled and just relaxed and feeling quite happy being there and able to pat a dog. (client laughs).

4.1.9 Analysis of phase three; redefining futures.

I shifted the focus from exploring how the client coped with a past disappointment to the current situation. This change occurred using a **discourse marker** (1) followed by a **formulation** of a **summary** where strengths were amplified, the **lexical choice** in this summary focused on strengths and solutions. The summary followed by an **open question** linked phase two to the current situation, “What parts of that are going to help you with the disappointment of not seeing your mum and your sister?” The question also emphasised the **lexical choice** of focusing on what has worked before and highlighted my intention to hold a solution-focused stance by assuming parts of past coping will help with the current situation (1).

The client took up the invitation of this shift and responded not with the past examples already provided but with more ways of coping, (2) “Well, on the holidays, I end up, always end up at Dads work helping out and doing things, so (**discourse marker**) that's a good way of running around getting tools for people and doing small jobs that I can do. So

(discourse marker) that's always something that's fun and educational in a way” **(tone uplifts)**. Here we have the client shifting from a problem paradigm with the disappointment she felt when she entered the room, to a solution paradigm. The client connected to the possibility of alternative options during the holidays; this contributed to hope as the client connected to alternative possibilities. I noticed the new language introduced by the client and responded with a **discourse marker** “so” followed by a **formulation** by way of a **reframe** “keeping busy” (3) and linked this to the client’s previous coping strategies of “alone time...using your hands”, this utterance ended with reflecting the new information of learning; it included a curious tone inviting feedback from my reframe. By leaving the utterance open like, using clarifying language along with the curious tone implied that I am checking in. This curiosity supported the collaborative dialogue by emphasising my efforts to understand the client. Another note on this sentence is the shift I made from the client’s lean towards past tense to future tense language (2, 3).

From here, the client extended on the learning aspect along with her enjoyment and how she loved to ask questions at her Dad’s work (4). I hold this with a **discourse marker** “so” followed by a **formulation** by **paraphrasing** what I have heard (5). The client completed the grounding sequence with a “yep” letting me know there is an agreement (6). Here I moved the conversation forward with an **presupposition question** exploring more of what might help by focusing on “what else helps you manage” (7). This question was a **lexical choice** of holding solution language. My question does not stop there, I then linked my question to times when she has not been able to see her mother, using past-tense language, “you know, times when you just can't go and see your mum in the holidays?” The client corrected me, reminding me that she has not had to cancel visiting her mother before (8). This correction was already established in a previous grounding sequence in phase two; co-constructing agency.

The therapeutic relationship is tested in these moments, in this instance, the client responded (8) with “This is the first time it's happened, so (discourse marker) I don't really know”. The response from the client indicates a therapeutic relationship exists in that she can correct me, and the flow of the conversation has continued. Developing and maintaining a therapeutic relationship supported common therapeutic factors, including expectancy held by the client towards the effectiveness of counselling, this, in turn, enhances hope.

Hearing this correction, I acknowledged that not being able to visit her mother is a new experience, thereby completing a **grounding sequence** by letting the client know I have heard and understood (9). After the acknowledgement, I utilised a **discourse marker** “so” before using a **formulation** of a **summary** and asking a **presupposition question**. “This was a new experience in the school holidays when you've not got up to see your mum. So, what else given that your experiences of other disappointments and how you've managed that. What else on top of going to Dad's work is going to help?” by framing this question using ‘what else’ I made a **lexical choice** towards **solution** language by implying there is more the client is capable of doing to manage the disappointment (9).

The client extended on the new situation of not travelling to her Mum’s home and provided additional activities including visiting other family members during the holidays and at this stage in the conversation I noticed an uplift in the client’s tone (10).

I responded to the client by seeking more descriptive detail with a **presupposition question** implying something will be good (11). Here I made a solution-focused **lexical choice** by assuming there will be good aspects to the family visit. Making this lexical choice was not only in response to the words from the client but also from noticing the client’s uplift in tone.

The client responded with description, and I would go as far as to say that levels of visualisation occurred from the detail of the description of what the client enjoyed when visiting her family member (12).

I responded to the client with a **formulation** by using a **summary** that **amplified** the positives and connected having alone time to being at her Aunties (13). The client responded with more information about enjoying the animals there (14).

I extend on this visualisation by asking a **presuppositional question**, this started with a **discourse marker** and followed with a **formation** of an **open question about noticing**, “So what's it gonna be like when you're with your dog and you're at your Auntie's, you have your Auntie's dog, what's going to help with that? What are you going to notice?” (15). This question held a positive lexical choice.

Here the client responded with words that linked back to phase one; co-constructing the goal and preferred futures, “Just be chilled and just relaxed and feeling quite happy being there and able to pat a dog” (client laughs) (16). The client followed this comment with a laugh.

4.1.10 Summary phase three; redefining futures

I identified this section as phase three; I had noticed a shift in focus from exploring exceptions to looking at the current disappointment. We were no longer exploring the goal, and we are no longer exploring past experiences for exceptions and coping strategies. The focus in this phase, linked the past to the present, connecting the dots between past coping strategies to current situations, thereby developing new pathways and contributing to the co-construction of hope. The client has gone one step further, and without prompt, she linked the visualisation in this phase to the goal developed in phase one. **Table 3** highlights the connection between positive lexical choice and the construction of hope through pathways.

4.1.11 Summary across the phases.

My use of microanalysis provided for my focus on the dialogue and exploration of questions, formulations, grounding sequences, and lexical choice. This approach has contributed to my understanding of SFBT counselling conversations and how hope is co-constructed through SFBT.

The analysis produced the finding that three phases became evident in the session.

- Co-construction of goals and preferred futures.
- Co-constructing agency through the exploration of exceptions and coping strategies.
- Redefining futures by linking goals and agency to new perspectives.

The above phases also reflect that of goals, agency and pathways relating to Snyder's Hope Theory (Snyder et al., 1991). Through the phases of this counselling dialogue, co-construction of the goal occurred. SFBT approaches such as utilising a 'best hopes' question contributed to the goal development by guiding the client to look towards a preferred future rather than focus on something the client cannot change; the focus became something to hope for.

Phase two has developed agency through SFBT approaches, including exception finding and exploration of past coping strategies. The SFBT assumptions supported this technique, such as; there are always exceptions, and the client has the strengths and resources to reconnect with and utilise them again for the current circumstances. In doing so, the client hope presented through client agency.

Phase one and two contributed to the natural development of an alternative future. The literature review highlighted how hope correlates with goals, agency, and pathways. Within my analysis, the pathway seems less representative of step by step actions that will

achieve the pathway but more a sense of the future being redefined through the development of the goal and agency.

It is worth noting that the change in travel circumstance could not alter in that the client cannot visit her mother due to the COVID-19 pandemic. Through collaborative counselling, the client changed how she viewed the disappointment and identified with coping strategies and alternative perspectives on the situation. Alternatives were co-constructed by moving away from a problem focus towards solutions, developing hope towards new goals.

4.1.12 Child Session Rating Scale (CSRS) and Hope scales session one

At the end of the counselling session, the Session Rating Scale (SRS) was completed with the client. The CSRS is designed to explore the relational connection in the session between the therapist and client (**Appendix J**) The visual scale is intended to be a 10cm long line so a measurement can be utilised if required by the therapist. Upon measuring the scale from 0 to 10cm, with ten being the most favourable rating, the client placed herself on the line equivalent to either a nine or a ten. The client's marker indicated the therapeutic relationship was present for the client in that the client felt listened to, understood, and the session was useful for them.

Regarding the hope scale, with the scale showing zero as the least hopeful and ten as the most hopeful, the client positioned herself as a six at the start of session one, and eight and a half at the end of the session (**Appendix I**). This increase indicated that the client had developed an increase in feeling hopeful during the counselling session.

4.2 Session two

This next section provides analysis for the second counselling session with this participant and follows the same structure.

This counselling session occurred through phone counselling due to the new social environment faced by the country. New Zealand has moved to Alert Level Four meaning complete lockdown due to COVID-19. The client and I continued regular phone counselling sessions during this time. Initially, the counselling intended to be via a video link. Unfortunately, the client's rural living location and limited internet connection did not support this option, so we agreed to continue over the phone. For recording, I had the phone on speaker and recorded using my laptop device. The recordings were audible enough for transcribing, and the client agreed to this approach.

In the early part of the counselling session, the client and I started our conversation with problem-focused talk and connected around the new environment of being in lockdown. Time in the counselling session was provided to hold and acknowledge the new environment and develop the 'new' therapist/client relationship of working together over the phone.

As with my analysis of session one, I commenced my analysis with what I have identified as phase one; co-constructing preferred futures and goals.

4.2.1 Transcript phase one; co-constructing preferred futures and goals.

Line	Speaker	Utterance
1	T	So how are you managing?
2	C	Absolutely going mad
3	T	You're going mad. Oh, dear. Do you want to tell me a bit more about that?
4	C	The plan that we created last week for the holiday is completely out the window.

Line	Speaker	Utterance
5	T	Yes, it is, isn't it
6	C	Yeah so Yeah
7	T	Yep, and um, how are things generally for you, given you're going mad at home, what, what does mad look like?
<p>The client responded with the challenges at home with her siblings; this response included a lot of personalised and recognisable detail. Some small talk occurred around this before reconnecting to the client's comment of feeling mad.</p>		
<p>I want to acknowledge that the utterance not transcribed continued with problem talk.</p>		
8	T	Yep. And you're saying you're feeling mad
9	C	Yeah, I'm just sick of it
10	T	Yeah, What? What are you struggling with the most?
11	C	And not being able to go and do things.
12	T	So that restriction.
13	C	Yep.
14	T	What are you missing the most?
15	C	Um, seeing, all of the mates, having people over on Wednesday night to do the street stock stuff. Just generally being able to go out of the house and not on the property. I mean, we haven't got a tiny little piece

Line	Speaker	Utterance
		of, just a house. There is a bit of area around it, but it's not like a farm or anything. So, there's not much we can do.
Between lines 15 and 16 eight utterances were excluded to maintain confidentiality.		
16	T	And generally, just feeling like you need to get out, missing that social contact, but your kind of over your family's social content.
17	C	Yeah.
18	T	Yeah
19	C	I'm quite good at being alone. I'm not really social.
20	T	Yeah
21	C	I can handle the jangle of being alone for a long time without other people.
22	T	That's right. And that's something we talked about how that's going to help you through this time, didn't we, when we spoke last time we weren't?
23	C	Yes. But you, whilst doing that and being alone and doing my own thing, I'm getting I'm being told that I should get out of my room more and actually go and do things with the family. But they're not doing

Line	Speaker	Utterance
		anything that interests me and I don't want to be a part of it.
24	T	Ok, so finding that balance is quite tricky.
25	C	Yeah.

4.2.2 Analysis phase one; co-constructing preferred futures and goals.

Solution-focused brief therapy often starts a subsequent counselling session with future-oriented questions such as focusing on what's better. I have chosen not to do this because between session one and session two, the country has moved into lockdown and a 'what's better' question seemed less relational at that moment. Instead, I asked a **presuppositional question** of "how are you managing?" (1), this felt more fitting to the circumstances. This question continues to hold a **positive lexical choice** in that the question implied that the client is indeed managing. In my opinion, this felt genuine and more relational within these circumstances. Even though the question I have asked is a positive lexical choice, it is possible that my past theoretical training such as working with empathy and allowing for more problem-focused language is present in my dialogue (1). However, SFBT is not shy of problem talk, and the first session of SFBT counselling is likely to include a higher proportion of problem-focused language. The client expressed their emotion and sense of self at this time of "absolutely going mad" (2) taking the conversation towards problem-talk.

I make a **negative lexical choice** to stay with the client's words using a **formulation** of a **paraphrase** the client's problem-focused language followed by a **closed question** (3) Here I noticed the closed question, "do you want to tell me a bit about that?" provided

options for the client to discuss 'feeling mad'. I have not shifted towards solution talk at this time but left the direction up to the client. While SFBT works towards moving the client towards their preferred futures and developing agency towards this, SFBT does not avoid problem-language. Of importance here is that I am choosing not to pathologise the 'feeling mad' either but to sit with the client with this expression, ensuring the client feels heard and understood. This approach is likely to have contributed to the therapeutic relationship.

Here the client links 'feeling mad' to the emotion and elaborates on how the holiday plans have changed yet again and the plan we have co-constructed from the previous counselling session was now obsolete (4) due to COVID-19 and the country moving into full lockdown. Acknowledgement of this reality occurred between us both, completing a **grounding sequence** of understanding the changes now faced by the client (5 to 7).

I followed this with **curiosity** around the client's circumstances and continued to include the client's words of 'mad'. Here I connected my agreement with the client to a **discourse marker** followed by two open questions finishing the utterance by asking "...what mad looks like?" for the client (7). There is a risk that I am starting to pathologise 'mad'. Even though I made a **negative lexical choice**, to focus on the **problem**, I continued to hold a stance of 'not knowing'. This stance provided for collaboration of the conversation and continued to provide space for the client to express their emotions under these new circumstances.

The client elaborated on homelife and shared her frustrations relating to family dynamics, including her siblings. The client and I had a brief conversation around the issues; this helped maintain the relationship over the phone without intent on my part to guide the client away from the issue. I listened and provided space for the client to offload. I am

mindful this counselling session is our first phone counselling experience together, and I am tentative, not wanting to move too quickly as I lacked visual cues on the client's engagement.

I used a **formulation** by **paraphrasing** the client's connection to her "feeling mad" (8); the **lexical choice** continued to focus on the **problem**. The client continued to share, and a **grounding sequence** was completed around the understanding of what is going on at home during the lockdown and how this contributed to her 'feeling mad' (3 to 10).

I followed on from the grounding sequence with a **presuppositional question** asking the client about what she was struggling with the most (10) again; this is a **negative lexical choice** focusing on the problem. She talked about struggling with the restrictions, "not being able to do things" (11) I responded with a **formulation** of **reframing** and highlighting the restriction she was experiencing (12), again a **negative lexical choice**; she responded with an agreement, and a degree of understanding has developed and a **grounding sequence** completed. I go on to use a **presuppositional question** about what the client was missing the most (14) maintaining a **negative lexical choice**. The client responded with quite a bit of detail around missing her friends and not being able to complete projects at home (15). From here, I used a **formulation** of a **summary** (16) "And generally, just feeling like you need to get out, missing that social contact, but you're kind of over your family's social contact" Both myself and the client respond with a "yeah" completing the **grounding sequence** of understanding (17-18). I find summaries are a useful way of transitioning clients through different parts of the counselling conversation.

In response to the summary and completion of this grounding sequence, the client started to bring in positive language, "I'm quite good at being alone. I'm not really social" (19). The positive language moved the conversation towards the development of a goal for the client.

I acknowledged hearing the client (20), and she continued to elaborate on her strengths, “I can handle the jandal of being alone for a long time without other people” (21). I **affirmed** the client’s strengths and linked these to the previous session and how this can support her. I have changed my responses to a **positive lexical choice**. (22). Here the client responded with the agreement of her strengths and introduced a more specific challenge perhaps connected with her ‘feeling mad’, “Yes, but you, whilst doing that and being alone and doing my own thing, I'm getting I'm being told that I should get out of my room more and actually go and do things with the family. But they're not doing anything that interests me, and I don't want to be a part of it” (23).

Here I chose a **formulation** of a **reframe** connecting to this additional detail “Ok, so finding that balance is quite tricky” (24), the language is a more **neutral lexical choice** in that it implied there is a balance that the client can find that will work but also acknowledged that this is difficult. Here I considered the positive element of the reframe was cancelled by the negative element creating **neutrality to my lexical choice**. The client agreed (25). We identified a new perspective between the challenges and the strengths of the client towards the goal, **‘finding balance’**. Although I introduced a new perspective, “finding balance”, the client agreed and seemed to connect to the reframe. Here the new language provided a realistic goal for the client to work towards within the confinements of lockdown and COVID-19.

4.2.3 Summary of phase one; co-constructing future and goals.

Much of the conversation exploring the goal included negative lexical choices which allowed problem-talk to have space within this part of the session. This phase seemed more tentative and slower to move towards the goal itself. I was aware that the circumstance is unique, and I provided time to acknowledge this, allowing time for the client to ‘vent’ and be ‘heard’ supported the therapeutic relationship. I believed that holding a space for the client to

debrief her new circumstance before moving forward has connected the client to the possibility of solutions and a way forward. Ensuring the client felt heard is essential to maintain a therapeutic relationship. My analysis of this phase highlighted the influence lexical choice has on hope. **Table 4** shows how the use of negative lexical choice has hindered goal development; in turn, there are limited connections identified to that of Snyder’s Hope Theory in this phase.

Given this session occurred over the phone, fewer cues were available for my responses; this added its challenges. As I listened to my recordings, completed transcripts, and analysed the language, I noticed I was working harder in this session. My post-session reflection indicated that I felt less confident about my SFBT practice, in particular development of a future-oriented goal. However, as I analysed my practice I realised I continued to listen for the client's goal of what she wanted, I achieved this by acknowledging what the client was finding difficult while also looking to shift towards a solution-focused approach (**Appendix K**).

This next section weaves between phase one and two by starting to explore exceptions and unpacking more detail of the goal.

4.2.4 Transcript bridging phase one to phase two.

Line	Speaker	Transcript
1	T	Have you had a time Sonia (pseudonym) when you've had to find that balance before with your family you're living with at the moment?
2	C	Um, I don't know. Maybe, maybe, in the holidays.
3	T	In the holidays in the past.

Line	Speaker	Transcript
4	C	Yeah. Coz I'm always going to work with Dad. I don't stay home.
5	T	Yep, and I'm just wondering what, what, if you were to sort of think what that balance would look like that would work for you. What would that balance look like? How would you describe a balance between family contact and being in your bedroom time? What would a good balance look like for you?
6	C	Maybe a couple of hours a day, um, spent like actually spending time with them, but yesterday I spent pretty much the whole day with Sherly (pseudonym) doing things.
7	T	Yeah.

4.2.5 Analysis of a bridging section between phase one and phase two.

Line 1 in this section extended the goal, 'finding balance' to explore if the client had past experiences of this. The question was framed as a **closed question** (1) and had **neutrality to the lexical choice**. This question could have aligned more with SFBT language and been reframed as a positive lexical choice such as 'when have you...' implying the client has had success in the past. The client connected to the question and held solution-language (2), and I acknowledge this with a **formulation** of a **paraphrase** (3). Line 4, the client gave an example of such a time, and I responded with a **presupposition** of **open questions** (5). **Two open questions** are asked in a manner that provided a layer of **curiosity**, a wondering

out loud approach from myself. A **positive lexical choice** presented, having implied, there is such a balance, and the client would know what that was. The client responded with more detail of what ‘finding balance’ might look like, developing a more concrete element to the goal (6). An understanding indicated by me (7) completed a **grounding sequence** around the extra detail of the goal.

4.2.6 Summary of bridging section

The client and I co-constructed additional understanding of the goal by exploring past times of finding a balance between family and alone time and what might define that balance. The client has identified that spending a couple of hours a day with the family would provide a balance between family time and alone time.

Within phase one; the co-construction of the goal, ‘finding balance’, and the elaboration to explore what ‘finding balance’ was, supported the co-construction of a tangible goal. By remaining curious and using the client’s experience to support her to identify what the ‘balance’ is, I have enabled clarity and reduced ambiguity of the goal. Ambiguity can contribute to challenges for both agency and pathways to develop if I did not know what the client wanted to move towards, then it is likely that the client’s agency and pathways would remain ambiguous and I would be grappling with any therapeutic direction.

The client connected to possibilities through the process of co-constructing a goal and therefore developed hope towards the future. The bridging section within phase one provided for the co-construction of a more tangible, future-oriented goal and enabled the conversation to move towards agency and pathways. **Table 5** shows a summary of the bridging phase and highlights the move towards developing a more descriptive goal while connecting to the client's strengths and resources, which in turn contribute towards agency and hope.

This next section relates to phase two, here, the co-construction of agency occurred through exploring times when the client had to find a balance between family, and time for herself. This section focused on past events as well as very recent times during lockdown.

4.2.7 Transcript phase two; co-constructing agency.

Line	Speaker	Transcript
1	C	So, we played monopoly, did some card tricks, and then we have resorted to playing with mud.
2	T	It's amazing how creative you can get when you have to.
3	C	Yeah.
4	T	So how was the um spending all day with Sherly (pseudonym) for you?
5	C	It was pretty good because she didn't turn into a brat or anything, she actually just stayed (inaudible) and didn't get upset.
6	T	So it sounds like people really appreciated the time you gave her yesterday.
7	C	I think she did yeah.
8	T	Yeah. And today you're feeling a bit, eerrgghh.
9	C	Yeah.
10	T	And what I've said about what would a good balance look like for you you've said a couple hours a day with them. So it sort of sounds like maybe you're thinking instead of

Line	Speaker	Transcript
		the intensity of a whole day and then feeling like you've done it all, spreading it across the week a bit more. Is that what I'm hearing or?
11	C	Yeah, I do get out of my room and go outside to play guitar. And that's what I've been doing. But I just don't really plan to be around them for too long coz otherwise when somebody is going to end up dead.
12	T and C	(both parties laugh)
13	T	So, I imagine how you're feeling is really important.
14	C	Yeah.
15	T	Yeah. And you've got a lot of insight around that. So, you, when you play the guitar, you're actually going out and sharing, the guitar and the music with the family rather than playing in your room.
16	C	Um
17	T	You're also going out and playing board games and card tricks and play in mud with the kids.
18	C	hmm hmm.
19	T	What are you doing for exercise?

Line	Speaker	Transcript
20	C	Nothing so far. Our neighbours have a farm and they said we're allowed to walk through their paddocks. They went for a walk the other day I think Saturday. But I've just been walking around the property.
21	T	Yeah
22	C	I really want to. Sherly and I went up to the gravel pit by our house, which is the quarry at tea pot valley. We went up to there the other day and then um, I just want to be able, just ask if I'm allowed to go walk around the block because nobody is going to be here because of where we are. There would be nobody out of the house because there's no houses.
23	T	And the lockdown is actually allowing people to walk in their local community areas. So you are allowed to go and walk as long as your family agree that you can go.
24	C	Yeah.

4.2.8 Analysis of phase two; co-constructing agency.

The client described the day before where she spent the whole day with a sibling, one she often finds hard to connect with. I have responded to this with a **formulation** by reflecting an **affirmation** to the client (2). The client agreed, completing a **grounding sequence** (3).

Using a **discourse marker** “so” I asked an **open question** (4) and remained **curious** about how the client found the day with her sibling. The question held a **neutral lexical choice**. The client responded with a positive outcome and an element of surprise about how good it had been (5). Using a **formulation**, I **reframed** my client’s comment (6). The formulation is a **positive lexical choice** and **amplified** the connection to family time and the benefits for other family members connecting with the client. The client connected to this and agreed (7), thereby completing another **grounding sequence**.

I connected the problem talk around the client’s feelings and the positives of her spending the day with a sibling, as shown between lines 8 and 10. In line 10, the **formulation** is more of a **summary** bringing aspects of the conversation together and highlighting the difference between her actions of spending a whole day versus her goal of a couple of hours a day, “.....instead of the intensity of a whole day and then feeling like you've done it all, spreading it across the week a bit more. Is that what I'm hearing or?” I ended the summary with a **closed question** but also left the question open with a **discourse marker** “or” (10). The discourse marker provided room for the client to correct me or further elaborate. The client took this opportunity, agreed with me, and further emphasised the need for balance, (11) “But I just don't really plan to be around them for too long coz otherwise when somebody is going to end up dead.” Both the client and I **laugh**, bringing **humour** into the session. The laughter and tone used indicated an understanding that this was a metaphorical comment rather than any form of intent or malice.

I noted the client’s comment and using a **formulation** of a **reframe**, I connected to the weight she gave to finding the right balance (13) “So I imagine how you're feeling is really important”. This reframe had a **neutral lexical choice** as it did not guide the client towards the problem or the solution. A **discourse marker** was utilised here to link the

laughter and the comment. We both **laughed** (14) indicating mutual agreement, and this completed a **grounding sequence** (12-14).

I extended the conversation on the strengths of the client by highlighting actions she had already taken to contribute to her goal. The utterance commenced in the direction of a **positive lexical choice** with a **discourse marker** “and” followed by a **formulation** by affirming the client with a **compliment**. The statement is further linked with a **discourse marker** and then a **summary** of examples already provided by the client relating to how she has spent time with her family (15), “Yeah. And you've got a lot of insight around that. So, you, when you play the guitar, you're actually going out and sharing, the guitar and the music with the family rather than playing in your room.” The client let me know she is engaged with a discourse marker “um” (16), and I continued with my summary (17). She again responded with a discourse marker showing she was listening (18).

With an attempt to extend how the client might expand on her goal of ‘finding balance’ and being mindful of the unique situation due to lockdown I was aware of my client’s overall wellbeing and had previously noted that getting out of the house was something she had mentioned. I asked a **presuppositional open question** about exercise (19). This question had a **positive lexical choice** in that it implied she was doing exercise; I did not ask are you doing exercise, but asked, what are you doing for exercise. Even though the client stated, she was not doing any exercise she went on to talk about walks around the property that she had been doing (20), after a **minimal encourager** (21) the client talked about a walk she had undertaken with her sibling (22). The client extended in her response about what she would like to do more of during lockdown (22), I reiterated that walking locally during lockdown remained an option (23), the client agreed, (24) completing a **grounding sequence**.

4.2.9 Summary of phase two analysis

Within phase two, the client and I explored past experiences where the client has found ‘balance’ between her family and personal needs. We connected to her strengths and recent actions which contributed to her goal and co-constructed agency towards her preferred future. The challenge of finding ‘balance’ is acknowledged while maintaining a guided direction towards solutions and pathways.

By connecting the client to their strengths and past coping strategies, I provided for the co-construction of client-agency, which in turn provided hope as defined in Snyder’s Hope Theory towards the client’s goal. **Table 6** highlights the connection between both agency and pathway as I explore the client's strengths and resources.

From here, the conversation moved into phase three; redefining the future. This section highlights the transition from phase two and provides for connections between all three phases. Through this transition, the client and I co-constructed a new pathway to reach the client’s goal.

4.2.10 Transcript, phase three; redefining the future.

Line	Speaker	Transcript
1	T	What difference would it make for you if you did a bit of exercise every day like a, like a good walk or something?
2	C	Um, just give me a chance just to relax, and just chill have some time on my own without the chance of anybody coming in and annoying me.
3	T	Yeah.
4		Yeah.

Line	Speaker	Transcript
5	T	<p>Yep, ok. And what else do you think you could do? So, what I'm hearing is that you know, feeling really mad, getting really fed up with family contact at times and the balance pressures on you to be out more amongst them.</p> <p>You're thinking; I want to be in my room. And I'm also hearing you say a couple hours a day we're about to engage with them would be a good balance to me, so I'd get a mixture of room time, getting out doing exercise and also time with my family. What would that ideal sort of day look like for you?</p>
6	C	<p>Um, I like to sleep in cause I never get to sleep in so I'll be sleeping; lately, I've been sleeping in until about 9:00 o'clock. So then, get up at nine, and do regular morning things and then by that time, Bob (pseudonym) will be put back to bed to have a nap. So then, I'll um, maybe read a book in my room and then go out and see everybody and actually socialize for a bit. Then play guitar and then go for a walk.</p>
7	T	<p>So that could be quite a good routine for you, is what I'm hearing.</p>
8	C	<p>Yeah</p>

Line	Speaker	Transcript
9	T	So, you've got um, let's have a look at this. You've got, have a bit of a sleep in until nine, so I'm feeling quite privileged that we were communicating at nine o'clock this morning.
10	T and C	(both laugh)
11	T	Have, do regular morning things we could explore what that looks like. And then when Bob has their morning nap, read a book in your room for a bit of quiet time, then come out and socialize with the family. Get your guitar out. Go for walk. And then have more quiet time. Sounds like quite a good structure for your day. What difference would that make for you and how mad you're feeling?
12	C	Probably a lot.
13	T	Yeah, um, how come?
14	C	I'll just be able to do my own thing away from everybody, and I won't get fed up with everything that were doing.
15	T	And you'd still be having contact with your family?
16	C	Yep
17	T	What difference would they notice in you do you think?
18	C	Might be a bit more, happier.

Line	Speaker	Transcript
19	T	Ok.
20	C	Less, aggravated.
21	T	So happier is instead of less aggravated, or is there something else there?
22	C	(inaudible)
23	T	So, you'd be less aggravated? I'm guessing less mad?
24	C	Yes.
25	T	Yes. You'd be happier. What else would you be feeling instead? What else would they notice?
26	C	Oh. I don't know.
27	T	Um,
28	C	I'm pulling some really weird faces trying to think of this (laughed)
29	T	That's all right, it's good to be thinking about it, isn't it.
30	C	Yeah. Um, maybe I'll actually come out of my room a bit more other than just a couple of hours.
31	T	So, you might find actually as you're feeling happier and less mad you'll also want to come out more and be with them more.

Line	Speaker	Transcript
32	C	Yes.
33	T	You'd be happier.

4.2.11 Analysis, phase three; redefining the future.

In line (1) I ask, “What difference would it make for you if you did a bit of exercise every day like a, like a good walk or something?” This question is a **presuppositional open question** with a **lexical choice** towards solutions. Here the client uses language she introduced in her previous session (2) “Um, just give me a chance just to relax, and just chill have some time on my own without the chance of anybody coming in and annoying me.” The client’s goal in the previous week, just before the lockdown was to be able to be ‘more relaxed’ to ‘chillax’. The client also emphasised the other part of the goal which related to ‘finding balance’, the importance of her alone time. The client and I respond with an agreement and indicated understanding; this response completed a **grounding sequence** (3-4). Here the client had reintroduced language from her goal in session one, “to be more relaxed, feel good, just chill”, this connected sessions one and two.

I utilised a discourse marker of yep, ok, followed by a **presuppositional open question** asking about “what else”, implying there is more she can do to find the balance she is seeking. Having interrupted the flow with the scaling of hope, I set the question up using a **discourse marker** and continued with a **formulation** of a **summary** to connect all aspects of the conversation to date (5), and I reframed the question “What would that ideal sort of day look like for you?” (5). This question guided the client towards the visualisation of her preferred day with ‘balance’ for her alone time and family time.

The client started with a discourse marker and went on to provide a visual picture of her ideal day, including incremented actions throughout the day (6). Here the client started to visualise what she wanted within her goal of ‘finding balance’ between family and alone time. She provided herself with a pathway towards the goal. To let the client know that I have heard this, I used a **positive lexical choice** through a **formulation** by **reframing** this pathway as a routine (7) using the word “good” added an element of **affirming** the idea. I remained **curious** by ending this with a **closed question** of “is what I’m hearing”. The client agreed; this completed a **grounding sequence** of understanding about her pathway towards her goal (8).

I used a **discourse marker** linking the grounding sequence to a **formulation** whereby I summarised the pathway the client has shared (9) and within this, I also acknowledged with humour the fact that we were having a phone counselling session at a time when her pathway indicated she would just be getting out of bed and we both laughed at this (10). Continuing with my summary of her pathway ending with “...sounds like quite a good structure for your day. What difference would that make for you and how mad you're feeling?” (11). Ending the summary in this way before asking the question **affirmed** the client’s pathway. The **presuppositional open question** connected the pathway to the issue of feeling mad that the client presented with earlier in the session. Here a **lexical choice** towards solutions has occurred as I am implying that this routine would make a difference. The client responded with “Probably a lot” (12). I remained **curious**, leading with a **discourse marker**, I asked ‘how come?’ (13). The client linked, taking more walks as something to help her achieve her goal and be less fed up with her family (14). I checked in with a **clarifying question** around continuing to have contact with the family (15). The client agreed (16), and a **grounding sequence** of the walks, its purpose, and that family contact would also continue, was completed. Here I bring in the noticing by others, “What difference would they notice in you

do you think?” (17). Between lines 18 and 20, the client stated that the family might notice her being a bit happier and less aggravated. I followed this with a **discourse marker** and started a **formulation of reframing which I turned into an open question** “So, happier is instead of less aggravated, or is there something else there? (21). Line 20 indicated to me that I doubted my reframe and added a question at the end; in my opinion, the reframe would have sufficed. The client response is not audible (22), but I suspect I have confused the client here. I reframed with a **formulation by paraphrasing** and bringing in the earlier language from the client of ‘mad’, “So you'd be less aggravated, I'm guessing less mad” (23). By focusing on the ‘less’ I held a **positive lexical choice**. The client and I agreed and understood that being a bit happier also related to less aggravated and less mad; this has completed a **grounding sequence** (18-24).

I made a **positive lexical choice** and extended this understanding further by using a **formulation to paraphrase**, “you’d be happier” followed by **two presuppositional questions**, “What else would you be feeling instead? What else would they notice?” (25). The client was unsure and over the phone informed me that she is pulling some weird faces while pondering the question (26-28). I acknowledged this and **affirmed** her efforts with a **reframing formulation**. (29). The client came up with more detail “Yeah. Um, maybe I'll actually come out of my room a bit more other than just a couple of hours.” (30). I used a **formulation of a summary** to link the layers in this part of the conversation together and maintained a **positive lexical choice**, “So you might find actually as you're feeling happier and less mad you'll also want to come out more and be with them more” (31) The client agreed (32).

4.2.12 Summary of phase three; redefining the future

This part of the transcript linked the client to the here and now. We were no longer exploring exceptions or past coping strategies. We were exploring what the ‘finding balance’

between family time and alone time would consist of; we were defining the pathway to achieve the goal. The pathway does not consist of a step by step guide or linear actions but of a description about what needs to occur. In doing so, the pathway presented as holistic, in that the approach towards different behaviours were interwoven with actions and agency, an overall new way of behaving and coping with current circumstances. By doing so, the client identified how she would meet her goal of 'finding balance'.

The connection and importance of pathways concerning hope have been debated; however, Snyder's Hope Theory (Snyder, 1994) places equal value on both agency and pathways for a client to hold hope. Phase three has shown how pathways supported the client to connect to her current goal, thereby bringing the goal, agency and pathways together and in doing so, the client redefined her circumstance and hope towards a preferred future. **Table 7** provides a summary of these findings.

4.2.13 Summary across the three phases

The client spent some time discussing how she was feeling 'mad' and shared the challenges she was noticing from being in lockdown. While phase one discussed the problem and included several negative lexical choices, the client moved towards solution language. I have followed her cue and changed my language to mirror through the use of positive lexical choice. This dialogue led to the co-construction of the goal, we then moved into phase two of the conversation where agency, towards connecting the client to her abilities, strengths, and past coping strategies occurred. From here we moved into phase three where the client and I build on her past experiences and strengths to co-construct new pathways that will support her to achieve her goal of 'finding balance between family time and alone time'. The process of co-constructing client-agency and pathways towards the client's goal has co-constructed hope as framed by Snyder's Hope Theory (Snyder, 1994).

4.2.14 Session Rating Scale (SRS) and Hope scales session two

The session rating scale was not completed at the end of session two and related to me as a counsellor adjusting to phone counselling and not having the forms readily available at the start due to COVID-19 and working from home. The hope scale was asked over the phone, and the answers entered onto a form by me.

The client positioned herself on the hope scale as a seven for entering this counselling session, and a nine at the end of the session indicating the client had increased her sense of hope in the counselling session.

4.3 Summary of Findings

Within my findings, I have identified SFBT approaches that have influenced the lexical choice. I have highlighted how grounding sequences reflected the collaborative nature of the counselling session, which further supported SFBT practice. I have utilised SFBT assumptions by holding a curious and not knowing stance. SFBT techniques enhanced the use of positive lexical choice, which in turn, strongly influenced the future-oriented dialogue and co-construction of hope.

The three phases found within both counselling sessions connected to Snyder's Hope Theory (1994). Snyder identified the necessity of goals, agency and pathways for hope to exist. The collaborative approach in the counselling sessions enabled the co-construction of goals, agency and redefining of the client's future; I liken the latter to Snyder's pathway. PLC significantly enhanced the co-construction of goals, agency and pathways within each phase, in turn, co-constructing hope with the client towards her goal and preferred future.

5 Discussion Chapter

This chapter is informed by both the findings of this research and the literature reviewed in chapter two.

A significant connection was found between hope presented in the data and Snyder's Hope Theory. This connection is evident through the development of goals, agency and pathways. I have therefore utilised the correlation to Snyder's Hope Theory as the structure for which I base my discussion.

My findings show how SFBT assumptions and techniques guided my use of positive lexical choice (PLC). Jordan et al., (2013) compared lexical choice across two therapeutic modalities and found SFBT therapists provided much stronger correlations with PLC, while this research does not provide for comparisons, high use of PLC as an SFBT therapist was also evident in my findings. Jordan et al., (2013) study reflected a client's tendency to correlate their responses accordingly, in that where more negative lexical choice occurred, the client's provided negative lexical choice responses and vice versa. While the client's response has not been directly coded in this research, the direction of future-oriented language from the client is evident. Jordan et al., while studying the use of PLC across two modalities, did not examine the PLC in relation to hope. My findings provide evidence of how both SFBT and PLC co-construct hope in counselling.

Beyond the techniques of SFBT, I have identified that PLC strongly contributed to hope in the counselling dialogue in that the use of PLC enabled the co-construction of future-oriented goals along with client agency and pathways similar to that of Snyder's Hope Theory (2002). The conversation utilised not only SFBT questions but formulations, while formulations might be considered a generic counselling skill, the assumptions and beliefs of SFBT have guided the lexical choice made within these formulations. My findings

correspond with Jordan et al., (2013) when they identified solution-focused therapists use formulations presenting with a higher use of PLC compared to their cognitive behavioural counterparts. The tables provided at the end of this document show the relationships between SFBT, PLC and Snyder's Hope Theory.

Snyder identified that high hope traits correlate with having tangible goals, agency and pathways (Snyder, 1994). By co-constructing all three elements with my client, a connection to the client's hope has increased.

5.1 Hope influenced by core conditions

Core conditions within the therapeutic relationship are necessary to enhance positive outcomes for clients and client expectancy towards change is one of them (Lambert & Barley, 2001). Expectancy as a common factor relates to the clients expectations from therapy (Tambling, 2012) as well as trusting the therapist and therapeutic process (Thomas, 2006). Grounding sequences within the findings provided evidence of client engagement not only with myself as the therapist but also the process occurring within the counselling session. Working through the SFBT assumptions and beliefs such as holding a stance of '*not knowing*' and the '*client is the expert of themselves*' I have provided for therapeutic conditions that enable client expectations to be met. Reiter identified expectancy as described by Lambert as an element of hope (2010), and research has indicated that client development of hope remains informed by both the client's and therapist's expectancy towards positive change (O'Hara, 2013).

My findings show how the use of PLC and presupposition indicated my trust in the client's knowledge, including their strengths and abilities to develop goals and pathways towards a preferred future as described in Snyder's Hope Theory (2002). The high degree of positive lexical choice (PLC) also provided conditions for implicit hope in the counselling

conversation, Larsen and Stege (2010a, 2010b) identified implicit hope as a contributing factor towards the therapeutic relationship. In addition to this, implicit hope contributes to client perspective change. By co-constructing a preferred future with the client along with connecting the client to their agency and pathways towards the client's goal, I have utilised implicit hope to change how the client perceives their situation.

The findings highlight the collaborative nature of the counselling as both the client and I co-constructed a mutual understanding of the dialogue, as evidenced throughout the findings where completed grounding sequences are evident. Grounding sequences where more than two utterances contribute to the meaning-making indicate a collaborative dialogue has occurred (Janet Beavin; Bavelas et al., 2012). Hope is not a one-way street as the client also needs to respond and take up the invitation by replying to the question and formulations. I cannot just tell my client to feel more hopeful, or provide her with the answers, in doing so I would not be supporting the client to connect to their internal sense of control or agency. Interestingly, in the study completed by Cutcliffe (2004), clients identified explicit hope from the therapist as counterproductive, further highlighting the value on PLC and how this provides for implicit hope in the therapeutic conversation.

The implicit hope from PLC along with the collaborative nature of the therapy will have contributed to self-discovery for the client. Through the use of PLC I invited the client to consider alternative futures and management of situations beyond their control; the client engaged with the invitation, evidenced by the degree of grounding sequences. By the client engaging and extending the meaning-making of future-orientated goals, agency and pathways, the client and I co-construct the hope in the counselling session.

From the hope scales utilised within this research, my client has identified an increase in her connection to feeling hopeful during the counselling session. PLC has presented within

the generic counselling skills such as formulations as well as the SFBT specific techniques, both of which are informed by the SFBT assumptions and beliefs. My use of PLC supported the client to develop a future-oriented mindset, as evidenced by the increase in the client's hopefulness scale. Snyder (2002) identified high hope thinkers as more likely to find alternative pathways when a previous pathway is blocked or no longer possible in order to reach their goals. The increase of the client's *hopefulness* as rated by the client is significant in that I have guided the client to develop alternate pathways to manage their situation. Hopeful thinking is considered a protective factor at school (Van Ryzin, 2011) and adolescents with high hope thinking have been found to present with higher academic outcomes, greater overall life satisfaction including social interaction and improved general wellbeing (Van Ryzin, 2011). I have shown how utilising SFBT in school guidance counselling provides a conduit to support adolescents to increase high hope thinking and develop opportunity for new pathways, in doing so, the student is more likely to have improved academic outcomes and overall life satisfaction.

The client feedback while minimal, combined with my findings on how PLC guided the co-construction of goals, agency and pathways strongly indicate that increased use of PLC contributed to the co-construction of client hope.

From here, I discuss the connection with Snyder's Hope Theory across the three phases identified within my analysis.

5.2 Co-construction of goals.

Exploring goals with the client provided both direction for the counselling session and a future-oriented alternative for the client. Goal setting across the counselling and psychological theories differ, in that some theoretical approaches focus on developing a deep understanding of the problem. Some psychological and counselling theories hold a

philosophical viewpoint on problem exploration; in doing so, the holding of problem-focused language in a counselling session can occur and may lead to a focus on avoidant goals. Both avoidant and approach goals provide pathways towards behaviour change; however, research has indicated that where there is more emphasis on approach goals, the client is likely to develop a positive mindset towards wellbeing (Wollburg & Braukhaus, 2010). The SFBT philosophy is to explore what the client wants to be doing or feeling beyond the problem (Hanton, 2011). Within SFBT, the assumption is that problem exploration does not always lead to solutions and by holding a stance of 'not knowing', the conversation becomes curious and collaborative (De Jong & Berg, 2002). By maintaining curiosity beyond the problem, I was able to explore what the client wanted instead of why the problem has occurred, as Hanton stated "Our job is to find out what our clients want, not what they don't want" (2011, p. 19). Within this process, the client's preferred future and approach goal developed. SFBT has guided my counselling dialogue and provided the conditions for high use of PLC.

There are times when client goals might be considered quite abstract. Goals may not always present as clear and tangible such as attending school every day of the week but can have a more emotional regulation focus such as a sense of wanting to respond and manage differently (Ehrenreich, Fairholme, Buzzella, Ellard, & Barlow, 2007). Guided by SFBT assumptions, I have trusted the client as the expert of themselves through curiosity towards their goal, enabling the client to explore more of what it is that the client wanted to occur. Both goals defined by the client belong more with the emotional aspect of goal setting, such as being more 'relaxed, cruisy' and 'finding balance'. The client and I have co-constructed descriptions that support these goals to define them further. Co-construction of the descriptive goal enabled a more cognitive connection as well as an alternative way of being. Snyder, Lehman, Kluck, & Monsson highlighted the importance of clear goals and in doing so, identified that the client is more likely to connect to the possibility of success (2006).

In session two, co-construction of the goal occurred across more utterances compared to that of session one. Initially, the use of negative lexical choice (NLC) guided the conversation, and it was not until the dialogue moved towards strengths and solutions through my use of PLC that the goal became more defined and tangible. Both counselling sessions co-constructed goals, and it was through the use of PLC, that the client connected to their preferred way of coping with a situation that could not be changed.

My findings highlight how PLC enabled the development of future-oriented goals in counselling; the use of PLC has supported the client to develop high hope thinking towards the issue. Clients with low hope thinking tend to present with avoidance goals and clients with high hope thinking, present with approach or future-oriented goals (Snyder, Rand, King, Feldman, & Woodward, 2002). The use of PLC in the counselling dialogue guided the client towards hopeful thinking in that the client started to consider approach goals and moved away from focusing on the issue.

In summary, phase one of the data has focused on the collaboration of developing goals towards a preferred future or pathway, perhaps otherwise known as approach goals. The use of PLC enabled the 'approach' focus by holding a future orientation with the client. Given approach goals have been found to leave a client in a more positive state of mind (Coats, Janoff-Bulman, & Alpert, 1996) it is likely this has occurred for the client and is reflected in their change of hopeful state as reflected in the hopeful scales (Appendix I). The use of PLC enabled the '*approach*' focus by holding a future orientation with the client. Use of SFBT assumptions and beliefs such as maintaining a stance of '*not knowing*' has contributed to the co-construction of the goal and enabled the client to significantly maintain their voice or autonomy in the counselling sessions. Gibson and Cartwright (2013) identified the importance of this when working with adolescents. Adolescents, whether mandated or self-referred to counselling, find a way to maintain their agency through levels of engagement

(Gibson & Cartwright, 2013). Using SFBT, I have engaged the client to explore preferred futures through the development of future-oriented goals. The goal is the clients to strive towards and belongs to them. When the use of PLC occurred, future-oriented goals developed.

5.3 Agency

The co-construction of the goal has naturally informed the discussion to move towards the co-construction of the client's agency. By developing future-oriented goals, the co-construction of agency became possible as the client and I developed an understanding of what it is we were working towards. Providing time to explore the goal contributed to a level of visualisation, this occurred through SFTB techniques such as *instead questions* and is supported by Cheema and Bagchi (2011) who suggested visualisation is a means to draw the client closer to their goal, in turn, developing agency.

Transitioning from phase one to phase two, the conversation shifted towards exploring exceptions, and this was achieved by utilising SFBT *exception and coping questions*. These questions provided opportunities to visualise times when exceptions to the issue occurred as well as connect the client to previous coping strategies. Through the use of *exception questions*, the client was able to connect to their strengths and resources that may inform new pathways; of note, Hanton (2011) highlighted how SFBT techniques evoke the client's strengths and abilities to move the client towards a preferred future as evidenced in the findings.

Snyder (1994) identified both agency and pathways as necessary components towards hope, through use of *exception questions*, the client developed agency as they visualised past success and developed confidence or a sense of '*I can*' towards their preferred future. The

development of agency contributed to the client's motivation as when a goal seems attainable, one is more likely to commit and take action towards it (Snyder et al., 2006).

The use of *coping questions* also informed client agency. Within SFBT, the emphasis on coping within the dialogue can support clients who are feeling overwhelmed (De Jong & Berg, 2002) and develop hope towards future possibilities. De Jong and Berg suggested that “this awareness, more than anything else, builds on hope and motivation in clients to continue to work in the toughest of circumstances” (2002, p. 227). Snyder (2000) highlighted in his Hope Theory that developing client agency is a significant factor in clients’ hope in counselling, the use of coping question in my counselling, further enhanced the client agency.

SFBT has guided my use of PLC which in turn, has guided the client towards their sense of agency by connecting them to past coping strategies that will contribute to the pathway they can take towards their preferred future. In doing so, the use of PLC has co-constructed hope towards an alternative way of feeling and responding to the situation.

Snyder identified agency as a requirement for hope to exist (2002). Agency in Snyder’s theory was initially referred to as “willpower” (1994, p. 6) and related to the “determination and commitment” (1994, p. 6) held towards one’s goal, however, when describing willpower Snyder included in his examples of client thoughts such as “I can...I’ve got what it takes” (1994, p. 6). Client agency within my research correlates more with the development of the client having a sense of control over their choices, and their ability to act on such choices similar to Snyder’s connection to ‘*I can*’ thinking and less on the motivation itself. I suggest that the client motivation evolved through their autonomy of choice, evidenced by their engagement and co-construction of goal setting and by exploring strengths and past coping strategies that will support them to develop a pathway towards their current goal.

My findings show how the use of PLC enabled the client to connect to past success and build their sense of agency. Connecting to past success, allowed the client to transfer their knowledge to their current goal and redefine their future by developing a pathway towards their goal. This discussion now explores the connection between agency and redefining futures.

5.4 Redefining futures

Snyder initially identified Hope Theory pathways as waypower and described waypower as “a mental capacity we can call on to find one or more effective ways to reach our goals. That is to say, the perception that one can engage in planful thought is essential for waypower thinking” (1994, p. 8). Waypower relates to the ability to plan a route to the goal, and when a challenge or block in that route develops, clients with waypower or pathway thinking can adjust and create alternative routes to their goals (Snyder, 1994).

In this research, the co-construction of client agency has contributed to the client now redefining their future. I have named this phase, *redefining futures* as it seemed slightly different to that described in Snyder’s pathway.

My findings show that the use of PLC enabled the co-construction of a detailed description, or visualisation, of the client's preferred future and how this description naturally informed the pathway. Effectively, the client has connected past strengths and coping strategies from phase two, to co-construct a detailed description of a new pathway, a new future that incorporated the client goal as described in phase three. The client has redefined how to utilise her strengths and experience to manage her current situation, in turn, meeting her goals to be more 'relaxed, cruisy and find balance'.

While this phase included a pathway, the formulation of the pathway seemed more organic, perhaps less linear or concrete than the examples provided by Snyder. The client

goals and SFBT approach of linking the past to the present are likely to have influenced this difference. I noticed how, within both sessions, the client's goal morphed from phase two, co-constructing agency into the current and future state of mind relating to the goal. I wanted the title of this phase to capture the organic layer presented within my findings. By organic, I refer to natural development and connection that occurred within the dialogue; how the client connected the exploration of past success to her goal. I also want to acknowledge that Snyder himself identified the link between past success and new pathways towards client goals. Snyder states “Our sense of being able to generate ways to our goals probably is enhanced by previous success at coming up with new routes to goals when original passageways have been blocked.” (2002, p. 9). The client is transitioned between phase two and three as connections between past pathways and future pathways develop.

I relate the link between phase two and three to an indigenous Whakataukī or proverb within New Zealand; Ka mua, ka muri: Looking back in order to move forward. The end of session one, phase three highlighted just how powerful the connection between the past and present can be in order to move forward as the client, without prompt, connected the conversation back to her goal.

Snyder referred to hope as “the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways” (Snyder, 2002, p. 249). Within my findings, I have shown how co-construction of the agency, including the client’s connection to their sense of ability, naturally leads to co-construction of pathways. The use of PLC guided the client towards their relationship between past experiences and new pathways, in turn, leading the client back to their future-oriented goal. Here client hope has been co-constructed across all three phases.

5.5 Link between therapy, lexical choice and Snyder’s Hope Theory

While undertaking my research I did not find a journal article that explicitly explored how lexical choice influences hope. SFBT researchers have connected their theoretical approach to the development of hope; however, the detail of how this occurs in counselling beyond the techniques seems limited. I have highlighted a strong connection between the use of positive lexical choice to the co-construction of hope in counselling similar to that described by Snyder (Snyder, 2002) through the use of SFBT. For the purpose of a visual connection I have included tables of the transcripts as referred in my findings. All seven tables represent links between SFBT, lexical choice and Snyder's Hope Theory and are provided for your reference as a visual aid towards my findings. In addition to the tables, figure 1 provides a visual link that reflects my findings between therapeutic approach, lexical choice and Snyder's Hope Theory.

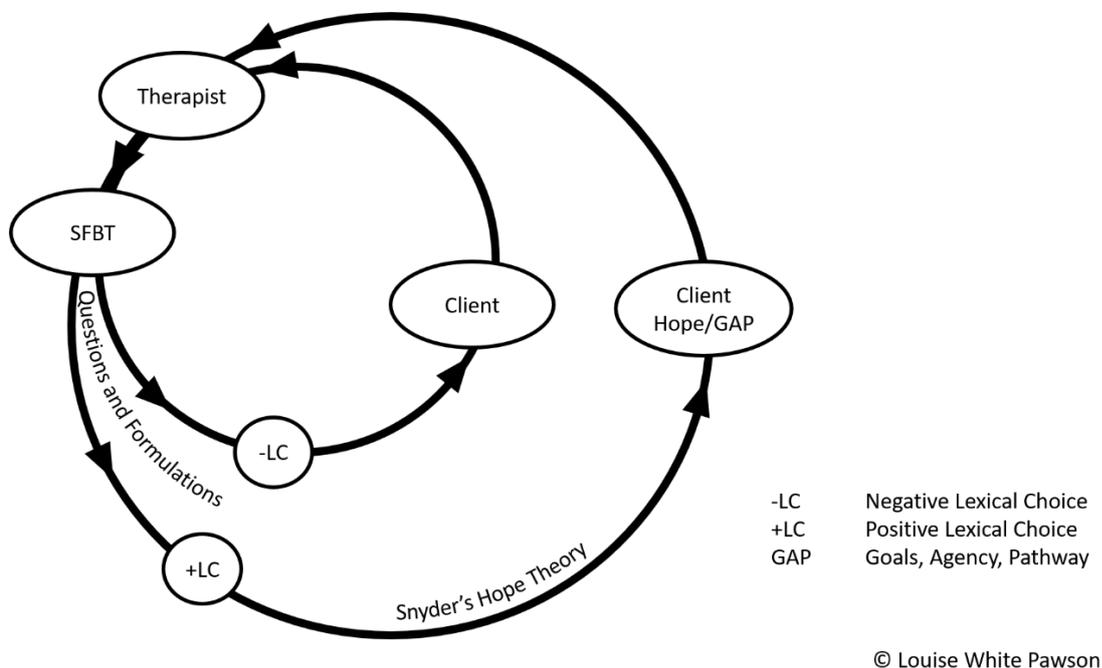


Figure 1 Lexical Choice Guides Hope

Both circles represent the recurring loop through client and therapist utterance. Where PLC occurs, development of future-oriented goals, client agency and pathways towards the goal develop. Where NLC occurs, the conversational loop continues without a direct connection to the co-construction of hope (Figure 1). SFBT provided conditions for high use of PLC but does not avoid NLC.

5.6 The power of hope in a school guidance setting

Guidance counsellors in schools hold training across different modalities of therapy; some will have training across multiple approaches while others will have trained in-depth to use one particular modality. All therapeutic approaches will have their techniques and practices that work towards positive client outcomes. The common factor I encourage is the exploration of hope and how lexical choice affects the client's connection to hope within counselling sessions, across a variety of therapeutic modalities.

Hope has been identified as a buffer between wellbeing and life challenges for adolescents (Pedrotti et al., 2008). Evidence of how hope provided a buffer for the client is reflected in the development of alternative coping strategies and new pathways to their issue. Co-constructing an alternative approach to the client's situation has provided a connection to hope through the client being able to identify alternative futures and pathways through the current challenge faced by the client. Snyder et al., (2000) identified that high hope thinkers "see themselves as being able to come up with alternate routes and actually do produce more alternative routes than do low-hope people" (p. 250). Van Ryzin (2011) identified that adolescents with high hope approaches have higher outcomes across academia and overall wellbeing, given this, by the therapist enhancing client hope with adolescents, school guidance counselling will contribute towards positive health, social and academic outcomes. Guidance counsellors working towards the development of hope with their clients are likely

to support adolescents to connect to an increased sense of agency and possibility. This approach may lead to the client's overall capacity for higher hope approaches across their lifespan

5.7 Summary

This research developed from my personal belief that I have a responsibility to hold hope for my clients until they can hold it for themselves. Research supported that therapists who hold hope for clients, help clients connect to their hope and enhance positive outcomes (Bartholomew et al., 2019). I have shown how SFBT approaches and the use of PLC in counselling bring visibility to the therapist's hope for clients. PLC connected the client to agency, pathways, and future possibilities. By exploring how I co-constructed hope in counselling with this client using SFBT has provided a deeper understanding of my counselling approach, SFBT and new knowledge of PLC.

The use of PLC guided the client towards strengths and solutions and provided conditions for agency and pathways to evolve. The findings, therefore, strongly indicate that PLC contributed to the co-construction of hope with the client. The use of SFBT provided the conditions for my use of PLC and in doing so contributed to hope in the counselling sessions.

Larsen and Stege researched hope in counselling and one of the reflections from a therapist participating in the research stated "What influences do we have in the outcome by paying more attention to some things more than other things? That's what having a hope focus is all about... Which things, if I pay attention to them, will build his hope?" (2010b, p. 299). To me, this quote puts a spotlight on the importance of researching therapist lexical choice and the influences such decisions have on co-constructing hope in counselling.

Lexical choices are systemic and often reflect the theoretical underpinnings from which the therapist is working (De Jong et al., 2013). My findings strongly indicate that PLC

guides the client towards their preferred future, thereby instilling hope towards new possibilities. Given the multitude of versions of therapy utilised in counselling, I further support Cutcliffe's (2004) recommendation to add hope as a core condition to that of Rogerian conditions; empathy, positive regard, and genuineness; adding hope as a core condition will increase awareness to hope in counselling. Developing counsellor understanding of lexical choice and how positive lexical choice strongly correlates to the development of hope will provide opportunity for further research and practice development. Increasing the use of positive lexical choice within counselling will increase hope for the client.

These findings make a significant contribution to the research on hope, SFBT and guidance counselling with adolescents. By completing this research I have further informed research on how hope is co-constructed in counselling and how school guidance counsellors can contribute to improved outcomes for adolescents. The influence of PLC within counselling provided significant insight into how language influences hope and a client's sense of hopefulness.

5.8 Recommendations

It is my opinion that qualitative research exploring lexical choice across different modalities of counselling would provide a common factor for comparison and a necessary component when exploring the co-construction of hope. Inclusion of pre and post interviews would further enhance the client voice with the findings. A mixed-methods approach might include a hope assessment such as the Adult States Hope Scale (Lopez, Ciarlelli, Coffman, Stone, & Wyatt, 2000), designed to assess goal-oriented thinking in a given moment.

Consideration on how new students train in counselling modalities, approaches and techniques might also bring a closer connection to the nuances and impact lexical choice has

on goal setting, agency and pathways, thereby influencing active development of hope with clients.

5.9 Limitations

This research is for a Masters in Counselling, and data analysed consisted of two counselling sessions. While the data has provided for rich description, ongoing research with larger samples and comparisons across different therapeutic modalities would give more understanding of how hope is co-constructed in counselling, and how the influence of PLC affords the development of hope. While the hope scale utilised was limited, this did provide for client input. A more in-depth scale or pre and post hope interviews with the client would add a greater depth of understanding of this data. My findings have developed through the lens of Snyders Hope Theory. Hope has many definitions, exploring this data through alternative hope constructs may provide additional information relating to lexical choice and hope in counselling.

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Tables

Table 1

Transcript of session one, phase one

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	T	So, thinking about what you've put here and think about when you walked in, you started to sort of already, sort of go, argh talking about quite a bit of stuff. While we were setting up. What, would be most important for you today, the best hopes from today's session.	Everybody has a preferred future	Best hopes question	PLC	Seeking future oriented goal
2	C	I don't know. (client looks at video)				
3	T	Once you've managed to ignore the fact the video's on. I know it's put putting you off at the moment.			Neutral	
4	C	No, I (pause) that question always catches me out. I don't know.				
5	T	It's a tricky one, isn't it for you? Yeah. So, we often reframe it don't we in thinking about. So, when, you know, you've walked out of this room today, how do you know that turning up in the first place has been useful for you?		Reframe best hopes question	PLC	
6	C	Um, feel relaxed I don't know, just at ease to come up the meh				
7	T	So, feeling more relaxed. And then it's so like (demonstrated a letting go type of sigh). Is that letting go sort of just....	Not knowing		PLC	Defining goal

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
8	C	I suppose. Yeah. Just not being so tense I guess				
9	T	So, less tense. OK. So, thinking about being more relaxed and less tense. When you're less tense, what do you notice is different for you?		Noticing question	PLC	
10	C	Body language can change. I think.				
11	T	Yeah...so body language. In what way?	Not knowing		Neutral	
12	C	Um...Not not looking so like tight I suppose...I don't really know.. not being like stiff.				
13	T	So, it feels different.			Neutral	
14	C	Yeah				
15	T	So, you notice it, you're not sure whether other people will notice it or not?	Client as expert	Affirming and noticing question	PLC	Developing goal
16	C	Yeah. Something like that.				
17	T	So less stiff? So, what what is the opposite of that? What's less stiff.	Not knowing	Instead question	PLC	
18	C	Just...I don't know.				
19	T	So, one of the things you said you'll feel is more relaxed?	Not knowing	Clarifying	PLC	Developing goal
20	C	Yeah				
21	T	and I'm sensing that that's within your body. What other ways do you feel more relaxed?	Client as expert	What else question	PLC	Extending description of goal
22	C	Mentally				

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
23	T	Mentally. How do you know that when you're more relaxed mentally...what do you notice?	Client as expert	Noticing	PLC	
24	C	That I guess alot less anxious of what's going on, and, kinda everything just seems like it's flowing good,it's just cruisy.				
25	T	Yep, so when you're less anxious, less tense, you're actually flowing more it's more cruisy.			PLC	Describing goal
26	C	Being able to go with the flow a bit better .				Confirming goal

Table 2

Transcript of session one, phase two

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	T	Yeah. ok. So something you often look forward to. And I wonder whether there's been a time when you've dealt with similar disappointments?	Not knowing	Exception seeking	Neutral	
2	C	Never been a disappointment of going up there before coz its always been pre-planned. And booked like I don't know, know how long ago it was booked for me to go up, but it was a fair few months ago before this all happened. Um, but there have been disappointments with things before.				
3	T	Ok, so what sort of disappointments, have you had to deal with before?	Client is the expert	Exception seeking	Neutral	Developing agency
4	C	I was promised to fly to Christchurch, which I always look forward to because it's a time where I get to spend time with Dad without everybody else. And um, then it didn't end up happening because something else popped up. So that was that was disappointing.				
5	T	So, thinking about that. And knowing that you had that disappointment. How did you manage to get through that to the other side?	Client has the strengths and resources	Past coping question	PLC	Developing ability and agency towards coping with disappointments

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
6	C	I just went away, had a bit of alone time and just tried. I did some form of crafty thing to keep my mind off it because I'm very artsy and musical so that, I did something and listened to music in the background and just I could of even, I think I may of read a book or something				Client identified previous pathways to manage disappointments
7	T	So when you've had those disappointments before taking some time out, some alone time for you, is that for processing or?	Not knowing		Neutral	
8	C	Um, yes, um, it's a good time to process it or just to get stuck in a different world and just be, just chillax.				
9	T	So you sort of take stuff off into this different space where you can relax and look after yourself and some of the ways you do that is craftwork. So in that instance, with Christchurch, you used craftwork and art and music.			PLC	

Table 3

Transcript of session one, phase three

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	T	So, there's been a trip cancelled. You felt really disappointed. And you've managed it by managing yourself actually and really knowing yourself really well from the sounds of it. What parts of that are going to help you with the disappointment of not seeing your mum and your sister?	Client is the expert. Client has strengths and resources		PLC	Linking past to the future, developing pathway
2	C	Well, on the holidays, I end up, always end up at dad work helping out and doing things, so that's a good way of running around getting tools for people and doing small jobs that I can do. So that's always something that's fun and educational in a way (tone uplifts).				
3	T	So, keeping busy. Which is similar to when you've taken your alone time, you've made yourself busy doing things being active, using your hands. And something else I'm hearing is that you'll feel like you're learning as well			Neutral	
4	C	um, I always learn something because I ask questions, I always ask questions. Sometimes it seems that I ask too many. But if there's something on a vehicle that I've never seen before. I'll ask what it is and learn how it works. (inaudible). So, it's interesting (holds uplifted tone).				

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
5	T	So, you'll be learning quite a bit around vehicles, tools, getting tools for people. Learning more about how tools are utilized			Neutral	
6	C	Yep.				
7	T	What else helps you manage with things like, you know, times when you just can't go and see your mum in the holidays?	Client is the expert. Client has strengths and resources	Presupposition. What else question	PLC	Extending the pathway
8	C	This is the first time it's happened, so I don't really know				
9	T	This was a new experience in the school holidays when you've not got up to see your mum. So, what else given that your experiences of other disappointments and how you've managed that. What else on top of going to Dad's work is going to help?	Client has strengths and resources	Presupposition. What else question	PLC	
10	C	I'll probably end up going to stay with my Auntie a few nights a week (tone uplifts)				
11	T	What's going to be good at Aunties?		Presupposition	PLC	
12	C	It's a nice place just to get out of this like town and just go to the country and just enjoy the views, walking the dogs just around somewhere and yeah, it's nice just to get away from everything I suppose, because it's kind of in the middle of nowhere, it's great.				

Line No	Speaker	Utterance	SBFT Assumption	SBFT Technique	Lexical Choice	Snyder's Hope Theory
13	T	Sounds like it also supports that alone time connection where you're really comfortable in being in your own space. It gives you an environment that you're like, that's going to help with that. So being alone being at Aunties, nice place, views, dogs.		Amplified strengths	PLC	Connecting past pathways and agency to new pathway
14	C	I like animals, animals are great. They're make the best friends				
15	T	So, what's it gonna be like when you're with your dog and you're at your Auntie's, you have your Aunties dog what's going to help with that? What are you going to notice?	Time outside therapy is more important	Presupposition. Noticing question	PLC	Visualising the pathway
16	C	Just be chilled and just relaxed and feeling quite happy being there and able to pat a dog. (client laughs).				Linked pathway to goal

Table 4

Transcript of session two, phase one

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	T	So how are you managing?	Client has strengths and resources	Presupposition. Coping question	PLC	Assumes motivation and agency
2	C	Absolutely going mad				
3	T	You're going mad. Oh, dear. Do you want to tell me a bit more about that?	Client is expert of themselves		NLC	
4	C	The plan that we created last week for the holiday is completely out the window.				
5	T	Yes, it is, isn't it			Neutral	
6	C	Yeah so Yeah				
7	T	Yep, and um, how are things generally for you, given you're going mad at home, what, what does mad look like?			NLC	
8	T	Yep. And you're saying you're feeling mad			NLC	
9	C	Yeah, I'm just sick of it				
10	T	Yeah, What? What are you struggling with the most?		Presupposition	NLC	
11	C	And not being able to go and do things.				
12	T	So that restriction.			NLC	

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
13	C	Yep.				
14	T	What are you missing the most?		Presupposition	NLC	
15	C	Um, seeing, all of the mates, having people over on Wednesday night to do the street stock stuff. Just generally being able to go out of the house and not on the property. I mean, we haven't got a tiny little piece of, just a house. There is a bit of area around it, but it's not like a farm or anything. So, there's not much we can do.				
16	T	And generally, just feeling like you need to get out, missing that social contact, but your kind of over your family's social content.			Neutral	
17	C	Yeah.				
18	T	Yeah			Neutral	
19	C	I'm quite good at being alone. I'm not really social.				
20	T	Yeah			Neutral	
21	C	I can handle the jangle of being alone for a long time without other people.				
22	T	That's right. And that's something we talked about how that's going to help you through this time, didn't we, when we spoke last time we weren't?			PLC	
23	C	Yes. But you, whilst doing that and being alone and doing my own thing, I'm getting I'm being told that I should get out of my room more and actually go and do things with the family. But				

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
		they're not doing anything that interests me and I don't want to be a part of it.				
24	T	Ok, so finding that balance is quite tricky.			Neutral	Goal seeking
25	C	Yeah.				

Table 5

Transcript of session two, bridging phase

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	T	Have you had a time Sonia (pseudonym) when you've had to find that balance before with your family you're living with at the moment?	Client has strengths and resources	Exception finding	Neutral	Exploring the past towards developing the goal and agency
2	C	Um, I don't know. Maybe, maybe, in the holidays.				
3	T	In the holidays in the past.			Neutral	
4	C	Yeah. Coz I'm always going to work with Dad. I don't stay home.				
5	T	Yep, and I'm just wondering what, what, if you were to sort of think what that balance would look like that would work for you. What would that balance look like? How would you describe a balance between family contact and being in your bedroom time? What would a good balance look like for you?	Client has the answers, is the expert of themselves	Developing future oriented goals	PLC	Developing the goal
6	C	Maybe a couple of hours a day, um, spent like actually spending time with them, but yesterday I spent pretty much the whole day with Sherly (pseudonym) doing things.				
7	T	Yeah.			Neutral	

Table 6

Transcript of session two, phase two

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	C	So, we played monopoly, did some card tricks, and then we have resorted to playing with mud.				
2	T	It's amazing how creative you can get when you have to.		Affirmation. Complimenting	Neutral	Developing agency
3	C	Yeah.				
4	T	So how was the um spending all day with Sherly (pseudonym) for you?	Not knowing		Neutral	
5	C	It was pretty good because she didn't turn into a brat or anything, she actually just stayed (inaudible) and didn't get upset.				
6	T	So it sounds like people really appreciated the time you gave her yesterday.		Complimenting	PLC	Developing agency
7	C	I think she did yeah.				
8	T	Yeah. And today you're feeling a bit, eerrgghh.			NLC	
9	C	Yeah.				

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
10	T	And what I've said about what would a good balance look like for you you've said a couple hours a day with them. So it sort of sounds like maybe you're thinking instead of the intensity of a whole day and then feeling like you've done it all, spreading it across the week a bit more. Is that what I'm hearing or?	Client has strengths and resources		PLC	Defining the pathway to the goal and developing motivation through choice and ability, agency.
11	C	Yeah, I do get out of my room and go outside to play guitar. And that's what I've been doing. But I just don't really plan to be around them for too long coz otherwise when somebody is going to end up dead.				
12	T and C	(both parties laugh)			Neutral	
13	T	So, I imagine how you're feeling is really important.			Neutral	
14	C	Yeah.				
15	T	Yeah. And you've got a lot of insight around that. So, you, when you play the guitar, you're actually going out and sharing, the guitar and the music with the family rather than playing in your room.	Client has strengths and resources	Complimenting	PLC	Developing agency and pathway
16	C	Um				
17	T	You're also going out and playing board games and card tricks and play in mud with the kids.			PLC	Developing agency and pathway

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
18	C	hmm hmm.				
19	T	What are you doing for exercise?	Client has strengths and resources	Presupposition	PLC	Extending pathway
20	C	Nothing so far. Our neighbours have a farm and they said we're allowed to walk through their paddocks. They went for a walk the other day I think Saturday. But I've just been walking around the property.				
21	T	Yeah			Neutral	
22	C	I really want to. Sherly and I went up to the gravel pit by our house, which is the quarry at tea pot valley. We went up to there the other day and then um, I just want to be able, just ask if I'm allowed to go walk around the block because nobody is going to be here because of where we are. There would be nobody out of the house because there's no houses.				
23	T	And the lockdown is actually allowing people to walk in their local community areas. So you are allowed to go and walk as long as your family agree that you can go.			Neutral	Exploring motivation
24	C	Yeah.				

Table 7

Transcript of session two, phase one

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
1	T	What difference would it make for you if you did a bit of exercise every day like a, like a good walk or something?	Not knowing	What difference question	PLC	Developing motivation
2	C	Um, just give me a chance just to relax, and just chill have some time on my own without the chance of anybody coming in and annoying me.				
3	T	Yeah.			Neutral	
4	C	Yeah.				
5	T	Yep, ok. And what else do you think you could do? So, what I'm hearing is that you know, feeling really mad, getting really fed up with family contact at times and the balance pressures on you to be out more amongst them. You're thinking; I want to be in my room. And I'm also hearing you say a couple hours a day we're about to engage with them would be a good balance to me, so I'd get a mixture of room time, getting out doing exercise and also time with my family. What would that ideal sort of day look like for you?	Client has strengths and resources	What else question	PLC	Developing pathway

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
6	C	Um, I like to sleep in cause I never get to sleep in so I'll be sleeping; lately, I've been sleeping in until about 9:00 o'clock. So then, get up at nine, and do regular morning things and then by that time, Bob (pseudonym) will be put back to bed to have a nap. So then, I'll um, maybe read a book in my room and then go out and see everybody and actually socialize for a bit. Then play guitar and then go for a walk.				
7	T	So that could be quite a good routine for you, is what I'm hearing.		Affirming	PLC	Affirming pathway
8	C	Yeah				
9	T	So, you've got um, let's have a look at this. You've got, have a bit of a sleep in until nine, so I'm feeling quite privileged that we were communicating at nine o'clock this morning.			Neutral	
10	T and C	(both laugh)			Neutral	
11	T	Have, do regular morning things we could explore what that looks like. And then when Bob has their morning nap, read a book in your room for a bit of quiet time, then come out and socialize with the family. Get your guitar out. Go for walk. And then have more quiet time. Sounds like quite a good structure for your day. What difference would that make for you and how mad you're feeling?	Client is the expert	What difference question	PLC	Developing motivation
12	C	Probably a lot.				

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
13	T	Yeah, um, how come?	Not knowing		Neutral	Developing motivation
14	C	I'll just be able to do my own thing away from everybody, and I won't get fed up with everything that were doing.				
15	T	And you'd still be having contact with your family?			Neutral	
16	C	Yep				
17	T	What difference would they notice in you do you think?		Noticing question	PLC	Developing motivation
18	C	Might be a bit more, happier.				
19	T	Ok.			Neutral	
20	C	Less, aggravated.				
21	T	So happier is instead of less aggravated, or is there something else there?		Instead question	Neutral	
22	C	(inaudible)				
23	T	So, you'd be less aggravated? I'm guessing less mad?			PLC	
24	C	Yes.				
25	T	Yes. You'd be happier. What else would you be feeling instead? What else would they notice?		Instead question and noticing question	PLC	Developing motivation to the pathway
26	C	Oh. I don't know.				
27	T	Um,			Neutral	

Line No	Speaker	Utterance	SFBT Assumption	SFBT Technique	Lexical Choice	Snyder's Hope Theory
28	C	I'm pulling some really weird faces trying to think of this (laughed)				
29	T	That's all right, it's good to be thinking about it, isn't it.		Complimenting	Neutral	
30	C	Yeah. Um, maybe I'll actually come out of my room a bit more other than just a couple of hours.				
31	T	So, you might find actually as you're feeling happier and less mad you'll also want to come out more and be with them more.	Client is the expert		PLC	Linking pathway and goal
32	C	Yes.				
33	T	You'd be happier.			PLC	

Appendices

Appendix A

Exemplar Child Outcome Rating Scales

Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs): _____
 Gender: _____
 Session # _____ Date: _____
 Who is filling out this form? Please check one: Child _____ Caretaker _____
 If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)

|-----|

☹️ |-----| 😊

Family
(How are things in my family?)

|-----|

☹️ |-----| 😊

School
(How am I doing at school?)

|-----|

☹️ |-----| 😊

Everything
(How is everything going?)

|-----|

☹️ |-----| 😊

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Appendix B

Exemplar Child Session Rating Scales

Child Session Rating Scale (CSRS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

_____ I ----- I _____

did not always listen to me.   listened to me.

How Important

_____ I ----- I _____

What we did and talked about was not really that important to me.   What we did and talked about were important to me.

What We Did

_____ I ----- I _____

I did not like what we did today.   I liked what we did today.

Overall

_____ I ----- I _____

I wish we could do something different.   I hope we do the same kind of things next time.

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www.scottdmiller.com/performance-metrics

Appendix C

S. D. Miller Personal Communication

lou.pawson@outlook.com

From: Scott D. Miller, Ph.D. <scottdmiller@talkingcure.com>
Sent: Friday, 28 August 2020 12:19 a.m.
To: 'Louise Pawson'; 'Scott D. Miller Ph.D.'
Subject: RE: Masters thesis and use of CORS / CSRS
Attachments: ICCE Outcome and Alliance Measures and Graph Examination Copies.pdf

Hi Louise ...

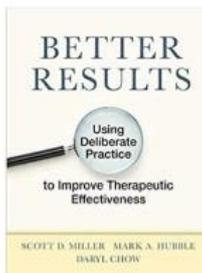
Thanks for your note and interest in the measures.

Yes, you may have permission.

I've attached exemplars that may be used if you include copies of the tools.

Scott D. Miller, Ph.D
 Director, [International Center for Clinical Excellence](#)

P.S: Our new book on deliberate practice is available for order:



Looking for support from colleagues who are applying FIT and deliberate practice in their clinical work? Join the discussion here: <https://www.facebook.com/groups/122558661308>

From: Louise Pawson <lou.pawson@outlook.com>
Sent: Thursday, August 27, 2020 12:02 AM
To: Scott D. Miller Ph.D. <info@scottdmiller.com>
Subject: Masters thesis and use of CORS / CSRS

Dear Scott

I am writing to you as I am seeking permission to refer to my use of your forms in my thesis which goes towards my Masters in Counselling.

I am currently registered as a single user of the CORS and CSRS forms which I use regularly with my clients in a school guidance setting in New Zealand.

My current research is practice-based and use of the above forms resembles part of my counselling practice and therefore data.

My research is a 90 point thesis focused on How is Hope Co-Constructed in Counselling using SFBT with adolescents. I have data from one participant across two counselling sessions that I am using and completing microanalysis on.

While the CORS and CSRS do not inform my research design, the CORS does inform my counselling practice. The earlier part of my conversation with the client towards the co-construction of their goal connects to the use of the CORS. The CSRS supports evidence of the therapeutic relationship which is of relevance regarding the collaborative nature of the counselling.

Given the above I am seeking permission to refer to both of these forms as part of my counselling data? There is no analysis across multiple clients or multiple sessions.

If permission is not provided I will ensure all references are removed accordingly.

Kind regards
Louise Pawson

Sent from [Mail](#) for Windows 10

Appendix D

Hopeful Scales

Hopeful Scales

Name _____ Age (Yrs.) _____

Gender _____

Session # _____ Date _____

Please mark on the line below to let the counsellor know how you feel.

The opportunity for a brief conversation exploring your score will also be provided.

Hopeful at start of session



Hopeful at end of session



Designed by Louise Pawson for the purpose of research relating to; How hope is co-constructed in counselling adolescents through school guidance counselling using Solution Focused Brief Therapy. This research contributes towards a Master's in Counselling, research thesis.

Appendix E

Human Ethics Committee Approval



HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: 2019/89/ERHEC

28 February 2020

Louise Ann White
Health Sciences
UNIVERSITY OF CANTERBURY

Dear Louise

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "How Hope is Co-constructed Within School Guidance Counselling: Co-creating Hope with Adolescents" has been granted ethical approval.

Please note that this approval is subject to the incorporation of the amendments you have provided in your emails of 4th, 19th, and 27th February 2020.

Should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval, please let me know.

We wish you well for your research.

Yours sincerely

pp. *R. Robinson*

Dr Patrick Shepherd
Chair
Educational Research Human Ethics Committee

Please note that ethical approval relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval by the Educational Research Human Ethics Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research.

F E S

Appendix F

Student Information Sheet and Assent Form



Department: College of Education, Health and Human Development
 Email: louise.pawson@pg.canterbury.ac.nz
 27 February 2020
 ERHEC Ref: [Enter when approval given for your study]

How hope is co-constructed within school guidance counselling: Co-creating hope with adolescents

Student Information Sheet

My name is Louise Pawson and I am a School Guidance Counsellor working at [REDACTED] College. I am completing research relating to how hope develops in counselling. You have been approached to take part in this study because you have referred yourself to the Guidance Counselling Service. There are no additional selection processes. Your contact details are located through your referral and the school electronic database. This occurs for every referral and is not unique to this research.

I propose to complete research relating to how hope develops in my counselling sessions with school students. Hope is not limited to, but is often identified as, a connection towards goals, belief in the ability to move towards a preferred focus or goals in life and an increased sense of possibility. I am interested in how the students' and counsellors' use of language within the counselling session influences a sense of hope. The focus is not on the issue being discussed but on how hope towards positive change or goals is enhanced through the communication between both the student and the counsellor within the counselling session. This will further enhance my practice and contribute to research in the school guidance sector.

If you choose to take part in this study, your involvement in this project will be to attend your counselling sessions with me and agree to have your counselling sessions recorded by video and audio. Two brief scaling questions relating to hope will be asked at the end of each counselling session. No additional time or task beyond the counselling will be required of you. Both the recording and the hope scales will be utilised as data to inform my research.

As with any counselling services, due to the nature of the content sometimes raised in counselling, there is a risk of distress. Should distress occur during your counselling you may wish to opt out of that session being recorded. Counselling services will continue to be provided without impact on the counselling.

Participation is voluntary and you have the right to withdraw from the research without penalty. You may ask for a recording of your session to be destroyed up to three weeks after the date of that specific session. If you withdraw from the research, any recordings that have occurred within three weeks of this request will be deleted and removed from the research. Any earlier recordings may continue to remain part of the research as time spent researching the session will have commenced. Any future counselling will no longer be recorded or utilised for the purpose of my research. Counselling services will continue to be provided without impact.

Louise Pawson

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your identity will not be made public. To ensure confidentiality, all data will be held in a secure cabinet and all electronic data will be held on a secure electronic file. When the research is analysed and written, any names utilised will be pseudonyms (fictional names).

Research material will be held in a secure locked cabinet at school and within my home office. Electronic material will be backed up through an approved University service.

All or parts of recorded sessions will be transcribed to enable research of the conversation in counselling. Sometimes, this requires the use of a professional transcriber. If this service is utilised they will be provided with an audio recording and the transcriber is required to sign a confidentiality agreement. Your real name will not be provided to the transcriber. The transcriber will be provided with a pseudonym instead to maintain your privacy.

My research supervisors will support and guide my research, within this process they will be reading sections of transcribed recordings and my written work as I progress. Your identity will remain anonymous to them. The research material including data from recorded counselling sessions will only be accessed by the counsellor, research supervisors and a transcriber. Data provided to the research supervisors and the transcriber will be limited to that required for them to fulfil their role. No other persons will have access to the research data.

After five years, all material other than the final research thesis will be destroyed including paperwork and recordings.

The thesis is the final submission and findings of this research. A thesis is a public document and will be available through the UC Library.

You are welcome to review transcribed sections utilised in the research from your counselling sessions. You may also receive a copy of a summary of this project. Please indicate to the counsellor on the assent form if you would like to receive a copy of the summary of results of the project.

The project is being carried out as a requirement for my Master's in counselling under the supervision of Dr Shane Barraclough and Dr Chris North, who can be contacted at shanee.barraclough@canterbury.ac.nz and chris.north@canterbury.ac.nz. They will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and you should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the assent form and return to either [REDACTED], Administrator, Guidance Centre or Louise Pawson, Guidance Counsellor and researcher, Guidance Centre.

Louise Pawson



Department: College of Education, Health and Human Development
 Email: louise.pawson@pg.canterbury.ac.nz

How hope is co-constructed within school guidance counselling: Co-creating hope with adolescents

Student Assent (Agreement) Form

Please ensure you read and understand the information below before completing and signing this form. All students are required to discuss and receive parental/caregivers consent prior to agreeing to participate in this research.

- I have been given a full explanation of this project and have had the opportunity to ask questions.
- I understand what is required of me if I agree to take part in the research.
- I understand that participation is voluntary, and I may withdraw without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided where practical. I understand recordings that occurred more than three weeks prior to the date of withdrawal may continue to be utilised for this research.
- I understand that any information or opinions I provide will be kept confidential to the researcher. I understand that any published or reported results will not identify me. I understand that a thesis is a public document and will be available through the UC Library.
- I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- I understand the risks associated with taking part and how they will be managed.
- I understand that I can contact the counsellor undertaking this research via email louise.pawson@pg.canterbury.ac.nz or supervisor Dr Shanee Barraclough, shanee.barraclough@canterbury.ac.nz or Dr Chris North, chris.north@canterbury.ac.nz, for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- I would like a summary of the results of the project and provide an email address for this to be forwarded to.
- By signing below, I agree to participate in this research project.
- An attached parental consent form has been completed.

Name: _____ Signed: _____ Date: _____

Email address (for summary report, if applicable): _____

Please return your assent form along with your parents completed consent form to [REDACTED] Administrator in the Guidance Centre or to Louise Pawson, Counsellor and Researcher in the Guidance Centre.

Louise Pawson

Appendix G

Parent Information Sheet and Consent Form



Department: College of Education, Health and Human Development
 Email: louise.pawson@pg.canterbury.ac.nz
 27 February 2020

ERHEC Ref: [Enter when approval given for your study]

How hope is co-constructed within school guidance counselling: Co-creating hope with adolescents

Information Sheet for Parent/Caregiver

My name is Louise Pawson and I am a School Guidance Counsellor working at [REDACTED] College. I am currently completing research relating to how hope develops in my counselling sessions with the students. You are being approached as the parent/caregiver of a student who is interested in receiving counselling and participating in this research.

Hope is not limited to, but is often identified as, a connection towards goals, belief in the ability to move towards a preferred focus or goals in life and an increased sense of possibility. I am interested in how the students' and counsellors' use of language within the counselling session influences a sense of hope. The focus is not on the issue being discussed but on how hope towards positive change or goals is enhanced through the communication between both the student and the counsellor within the counselling session. This will further enhance my practice and contribute to research in the school guidance sector.

The selection process has occurred through the student seeking school guidance counselling and from their referral they have been invited to participate in this research. There are no other selection criteria. For this research, students are selected on a first come, first served basis. I have located your contact details through the student's referral and the school electronic database. This occurs for every referral and is not unique to this research.

If you consent for your child to take part in this study, their involvement in this project will be to attend counselling sessions for which they have applied. In order to participate, the student is agreeing to have their counselling sessions recorded by video and audio. In addition to the counselling conversation, two brief scaling questions relating to hope will be asked at the end of each session. No additional time outside of the counselling session will be required of the student. Recordings of the counselling sessions and the hope scaling question will be utilised as raw data for my research.

When counselling has ended due to no longer needing or seeking counselling, no additional requirements will be sought from the student regarding this research.

As with any counselling services, due to the nature of some challenges raised by students in counselling, there is sometimes risk of distress. Should distress occur during the counselling, the student may opt out of the session being recorded at any point and the counselling will continue without prejudice.

Louise Pawson

Participation is voluntary and the student has the right to withdraw from the research without penalty. The student may ask for a recording of their session to be destroyed up to three weeks after the date of that specific session. If the student withdraws from the research, any recordings that have occurred within three weeks of this request will be deleted and removed from the research. Any earlier recordings may continue to remain part of the research as time spent researching the session will have commenced. Any future counselling will no longer be recorded or utilised for the purpose of my research. Counselling services will continue to be provided without impact.

To explore and research the conversation within the counselling session, all or part of the recorded sessions will be transcribed. Should this require lengthy transcripts, I may contract a transcriber. Should this occur, such a transcriber will be required to sign a contractual agreement ensuring all privacy and data is stored securely including deletion of the audio provided to them for this purpose. Any recordings provided will be audio only and remain anonymous for this purpose.

For the duration of my research I am supervised. My supervisors will have access to transcribed segments of my research and my written work as I progress. Again, this information remains anonymous and they are required to ensure secure handling of this information. The research material including data from recorded counselling sessions will only be accessed by the counsellor, research supervisors and transcriber. Data provided to the research supervisors and the transcriber will be limited to that required for them to fulfil their role. No other persons will have access to the research data.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: the students and family/whānau identity will not be made public. When my research is analysed and written, any names utilised will be pseudonyms (fictional names). To ensure confidentiality, all data will be held in a secure cabinet and all electronic data will be held on a secure electronic file. Electronic material will be backed up through an approved University service.

After five years, all material other than the final research thesis will be destroyed including paperwork and recordings.

The thesis is the final submission and findings of my research. A thesis is a public document and will be available through the UC Library.

As a contributor to this research, the student is welcome to review transcribed segments utilised for this research from their counselling session. The student can choose to receive a copy of a summary of this project. The student is also required to sign a consent form and within that form indicate whether they would like to receive a copy of the summary.

The project is being carried out as a requirement for my Master's in counselling under the supervision of Dr Shanee Barraclough and Dr Chris North, who can be contacted at shanee.barraclough@canterbury.ac.nz and chris.north@canterbury.ac.nz. They will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and student or parent/caregiver should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you consent for your child to participate in this study, you are asked to complete the consent form and for the student to return this form along with their own consent form to either [REDACTED] Administrator, Guidance Centre or Louise Pawson, Guidance Counselor and researcher, Guidance Centre.

Louise Pawson



Department: College of Education, Health and Human Development
 Email: louise.pawson@pg.canterbury.ac.nz

How hope is co-constructed within school guidance counselling: Co-creating hope with adolescents.

Parent/Caregiver Consent Form

Please ensure that you have discussed this consent with the student before signing.

Please ensure you read and understand the information provided before completing and signing this form. All students are required to discuss and receive parent/caregiver consent to participate in this research.

- I have been given a full explanation of this project and have had the opportunity to ask questions.
- I understand what is required of the student if they agree to take part in the research.
- I understand that participation is voluntary, and the student may withdraw without penalty. Withdrawal of participation will also include the withdrawal of any information the student has provided should this remain practically achievable. Any recordings obtained more than three weeks prior to the date of withdrawal may continue to be utilised for this research.
- I understand that any information or opinions provided by the student will be kept confidential to the researcher. I understand that any published or reported results will not identify the student. I understand that a thesis is a public document and will be available through the UC Library.
- I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- I understand the risks associated with taking part and how they will be managed.
- I understand that I can contact the counsellor, Louise Pawson, louise.pawson@pg.canterbury.ac.nz or supervisor Dr Shanee Barraclough, shanee.barraclough@canterbury.ac.nz or Dr Chris North, chris.north@canterbury.ac.nz, for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- By signing below, I agree for the student to participate in this research project.
- An attached student assent form has been completed.

Name: _____ Signed: _____ Date: _____

Parent/Caregiver of : _____

Please return your consent form via the student in your care along with their completed assent form to [redacted] Administrator in the Guidance Centre or to Louise Pawson, Counsellor and Researcher in the Guidance Centre.

Louise Pawson

Appendix H

Completed Child Outcome Rating Scales

Child Outcome Rating Scale (CORS)

Name RPI Age (Yrs): 14
Gender: f
Session # 1 Date: 23.3.20
Who is filling out this form? Please check one: Child Caretaker
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)
meh

|-----|

Family
(How are things in my family?)
0

|-----|

School
(How am I doing at school?)
0

|-----|

Everything
(How is everything going?)
0

|-----|

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Appendix I

Completed Hopeful Scales

Hopeful Scales

Name RP1 Age (Yrs.) 14

Gender f

Session # 1 Date 23.3.20

Please mark on the line below to let the counsellor know how you feel.
The opportunity for a brief conversation exploring your score will also be provided.

Hopeful at start of session

0-----10

A blue circle is drawn on the line between 0 and 10, approximately at the 5 mark.

Hopeful at end of session

0-----10

A blue circle is drawn on the line between 0 and 10, approximately at the 8 mark.

Designed by Louise Pawson for the purpose of research relating to; How hope is co-constructed in counselling adolescents through school guidance counselling using Solution Focused Brief Therapy.
This research contributes towards a Master's in Counselling, research thesis.

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Appendix J

Completed Child Session Rating Scales

Child Session Rating Scale (CSRS)

Name RPI Age (Yrs): 14
Gender: F
Session # 1 Date: 23.3.20

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

did not always listen to me.  |-----|  listened to me. 1

How Important

What we did and talked about was not really that important to me.  |-----|  What we did and talked about were important to me. 1

What We Did

I did not like what we did today.  |-----|  I liked what we did today. 1

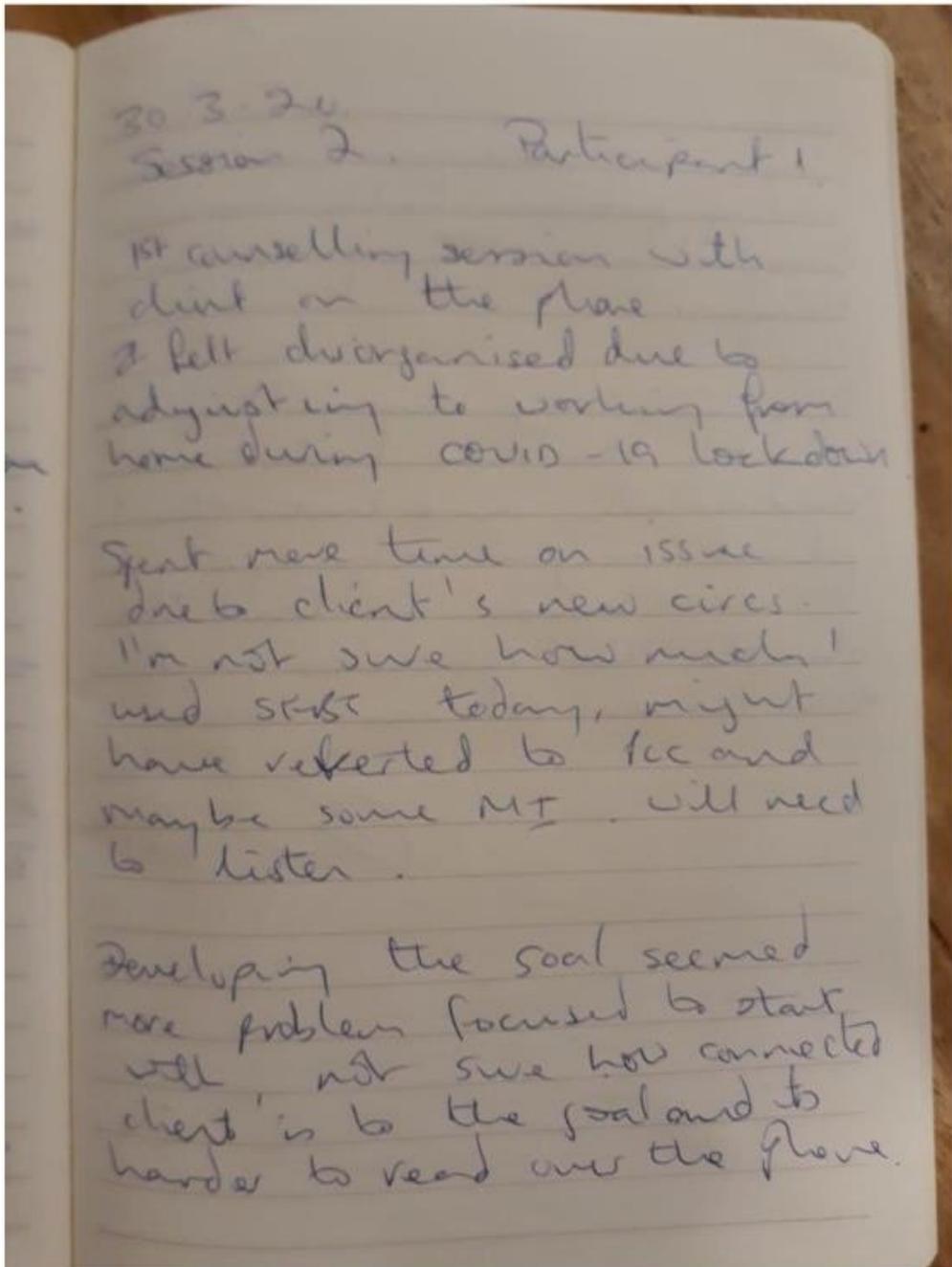
Overall

I wish we could do something different.  |-----|  I hope we do the same kind of things next time. 1

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Appendix K

Reflective Note from Research Diary



I found myself going in and out of problem talk more. Maybe even trying to 'fix' things.

I noticed my concern for the client, the new lockdown and isolation and how the client might manage. It was harder to trust the client's own resources and even more relevant now.

Or