

Adolescent Responses to Relationship Questions
within
Solution-Focused Brief Therapy

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Abstract

In Western society, adolescence is a period of major transition from child to adult. While there are different views about the chronological age of adolescence, there are agreements across research that young people have limited emotional capabilities and heightened tendency to engage in risk-taking behaviour. The presence of these characteristics is supported by recent research on adolescent brain development that indicates that different parts of the brain enable particular functioning to develop at different times. This literature has the potential to inform the way that I can best counsel young adults.

In this research I describe a small research project in which I analysed transcripts of young people who volunteered to participate in my exploration of their experience of a solution-focused technique called the relationship question. Four young people participated, each for 3-5 counselling sessions. In analysing the transcripts I found three key themes emerged. These were: Transitioning Relationship with Parents; Self Awareness and Reciprocity in Adolescent Relationships and Empathy and Values. Furthermore, I discovered ways that my practice influenced the ability of clients to use the relationship question.

While some of the findings support the literature on characteristics of adolescents in Western society, I propose that, when adolescents are invited to describe important relationships in a respectful counselling interview, they are able to demonstrate some characteristics that challenge this literature. My hope is that through a social constructionist lens this research captures their responses with integrity and meaning so that others may capture what it may feel like to be an adolescent in today's society. This

research contributes to the limited evidence of ways that adolescents experience solution-focused practice. Implications for other practitioners are discussed.

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Introduction to the Research

This research explores, from an adolescent perspective, the impact and contributions relationships have on their development. In the research, the characterisation of adolescence, with a detailed look into the adolescent brain, is considered. The contributions of the frontal lobe are explored and how these effect the ability for concrete and abstract thinking in adolescents. Furthermore, the suggestion by Dahl (2004) that plasticity in the adolescent brain corresponds with adolescence as an optimal time to learn new coping skills, creates an opportunity to explore effective ways of working with adolescents therapeutically.

My research interest has arisen during my therapeutic work with adolescents. In particular, I became interested in the tendency for adolescents to respond to my queries about their strengths and/or goals by saying 'I don't know'. I was curious about the reasons for this, especially when I also noticed that when I asked questions in the third person (e.g. in the viewpoint of friend, mother, sibling), adolescents were more likely to answer reflectively than with 'I don't know'. My first inquiry was informed by my understanding of the developments of the adolescent brain. My second inquiry was informed by my understanding of a solution-focused counselling technique called the relationship question. As noted above, this question sequence encourages the client to consider strengths, resources and goals from the perspective of other people. Using these two aspects to inform my study, this research focuses upon the implication my practice has upon the tendency of clients to respond with 'I don't know'.

In Chapter 2 I outline how the choice of methodology for this research is influenced by my background in education and subsequent interest in exploring relationships we have in our

life. Because I was interested in adolescent responses, I considered that a qualitative framework, which encouraged conversations to develop, was most appropriate. I indicate how a case study design enabled me to explore the importance of relationships for adolescent clients. And, finally utilising an interpretivist enquiry, I hope this research captures relationships from an adolescent perspective.

The method of this research is explained in Chapter 3. Adolescents who became participants of this research were recruited from the high school in which I am currently counselling. As part of the recruitment process participants agreed to have their counselling sessions audio taped and transcribed. These transcriptions became the main data for this research. The components of a counselling session are further explained in this chapter.

The findings of the research are highlighted in Chapter 4. From the data gathered, five key themes are identified stemming from the relationship question in solution-focused brief therapy. One of these themes looks specifically at my practice on how I ask the relationship question and the response of 'I don't know'. Through the solution-focused brief therapy process, which encourages the client to be the expert in their life, the reader can begin to understand what is helpful for adolescents as they navigate their way through different relationships.

The final chapter 5 discusses the findings in-depth and the implications these have for practice. The limitations of this study are discussed, as well as consideration of the future with regards to solution-focused brief therapy and therapeutic research with adolescents.

CHAPTER ONE

Introduction to Literature Review

The literature review for this research is separated into seven categories with the goal of each category to contribute to our understanding of how adolescents respond to relationship questions in solution-focused brief therapy. The first category focuses on adolescence, how adolescence is defined within our society, what it means to be an adolescent and the eclectic roles and relationships adolescents have within their family and wider social network. Literature on the developments in the adolescent brain is then reviewed and the implications these may have for therapeutic intervention is discussed. Literature on counselling adolescents is explored alongside literature on working with adolescents from a strengths-based, ecological model approach. Finally, the effects of the therapeutic relationship on solution building is discussed.

The second section of this literature review introduces the reader to solution-focused brief therapy and reviews the research to date on the effects of solution-focused brief therapy with adolescents. The concept of social constructionism and the influence of social constructionism on solution-focused brief therapy is also explained. This provides a basis from which to describe the principles of solution-focused therapy – the client being the expert in their life, the use of exceptions in therapy and the purpose of scaling. The last category of this literature review discusses relationship questions within solution-focused brief therapy, the intention behind these questions and examples of how these have been used for this current research.

LITERATURE REVIEW

Adolescence

It is suggested that the term, adolescence, has only been used since the beginning of the 19th century and stems from the Latin word *adolescere*, meaning to grow (Hanley, Humphrey & Lennie, 2013). Further, the socially constructed word ‘adolescence’, determines a collection of people whom may share similar interests and a sense of belonging (Miller, 2012). Researchers have focused on different attributes that culminate in becoming an adolescent. For instance, some focus on age range (Liu & Eckert, 2014), whilst others consider adolescence as a stage of development, starting with puberty and ending in independent roles in society (Steinburg, 2010 cited in Blakemore, 2012; Dahl, 2004). Moshman, (2011) takes a more simplistic approach and defines adolescence as the period following childhood in which one is not yet accepted in society as an adult.

Adolescence is also described as a time of social exploration, intimate peer relations and increased risk-taking and sensation seeking (Peper, Koolschijn & Crone, 2013).

The ongoing research in adolescent brain development and functioning capabilities highlights the difficulty in defining the specific chronological age of adolescents. Cauffman & Steinburg, (2000) suggest that the knowledge we have regarding adolescent brain maturation and the ability for mature decision making only emerging in mid-twenties, should all be taken into consideration when we define adolescence. This will be further explored in subsequent review of literature on adolescent brain development. For this research I identified with Sylvester (2007) where he states “The adolescent development period (from 11 to 20+) focuses on learning how to be a productive reproductive human

being – planning for a vocation, exploring emotional commitment and sexuality, developing a moral and ethical base and reaching for adult autonomy” (pg 32).

Erikson (1968) believed the principal task facing adolescents was to establish an independent personal identity (Cowling, 1997). According to Erikson, adolescence is a time of role experimentation and self-exploration. It is through these processes that adolescents establish a coherent sense of identity – a sense of who they are and where they are heading (Steinburg & Cauffman, 1996). Recognising that this literature generalises from the perspective of Western society, the focus for many researchers is on the ability of adolescents to develop an independent personal identity. Such development can be a difficult process for many adolescents as they navigate their way from parental control to autonomous decision-making. Additionally, the transition process seems to have become longer and harder for young people in today’s society (Perkins, 2007). This could be attributed to society’s changing rules and roles, which often result in confusion and conflict; an issue students often bring to counselling. In addition the confusion of adolescents reflects their need to navigate their way through the moral domains they have learnt from their parents (Lagattuta et al, 2010), to the personal domains that are continually evolving. Adolescents often internalize their parents’ values and attitudes as children and must now redefine their own values and attitudes leading to greater independence; this can often lead to conflict within these relationships (Perkins, 2007).

The theme of changing relationships is prevalent in the literature on adolescents (Smetana, et al 2006; Lagattuta et al, 2010; Cowling, 1997; Perkins, 2007; Sylvester, 2006). Adolescent-

parent relationships go through significant transformations during adolescence, with parents perceiving adolescence as the most challenging and difficult stage of childrearing (Buchanan et al, 1990). The psychoanalytical theory of ego development (Blos, 1962, Freud, 1963, & Loewinger, 1966) explains the process of individualisation that occurs from early adolescence. The research on ego development suggests that early adolescence is a time when the establishment of the 'individuated' sense of self becomes prominent. This detachment or separation from the parental figure for decision making can be seen as oppositional, rebellious and defiant. Research suggests that there is not a chronological age when this 'individualisation' is complete, rather it is thought to conclude when the individual acts truly independently from parental wishes (can agree or disagree with parents) and that decisions are based neither on echoing nor defying parental sentiment (Steinburg & Cauffman, 1996).

Family relationships can be in turmoil through the transition from hierarchical relationships in early adolescents to more egalitarian relationships by late adolescence (Youniss & Smollar, 1985). Research suggests (Laursen et al, 1998) that the peak in parent-adolescent conflict is during middle adolescence (15 –17 yrs) with a decline occurring once roles have been further distinguished and defined within the family. Conflict is thought to be more prevalent between mother-daughter dyads, however there is surprisingly little empirical research on the differential influence both mothers and fathers have on adolescent development. The research that has been conducted is limited, with the over representation of white, middle-class families (Smetana et al, 2006). Research also suggests that conflict within parent-adolescent relationships is a normative process and one

that is essential for greater independence (Smetana et al, 2006). Conflict resolution may help adolescents to learn essential negotiation skills that may benefit them through their transition into adulthood.

Parenting styles and the influence these have on adolescents' sense of identity, decision making skills and communication skills is well documented (Baumrind, 1991; Maccoby & Martin; 1983; Steinburg, 2001; Fletcher et al, 1999). Through listening to students within the counselling environment there seems a fine line between students wanting unconditional support from parents, to students wanting to make autonomous decisions on their own. Research suggests that joint decision making between parents and adolescents is associated with adolescents having better adjustment skills and displaying less deviant behaviour (Dornbusch et al. 1990, Smetana et al. 2004a, Dowdy & Kliwer 1998, Fuligni & Eccles, 1993, Lamborn et al. 1996). Other research contradicts this and suggests that risky decision making stems from differences in concerns, not competencies, meaning adolescents' have different priorities (Cauffman & Steinberg, 2000). The balance it seems is creating a reciprocal, bi-directional process, where the adolescent feels empowered to make informed decisions and gain an understanding of the consequences of these decisions. Smetana et al (2004a) suggests that if autonomous decision making is encouraged through middle adolescence, this will lead to better adjustment in late adolescence.

The relationship adolescents have with their parents is thought to play a significant role in adolescents' self-concept and self-esteem. Sylvester (2007) defines self-concept as the *"way in which we define ourselves, and self-esteem to the value we place on that definition"*

(pg 127). Steinburg & Cauffman (1996) suggest that older adolescents' (16-19yrs) have a greater sense of self maturity than younger adolescents', however they suggest that gains in self-esteem and identity consolidation continue until early twenties. It is suggested that family interactions that allow adolescents the opportunity to express independent thoughts and feelings, while maintaining closeness and connection to parents, facilitate higher self-esteem, better psychosocial competence, less depression, greater ego and identity development and more mature moral reasoning (Allen et al. 1994a,b; Grotevant & Cooper 1985; Hauser et al. 1991; Walker & Taylor, 1991 cited in Smetana et al. 2006).

It is however an accepted part of adolescence that sees a shift in adolescents focus from the family structure to that of socialising with friends. Orientation toward peer relationships becomes influential in an adolescent's identity as they interact with others who share similar social hierarchy and values. Furthermore, Gifford-Smith and Brownell's (2003) review of peer relations found what happened in peer groups and friendship relations affected children's behaviour, development and functioning in family, school and community (Liu & Eckert, 2014). The quality and stability of adolescent's friendships were related not only to their self-esteem, but also to the changes over time in specific areas of self-esteem (Bishop & Inderbitzen, 1995 cited in Liu & Eckert, 2014). Mounts (2001, 2004) suggests however that parents still influence peer relationships and through parental guidance, can effectively influence and change adolescent selection of friends.

Brain Development in Adolescence

In recent years, researchers who are focusing on adolescent development have drawn attention to the importance of bringing new understanding about brain development into their work. Galvin (2009, cited in Barr & Sandor, 2010) has proposed that the brain is 90% of its adult size by age 6 years, with the amount of grey matter increasing until early adolescence and white matter increasing into early 20's. Grey matter is associated with processing and cognition, where by white matter co-ordinates and connects different brain regions (Fields, 2008). This information provides researchers with some interesting explanations of observed differences in the actions displayed by adolescent women and men. It is thought that females reach their full adult brain between the ages of 18-24 years and males between 24-32 years (Mikaere-Wallis, 2015). This means that, while adolescents have developed better reasoning capabilities and decision making skills than children, and the mental processes that underpin making logical and responsible choices are very near to adult levels, they may not have developed their full potential for these skills. It is known that during adolescence, thinking matures from concrete operational thinking to formal operational. This is the ability to think abstractly, plan for the future and debate ideas (McAnarney, 2008). This informs my research and practice as I acknowledge that adolescents have the ability to understand concepts, however applying concepts may differ through the different stages of adolescence.

Peper & Dahl (2013) highlight the importance of the orbito-frontal cortex in value based decision-making and exploratory behaviour. This is thought to 'close for maintenance' (Mikaere-Wallis 2015) from age 11yrs, with the consequence that adolescents' are less able

to regulate emotion, reasoning or show empathy. McAnarney (2008) notes that the maturation of the pre-frontal cortex happens in late adolescence, early adulthood. Keating, (2004); and Spear, (2000) suggest that changes in the pre-frontal cortex and the limbic system continue well into the twenties and appear to be related to cognitive functioning and self-regulation (cited in Smetana, et al, 2006). The pre-frontal cortex regulates judgement, caution and appropriate behaviour and plays a key role in developing and regulating social awareness and behaviour. The shift in balance in the pre-frontal cortex may tip adolescents toward more self-orientated choices in early adolescence and allow them to consider consequences for others in later adolescence (Crone, 2013). This is an interesting aspect for my research as it may suggest that adolescents are capable of empathic relationships and have the ability to take on other perspectives within relationships.

Crone (2013) maintains that during adolescence there is an increase in activation in the dorsolateral pre-frontal cortex (important for impulse control) and temporal-parietal junction (important for perspective taking) and reduced activation in the dorsal medial pre-frontal cortex (important for self-orientated thinking) in social situations. This may suggest that tensions exist whilst adolescents' juggle high levels of emotional arousal with limited ability for rational thought through the decision making process. Sylvester (2006) suggests that a way to reduce this tension and mature adolescents' frontal lobes is to practice reflective problem solving skills. This will simultaneously advance adolescents social awareness and skills. The challenge for the counselling environment may be to encourage

adolescents to develop and use their frontal lobe capabilities in a low threat reflective environment.

In contrast to researchers that consider the adolescent brain development to be restricted during adolescence, Dahl, (2004) states that adolescents can perform at (or very near to) adult levels in their ability to understand cognitively the consequences of risky behaviour. He highlights adolescence as an optimal time to learn new coping skills due to the 'plasticity' in the adolescent neural system. He proposes that interventions implemented through this 'plasticity' period of adolescence may have a greater effect than in adulthood when the neural system becomes narrowed. Because of this plasticity, Barr & Sandor (2010) note that adolescence presents significant challenges and unique opportunities for intervention. One intervention for counselling is to encourage adolescents to pay attention to their reflective response rather than act upon impulses from their reflexive response (fight or flight). Sylvester (2006) suggests that challenges with a sense of urgency are processed reflexively through our sub cortical system, whereas challenges without a sense of urgency engage the brains cortical system which encourages reflective, analytical decision making. This research helps me consider that counselling that is non- threatening and client led, may encourage adolescents' to engage in reflective processes that encourages curiosity and problem solving skills.

Cauffman & Steinberg (2000) suggest caution when analysing adolescents' ability for decision making. They suggest that most research is focused on the cognitive ability of adolescents' in the decision making process, rather than the emotional and social influences that are a bounded part of this decision making process. Moshman (2011) also suggests

caution with placing emphasis of adolescent behaviour on their brain development. He suggests that brain changes are in part the result of thinking, action and experience, rather than the cause of these. Moshman's view suggests the adolescent brain is part of a developing system with interactive causal influences. To support this holistic viewpoint, Reininger et al (2012) found in their study of 1,181 Mexican adolescents (14 – 16yrs) that the connections and associations made by adolescents influence their health behaviours. They found that adolescents with supportive relationships from parents and school showed less alcohol, marijuana and cigarette use, as well as lower odds of sexual risk taking and aggression.

Through my counselling work with adolescents I have begun to understand the complexities and confusion that exists in the developmental stage of being an adolescent. Counselling adolescents to use positive strategies, set goals and learn social rules is difficult and my reading of the relevant literature suggests that their developing brain and the integration of their cognitive and emotional system plays a significant role in this difficulty. In my research I am interested in understanding the correlations between adolescents' cognitive ability and the effect this has on significant relationships adolescents have. My use of the solution-focused relationship question 'what will others notice different about you?' will be one of the ways to explore this.

In order to gain a better understanding of how adolescents describe and account for the experiences they encounter, this research will take a social constructionist view of adolescence. This means gaining an understanding of adolescence through their words and

descriptions of their world view. Using Stern, Van Slyck & Newland's (1992) sub stages of adolescence: early adolescence (11-13yrs), middle adolescence (14-16yrs) and late adolescence (17-22) the research will involve adolescents from the middle to late age range (16-18yrs). I have chosen this age group (mid to late adolescence) for my research primarily because I have found solution-focused therapy to be an effective therapy with this age group. Secondly there seems to be limited research in both solution-focused therapy and in adolescent brain development research within this age group. I am hoping this research will contribute to what I have found is a gap in evidence based practice. Thirdly, a pragmatic reason for recruiting adolescents 16 years and over is that I wanted the adolescents to give informed consent themselves, rather than have to get this from their parents. This is in keeping with the ability of students to engage in counselling without parental consent in the school environment and this research was interwoven within the counselling setting.

Counselling with Adolescents

There is an eclectic mix of literature on the effects of therapy with adolescents. Kemenoff (2009) cited in Barr & Sandor (2010) stresses the importance of working within an ecosystem model with adolescents. In her presentation at 'The Adolescent Brain Development and Behaviour' symposium, she suggests that therapists draw concentric circles with the adolescent in the centre, surrounded by expanding circles of family, friends, school, community and culture. This ecosystem model or ecological model resonates with my counselling philosophy and my interest in relationships adolescents have within their 'ecosystem'. It also resonates with my background in social work which encouraged us to use the ecological model when working with families. Working from an ecological model

also encourages counsellors to work multi-culturally, which Smith (2006) suggests is essential when working with youth so that they can gain, and maintain a sense of belonging and connection to their culture or ethnic group.

A similarity between the ecological model and solution-focused brief therapy (see below) is that they both encourage strengths-based counselling. Smith (2006) suggest that strengths are not fixed personality traits, but, rather they develop from dynamic, contextual processes immersed in one's culture. It is suggested that working from a strengths-based therapeutic framework is beneficial for both the therapeutic relationship and the self- esteem of adolescents (Smith, 2006). The use of positive language is thought to encourage adolescents to recognize and acknowledge positive qualities about themselves and those around them.

Another term used for the therapeutic relationship, between the counsellor and the client is therapeutic alliance. The quality of this therapeutic alliance has been identified as a strong and reliable predictor of treatment outcomes and successes and is considered of utmost importance when working with adolescents (Karver et al, 2006). Therapeutic alliance is thought to be maximised through the active participation of clients and through clients and counsellors working in partnership to achieve mutual agreement on goals and tasks (Oetzel & Scherer, 2003). This co-construction of goals and task is a founding principle of the solution-focused approach and will be discussed further in this literature review. Another counselling approach, person centered therapy, which encourages the counsellor to communicate positive regard toward the client, and greet the client with warmth and a

smile, is also thought to promote the development of the therapeutic alliance (Duff & Bedi, 2010). When clients rate outcome, 88 percent of studies find that there is a significant relationship between client experience of positive regard and a successful conclusion of therapy (Duncan, 2010). The therapeutic relationship is also thought to be enhanced if the client feels validated (Duncan, 2010; Duff & Bedi, 2010). Validation reflects acceptance of the client for where they are at in the present moment. Such acceptance of the client as being in control of their life is also a central philosophy of solution-focused brief therapy. This finding however is across all chronological age groups rather than specific to adolescents.

Riley (1999) has written many articles incorporating art therapy within solution-focused brief therapy with adolescents. She suggests the importance of therapy as a support system for adolescents. She maintains the importance of collaborative goal setting and that therapy be flexible to 'fit' the ever changing needs of the adolescent. She notes that teenagers struggle with entering into the viewpoint of others with empathy because of their narcissistic views of self and events that immediately impact the self (Riley, 1999). This view is of interest to my research as one of the aims of the solution-focused relationship question is to notice the affect adolescents have on others. Cowling (1997) takes a similar viewpoint. He refers to middle adolescence as a time where they are capable of abstract thinking and introspection, however their default system is to remain self centered and narcissistic. The idea of 'narcissistic adolescent values' is an interesting concept when looking from a brain development perspective. The late development of the frontal cortex may inhibit adolescents' ability to show empathy and understand reciprocal effects of behaviour in a

therapeutic environment. As Crone (2013) noted these 'narcissistic adolescent values' may reduce in late adolescence with the development of the pre-frontal cortex.

Solution-Focused Brief Therapy with Adolescents

I have found very little literature that focuses on in-depth aspects of solution-focused therapy within a case study design. Much of the literature considers solution-focused brief therapy as a therapeutic intervention contributing positively to students' behaviour. There are many research outcome studies involving solution-focused therapy within an educational setting (Webb, 1999). These studies promote solution-focused therapy as a promising intervention with students who are experiencing academic and behaviour difficulties (Franklin et al, 2008). For example, research involving 'at-risk' students (11-14yrs) showed that students who had received eight weeks of solution-focused counselling had higher scores on behavioural and social scales at post treatment and six week follow up (Newsome, 2005). Franklin, Moore & Hopson (2008) suggest in their study of 10-12yr olds with 'behaviour problems' that solution-focused therapy, along with teacher training in solution-focused therapy, is one way to successfully address behaviour problems.

Franklin, Streeter, Kim & Tripodi (2007) undertook a quasi-experimental mixed-methods study that focused on attendance rates with 'at-risk' high school students. A solution-focused semi-structured interview was implemented in order to gather data. The results from this study seemed inconclusive, however, due to comparisons being drawn from an 'alternative' high school to a 'normal' high school. Hopson & Kim (2004) in their study of a

solution-focused approach to crisis intervention with adolescents, found that learning solution-focused strategies can move adolescents from a crisis situation to a coping situation through focusing on their strengths and beliefs. They also suggest that the non-directive approach of solution-focused brief therapy fits well with the developmental stage of adolescence. Research in solution-focused therapy involving adolescents 16yrs and over is limited. Before the effectiveness of the solution-focused approach is looked at, this research will begin to explain some of the key principles of the solution-focused brief therapy.

Social Constructionism and the Origins of Solution-Focused Brief Therapy

Solution-Focused brief therapy (SFBT) was developed in the 1980's at the Brief Family Counselling Centre by its founders Steve de Shazer and Insoo Kim Berg. The emphasis on solution building rather than problem solving (De Jong & Berg, 2013) was at the time, a contrasting way to work with clients in a therapeutic relationship. Solution-focused brief therapy is based upon a social constructionist approach to counselling that collaboratively engages clients in conversations about potential solutions. Gergen and Gergen (2004) suggests that social constructionism is a 'position rather than a fixed set of principles' (Pare & Sutherland, 2012, p184). It encourages the counsellor to be a naïve enquirer as we learn and understand our clients' lives. Being a naïve enquirer involves actively listening to clients as they describe and explain their account for the world (Gergen, 1985). Social constructionists challenge the notion that the therapist is an objective expert on client' problems (Gutterman, 1994). This means that, a social constructionist is encouraged to take a position of 'not knowing' and recognise that the client is the expert in his or her own life

(De Jong & Berg, 2013). Constructing a therapeutic environment where the client is understood to be the 'expert in their lives' (De Jong & Berg, 2013) is central to the underpinnings of solution-focused brief therapy.

Social constructionists also pay attention to language. Knowledge is mediated through language (Wong, 2006), and it is through language that we can begin to interpret and understand the world of others. Solution-focused brief therapy draws from the social constructionist philosophy which understands realities as socially constructed between people through language, conversation and relationship. The language of solution-focused brief therapy is future-focused and encourages pre-suppositional language to indicate the belief that change will occur.

The origins of solution-focused brief therapy stem from Erickson and Wittgenstein, however, in practical terms, the principles of Carl Rogers Person Centered Therapy (PCT), also known as client centered therapy underpin much of solution-focused brief therapy. Person centered therapy, draws from a humanistic worldview which views clients' as having choice in order to help themselves, rather than rely on an expert technique or a therapist (Jones-Smith, 2012). Similar to solution-focused brief therapy, person centered therapy offered an alternative approach to work with clients where the client focus was given more emphasis than that of the therapist. The therapists' role in both of these therapies is to facilitate the process in which to build strategies that compliment and empower clients' as experts in their own life.

In order to create a therapeutic environment Rogers placed great emphasis on the therapist's congruence in the therapeutic relationship (Mearns, 1997). Congruence implies that therapists are real "that is they are genuine, integrated and authentic during the therapy" (Corey, 2000, p177). A person centered counsellor therefore, is expected to be able to meet his or her client at considerable relational depth and work with whatever existential content he/she finds there (Mearns, 1997). Relational depth suggests that the therapeutic relationship is key to successful outcomes in therapy. Social constructionism may query the emphasis of relationships in therapy and argue that this relational depth will attribute different meaning to each individual.

The important component of person centered therapy for my counselling practice is relationship building. I value relationship building and communication in my everyday life and bring this into my counselling practice. For my practice, a successful relationship is constructed as one where mutual goals are set and worked towards and where the client feels comfortable and at ease. An aspect that can contribute to my knowledge of creating this environment is by my use of the Session Rating Scale (SRS) in my work. This rating scale (see appendix B), invites the client to provide some feedback to the counsellor about the aspects of the counselling session that were useful, helpful and those that were less helpful for their needs. Anker, Duncan & Sparks (2009), in their research on couple therapy, found that clients who gave their therapists feedback about the benefit and 'fit' of therapy, reached clinically significant change nearly four times more than those who did not give feedback (Duncan, 2010). I have incorporated the SRS forms into this research and this will

be discussed in greater detail. My work with adolescents has confirmed for me how important it is to build a trusting relationship with them. The core belief in solution-focused brief therapy that the client is expert in their own lives sits well with my own world view and therefore my counselling practice.

Solution-Focused Brief Therapy

Solution-focused brief therapy is now an established psychotherapy and coaching approach for which there is a good evidence base of effectiveness (Visser, 2013; Franklin, Trepper Gingerich, & McCollum, 2011 cited in Visser, 2013; Gingerich & Peterson, 2013). Solution-focused brief therapy is a recognised, goal focused therapeutic approach of supporting people to identify and understand their own solutions to their problems. Most literature on this approach comment on its connection with a strengths-based, solution building approach with emphasis on the client as the expert in their life, working towards their own preferred future. Interventions are therefore future orientated instead of being preoccupied with the past and they focus on empowerment rather than failure. The solution-focused brief counsellor understands that change is constant and a change in one part of the system will affect change in another (Franklin, 2015).

The solution-focused brief therapy approach demonstrates that it is not necessary to understand a problem to arrive at its solution and the best way of doing this is to concentrate on young people's competencies and strengths. Drawing from one's competencies equates to working from a strengths-based model. This challenges the

traditional problem focused models that pay attention to what individuals are doing wrong or telling them how or what to do to fix it. Strengths-based counselling informs the way I use solution-focused brief therapy as it guides me in the inherent belief that clients are the experts in their life and have the skills and resources within them to make change. Solution-focused brief counsellors seek to help clients change behaviours and attitudes from a problem focus to a **focus on solutions**, or a preferred future, and to discover and develop latent assets, resources, and strengths that may have been over looked when clients have focused primarily on 'problems' and limitations (Watts & Pietrzak, 2000). An underpinning assumption of solution-focused therapy is 'if it isn't broken – don't fix it' (Picot & Dolan 2003).

Solution-focused brief therapy counsellors are interested in what works, and how we can encourage the client to do more of this. Counsellors do this by listening for and exploring exceptions, times where previous client efforts have resolved difficulties, or times when the problem was not so bad. This is in keeping with the principle that if something is not working, a client should do something different. Here, the focus is on behaviour, and counsellors encourage clients to act on doing something different, something that may have worked before. **Exception questions** are asked to help identify (to both therapist and client) clients existing resources and how they cope/d in spite of the problem, both in the present and in the past. They are also asked to focus clients' attention to times when the problem did not exist (Smith, 2006). Through the exploration of exceptions and the use of relationship questions, clients may identify times when they or others have been successful in overcoming the problem.

Solution-focused brief counselling utilises **scaling** as a measurement in reaching a preferred future. Scaling refers to the use of, often a numerical scale – from 1 to 10 – to help the client and counsellor gauge the strength or value of a particular attribute. For example, if a client presented with a concern about keeping up with academic standards, the counsellor could ask, on a scale of 1 to 10, where 1 means ‘no worries’ and 10 means ‘I’m constantly worrying about this’ where would the client rate their current concern? This and following scaling questions help identify the client’s positioning in relation to the problem and their goal of where they would like to get to on the scale and assessing clients confidences in getting there (Jones-Smith, 2012). The use of scaling encourages personal agency for the client and the belief that problems will change. An example of this aspect of a scaling question is ‘what will you be doing differently when you move from a 5/10 to a 7/10?’

As noted, the main focus of solution-focused counselling is on helping adolescents to notice their strengths in order to use these to move towards achievement of their self-identified goals. In my research, I want to explore how they self-determine these strengths, resources and goals within their relationships with others. De Jong & Berg (2013) suggest that combining coping and relationship questions offers the best chance of bringing out the client’s own description of strengths. These strengths are discussed within the contextual environment of who and what are important in the client’s life.

Relationship Questions in Solution-Focused Brief Therapy

As the focus of this portfolio is the use of relationship questions and whether or not they help adolescents feel connected, this part of the literature review explores the technique. Relationship questions are those that encourage clients to consider interactional events and their meanings in relation to the solution (De Jong & Berg, 2008). They are a way to bring in significant others to therapy (third person) and a way to understand interactional contexts. They also encourage clients to consider the views of others such as friends and family, and allow them to view their problem from different perspectives. They help determine what the client believes are others' perceptions of the problem (Hopson & Kim, 2004). The rationale for doing this is the assumption that there are relationships in a client's life that are important and ongoing and that, by focusing on these, the client can gain a sense of agency that is not dependent on the opinion of a therapist. This is relevant in therapy, as a client who recognises support in relationships other than that offered in therapy, is well equipped to make his or her own choices of action. Again this aligns with a key principle in solution-focused brief therapy that the client is the expert in their life.

The purpose of using relationship questions in therapy vary according to what the client brings to the therapy session. They can be useful to help the client, explore who is important to them build solutions within a contextual environment, understand others perceptions and how these influence their relationships and incorporate the third person into therapy which creates a safe distance in the clients' responses. De Jong & Berg (2013) suggest that utilising the third person into therapy, such as a friend or significant other, can help adolescents who may feel too vulnerable to respond to questions posed by a therapist

to feel more able to respond through other people's perceptions. Examples of relationship questions from the literature which have informed this research are:

What would your mother tell me were your greatest strengths at home?

What would your teacher say about your strengths in maths?

What would your Dad need to see you doing that will tell him that you don't need to come and see me anymore?

What would your best friend notice you doing differently if you were happy? What else might be different between you and your friend?

(De Jong & Berg, 2013)

Relationship questions are able to be adapted to fit within the context to which the clients present to counselling. An example of a relationship question from this research was utilised when I was working with a client whose goal was to move from a 4 to a 5 on a scale that we constructed collaboratively. In this case, I was able to ask the relationship question: *What will Mum notice you doing differently when you are at a 5 on the scale rather than a 4? What will you notice Mum doing differently as a result of this?* Another example of a relationship question within this research is:

You also said sometimes things are better between you and your Dad. Can you tell me what you and your Dad are doing when things are better? The intent behind relationship questions is for clients to notice when and how things can be different in their relationships and the corresponding effect their actions can have on others.

Although relationship questions are a core component of solution-focused brief therapy there is very limited research on the effect of asking these questions. A social constructionist viewpoint may argue that effect cannot be measured due to its subjectivity

and the belief that not 'one' reality exists. For this reason my research is focused on adolescent responses, with the aim of capturing the meaning adolescents give to these responses. This is achieved through the solution-focused brief therapy technique of checking for clarity. The counsellor regularly checks in with the client to make sure the client is feeling understood and that the meaning of responses has not been lost in translation.

Hanton (2011), believes that goals can become reality, through bringing in significant others and picturing how others will behave. The idea of 'presenting pictures' is further suggested by Sklare (1997) who recommends pictures help students to understand how their parents and friends will perceive their change in behaviour and thus behave differently towards them. Mikaere- Wallis (2015) reiterates this point and states that in order for cognitive training to occur we need to 'paint pictures' of the desired behaviours we are looking for. Relationship questions have the potential to encourage adolescents to picture themselves in relation to others and to notice the effect of their behaviour/actions. My interest in the relationship question is also based on the idea of reciprocity, that the cause and effect of change in one's own behaviour will have a ripple effect on others behaviour.

The research I am undertaking has found similarities with the use of Polyvocality within strength centered therapy. Polyvocality refers to the use of clients' 'interpersonal and social resources to expand the number of voices bearing on the clients experiences' (Gergen, 1999 cited in Wong, 2006, p 138). Both strength centered therapy and solution-focused therapy draw from the social constructionist approach which understands the meanings clients attach to strengths are not purely a product of their mind but are shaped by societal and

interpersonal forces. The notion of polyvocality, that clients will increase their knowledge of their own strengths when they consider the perspectives of people they trust or admire is interesting for this research. In my research I wish to explore whether the perspectives of others do have an affect on how adolescents' conceptualise themselves. The research we understand on adolescent brain development needs to be taken into consideration here. Due to the reduced capabilities of the pre-frontal cortex, adolescents are thought to have reduced ability in making informed, rational decisions. The ability for adolescents to understand reciprocity in relationship and 'put themselves in other people's shoes' may cognitively be a difficult task. This research is interested to know whether this is indeed the case for adolescents.

Summary of Literature Review

In this chapter I have provided an overview of the ways in which adolescents are described in Western society. I have also reviewed current research on the development of an adolescent brain. This has enabled me to realise that my counselling practice may need to take into consideration the appropriateness of certain attitudes and techniques when working with adolescents. As I am a counsellor who uses both person-centered and solution-focused approaches, I have described the major tenets of both with reference to their appropriateness for counselling work with adolescents. Then, I have explored the research on the importance of relationships in counselling. First, I have noted the importance of a quality relationship between the counsellor and the client for successful therapeutic outcomes. Second, I have highlighted the belief that adolescents may be more able to describe personal characteristics when viewed through the eyes of friends than

through their own judgements. This review of literature sets the context for my research questions 'how do adolescents respond to relationship questions?' and 'how do I use relationship questions when clients say 'I don't know'?

CHAPTER TWO - METHODOLOGY

Personal Background

My tertiary education started at Lincoln University where I graduated with a Degree in Parks, Recreation and Tourism Management. I majored in recreation and from here started working with special populations in the recreation field. My travels in third world countries, where family is prioritised over possessions, helped solidify my decisions to study social work. This was the beginning of my interest in relationships, how we communicate and relate to one another. I graduated with a Post Graduate Diploma in Social Work from Canterbury University in 2003. I started by career working with adolescents through Waipuna Trust. Waipuna Trust is a social work service in Christchurch and runs programmes such as adventure therapy, alcohol and drug, life skills and also has a young parenting programme. I was drawn to the strengths perspective, where adolescents were encouraged to identify their strengths and work towards them. My interest in adolescent's perceptions on how their actions/behaviour affect others was ignited through this period. For the last 8 years of my social work career I was based in health, working in maternity and the neonatal unit. It was through these challenging times with families that I decided counselling was an area that I was both drawn to and wanted to learn more about.

Through the Masters of Counselling programme I have learnt about solution-focused brief therapy. This therapy has been a natural progression from the strengths perspective and working with clients' strengths. Although solution-focused brief therapy is the backbone to my counselling practice I like to take an integrative approach and draw upon narrative

therapy and person centered therapy. I have found narrative therapy helpful when working with adolescents to externalise the problem from the person. This in turn helps build upon their strengths, as it encourages them to see the problem as external to themselves. It is also helpful in goal orientation and taking a future-focused approach which is a key element in solution-focused brief therapy.

My interest in this research topic began from working as a school counsellor undertaking solution-focused brief therapy with students. I am currently working 4 days a week in this role and counsel students from Year 7 through to Year 13. Since undertaking the Masters in Counselling course and using a solution-focused approach in my work, I have become interested in the effect of one strategy of the approach; relationship questions. I have often found that if I ask a student a question such as 'what will you be doing differently that will move you from a 4 to a 5 on the scale?' they reply with 'I don't know'. I have then asked a relationship question such as 'what would your teacher/friend/mum notice you doing differently'? I have noticed that when placed in the third person it seems easier for them to answer the question. In addition, I am aware that since I was immersed in a close knit family that valued relationships, I hold onto the assumption that relationships are important. These two factors, my value of relationships and the solution-focused strategy that values relationships, encourage me to look at whether relationship questions and the subsequent emphasis on students noticing reciprocal behaviour change, are helpful or important for adolescents.

Interpretive Inquiry

The interpretive approach rests on the premise that in social life there is only interpretation (Radnor, 2002). Through adolescent responses this research is hoping to interpret what it means to be an adolescent within the multitude of relationships they have. My research design is situated within the interpretive paradigm that draws from social constructionist principles. These principles contextualise that our ideas, thoughts, beliefs and values are provided by the social and cultural environment in which we are immersed. In this way the individual is in society and the society is in the individual (Radnor, 2002).

The research question focuses upon adolescent responses. To understand and honour these responses, meaning will be filtered through a social constructionist lens. Creswell (2003) argues that the construction of meaning is shaped in part by the cultural values and beliefs in which people encounter their communities. Research conducted within the interpretive paradigm seeks to understand details of interactions between people and their everyday experiences in the context of their environment (Neuman, 2003). Taking a social constructionist viewpoint highlights that through interactions our discourses are continually shaped by others and that our identity emerges from these interactions.

A dimension of the interpretivist paradigm is the notion of symbolic interactionism. George Herbert Meads (1863-1931) a social psychologist, summarised the components of symbolic interaction as requiring the reflective self, the human ability to take on the role of other, the notion of social action as process and language as the predominant symbol of

communication (Radnor, 2002). My research is interested in the idea of symbolic interaction and how adolescents experience themselves through the view of others. Literature on the teenage brain suggests that the teenage brain is incapable of taking on the role of other (Peper & Dahl, 2013). I am hoping, however, to demonstrate that when asked relationship questions, adolescents are able to describe how they are perceived by others. The relationship questions are an integral part of solution-focused conversations and it is hoped that the resulting co-construction of meaning will help students to reach their preferred future and bring positive change in their lives (De Jong & Berg, 2008).

Qualitative Framework

The primary purpose of this qualitative case study was to explore adolescent responses to relationship questions in solution-focused brief therapy. Qualitative methods allow participants' subjective experience to be presented as data, and provide tools for detailed, rich analysis of those accounts (Willig, 2001). For this reason, because I am interested in student responses, it is an appropriate methodology for my research. Qualitative interviewing consisting, normally, of open ended questions (Morrow, 2007), can add richness to a study and give meaning to experiences. Much of the work in qualitative research involves conversations, stories and language, and the interpretation of these to make meaning (McLeod, 2011).

In a socially constructed therapeutic relationship, the therapist enables the client to imagine and construct new realities to solutions by co-creating alternative stories towards a

preferred future that enhances their lives (Lipchik, 2012). Qualitative research is based on the assumption that individuals living and interacting within their own social worlds construct 'a reality' (Creswell, 2003). A qualitative researcher's main interest is to understand how people construct meaning from their life experiences and make sense of the world that they live in. The initial stage of a qualitative study is to learn more about the clients and the setting, gradually identifying what the important ideas or questions are (Bogdan & Biklen, 2007). Because this study was undertaken in a counselling setting a qualitative enquiry was a seamless fit for gathering this information. By using a small number of participants a rich description is formed that allows the researcher to form a detailed picture of the social and cultural values and influences within a specific group or community. This research was focused on how adolescent interpret relationships and the impact relationships have on themselves and their behaviour.

Case Study Design

Within the realms of qualitative research a case study design allows for in-depth understanding of a specific case within a real life, contemporary setting. A case study's focus is on holistic description and explanation (Merriam, 1998). This holistic description derives from what McLeod (2010) calls 'narrative knowing'. Narrative knowing is synonymous with a case study design as it is through participant's words that we learn about their experiences and knowledge.

Lichtman (2013) refers to the use of a case study design when the researcher is looking at specific behaviours, traits, characteristics or to study a particular programme. This research is particularly focused on adolescents - the culture of being an adolescent and the idiosyncrasies that this brings is explored through a social constructionist lens. McLeod (2010) expands upon Lichtman's ideas and contributes that case studies have contributed to the counselling field through their flexible method of enquiry, multiplicity of purposes, theory development and education.

The application of a case study approach is particularly helpful when there is limited literature in a particular area. This research seems a good fit within the case study approach. The case study for my research is the research focus, which is adolescent responses to the relationship questions in solution-focused brief therapy. Rather than the focus being on each individual participant, the main focus in this case study is on the themes that emerge across all of the participants in their response to relationship questions. I am hoping the case studies will contribute to the limited literature found on relationship questions in solution-focused therapy. Through utilising a case study approach I am hoping my counselling practice will be enhanced through a greater understanding of adolescents and the counsellor/client relationship. Case studies are also an appropriate design when looking at a bounded system (Morrow, 2007). The case studies included in this research are bounded through their attendance in a counselling session. They are bounded through the phenomena of being an adolescent and they are bounded through the education system of attending this school.

A characteristic of a case study is one that utilises multiple methods of data in a naturalistic setting (Punch, 2005). This is a limiting factor within this case study. There can be arguments on whether the counsellor's office is a naturalistic setting. Three students were regular counselling students, therefore it could be said this was a natural environment for counselling to occur. For the other student, who was new to counselling, their experience could be quite different and foreign. Due to the constraints of working within a school environment and confidentiality this environment was conducive in undertaking this research project.

Ethical Considerations

I undertook this research within a counselling environment which brings with it many ethical issues. The core values of New Zealand Association of Counsellors (NZAC) are respect for human dignity, partnership, autonomy, responsible caring, personal integrity and social justice (Crocket, Agee & Cornforth, 2011). These values I endeavour to implement into my counselling and research. Respecting participants and the freedom they have in their choice to participate in the research is vital. An ethical dilemma for my research is informed choice. I minimised this through using my support systems, this being my colleague and the Heads of House (HOH). They were able to pass information sheets onto students and collect consent forms. It was made clear to students that participating in this research was not a prerequisite for counselling. Minimising coercion maximises trustworthiness of this research.

Privacy and anonymity are important aspects to this research. I abide by the NZAC Code of Ethics which states “Counsellors shall protect the privacy and respect the confidences of research participants” (NZAC Code of Ethics, 2012, p13). I believe that if students have the right to undertake counselling in a school setting without parental consent then they have the right to consent to participate in research without parental consent. It is however important that students understand what they are consenting to, therefore it was important that information was given in a clear and concise format and time was allocated to answer questions. This research involved participants aged 16yrs and over as cognitively they are in a better position to give informed consent than younger students. The Ministry of Education (2010) takes the view that cognition is a variable commodity between individuals and is difficult to put an age definition on. The CYF’s Act (1989) interprets a child to be 14yrs and under and a young person as over the age of 14yrs but under 17yrs. Ethics is not straight forward and there are arguments for both sides. At the forefront of my practice is the counsellor’s obligation to ‘do no harm’.

My research is also part of my counselling practice so I needed to be very clear with students about the dual roles I had within the school. I had to be clear with the students that they had a choice to participate in the research and if they chose not to participate that this would not affect future counselling sessions. The idea of participation is also central to the Treaty of Waitangi. Although the premise for participation is that everyone should have the right for equal participation, for this research I took the premise that everyone had the right not to participate. I gained written consent at the start of each counselling session

and discussed with students their willingness to continue with the research (see appendix G).

Another core ethical value that is embedded in the Treaty of Waitangi is that of partnership. A partnership approach is an important aspect in my counselling practice. I am however aware of the power that is perceived in the counselling role, which if left unacknowledged, can lead to coercion to participate in research. I think there is a dilemma that exists between being seen in an expert role (counsellor) to then change roles and become a researcher who wants to be an equal and gain their trust. I have a very transparent approach with my counselling and was acutely aware to bring this transparent approach into this research.

Trustworthiness

Qualitative research encourages us to be constantly aware, utilise reflexivity and be adaptable. All of these factors increase the validity of research. Slevin (2001) suggests that the validity in our research is linked to 'how we relate to and explain our understanding of what knowledge is, how we come to know, and the nature and forms that knowledge takes' (cited in Bager-Charleson, 2014, p97). Knowledge in this research has come from the voices of the adolescents themselves, this enhances credibility because of the target population. It is their responses towards relationship questions that have been transcribed.

Through listening to the interviews and engaging with the transcriptions I became aware that I had to adapt to how I was asking relationship questions. Davidson and Tolich (1999)

emphasise the value of flexibility for qualitative researchers and suggest that for some “the ability to adapt the method as the subject changes is seen as a key strength”(p29). Through conversations with participants I found I had to be more succinct and forthright with my questioning regarding how others perceive adolescents behaviour. This ensured rich, descriptive data to emerge that was focused on the topic of research. Validity was enhanced through the flexibility in the questioning, culminating in more focused research topic.

Although rich data was achieved, a dilemma existed between the dual roles. As a counsellor that values rapport building and practices client led therapy I sometimes felt pressure to ask a relationship question. It wasn't always a natural fit for me. Gergen (2006) suggests that the therapist's flexibility in conversation is 'their most valuable resources' (cited in Pare & Sutherland, 2012, p185). Through reflexivity the research over time became a natural fit in my counselling practice rather than an extra that I needed to fit in.

Viewing the data through a social constructionist lens contributed to the trustworthiness of this research. The focus of this research was not on 'why' adolescents thought a certain way, instead it focused on their responses, responses that are understood to be formed by the social and cultural identity that they are immersed in. Although I strived to honour adolescent responses through accurate transcribing, the research needs to be mindful of the 'observer effect' within the responses given. Bogden & Biklen (2007) suggest that the presence of the researcher changes the behaviour of the people they are studying. It is difficult to differentiate the contribution of the observer effect within this research as the counsellor role can also contribute to the observer effect. Researcher and counsellor can be

seen as powerful roles that need to be acknowledged and negotiated. The use of reflexivity in my role as both counsellor and researcher helped give perspective to these differing roles.

To maximise the trustworthiness of this research I endeavoured to build reflexivity into my dual role of counsellor/researcher. Harrison et al (2001) suggest we need to acknowledge reciprocity (give and take) in order to build trustworthiness into our research. The aim of working in a reciprocal way was achieved through being clear in my obligations to participants. This was achieved through both verbal and written documentation on the theme of research, how research would be undertaken and the expectation of participants. A continual participation consent form was given to students at the beginning of each session in order to check their willingness for participation (see appendix G). What I was asking in return was their participation, their words that were to be recorded and themed together. The bigger picture that I was asking of them was to be part of my journey in completing my Masters in Counselling.

Morrow, (2005) reflects upon the positioning of the researcher as a co-constructor of meaning. This was achieved through implementing solution-focused brief therapy techniques such as paraphrasing, affirmations and framing questions. Taking a social constructionist perspective emphasised the need for reflexivity. Reflexivity encouraged me to look at my personal discourse and the sub conscious values and morals that I brought to the research environment. It encouraged me to understand how my own experiences and understandings of the world affected the research process (Morrow, 2005). In solution-

focused brief therapy language, this is understood as bringing our own assumptions into practice. Gergen (1989) encourages researchers to keep their subjectivity at the forefront in the hope of reducing researcher bias. There were various approaches that I utilised in order to reduce researcher bias. Keeping a research journal highlighted my subjectivity. Through reflection, this in return encouraged objectivity in my research. The research used multiple sources of data giving the reader accurate descriptions in order to share in the participants experiences. Participant's words bring fairness, representation and credibility to the research, all of which reduce researcher bias. Researcher bias was also reduced through utilising supervision. Throughout this process I received fortnightly clinical supervision where my research was discussed and assumptions challenged. Additionally I was able to consult with my academic supervisors at the University of Canterbury. They continued to challenge my reactions to the research and my assumptions.

Summary of Methodology

In this chapter I have provided an overview of my personal background, highlighting the influential factors that have navigated my journey into the counselling profession. The methodology chapter has explained the framework for undertaking this practice research. Incorporated in this framework has been an explanation of the interpretive paradigm which draws from a social constructionist approach in understanding adolescent responses. This is further enhanced through taking using a qualitative framework in which detail is encouraged through conversations and story-telling. I have explained the case study design for this research and the emphasis on the case being derived from the themes from adolescent responses to relationship questions. The final components of this chapter

looked at the ethical considerations of privacy, anonymity and the partnership approach I endeavoured to undertake with this research. All of these factors contributing lastly to the trustworthiness of my research.

CHAPTER THREE - METHOD

Sampling

Sampling refers to the selection of research participants who represent the population to be investigated. Participants are selected, so that the researcher may make inferences about that population (Berg, 2001). The aim of this research was to gather responses from a select group of people, namely adolescents however, it is not my intention to make inferences about the population of adolescents. Rather, I wanted to explore the experience of some adolescents whom I was counselling. In this respect, my sampling was purposeful.

Purposeful sampling 'provides clear criteria or rationale for the selection of participants, or places to observe, or events that relate to the research question' (Ezzy, 2002, p.74).

(Rationale for participants will be further explained below). Participant criteria was further narrowed down to adolescents aged 16 years and over as I wanted them to be able to give their own consent. This is in accordance with the view that in qualitative research sample sizes are small and are samples of convenience rather than random samples (Lichtman,2013).

Recruitment

My recruitment plan was:

- 1 Gain permission from Principal
- 2 Speak with Heads of House at Pastoral Team Meeting
- 3 Place posters around school
- 4 Inform all current senior counselling students about research

5 Email all Yr 12 & 13 students about research

In order to recruit students to participate in this study I first had to receive permission from the principal to undertake this study within the school setting. This is important to mention within my research as without knowledge and backing from the principal and staff members the recruitment of students would have been difficult. Once permission was received I explained my research to the heads of house at the pastoral team meeting. At this time I gave them participant information sheets and consent forms (see appendix E & F). My aim in doing this was firstly for them to identify and speak with students about my research and also to place posters in their office space.

Once this initial step was completed I placed posters on the notice boards around the school and in the counsellor/nurse waiting area. Information sheets and participant consent forms were also placed on the table outside my office. I was currently working in a counselling capacity with 28 Year 12 & 13 students. Over the period of 3 weeks I met with all of the students and informed them of the research I was hoping to undertake. I informed them of the information sheets outside my office. I did not undertake Step 5 of my recruitment plan due to having sufficient numbers of participants through Step 1 – 4.

Participants

Four students aged 16 years and over participated in this research. The research initially started with 5 students however one female student withdrew after the first counselling session. The students became research participants once they handed in signed consent

forms. Although my research involved purposeful sampling of senior (16 years and over) adolescent students, the selection process of those senior students involved those who handed in their consent forms first. The gender ratio was one male student and three female students. The first student was a new referral for counselling from the heads of house. He had seen the posters advertising the research in their office and asked to be referred. I used the school runner to collect him from class. At the initial meeting we discussed the requirements of the research and I answered his questions. He took the consent form away and returned it to my counselling colleague. The other 3 students were existing counselling students interested in partaking in the research. They each gave their verbal consent through the counselling process. I asked them to take away information regarding research and consent form and return them to my counselling colleague if they were still interested.

Setting

Counselling sessions were undertaken in my office at a Christchurch High School. I am the main counsellor working at this school (4 days a week) and this office is familiar to many students. On the information sheets it was explained that the research would involve normal counselling sessions, the only difference being they were recorded. I also explained to students that I would ask them to fill in an Outcome Rating Scale (ORS) at the beginning of the counselling session to gauge how they are feeling individually, about home, school and overall. I undertake these forms with all counselling students so this was new to only one research participant. I did however introduce a Session Rating Scale (SRS) to the last counselling session. This was new to all of the students. This measured the helpfulness of

the counselling sessions. The last question on the SRS asked the student how helpful the relationship question was in the counselling session (see appendix A & B for copies of these rating scales).

Students were to bring to these counselling sessions any issue that they were wanting to discuss. At the initial meeting the participants and I had agreed upon a suitable day and time to meet. Counselling sessions varied in time from 35 mins to 60 mins. We also agreed that we would meet for 3 – 5 sessions and all of these sessions would be audio recorded and transcribed. I met fortnightly with one student, every 10 days with two students and weekly with another student. Timing of the sessions reflected severity of the issue for the adolescent and was agreed upon mutually.

Data Collection

Data collection occurred from October 2015 through to April 2016 in the form of semi structured interviews. These qualitative interviews were conducted as part of a normal counselling session. Interviewing is the primary way that qualitative researchers gather data (Brown, Lyndsay, & Durrheim, 2009; Roulston, 2010 cited in Lichtman, 2013). The research initially started off with one participant and by the end of the first month I had started my interviews with three students. One of these students subsequently withdrew her consent to participate. Interviews started with the last two adolescents who gave their consent in February 2016. Below is a table illustrating the time frame for data collection.

Timing of Counselling Sessions for Participants

Participants	Interview 1	Interview 2	Interview 3	Interview 4	Evaluation Interview
Student 1	7/10/15	16/10/15	26/10/15	4/11/15	12/11/15
Student 2	28/10/15	10/11/15	23/11/15	2/2/16	12/2/16
Student 3	9/2/16	24/2/16	16/3/16		28/3/16
Student 4	23/2/16	11/3/16	23/3/16		5/4/16
Student 5	27/10/15				—

As the table depicts the interview process finished with student 1 before it had started with student 3 and 4. Each interview was audio recorded and points from the session were written on the white board. Due to the collaborative nature of solution-focused counselling both myself and the student wrote these points on the board. Writing on the white board is a way to capture and give focus to the counselling session. These points have become the focus of my notetaking after the counselling session. Therefore it is for this purpose rather than for data collection that the white board was utilised, however, notes I made from the whiteboard contributed to the data for analysis through reflexion on practice. I transcribed the audio recordings myself. For this research I also kept a research journal which highlighted key points about the interview and my reflective thoughts.

Confidentiality throughout Data Collection

Confidentiality is extremely important for me in my counselling practice. By signing the consent form I had assured the participants that their anonymity would be upheld and that research would be conducted under the NZAC Code of Ethics regarding confidentiality. This states that as an ethical principal the counsellor will respect the confidences with which they are trusted (Crocket, Agee & Cornforth, 2011). In order to uphold confidentiality and

anonymity the background to each case study isn't detailed. The two reasons for this were both the school size and small scale of the research. Participants were identified as Student 1, 2, 3 & 4.

Overview of the Counselling Process

Interviews took place in the counsellor's office at school. Once consent was received I used the runner at school to collect the student from class. This is the normal process for any counselling session. A usual solution-focused brief counselling session starts with the student filling in an outcome rating scale (ORS) form. This occurred in all of the interviews for this research (Appendix 1). According to Duncan & Miller (2008) the ORS is designed to assess three dimensions: personal distress (Me: how am I doing?), interpersonal wellbeing (Family: how are things in my family?) and social roles (School: How am I doing at school?). The last category rates life in general (Everything: How is everything going?). Counselling clients are invited to place a mark on a 10cm continuum for each dimension. For counselling and therefore this research, the ORS forms are helpful in gauging a starting point. An example of dialogue that evolved from the ORS form is:

Counsellor: Well by the look of the ORS form it may tell me that school is going really well for you however things may not be going so well in your family?

Student 3: Yeah school is great but yeah I had a big fight with Mum this morning.

Counsellor: Is this something you would like to talk about?

The ORS is a good fit for the solution-focused brief therapy approach which aims to work in the present and be future-focused. For this research the ORS measured where the students

were at on that particular day of the interview and, through the counselling process, where their goal would be to reach.

Through signing the consent to participate the students understood that they would partake in a normal counselling session. The only difference being an added question about relationships on the session rating scale (SRS). A SRS is a measurement tool in which the client rates their experience of the session (De Jong & Berg, 2013) and is given to the client after the counselling session has finished. The SRS categories adapted by Duncan & Miller (2008) are: How well have I been understood (Listened too), the degree to which the counsellor was a good fit for me, degree to which the session was the right pitch for me. I have adapted this scale (Appendix 2) to capture data for this research. The limitations I have experienced with the SRS is firstly my apprehension in asking the students to rate the counselling session. I wonder the predicament this puts students in and although I have discussed this with students I still have mixed feelings about the truthfulness of the rating. The consequences for this research is that feedback needs to be viewed critically and viewed within the context that students were both research participants and counselling students.

Lichtman, (2013) acknowledges that collecting written data is one of the challenges of undertaking qualitative research. It is challenging in deciding what to collect, what to do with it once collected and how to utilise it in order to fit research. These challenges were inherent within this research, due to unpredictable issues that participants bring to

counselling. It was found however that participants spoke about relationships in various forms throughout the counselling session.

Bringing the Data Together

Lichtman (2013) suggests that data analysis starts through the transcribing phase. Blaxter, Hughes and Tight (1996) also suggest that analysis is an ongoing process with early analysis informing later data collection. There is conflicting literature on when and how data analysis begins. I initially thought that data analysis began for this research once all interviews were transcribed, as this was when the data were coded. On reflection and taking the literature into account, analysis began after listening to the first audio recordings. Through analysing the previous session the data evolved in a circular way. I referenced in my research journal during the interview process that undertaking qualitative research was a 'cyclic experience' where both researcher and participant have significant affect on one another. As a researcher I felt pressure to honour these experiences through an interpretive process.

The evolving nature of the counselling process transpired from listening to the audio tapes and reflecting on my research journal. Through experience and confidence I noticed the later interviews were more focused on relationship questions. Although this may be considered beneficial from a research perspective, from a solution-focused brief therapy perspective it could be perceived as the counsellor leading the therapy rather than being 'client led'.

I conducted the second interview with Student 1 without listening or transcribing the first session. This was a learning curve for my research as I discovered that I had missed key points that could have been useful for interview 2. After listening to the audio recordings I found that it would be useful to use silence instead of filling in space. This learning proved to have a significant impact on my practice and is a key finding for one of the themes of this research. I found creating space often results in clarity for the student. After listening to the second recording I also became aware of how and when I used open ended questions. I learnt that when conversation became rigid I resorted to closed questioning (eg student answering with yes or no). Although closed questioning can be helpful to elicit factual information I was conscious that I used this questioning when I was stuck with direction for the interview. From this point on in my research I listened to the audio recordings and transcribed them before the consecutive interview.

Another consistent practice issue that influenced the interview process was how I structured questions. I noticed I confused students with certain questions I asked. This in turn affected the collection of data as I became more concise in my questioning. After the second interview with Student 3 I wrote in my research journal that I felt pressure in having to ask a relationship question. Listening to the audio recordings confirmed this as some parts the interview sounded forced. At this point of the research process I was feeling pressure in order to complete the interviews and in turn this pressure was affecting the counselling process. Once I became aware of this the interviews evolved naturally as I let go of the pressure to complete them within a specific time frame.

The purpose of qualitative research Lichtman (2013) suggests, is to examine the whole, in a natural setting in order to get the ideas and feelings of those being interviewed. These feelings and ideas can transpire through preliminary coding that takes the raw data and starts to move into more manageable proportions (Coffey & Atkinson, 1996). To move data into more manageable proportions for this research I found Lichtman's (2013) generic theme analysis helpful, incorporating the Three C's of Data Analysis: Codes, Categories, and Concepts. The first step in this process was to fully engage with the transcripts. This meant reading and re reading in order for the data to speak for themselves and hence reduce researcher bias. Glaser & Strauss; Morrow & Smith (2000), refer to this as 'emergent design' and one that is most desirable in qualitative research (cited in Morrow, 2007).

Codes

May (2001) suggests that using a coding system enables a researcher to identify and describe patterns and themes which occur throughout the data. I undertook the coding by hand rather than using a computer programme. I did this because I found it easier to engage with data in a physical sense. The initial phase of coding resulted in going through each transcript of the four participants involved. Each transcript varied in length, with interviews ranging from 35 – 60 minutes. Key words, phrases, emotions that adolescents described in their relationship with others were given an alphabetical letter and an inventory was made on a separate piece of paper. A generic form of coding is one Saldana, (2009) suggests includes attribute and descriptive coding, as well as coding for patterns (cited in Lichtman, 2013). In some transcripts this involved large chunks of information being

coded, in others it was particular words that were coded. These words either described a certain relationship or attributed feelings and affect towards a relationship. Once all of the transcripts were coded I went back through the data adding codes until I felt this became saturated.

Categories emerged through related codes coming together. Some of the codes reflected practice-based responses that I was interested in reflecting upon. An example of this was coding when asking 'two questions in one' or coding when the use of silence in my counselling practice. Six categories resulted from utilising an iterative process, where codes were either merged together or made redundant. At this point in the research Lichtman (2013) suggests that it is common for the novice researcher to formulate multiple categories due to the impression that all data are important. As a researcher I interpreted what data were relevant to the research topic through the transcribing phase. Through my interpretation, therefore my constructionist lens, only data related to relationships were transcribed and analysed.

Taking time to re-read data and formulate categories and concepts was important in this research. This was an area I wanted to honour and not rush through. The time duration was a full week and each day I would go through data again making sure I had interpreted the essence of the adolescents responses as well as I could. Through redundancy and immersion six categories became four concepts.

CHAPTER FOUR - FINDINGS

The findings for this research came from adolescent responses to the relationship question in solution-focused brief therapy. Some of the relationship questions used for this research were:

What will Mum notice you doing differently when you are at a 5 on the scale rather than a 4? What will you notice Mum doing differently as a result of this?

What would you like your Mum and Dad to be able to say about you?

What would your parents notice you doing differently if you were happy?

I noticed that relationship questions encouraged adolescents to think in the future, to how they wanted their relationships to be with their parents. After listening to the transcripts I had written in my research journal that relationship questions encouraged adolescents to think about the 'best case scenario' on how their relationships could be. I felt my role as a counsellor was to facilitate the process of how this 'best case scenario' could become a reality for them in their relationships. Because solution-focused brief therapy is a behaviourist therapy, relationship questions then encourage adolescents to notice and act upon the behaviours that may be helpful in order to harness these relationships with their parents. This is further explained from excerpts in theme 1.

Introduction to Themes

The following component of this research is to introduce the reader to the four themes that have emerged from this research. These themes have been derived using anonymous

transcriptions of excerpts spoken by participants to provide rich descriptions of the emergent themes. Following on from the first three themes is an explanation of how the SRS (session rating scale)(appendix 2) was implemented and the findings of this.

The first three themes emerged in relation to the first research question, about how adolescents responded to my relationship questions, and what this came to highlight about adolescent relationships. The first theme explores adolescents' transitioning relationships with their parents. Within this theme the changing dynamics in communication and boundaries are highlighted and how unconditional love and support fit within these. The second theme is self-awareness and reciprocity. The data suggest that adolescents are self-aware of the effect their behaviour has upon others. The third theme emerging from the data looks towards adolescents' values and their ability to have caring, empathic relationships. The data reflects the concern adolescents have about the wellbeing of others, wanting things to be better for others than they were for themselves. These themes may suggest that when adolescents are treated with respect and curiosity they are able to demonstrate empathy and have awareness of the effect their behaviour has on others.

The fourth theme focuses upon practice-based issues and takes an in-depth look at how I ask relationship questions and the impact this has on the counselling session. The intention behind relationship questions are further explored. Originally interested in how I used relationship questions when client's say "I don't know", this theme demonstrates the emergence of broader learning in relation to my practice and how I use these questions.

Emerging Themes from the Data

Although all four students involved in the research came to counselling for differing reasons their responses to significant relationships in their lives contained similarities. These similarities became the emerging themes for this research. Below is a description of the emerging themes.

Theme 1: Transitioning Relationship with Parents

A predominant theme throughout this research was family and the transitioning relationships adolescents were having to navigate and negotiate. Family relationships were discussed in counselling in two ways. Firstly all students filled in the outcome rating scale (ORS) when they first arrived. As mentioned previously this measures how the student is feeling about family, school, myself and everything, on that particular day. Once students have rated these categories I then asked the student what would be helpful to talk about in counselling that day. This often started with family relationships. It was evident throughout the data that adolescence is a time of testing boundaries, negotiation and compromise. The complexity of this transitioning relationship centered upon the importance of having open communication with their parents, wanting their parents to listen to their point of view, seeking approval and support from their parents and asserting their independence through the current boundaries of their relationship.

Below are examples from the data of the open communication the adolescents have described as important in their relationships with their parents.

Counsellor: Would it be fair to say that you and your Mum and Dad have a fairly good relationship?

Student: Yeah we talk about everything. Well when something bad happens, like I mess up in school, well they're kind of the laid back parents, they are relaxed. When something bad happens at school they like to resolve it with me and talk about it.

Counsellor: You said that you were going to go and stay with your Dad for a little while. Can you tell me how your relationship with your Dad is at the moment?

Student: Dad is great. Dad thinks about things. It's easier to talk to him because he's more calmer and doesn't attach his emotions to things. I am way more open with him – I can say how it is to Dad. It's really cool that he's opening up to me also but he's struggling a bit at the moment and sometimes I just don't know how to react when he says things.

The below excerpt is an example of solution-focused therapy being a behaviourist therapy.

This means working with the client to understand what they are doing or want to be doing differently

Counsellor: Right, so Dad is telling you that he is finding things a bit hard at the moment. What do you do?

Student: I've been ringing him during the week to make sure he's all good. He's fine

The following excerpt are two different responses from students explaining the open communication they have with their parents:

Counsellor: It sounds like you have a really open relationship with your parents?

Student: Yeah cause Mum always told me when I was younger if you do something bad and don't tell me then I'm going to be angrier if I found out from someone that isn't you. So I've always just stuck to that. Yeah I tell her pretty much everything.

The other student replied with:

Student: Dads actually been really good about the whole thing. He said at least come and talk to me about it if you feel like doing it again. And I said ok.

Counsellor: Does that make things a bit different between you and Dad?

Student: I mean me and Dad probably have a closer relationship. He just is kind of always there you know.

All four students talked to varying degrees of open communication and transparency in their relationships with their parents. Although they felt they could talk openly with at least one of their parents the data reflected that it was just as important for the adolescents to feel listened to. Through these transitioning relationships, being listened to required negotiation from both sides. Some adolescents felt their parents were listening to them. This led to an increase in mutual respect in their transitioning relationship. Other adolescents felt they wanted to be heard more and their opinion taken seriously.

Counsellor: So, what do you think happens?

Student: Either she stops liking me or I mess up somewhere, I don't know. It's the moment where my mother gives me advice. I'm like 'Mum I don't need advice I can deal with this'. I try listening to her advice and it still doesn't work.

Evidence of the transitioning relationships are further explained by another student:

Counsellor: You said before that you think she is suspicious of you, can you explain this to me?

Student: Well she's, I don't know (pause). She's always said that I have to listen to her but that I can come to her with anything. So I've come to her and said 'hey mum maybe you could try this approach differently...'. I'm not trying to say that I know better or anything, I just know things that may work better with my brother. I don't feel like she listens to me.

The below excerpt further highlights the dilemma in this transitioning relationship. My intention of repeating what I have heard the client say is both in checking for clarity that I have heard them correctly, as well as trying to elicit as much information as I can so that the client hears themselves focus on some aspect of their relationship.

Counsellor: So if I'm hearing you right you want to be listened to and your opinion taken on board?

Student: Yeah because I feel like because of my age she doesn't take the majority of my comments seriously. When I go to her about things I've done wrong she just gets mad and punishes me instead of listening to me and hearing me out. Half the time I am asking for help but she just punishes me.

The theme of transitioning relationships also highlighted adolescents' desire for unconditional love and support from their parents. The data reflected that it really mattered to adolescents that their parents were proud of them, even though it was also reflected that adolescents wanted their independence within this supportive environment. This sometimes created tension within these relationships.

Counsellor: Has there been anything else that has been helpful in talking about your relationship with your parents?

Student: I suppose just being aware of letting my parents in a little bit, but not too much. Like I totally understand that I'm mums child and she wants to know what's going on, but I don't know everything that's going on in her life and there's somethings that I just want to keep to myself. Does that make sense?

Counsellor: Yes, so there are some things that are important to you that you don't want mum and dad to know about?

Student: Yeah, and it's like my problems, like none of my problems were influenced by them, this is like my stuff and my stuff to get over and I understand that they want to help and I can utilise them in the right ways.

In another example:

Counsellor: So your parents respect who you are?

Student: Yeah. I think I always focus on the bad things about my parents like they're strict. But now I kind of see why. I had two groups of friends last year. One group of friends wasn't so good and they all had parents like I had always wanted my parents to be like. These kids have all ended up doing drugs and drinking with their parents.

The excerpt below is an example of the way in which relationship questions work to elicit strengths. This student talks of how they would like their parents to respond and also one positive change they has made.

Counsellor: What would you like your mum and dad to be able to say about you?

Student: I don't know, like they're proud of me at school so far. They just seem to be focused on the bad things and they'll never say anything like 'hey you're progressing well in this area'.

Counsellor: So maybe if they could see some of the more positive things you have been doing?

Student: Yeah

Counsellor: What would you say were the positives?

Student: Um..... (long pause), um well the fact that I'm smoking a lot less. They know I was smoking a lot last year but I've cut back this year. Mum and Dad would be so upset if I kept smoking so I really don't want to.

Counsellor: So it really matters to you what Mum and Dad think?

Student: Yeah

Theme 2: Self-Awareness and Reciprocity in Adolescent Relationships

The data suggested that adolescence is a time of change in many of these participants' lives. Although some adolescents described feelings of vulnerability in certain situations a predominant theme was that adolescents in many circumstances showed self-awareness in their thoughts and actions and understood the consequences these had upon their relationships. There were varying accounts as to whether these consequences were positive or negative however there was consensus amongst all adolescents that they were aware of how their behaviour affected others. One example of this was the following excerpt where the participant remarked on the way they noticed changes due to the way they fronted up to a challenge:

Counsellor: What has changed since I saw you a week and a half ago?

Student: Well a lot of things have changed. I've faced some things in my life with those boys. It changed me.

Counsellor: How did you do that?

Student: I faced them in my own way. It's just being calm, it's just an internal thing that I've done. I can't describe it. I don't have time in my life for those dumb arses. I don't want to waste my time. I want to do something else, like go outside and play. I have tried to live by the motto 'have no fear do what you want to do because life is too short'. There's no room for fear, it takes away all the adventurous spirit inside of you. But at the same time there's a whole lot of things that get in the way, that block me. Our minds are such powerful things that we can't use them to our full potential because fear gets in the way.

In another example, a participant was able to describe their awareness of their affect on others:

Counsellor: Is it helpful for you to reflect on how your behaviour affects others?

Student: Yeah, well I know that I'm a bitch when I'm not in the right head space. Obviously there was a time when I thought I had lost a few of my friends. I treated them differently back then than I do now – that was a learning curve for me.

Counsellor: So what helped you realise this?

Student: Because I knew that it would pass, that I would go into a better head space. Um I just had to learn to satisfy what they needed, like they needed to be let in more so I just had to do that slightly, not too much though as that was not what I wanted.

In another example, when prompted to describe relationships when things are going well, the participant could articulate the reciprocal affect of interactions:

Counsellor: And you also mentioned that sometimes things are better. What does it look like when things are better in your family?

Student: Um, if I put Dad in a bad mood he's kind of in a bad mood for a couple of days. When he's not in a bad mood it's a good time.

Counsellor: Uh ha, so when Dad's in a good mood what is he doing?

Student: He's just kind of, I don't know. Like when you talk to him in a bad mood he's like 'yep' (in a deep voice) and in a good mood he's like 'oh yeah' (much higher voice)

Counsellor: Right so it's how he talks to you?

Student: Yeah

Counsellor: And what does that do for you?

Student: I guess it kind of puts me in a better mood as well. Like it's not just that he has moods, I know that it is caused by me because of the things I say.

These excerpts demonstrate that adolescents are aware of and understand the effect of reciprocity in their relationships. This may suggest that adolescents have the ability to be self-reflective on how their actions affect others and what behaviours they need to implement in order to have the relationships they strive for.

Theme 3: Empathy and Values

Western society's constructed view of adolescents may encompass words such as self-absorbed, self-centered and narcissistic. Although the previous theme highlighted adolescents feeling misunderstood or not listened to, the data also revealed adolescents' capacity to engage in empathic relationships. This may suggest that adolescents take interest and care about the wellbeing of others. The data suggested that often through their own experience they wanted events to have a better outcome for others than it was for them. This was evident often with younger siblings.

Counsellor: You said before that their relationship was starting to go in similar paths as to your relationship?

Student: Yeah, she's always been like that. I think she thinks me and my sister are the same age. She should be keeping an eye on her yet kind of neglects her. So I really want to be there for her because I don't want what happened to me to happen to her. But yeah my sister is doing great at the moment.

And, in a counselling session with another client:

Counsellor: So if I'm hearing you right talking to him and asking him if everything is alright is a better way to go about it?

Student: Yeah. I don't think he needs a punishment because he already thinks he is a bad person. He just needs to be asked 'hey are you okay' and to be told to stop hanging out with these people. I've already told him not to hang out with them. The difference between me and him is that we have both done dumb things but if I really don't want to do something I won't do it, whereas because he is younger he can get peer pressured into doing things. I feel sorry for him and it worries me.

Although adolescence can be a time of conflictual decision making the data suggested that values and acting on these values are important for adolescents. This may suggest that adolescents are seeking that independence to be able to stand upon their values and be taken seriously.

Counsellor: I can hear from you talking that holding onto your values is very important to you?

Student: Yeah, I don't prejudge them. Yeah I see Muslims and everyone blames them for 9/11. That's not their religion, it's some guy that's misjudged things. I don't judge them for that. The past is the past.

Counsellor: So how have you managed to overcome some of that resentment you talk about?

Student: What she put me through will always be there and I will always remember that. She does love me and she was going through a hard time so I just always try to keep that in mind when it was happening that she was sad and stuff. It's in the past for her and she's extremely embarrassed about it. For me that's okay. I've got stuff that I don't want to talk about. It's in the past and it's okay.

These two excerpts appear to demonstrate that being true to their own values is important.

I found this to be the case for all of the participants, they often had to stand up for what

they felt was right, often resulting in conflict within their relationships. Through the

counselling process I was often surprised by their self-awareness in holding onto their

values and advocating for themselves. I think this surprised me because as an adolescent I

do not think I was as self-aware and confident in acting upon my values. However, I also did not have access to a solution-focused counsellor who was interested in reflecting on my values and how these were important to me in my relationships. This has made me wonder whether it is the way I am asking the questions that enable adolescents to talk in this way?

The position of naïve enquirer on the counsellor's behalf encourages adolescents to describe their relationships/issues/strengths using their own language and with the understanding that they (the adolescents) are the experts in their own life. There can be a struggle in taking the counsellor position of 'not knowing' and I acknowledge it can be difficult not to give advice to adolescents. However, this research has highlighted to me the importance of active listening and allowing adolescents time to find their own language and voice in describing what is important for them. The language and self-reflection described in the excerpts above may suggest that asking relationships questions can be an empowering process for adolescents. If adolescents are encouraged to advocate for themselves, show empathy in their relationships and display behaviours of reciprocity then this may help shift the constructed stereotypical image of adolescence in society.

On the final interview I asked students to complete the SRS (session rating form)(appendix 2). I was hoping these forms would add to the data on the participants' experience of being asked relationship questions in solution-focused brief therapy. The SRS form is discussed under the limitation section, however my intention was to implement the participants' answers within the above themes. I found this a difficult fit within the themes and I didn't want the context to be lost from what the participants had written. The data from the SRS

are however complimentary to how adolescents experience solution-focused brief therapy and their ability to be self-reflective in a safe environment. The three answers received from the SRS (one student left the question blank) were:

'Helps me to evaluate myself'

'When I started this research I was in a bad head space so how I viewed myself would have been different to how I see myself now'

'It helped me to realise that the real me is the one I need to show to everyone'

The final theme shifts the focus of my research and takes an in-depth look at my practice and the intention and context to which I ask relationship questions. I was interested to know what relationship questions do in the context of counselling adolescents.

Theme 4 – Counsellor's Intention when Asking Relationship Questions

This theme was focused on a reflective look into how I was asking relationship questions in solution-focused brief therapy. Was I being truly solution-focused in my approach to these questions? De Jong & Berg (2013) state *"relationship questions are used in solution building to invite clients to construct descriptions of interactional events as well as their meanings"* (pg 49). My intention in using relationship questions was very similar to De Jong & Berg's as I was interested to understand adolescents' descriptions of their interactions with significant others. I was also interested to know what adolescents (if anything) took away from these interactions. Below are a few of the ways I used relationship questions to elicit these descriptions within this research.

"What does it look like when things are better in your family?"

“So when Dad is in a good mood, what is he doing?” “What are you doing in return?”

“What do you think has changed with you and your Mum’s relationship?”

“How have you managed to get over some of that resentment you have talked about towards your Mum?” “What would your Mum say about you now?”

Upon reflection I noticed that as my research progressed my intention behind how I asked relationship questions changed. I noticed that there was a shift in intention from using relationship questions to understand interactional events to the intention of using relationship questions to elicit strengths about the adolescent. An example of this is:

“What do your friends like in you in order for them to come and tell you about their problems?”

“What do you think she would say about your personality?”

“What did the teachers see in you in order to pick you for the job?”

“What would you like to show them or tell them about yourself?”

“It sounds like you have lots of friends. What does that tell you about yourself?”

I can conclude that this is due to my personal discourse that presumes that it is important for adolescents to have a knowledge of their strengths. This may inform my practice that I am drawn to a strength-based approach which is both an inherent quality in solution-focused brief therapy and in person centered therapy. Although all of these theoretical orientations have similar underpinnings it is important for my counselling to understand how and when I use the different techniques of strengths-based, person centered and solution-focused. It is important to acknowledge the way I utilised relationship questions for this research, as this wasn’t always a true solution-focused way.

Another unexpected finding from reflecting upon my practice was the different ways I posed a relationship question and the affect this had on participant's responses. When I commenced this research, I was interested in the tendency of students to answer my solution-focused inquiries with the response 'I don't know'.

Counsellor: What would you like to be able to say to her?

Student: I don't know. I just want to hang out with her

Counsellor: If you did know what to say to her what would that be?

Student: I would ask her if she had been gaming lately

Counsellor: What would Mum say about you now?

Student: I don't know. Sometimes I think she wants to think that she didn't have a problem.

Counsellor: What would you like her to know about you?

Student: I don't know. I kind of wish she would know a lot about me.

Counsellor: What would you tell her that you enjoyed doing?

Student: I don't know. I'd probably tell her, I don't know. I think she thinks I'm this popular girl.

I thought, at the outset that I might understand this response by considering adolescent brain development. However once I started engaging with the data it became apparent that the way I asked the question before adolescents replied was important. First, I noticed that if I changed from a broad question to one that was more specific, students were more able to respond with a comment that would be helpful for them to move ahead. For example:

Counsellor: What helps with that?

Student: I don't know. I've tried a lot

I then proceeded to narrow the question down

Counsellor: Okay. What helps with it that you have tried?

Student: I've tried relaxing

In solution-focused brief counselling, this reference to relaxing allows for the counsellor and client to amplify ways in which the client might do more of this. In another example I note the ways in which a client makes decisions is able to be amplified when I ask a specific question.

Counsellor: So how are some of the decisions you are making?

Student: I don't know, I guess they are better

Again I have tried to narrow down a confusing question

Counsellor: Tell me about a decision you have made today that has worked out well for you

Student: Well I haven't left the school grounds at break today.

This example also reflects the solution-focused brief therapy principle of having belief in our clients that they will create change in their lives.

Second, I noted that when I asked double barrelled questions students often responded with 'I don't know'. For example:

Counsellor: Can you see anyway that things could be a bit better in the group? What are the things that could work?

Student: Ah I don't know

Counsellor: How can you overcome some of your fear that can help you in your relationship? What is something practical that you can be doing?

Student: I don't know

Counsellor: What would you like Mum to know or what would you like to be able to say to Mum?

Student: I don't know

Third, I noticed that sometimes I did not allow students sufficient time to respond to my questions. Through taking this interpretive analysis I came to understand that adolescents may answer with 'I don't know' because they may be thinking, however given time (and when I do not fill the space with another question) adolescents often do know.

An example:

Counsellor: What would you like her response to be?

Student: I don't know (long pause). Maybe just to believe me when I say I know things

Counsellor: What would you like him to say?

Student: I don't know (long pause). I would like him to say sorry and acknowledge he's messed with my social status.

These data allowed me to consider the way in which I was using solution-focused relationship questions and to notice that this had the potential to enhance or limit the ability of my participants to gain self-direction during our session. A position to avoid would be for the counsellor role to be viewed as a parental role, one where the adolescent feels talked over and not listened to. Given respect and time data may suggest that adolescents 'do know'. If adolescents were empowered to reflect on and voice their opinion and were actively listened to, this may have a positive contributing role in their transitioning relationships in life. It also may contribute to how adolescents are stereotypically viewed by society.

CHAPTER FIVE - DISCUSSION

The aim of this practice-based research was to capture the responses of adolescents to relationship questions in solution-focused brief therapy. This was achieved through four voluntary adolescents participating in counselling sessions that were audio taped, transcribed and analysed. Much the same way as Liu & Eckert (2014) described adolescence by chronological age, this research focused on adolescents aged 16 years and over. As the literature suggested adolescence is a time for exploration, navigation, renegotiation and experimentation (Sylvester, 2006; Peper, Koolschijn & Crone, 2013; Erikson, 1968). Adolescents in this study presented to counselling in order to talk and help find a sense of clarity in their journey through adolescence.

Although I was interested in exploring whether the solution-focused intention of using relationship questions to help clients gain some personal meaning from interactional events was realised, my main focus was on the ways that adolescents experienced my use of these questions. For this reason, I focused my data analysis on segments of counselling interviews where I was in conversation with the client about their relationships.

As well as these conversations I also used the SRS forms during the final interview. The answers to the SRS were varied and may suggest that adolescents are capable of self-reflection and understand reciprocity in relationships. It also may suggest that reflecting on how others perceive the adolescents, may have a positive effect on how adolescents

perceive themselves. Adolescents' self-awareness and confidence may develop through their relationships with others.

Relationships with Parents

A major theme within the data was the relationships adolescents had with their parents. Three of the four participants lived with both of their parents, and one participant shared time between both parents. As the literature suggested (Laursen, et al, 1998) the peak in parent-adolescent conflict is during middle adolescence (15-17yrs). The literature also suggested (although limited) that conflict usually occurred between mother-daughter dyads (Smetana et al, 2006). The female participants in this study spoke of their transitioning relationships being less conflictual with their father than their mother. Conflict however is difficult to define and looking through a social constructionist lens means different things to each individual. Through the solution-focused brief therapy approach of being future-focused, counselling offered participants a chance to explore what they would like to see different within their relationships with their parents.

All of the participants talked of wanting to have open communication with their parents and their opinions taken seriously. Open communication for the participants meant they could talk with their parents about current issues and dilemmas they were facing, without their parents talking over them or disciplining them for their actions. Being listened to was extremely important for the participants of this study. The findings from this research may suggest adolescence is a shift in time, from parental control and decision making, to one

where adolescents are striving to impart their views and contribute to society. This sense of being heard and having their opinions respected corresponds to the literature on adolescence as a time for establishing their personal identity and navigating new roles (Cowling, 1997; Steinburg & Cauffman, 1996; Perkins, 2007). Erikson (1968) refers to role exploration as necessary in establishing a coherent sense of identity and direction for where they are heading. As the data suggest, role experimentation can bring conflict within the family dynamics if boundaries are fixed rather than fluid.

The literature suggested that family communication was significantly influenced by different parental styles. Those which encouraged joint decision making often resulted in adolescents displaying better adjustment skills and less deviant behaviour (Dornbusch et al. 1990; Smetana et al. 2004a; Dowdy & Kliewer 1998; Fuligni & Eccles, 1993; Lamborn et al. 1996). The data in my research suggested that participants who felt they could talk openly to their parents respected their parents' opinion, which in turn helped with their ability to make informed decisions.

The contradictory element however, which also highlights the importance of negotiation, is that participants also spoke of the importance of boundaries and knowing where the line was with their parents. Adolescents expressed their desire for boundaries, however wanted these to be fluid in order to meet their changing needs. Being misunderstood, nor listened to, were often topics for counselling. This often transpired from parental boundaries that were fixed from the onset of early adolescence and (according to my clients) hadn't evolved with the adolescents.

Adolescents spoke of not wanting to be 'friends' with their parents but wanting their parents' unconditional love and support. This finding of the clients' need for parental unconditional love and support is interesting and shows disparity with the literature that states that key relationships in adolescence are within their peer group (Liu & Eckert, 2004; Smetana, 2004a). Although adolescents spoke of 'hanging out' with friends as important, it was evident through the data that having unconditional support from parents was desired from participants in order to navigate their way through adolescence. Tension and conflict occurred in these relationships when adolescents' felt unsupported and misunderstood. By asking adolescents relationship questions, I was able to give the clients the opportunity to explore the ways in which their relationship with their parents addressed their needs.

The suggestion from the data that unconditional love and support is important for adolescents may also suggest that adolescents care and are affected by how they are perceived by family and society. The finding from the data that adolescents are self-aware and understand reciprocity in relationships is somewhat contrasting with the literature that suggests that adolescents are narcissistic in nature (Riley, 1999; Cowling, 1997; Crone, 2013). Riley (1999) suggested that adolescents struggle entering into the viewpoint of others with empathy. Although (due to limited number of participants), this research cannot be generalized to adolescence as a whole, the data suggest that (when given the opportunity to express their views) adolescents can understand the consequences of their actions and have the capacity to put themselves 'in other people's shoes'. The data suggested that adolescents were capable of showing empathy within their relationships and cared about how others were treated. This was especially evident when younger siblings

were involved. Often adolescents wanted situations to turn out better for their siblings than they had for themselves and were aware of the affects of their actions in making this happen.

Adolescent Brain Development

The literature on adolescent brain development suggests that by middle adolescence (15-17yrs) the adolescent brain has the ability for abstract thinking and introspection (Cowling, 1997; Crone, 2013; McAnarney, 2008 & Peper & Dahl, 2013). Participants in this research were capable of reflecting upon their actions and were goal orientated for future change. Crone (2013) suggests that adolescents' default system is to remain self-centered and narcissistic. The data from this research, however, did not show any reference to correspond to this suggestion. It may be that the solution-focused questions used in this research enabled an alternative to self-centredness to emerge. Given that the intention of these questions is to allow the counsellor to demonstrate genuine, inherent belief in the ability of the client to make good choices and achieve goals in a respectful, empowering environment, clients may access positive assets and resources. This process may allow and encourage adolescents to reflect on how their behaviour affects others and may gain a sense of identity of their place in the world.

The literature suggests that the orbito-frontal cortex in the adolescent brain structure goes through major restructuring during the adolescence period (Peper & Dahl, 2013; Mikaere-Wallis, 2015; McAnarney, 2008, Crone, 2008 & Smetana et al, 2006). Some researchers (Mikaere-Wallis, 2015) suggest the frontal cortex 'closes for maintenance' through adolescence whilst others suggest that this restructuring phase is gradual, with maturation

occurring in early adulthood (Keating, 2004; Spear, 2000). The literature suggests that the consequence of this restructuring of the pre-frontal cortex reduces adolescents' ability to regulate emotion, social awareness and behaviour and also to show empathy. The data from this research, however, suggest that when adolescents, whose pre-frontal cortex may not be fully matured, are invited to consider their interactions with others, they can display levels of empathy, social awareness and self-awareness in their actions and behaviours.

These findings however, cannot be generalised to adolescence in general. Gender needs to be considered. As the literature suggests that females reach their full adult brain between 18-24yrs and males 24-32 years (Mikaere-Walllis, 2015), the fact that 3 of the 4 participants were female needs to be considered. Furthermore, in accordance with the suggestion by Cauffman & Steinburg that caution should be applied when analysing adolescents' ability purely from a cognitive view point, the findings from this research must be viewed holistically, with adolescent brain development only one part of the interlocking chain that contributes to the adolescence period.

Working within an Ecosystem Model and Helping Adolescents Gain a Sense of Agency

The literature (Kemenoff, 2009 cited in Barr & Sandor, 2010) stressed the importance of working within an 'ecosystem model' with adolescents. Working within an ecological model complimented responses to the relationship question through identifying the clients' wider social and family system and bringing in significant others to therapy. The literature also suggested (Hanton, 2011; Sklare, 1997; Mikaere-Willies, 2015) that painting pictures for

adolescents was helpful for behaviour change. Utilising both the relationship question within the ecological model seemed helpful for adolescents in order to picture their fit within their family structure and the ripple effect that their behaviour has on others. This was achieved by the adolescents drawing circles on the white board depicting who was in their family/friend circle and where they placed themselves. Painting pictures of adolescent relationships and connections also corresponds to the solution-focused brief therapy purpose of relationship questions to bring significant others into therapy. The hope of incorporating this in therapy conversations, is that adolescents gain a sense of agency in their relationships and start to believe that they are the 'expert in their life' (De Jong & Berg, 2013).

Furthermore, with reference to the potential of relationship questions to encourage client agency, I now have a clearer understanding that I was drawn to relationship questions because, in my view, they are questions that can elicit strengths in individuals. Although eliciting strengths is one component of relationship questions, the underlying intentions are to gain a better understanding of interactional context and events and to understand significant others in the clients' life. I have taken an integrated approach to therapy and incorporated person centered, ecological and strengths-based practice into my framework of solution-focused brief therapy. Through this integrated framework this research has been able to take an in depth look at the challenges adolescents' face in navigating the ever changing boundaries of relationships.

Implications for Practice

Undertaking this in-depth case study has given me the opportunity to explore with adolescents the transitioning relationships that seemingly go hand and hand with adolescence. The main focus of this research was to gain a better understanding of how adolescents respond to relationship questions in solution focused brief therapy. In hindsight I underestimated the complexity of adolescent relationships. I was surprised by the data showing parental relationships as the most influential issues participants discussed in counselling. The implications this has upon my practice is a greater awareness that I may have taken a stereotypical view of adolescents and assumed that peers were the most influential in relationships. Through participants' willingness to enter into a counselling relationship (which can bring within itself vulnerabilities) my practice has been informed as to the constant negotiation and communication that is required in an evolving adolescent relationship.

It is hoped this research adds to the limited evidence based practice in New Zealand of solution-focused brief therapy with adolescents. My intention was to capture the responses of adolescents, however being truthful to my strengths-based practice, I hope that adolescents are captured as strong, resourceful and caring individuals in our society. My practice has been informed by adolescents' ability to be reflective in their responses upon their thoughts and actions. This research has taught me that as a society we can honour adolescents by listening and acknowledging the contributions they make. The solution-focused brief therapy practitioner skills of active listening and believing in the clients' ability

for change seem to work well in order to achieve this. I hope this research reflects their voices, which are asking to be taken seriously.

Creating a therapeutic environment was an important aspect of this research. Although I was interested in adolescent relationships I was also mindful of the impact of the counsellor/participant relationship. Creating a person centered, trusting relationship is important in my counselling practice and I strive to make clients feel at ease. This informs my practice that I am also a person centered therapist who values relationship building as part of the therapeutic process. Acknowledging and understanding that I take an integrated approach to my counselling helps bring clarity and focus to my practice.

Understanding that creating a therapeutic relationship is important in my counselling may be conducive to adolescent development from an adolescent brain perspective. It is suggested (Sylvester, 2006) that when counselling is non-threatening and client led this may encourage adolescents to engage the brains cortical system which encourages reflective, problem solving skills. The implications that I take from this knowledge into my practice, is the importance of creating a calm, non-threatening environment where adolescents feel listened to and not rushed. Understanding the adolescent brain encourages me as a practitioner to use silence more, in order for adolescents to engage their frontal lobes. It is hoped this in turn creates a non- threatening counselling environment that encourages reflective, problem solving skills to develop.

Taking a solution-focused brief therapy approach with adolescents encourages them to explore what has worked well for them in the past and apply this knowledge for future change. Through audio recording and transcribing interviews I have been able to take an in-depth, reflective look into my solution-focused brief therapy practice. This has allowed me to acknowledge what is working well in my practice and do more of this. It has also highlighted areas of confusion and has made me question my ulterior motives and assumptions. Through this experience I feel more confident and competent in my solution-focused brief therapy counselling and also in the integrated approach I take in my counselling practice. For reflective, competent practice, recording counselling sessions is encouraged for all practitioners. This research has highlighted the benefits of recording sessions (with clients' permission). In order to strive for best practice techniques I will endeavour to continue to incorporate recording into my counselling practice.

Limitations of Research

It is important to highlight the limitations of this study in order to maximise the trustworthiness for the reader. Time constraints became an issue when combining the research within my normal counselling practice. When interviewing the first student I found I didn't allow myself time to write in my research journal after the initial session – I went straight into seeing another student. When it came to listening to the audio I found I had lost some of the experience due to inadequate journal notes. I rectified this with the other three students by allowing time after the interviews to write in my research journal. In order to honour the participants of this research I found I needed to allow more time after the interview process to write reflective journal notes.

An important aspect of this research was to capture the responses and meanings adolescents give to their relationships. The research endeavoured to achieve this through taking a social constructionist stance. Although as a counsellor I was mindful of using the participants' words when clarifying what they had said, I also noticed that I utilised words formed from my own social construction. The effect of this is that the words have different meaning to the participants than they do to myself, therefore meaning can be lost in translation. I noticed through listening to the audio recording that participants would agree with my clarification of their words even if I had captured it differently. Considerations need to be taken into account of both the power differentiation between counsellor and client and researcher and participant and also researcher bias.

Although I endeavoured to work reflexively and be reflective upon my thoughts and actions, researcher bias needs to be taken into consideration. I conducted the analysis on my own therefore the reliability of the findings is difficult to assess. Throughout the research process I met with my clinical supervisor fortnightly who both encouraged and challenged me in my journey through this research process. I also met with my academic supervisors sporadically who would further challenge my assumptions. For this research, acknowledging that through my own personal discourse that researcher bias exists, goes some way to identifying and reducing this bias.

The implementation of the session rating scale (SRS) was not as informative as I had hoped. These forms were given to participants on their last interview in order to capture how they felt about relationship questions in solution-focused brief therapy. Firstly I have never felt comfortable asking clients to fill in these forms. My uncomfortableness comes from my assumption that clients feel uncomfortable having to rate the effectiveness of the counsellor in front of the counsellor. Because of this I may not have explained the intention of the SRS forms sufficiently to the participants. Secondly in hindsight, I should have asked participants to fill in an SRS form at the end of each session. I wondered that by giving these forms at the end of the interview process they had forgotten what relationship questions were. I also need to be mindful that as the research evolved so did my questioning around relationship questions. This confusion may suggest why only three out of the four participants filled in the question on the relationship question. Should other researchers conduct a similar study, I would suggest that it would be useful to incorporate the SRS in all sessions.

Due to the small number of participants for this study the data cannot reflect or be generalized to adolescents in general. The inability to generalise is especially evident in the counselling environment in the eclectic range of issues adolescents bring to discuss. It is hoped that this research provides a challenge to the western society stereotype that all adolescents fit into the same box, as we as a society will miss the enthusiasm and potential that adolescents have. This research is however only a glimpse into adolescent awareness and their reality in this point of time.

Future Research

Whilst undertaking this research it became evident that there is limited evidence-based research in solution-focused brief therapy, particularly that involving adolescents. Further, the research highlights a need for practice-based research with adolescents to be conducted to explore whether solution-focused brief therapy is an effective therapeutic modality when working with adolescents. In order to generalize the findings from this research, future research with a larger participant base, mixed ethnicities and gender would be beneficial. Capturing responses from a larger participant group may help validate the impact relationships have upon adolescents in today's society.

Conclusion

The solution-focused brief therapy approach was utilised in order to capture this holistic look into adolescent relationships. Through utilising key principles of scaling and exception questions the research was able to highlight for the participants when relationships may have been better in their life and what they were doing, or wanted to be doing, to achieve this again. While this research started with the focus on adolescent responses to the relationship question in solution-focused therapy, through interpretation of data and reflection upon my practice I recognised that the focus was more on the importance of relationships for adolescents. So, by asking solution-focused relationship questions, I found that clients were able to notice the affect relationships had on them and that they were aware of the reciprocal impact of different behaviours on these relationships. This supports the solution-focused principle that the client is the expert in their life. Further, clients are

able to reflect on their actions when encouraged in a therapeutic environment that is co-constructive, transparent, non-threatening, non-judgemental and future-focused. The partnership approach of solution-focused brief therapy could be seen to benefit adolescents who are navigating their way through adolescence and finding their fit within their own ecosystem.

It is hoped that this research has enabled a small group of adolescents to use their voices to capture the complexities of their relationships as they navigate their way through adolescence. Further, I hope this research can in some way inform practice-based evidence about the merits of working with adolescent relationships in solution-focused brief therapy.

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APPENDIX A

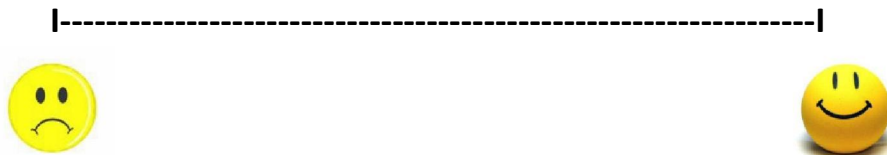
Adapted Outcome Rating Scale

Name (first name only): _____

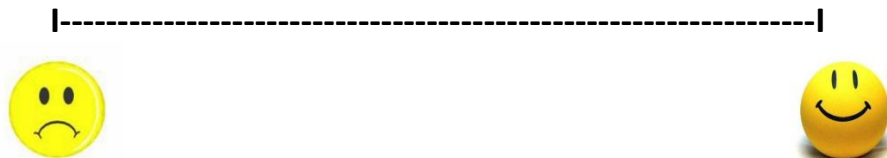
Date of Interview: _____

It would be great if you could let me know how things are going for you right now by rating the below aspects. Can you place a mark on the line for where you are today.

Me
(How Am I Doing?)



Family
(How Are Things In My Family?)



School
(How Am I Doing At School)



Everything
(How Is Everything Going?)



Adapted from rating scale of the Institute for the Study of Therapeutic Change
www.talkingcure.com © 2002, Scott D. Miller, Barry L. Duncan, & Lynn Johnson

APPENDIX B
Counselling Session Rating Scale (SRS)

Name (first name only): _____



Date of Interview: _____

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

Listening

Did not always listen to me Listened



|-----|

How Important Was What We Talked About Today

Not really Important Really Important



|-----|

How Helpful Was The Relationship Question 'What Others Would Notice Different About You'

Not Helpful Helpful

|-----|

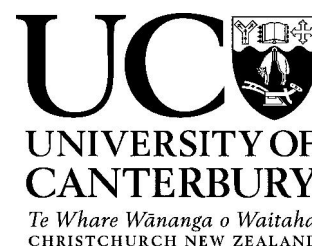
Could You Let Me Know How This Question Was Helpful/Unhelpful

Adapted from rating scale of the Institute for the Study of Therapeutic Change

APPENDIX C

Telephone: (03) 9821690

17th September 2015



Adolescent responses to relationship questions in solution-focused brief therapy

Dear

As previously discussed with you, I would like to work with a maximum of five students from your school as participants in a research project on adolescent responses to relationship questions in solution-focused brief therapy. This project is a requirement of a Master in Counselling qualification at Canterbury University. In my solution-focused counselling with adolescents I have become interested in the relationship question and utilising the students' support system as a catalyst for behaviour change. I am interested in understanding the students' perceptions of reciprocity, that being, the effect that their behaviour change may have on others.

Students who consent to participating in this study will be asked to undertake the following:

- Written consent at the beginning of each counselling session. This will give their continual consent to being a participant of the research process.
- Undertake an outcome rating scale (ORS) before the counselling session and a session rating scale (SRS) upon completion of the counselling session. I will add a column to the SRS form to document their experience of the relationship question. I utilise these forms within all of my counselling sessions (attached).
- Take part in a regular counselling session (a maximum of 5), once a week, during school hours. Exact time will be decided in collaboration with the student. Within these counselling sessions a relationship question will be asked. These sessions will be audio recorded and subsequently transcribed.

Please note that participation in this study is voluntary and that this research cannot commence until the student gives their informed consent to participate. If a student chooses to participate, he/she has the right to withdraw from the study at any time without penalty. You as the Principal of the school also have the right to withdraw your consent for this study to continue.

I will take particular care to ensure the confidentiality of all data gathered for this study. I will also take care to ensure student's anonymity in presentations and publications of the findings. Anonymity of both the school and the participants is assured as I will systematically use pseudonyms to identify the school and the individuals. Audio recordings will be transcribed and analysed by me, and will be kept on a password protected USB. It may be necessary for my primary research supervisor Judi Miller, and/or my clinical supervisor Jim Strang to view some recordings for supervision purposes. All data will be securely stored in password protected facilities and locked storage at my home for 5 years following the study as required by the College of Education. It will be then be destroyed.

The results of this research will be submitted to my primary and secondary supervisors and may also be reported nationally at conferences and in journals. You and the participants will receive a report on the study.

If you have any questions about the study at any stage please contact me or my supervisor (details above). This project has received ethical approval from the University of Canterbury Human Ethics Committee. If you have any concerns or complaints about the study you may contact in the first instance my primary supervisor Associate Professor Judi Miller (judi.miller@canterbury.ac.nz) or the Chair of the University of Canterbury Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree for students to participate in this study please complete the attached consent form.

I am looking forward to working with your students and thank you in advance for your support with this research project.

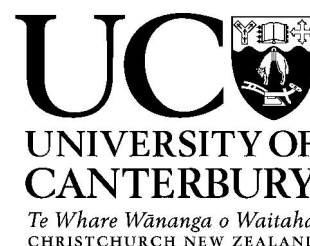
Kate Shanks

Researcher

APPENDIX D

Telephone: 9821690 ext 716

10th September 2015



A counsellor's reflection on the use of the relationship question in solution-focused brief therapy with adolescents.

Consent Form for School Principal

I have read the information sheet regarding this project and have been given the opportunity to contact the researcher personally should I have any further questions.

I understand that the student's participation is voluntary.

I understand that in giving permission for students to take part, I acknowledge that the researcher will not be required to share any details of the counselling sessions with me or other members of school staff, unless she is concerned about a student's safety. The researcher will invite students to talk with their parents about their experiences, but the student's rights to privacy will be respected.

I understand that any audio taken, information or opinions the student's provide will be kept confidential to the researcher, her clinical, primary and/or secondary supervisors and that any published or reported results will not identify any student or the school.

I understand that all data collected for this study will be kept in locked and secure facilities at the researcher's home and will be destroyed after 5 years.

I understand that students will receive a brief report on the finding of the study and the student may/may not wish to share that report with either myself or other members of the school community.

I understand that if I require further information, I can contact the researcher, Kate Shanks. If I have any concerns or complaints in the first instance I can contact either Associate Professor Judi Miller, primary supervisor of the research (judi.miller@canterbury.ac.nz), or the Chair of the University of Canterbury Educational Research Huma Ethics Committee.

By signing below, I agree to allow students to participate in this research project.

Name: _____

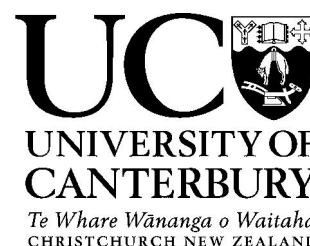
Date: _____

Signature: _____

APPENDIX E

Telephone: (03) 9821690 ext 716

17th August 2015



A counsellor's reflection on the use of the relationship question in solution-focused brief therapy with adolescents.

Information Sheet for Participants

My name is Kate Shanks and I am your schools Guidance Counsellor. I am also a Master of Counselling student at the University of Canterbury. As part of my Masters course I am required to complete a research project. In my counselling work with adolescents I have become interested in relationships and the impact relationships have on behaviour change and the actions we take.

I would like to invite you to participate in my study. If you agree to take part you will be asked to do the following:

- Take part in regular counselling sessions (a maximum of 5), once a week, during school hours. Together we will determine the best time for these to occur. These sessions will be 30 – 50 minute durations. These sessions will be audio recorded.
- Undertake an Outcome Rating Scale (ORS) at the beginning of the counselling session in which you will be asked to rate on a scale how you are going, how home is, how school is and overall how things are going for you. You will also be asked to undertake a Session Rating Scale (SRS) at the conclusion of the research. This will ask you again to rate on a scale the content of counselling and how relevant it was to you. I will also ask you to rate the helpfulness of the relationship question.
- Read and sign a consent form at the beginning of each counselling session which gives your consent for continual participation of this research.

Please note that participation in this study is voluntary therefore participation is not a prerequisite for counselling. If you do participate, you have the right to withdraw from the study at any time without penalty. I will do my best to remove any information relating to you, providing this is practically achievable.

The school has not required me to seek your parents' permission for you to take part in this study, but I invite you to tell them about it, and share your experiences with them. Should your parents have any concerns, they are welcome to contact me, but no personal details will be shared with them, without prior discussion with you.

I will take particular care to ensure the confidentiality of all data gathered for this study. I will also take care to ensure your anonymity in presentations and publications of the findings. Audio recordings will be transcribed and analysed by me, and will be kept on a password protected USB. It may be necessary for my primary research supervisor Judi Miller, secondary supervisor, Shane Barracough, and/or my clinical supervisor Jim Strang to listen to some audio recordings for supervision purposes. They are however bound by the Code of Ethics of confidentiality. All of the data will be securely stored in password protected facilities and locked storage at my home for 5 years following the study. It will then be destroyed.

What is discussed in our counselling sessions generally remains confidential between you and me. The reason I would need to break confidentiality is if I become concerned about your safety or those around you. Breaking confidentiality means I may have to inform the Head of Pastoral Team, possibly your parents and/or my clinical supervisor. I would always discuss this with you first however.

The results of this research may be used to provide others in helping professions with strategies to work effectively with adolescents within solution-focused brief therapy. The results will be submitted to my primary and secondary supervisors and may also be reported nationally at conferences and in journals. You will be notified at the end of the study about how to access the results that get published via the UC library database (your participation will still be anonymous).

If you have any questions or concerns about the study at any stage please contact me (details above) or my primary supervisor Associate Professor Judi Miller (judi.miller@canterbury.ac.nz) or Guy Adams on ga@cathcollege.school.nz. This project has received ethical approval from the University of Canterbury Human Ethics Committee. If you have any complaints about the study you may contact the Chair of the University of Canterbury Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in this study please complete the attached consent form and return it to Guy (counsellor) by Monday 31st August, 2015.

Thank you for considering participating in this research.

Kate Shanks

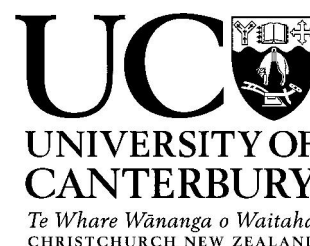
Researcher

APPENDIX F

Kate Shanks

University of Canterbury

Telephone: (03) 9281690 ext 716



Consent Form for Students

A counsellor's reflection on the use of the relationship question in solution-focused brief therapy with adolescents.

(Please tick each box)

- I have read the information sheet and understand what will be required of me if I participate in this project
- I understand that the counselling sessions will be audio-taped
- I have read the information letter and understand that all information collected will be accessed by the researcher and maybe seen by her clinical supervisor. They are however bound by the Code of Ethics of confidentiality. All data will be kept confidential and secure
- I understand that neither I, nor my school, will be identified in any presentations or publications that draw on this research
- I understand that my participation is voluntary and I may choose to withdraw at any time. If I choose to withdraw this will not affect my ability to access counselling.
- I understand that I can receive a report on the findings of the study. I have written my email address below for the report to be sent to
- I do not want a copy of the results sent to me
- I understand that I can get more information about this project from the researcher, and that I can contact the University of Canterbury Ethics Committee if I have any complaints about this research
- I agree to participate in this research project however understand that I will be asked for my continual consent at each counselling session

Full Name (student)

Signature _____ Date _____

Email Address for report _____

APPENDIX G

Kate Shanks

University of Canterbury

Telephone: (03) 9821690 ext 716



A counsellor's reflection on the use of the relationship question in solution-focused brief therapy with adolescents

Continual Consent to Participate in Research

I continue to give my informed consent to be a participant in the above research. I understand that I am able to withdraw my consent at any time. This will not affect any ongoing counselling requirements.

Signed (participant)

Signed (researcher)

Date

APPENDIX H

WOULD YOU LIKE TO BE A PARTICIPANT IN A COUNSELLING RESEARCH PROJECT?

Yes / No / Maybe?

Kate Shanks is completing her Masters in Counselling and is interested in exploring how students use relationship questions that she may ask them during counselling.

She would like 3-5 students aged 16 years and over to volunteer to be a part of this research.

If you are interested in taking part in this research you would need to be willing to engage in 3-5 counselling sessions. Please see the information sheet for further details.

The content of these counselling sessions will be the same as all counselling sessions. We will discuss any concerns/issues that you may be experiencing. I will also be interested in your relationships (ie) whanau, friends, teacher and the impact these relationships may have upon changes in your actions and behaviour.

If you would like to find out a bit more about this research then please see Kate or Guy in the counsellors office. Kate can also be contacted via email:. Your HOH's also have information sheets. Information sheets will also be outside the counselling/nurses office.





HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2015/116

28 September 2015

Kate Shanks
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Kate

The Human Ethics Committee advises that your research proposal "A counsellor's reflection on the use of the relationship question in solution-focused brief therapy with adolescents" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 24 September 2015.

Best wishes for your project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. MacDonald'.

Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee

