

'Less Talk, More Action; The integration of small figures in a solution-focused counselling practice with children.'

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ABSTRACT

This thesis seeks to examine how the integration of play, small toys specifically, and the use of solution-focused brief therapy techniques can affect the outcomes for primary school aged children undergoing counselling. The setting is a counselling agency in Christchurch, New Zealand.

A qualitative research approach is used and the data analysed using a narrative inquiry approach. The context of this study is the counselling service of an agency where young children, adolescents and their families are helped and supported through a variety of life issues. The counselling the participants are offered uses a combination of a solution-focused and play therapy where the purpose is to encourage clients to find exceptions to their presenting problems and identify their preferred future. The aim of this study is to help the children navigate their problem through a better understanding of and the gaining of personal skills and strengths.

Participants were invited to be part of this study through the agency waiting list. The four included presented with a variety of reasons for coming to counselling yet these proved similar to that which the agency has been routinely presented with in the aftermath of the Canterbury earthquakes from 2011 to present day. Each participant had the consent of their parents or caregivers to engage in this project. The participants themselves separately agreed to engage in a solution- focused counselling process where the counsellor also integrated the use of small toys as part of the course. Counselling sessions were audiotaped, aspects photographed and analysed with a specific focus on client engagement.

Four key themes emerged as the participants explored their personal narrative. Firstly, the “I’m OK” theme depicted in their first scaling activity, secondly a recognition that things

could indeed be better and they needed help. Thirdly, a realisation of their own strengths and skills and finally that the future was an optimistic place to look forward to.

These themes are described and explained through descriptions of the participant's stories as well as self-reflection by the researcher. Transcriptions of sessions are included as are excerpts from the research journal and photographs of the use of the small toys by the children.

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INTRODUCTION

'One of the luckiest things that can happen to you in life is, I think, to have a happy childhood.'

Agatha Christie

Childhood, loosely defined as the early period in one's life when they are young in years, free of responsibility and commitments other than to attend school and obey their elders, often has an idyllic portrayal in fairy tales and on the silver screen. Yet realistically for many children in our modern society, life is hard, scary, confusing and anything but happy.

Children develop both physically and cognitively at different rates from birth to adolescence before finally reaching adulthood. During each physical and cognitive change, multiple changes in the development of the brain and physical body are taking place. What occurs and approximately when these developments take place are genetically determined, however environmental circumstances and exchanges with key individuals within that environment have significant influence on how each child benefits from each developmental event.

Having a keen interest in such human development and learning in general led to my initial career as a primary school teacher. Working with children aged between 5-12 years for thirteen years both here in New Zealand and in Australia made me keenly aware of not only the various stages of development but also different learning needs and styles, emotional intelligences and the pressures put on this age group by their friends, families and society. Over the years I also noticed a growing amount of my time in the classroom was spent on the emotional needs of the children rather than the academics. I remember commenting to a teaching colleague that we needed a psychology degree as well as our education qualifications to really be doing this role well. At this time, I found myself becoming less

interested in the academic side of education and more fascinated in the relationships I made with my students and those I observed amongst the children and families. Often, sadly, the trials these people were enduring as part of their daily lives were impacting profoundly on their children.

The statistics also make somber reading when 1 in 4 children under the age of 18 in New Zealand live in households defined as medium or high risk, or those with three or more risk factors - households in the high-risk group include those receiving benefit income, sole-parent households, large households, households with Māori respondents, and households where the mother had given birth to her child before the age of 21. (Statistics New Zealand, 2013)

A career shift into studying counselling and human services at a postgraduate level followed and cemented my interest in this area. Throughout my learning journey I was able to practice helping skills in three high school settings and one counselling agency under the supervision of trained counsellors.

Working as a trainee counsellor in an agency, which primarily offered therapeutic assistance to young children and their family members or caregivers using Child-Centred Play Therapy (CCPT) deepened my interest in this way of working. As a Masters student at the University of Canterbury, I was engaged in learning the Solution-Focused Brief Therapy (SFBT) model and required to practice the skills involved in this modality on my counselling placements.

SFBT is a goal motivated collaborative style that grew from the work of Steve de Shazer, Insoo Kim Berg and their colleagues at the Milwaukee Brief Family Therapy Centre. (De Jong & Berg, 2013) It is a strength-based approach that uses clients' current and potential skills and resources to find answers to their problems, without focusing on the problem itself.

This modality had proved effective with the teenage clients at my previous placements as it was primarily talk-based, positive and future-focused yet I became unsure if it was appropriate to use on my placement with younger children due to their developing verbal and cognitive skills. I had my eyes opened to the more playful and often non-verbal technique of CCPT and was interested to try it yet had my university obligations to consider. I therefore decided to experiment with using the solution-focused approach as I needed to but also incorporating play aspects into my practice, especially when working with very young children. This proved a successful mix in the early stages of my placement and felt like a natural fit with my developing counsellor style. The agency was supportive of my integrated technique and happy for me to continue in this way with the growing number of child clients under 12 years of age that they were seeing.

At this time in Christchurch, New Zealand, the setting for the research, there is an increase in the demand for counsellors who work with children due to the city's recent history of two devastating earthquakes as well as the frequent aftershocks. These events have seen a rise in the levels of anxiety and stress in primary school aged children who were at various ages during the two major earthquakes in 2010 and 2011. A preliminary study undertaken by University of Canterbury Associate Professor Dr Kathleen Liberty has found that there may be as many as one in three children displaying symptoms of post-traumatic stress in the wake of these earthquakes, with many children exhibiting behaviour such as anger, aggression or separation anxiety. This research also found that the number of children in Christchurch admitted for stress related mental-health treatment has almost doubled in the years following the earthquakes. These statistics follow a similar pattern to other countries that have experienced a major natural disaster (Smart, 2014).

Not only is it the physical stress of the earthquakes themselves but the implications from them such as moving house or school, family and friends leaving the city and parental stress. It is therefore extremely relevant to be researching best practice methods when working with child clients in a counselling setting in this city.

A hope and dream I have for the future that lies as the basis for my recent study and this research project is the implementation of counselling and positive education services in primary schools in this country. Most secondary schools in New Zealand have at least one guidance counsellor on staff yet this is not common practice in primary or intermediate institutions. Yet, with such statistics as the ones mentioned above as well as our high teen suicide rate and child poverty rates at an all-time high, I strongly believe support is needed for our younger children. Skills such resilience, empathy, self-regulation and forgiveness are so helpful in the adult world yet I was not aware of such things being explicitly taught in primary schools. I think a focus on wellbeing is vital in the world in which our young people are spending their childhoods. Therefore, my aim for this project was to firstly understand how the integration of play with a more adult talk-based therapy would be helpful to my clients and secondly, how it may improve the service provided to young children in a counselling setting in general.

This study is informed by a review of relevant research and literature and uses an analysis of my own qualitative research in order to improve the engagement process of my clients This is done through the use of small figures or toys being offered in conjunction with the solution-focused brief therapy model.

LITERATURE REVIEW

This study focuses on ways of providing effective therapy to primary school aged children. Through reviewing current literature, I hoped to gain an understanding of the current models used to do this as well as deepening my knowledge of solution-focused therapy and how it can be used with this age group. Lastly, I wanted to see if any research was available in the field of integrating aspects of play therapy, particularly the small toys, when using a talk based model with children.

This literature review acquired research by firstly looking into the counselling modality of Solution Focused Brief Therapy (SFBT), the specific needs of a child attending counselling and then a model traditionally used with child clients. It reviews research into the current use of SFBT with children and lastly, the integration of small toys in a SFBT practice with children.

The literature itself has been sourced by searching New Zealand university library catalogues and books as well as scholarly databases online such as solutionfocused.net, onlinelibrary.wiley.com, www.academicjournals.org and www.sfbta.org/currentResearch.html. Research was also made available through membership of an online list serve in which SFBT practioners around the globe share academic work. The terms searched were, 'Solution-Focused Brief Therapy', 'SFBT with children', 'Child Centred Play Therapy', 'childhood cognitive development', 'counselling children', 'small figures in counselling children', 'small miniatures in counselling children' and 'sand tray therapy.' The articles and text gathered range in date from 1991-2017.

Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) is a goal motivated collaborative approach of counselling that grew from the work of Steve de Shazer, Insoo Kim Berg and their colleagues at the Milwaukee Brief Family Therapy Centre (De Jong & Berg, 2013).

SFBT is based on over twenty-five years of theoretical development, clinical practice, and empirical research and is different in many ways from traditional approaches to treatment. It is a competency-based and resource-based model, which minimises emphasis on past failings and problems. There is a focus on working from the client's understanding of her/his concern/situation and what the client might want different.

It is a strength-based approach that focuses on clients' current and potential skills and resources to find answers to their problems, without focusing on the problem itself. SFBT is underpinned by post-modern theory, which sees the development of jointly constructed understandings of the world forming the basis for our shared assumptions about reality as human beings. (Kim, J. 2008)

This theory is based around the notions that human beings rationalise their experience of the world, things often taken for granted, by creating models of it and then share these models through common language and beliefs. (Hanton, 2011)

Through the use of solution-focused verbal questions and tools, for example scaling, preferred futures, the miracle question, exceptions to the problem, between session tasks and feedback, the client is positioned as the expert in their life. These will be discussed in more detail below. Through these co-constructive conversations clients identify the skills, strengths and resources they already possess and have used in the past to co-construct solutions to their problem with the therapist. The SFBT practitioner sees their clients as,

...individuals with a unique set of skills and resources to help them cope with their unique set of issues the client's resources move the client forward, not the therapist's knowledge, though there is a sharing of expertise that brings this to fruition (Hanton, 2011)

SFBT maintains the positive outlook that change is inevitable as all problems change and that often big problems only require small change. Clinicians encourage their clients to work with what is working and stop doing what is not. (Jones-Smith, 2016)

As SFBT is an evidence based therapeutic approach rather than derived from theory, it has been criticised for its lack of a research base. The Institute for Solution-Focused Theory has outlined an argument to this opinion however and states:

SFBT has had a large number of empirical studies, in fact enough to have been examined in two recent meta-analyses and to be officially supported as evidenced-based by numerous federal and state agencies and institutions, such as SAMHSA's National Registry of Evidence-Based Programs & Practices (NREPP). To briefly summarize:

- There have been 77 empirical studies on the effectiveness of SFBT,
- There are been 2 meta-analyses and 2 systematic reviews.
- There is a combined effectiveness data from over 2800 cases.
- Research was all done in "real world" settings so the results are more generalisable.
- SFBT is equally effective for all social classes.

- Effect-sizes are in the low to moderate range, the same that are found in meta-analyses for other evidence-based practices, such as CBT.
- Overall success rate average 60% in 3-5 session

Given its equivalent effectiveness, shorter duration, and more benign approach, SFBT is considered to be an excellent first-choice evidenced-based psychotherapy approach for most psychological, behavioral, and relational problems. It has been noted that it may not be as successful in helping those with severe psychiatric or medical problems, or unstable living situations. (<http://www.solutionfocused.net/research/>)

My research has been conducted using a SFBT approach with the integration of another element or therapeutic tool as not only is this the modality taught in the Masters course I am working in, but also due to the interest I have in its approach to counselling. The positive and pro-active approach, the way it allows a client to see their existing strengths and the positives in their lives, the non-reliance on their story already passed and the co-constructive way of working appealed to my personality and natural way of working. It was for these reasons as well as my interest in working with children that led to this inquiry.

Solution Focused Brief Therapy Skills

Although there is no prescribed way to do SFBT, the model involves some core assumptions and beliefs that practitioners agree upon about therapy and therapeutic change which underpin the therapeutic process and practices. These include:

- The therapist is not the expert on the client, the client is
- Situations may appear static but, they are constantly changing

- The client does have skills, strengths and resources which they have used before and will again
- You do not need to know all about the problem to find a solution
- A little change is better than no change
- Everybody has a preferred future
- Recognising what is right is better than recognising what is wrong

(Hanton, 2011)

As mentioned previously, there are a set of skills which help guide the process between client and therapist. I will now outline these aspects of the model in more detail.

One SFBT skill is the **scaling question** which can help determine how a client is currently feeling, if there has been a time that things were better and perhaps how to progress to feeling better.

Imagine a scale from 1 to 10. The 10 represents your desired situation [you may describe the 10-position on the basis of what your client has said about what he or she wants to achieve]. The 1 represents the situation in which nothing of that desired situation has yet been achieved. Where are you now on this scale? (Bertolino & Schultheis, 2002)

Such scales can be recorded and referred back to in subsequent sessions and used to track a client's progress.

Another skill often used in SFBT is the Miracle Question. This question is designed to help a client see past their current struggle to, "what the future might look like and what differences

will be apparent to him and to others,” (Hanton 2011)

There are many ways of phrasing this question but the basis of it is as follows:

I want to ask you a strange question. Suppose that while you are sleeping tonight and the house is quiet, a miracle happens! The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So you wake up tomorrow morning, what will be different that will tell you a miracle has happened and the problem which brought you here is solved? (Berg & De Jong, 2013).

The question is an opportunity for clients to take, “a leap of faith and imagine how their life will be changed when the problem is solved” (Berg et al. 2013).

Practitioners are advised by the above authors to speak in a calm, soothing voice when asking this question, use frequent pauses allowing the client time to absorb the question and to use future-directed words such as would and will.

SFBT endeavors to help a client move forward and create change. The finding of exceptions to the problem and ultimately the co-construction of a preferred future is at the core of its purpose. This is where the use of scales and the miracle question can help a client find exceptions to their presenting problem. The emphasis on the future is of extreme importance. The past and present may be full of difficulty but it does not follow that the future has to contain the same difficulties. Exceptions are times during which the problem is not present or is not as bad as at other times and once a client identifies these, the therapist may be able to explore them further, directing the client into solution-finding talk. For example:

Client: I always feel depressed

Therapist: So I understand that feeling depressed must be challenging. I am just curious about the possibility that there was a time this week when you didn't feel depressed? Or maybe a little less depressed than usual?

If the client can indeed identify such a time, the discussion can then focus on what may have been happening for them at that time, what was different about that day or who was present. "Determining these times, however small, gives us and the client a lead to more solution talk." (Hanton p. 61)

If the client struggles to find any exceptions to their problem, coping questions can be asked instead. The client may be able to identify how they managed not to become even worse and how they did cope even though they were feeling really bad. Such questions can still begin to elicit solution-focused talk and a therapist can encourage their client to continue doing more of what helps.

During the course of therapy, the therapist will often provide feedback to their client and suggest a between-session task related to what has been discussed. Typically, the feedback provided to the client will emphasise the exceptions discovered, will reflect the session including ways of possibly moving forward and will be positive, encouraging and even offer praise. As part of this process, a task can be suggested by the therapist as a way of incorporating the rest of the client's week outside of the counselling room into the process.

"The client's life outside the sessions is their real life, and is therefore most important. . . . we should, in my opinion, encourage people to do things that will benefit them between sessions." (Hanton, p.89)

This task is not seen as homework however and it is not necessary to ask the client how it

went at the next meeting. They may choose to share but there should be no sense of the client either succeeding or failing at their task.

Ultimately, the co-construction of a preferred future is the goal of SFBT. Therapists use a number of specific responding and questioning techniques including those above that invite clients to imagine a vision of a preferred future and draw on their past successes, strengths, and resources to make that vision a reality.

Through a variety of skills including the ones mentioned here, the SFBT practitioner works alongside their client to facilitate positive change and to possibly make aspects of their preferred future reality.

The literature to this point leads me to thinking about the model and specifically, using it with young children. Currently, I've found the demographic mentioned in the literature is primarily adult clients or older children and adolescents in a high school setting. (Parsons, 2009; Nim, 2007 and Selekman, 1997) I will touch on this further below but am now curious to understand how a primarily talk based therapy can still be helpful with this age group and whether or not, and how, it could be adapted to suit.

Counselling Children

We cannot counsel children in the same way we counsel adults. We tend to counsel adult clients by sitting down with them and talking, asking questions, eliciting explanations and listening to their answers. If we were to do this with a young child, we may find they do not talk at all, find it difficult to verbalise their feelings or simply want to do or say other things. If we, as counsellors want to engage a child, we need to form a positive rapport with them

and use other forms of communication such as play, art or storytelling. (Geldard, Geldard & Yin Foo, 2013)

It was Vygotsky's theory of cognitive development that centered on the ideas that social interaction and imaginative play are large contributors to the process of cognitive development in children. He believed that the social interactions that children engaged in helped them to both discover and create meaning from the things in the world around them. Specifically, he believed that some of the most important learning a child could experience was in the social interactions they had with a skilled tutor that is often an adult, such as a parent or teacher (Farr, 2013). Therefore, to work with children in a clinical setting so that they will communicate freely about feelings, confusions or painful issues means a consideration of other strategies beyond talking. It not only requires a safe space, a trusting relationship and a pleasant experience but also options they can immerse themselves in that go beyond verbal communication. (Geldard et al, 2013). A counsellor then must provide the child with the positive environment in which to undergo change.

Therapeutic approaches used to counsel children must emphasise the relationship between client & counsellor, as trust and rapport are vital in a successful therapeutic relationship. Some commonly used counselling methods when working with children; for the purposes of this review aged between 4 and 12 years of age, include Child-Centred Play Therapy, Art Therapy, Sand Tray Therapy and Person-Centred Therapy which can combine talk and play (Pattison, Robson & Beynon, 2015). Such approaches assume, that because children do not always have the cognitive and language skills to communicate their emotional experiences verbally, by observing a child's play sequences and play themes, the therapist can gain great insight into the child's inner world. In a Play Therapy session for example, a therapist will

create a safe space for the child by refraining from dictating the session, organising activities or even giving positive, “well done”, type statements. Such statements are seen as a reflection of the child having pleased the therapist, something that is not necessary in this modality nor interestingly, in SFBT. (Jones-Smith, p. 485) The unconditional positive regard for the child by the therapist strengthens their relationship and allows the child to naturally express themselves. (Reddy, Files-Hall, Schaefer & Charles, 2016). Furthermore, the process and interaction between child and therapist and the time spent in the therapy room itself are the catalyst for growth and change in the child.

Through this process of non-directive play, therapist appreciates the unique dynamic potential of each child. The play therapist cannot make children grow faster in any significant emotional developmental area by his or her efforts, as well-intentioned or skilfully manipulated as those efforts may be. That simply is not possible. The child-centered play therapist believes in and trusts the child's intrinsic motivation toward adjustment, mental health, independence, autonomy, and self-actualisation, and, therefore, allows the child to move at a pace of growth determined by the child's unique, forward-moving pace. (Landreth G, 1991)

The toys and other materials and methods used in conjunction with the relationship and time spent together can have an effect on the type and amount of expression and interaction the child has with the therapist.

The literature continues to support an integrated approach, especially using non-verbal element such as toys, art and games as being most helpful when counselling children and details specific approaches and materials used effectively. The following section outlines a

particular child centred counselling approach which is used in the agency in which I am conducting my research, and which is supported in the literature as an effective approach to working with young children.

Child-Centred Play Therapy

Child-Centred Play Therapy is a non-directive form of counselling that uses play to communicate with and help children prevent or resolve psychosocial challenges. The aim is to help them towards better social integration, growth and development, emotional modulation, and trauma resolution. This form of therapy is based on the Rogerian ideas of congruence, unconditional positive regard and empathy and believes play is a child's language. The toys used and actions portrayed by the child in the counselling environment are considered the words the child uses to express their inner experiences and how they perceive and experience the world. The toys in the playroom are tools used by the child to speak to the therapist and communicate their thoughts and feelings. (Reddy et al, 2016).

The types of toys used in a child-centred play therapy room can vary but do often follow a typical structure to include:

- Dolls depicting a family, doll house, baby bottle, variety of puppets, animal families, cars, money, cash, register, kitchen food, medical kit and phone
- Toy soldiers, guns, scary/aggressive puppets and animals, rubber knife, foam sword and handcuffs
- Sand tray, water, paints, craft materials, clay, musical instruments, magic wand and dress-up clothes

The toys and materials provided to the child are selected to provide a variety of opportunity for expression, are usually familiar to children and represent a continuum of positive and negative feelings. These choices alone can tell a lot about the child as can the type of play and any verbalisation that results from the use of the toys. (Bratton, Ray, Rhine & Jones, 2005).

On learning more about this modality and seeing it in action at my counselling placement, I could see firsthand the benefits of using play as a counselling tool. Here sparked my idea to integrate this with my SFBT work when counselling children. I realised that the concept of play therapy as a whole was so large and that it would be more practical to choose one aspect of this model to look into further.

I was then wanting to see if SFBT was indeed used with children currently and if so, if any integration of play was used.

Solution Focused Brief Therapy with Children

My research has looked at completed studies and literature surrounding the use of SFBT with children and adolescents in order to further understand how the predominantly talk based therapy works with this client base, who have varying levels of cognitive development and language skills.

In Matthew Selekman's work, '*Solution-Focused Therapy with Children; Harnessing Family Strengths for Systemic Change*' (1997), he states, children are not always cognitively able to understand concepts such as 'exception' or 'preferred future', which are key components of the SFBT model. He writes about therapists using verbal communication and questioning having to be watchful not to elicit the story they think they want to hear instead of really

listening to the child or alternatively putting words in the child's mouth. Selekman goes on to discuss practical tools he has used in his own (SF?) practice with children that are more play or art based such as his 'Victory Box', 'Squiggle Game' and 'Time Machine Question' which all involve drawing and imagination. Selekman suggests an integrated approach to therapy, which includes non-verbal techniques, may be the key to working successfully with children. Similarly, in his article, *Integrating Play Therapy Techniques into Solution-Focused Brief Therapy* (2007), Donald Nims argues SFBT is relevant when working with children who have the cognitive ability to sufficiently comprehend and appreciate the concepts involved. He states this model, "is probably not appropriate for children younger than kindergarten age," and "children very often do not know how to appreciate the success they have had in the past", which relates to the finding of exceptions in the SFBT model. (p61) He too includes an integrated approach, which uses puppets, art and small miniatures in a sand tray as helpful when working with child clients.

When thinking about adolescent clients, Parsons (2009) discusses the role of a school counsellor using this model and encourages the "understanding of what is helpful and what is hoped for" (p. 62) with teenage clients through scaling and exception finding questions. He believes a SFBT counsellor values the student and their resourcefulness and discourages the giving of advice, rather engaging the student to look towards a different path. All of this is done through talking and questioning.

In the Solution Focused Therapy Treatment Manual for Working with Individuals, 2013, it is similarly noted that SFBT may be effectively applied with at-risk students in a school setting, specifically helping to reduce the intensity of negative feelings and to manage conduct problems and externalising behavioral problems. The age range discussed for use of this

modality in schools appeared flexible, from 5th graders (US) to older children and adolescents. (Gingerich & Peterson, 2013; Kim, 2013; Kim & Franklin, 2008).

At this point in the literature review, a common theme is appearing in which SFBT and its techniques and questions seem helpful with older children and adolescents but are best integrated with more playful techniques when working with younger children at a different cognitive level. I was interested to then read Elizabeth Taylor's two articles, *Sandtray and Solution-Focused Therapy* (2009) and more recently *Solution-Focused Sandtray Therapy for Children* (2015). In these Taylor discusses combining SFBT with another modality which uses the kinesthetic movement of small figures or toys in a sand tray when working with children in therapy. This combination was proposed as the author saw similarities in the two modalities; they both sought to help clients through empowerment, mastering their own lives and highlighting their capabilities and existing strengths. Both too focus on the interpersonal process involved in healing rather than techniques. She saw a prospective fit in using the sand tray miniatures in a SFBT way to specifically help, "clients less prone to verbal communication or may not be language proficient or even young children." (p.56)

She says,

Play based therapies may be non-threatening and more likely to be a safe way to express what may seem to be unacceptable feelings and impulses for clients who are less prone to verbal communication or who may be language proficient or at a young developmental age. (Taylor, 2015. p. 57)

Taylor describes the use of the sand and miniatures as, ". . . a medium that crosses all boundaries. With sand and carefully selected miniatures, one can move through past, present

and future: become a new person while retaining the best of the old, and create a potential self and its many possibilities.” (p.56)

Taylor describes using the manipulation of small toys in the sand by the child client to listen to the client’s story, ask the miracle question, ask scaling and relationship questions, find exceptions, give the client compliments and what to do in subsequent sessions with the same client. These are all aspects of SFBT yet they are carried out using a version of play.

She describes an example of practically doing this with a client. “Make a sand tray that shows me what it is like when you are having a good day in class.” (Taylor, 2015, p. 166)

A good proportion of the literature found and discussed in this review, namely Taylor, Selekmán and King which I include below, has not been research based, rather as practice experience, it details real counselling sessions with clients and offers examples of clinician’s work with children. I was now convinced that it was the small toys that interested me as a counsellor due to seeing their popularity with my current child clients and reading Taylor’s approach integrating play, toys and SFBT.

Small Toys and SFBT with Children

The search for literature on the use of small figure, toys or miniatures specifically in a solution-focused counselling practice with children proved limited. Elizabeth Taylor (2015) clearly makes however, a link between the modalities of SFBT and Sand Tray Therapy, which involves the use of small figures. She concludes that

“the exploration of the combination of SFBT and Sand Tray Therapy opens new territory in practice and research and provides new ideas about how the therapist might facilitate client growth and healing. More research is needed regarding the efficacy of this approach with specific problems and age groups”. (Pg 67)

In her recent article, *‘Solution-Focused Brief Therapy and Play Scaling’* (2016), Pamela King specifically focuses on the scaling question in SFBT and uses toys in her private practice with children and families. She states that

“Small toys or miniatures are used by clients to define positions on the scale the component of using toys to represent points along the scale enriches the descriptions and serves as a profound verbal and nonverbal (symbolic) conversational tool. The conversation about the toys serves as a client-centred metaphor that can be mined for solutions in the child’s life. (Pg 313)

King goes on to describe the process of scaling using toys and gives examples of directions the therapist may give the child, for example, “Now please choose something that shows where you are right now on the scale from one to ten and place it where it belongs.” (Pg 314) She believes, “the metaphor that is introduced through the selection of miniatures guides the therapeutic conversation” and “children have a higher level of therapeutic engagement because in addition to being fun, it is concrete and therefore, cognitively appropriate for them” (Pg 315).

These articles consistently recognise the effectiveness of combining a solution-focused brief practice with elements children will enjoy and relate to, for example toys and play.

There is also room for imagination on the therapist's behalf according to King. In her forthcoming book, *Tools for Effective Therapy with Children and Families; A Solution Focused Approach* (2017) she describes playful techniques she has used successfully with children when scaling a problem in particular.

There are as many unique ways to create a scale as there are children in our offices. The most important element to constructing a scale for a child is relevance to that individual child. Active children might prefer a kinesthetic scaling activity. Children who like art might prefer to draw a scale. Having toys available that lend themselves to scaling and plenty of art supplies is a good start for the solution-focused play therapist. (p.29)

King describes constructing 1-10 scales using the well-known hopscotch game, real ladders, number tiles on the floor for jumping on and drawing scales with paints, chalk and even silly string as ways to engage a child in the solution-focused therapeutic process.

King also offers an opinion on the talk-based versus play therapy debate when working with children in a solution-focused way and seemingly believes an integration of the two is best.

Some children are talkative enough that they can, with guidance, verbally describe a desired future in enough detail to move towards a solution. However, younger children may lack the verbal and cognitive skills to accomplish this as a teenager or adult might. Another common scenario is children may not want to talk to a grown-up they don't even know. It's hard, even scary, to come to therapy. Experiential activities give children a non-verbal voice. Children have plenty to 'say' and are creative enough to come up with their own solutions, even when they have limited verbalization. (p. 57)

Summary

In summary, the literature suggests SFBT techniques and questions are enhanced with a practical play-based component when working with young children in a counselling setting. Taylor (2015) notes more research is needed relating to SFBT in the use of sand tray work with children and I hope to take this idea and focus on one element of sand work, the small figures or toys and what the outcome of their use may have on my SFBT work with child clients. After reading, comparing and thinking about the texts I sourced, I am assured it is the relationship built between client and counsellor that is paramount in any therapeutic scenario and the solution-focused model does allow for a foundation of support and positivity. I hope to add to this already positive relationship base with the inclusion of small figures in my practice.

With the literature referenced in mind, my research goal is then to take the SFBT model and integrate it with the use of one aspect of a more play orientated style to discover whether it is beneficial when working with young child cliental.

I devised one primary and three supplementary research questions to direct my investigation and focus my attention. These questions are:

1. What are the effects of integrating small miniature toy use with my solution-focused counselling practice with children?
 - a) How do my child clients use the miniature toys to scale themselves and their experience?
 - b) What does the use of miniature toys offer for the client when exploring exceptions?
 - c) How do miniature toys enable a child to express their preferred future?

METHODOLOGY

Introduction

Methodology refers to a system of methods used in a particular area of study or activity. With regards to methodology in research, it is the systematic, theoretical analysis of the methods applied to a field of study. Typically, it encompasses concepts such as paradigm, theoretical model, phases and quantitative or qualitative techniques. (Taylor, Bogdan & Burr, 2016)

This chapter outlines my rationale for studying what I do, the research questions applied, an overview of qualitative research and completing practice-based research as a counsellor as well as the over-arching social constructs my study embodies.

I will then explain the methods chosen to complete this project and the process which led me to be able to complete it including ethics, my participants and the data.

Qualitative Research

Qualitative research is a broad methodological approach that encompasses various research methods, the aim of which also varies depending on the disciplinary background. Qualitative methods examine the why and how of decision making and aim to understand people from their own frame of reference. Researchers working in this way are interested in the meanings people attach to the things in their lives and produce descriptive data rather than numbers and percentages. (Taylor, Bogdan & DeVault, 2016)

Qualitative researchers hope to identify and empathise with the people they study in order to better understand their subjects and often find themselves in the field with their participants rather than adopting a ‘fly on the wall’ approach.

Qualitative researchers are concerned with the meanings people attach to things in their lives. . . . qualitative research is understanding people from their own frame of reference and experiencing reality as they experience it. Qualitative researchers empathise and identify with the people they study in order to understand how those people see things. (Taylor et al, p.8)

As mentioned previously, my research was conducted at a counselling agency in Christchurch. I am therefore very much a physical part of the environment and have spent time in the setting prior to beginning my project.

Qualitative research is produced using a variety of different methods depending on the research topic and area of interest. Qualitative researchers act as “story-gatherers and story-tellers”, gathering and presenting participant accounts in their research (McLeod, 2013) and the qualitative field comprises a complex set of different and competing traditions from which researchers must select specific methodologies. In my research I am underpinning my work with a social constructionist mind-set and using a narrative method to analysis my data.

A qualitative researcher needs to approach the data gathered with an open mind, curiosity and a sense of integrity which certainly aligns with the solution-focused approach to counselling I

am working with. This attitude will enable them to develop concepts, insights and understandings about the data and their topic of study as noted below:

Qualitative researchers develop concepts, insights and understandings from patterns in data rather than collecting data to assess preconceived models, hypotheses or theories researchers follow a flexible research design . . . we do not know for sure what to look for or what specific questions to ask until we spend time in the setting.” (Taylor et al, p. 114)

Practice-Based Research

Research that takes the nature of practice as its central focus is called practice-based research. It is often carried out by practitioners, such as therapists, designers, writers, musicians and teachers to gain further insight into their existing work with a focus on how to improve or strengthen their process. Evidenced based research on the other hand, is generated from scientific research. Research in therapy specifically can be explained by using the key characteristics below:

- The research is triggered by personal experience and a need to know
- The research has the goal of producing knowledge that makes a positive difference to the practice moving forward
- The aim is to use reflexive awareness to access underlying meanings of the study

(McLeod, 1999)

Completing practice-based research in a counselling practice, as I am doing, or ‘real life research’ has been said to somewhat demystify the therapy world in more modern times into something quite transparent and accountable. “It is what forms the basis of our everyday

lives, rather than avoiding the normal mess and chaos, it takes into account the human factor and requires sensitivity, patience and an inquisitive approach". (Bager-Charleson, 2016)

Although Bager-Charleson make a good point about the need for sensitivity, patience and an inquisitive approach in her description of this practice, her claim that practice-based research forms the basis of counsellor's everyday lives is, it seems, overly optimistic. A review of counselling research indicates that counsellors rely heavily on evidence based practice research as well as descriptive qualitative research to also inform their practice.

Evidence-based practice has the opportunity to move the profession of counselling out of its theoretical boxes and historical beliefs into an era of integrated practice in which counsellors use the best of available science combined with clinical experience to successfully help a wide variety of clients. Evidence-based practices can provide a source of clinical knowledge that can increase a counsellor's effectiveness with clients, become a basis of professional education and counselor development, and serve as a unifying force for the profession that will set the agenda for the next evolution of counseling. (Roller & Laurakas, 2015).

The ethical considerations surrounding the overlap of the therapeutic and research relationships will be touched on further into this chapter with the overriding point that this process needs to be carefully negotiated, well planned, confidential and above all, avoids harm at all costs.

Narrative Inquiry

A primary way individuals make sense of the world and their experiences is by casting it in

narrative form. Narrative analysis is an interpretive approach centering around the stories told by individuals, groups and cultures in which the stories told become the object of study, focusing on how the individuals or groups make sense of events and actions in their lives. (McLeod, 2007)

Narrative case studies as a data analysis and presentation tool, fits well for my particular research design as I am working with a set number of clients over an agreed time period. I hoped this method would allow a story to emerge over the time spent together as counsellor and client and for that process to be enhanced by the integration of the chosen counselling methods.

The narrative inquiry process involves reading the data, analysing, transcribing, telling, attending and concluding a primary experience. It is not completely possible to be neutral and objective as it is the author who chooses what to include, what to notice. (Kohler Riessman, 1993). One could ask the question, who determines what aspects of the narrative constitute the basis for interpretation and indeed, who determines what the narrative really means?

For the purpose of this project, the method of analysing the data will be a reflexive one. Reflexivity is a skill that we develop as counsellors: an ability to notice our responses to the world around us, other people and events, and to use that knowledge to inform our actions, communications and understanding. To be reflexive we need to be aware of personal responses and to be able to make choices about how to use them. We also need to be aware of the personal, social and cultural contexts in which we live and work and to understand how these impact the ways we interpret our world. (Etherington, 2004)

In this research I based both my practical method and my analysis of the data on a reflexive tool known as Mezirow's Seven Different Levels of Reflection (1991). How this looked practically will be explained further in my methods chapter but the theory also underpins my methodology. Mezirow said every individual attributes meaning to an event through a process of interpretation; the relationship every individual has with the outside world is closely linked to previous personal experiences.

Levels of consciousness	
Level 1 <i>Reflectivity</i>	This refers to a persons' awareness of a specific perception, behaviour, habit, experience and ability to describe it.
Level 2 <i>Affective reflectivity</i>	This represents a persons' ability to recognize and express their feelings or those of others.
Level 3 <i>Discriminant reflectivity</i>	This refers to a persons' ability to evaluate processes of decision-making, planning or evaluation of activities undertaken during a period of time.
Level 4 <i>Judgmental reflectivity</i>	People are aware of expressing evaluation judgments subjective in nature that can influence practical actions.
Levels of critical consciousness	
Level 5 <i>Conceptual reflectivity</i>	This represents the ability to recognise the need for improving skills.
Level 6 <i>Psychic reflectivity</i>	People recognize that they tend to express rash judgments on other people based on limited information.
Level 7 <i>Theoretical reflectivity</i>	This includes several elements: awareness that routine or certain fixed practices may not be the proper response in a specific situation; learning following a specific event; a change of perspective, since people follow the perspective that best suits to the situation.

Figure 1: Mezirow's Seven Levels of Reflectivity

Learning is equivalent to "finding meaning" (Mezirow, p. 21) and I found using the levels mentioned in this theory of reflectivity helped me organise what I would do with my

participants as well as when analysing the data. I felt it was a good fit within my narrative framework as well as with the SFBT model I was using in my counselling.

Social Constructionism

Social constructionism is not one thing, not one theory or approach, but rather a “creative resource” that enables a new, expanded way of talking and thinking about concepts. Indeed, it might be said that a constructionist view is one where all so-called “realities” are conceptual in nature, a product of our own personal “baggage” and the relationship we have with the object of our experience. (Roller & Laurakas, 2015) Gender, social class and games are described as examples of socially constructed entities which are seen as comprising a certain set of conventional and socially accepted rules. This idea fortifies my interest in the counselling process with children in that their ideas and stories are shaped by their own personal experiences as well as that of their families and their daily interactions.

I believe social constructionism and qualitative research form a natural partnership, joined by a mutual respect for the complexities of the human experience and the idea that any one facet of someone’s life, as well as the researcher’s role in exploring this life, interlinks with some other facet. It also therefore links with the SFBT model and its social constructionist underpinning

Treaty of Waitangi

The Treaty of Waitangi is the founding document of New Zealand. It is an agreement entered into by representatives of the Crown and of Māori and is named after the place in the Bay of Islands where the Treaty was first signed, on 6 February 1840.

I was aware of the possibility that one or more of my research participants may be of Maori

heritage. As this research took place in New Zealand I undertook to adhere to the principles set out in the NZAC Code of Ethics with regards to clients of Maori or other ethnic descent.

It states,

Counsellors shall avoid discriminating against clients on the basis of their race, colour, disability, ethnic group, culture, gender, sexual orientation, social class, age, religious or political beliefs or on any other basis. Counsellors shall work with clients in ways that are meaningful in the context of, and respectful towards, the clients' cultural communities. Counsellors shall be committed to the equitable provision of counselling services to all individuals and social groups. (NZAC Code of Ethics, 2016)

This document also states all counsellors are to honour the Treaty of Waitangi in their practice. To understand further what this meant to my practice and research I met with Annabel Ahuriri-Driscoll who is a lecturer in Māori Health and Wellbeing at the School of Health Sciences at University of Canterbury.

Ms. Ahuriri-Driscoll explained to me during our meeting that my idea of whanau, the nuclear family, is different to Maori ideas and that I should be prepared for extended family members to be involved and interested in my research. This would mean providing information sheets to those that ask and also being clear about the importance of establishing a one-on-one rapport with their tamariki. I was also made aware of the Maori values of love, encouragement, care and compassion through this meeting. Annabel explained that the whanau of a potential participant would feel obligation and sorrow for the children needing counselling in the first place and a sense of failure if they feel the counselling 'does not work.' She advised that I would need to provide reassurance, care and compassion towards

all whanau if this were to occur. Such values are already part of my personal worldview but Annabel prompted me to also complete an awareness check of sorts. I asked myself ‘Do I have already established beliefs, assumptions or bias relating to Maori people, and, if so, how do I address this?’ My commitment was that these would to be acknowledged, consistently reflected on and brought up in supervision to determine whether (or in what ways) they may impede my interactions with participants and take steps to limit this affect

Overall, this meant working in a genuine and honest way with all research participants and being culturally sensitive when it comes to the disclosure of personal issues.

Alastair Crocket’s work, *Exploring the Meaning of the Treaty of Waitangi for Counselling* (2013) emphasised the partnership, protection and participation that are the cornerstones of the Treaty as well as in a counselling relationship. The link there means I needed to ensure whanau of participants are well-informed of my process, understand the confidentiality surrounding it and are made welcome in the process.

METHOD

The Research Setting

The setting for the research is a counselling agency in Christchurch, New Zealand. The agency specialises in offering counselling to children, family groups and couples and employs seven counsellors who are trained in a variety of therapeutic models including child-centred play therapy, family therapy and Gestalt therapy. The agency has a referral relationship with Child, Youth and Family Services and also offers a live-in parenting programme at another location. The agency is accountable to and receives funding from the

Ministry of Social Development and clients pay for the service using a sliding scale dependent on their personal income. The agency also accepts referrals from family members, local General Practitioners and schools and has a waitlist of clients waiting for appointments.

Recruiting Participants

The major difference between research and the therapeutic relationship is, “as a counsellor people seek me out, as a researcher I seek them.” (Bager-Charleson, p. 7) At the proposal stage of my research I intended my participants to be aged from 5 years to 12 years of age and currently attending primary school in Christchurch. This ended up being the case and I had four participants in total. They were all new clients to the counselling agency and referred by a family member, their school or a general practitioner for a variety of reasons. I wanted each participant to be recruited from the agency waiting list as is the normal procedure outside of my research as I felt this was a fair and non-judgemental approach and I had discussions with the booking administration staff to ensure they approached the potential participants’ family first to exclude any sense of responsibility or ‘having to do it’ as may have been the case if I had asked. All parents or caregivers and the child themselves were given an information sheet via email which detailed my research before committing to an appointment with me. The child participant sheet was different to the parents in terms of language used and the amount of information given which took into account the child’s age and level of understanding. (Appendix A and B) It was my intention throughout both the recruitment and research process that it was my counselling work that I am interested in researching rather than the actual problems suffered by the children or their specific, story-related answers to my questions therefore going through the routine waitlist, ‘next in line’ progression seemed the best recruitment process. Further emphasising this point is the aim of

narrative analysis being such things as, “the examination of the structure of the story, thematic similarities between the story and cultural narratives and the examination of the overall structure of the story.” (McLeod, 1999) It did not matter whom my participants were or why they needed counselling but rather that they were willing to be a part of my learning process.

The Participants

My four participants are aged between 8 and 11 years of age, one male and three females. Whilst I am aware that even in this demographic there is a range of intellectual and cognitive ability, I do not believe this is enough of an issue to interfere with my overall findings. Each participant lives and attends primary school in Christchurch, New Zealand and is currently in a permanent home with primary family members. They have each been referred to counselling by either a family member or general practitioner and none have had counselling prior to our first meeting together.

Data Collection

The methods of data collection in a narrative inquiry may include video or audio taping sessions, interviewing and participant observation and the aim is to ultimately seek to understand ‘the big picture’ about the experiences heard and seen. As my research was conducted in an agency with counselling clients, I hoped to gain an understanding of the child’s story and their hopes for the future through my solution-focused practice and the use of small toys as a communication tool. Initially I had thought to video tape each client’s sessions which I would later transcribe but prior experience of this proved to me that the camera was a very noticeable presence in the room for my young participants. The child was often so aware of the camera, they would withdraw from the process or behave in a manner

different to what I had come to believe as their normal. Subsequently, I chose to audio record my client sessions instead and transcribed these.

Including a visual component to my narrative case studies was also important. This is a method in which, “texts accompany photographs to provide features of description and abstract generalisation which cannot be handled by images alone.” (Taylor et al, 2016)

In this research project I used the visual element of photography as an accompaniment to my audio tapes by taking pictures of the use of the small toys by the client to then be used during analysis and to provide visual examples to the reader of my final presentation. Photographs and other visual data can provide an excellent source for qualitative analysis. "Pictures take the place of words or at least convey something that words cannot." (Taylor et al, 2016, p?)

Lastly, the keeping of a reflective research journal during the data collection process meant I was able to think deeply about the counselling work as it happened, keep notes of participants' progress through the sessions and also note any wonderings or curiosities I had as a researcher. I had kept a similar journal during the first year of my counsellor training in which I noted session notes, techniques I used, my thoughts about the client's progress and possible next steps for them. This time the journal was purely from a research perspective and did not include reference to the presenting problems of the participants. It guided the counselling process with the participants as I was able to closely think about the practical work alongside my social-constructionist and narrative underpinnings. For example, earlier in my counsellor training, an aspect I often struggled with was controlling the session with a client. I felt the session had not been successful if it had not gone the way I had planned or if I had not used a certain solution-focused technique. But, as I matured in my practice, I came to understand, through reflection, that the client may have in fact found the session very helpful and because the session is based around the client's narrative and not my own agenda,

then there was no measure of real success without the client's input.

The keeping of a reflexive journal also helped me understand if I ever felt personally affected or "triggered" by something a client did or said and what I could learn from that to personally grow as a counsellor.

As I briefly outlined earlier, I chose to collect my research data using three methods; audio recordings of counselling sessions, photographs of the small toy use by participants and also my personal reflective journal in which I refer to session notes, my feelings about the work and any issues that arose for me in session or afterwards.

Using audio recording as a data collection tool allowed me to capture each and every verbal aspect of my counselling sessions in an unobtrusive manner. As my data are made up, "largely, although not exclusively, of words," (Taylor et al, 2016) I needed a reliable source of recording that would allow me to revisit each session without relying on my memory.

Such recordings also allowed the stopping and starting of tapes to note interesting aspects and provides the factual evidence of the links I discover which link to my research questions.

I am aware however, that the use of an audio over a visual recording method may also mean missed opportunities for observation. Such things as body language, facial expression and movement in the room are not often picked up in an audio capacity and I did consider the impact of these on my research. I will provide more information on this in my Discussion chapter.

Photographs of the small toys and their positioning by the participants are another vital component of my data. Play is the child's medium of expression and through play, underlying thoughts and feelings are exposed and children can have collective pleasure and joy at the same time. (Gill, 1994) My intention in photographing the manipulation of the

small toys was to seek evidence whether, and how, this particular element of play was helpful in the counselling process when integrated with SFBT questioning techniques. These photographs will also be used as supporting evidence in my presentation of each case study alongside the audio-recorded words.

As mentioned earlier, the participants were asked to engage in a solution-focused counselling session. They were invited to use the small figures I provided during each session. After completing my literature review I collected a sample of toys guided by those used in CCPT and planned to use only these with the participants. Due to agency time-tabling and room availability I was sometimes working with my participants in a CCPT playroom which did contain other play materials. Towards the end of my data collection, I did use other toys aside from my collection with one participant as they were keenly drawn to them in the playroom. I am of the opinion that this change did not alter my findings in any way nor did it disadvantage the participants who did not use the other play toys.

These figures were arranged on a small, easily accessible table in four plastic containers and organised into categories; wild animals, domestic animals, people and miscellaneous. The later container held a variety of toy cars, superhero characters, trees, fences, aircraft and builder's equipment.



Figure 2: "Small figures"

The toy selection was based on the guidelines for Child-Centred Play Therapy as well as therapy conducted using a Sandtray.

Selection can be driven by common sense, financial constraints and personal taste however including the following categories would build a balanced selection; family groups, animals, transportation, vegetation, fences/gates/signs, fantasy, spiritual/mystical and household items. (Homeyer & Sweeney, 2011)

Through the research process, I was able to determine how the toys were used by each client, how they offered an opportunity to find exceptions to the problem and if a preferred future was expressed.

Each child experienced the following progression throughout their sessions:

Session 1

The building of rapport was paramount in this session. I had met with each child's parents or primary carers a week before this meeting, as is agency policy, but I had not met the child until session 1. As part of my rapport building process I used very person-centred methods to engage the child and make them feel comfortable in the counselling room such as smiling, making eye-contact with them, showing them around the room and asking them if they were happy to begin. I asked them questions about themselves, their likes and dislikes, hobbies and school and explained my role at the agency. I also referred to my research and checked to make sure they understood what I was doing and that our sessions were recorded. This also led to a conversation about confidentiality and their understanding of it. This initial process was important to me as I hoped to show the child I was genuine in my interest in them and that I cared.

The first element is genuineness, realness or congruence. The more the therapist is himself or herself in the relationship. . . . the greater the likelihood that the client will change and grow in a constructive manner. Genuineness means that the therapist is openly being the feelings and attitudes that are flowing within at the moment. (Kirschenbaum & Henderson, 1989, p?)

During this first session the participant was introduced to the small figures and allowed to touch and play with them and really see what was available. They were also encouraged to ask me any questions about the counselling process, my work or anything else that came to mind. Lastly, I used a SFBT scaling question with them and drew this on paper. I explained the 1-10 nature of the scale and gave them some examples to have a try at scaling. These included how much they liked ice-cream and how they felt about school.

Session 2

Session 2 revolved around the participant constructing a 1-10 scale using the small figures; a version of the ‘play scaling’ concept spoken of in an earlier chapter. This time however, the scale was about the problem that had brought them to the counselling room. The child was asked to choose their favourite ten toys and line them up in order on a table and from then on, we discussed where on the scale they would have themselves and why.

Session 3

As in the previous session, the participant was asked to construct a 1-10 scale using the small toys. They did not have to choose the same toys as the previous week. After they had placed themselves on this scale I then asked questions relating to the week before and they noticed any similarities or differences. During this session I introduced the SFBT skill of finding exceptions. I asked the participant to think of a time the problem was a little bit better than it was today and wondered where that would be on this scale. The resulting conversations can be seen in the client’s stories below.

Session 4

Once again, the participant engaged in a 1-10 scale in this session and a similar exception finding enquiry was conducted. I then asked the SFBT Miracle Question to the participant and encouraged them to show me their ‘miracle day’ using the small toys and making a separate scene expressing their ‘miracle day.’

Session 5

During our last session together, the participant created a final 1-10 scale for me as above and we used it as well as the work from previous sessions to co-construct a preferred future for them. This was both talk-based and in conjunction with the small toys.

Data Sources

In summary, my data sources consisted of the counselling session audio tapes, photographs of the use of the small toys and how they were placed by the participants and notes from my reflexive research journal. These notes were around session happenings, my views and curiosities about what was happening for the client and for myself in the room and possible next steps to enhance the counselling experience using the toys. There were no notes focused on the client's presenting problem that are included in this project.

Ethics

The ethical implications of my research are varied and many. My foremost thought always surrounded my participants as they are counselling clients who require a service aside from my research. They are also children who require privacy, confidentiality and anonymity. Ethical approval for this study was given by the Human Ethics Committee at the University of Canterbury, New Zealand. (Appendix C). This process outlined my responsibilities concerning participant recruitment, treatment, data, supervision and the presentation of my findings. Informed consent was provided by the Director of the counselling agency in which the research took place as well as the Head Counsellor, the participants parents and the participants themselves. (Appendices D and E). My practice with the participants was guided by the New Zealand Code of Ethics for Counsellors (2002).

During the research process I was constantly aware of maintaining a high level of professionalism as a counsellor which included building a positive rapport with the participant, explaining the process to them in plain language, discussing confidentiality and regularly ensuring they were happy to continue with the project.

Recent literature suggests all of the above is very relevant when conducting research as part

of a counselling practice. Sofie Bager-Charleson's work, *A Reflexive Approach, Doing Practice-Based Research in Therapy* (2014) offers the following important ethical considerations when conducting research with clients,

Practice-based research involves ethical guidelines, which put the client's interest first. The basic requirement for any kind of practice-based research in the field of psychotherapy involves, at the very least, informed consent, confidentiality and avoidance of harm. (p. 69)

A priority of mine initially was to ensure not only the parents of participants gave consent for their child to participate in my research but that the child themselves was fully aware of what was being asked of them and that they too consented. As mentioned, I created a separate consent form written in child-friendly language for the participants to sign and during our first session together I emphasised the process verbally to them and gave many opportunities for the children to ask questions.

I was also aware that as a stranger and an adult, there may be times the participants were confused or wanted to question something but were either too embarrassed to ask me or fearful of doing something wrong. For this reason, I set up a happy/sad card system with the front desk administration staff at the counselling agency. The child had possession of the card and handed it to the neutral party with the relevant side of the card facing up, if the card showed sad, I would then be told afterwards. This never eventuated but it felt ethically minded to have this system in place for the child's comfort and protection.

Above all, my dual role as counsellor and researcher was never far from my mind. I knew that if the counselling process was in any way negatively affected by my research that I

would need to put the clients' needs before my own. Indeed, as the reader will see in my findings, my initial plan for this research was changed for one participant after I found part of the process was not contributing positively to his growth. Although the participant stayed in the project, my planned pathway was altered for this client as I put his personal needs ahead of my project.

Trust and Rigour

Qualitative researchers try to develop an open and honest relationship with participants.

(Taylor et al, 2016) As my research involved a therapeutic relationship, in which I am the researcher and counsellor, the idea of trust is paramount. The research is interested in perspectives and the interpretations the client has of their lived experience and in that regard, trust that what they say is indeed the truth is enough. Should I become privy to information that what they tell me is in fact untruthful, it is then a decision of whether this is to be raised with the participant or not and a decision I will make on a case by case basis. Ultimately, “. . . the relationship that develops over time between the interviewer and informant. . . is the key to collecting data.” (Taylor et al, 2016)

Rigour, or the integrity in which a study is conducted, is important in qualitative research, as it can often be criticised as lacking in scientific evidence (Bager-Charleson, 2014). Concepts such as reliability and validity in data collection, analysis and presentation contribute to the resulting credibility of the research. To ensure this research had rigour I:

- Conducted careful record keeping including observation notes, demonstrating a clear decision trail
- Acknowledged any prejudice in participant selection and engaged in an ongoing critical reflection of my chosen methods to ensure sufficient depth and relevance of

data.

- Kept participants and their families informed of my purpose through an initial information sheet, parent review meetings and continued opportunities to ask questions throughout the research period and afterwards to ensure...?
- Engaged with other researchers and my supervisors regularly to question any bias on my part and to uphold my obligations as a counsellor whilst respecting client confidentiality.
- Had all my data; audio tapes, photographs and notes available for the participants and their families to view at any time throughout the research to ensure that the data were an accurate account of what occurred.

Lastly, I shared my raw data with a university colleague. She was able to read and interpret it at a beginning level and question parts of it to clarify her understanding. This led to me reviewing the data once more from another perspective and added more substance to my own understanding.

Data Analysis

Audiotapes of each counselling session was listened to on numerous occasions until I felt I had an in-depth knowledge of their content. This was five sessions for each of the four participants meaning twenty sessions in total.

During the transcription process, I focused on the parts that closely related to my research questions and became aware where these were situated in each session. I then referred to Mezirow's seven levels of reflectivity (1991) to guide my thoughts and observations as at first it was quite an overwhelming amount of data. This method also helped me to

deconstruct the client's narrative more closely than had I simply listened to the tapes repeatedly. This was when I began noticing similar themes.

Firstly, I noted the participants' original perception of their reason for being with me as well as their abilities to describe it. This is Mezirow's level one, reflectivity and was also where I introduced the first SFBT technique of scaling but using the small toys. Once this discussion had begun, we moved to level two, affective reflectivity, during which I noted the participants' ability to describe their feelings, again using scaling and noticing times when things may be better for them.

At levels three and four, I was noting how the participants were able to talk about their own personal experiences and opinions and whether they could see how things may be improved for them. This was achieved by using the SFBT Miracle Question in session. The last two levels of Mezirow's theory helped me see the participants' ability to see into their future and perhaps find ways they could change their presenting problem or at least make it better, if this was in their power.

This process is what led me to be able to group my data into the four themes presented in my findings.

THE STORIES

Introduction

In this chapter I look at the narrative derived from my counselling work with the four participants. I will do this using excerpts from session transcripts, counsellor notes and research journal reflections. Four themes were noticed during my data analysis which are in relation to the content of the client's counselling and the journey they experienced over the five sessions. In my data analysis, I focused on the ways that clients responded to the use of the small toys and the solution-focused questioning with a constant reference to my original research questions. Each session had at least one of these questions as its basis and this will be easily identified below.

The first theme, 'I'm OK' aims to show a transition by the participant from an individual stance that everything is fine in their lives to a more co-constructed exploration of their presenting problem, that which brought them to counselling. The excerpt included shows how the use of the small figures created the opportunity for dialogue between myself and the child.

ALICE

'I'm OK'

- Karise On a scale of 1–10, with 10 being everything is just how you want it and 1 being everything is the opposite of that, where are you today?
- Alice I think probably 8.
- Karise 8 out of 10?

Alice Yeah [nodding]

Karise Wow, so 8-10, that's pretty good! That's high on the scale.

Alice Yeah I'm good, everything is good.

Karise So, these toys I showed you before can help us make a scale too and really work some things out. Shall we have a try doing it that way?

Alice [Already rummaging in the toy boxes] OK!

Karise So, have a good look then can you choose 10 toys you like best and put them in a line on the table? Make your favourite toy number 10 then go down to number one. [Shows a line with finger moving left to right across the table]

Alice spends a few minutes looking at the toys and making choices. She then arranges them as asked.

Alice Finished!

Karise Great, nice job! I can see you have chosen some really cute toys. Your number ten is the puppy?

Alice Yeah, I liked him the best. I made the giraffe 1 even though I like them a lot.

Karise Thanks for doing that, I like giraffes too. Now show me where you are on the scale today please?

Alice looks at her toy scale for a long time before picking up a 'La La Loopy' which she has placed as the third toy in her line.

Karise That is where you are today right? Thinking about life right now, same as before?

Alice Yeah, 3 I really think.

Karise Hmmmm, so it's really 3. What is it like at 3 out of 10 for you? When you are the 'La La Loopy'?

Alice Well it's a bit annoying and a bit tired.

Karise What else?

Alice And frustrating because sometimes I don't want to go to Dad's but I have to this weekend.

Karise Oh, so you are a 3 because you feel a bit tired and annoyed and frustrated about going to Dad's?

Alice Yip, but it's OK, it will be fine.



Figure 2: "Alice's first small toy scale"

This piece of work occurred towards the end of my first session with Alice. She had arrived at the session seeming very confident, making eye-contact with me straight away and happily leaving her parent in the agency waiting room as we walked to the counselling area. She was inquisitive and asked questions about the room and in turn, answered all of my returning questions with detailed answers.

The passage of interaction between myself and Alice transcribed above was the beginning of my own personal recognition that perhaps younger counselling participants may be conscious of pleasing me and doing things 'right' rather than telling me about how they feel. I came to have this wondering thought as Alice described how fine everything was in her life. I had prior information from both her parent and an outside agency referral detailing issues in Alice's life that were not pleasant and was therefore surprised at her initial 8/10 rating on the SFBT scale. I was then struck by Alice's initial comments and what seemed to me as the down-playing of her feelings, as I was aware of her family background and reasons for being referred to counselling. I could not help but compare this first interaction with Alice, who is

nine years old, to teenage clients I have worked with in the past in a high school setting. In my experience they were very forthright with their feelings and explaining how bad things were straight away or why they had decided to come to counselling and this seemed quite a contrast to what I was now experiencing with Alice. Interestingly, when I introduced the small toys and asked Alice to use them in her scale, her number changed significantly to 3/10, much lower than the previous 8/10. She was then able to begin telling me her personal narrative about her father and what was happening in their relationship at this time. After this session I made notes in my reflective research journal, part of which is detailed below:

It was hard for me to understand Alice at first today when she described herself as 8/10 on the scale and that everything was “good”. I think I had my own assumptions already forming in my mind because I had read her file and spoken to her Mum prior to today and knew what had been happening in Alice’s life. In my opinion I guess I thought she couldn’t possibly be an 8/10 so why was she saying she was? How interesting that her number changed when she made the toy scale. Was it easier for her to describe her feelings with the toys? Was it a way of almost hiding behind them, or they were talking for her? Because then all of a sudden she started talking about Dad and going to his house etc. She still said, “It’s all OK” at the end though

Referring back to my first research question about the effect of using small toys in my SFBT practice with children, I felt at this point, that I may be witnessing the beginning benefits of such integration as Alice’s answers changed quite significantly in this short period of time. The ability to both gain a positive rapport with Alice and begin to co-construct a differing

and more personal narrative to her original, all in our first session together, was certainly enhanced by the use of the toys.

As Selekman (1997) questioned, “When a child is happy, mad, sad or angry, can she express herself verbally or is it through action alone? (p. 37) It seems the introduction of the toys prompted a change in Alice, not only her answer to the scaling question but her general openness and willingness to interact with me.

At this stage, I was already thinking the small toys may be very helpful for this client and was excited to pursue their use further.

The second theme, ‘Help Me to Understand’ aims to show how the participants described their presenting problem, the reason they had come to counselling, as well as how they felt about it. It is also the beginning of the exception finding aspect of my research question.

Scaling is once again used but in more detail in order to enquire into times things were better for the participant.

‘Help Me to Understand’

Karise So, last week we had a go at using the toys to make a scale, do you remember that? [Alice nods] OK well because things can change between our sessions I thought we might start by doing that again, see where you are at today.

Alice OK, things probably have changed a bit.

Karise Alright then, well can you get 10 toys out and make a scale like last week? You can use different toys if you like.

Alice sits on the floor beside the toy table and immediately grabs the animal themed boxes. She completes her scale quickly and with purpose.

Alice All done!

Karise Awesome, thank you for doing that. So, on the scale with 10 being everything is just how you want it and 1 being everything is the opposite of that, where are you today?

Alice This one [picks up the second toy]

Karise 2 out of 10?

Alice Yes [nodding].

Karise Can you tell me a bit about that?

Alice Well, I went to Dad's on the weekend and it was really annoying. He kept wanting to talk about Mum and bad stuff she does and I just didn't want to hear it so I went up to my room but he followed me and kept talking.

Karise You do sound quite annoyed about that. So, Dad wanted to talk about Mum doing bad things but you just did not want to hear about it?

Alice Yeah but I didn't know what to say to make him stop, it was really annoying.

Karise So, if you are a 2 out of 10 at the moment, thinking about this and what happened, can you maybe think of a time things were better than that? It could even be a little better, like 2.5 or 3 out of 10?

Alice Well. . . . probably when I'm at Mum's it's much better or when Dad just plays with me and we don't talk about that stuff.

Karise So, when you are at Mum's house or if Dad doesn't talk about that stuff it's better? I wonder what number on the scale you would be when it's a bit better?

Alice Ummm. . . . probably. . . .like a 5 or 6.

Karise So if things were a bit better then you would be a 5 or 6? That's quite a big jump from a 2 isn't it? Show me on the scale where you would be.

Alice I'd be the cat, that's 5.

Karise Tell me what else would be different if you were a 5 out of 10.

Alice Dad would play cricket with me outside and we might bake cupcakes. We might visit his friends but they wouldn't talk about Mum and we might go quad-biking.

Karise Gosh, it sounds like you would do heaps of fun stuff with Dad if things were a bit better! I'm curious to know what you might be able to do to get from the zebra (toy 2) to the cat (toy 5)? Or even just start heading in that direction?

Alice Hmmmm. . . . I think if I was the cat I could tell Dad to stop it.

Karise Tell Dad to stop what?

Alice To stop talking about Mum and the bad stuff she does.

Karise So if you knew what to say when Dad said those things, it would be better?

Alice Yip but I don't, he doesn't really listen.

Karise What have you already tried to say to Dad when he does talk about Mum?

Alice Well, I've tried saying to stop it and that I don't want to talk about that stuff.

Karise That's great that you have already tried those things.

Alice Yeah but he doesn't stop, he keeps going and even when I leave and run to my room he follows me and keeps talking.

Karise So you have also tried leaving the situation so that's three different things you have tried, well done for doing that. Would it be helpful to try and figure out something else to try? We could do that together.

Alice Yes. I want to be the cat! And even maybe the puppy! (the 10th toy)



Figure 3: "Alice's second toy scale"

During our second session together, I introduced the SFBT idea of finding exceptions to the presenting problem with Alice as she was already very competent at scaling with the toys. I did however ask her to construct another 1-10 scale using the small toys as a way for me to

gain further understanding of her story, how she was feeling that day and if the integration of the toys was still helpful. I was interested to see Alice's excitement and enthusiasm to do this for me but also surprised and a little ruffled in myself when Alice described herself as being lower on the scale than the previous week. As is reflected in the following journal excerpt, I had hoped her story was going to be more positive than negative:

I felt a loss of control in my own counselling abilities when Alice said she was now a 2/10. I was really happy that she seemed to like using the toys to make her scale and that she was relating to them, for example choosing animals she likes, but I think I had hoped her journey would be moving forward rather than backwards. This only highlights further for me my ever present need for control!! But I need to remember it is her story, not mine to write.

Analysing this transcript allowed me to see a number of important aspects for my counselling and therefore my research

The fact that I had internally hoped for a nice, linear client progression from negative to positive was clearly evident as well as the implications for this should I continue to hope for this for my clients.

A SFBT practioner believes each and every client session can be an entirely different narrative which we explore alongside our clients and these are in fact, socially constructed. If I am counselling with the hope of seeing positive progression from one day or week to the next, then am I really practising in a solution-focused way and am I doing my best for my clients? And, who is to decide whether the session or the counselling at all have indeed been successful?

I feel as though my overarching research question, what are the effects of integrating small miniature toy use with my solution-focused counselling practice with children, is beginning

to be answered by this theme. Because the toys, at this stage, seem to be enabling Alice to engage in more dialogue and be very present in the session and with her presenting problem, their use may also help me be less controlling and hopeful of progress each session. They may be providing an opportunity for me to relax more in my counsellor role and allow the client to navigate their session and their journey.

During this second session, Alice used the small toys to scale her current feelings as a 2/10 and went on to talk in detail about her experiences and hopes for a time when things were better. She was able to identify an exception to her problem. Although she felt annoyed at both the problem itself and the fact that she had tried many times to change it without success, this allowed me to praise her for her effort and offer encouragement to try something else, an important aspect of SFBT. I feel that the use of the toys when creating the scale gave Alice a visual component to her problem and helped her to see possible movement and change within it. This is shown when she begins talking about herself using the toys, for example, “I want to be the cat! And even maybe the puppy!” We were then able to start a discussion about how Alice may do that and I offered her the chance to co-construct this together which she accepted.

The third theme, ‘Brave and Resilient’ came from my use of the solution-focused Miracle Question with the participants. This question aims to provide an alternative to the current problem by imagining waking up one day to find the problem is gone. Through asking the question then inviting the use of the small toys to illustrate their day, the children were all able to describe and show visually what it would be like for them without the problem as well as suggesting ways for this to begin happening for them in reality. They all seemed to understand this was not simply going to happen overnight as the question suggests but were realistic and optimistic that the journey forward could be possible.

‘Brave and Resilient’

Karise I’m going to ask you a strange question now and I need you to use your imagination OK? OK, so can you imagine that tonight when you leave here, you go home and have dinner, get ready for bed etc and go to sleep as normal. But then, overnight, I’m able to use my magic wand, cast a spell and when you wake up tomorrow morning you know a miracle has happened, you just know that the problem we’ve been talking about is gone.

Alice Gone? How is it gone?

Karise Well, when you wake up, there’s no explanation but in your heart you know it has disappeared and you don’t have to worry about it anymore.

Alice OK

Karise Now I want you to think about what that would be like, what might happen on that morning to tell you things were different? And how would you feel?

Alice OK, that’s a lot to think about!

Karise It is! You’re right! Maybe it would be helpful to use the toys to help you work it out?

Alice I think they would be!

Alice arranges the toy containers on the floor beside her and picks through their contents. She sorts out people and other toys into piles and begins constructing on the floor.

Alice I am going to put my Mum in and Dad and my brother plus the cats.

Karise All those people are in your miracle day.

Alice And actually I’m going to put school people in too.

Karise Great!

Alice continues working on the construction of her miracle day, moving toys about, looking at her work, changing it and moving things again.

Alice Well. . . . I think that’s done.

Karise I would love you to tell me about it.

Alice So, I think if the problem was gone, I would be at Mum’s house every day so I’m in my bedroom at her house when I wake up. My cats are there because I

love them so much I would feel happy because when I got to school my friends would be playing and not being mean to me.

Karise How would you know they weren't being mean to you?

Alice Because they are playing and smiling and would talk to me.

Karise That sounds nice! Can you tell me about the fence and the animals?

Alice Dad's over here and he has to stay on that side. The crocodile and the shark are guarding me and Mum.

Karise Who is this?

Alice That's Dad in his work uniform. He can come over the fence but only when I'm ready.

Karise Ready?

Alice When I know what to say.

Karise Ah like we practised?

Alice Yeah, but only then. You are here too because it's like you're an angel and helping me to do stuff and make me feel better.

Karise Oh that is really nice, thank you for including me.

Alice That's OK, I like this day a lot.

Karise Do you think you can see any ways for this day to become a bit real? Like not just a miracle but something that does happen?

Alice Well I don't think it will really come true but. . . . it's nice to feel safe on this day and that I can control it a bit.

Karise How can you control it a bit?

Alice By knowing what to say to Dad.

Karise By knowing what to say to Dad. That's great you know that. What about with your friends at school?

Alice Well I don't think they will be nice to me because even the teacher can't make them do it but I guess I can still have fun at school anyway. Maybe I will make a new friend someday.

Karise Yes absolutely, maybe you will.



Figure 4: "Alice's Miracle Day"

During the next session I used the SFBT Miracle Question with Alice as another way of exploring exceptions to her problem. This technique is also used to help a client express their preferred future, a time when the problem is not so bad or even non-existent yet I was not sure if it would be too hard for a nine-year-old to understand. Once I asked the question, I offered Alice the use of the small toys as a way of perhaps helping her to work out what her miracle day may look like and she seemed happy to do this.

I was struck by the visual Alice created. To me, her miracle day 'picture' spoke more to me than any words she had said in our sessions so far as I could clearly see the division she was feeling in her life. The use of a separating fence made of wild, dangerous animals seemed to create a sense of protection for Alice and she was then able to describe who each character

represented and why they were where they were on this day. As a counsellor, the visual representation made by Alice taught me more about her and her experiences than anything already had as I felt I could see the pain she felt surrounding her Dad and her hopes of feeling safe and in control. For example, the fact that the toys created a visual wall or fence between Alice, her mother and her father on the other side seemed to help Alice organise her thoughts and begin to talk about ways to still spend time with her Dad but on her terms. I could not help but wonder would I ever had known this without the use of the small toys and the miracle question combined and would Alice have been able to verbalise her hopes for the future without this exercise? The miracle question session directly related to my research question, how do miniature toys enable a child to express their preferred future? It was through this integration of verbal questioning and the toys that Alice began to explain how she hoped things would or could be.

At his point in my work with Alice, I went back to the literature to gain more insight into the counselling of children and how they are best helped in a therapeutic setting as I was still unsure whether Alice may have been able to explain this to me verbally without the toys. I was also curious to know if my way of questioning her was leading her in any way. After re-reading Pamela Kings (2014)) work on 'Play Scaling' I was reminded that although I felt the integration of toys had been successful for Alice, I needed to be careful about any assumptions that may lead me to influence my future interactions with her.

Clinicians are cautioned to not interpret or infer meanings; rather, elicit details about the clients' choices. This keeps the client in charge of their own metaphor and the clinician respectfully following their lead. The therapist focuses on the clients' past accomplishments,

coping skills and predictions of future positive behaviour rather than pathology or problematic dynamics. (p.316)

I was very aware of the assumptions I made at the sight of Alice's miracle day such as a negativity towards her father as I was already very aware of her personal experiences before coming to counselling. I went back to the transcript numerous times to check I had not elicited information from her or put words in her mouth. While I do not feel I did do this, I think more careful questioning could have allowed Alice the space to talk even more about her day and what she had created for me. For example, at the following point:

Karise How can you control it a bit?

Alice By knowing what to say to Dad.

Karise By knowing what to say to Dad. That's great you know that. What about with your friends at school?

I very quickly moved on from Alice describing how she would know what to say to her Dad and moved straight on to talking about her friends. I assumed that we had 'fixed' that issue and had an answer without really questioning and fleshing out this more with Alice, given that this was a main concern and a huge part of her presenting problem.

As I had background information on Alice's relationship with her father from outside sources prior to my work with Alice, I was not concerned about this situation being potentially harmful to her safety but had I been, as a counsellor I would have needed to talk to Alice about this at this point as well as potentially her mother or my supervisor.

The fourth theme, 'The Future is Bright' aims to show both the progression of the participants from the beginning to the end of our sessions together as well as them identifying

their preferred future. Included in this theme is a last 1-10 scale and a session rating scale of their overall experience of attending counselling with me.

‘The Future is Bright’

Karise How have things been since I saw you last?

Alice Really good thank you. I went to Dad’s this weekend.

Karise How was that?

Alice Much better. I had the piece of paper in my pocket and it helped, just having it there.

After the Miracle Question above, Alice and I talked about some options of things she could say to her Dad if he began talking to her about her Mum. This has been an ongoing issue for Alice and she has realised knowing what to say to him at this time would be more helpful to her than trying to change his behaviour. We wrote down a sentence she felt comfortable saying on a piece of paper and she took this with her.

Karise Oh really, I’m so glad you remembered and took the piece of paper with you.

Alice Yeah, I remembered! The funny thing is I didn’t even use it or say it because Dad was really good but it still helped.

Karise It still helped?

Alice Yeah I guess having it and being prepared made me relax and me and Dad just did fun stuff and it was good.

Karise I’m really pleased you had a nice time at your Dad’s and that the piece of paper was helpful. What fun stuff did you do?

Alice We played cricket in the backyard and then we made a birthday cake for my cousin. We decorated it with butterflies and sprinkles and then we also went out for tea to McDonalds.

Karise Wow, what a fun weekend!

Alice Yeah it was.

Karise So, thinking back to that very first scale you made with the toys, I think you were a

2 out of 10? Where would you be now on that same scale today do you think?

Alice Can I make it?

Karise Of course!

Alice Yay! [Begins inspecting the toys and organising them]



Figure 4: "Alice's last small toy scale"

Karise This looks like a great scale! Can you tell me where you are on it today?

Alice I'm definitely the angel.

Karise So . . . that's 8 out of 10?

Alice Yip coz I'm so much better. I don't think things are perfect which would be 10 but things are so good so it's 8.

Karise That's so cool Alice! I'm so curious to know how this has happened? Like how you have moved up to 8 out of 10?

Alice I know it was the piece of paper. I felt so much better having it in my pocket. It was like, no matter what happened at Dad's I had something to help me deal with it.

Karise That's great.

Alice Yeah and I also think, like what you said before, it's just Dad being Dad, I can't change him and it doesn't mean I don't love Mum.

Karise That is so true.

The positivity and hope in Alice's comments really inspired me upon hearing them and when re-reading them again. This transcript is from our last session together, one in which I had hoped Alice would make a final scale using the small toys which may then lead to us discussing her preferred future and steps to help her achieve this or something like it. When Alice did indeed make her scale and made herself an 8/10 as highlighted in the above transcription, she was excited at telling me her new narrative about Dad's house. The work we had done the previous week had helped Alice increase her personal agency when interacting with her father and although she had not used the piece of paper we had prepared together, the knowing it was there proved to be enough. Alice now felt she could manage what had been a big problem in the past and had a brighter outlook on her future weekends at Dad's place.

One of my research questions revolved around the use of the small toys and SFBT to help a client express their preferred future. The preferred future is a vital aspect of the modality as it encompasses the positive, future-focused ethos which drives SFBT and hopes to help the client understand they have the strength and means to change. When thinking about Alice and her participation in this research, I can see the small figure use was helpful in helping her express her hopes for the future. Through the weekly scaling, the conversation that followed about times when things were better, the miracle day creation and finally the co-construction of a possible solution, the piece of paper with a helpful sentence on it, Alice now seems to have a much more positive outlook which is evident through her higher scale number.

During clinical supervision after finishing my last session with Alice, I discussed her case in a confidential manner and what I saw as a successful integration of an element of play therapy and my SFBT skills. Both myself and my supervisor pondered the question of whether I would have received as much information from Alice without the use of the small toys? As I had not worked with Alice prior to my research I could not answer this for certain, but I did reflect that the SFBT techniques felt like a great fit with the toy use and seemed helpful not only to Alice but also to me as the counsellor in both my rapport building initially as well as the general amount of dialogue throughout the sessions. The toys provided a practical tool in which to describe and show her the things I was asking her to do such as put herself on a 1-10 scale, think about exceptions and describe her miracle day. I do not think simply talking about these would have left us in the same position as we did finish with. The following excerpt is from my reflective research journal the night I finished with Alice:

It would be great to go back in time, knowing what I know now and not use the toys with Alice. This time I would just talk with her, do all the things I did like the scales and miracle question but just with my voice and my person-centred skills and nothing else. I would love to see if she was able to describe things as well as she did. I wonder if we would have worked out that as long as she knew what to say to her Dad at the bad times then she would be OK going to his house?

I really think the toys helped Alice explain herself and see things she hadn't seen before. They certainly helped me get exceptions from her.

The following stories highlight the same sequence of events as is described in ‘Alice’. The theme is as described previously with each of the remaining three participants.

MASON

“I’m OK”

- Karise On a scale of 1–10, with 10 being everything is just how you want it and 1 being everything is the opposite of that, where are you today?
- Mason What do you mean?
- Karise So, remember how we did the scale about ice cream and how much you liked it? Well now we are doing the same thing but talking about why you are here.
- Mason So, do I say it now?
- Karise Yeah, so I can ask you again on a scale of 1–10, with 10 being everything in life is just how you want it and 1 being everything is not so good, where are you today?
- Mason 10?
- Karise 10 out of 10?
- Mason I think so that’s good isn’t it?
- Karise It is very good yes. It’s the best it can be! [Pause] Is everything the best it can possibly be?
- Mason Yeah
- Karise So, these toys I showed you before can help us make a scale too and really work some things out. That might make it easier for you too, do you want to have a try?
- Mason OK

Mason leaves his seat and sits on the floor rummaging through the toy boxes.

- Karise So, have a good look then can you choose 10 toys you like the best and put them in a line on the table? Make your favourite toy number 10 then go down to number one. [Shows a line with finger moving left to right across the table]

Mason Do you want me to choose them now?

Karise Yes but take your time and choose the ones you want.

Mason OK

Mason tips out the miscellaneous box onto the floor and spreads the toys out. He counts out 10 toys from this box and starts arranging them on the table as asked.

Mason OK

Karise All done? Great, I can see you really liked that box.

Mason I like toy cars and the crane and the planes. But I like animals too.

Karise I see the kiwi is number 10 in your scale! Can you show me where you are on the scale today please? If you think about the things that brought you here?

Mason What?

Karise So, this is your scale from 1-10. Remember that 10 is the best things can be and 1 is when things are not very good at all. Where are you on that scale today, right at this moment? Which toy?

Mason Ummmmm . . . [runs his index finger along the row of toys] probably this one.

Mason picks up and holds out a shark toy which is the fifth toy in his scale, not the 10th.

Karise Today you are the shark?

Mason Yip

Karise OK, let's count what number that is . . . 1,2,3,4,5! What is it like at 5 out of 10 for you? When you are the shark?

Mason Kind of in the middle.

Karise 5 is in the middle, yes you are right it is. It's exactly in the middle. What is it like, being in the middle?

Mason [Thinks] Well, it's not so good.

Karise It's not so good? It's not so good at 5?

Mason Yeah, it's OK but it's not that good.

Karise What else is it like at 5 out of 10 for you Mason?

Mason Things could be better but it's OK.

Karise Ah, so at 5 things could be better but it's OK.



Figure 9: "Mason's first small toy scale"

Mason approached counselling cautiously and was very quiet and nervous in our first session. He seemed to be taking everything in, in his own time, looking around the room but not making eye-contact with me straight away. He was brought to the agency by a family member, not a parent, and seemed a little anxious at leaving them in the waiting room. Mason engaged in the verbal scaling activity I did with him to introduce the idea of a 1-10 scale but then struggled to relate this experience to then scale his reasons for being at counselling. I had background knowledge of his presenting problem from his family member whom I had met with the week before and was therefore surprised once again when Mason finally decided he was a 10/10 on the scale, the best he could be. My mind was instantly drawn to Alice and her initial scale which ended up being much higher than when she used

the toys. I was curious to know if Mason was simply thinking this was the answer I wanted him to give or was he hesitant to open up to me about his true feelings as I was a stranger and an adult.

Bertolino & Schultheis (2002) wrote that at first many child clients are readily prepared to please their therapist especially if they are new to the counselling process. They may also seek to please out of fear of abandonment having had to please other adults in their lives for this very reason (p. 108). Knowing what I did about Mason's past, this was a likely possibility for his initial 10/10 answer so I continued with my plan to introduce the small toys to the scaling process to see if anything changed with his behaviour and answers. His questions during this process reaffirmed my suspicion of Mason's nervousness of doing something wrong, for example, ". . . that's good isn't it? And "Do you want me to choose them now?"

The introduction of the small toys to the scaling process revealed a different number to Mason's initial choice. His new number of 5/10 or 'the shark' was representative of him feeling, "in the middle", and that things could be better for him right now.

This counselling session lasted for forty-five minutes and over this period of time, Mason became a little more relaxed and changed his scale number from 10 to 5 out of 10. Once again, the introduction of the small toys to the scaling process seemed to be the catalyst for this change and I was left wondering what this told me about working in a solution-focused way with child clients and using both verbal questioning as well as an element of play. As I wrote in my research journal:

At first I found Mason a little hard to work with as he seemed so uncomfortable in the room. I was so aware of this and wanted to make him less so and I was pleased I had the toys as something to fall back on. Although, this initially made Mason even more confused but he

eventually gave the scaling task a go and this resulted in a new, lower number for him. I must admit, I assumed this was a more accurate number as I already knew about the hard time he has had. I can't help wondering why and how the toys helped him to get to this point?

Mason let me know he had had enough of the task at the forty-minute mark of session one. He was obviously distracted, stopped answering my questions and then asked when he could leave. Although I had planned on having an hour long session, I said we could stop there for today and thanked him for making the scale and talking to me. He quickly left the room without waiting for me.

“Help Me to Understand”

Karise So, last week we had a go at using the toys to make a scale from 1-10. Well because things can change between our sessions I thought we might start by doing that again and see where you are at today.

Mason OK

Karise Can you pick 10 toys like you did last time and pop them in order from 1-10? You can pick different toys if you like.

Mason So, just like last week?

Karise Yes please.

Mason cautiously picks through the container, chooses his toys and puts them in a line.

Karise All done? Awesome, thank you. So, thinking about the reason you came here today, which toy are you on the scale?

Mason Ummmmm. . . . [counts with his finger along the line] 1,2,3,4 this one, 5.

Karise So you are 5 today? The dinosaur? Tell me why you chose that toy.

Mason Well, it's not so good.

Karise It's not so good?

Mason Something happened this morning.

Karise Oh really, something happened this morning to make you a 5?

Mason Yeah Matilda* and Sam* were yelling at each other.

Karise Oh so Matilda and Sam were yelling and that made you feel not so good?

Mason Yeah

Karise What was that like?

Mason Annoying

Karise Hmmmm yes, I can understand that. Are there times when things are better than this morning? Times that would be better than a 5 out of 10?

Mason I guess so yes, like when we go swimming or when we are playing outside.

Karise That sounds like fun! If we were talking about those times, where would you be on the scale then Mason?

Mason Swimming would be 10! And playing would be 9!

Karise That's awesome! It sounds like you love doing those things! I'm wondering what you might be able to do to get from the dinosaur (toy 5) to the digger (toy 10)? Or even just start heading in that direction? You don't have to get to 10 straight away.

Mason We would go swimming every day!

Karise That sounds fun!! Things would be better if you went swimming every day. What do you like about swimming with your family?

Mason Ummmmm it's so fun everyone likes it and is laughing.

Karise So everyone likes it and they are laughing? That sounds different to people arguing.

Mason Yeah we don't argue at swimming.

Karise It sounds like people arguing is something you really don't like. What did you do when Sam and Matilda were arguing this morning?

Mason I ran to my bedroom until we had to go to school.

Karise Did that help?

Mason No because they kept arguing and I could still hear them.

Karise That’s a shame it didn’t work. But good on you for trying something! Would it be helpful to try and figure out something else to try? We could do that together.

Mason OK



Figure 10: “Mason’s second small toy scale”

Mason’s demeanour as I greeted him in the agency waiting room for session two seemed very downcast and unhappy. He was at the drinks station with his family member making a hot milo for himself but did not smile or speak to me when I greeted them both. I asked Mason if he was ready to come through to my room and he shrugged his shoulders in reply yet started walking with me without acknowledging his family member who stayed behind.

I began this session with another toy scale which Mason did respond well to, in fact he started looking through the toy boxes as soon as he entered the room which I was pleased to see. After naming himself as 5/10 on the scale today, I was quite surprised to hear Mason tell me about his reasoning's behind this which included his siblings arguing that morning. I used this opportunity to then elicit an exception to this, a time when things had been better for Mason and he was able to promptly say that swimming together as a family was a better time for him.

This all happened within the first fifteen minutes of our second session and I later reflected on why this was the case and if it was the inclusion of the toys that helped Mason talk to me.

This is reflected in my case note below:

Mason was very grumpy looking in the waiting room but then seemed to come alive and use the toys to scale and find an exception in record time. He was quite physical with the toys, moving them about in and out of line and fiddling with them as he spoke.

At this point, I think the physical element of the toys was helpful to Mason as he was able to manipulate them while he spoke and identify them as the numbers on the scale which then translated into how he was feeling about his family situation. I also believe the toys helped him understand and then find an exception to the issue he had had that morning as he physically looked at the toy scale and picked up the corresponding numbers when talking about going swimming.

Interestingly, after this part of the session, Mason seemed like he had reached his saturation point and was not as engaged. I attempted to question him a little more about swimming with his family and why it was so enjoyable but he was very dismissive. We ended up playing a

board game together for the last twenty or so minutes of the session which I believe was still helpful in our rapport building process.

‘Brave and Resilient’

Karise I’m going to ask you a strange question now and I need you to use your imagination! OK, so can you imagine that tonight when you leave here, you go home and have dinner, get ready for bed etc and go to sleep as normal. But then, overnight, I’m able to use my magic wand, cast a spell and when you wake up tomorrow morning you know a miracle has happened, you just know that the problem we’ve been talking about is gone.

Mason What do you mean?

Karise So, it’s a bit of pretend OK? Can you try and pretend that when you leave here, you go home and have dinner, get ready for bed and go to sleep. But then, overnight, I’m able to use my magic wand, cast a spell for you and when you wake up tomorrow morning you know something amazing has happened, you just know that the problem we’ve been talking about is gone.

Mason OK, I’ll try

Karise I also want you to think about what that would be like, what might happen on that morning to tell you things were different? And how would you feel.

Mason OK

Karise Maybe it would be helpful to use the toys to help you work it out? Since they helped with the scale last week?

Mason Yes!

Mason begins to look through the containers and selects toys to use for this activity. He arranges the chosen toys on the carpet.

Karise Gosh, you are doing a good job with those toys. Can you tell me a little bit about what you are doing?

Mason In a minute.

Karise OK

Mason So, this side is the bad stuff and the angry annoying stuff and this side is the good stuff like the friendly and kind stuff. That’s me, Matilda, Sam, Courtney*, Paige* and Saffron*.

Karise Thank you for explaining that to me. You have thought a lot about this. What is different about this day compared to a normal day Mason?

Mason Well, all the bad stuff is away over here and the good stuff is on our side. So we get the good stuff and the bad stuff has gone.

Karise Oh I see; the bad stuff is all over here so it's gone. And you all get the good stuff. That's so cool. How are you feeling on this day?

Mason Happy

Karise What else?

Mason Excited and smiley.

Karise That's so nice that you're feeling happy and smiley. I wonder, how can we make even part of this lovely day really come true? Even if I don't have my magic wand in real life?

Mason I don't know. . . . [thinks] maybe tell Matilda and Sam not to argue?

Karise Would that be helpful, if they didn't argue?

Mason Yeah super helpful. I mean, it doesn't matter if they still do, I don't mind that much but maybe if they could stop. Can you ask Matilda?



Figure 11: "Mason's Miracle Day"

The Miracle Question, “is not a simple question”. (De Jong & Berg, 2013) It requires the articulation of a day in which the presenting problem does not exist and for many clients, this idea is beyond impossible to even imagine. For a child client, the complex nature of the question may also prove difficult so I was interested to see how Mason reacted to it and if the use of the small toys proved helpful to him.

At first as the above transcript shows, Mason did struggle with what I was asking of him. Once I explained it again, he seemed to understand and once again, the small toys seemed a helpful tool in his explanation. Mason worked diligently for quite some time and seemed annoyed when I asked him about his day before he was ready. Once he was finished however, I could clearly see and he could explain to me the division he felt between the good and bad things in his life. The bad things were represented by traditionally scary and dangerous animals which also happened to be dark in colour which contrasted with the happier side of Mason’s work. This side included representations of his family members and more bright, colourful toys, separated from the bad side by a long snake. Mason was able to describe this to me and tell me that on his miracle day no one would be arguing and he would be, “excited and smiley.” This discussion then led quite organically to the finding of a possible solution to the problem – me asking his family member to stop arguing with his younger sibling. This was a wow moment for me! This solution-focused technique had indeed found a possible solution.

As was the case the week before, Mason tired quickly after a great start to the session and his body language and general demeanour suggested to me that he had had enough. We once again finished up early and as we walked out to the waiting room I acted on an impulsive thought that perhaps our next sessions could be held in one of the agency playrooms rather than my simple office. I suggested this to Mason’s family member who happily agreed.

‘The Future is Bright’

- Karise How have things been since I saw you last?
- Mason OK
- Karise What has been OK?
- Mason Ummmmm. . . . just everything.
- Karise I’m glad things have been OK. If I asked Matilda how things had been what would she say?
- Mason She’d say things have been good I think! More happier.
- Karise More happier?
- Mason Yeah, there hasn’t been arguing so much and playing heaps outside.
- Karise Oh cool! What have you been playing outside?
- Mason Digging a tunnel and with the cars in the mud.
- Karise That sounds fun! Is that why things have been happier, because you have been having fun altogether?
- Mason Yeah
- Karise So, thinking back to the very first scale you made with the toys, I think you were a 5 out of 10? The shark. Where would you be now on that same scale today do you think? [No comment from Mason]
- Karise Would you like to make another scale today to show me how you are?
- Mason Can I just play?

This session is being conducted in a play therapy room due to room availability at the agency. We normally work in a more office-like room.

Karise Would you like to play?

Mason Yeah

Mason immediately investigates the large collection of small figures on the shelves and selects some to use in the sand tray. Without instructions from me he begins to create a sand tray, working steadily without speaking for many minutes.

Mason's fifth and final counselling session was held in a playroom set up according to the guidelines for CCPT. The fact that he was instantly drawn to the sand tray and the toys used in it was of huge interest to me and a realisation of the importance of toys and play when working with children. He seemed much more relaxed during this session and I made an instant judgement to behave in a more child-centred therapy way, allowing him the time and space to move in the room as he saw fit. I refrained from asking a lot of SFBT questions initially and then found that when I did, he was more keen to "just play".

Thinking of my main broad research question, what are the effects of integrating small miniature toy use with my solution-focused counselling practice with children? In Mason's case I think the effect was a shorter rapport building time and quicker journey to the presenting problem, a valuable way to help him scale his presenting problem and find exceptions to this, an easier explanation of the Miracle Question and finally, a way for him to navigate and explore his feelings without having to be very verbal, descriptive or personal with someone he did not know well. The final session in the playroom also showed me that Mason would find CCPT helpful and that the five sessions we had scheduled were not enough for him to fully work through his family issues and the feelings he had about them. Consequently, after the research period was over Mason transferred to another agency counsellor who specialised in this modality.

**not real names*

CLAIRE

“I’m OK”

Karise On a scale of 1–10, with 10 being everything is just how you want it and 1 being everything is the opposite of that, where are you today?

Claire I’d say. . . . probably a 4.

Karise 4 out of 10?

Claire Yeah, 4 because things aren’t that good but they aren’t terrible either.

Karise OK, so today you’d put yourself as a 4 out of 10 because things aren’t that good but they aren’t terrible either?

Claire Yip

Karise So, these toys I showed you before, the ones I’m using in my project, can help us make a scale too and really work some things out. Shall we have a try doing it that way?

Claire Love to!

Begins rummaging in the containers containing the toys.

Karise So, keep having a good look then can you please choose 10 toys you like best and put them in a line on the table? Make your favourite toy number 10 then go down to number 1. [Shows a line with finger moving left to right across the table]

Claire OK. [Spends a long time looking, picking up the toys and putting them back again. She finally chooses 10 and places them in a line as shown.]

Karise Thank you for doing that. I see you’ve put the Mother Dog as 10? Is that your favourite?

Claire Definitely, I love dogs. The unicorn is 1 even though I like them too!

Karise Awesome! So, can you show me on this scale, where you are today if you think about why you’ve come here to see me?

Claire [Picking up the toy placed at 4 out of 10] This one.

Karise So, 4 out of 10? The fourth toy?

- Claire Yeah, Mum and I argued today and we have been arguing heaps. She annoys me when she dismisses me for other things but then she always listens to Kate* (step sister). And she never buys me clothes and I really need them.
- Karise OK, so you are a 4 out of 10 today because you and Mum have been arguing a lot? And you feel she dismisses you but not Kate? And you really need new clothes!
- Claire Yeah, I mean, it's OK, I know she loves me and stuff. It's just that I feel so much better when she pays me more attention.
- Karise What else is happening for you at 4, at the angel?
- Claire It's funny, I just realised I'm only a 4 at Mum's. I'd be higher at Dad's. At Mum's I'm scared at night and don't sleep that good coz they have so many overloaded plugs and I'm scared of a fire starting. Plus, I hear funny noises there and do you know, someone actually died in that house?!
- Karise Oh, so at Mum's you are a 4 but at Dad's you'd be higher? What would you be at Dad's?
- Claire Like. . . . an 8.
- Karise Wow, an 8 out of 10? That's quite a difference isn't it?
- There is a pause as I think about what direction to take next.*
- Karise What would it be more helpful to talk about for you? The stuff at Mum's or Dad's?
- Claire Totally Mum's! That is where I struggle. I mean, it's not horrible or anything but it is where the problems mostly are.



Figure 14: “Claire’s first small toy scale”

I had already held several sessions with my first two research participants before meeting Claire. She is slightly older than the other two children and I was interested to try more extensive questioning with her rather than relying on my personal assumptions and background information from other adults. I still wanted to stick to the SFBT techniques as per my research questions but was hoping to have gained experience and insight from the data I had already gathered.

Right from the beginning Claire seemed more mature and engaged than my other participants thus far. She readily began the process from day one and had a good understanding of the scaling technique in a verbal capacity. She did seem to enjoy using the toys but I had a feeling this was more of a novelty rather than a necessity for Claire. As is highlighted in the above transcription, Claire stuck to her initial scale number of 4/10 when using the toys and gave detailed reasons for it. I believe this would have also been achievable had she not had the toys to use.

“Help Me to Understand”

Karise So, prior to last week we had a go at using the toys to make a scale from 1-10. Well because things can change between our sessions I thought we might start by doing that again and see where you are at today.

Claire Oh sure.

Independently begins the process of sorting through and choosing toys to use for her scale.

Claire OK, I've got different ones today, is that alright?

Karise Of course.

Claire So, today I think I'm between a 5 and a 7 because some good stuff happened but also some bad stuff happened so I can't pick an exact number.

Karise OK so you are between a 5 and a 7. Tell me a bit more about that.

Claire Well, I'd say I'm the fish (toy 5) because I'm still at Mum's house and Kate* is really annoying me and Mum sticks up for her all the time. But then I'm a McDonalds girl (toy 7) because I had a great time at the mall on the weekend with my friends.

Karise Oh cool, so you've had some different experiences, some good, some not so good this week.

Claire Yeah I guess I'm thinking a lot about Kate and how my Mum and stepdad take her side even though she is manipulating them all the time so maybe I should just say I'm 5 today.

Karise Is that what you'd like to talk about today?

Claire Yeah they think she is the good girl and it really annoys me. Mum bought her all this cool stuff for her room but nothing for me, just because her Mum died, it's not that fair. And she is so nice to me in front of them but when they go out she is really nasty or doesn't even talk to me.

Karise Gosh, that sounds hard. Has there ever been a time since you have lived with Kate that things have been better than this?

Claire I guess maybe when we first started, she was nice to me then.

Karise If you keep thinking about that time, where would you put yourself on the scale for then?

Claire I guess like an 8, the giraffe.

- Karise I wonder what is different between then and now?
- Claire I think mainly that I've stopped trying with her. I used to talk to her and ask her questions and stuff but now I can't be bothered. If she isn't nice to me then why should I be nice to her? Mum will just stick up for her anyways.
- Karise It was nice of you to talk to her and ask her questions when you first moved in. Have you tried anything to sort this out recently?
- Claire Nah not really.
- Karise Would you like to be more friendly with Kate or is it OK the way it is? At 5?
- Claire In the perfect world I'd like us to talk to each other and at least get on OK. And not argue or fight but I can't see that happening!
- Karise I'm wondering what you might be able to do to get from the fish (toy 5) to the angel (toy 10)? Or even just start heading in that direction? You don't have to get to 10 straight away in this situation with Kate.
- Claire Well . . . I guess I could try talking to her more like I used to. Coz now I just come home from school and go straight to my room and on my ipad.



Figure 15: "Claire's second small toy scale"

The above transcription is from my third session with Claire. Session two was used to co-write a 'Technology Contract' at Claire's request due to some issues she was having around the use of her ipad and phone at her mother's house. This activity was very solution-focused as it was what the client thought was helpful and generated a lot of future-focused talk centering around the client's relationship with her Mum.

Session three began with scaling using the small toys as I was interested to see how Claire would use these again. The resulting scale and discussion generated from it was very focused on how Claire was feeling and why as well as what seemed like a natural progression to exception finding. Claire was, once again, very descriptive and honest about her relationships and her hopes for the future within them. I could not help but think this conversation would have happened with or without the toys. As I reflected in my research journal:

Claire is very suited to SFBT. She seems like a very matter-of-fact person and although she likes to talk, she doesn't seem to want to wallow in the past. She seems to want me to understand her point of view but certainly does not want my sympathy and I think she is very keen to be proactive in helping her current situation. She also seems to accept her role in the problem which is very mature for an eleven year old. I'm not sure the toys are providing an help to Claire, she likes using them but I have a feeling that we would still be progressing as we are now without them.

'Brave and Resilient'

Karise I'm going to ask you a strange question now and I need you to use your imagination? OK, so can you imagine that today when you leave here, you go home and have dinner, get ready for bed and go to sleep as normal. But then, overnight, I'm going to use my magic wand, cast a spell and when you wake up tomorrow morning you know a miracle has happened, you just know that the problem we've been talking about is gone.

Claire That would be pretty amazing!

Karise I know wouldn't it? Are you happy to give it a try?

Claire Sure

Karise I want you to think about what that would be like, what might happen on that morning to tell you things were different? And how would you feel.

Claire Yeah OK

Karise Maybe it would be helpful to use the toys to work it out?

Claire Oh yeah, maybe that would work

Claire reaches over to the containers of toys and focuses on the box of people. She talks through each placement as she goes.

Claire So I think I'd know one of the problems had gone because when I woke up, Mum, Kate and Adam* would all talk to me, ask me about my day and stuff like that. We would all sit and eat breakfast together before school.

Karise So that would be different than it is now?

Claire Yeah really different! We normally just leave the house without breakfast or just grab a yoghurt. At school, it would be different because all the Year 8 girls would be nice to me and not tease me or call out bad names and stuff. Plus, my actual friends would all be cool as always.

Karise I'm noticing with the toys that your friends are all together and is this your family?

Claire Yeah that's Mum and Kate and Adam.

Karise So they are together on the other side but you are in the middle with the cat?

Claire Yeah I'm not sure. . . . I guess that's where I feel I am, where I belong . . . it's OK, I think that's just my place.

Karise Your place?

Claire Yeah, kinda on the outer but still within reach. Maybe that is where I'll always be until I have my own family? I'm not sure. I hadn't really thought about it until I made this!



Figure 16: “Claire’s Miracle Day”

“I hadn’t really thought about it until I made this!” This comment from Claire after making her miracle day with the small toys validated the work I was trying to do in this project. Although I think Claire was capable of scaling her problems and finding exceptions without the use of the small toys due to her intelligence, maturity and verbal skills, after being asked this question, she was able to discover something new. Claire seemed genuinely surprised at the position she had placed herself in physically when using the toys to describe her miracle day and almost seemed more at ease when she realised that she was feeling the way she was due to this ‘not belonging’ anywhere sensation. With her family, her friends at school and her stepfamily she constantly felt out of place or just to the side of things and knowing this seemed like quite an important moment for her. It reminded me of what King (2014) said when describing her use of play scaling:

A basic tenet of SFBT is to invite clients to focus on a future in which their problems are resolved. From the intake session and throughout the course of therapy, solution-focused clinicians elicit rich, detailed descriptions of this problem-free future. . . . the experiential component of using toys enriches the descriptions and serves as a profound verbal and nonverbal (symbolic) conversational tool. (p.313)

Claire had the verbal skills required to discuss her miracle day but the use of the toys enhanced this description and allowed her and I to notice another component of her story that we had not before.

‘The Future is Bright’

Karise How have things been since I saw you last week?

Claire Good! Mum and I had a big chat and sorted out some stuff.

Karise Oh you had a good chat with Mum?

Claire Yeah, we talked about heaps of stuff like my technology and Kate and Adam and just all that stuff. It was good coz she actually listened for a change and I felt like she kind of understood and things might be better at home now.

Karise So, thinking back to the very first scale you made with the toys at our first meeting, I think you were a 4 out of 10? Where would you be now on that same scale today do you think? After this chat with Mum.

Claire Definitely an 8.

Karise 8 out of 10? Gosh that’s a big change? How come an 8?

Claire Well, after the chat and giving her the contract I got all my technology back like my ipad and stuff so that’s made me heaps happier and I think she trusts me again. And then Kate hasn’t been so bad, I’ve tried to talk to her more and she has asked me some questions and stuff. We went to the mall last weekend together which was good. So yeah. . . .

Karise I’m really pleased to hear things are better and that you talked to your Mum.

Claire Thanks.

Karise What will it take to stay at an 8 do you think? Or get even better?!

Claire I think keep talking to Mum and tell her if I'm not happy will keep me at 8 as long as she listens and doesn't ignore me. I guess to be a 9 I would have to feel really settled at her house and not worried at night and stuff. But mostly it's good and I feel much happier on her weeks and so glad I have my phone back!

During our fifth session I chose not to use the toys with Claire. Our conversation flowed naturally and I felt introducing the toys would have been unnecessary and doing it for the sake of it. Claire had come a long way in her relationship with her mother in particular and seemed happier and brighter than when we first met.

I believe the effect of introducing the small toys to Claire was an addition of fun and interest for her and certainly helped our rapport building process. They also were a novelty that she enjoyed. The main advantage I can see in using the toys with this client was during the miracle day session when Claire made her day with the figures. Through this process she discovered something about herself that she had not known before – her feelings of being on the outer in all aspects of her life. This common theme that ran through all her difficulties was almost like a light bulb moment for Claire as she even commented that she had not noticed that before. I believe this led to Claire being more open and honest with her mother, talking to her step-sister more and making more of an effort with her family in general. As I wrote in my research journal following my last session with Claire:

Claire has shown me that my skills as a counsellor are now made up of not one modality but an integration of modalities and techniques that I can pick and choose between. I used the toys with Claire mainly because of my research and I'm glad I did because of what happened with the Miracle Question. But I also see that due to her capabilities with language and quite advanced intellect, I did not need them when scaling and finding exceptions. I think

my confidence as a counsellor is growing and therefore I can now pick and choose what tools to use out of my kit!

**not real names*

CLARA

“I’m OK”

Karise On a scale of 1–10, with 10 being everything is just how you want it and 1 being everything is the opposite of that, where are you today?

Clara Ummmmm. . . . I think probably like a 7?

Karise 7 out of 10 today?

Clara Yeah, I think so, everything is pretty good.

Karise So, these toys I showed you before, the ones I’m using in my project, can help us make a scale too and really work some things out. Shall we have a try doing it that way?

Clara OK, sure.

Clara takes the wild animal container and starts arranging the toys so she can see them all.

Karise So, keep having a good look then can you please choose 10 toys you like best and put them in a line on the table? Make your favourite toy number 10 then go down to number 1. [Shows a line with finger moving left to right across the table]

Clara OK.

Clara quickly makes her choices and arranges the toys as asked.

Karise Great, thank you! OK so let me see. . . . you have chosen lots of animals, do you like animals? You must also like dinosaurs!

Clara I do. We went to Africa last year for my Auntie's wedding and went on a safari. It was so cool seeing the animals up close. And I think dinosaurs are cool.

Karise Oh really? That's so exciting, I'd love to do that!

Clara Yeah, it was pretty fun.

Karise Now I see why you have chosen lots of animals! Which animal would represent you on the scale today do you think?

Clara [Looks at the scale in front of her then picks up a pony toy] I'm gonna say this.

Karise So, you're the pony today? That's at number 4?

Clara Yeah. . . . I changed my mind.

Karise That's OK! No problem, you can always change your mind. What's going on for you today at 4 then?

Clara Well, I guess it's my sleeping stuff.

Karise The sleeping stuff?

Clara Yeah, I don't like sleeping in my own room so I sleep in Mum and Dad's. . . .

Karise OK, so you don't like sleeping in your room? But it helps to sleep in Mum and Dad's room?

Clara Yip, it does but I want to go back to my room and be more normal. I haven't really slept in there since the earthquake so it's been ages.

Karise But you'd like to go back to your room?

Clara I do want to but it's quite hard. I don't like it when I'm the only one awake in the house or if I wake up and hear a noise. If I was alone in my room that would totally freak me out.

Karise Thank you for telling me that. I understand it can be hard if those things happen. What else is happening for you at 4 out of 10, the pony?

Clara That's really the main thing, everything else is fine. It's just sleeping. I'm getting older so I don't want to be sleeping in Mum's room forever.

Karise I can understand that.



Figure 18: "Clara's first small toy scale"

Clara was the last of my four participants to begin counselling and as with the others, I met with her parents the week prior to her first session. I was therefore aware of her sleeping issues before commencing my work with her. I noted that Clara seemed very confident when using the scaling technique straight away in a verbal capacity as well as with the toys yet she also changed her scale number once they were introduced. Clara used toys that appealed to her in her scale, animals mostly and creatures she was interested in.

Similarly, to Claire, they are the same age also, Clara was very open about her presenting problem and did not seem embarrassed to talk to me about it despite not knowing me very well. I felt she would have been just as honest with or without the toys yet they were a nice visual for her and gave her some time to think whilst she was setting up her scale. They also provided a topic for me to talk to her about which helped with the building of rapport between us.

“Help Me to Understand”

Karise So, last week we had a go at using the toys to make a scale, do you remember that? OK well because things can change between our sessions I thought we might start by doing that again, see where you are at today.

Clara Yay!

Clara starts organising her toys and scale without any more input from me.

Karise That is looking great!

Clara Finished, it's totally different to last week though!

Karise That's OK, it's your scale so it can look however you want. If you start thinking about the reason you're here today and the last week you've had, where would you be on the scale today from 1-10?

Clara The sleep stuff? Oh that's a 7 out of 10.

Karise 7? The Mother Dog? That's great, last week you were at 4, what has changed for you?

Clara Well I slept in my brother's room one night.

Karise You did? How did you manage that?

Clara Well, we had my cousin's wedding and I came home really late at night with my Nana and my brother. So I asked him if I could sleep in his room and he said yes. I slept all night and didn't wake up until the morning.

Karise Amazing! Well done you! So you have gone from a 4 to a 7 because you slept somewhere other than your Mum and Dad's room?

Clara Basically yeah.

Karise How do you feel now that you have done that?

Clara Quite proud of myself and that I want to do it again.

Karise How will you manage to do it again do you think? What number would you be on the scale if you did do it again?

Clara Probably an 8! I think knowing I've done it once makes it easier to do it again so I'd like to try this week.

Karise I think that sounds like a great idea to try again this week. Would you come back and tell me how you did?

Clara Yeah absolutely. Let's say I might be the elephant (toy 8) next week!

Karise Perfect!

Clara I think that probably the more I do it, the easier it will get.

Karise I think you are so right! How will you feel if you can do it again?

Clara Really happy and pleased and I think my parents will be pleased too.

Karise Oh, so your parents will notice you have managed to sleep in your brother's bedroom and feel pleased too?

Clara Yip I reckon. They will totally notice because they will have their bedroom back!

Karise Will doing this help you get back to our own room one day do you think?

Clara That I don't know. . . . for some reason that seems so hard but I don't know why really our house is safe but it's just a bit scary and weird.



Figure 19: "Clara's second small toy scale"

Clara used the toys to make a 1-10 scale this session without any real input from me which led me to believe she was enjoying using them.

She also used the language of the scale very naturally in this session, describing herself as a 7/10 as she had achieved something she was proud of and later, making a goal of being a different toy the following week. This experience made me think about the use of the small toys in general and how they were helping Clara verbally talk about her sleeping issue. I had not had to ask her to find any exceptions to her problem at this point as she had come to counselling with one of her own – sleeping in her brother’s room. For Clara, I feel that, as Pamela King (2014) said, the toys were, “a tool to show ideas, desires, capacities and coping.” All important in a solution-focused counselling practice.

I was surprised how quickly it felt we were progressing as this was only the second session for Clara and she had already moved from a 4 to a 7 and found something that helped, something I later reflected on:

Clara seems to be working in a solution-focused way without even knowing she is or me teaching her. I have not asked lots of questions about her ‘sleep story’ and I do not think she wants to tell me any. She is quite a matter-of-fact kid and seems very set on conquering her sleeping problem. She is brave and willing to try anything that might help.

‘Brave and Resilient’

Karise I’m going to ask you a strange question now and I need you to use your imagination? OK, so can you imagine that today when you leave here, you go home and have dinner, get ready for bed and go to sleep as normal. But then, overnight, I’m going to use my magic wand, cast a spell and when you wake up tomorrow morning you know a miracle has happened, you just know that the problem we’ve been talking about is gone.

Clara OK, that is a strange question!

Karise [Laughing] I know! But give it a try! I also want you to think about what that would be like, what might happen on that morning to tell you things were different? And how would you feel.

Clara So is this about my sleeping?

Karise Yes, is that what you'd like it to be about?

Clara Yeah, that's my main problem.

Karise Maybe it would be helpful to use the toys to help you work it out?

Clara Ummm. . . . I don't know if I need them, I already know what the day will look like but I can.

Clara immediately grabs the people box and puts out 6 toys on the floor.

Clara This is my miracle

Karise Can you explain it to me?

Clara So, I'm in my own bed asleep, Mum and Dad are in their bed and my brothers are in their different rooms asleep too.

Karise So, everyone is in their own room asleep?

Clara Yip, even me.

Karise And that's how you'd know the problem had gone?

Clara Definitely

Karise How would you be feeling on this day?

Clara Just normal

Karise Do you think this day could possibly come true?

Clara Yeah, I really do. I just need to be brave. I'm getting older now and I have to realise that being scared is part of life.

Karise That's a big thing to realise. What will help you achieve this do you think?

Clara Well, I guess having God by my side and my family. I'll try reading before bed like we talked about and maybe going to bed earlier. I know I can do it.



Figure 20: "Clara's Miracle Day"

I like the simplicity of Clara's miracle day. It is so straight forward and I believe that if it did really 'come true' she would feel happier and the problem would be solved.

A point of interest in this session was my offer of using the toys to construct her miracle. At first, Clara said, "I don't know if I need them" but she did end up constructing a picture with them. I feel that Clara was so confident in her knowledge of what was going to be helpful that she could have verbally told me about her miracle day without the toys but also that the toys did add a nice visual element to her story for me, the counsellor. Seeing all the characters representing her family lying in their bedrooms, perfectly placed had quite a positive impact on my belief that Clara could overcome this problem. The fact that she also knew ways to help her accomplish this such as reading before bed and using her religious faith also showed a level of maturity beyond her years.

‘The Future is Bright’

- Karise How have things been since I saw you last week?
- Clara I slept in my bedroom with my brother! My youngest brother.
- Karise You did? That’s great! How did that happen?
- Clara I just really wanted to so I asked him if he would keep me company and he said yes.
- Karise And how was it? Sleeping in your own room again?
- Clara It was OK, it felt strange and I could hear different sounds than in my parents room but I stayed in there all night.
- Karise How did you manage to stay in there all night?
- Clara When I felt scared I just told myself that it was OK and I was safe and Joel* was there with me. And I had my Nana’s prayer to read.
- Karise Well done you! I’m so pleased for you. Thinking back to the very first scale you made with the toys, I think you were a 4 out of 10? Where would you be now on that same scale today do you think? After this has all happened.
- Clara I’d say like an 8?
- Karise An 8 out of 10?
- Clara Yeah, I think so!
- Karise Would you like to make another scale today to show me how you are?
- Clara Sure thing. [Clara begins rummaging in the boxes looking for her favourites]



Figure 21: “Clara’s last small toy scale”

Clara I’m the lion I think.

Karise 8 out of 10?

Clara Yip!

Karise Can you tell me about that?

Clara Well, I’m so proud of sleeping in my room but I still haven’t done it by myself so I think if I do that then I’d be 9. And if I can stay in my room at camp then I’d definitely be the rhino!

Karise That’s so great you have some goals set.

Once again, Clara seemed to enjoy the visual aspect of using the small toys to construct her scale. She did this easily and independently and was able to describe herself as one day being one of the toys, the rhino!

Although she was able to verbally express her preferred future, sleeping in her own room by herself, she also manipulated the toys to show this. Overall Clara showed a high level of self-awareness throughout our work together as well as her own ideas to make this happen. AS I reflected in my research journal on conclusion of my work with Clara:

I know when I first began learning SFBT I needed a written down list of all the techniques and questions to ask in front of me so I'd 'get it right'. Obviously I've moved on from that and am better at letting the client guide the session but I almost have to laugh at my work with Clara. Months ago I think she would have been my 'perfect' solution-focused client as this model seems to fit her so well. She is determined to beat this sleeping stuff and already has the skills and support to do it.

Doing this research has enabled me to reflect on my evolving counselling practice as well as providing the opportunity to analyse the engagement of my participants in my integrated modality. My reflective research journal has provided the space in which to be reflexive and curious during the research process and provided evidence of client engagement and how the small toys impacted this.

In this chapter, I have used transcripts from audiotaped sessions, and entries from my journal to demonstrate how the use of the small toys has helped my clients scale their presenting problems, find exceptions to these problems and construct a preferred future using the SFBT Miracle Question. I have organised the findings under four headings to highlight key themes noticed. These help demonstrate how the toys were used by the participants, the discussion generated in the sessions and common threads linking each client. This is enhanced by the use of photographs taken in session of the small toy use.

My research journal entries, and my analysis of many hours of counselling sessions provides me with the evidence that I have become more relaxed when integrating other aspects into my use of SFBT and have gained confidence that I can be solution-focused without force if it is working for my client. It also showed that the incorporation of toys and play when working with children is useful, helpful and a great way of establishing rapport with young clients. Overall, the confidence to know if and when to use certain strategies and be guided by my clients is the biggest learning of all.

**not real names*

DISCUSSION

In this chapter I discuss the findings of the project and compare and consider these with respect to findings in the relevant literature. The strengths and limitations of the research will be described alongside the implications for my future counselling practice and other SFBT practitioners working with children.

Findings

The aim of this research project was to explore the effects of integrating small miniature toy use with my solution-focused counselling practice when working with children. This was initially prompted by my concern that using a predominantly talk-based therapy model with young children would not be useful or helpful due to their developing verbal and cognitive abilities. As my university placement required me to counsel children as young as five years old, I wanted to ensure best practice for these clients especially in the location of Christchurch with its recent history of severe earthquakes and the subsequent trauma experienced by its residents.

It was also driven by my awareness of childhood development from my previous teacher education and that we cannot always teach or indeed counsel children in the same way we work with adults. With adults we are more likely to be sitting down with them and talking, asking questions, eliciting explanations and listening to their answers. Children on the other hand, tend to require a more kinesthetic approach to form a positive rapport with another adult and the use of other forms of communication such as play, art or storytelling. (Geldard, Geldard & Yin Foo, 2013)

By recording my counselling sessions in which I integrated solution-focused techniques with the use of playful tools, I was able to explore the ways that the young participants engaged in the sessions.

The first key finding was that children respond to positive relationships built on warmth, genuine interest and an approach that engages them at their level. With all four participants, who all had seemingly different apprehensions or interests in coming to counselling initially, the use of the small toys in the first scaling activity proved a lovely ice-breaker in the first session. The toys gave me, the counsellor, something to interact with alongside the child as well as being something they could identify with, touch, move and manipulate how they chose. This resulted in an increased interaction between the two of us, more conversation generation and a general sense of fun and ease. Counselling was nothing to be afraid of! As suggested by King (2017),

Using toys or activities in counselling often leads to children having a higher level of therapeutic engagement, as it can allow a concrete representation of their present and desired future. If the toy is something a child has chosen or they have given clues as to favorite activities, it will not only be cognitively appropriate, it will be fun, and likely increase client buy-in (p. 66).

For me, the toys were firstly a rapport building tool and secondly a way for the child to express themselves without verbally describing their feelings or answering lots of questions. In all four first sessions with participants, the toys were used by me as part of my natural rapport building process and resulted in all participants agreeing to not only look at them and interact with them but then use them in a solution-focused activity.

The second finding was the toys' ability to elicit a tactile scale from each participant and how

these scales differed from an original, verbal version. In three of the four transcribed first sessions, participants lowered their scale number when using the toys rather than being asked the question verbally. I have reflected that this initial high number may be due to their hopes of performing the task correctly or pleasing me, the adult in the room and then when able to hide behind the toys the truth unfolded but more research would be needed in this area to find a definite answer. What is obvious is the change in number and the honesty that resulted once the toy scale was completed. This evidence had me thinking about the literature previously reviewed and in particular Selekman's (1997) comments that, "by using play techniques with children we are also breaking down barriers that have divided child and therapist for decades." (p. 126) Perhaps the toys were a passage for true feelings and thoughts to be voiced.

The third finding was how helpful the small toys were in exploring new solution-focused language and skills such as 'exception' and 'miracle'. During my work with teenage clients, such vocabulary had been easily understood and implemented in our conversations but for my research participants, all aged under twelve years old, they were not commonly heard or used words. Briefly describing the concept of an exception to their problem for example, had been difficult to understand, particularly for Mason, my youngest participant. But when I introduced the toys and he made a scale, then identifying points on that scale when things were better, exception times, he did this with ease. Using the toy names in his language, for example, "I would be the digger", told me he was immersed in the activity and understood the concept. The other three participants also were able to do this easily and a further review of their audiotapes made me realise that although we did not often refer to the times as 'exceptions', that is what we were talking about. Later in the research, three of the four participants were verbally discussing these without the toys whilst one preferred to play with less talk.

The Miracle Question was asked to all four participants and the opportunity given to create a picture of this perfect day with the toys was offered. This is a SFBT technique which helps clients imagine a time without their problem and can help construct a preferred future for them. This question has been described as, “. . . not being asked with the intent of eliciting a specific answer, but a frame-setting device, a way to initiate a language game that determines what it is that the client and therapist talk about next. . . . a rather complicated task.” (de Shazer, 1994) My first thoughts and experiences offering this question to child clients was that it was complicated and hard to understand even when reduced in length from the original version slightly. This did appear in the evidence once again with Mason as he struggled to comprehend what I was asking at first yet all four participants were able to create a picture of their miracle day with the toys. In fact, in two of the cases in particular, I had profound reactions to their creations and really felt as though I understood what they were trying to portray. For this reason, I feel the evidence shows the use of the small toys was helpful in finding both exceptions and explaining a time when the problems did not exist.

With the above points in mind, the final and most important finding of this research for my counselling practice was the importance of integration and aiming to provide the best service for the individual client, no matter their age. In all four cases, I combined the same SFBT techniques combined with the use of the same small toys yet each participant had a slightly different reaction and response which led to me altering my approach with each. For example, both Claire and Alice really enjoyed playing with and manipulating the toys and were very creative and thoughtful in their use of them. They seemed to connect with the SFBT questions through the toys and then eventually did not rely on them when verbalising their thoughts and feelings. It was as though the toys provided the kick-start they needed to eventually fly. Mason on the other hand had quite a lot of trouble with the questioning and seemed to feel awkward with the toys although he did engage with them slightly. At the point

we moved to a play therapy room he was more relaxed and less self-conscious without my questioning and I felt a lot was to be gained simply through play for him. This was why I referred him on for more play therapy sessions. Alice was almost the opposite to this, requiring less time with the toys and more time to simply talk and process her thoughts and hopes out loud.

The evidence confirms that each client is different and requires an individualised approach to counselling. As the literature indicated, an integrated approach which is collaborative and client led is effective and can lead to a positive interaction between client and therapist. There is no one modality that suits every child and for me, the more confident I feel using different approaches and being guided by my client, the more helpful I think I will be to others.

You might want to add something here about thoughts you have had to do with the ages of your clients. The youngest seems to want to play more, the oldest needs less toy manipulation.

IMPLICATIONS

I will now consider my original research questions in order to summarise the implications of my study for my future work and others working with children in a therapeutic setting.

How do my child clients use the miniature toys to scale themselves and their experience?

Scaling personal feelings and their current status with regards to their presenting problem was a successful aspect of my project. All four participants engaged in the scaling process using the small toys and were able to refer to themselves as being somewhere on the scale. They were also able to use the scale to find times when their problem was better; they found an exception. Interestingly, all four children spoke of themselves as one of the toys, for example, "I will be the lion". I found using the toys when scaling was also a helpful rapport building

tool. I was able to do this activity in all four first sessions and discovered using the toys made the session more interactive and helped the participants engage in a discussion with me. It is for this reason I would use the toys again in my future work and would also encourage other practitioners to experiment with such tools.

What does the use of miniature toys offer for the client when exploring exceptions?

I had some assumptions going into the exception exploring part of my study that this was a hard concept for young children to understand and the research I found backed this. What I did find however was that using the toys and the 1-10 scale made this aspect of SFBT easy for the participants. Having the visual representation of their feelings on the scale in front of them seemed to help them see both times when things were better for them and also worse. The identification of such points on their toy scale led to varying discussions of their exception times. Once this was achieved I was able to begin a dialogue around how they could possibly use this information to improve their current situation. For example, when Claire realised her relationship with her stepsister had been better when she had taken more of an interest in Kate, asking her questions about her day and inviting her to do an activity with her. She had stopped doing this recently and was then able to question whether going back to this behaviour may help her home situation.

Therefore, I believe the use of the small toys offered the participants a visual aid to help them both understand the concept of exceptions and then navigate the process of finding them for themselves.

How do miniature toys enable a child to express their preferred future?

Using the small toys as a tool when asking the SFBT Miracle Question proved successful during my research. As with the finding of exceptions, I had previously doubted the

effectiveness of this question with young children due to its complex nature. Yet once again, all four participants were able to understand what I was asking of them and use the toys to create a miracle day scene, all be it with varying amounts of detail and thought. This then led to them visually and verbally exploring their preferred future; a time during which their current problem did not exist. For some, this was a very possible realization and something they had the strength and power to control. For others it meant other people in their lives changing their behaviours. Either way, all four participants were able to experience what this perfect day may be like which I believe was helpful in their therapeutic journeys.

I would recommend any SFBT practitioner trying the use of either toys or another visual aid when using the Miracle Question with children or adolescents as I found this helped them be creative, follow a thought process and be able to describe what they were thinking in their own time.

LIMITATIONS

Although having four participants over five sessions each provided a substantial amount of data, I am left wondering how the results may have differed with more clients included.

Reflecting back on my entire years' placement with this agency, I saw over twenty different children ranging in age from 5 to 13 years of age including my research participants. Each child was unique and struggling with a presenting problem that was exclusively their own therefore I feel a limitation to this study may have been not including more children. I can think of children who may have really embraced the small toy use and others that may have thought it silly or childish, therefore having more data may have been useful. I do think however, that this may have simply proved how an integrated approach really is the key when working with clients of all ages and helped me to further grow in my ability to be a client-led practitioner.

A second limitation to this study could be my use of audio over visual recording during the data collection phase. Although I managed to make a few written notes of the participant's movements during sessions, which are included in the transcripts provided, I think having visual records of their body language, facial expressions and the movement of the toys may have also been useful. Taylor, Bogdan & DeVault write about how, "the video recorder can be a useful research tool in the social sciences . . . capturing details that would otherwise be forgotten or go unnoticed." (p.148) I am left wondering if indeed anything was missed during my sessions that would have told me more about the effectiveness of my practice with these participants. I am however also at peace with my decision to audiotape given the intrusiveness a camera can bring to a counselling setting as discussed previously.

Lastly, the amount of client voice that my study has produced is less than I had hoped for. I did manage to include session rating scales in my last meetings with all four participants which has given an indication of the effectiveness of the experience for them yet I am curious to know how accurate these ratings are, keeping in mind the age of my participants and the possibility of them hoping to please me with their answers. Perhaps this is where being both the researcher and counsellor has its own limitations and the introduction of a third party to evaluate or question the participants on their reactions to the study may have been helpful.

In saying this, I do strongly believe there to be enough evidence to conclude the use of the small toys in my SFBT practice was a useful and successful addition when working with the four participants.

CONCLUSION

The research question ‘What are the effects of integrating small miniature toy use with my solution-focused counselling practice with children?’ was explored in the context of a counselling agency in a New Zealand setting. Using a qualitative research approach and a narrative lens within the four case studies helped me to gain an understanding of how this more playful aspect integrated with my SFBT techniques and the overall impact of it on my counselling practice.

This research project allowed me to understand how a more active, playful approach helped gain a positive rapport with my young clients as well as allowing them to navigate the therapeutic process in an age and developmentally appropriate manner. It showed me the importance of leaving my own assumptions behind and of being fully present with my clients as they led the session with my help and guidance. It also taught me the profound ability children have to express themselves and understand complex ideas despite their young age, if given the right tools and environment in which to do so.

Finally, this research and the children who participated in it enlightened to me what had been up until this point, my slight uneasiness with the solution-focused model. A part of my growing professional identity as a counsellor still held onto the fact that the story and the past were important and that children especially needed to be able to talk about their problems and their history. But as Steve de Shazer himself said, “Problem talk creates problems. Solution talk creates solutions.” (www.sfbta.org) This research study proved to me that problem talk was not only not necessary but that young clients also hold the ability to be positive, future-focused and able to rise in the face of adversity to improve their lives.

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APPENDICES

Appendix A: Information Sheet for Parents, Caregivers and Whānau

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Supervisor of Research:

Shanee Barraclough

Phone: 364 2987 ext 3839

Email: shanee.barraclough@canterbury.ac.nz



Information Sheet for Parents, Caregivers and Whānau

Dear Parents, Caregivers and Whānau,

I am Karise Dell and this year I am working as an intern counsellor within the team I am also a second year Masters of Counselling student at the University of Canterbury. As a requirement of this qualification I am to complete a Research Project that looks into an aspect of my counselling practice. I am interested in the integration of small figures (toys) in my solution-focused counselling practice with children and am asking permission from you for your child to be involved in this study. Solution-focused counselling is the model taught in my Masters course and is a positive and future-focused style of counselling. It can also be brief in nature meaning the children involved may experience benefit from only a small number of sessions, both a cost and time effective advantage to families and service providers. I am aiming to see whether this talk-based therapy model works well with child clients when small figures are used as a child-friendly integration.

As your child is under 18 years it is a requirement of the Ethics Committee at the University of Canterbury to gain your consent.

If you and your child agree to be part of this study:

- The children will attend 6, weekly sessions of counselling which will be conducted at the counselling agency premises. A parent or care giver will be asked to attend 2 parent review meetings.
- The sessions will be video or tape recorded with a laptop computer. These will only be viewed by myself, and my university supervisors. They will not be viewed by anybody else and the purpose for them is to create transcripts for use in my research.

- If your child does participate in the research their participation is voluntary. If your child does withdraw, this will not jeopardise their access to counselling at any stage and they will be asked after each session if they indeed want to continue.
- Your child must give their permission to be involved in the research before it goes ahead.

As a counsellor, it is my ethical responsibility to ensure the confidentiality of your child's information. With signing the enclosed consent form it does not give you any access to any of the information discussed in counselling sessions. In any published documents and presentations pseudonyms will be used and any identifying information will be taken out. University of Canterbury regulations indicate that data must be kept for 5 years. Any documents used in research will be password protected on my computer.

As a guardian, you will receive a brief document of the findings and if you wish a full thesis of the results on request. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.

If you or your child has any complaints or concerns there are some key contacts outlined at the end of this letter, which you can raise any issues with.

If you agree to your child participating in in this study please sign the attached consent form and return it to me in the envelope provided.

Kind Regards,

Karise Dell

Appendix B: Information Sheet for Child Participants

TALKING WITH TOYS!



You can talk to Karise about anything you might be worried about or if something is troubling you.

Karise uses special toys to help you explain and understand your feelings.

Sometimes Karise will ask you questions to help her understand things better but she also really enjoys getting to know you and hearing all about the things you like!

Karise is doing a special project that uses the toys and some questions to find out the best ways to help kids just like you. She might take a photo of the toys you use or have a tape recording your session. She also has paper and pens for you to draw a picture about your time together.

Karise does not tell anyone about the things you talk about unless she thinks you might be getting hurt.

Would you like to work with Karise? You can change your mind at any time. Just use the smiley face/sad face card at the end of your sessions.

I would like to work with Karise **YES/NO**

I know I can stop at any time **YES/NO**

It's OK to have a videotape recording and photos taken of my work. Karise can use these in her writing.

YES/NO

Karise can show the tape, photographs or my drawing to another adult she trusts.

YES/NO

I would like a summary of the results of the project.

YES/NO

MY NAME _____

Appendix C: Ethical Approval



HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson Telephone: +64 03 364 2987, Extn 45588 Email: human-ethics@canterbury.ac.nz

Ref: HEC 2016/87 29 August 2016

Karise Dell School of Health Sciences UNIVERSITY OF CANTERBURY

Dear Karise

The Human Ethics Committee advises that your research proposal “Less Talk, More Action; the Integration of Small Figures in a Solution-focused Counselling Practice with Children” 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 23rd August 2016.

Best wishes for your project. Yours sincerely

Kelly Dombroski

Deputy Chair University of Canterbury Human Ethics Committee

A handwritten signature in black ink that reads 'R. Robinson'.

University of Canterbury Private Bag 4800, Christchurch 8140, New Zealand. www.canterbury.ac.nz

FES

Appendix D:

Appendix Information Sheet for Executive Director of Counselling Agency



Researcher/ Counsellor

Karise Dell

Email: kka91@uclive.ac.nz

Phone: 0274919283

Supervisor of Research:

Shanee Barraclough

Phone: 3693532, Ext 93532

Email: shanee.barraclough@canterbury.ac.nz

Information Sheet – Executive Director

Less Talk, More Action: The integration of small figures into a solution-focused counselling approach with children.

I am Karise Dell and this year I am working as an intern counsellor within the counselling team as part of my Masters of Counselling degree at Canterbury University. I am so grateful for the support I have gained from you all and am thoroughly enjoying my placement. A major part of my study this year is the completion of a Research Project examining an aspect of my counselling practice, which I hope to conduct through my work. The aim of my research is to explore the integration of small figures into a solution-focused counselling approach with young children.

If you choose to take part in this study, your involvement in this project will be consenting to clients from the counselling wait list being asked to participate in my research.

The following points offer further information:

- Counselling will take place as normal for the children working with me during counselling sessions.
- Counselling sessions, with a focus on the use of small figures, will be video recorded on a laptop. These will only be viewed by my university supervisors and myself. They will not be viewed by anybody else and the purpose of them is to create transcripts for use in my research. The files will be stored in a password-protected file. I also hope to take anecdotal notes during sessions and to photograph the use of the small figures by the child once consent has been obtained to do so by the parent/caregiver and child participant. I may also ask the child to draw a picture of their session with me.
- Neither the agency, nor the client will be identified in any published research or publications to protect confidentiality of the child attending counselling sessions and their family.

- Consent/assent will be obtained from yourself, the head counsellor, parents or caregivers of the child and the child themselves before any research goes ahead.

A summary of the findings will be sent to you if you wish, and the full thesis will be available on request. Furthermore, there is potential for the study to be published in international journals and presentations. A thesis is a public document and will be available through the University of Canterbury Library. Please indicate to the researcher on the consent form if you would like a copy of the summary of results of the project.

The risks of participating in this study concern the participants themselves. My first most thought surrounds my research participants as they are counselling clients first and foremost who have therapeutic needs that are my priority. It is for this reason I have set up numerous details to ensure their safety. These include a member of the administration team contacting the parents or caregivers initially rather than myself so potential participants do not feel obligated to participate. An information sheet detailing all aspects of my research will be sent via email or post to the families and the opportunity offered to speak with me directly, via email or phone should they have further questions or concerns. A similar information sheet has been devised for the child also as I feel it is important for them to feel informed and have ownership over the decision to participate or not. It will also be made clear through the information sheet and told in person that should the participant or their family decide to cease being involved in my research for any reason, they are most welcome to stop without the offer of counselling being withdrawn.

There will also need to be an open understanding between the parents/caregivers and myself that despite their child being involved in research, the confidentiality of the counselling relationship will remain of paramount importance. Therefore, there is no sharing of descriptive information about the sessions with the parents or caregivers.

Participation is voluntary and participants have the right to withdraw from the project at any time without penalty. If they choose to withdraw, I will use my best endeavors to remove any of the information relating to them from the project, including any final publication, provided that this remains practically achievable.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: the participants and agency's identity will not be made public. To ensure anonymity and confidentiality, pseudonyms will be used in any published documents and presentations and any identifying information will be taken out. University of Canterbury regulations indicate that data must be kept for 5 years; therefore any documents used in my research will be saved on the University of Canterbury student drive. They will then be destroyed. Any written notes will also be kept at Home and Family offices under in a locked cabinet as is the normal practice. It is my ethical responsibility to ensure the confidentiality of all the information collected in this study.

This research project is being carried out as a requirement for the Masters of Counselling at Canterbury University by Karise Dell under the supervision of Shanee Barraclough who can be contacted at: shanee.barraclough@canterbury.ac.nz

She will be pleased to discuss any concerns you may have about participation in the project.

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

If you agree to my proposed research going ahead, please sign the enclosed consent form and return to me either in person or by email by August 1st, 2016.

Yours sincerely,

Karise Dell

Appendix E: Information Sheet – Executive Director



Researcher/ Counsellor

Karise Dell

Email: kka91@uclive.ac.nz

Phone: 0274919283

Supervisor of Research:

Shanee Barraclough

Phone: 3693532, Ext 93532

Email: shanee.barraclough@canterbury.ac.nz

Less Talk, More Action: The integration of small figures into a solution-focused counselling approach with children.

Consent Form – Executive Director

- I have read the information sheet and understand what the research involves and I agree for this study to go ahead at Home and Family and have had the opportunity to ask questions.

- I understand what is required of me if I agree to take part in the research.

- I understand that participation is voluntary and participants or the agency may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information provided should this remain practically achievable.

- I understand that any information or opinions provided will be kept confidential to the researcher and that any published or reported results will not identify the participants or Home and Family. I understand that a thesis is a public document and will be available through the University of Canterbury Library.

- I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

I understand the risks to participants associated with taking part and how they will be managed.

I understand that I am able to receive a report on the findings of the study by contacting the researcher at the conclusion of the project.

I understand that I can contact the researcher [*Karise Dell*] or supervisor [*Shanee Barraclough*] for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

I would like a summary of the results of the project.

By signing below, I agree to the agency's participation in this research project.

Name: _____ Signed: _____

Date: _____

Email address: _____

Appendix F: Information Sheet – Head Counsellor



Researcher/ Counsellor

Karise Dell

Email: kka91@uclive.ac.nz

Phone: 0274919283

Supervisor of Research:

Shanee Barraclough

Phone: 3693532, Ext 93532

Email: shanee.barraclough@canterbury.ac.nz

Information Sheet – Head Counsellor

Less Talk, More Action: The integration of small figures into a solution-focused counselling approach with children.

I am Karise Dell and this year I am working as an intern counsellor within the counselling team as part of my Masters of Counselling degree at Canterbury University. I am so grateful for the support I have gained from you all and am thoroughly enjoying my placement. A major part of my study this year is the completion of a Research Project examining an aspect of my counselling practice, which I hope to conduct through my work. The aim of my research is to explore the integration of small figures into a solution-focused counselling approach with young children.

If you choose to take part in this study, your involvement in this project will be consenting to clients from the counselling wait list being asked to participate in my research. You will also be an administrative supervisor to me, as has been the case during my time here.

The following points offer further information:

- Counselling will take place as normal for the children working with me during counselling sessions.
- Counselling sessions, with a focus on the use of small figures, will be video or audio recorded on a laptop. These will only be viewed by my university supervisors and myself. They will not be viewed by anybody else and the purpose of them is to create transcripts for use in my research. The files will be stored in a password-protected file. I also hope to take anecdotal

notes and to photograph the use of the small figures by the child once consent and assent has been obtained to do so by the parent/caregiver and child participant. I may also ask the child to draw a picture of their session with me.

- Neither the agency, nor the client will be identified in any published research or publications to protect confidentiality of the child attending counselling sessions and their family.
- Consent will be obtained from yourself, the executive director parents or caregivers of the child and the child themselves before any research goes ahead.

A summary of the findings will be sent to you if you wish, and the full thesis will be available on request. Furthermore, there is potential for the study to be published in international journals and presentations. A thesis is a public document and will be available through the University of Canterbury Library. Please indicate to the researcher on the consent form if you would like a copy of the summary of results of the project.

The risks of participating in this study concern the participants themselves. My first most thought surrounds my research participants as they are counselling clients first and foremost who have therapeutic needs that are my priority. It is for this reason I have set up numerous details to ensure their safety. These include a member of the administration team contacting the parents or caregivers initially rather than myself so potential participants do not feel obligated to participate. An information sheet detailing all aspects of my research will be sent via email or post to the families and the opportunity offered to speak with me directly should they have further questions or concerns. A similar information sheet has been devised for the child also as I feel it is important for them to feel informed and have ownership over the decision to participate or not. It will also be made clear through the information sheet and told in person that should the participant or their family decide to cease being involved in my research for any reason, they are most welcome to stop without the offer of counselling being withdrawn.

There will also need to be an open understanding between the parents/caregivers and myself that despite their child being involved in research, the confidentiality of the counselling relationship will remain of paramount importance. Therefore, there is no sharing of descriptive information about the sessions with the parents or caregivers.

Participation is voluntary and participants have the right to withdraw from the project at any time without penalty. If they choose to withdraw, I will use my best endeavors to remove any of the information relating to them from the project, including any final publication, provided that this remains practically achievable.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: the participants and agency's identity will not be made public. To ensure anonymity and confidentiality, pseudonyms will be used in any published documents and presentations and any identifying information will be taken out. University of Canterbury regulations indicate that data must be kept for 5 years; therefore any documents used in my research will be saved on the University of Canterbury student drive. They will then be destroyed. Any written notes will also be kept at Home and Family offices under in a locked cabinet as is the normal practice.

It is my ethical responsibility to ensure the confidentiality of all the information collected in this study.

The project is being carried out as a requirement for the Masters of Counselling at Canterbury University by Karise Dell under the supervision of Shanee Barraclough who can be contacted at: shanee.barraclough@canterbury.ac.nz

She will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Educational Research

Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to my proposed research going ahead, please sign the enclosed consent form and return to me either in person at the Home and Family Offices or by email by August 1st, 2016.

Yours sincerely,

Karise Dell

Appendix G: Consent Form – Head Counsellor



Researcher/ Counsellor

Karise Dell

Email: kka91@uclive.ac.nz

Phone: 0274919283

Supervisor of Research:

Shanee Barraclough

Phone: 3693532, Ext 93532

Email: shanee.barraclough@canterbury.ac.nz

Less Talk, More Action: The integration of small figures into a solution-focused counselling approach with children.

Consent Form – Home and Family Director

I have read the information sheet and understand what the research involves and I agree for this study to go ahead and have had the opportunity to ask questions.

I understand what is required of me if I agree to take part in the research including that an internal supervision relationship will continue, however, consultation around the study will be kept as minimal to protect the client's anonymity. Pieces of research may be shown to me in regard to the counsellor's practice but not directly related to the participant in any way.

I understand that participation is voluntary and participants or the agency may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information provided should this remain practically achievable.

I understand that any information or opinions provided will be kept confidential to the researcher and that any published or reported results will not identify the participants or Home and Family. I understand that a thesis is a public document and will be available

through the University of Canterbury Library.

I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

I understand the risks to participants associated with taking part and how they will be managed.

I understand that I am able to receive a report on the findings of the study by contacting the researcher at the conclusion of the project.

I understand that I can contact the researcher [*Karise Dell*] or supervisor [*Shanee Barraclough*] for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

I would like a summary of the results of the project.

By signing below, I agree to the agency's participation in this research project.

Name: _____ Signed: _____

Date: _____

Email address: _____