

**EMPOWERING ADOLESCENTS THROUGH
SOLUTION-FOCUSED COUNSELLING:
The Experiences of New Zealand Adolescents**

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Abstract

Solution-focused therapy is a postmodern strength-based counselling intervention which focuses on the discovery of client strengths, resources and abilities to empower clients to bring about positive change in their lives. My research employed a pragmatic case study (PCS) method to systematically study the self-efficacy experiences of four New Zealand adolescents throughout the solution-focused process. Each client participated in up to five counselling sessions. Following the PCS method my study began with a presentation of my guiding conception which detailed my theoretical approach and the ways in which solution-focused skills and techniques would be applied throughout the study. Case data included analysis of all client counselling sessions and final interviews which were video-recorded, as well as the consideration of a quantitative measurement in the form of the Outcome Rating Scale (ORS). Through analysis of outcome results and using three inductively derived themes to guide cross-case analysis, it was found that the solution-focused counselling process, assisted adolescents in discovering and developing their knowledge and awareness of their personal strengths and resources; encouraged adolescents to feel empowered to act upon these resources, therefore enhancing self-efficacy; and used the quality of the therapeutic relationship to give adolescents a sense of being a co-participator in the counselling process and as a result gave adolescents a 'boost' towards taking action, therefore increasing self-efficacy. Process and thematic results, supported by a brief quantitative measure, showed that all four clients made significant progress towards achieving their goals for counselling. Overall the results suggest that the solution-focused process contributed to positive therapeutic outcome and gains in self-efficacy. All four clients demonstrated the confidence to take action to bring about positive change in relation to their counselling goals, supporting enhanced self-efficacy.

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PART I: INTRODUCTION, LITERATURE REVIEW & METHODOLOGY

CHAPTER ONE: INTRODUCTION

Adolescence can be a challenging time, particularly for young people with low self-esteem, and feelings of hopelessness (Morton & Montgomery, 2013). Adolescence is a critical developmental period for young people, and although difficult for some, can be a vital opportunity to develop young people's strengths, leading to positive outcomes (Morton & Montgomery, 2013). It has been suggested that having the confidence and ability to figure out solutions to their own problems develops greater resourcefulness and resilience in adolescents, both valuable lifelong attributes (Everall, Altrows, & Paulson, 2006; Morton & Montgomery, 2013). In my solution-focused work with adolescents I have been impressed by their ability to use strength-based strategies to improve their problem solving and/or develop coping skills. For example, I often use scaling activities (Miller, Duncan & Johnson, 2002) to aid the young person in forming a rich description or picture of what life will look like without the problem, or when life is as they want it. Through this process adolescents describe a number of behavioural strategies that can be employed to bring about their goal. Once young people are more aware of their own resourcefulness, they are able to put many of these behavioural strategies into action, bringing about positive change.

This research explores from an adolescent perspective, the ways in which strength-based models of therapy such as solution-focused counselling can be beneficial to the empowerment of adolescents, with a specific focus on self-efficacy. The rationale for this key focus came about after discovering that little of the previous research focuses on the self-efficacy aspect of empowerment. Secondly, most of the research is presented from the counsellor viewpoint. Improving our knowledge of the effectiveness of strengths-based counselling strategies to support young people through adolescent developmental tasks, challenges and adversity seeks to improve the quality of provision experienced by New Zealand's young people. Having worked

with adolescents for several years as a secondary school teacher I wanted to explore effective ways to facilitate positive outcomes for young people in the counselling setting. I undertook this research project in order to refine my counselling work by considering the adolescent experience, and with the hope that I might contribute to best practice when working with adolescents.

I approached the literature with the same mind-set as I hold when working with clients. In my experience of working with young people, I have developed a strong belief in the strengths and resources of adolescents. By highlighting personal strengths, and developing a range of personal skills such as communication and ways to show empathy, young people have devised strategies to bring about positive change in their lives, and/or cope with adversity. Therefore as I searched and analysed the literature, I was curious about ways in which strength-based counselling models, specifically solution-focused counselling, was shown to foster empowerment and enhance self-efficacy in adolescents. I also wanted to learn more about the benefits of empowerment experiences and enhanced self-efficacy to young people's wellbeing.

My aims in exploring these case studies were to identify and describe possible experiences of empowerment by adolescents throughout the solution-focused process, and to evaluate the effectiveness of solution-focused counselling for positive therapeutic outcome. My research question was developed to allow a variety of different meanings to evolve which may or may not show ways in which adolescents experience changes in empowerment, specifically self-efficacy. The key research question was *how do adolescents describe empowerment in the context of solution-focused counselling?*

Project Overview

Part I: Introduction, Literature Review and Methodology

Following on from the preceding introductory chapter, Chapter Two reviews the literature relevant to my study. The first section introduces the key terms relevant to my study; 'adolescence', 'empowerment' and 'self-efficacy'. Adolescence is defined and I review the challenges faced by adolescents in today's society. This includes developmental tasks and a consideration of biological challenges. Empowerment is then defined and a discussion of adolescent empowerment is given with a specific focus on self-efficacy. This includes a definition of self-efficacy and discusses the role of self-efficacy in adolescent development, including ways to build adolescents' self-efficacy.

The section considers strength-based models of counselling, with emphasis on the key principles of solution-focused counselling. Research on the effectiveness of solution-focused counselling on the empowerment of adolescents and facilitating positive therapeutic outcome is reviewed. Limitations and gaps in the current research which this project hopes to address are discussed. The empowerment aspects of the solution-focused process are then briefly reviewed. The final paragraph highlights additional ways in which the research informed my choice of study.

Chapter Three presents the methodology. This includes a review of the research methodologies used, including the way in which my guiding conception interacted with my solution-focused practice. The influence of social constructionism on the research design is given and qualitative inquiry methods are explored. A pragmatic case study design was chosen for my study and the rationale for my choice is given. Finally concerns related to rigour, trustworthiness and ethics are discussed.

*Part II: Qualitative Inquiry: Method, Case Studies, Cross-Case Analysis and
Discussion & Conclusion*

A description of the qualitative methods used is presented in Chapter Four including details of the research participants and research design. A comprehensive description of the Pragmatic Case Study method and Peterson's Disciplined Inquiry model are given. Data collection and measures are then explained, followed by a description of the solution-focused techniques used throughout the counselling process. This is followed by a detailed description of data analysis procedures. A brief introduction to the case studies is then given, followed by a brief description of the key case themes.

Chapters Five, Six, Seven and Eight are made up of four unique case studies, one for each of the four participants. Each of the case studies include a description of the client, their counselling goals, a review of the solution-focused counselling skills that promoted a sense of client empowerment and enhanced self-efficacy, a concluding evaluation and presentation of the outcome and case theme results for each client. Chapter Nine presents the case theme results and a brief cross-case analysis in relation to both case theme and therapeutic outcome results.

Chapter Ten brings together the main findings and a discussion of the strengths and limitations of the study, implications for practice and recommendations for future researchers and practitioners.

CHAPTER TWO: LITERATURE REVIEW

The first half of the literature review focuses on the terms of reference considered to be most relevant to my study; 'adolescence', 'empowerment' and 'self-efficacy'. The aim of this section is to provide background information about adolescent development and the challenges this can bring and, to explore ways in which the empowerment of adolescents' can help young people to work through challenging times. Adolescence is defined and some of the developmental and societal challenges that young people face today such as the formation of identity are discussed. Recent neuroscientific research relating to adolescents' abilities to think rationally and problem solve is also briefly presented. An adolescent empowerment model is described, and research on adolescent empowerment is presented, including a consideration of the need to empower both boys and girls. Self-efficacy is then defined and the benefits of enhancing adolescents' self-efficacy are explored. Finally, ways of building adolescents' self-efficacy is discussed.

The second half of the review describes strengths-based models of counselling, with a specific focus on the principles of solution-focused counselling. The effectiveness of solution-focused counselling in facilitating positive therapeutic outcome and empowering adolescents' is discussed. A good deal of reviewed research suggests that adolescents can overcome adversity, be resourceful and bring about change in their lives through solution-focused work (Banks, 1999; Cepukiene & Pakrosnis, 2011; Corcoran & Stephenson, 2000; Franklin, Biever, Moore, Clemons, & Scamardo, 2001; Froeschle, Smith & Ricard, 2007; Kvarme et al, 2010; LaFountain & Gamer, 1996; Littrell, Malia, & Vanderwood, 1995; Newsome, 2005; Springer, Lynch & Rubin, 2000; Violeta & Ion, 2009), and that adolescents benefit from empowerment experiences (Chinman & Linney, 1998; Peterson, 2009; Querimit and Conner, 2003; Scales, Benson and Roehlkepartain, 2011, Viklund, Ortqvist & Wikblad, 2007),

although the research is not without shortfalls. Limitations of the research are discussed and the rationale for my choice of topic is explained. A brief review of the empowerment aspects of solution-focused counselling is given and the final section summarises additional ways in which the research informed my choice of study.

Challenges of Adolescence in Today's Society

Throughout the transition to adulthood there are many challenges in adolescent development which take place in many different social contexts. Additionally, the transition process seems to have become longer and harder for young people in today's society (Perkins, 2007). Participation in strength-based counselling may help adolescents to work through and overcome many of these tasks, through increasing awareness of and developing adolescents' strengths (Morton & Montgomery, 2013).

What is Adolescence?

Most researchers consider that adolescence has three developmental periods, early adolescence (ages 10–13), middle adolescence (ages 14–17), and late adolescence (18 until the early twenties). Adolescence is commonly viewed as beginning in biology and ending in culture. Smetana, Campione-Barr & Metzger (2006) suggest this is because the transition into adolescence begins with biological changes associated with puberty, while the transition to adulthood is less clear, and is thought to be highly influenced by social context. Sociology is thought to play a key role in this transition in terms of marriage and family formation, completion of education, and beginning work (Smetana et al, 2006). My study focuses on middle adolescence due to participants being accessed and selected from a secondary school environment.

What are the Developmental Tasks of Adolescence?

It is common for adolescents to struggle to find their place in society, and to tackle identity formation and the development of self-worth and self-efficacy on their own (Perkins, 2007; Zaff & Hair, 2012; Zarrett & Eccles, 2006). Zaff & Hair (2012) view the development of self as a major task facing adolescents. Creating a stable identity, where their status in society is often undefined can be very difficult (Perkins, 2007). Over time, adolescents develop a sense of who they are and find their role in society through their own searching and discovering. Obtaining status within the community and outside of the family, such as at school and with friends, helps to define adolescent's new social roles. This allows the adolescent to find their place as part of a larger community (Perkins, 2007).

Additional developmental tasks, which can be challenging for some adolescents include the development of new and more mature relationships with others, particularly for those lacking in social skills. Adolescents often internalize their parents' values and attitudes as children and must now redefine their own values and attitudes leading to greater independence; this can often lead to conflict within these relationships (Perkins, 2007; Zarrett & Eccles, 2006).

Developing their own definition of what it means to be male or female, whilst challenging traditional social roles of what it means to be masculine and feminine can be difficult (Perkins, 2007). For example, males need to be encouraged to express their feelings and females to assert themselves. Accepting physical changes, which can be hugely variable and often don't fit the well-defined stereotypes of the "perfect" body, can have a huge impact on self-esteem. Adolescents need extra support from adults to improve their feelings of comfort and self-worth regardless of their physical appearance (Perkins, 2007). Preparing for a career alongside increased pressures to

perform academically, is becoming more difficult with the demands of the job market for more education and skills increasing (Zarrett & Eccles, 2006).

All of these developmental tasks have resulted in adolescents feeling increased pressure and having to make many more decisions, all of which can be overwhelming. This research hopes to show that strength-based counselling, such as solution-focused counselling, may help reduce some of this pressure.

Biological Challenges: Brain Development

Research on adolescent brain development shows that brain maturation is not complete, and mature decision making does not emerge until the mid-twenties (Cauuffman & Steinberg, 2000). This creates potential challenges for young people, particularly in relation to problem solving. Biologically, it is thought that adolescents have difficulty in making sound judgements, controlling impulses, and/or multi-tasking (Cauuffman & Steinberg, 2000). Perkins (2007) however, suggests that adolescents are mature enough to think abstractly and with these changes in thinking, can make decisions based on their developing values and beliefs.

Adolescent Empowerment

Chinman and Linney (1998) viewed the empowerment of adolescents as a potential preventive intervention for many adolescent problems, including difficulties associated with adolescent developmental tasks. Through exploration of adult theories of empowerment, a suggestion for an adolescent theory of empowerment was formulated. Active participation, awareness of their surrounding world, and identification of personal strengths were seen as key aspects of the empowerment process. The empowerment process was found to be essential to positive, socially appropriate development during adolescence. The Adolescent Empowerment Cycle (Chinman & Linney, 1998) engages adolescents in a process towards developing a

positive, stable identity by exploring their different roles and considering the feedback of significant others. Most importantly the adolescent is seen to be participating in positive meaningful activities within the community context, is then reinforced for their positive contribution and is likely to feel more confident and experience higher self-efficacy and self-esteem. This then leads the adolescent towards engagement in future positive participatory behaviours. Solution-focused counselling uses relationship questions to encourage adolescents to consider the views of others such as friends and family, and allows the adolescent to view the problem from different perspectives.

Adolescent empowerment can be measured by outcomes that are considered to be related to, or a part of, empowerment. These outcomes can include self-efficacy, which is a key focus of my study and will be described later in this review (Peterson, 2009) and problem-solving ability (Viklund, Ortqvist & Wikblad, 2007). The development of self-efficacy in adolescents should be done in a supportive, collaborative environment. Engagement in strength-based activities such as solution-focused counselling may be one way to do this, where adolescents are invited to take part in the decision-making process. Young people are empowered by highlighting personal strengths and resources, and feelings of self-belief and self-efficacy may increase as a result.

Literature on adolescent empowerment has consistently shown several beneficial elements. One aspect of empowerment involving the enhancement of a young person's self-efficacy is of particular interest to my study. Scales, Benson and Roehlkepartain (2011) found that adolescent's' sense of empowerment was strongly associated with psychological, social, and behavioural well-being and better academic

performance. Increased sense of empowerment was also associated with positive engagement and contribution to local communities and society as a whole.

Using a case study approach, Querimit and Conner (2003) found that an empowerment-based approach was useful in fostering positive identity development, and self-efficacy among adolescent females of colour. Their approach helped transform client vulnerabilities into strengths within the framework of the clients' cultural and community contexts. The primary goal of treatment was to elicit the client's strengths that would lead to an increase in academic, social and career self-efficacy as well as fostering positive identity. This was achieved through the development of a supportive client-counsellor relationship, the use of narratives to develop initial strengths and exploring community based support networks.

Why Empower Girls and Boys?

Historically literature has focused on the empowerment of girls and women in relation to social inequality and oppression (Querimit & Conner, 2003), with few addressing the empowerment of boys. Reiningger, Pérez, Aguirre Flores, Chen & Rahbar (2012) suggest that lack of empowerment among middle-school boys increased the chances of alcohol and tobacco use. O'Neil, Challenger, Renzulli, Crapser & Webster (2013) implemented a forum for middle-school boys who were predominately Hispanic and African American. The forum emphasised positive masculinity through empowerment, emotional awareness, and personal problem solving. It was found that boys could be encouraged to think about their problems and could take positive action. With these findings in mind, I think it is very worthwhile to attempt to include both boys' and girls' perspectives within my study.

Self-Efficacy

Through the voices of young people, my study hopes to explore aspects of self-efficacy related to adolescents' abilities to solution build.

What is Self-Efficacy?

Self-efficacy can be described as an individuals' belief in themselves as "producers of experiences and shapers of events" (Bandura, 2000, p.75). The term self-efficacy was first suggested by Bandura in 1986. He defined it as an individuals' belief in his/her ability to perform a specific task. In particular, an individual's sense of personal efficacy or perceived self-efficacy is an important mechanism of human agency (Bandura, 1995). Self-efficacy affects the way in which we think and feel about the world, while also impacting on our personal level of motivation and how we choose to behave. Bandura (1993) suggests that our self-efficacy beliefs produce a variety of effects related to cognitive, motivational and emotional processes, and can influence the choices we make.

An individuals' sense of self-efficacy can also play a major role in how goals are approached. As an individual's perceived self-efficacy increases, more challenging goals are likely to be set, and there is a greater commitment and motivation to achieve them (Urduan & Maehr, 1995). Belief in coping capability has an effect on feelings of stress and depression, as well as motivation; therefore high-self-efficacy is thought to support anxiety regulation (Bandura, 1995). Self-efficacy is can be highly influential on young people's ability to make choices therefore can play a significant role in personal development. According to Bandura's theory, people with high self-efficacy are more likely to view tasks or problems as something that can be mastered rather than avoided.

Adolescents, Empowerment & Self-Efficacy

My study focuses on the ways in which adolescents can be supported in developing feelings of empowerment, specifically related to self-efficacy, to aid their ability to overcome the developmental, biological and societal challenges associated with adolescence. The way in which empowerment can be associated with increased self-efficacy, or a greater belief in one's ability to perform specific tasks (Bandura, 1986 as cited in Bandura, 2000) is a particular focus.

Zimmerman & Cleary (2006) suggest that on entering high school, adolescents must learn to be more self-directive and take greater responsibility for their day-to-day functioning. If this is not achieved in relation to an increasingly demanding academic environment, then self-efficacy towards learning is likely to decline. Students with higher self-efficacy for learning tend to be more resilient, which means they are better able to resist the distractions of peers than those with lower self-efficacy (Bandura, Pastorelli, Barbaranelli & Caprara, 1996). Adolescents' self-efficacy is thought to be highly influenced by peers. When they see peers succeed at a task, they believe that they too can complete the task (Schunk & Miller, 2002). Surland (2010) explored the relationship between self-efficacy and high school graduation. Students with high self-efficacy showed greater academic persistence and enhanced problem solving skills to overcome obstacles affecting their ability to persist.

Through in-depth interviews Pearson (2008) questioned ten African American middle school girls around how personal self-efficacy helped them to cope with obstacles and excel academically. Pearson found high self-efficacy could not only help girls to cope with obstacles but also play a role in excelling their academic achievement. Coutinho & Neuman (2008) found self-efficacy to be the strongest predictor of students' academic success, in that a student with high confidence in their abilities to perform well tended to experience greater success in performance.

Additionally, researchers have shown that adolescents with a high sense of self-efficacy are more likely to engage in challenging tasks (Bandura & Schunk, 1981), are more motivated and apply greater effort to tasks (Schunk, 1991), set higher goals (Schunk & Swartz, 1993), and express lower levels of anxiety and fewer depressive symptoms (Bandura, Pastorelli, Barbaranelli & Caprara, 1999), in comparison to adolescents with low self-efficacy.

Developing a young person's strengths, feelings of self-belief and self-efficacy may provide vital opportunities to increase positive outcomes, including protective factors such as attitude and the ability to relate to others. Lack of such protective factors may lead to involvement in anti-social behaviours such as drug use and early sexual activity (Morton & Montgomery, 2013). Strength-based interventions, such as solution-focused counselling may strengthen a young person's protective factors such as the enhancement of self-efficacy, development of positive relationships, and a stable personal identity (Perkins, 2007), leading to a higher ability to overcome adversity (Morton & Montgomery, 2013).

Building Adolescents' Self-Efficacy

A strong sense of self-efficacy can be created in a number of ways. Bandura (1995) suggests four key forms of influencing self-efficacy. Mastery experiences or successes are considered powerful builders of an individual's sense of self-efficacy. This relates to a sense of knowing what to do, alongside acknowledging the need to apply effort, when faced with life's challenges. Vicarious experiences demonstrated by social models, allow individuals to see others similar to themselves succeed through the application of effort, providing a notion that they too can master equivalent activities. Social or verbal persuasion is an additional method of boosting an individual's self-belief. This can be done with the use of positive reinforcement to persuade individuals that they have the capabilities to master an activity. Finally,

physiological and emotional states can greatly affect an individual's perception of their capabilities. For example, positive mood enhances self-efficacy, as does the reduction of stress and negative emotions.

Chandler (1999) found that a creative writing programme which allowed at-risk minority youth to tell their story in a safe environment, using their own language, increased the likelihood of adolescents feeling heard, built self-efficacy and promoted an increased sense of wellbeing. The writing task allowed the four aspects of self-efficacy (mastery experience, vicarious experience, social persuasion and emotional arousal) to be experienced as youth wrote their stories. Mastery experience or performance accomplishment was achieved by completing their writing, reading it out loud and receiving positive reinforcement (social/verbal persuasion) from others in the group. Trust was gained in this process through vicarious experience, seeing others successfully present their stories. Positive emotional arousal was achieved through the mastery of free writing skills and having their stories heard and responded to with positive feedback. Families also influence the enhancement of self-efficacy by providing encouragement and positive role models to support mastery experiences (Schunk & Miller, 2002).

The use of strength-based models of counselling including solution-focused counselling, build self-efficacy utilising these variables. Definitions of specific solution-focused techniques are described in the methodology chapter. Towards the creation of mastery experiences, exception questions draw out the individual's past experiences of what worked when the problem wasn't there, or wasn't as bad. This allows the client to explore strategies and techniques employed during that time which might support them in working out the current problem. Exploring exceptions also allows the discovery and reinforcement of client strengths and past successes.

Counsellors apply verbal persuasion in the identification and highlighting of client resources. Feedback given to clients at the end of counselling sessions also reinforces client strengths. Through the exploration of exceptions and the use of relationship questions, clients may identify times when they or others have been successful in overcoming the problem, supporting the development of vicarious experiences. A framework built around highlighting the positive and maintaining a future focus works to encourage positive physiological and emotional states. Through the use of the miracle question and scaling activities clients build a future around small, achievable steps to success.

Strength-Based Counselling

Strength-based models of counselling are a developing branch of positive psychology within the helping profession. It is thought that when an individual becomes aware of their strengths and how to apply them to their goals, they experience a sense of achievement. This expands their coping skills and allows them to feel better able to work through future situations (Jones-Smith, 2012). A key value of strength-based models of counselling is to help individuals who struggle with the challenges of today's society (Jones-Smith, 2012). As suggested by Bandura (1995), self-efficacy is thought to be highly influential on a young person's ability to make choices therefore playing a significant role in personal development. This may include adolescents' abilities to overcome developmental and societal challenges. In 1998, Martin Seligman said "Psychology is not just the study of weakness and damage; it is also the study of strengths and virtue. Treatment is not just fixing what is broken; it is nurturing what is best within ourselves." (Seligman & Csikszentmihalyi, 2000). Solution-focused counselling is considered a formidable movement in the creation of strengths-based models of counselling (Jones-Smith, 2006). The use of

encouragement techniques in solution-focused counselling such as direct and indirect compliments i.e. *how did you manage to do that?*, elicit positive self-regard and push the client to figure out the skills they were able to use to achieve success (De Jong & Berg, 2008).

Social Constructionism & Solution-Focused Counselling

Counsellors who practice solution-focused techniques engage clients in conversations about potential solutions. De Jong and Berg (2008, p. 9) state “because individual people and their perceptions about life are so diverse, there is no single solution for such a problem”. The strength-based, solution building approach to counselling was first developed at the Brief Family Counselling Centre in the 1980’s by Steve de Shazer, Insoo Kim Berg and their colleagues and was founded upon a social constructionist epistemology. Social constructionism is primarily concerned with explaining the processes, by which people describe, explain or account for the world (Gergen, 1985). Social constructionism encompasses the way in which an individual’s sense of the nature of their problems, strengths and possible solutions are constructed in their interactions with others throughout life. “People make meanings as they interact with others” (De Jong & Berg, 2008, p. 343). Further details on social constructionism are described in the methodology chapter.

Solution-Focused Principles

Solution-focused counsellors view helping as solution building, rather than problem solving. The primary focus of sessions is the discovery of client strengths, successes, resources and abilities (Berg & Miller, 1992). Counsellors are interested in what works, and how we can encourage the client to do more of this. Counsellors do this by listening for and exploring exceptions, times where previous client efforts have resolved difficulties, or times when the problem was not so bad. Jones-Smith (2012, p. 404) suggests that “solutions are defined as describing what life would be

like when the problem is gone or resolved". A typical session is filled with problem free talk, where change is regarded as inevitable.

According to the European Brief Therapy Association (EBTA) (2012) solution-focused counselling can be defined through the application of five different approaches; client-directed, interactional, competency-based, future-orientated and goal-directed. A client directed approach refers to the way in which clients are treated as experts on their own lives. A respectful, collaborative relationship is formed and empathy is shown towards the client's concerns (EBTA, 2012).

The interactional approach addresses the way in which language used in conversations between counsellor and client construct and reconstruct both problems and solutions. The use of solution-focused questions such as pre-session change, goal seeking, exceptions, scaling and coping questions, which are defined in the methodology chapter, opens up new perspectives and meanings for clients (EBTA, 2012). For example, exception talk allows clients to feel empowered towards gaining personal control. The use of pre-suppositional questions assists in defining client possibilities by reinforcing a future focus. The use of scaling provides personal agency and the belief that problems will change. Relationship questions allow clients to consider the role of other people and contexts within which the change is going to occur.

Throughout the solution-focused counselling process it is important to focus on client's resources, strengths, abilities and successes. This fulfils the competency based approach where client strengths and resources are developed into skills and competencies to bring about change (EBTA, 2012). Once again, pre-suppositional questions can be very helpful in developing these skills, as well as the inclusion of external resources such as employing key support networks. A positive view of the

future is essential to create client agency and hope. It also evokes positive emotions leading to an optimistic frame of mind, which allows skills and competencies to progress. Finally, goals are important to give focus to and inform the counselling process. Using small, achievable, concrete goals allows small behavioural changes to be defined and achieved, allowing the client to progress towards their goal.

Solution-Focused Counselling and Adolescents

Instead of focusing on problems, a social constructionist approach such as solution-focused counselling can empower young people by allowing them to discover that they have the knowledge and resources to make decisions. Neuroscience suggests that adolescents have difficulty making decisions and sound judgements due to brain maturation (Cauffman & Steinberg, 2000). In contrast, a social constructionist viewpoint encourages young people towards gaining a sense of control to be able to make and act upon decisions, and have the ability to evaluate the effectiveness of their choices in solving problems. Solution-focused counselling minimises feelings associated with lack of control and self-blame by emphasising strengths and helping adolescents see that problems exist outside of themselves (Corcoran, 1998). The solution-focused approach can be a very useful tool with adolescents because of its future focus, emphasis on increasing awareness of personal strengths and installing belief in one's resources to cope with problems (Hopson & Kim, 2004).

The use of solution-focused counselling in secondary school settings is thought to be more effective when the focus is on changing future behaviours by constructing behavioural tasks that have the potential to lead to rapid solutions for young people (Franklin, Moore & Hopson, 2008). Such solutions are achieved by guiding the young person's focus on hope rather than despair. Several solution-focused techniques are used in order to bring about this shift in focus.

The use of solution-oriented language to highlight exceptions and past efforts as potential solutions, and maintain a future focus by utilising future-oriented questions such as the miracle question, allows the young person to envisage life without the problem, or where the problem is manageable. Scaling questions are very useful in developing goals and defining concrete behavioural changes. Direct and indirect compliments highlight young people's strengths and resources, leaving them to feel empowered towards change (Corcoran, 1998). Compliments are thought to have greater influence when the client comes up with them for themselves (De Jong & Berg, 2008). This allows the client to recognise their own resources.

Solution-focused counselling empowers the young person and the counsellor, allowing the co-construction of common goals necessary for change (Newsome, 2005). Fostering empowerment and the development of self-efficacy can be further achieved through the solution-focused process by allowing the young person co-participation in decision-making and giving them the sense of having had their voice or opinion heard and genuinely valued (Newsome, 2005).

Although a great deal more research is needed on the efficacy of solution-focused counselling, there have been several studies that demonstrate its effectiveness with adolescents. Many of these studies were conducted in school settings. In general, findings of past research suggest that solution-focused counselling contributes to positive outcomes for students on self-efficacy measures (Kvarme et al., 2010), self-esteem measures (Froeschle et al., 2007; Springer et al., 2000), and coping measures (Lafountain & Gamer, 1996). Solution-focused counselling also contributed to a reduction in negative overt behaviours and other behavioural problems (Franklin et al., 2001; Corcoran & Stephenson, 2000; Newsome, 2005 & Cepukiene & Pakrosnis, 2011); promoted goal attainment (Newsome, 2005;

LaFountain & Gamer, 1996; Littrell, et al., 1995); improved social skills (Newsome, 2005); increased awareness of and reduced bullying (Banks, 1999) and reduced truancy (Violeta & Ion, 2009). A single session solution-focused approach was found to improve symptoms associated with a range of mental health disorders in children and adolescents (Perkins, 2006).

Group counselling based on a solution-focused Eriksonian model was shown to be helpful with adolescent sexual abuse survivors by increasing their self-esteem, reducing feelings of isolation with regards to the abuse, creating a sense of interpersonal connectedness, and a stronger future orientation (Kress & Hoffman, 2008). Springer et al. (2000) evaluated the effectiveness of a solution-focused approach with Hispanic children and found that a group solution-focused intervention resulted in significant improvement in children's self-esteem.

Not all results support the efficacy of solution-focused intervention conclusively. Littrell et al. (1995) found the intensity of undesired feelings related to problems decreased following brief solution-focused counselling in a high school setting. A single session solution-focused approach was found to be just as effective as two problem-focused brief counselling approaches, but the advantage of the solution-focused approach was that it took less time. Some studies were conducted utilising a controlled design, but many had limitations. Some lacked a comparison group (Newsome, 2005; Corcoran & Stephenson, 2000) or had a comparison group but did not use random assignment (Springer et al., 2000). In some studies a single case design may have limited external validity (Franklin et al., 2001), or subjective measures were used to evaluate progress (Corcoran & Stephenson, 2000; LaFountain & Gamer, 1996). Many used a relatively small treatment sample, limiting generalization of the results to a wider context (Cepukiene & Pakrosnis, 2011;

Springer et al., 2000). Very few of these studies focus specifically on the self-efficacy aspect of empowerment, therefore guiding self-efficacy as a key focus for my study. An additional limitation, which will be addressed in my study, is that much of the research is presented from the researcher or counsellor perspective. My study will give greater emphasis to the adolescent's perspective i.e. do adolescents experience a sense of empowerment through the process of solution-focused counselling? This will promote a clearer sense of the adolescent viewpoint, and a more personalised understanding of the social world in which the adolescent lives. We may also gain a more accurate sense of the helpfulness of solution-focused counselling for adolescents' sense of empowerment and self-efficacy.

Solution-Focused Counselling and Empowerment

The ultimate aim of any helping profession is to empower clients to live more productive and satisfying lives, with the capacity to generate solutions to their own problems (De Jong & Berg, 2008). Solution-focused counsellors are committed to empowering clients.

Rappaport (1981) suggests that empowerment should be viewed or defined as the way in which individuals gain control over their lives through active participation in a variety of contexts. Scheel, Davis & Henderson (2013) view empowering as a process of encouragement where clients are motivated towards trying out their identified strengths and refining their usage.

Solution-focused counselling invites the client to participate in the therapy process encouraging self-confidence and self-acceptance. Empowerment through solution-focused counselling assists clients in gaining a sense of control over their lives and builds self-efficacy, allowing them to believe in the skills they possess to

make decisions, and act effectively upon these, within the contexts they live (De Jong & Berg, 2008). Through small behavioural changes clients are empowered to view themselves as having the required strength and resources to view and create a future without the problem.

In a study conducted by Scheel et al. (2013) counsellors, of whom some utilised a solution-focused approach, were interviewed in an attempt to discover positive processes that were thought to regularly occur in mainstream therapies. It was reported that counsellors utilised client's strengths in a variety of forms. Of particular interest to my study was the way in which a variety of client strengths were utilised to promote positive outcomes associated with instilling hope and empowerment of the client. Counsellors in this study reported that clients felt empowered through increased awareness of their strengths. Insight and autonomy were also thought to contribute to client empowerment. Counsellors also suggested that highlighting client strengths increased self-efficacy, gave hope and increased motivation.

The findings of the literature informed my research by giving insight to, and evidence to support, the potential benefits of solution-focused counselling, to the empowerment of adolescents and the enhancement of self-efficacy. Research has shown that adolescents can draw upon their own strengths, to be resourceful in facing life's challenges, resulting in the achievement of positive change. Through my study I hope to be able to support the strengths of adolescents and be able to explore the way in which solution-focused counselling may foster adolescent empowerment and enhance self-efficacy.

CHAPTER THREE: METHODOLOGY

Introduction

This chapter introduces my research design with a review of the research methodologies used and the rationale for selecting these approaches. I will firstly discuss the role of my guiding conception as an integral part to the grounding of my research. My professional training, personal theory of counselling, and factors related to my solution-focused practice will be discussed. In terms of methodology, I will discuss how my research was viewed through the lens of a social constructionist, alongside the use of a qualitative, pragmatic case study design, and the rationale for choosing a case study approach. I will then describe issues of rigour and trustworthiness as they applied throughout this study. Finally, ethical issues that were considered prior to and evolved throughout the research process are described.

Practitioner Guiding Conception

The purpose of this section is to describe my guiding conception of practice as established by Peterson's Disciplined Inquiry Model (1991) (see 'B' and 'C' in Figure 1 in Method section). This is divided into three sections. The first describes my professional training in relation to working with young people and eventually counselling adolescents, highlighting how each experience has added to my skill set as a counsellor. The second describes my guiding theoretical concepts. Finally, specific aspects of my solution-focused practice are described, including my allegiance to the solution-focused model of counselling, client empowerment and my views on the importance of the therapeutic alliance.

Professional Training

I began my professional studies at the University of Canterbury receiving a Bachelor of Education specialising in Physical Education, a Bachelor of Arts majoring

in Psychology and a Diploma in Teaching and Learning. It was from here that my journey involving the education and well-being of young people began. I spent 8 years teaching Health & Physical Education in various secondary schools, of which 3 of those years were fulfilling the role of Head of Health and 2 years as Head of Years 8&9. It was my pursuit of and successful engagement with these roles that highlighted my on-going interest in the wellbeing of young people within an educational setting.

It was during my time as Head of Year that I began to realise just how challenging adolescence can be, and I developed a growing interest in helping young people overcome their unique challenges. Filling the role of Head of Year enabled me to spend more one-to-one time with adolescents and I gained a greater sense of how important it was for them to feel respected and supported. This role also allowed me to develop my ability to be able to relate to young people and discover effective ways of working alongside them. However, the constraints of the role did not allow me sufficient time to concentrate on working with young people on a variety of issues related to wellbeing. It was at this point that I returned to the University of Canterbury to study towards a Master of Counselling. Although I continue to view myself as a trainee counsellor, I have developed a strong sense of my counsellor identity and this is strongly embedded in my developing theory of counselling and allegiance to the solution-focused model.

Theoretical Orientation

Integration of various psychotherapy concepts and techniques is considered to be important for improving the effectiveness of counselling that meets the needs of a diverse client group, with many differing problems and life circumstances. Additionally, theoretical integration allows a counsellor to operate in a manner which is congruent with their personality, experiences and view of human nature (Jones-Smith, 2012). As a trainee counsellor my current practice is grounded within a solution-focused

theoretical viewpoint. I have selectively assimilated concepts from person-centred therapy, to work alongside my solution-focused practice. I believe my chosen theories of counselling work well together, as they share a similar view in terms of the resourcefulness of clients to recognise, explore and create meaning, based upon personal values and beliefs.

My philosophy of counselling sits within my view of human nature. I view all people as basically good, positive, forward thinking, constructive, realistic and trustworthy (Rogers, 1957 cited in Jones-Smith, 2012), and believe that we all have a basic motivating force within, guiding us towards personal growth, self-actualisation and development of positive self-regard. I want my clients to be not only open towards growth and new experiences, but also to have self-belief and take responsibility for the choices they make. I endeavour to empower clients to create their own meaning and purpose, as well as take control of their lives. I want my clients to see themselves as strong, self-aware decision makers, who know what is best for them, and how to seek out what they need.

In my day to day practice I draw upon the key concepts of solution-focused counselling first and foremost. Solution-focused counselling sits within the postmodern, social constructionist framework (Jones-Smith, 2012), where clients are seen as the experts of their own lives and personal meaning is viewed as being constructed by a variety of contexts such as an individual's culture, environment or religion and through the use of language (De Jong & Berg, 2008). Human struggles are often associated with our own social constructions (Jones-Smith, 2012), which are influenced by the communities in which we live (De Jong & Berg, 2008). Through my solution-focused work I also seek to explore and develop four key factors which research has found to bring about change in clients 1) extra-therapeutic factors such as social supports, 2) client's view of the therapeutic relationship, 3) counsellor

technique, specifically the use of solution-focused techniques and 4) client expectancy, hope and placebo factors (Hubble, Duncan & Miller, 1999). Working with these factors in mind allows me to assist the client in viewing change as being in relation to language and personal meaning associated with social and cultural aspects of life. For example, successful positive change is considered to be more likely to occur when clients perceive and develop strong, supportive social networks outside the client-counsellor relationship. Solution-focused counsellors state that “problems are best understood in relation to their solutions” (de Shazer, 1985 cited in Jones-Smith, 2012, p.399). Many of solution-focused techniques defined later in this chapter support the development of these factors. For example, the use of relationship questions can develop client’s perceptions of social supports, and the clients view of the therapeutic relationship is explored through the regular use of a session rating scale (see Appendix C) developed by Miller, Duncan and Johnson (2002).

Within my solution-focused practice I also highly value the importance of Rogers’s six core conditions which I view as necessary but not necessarily sufficient for therapy, and seek to incorporate these qualities within my practice. These are: 1) psychological contact, 2) incongruent client, 3) therapist congruency, 4) unconditional positive regard, 5) therapist empathy (Rogers, 1961 cited in Jones-Smith, 2012) and, 6) communication of empathy (Jones-Smith, 2012). On meeting any new client, I ask myself Rogers’s key therapeutic question: “How can I provide a relationship which this person may use for his own personal growth?” (Rogers, 1951, cited in Jones-Smith, 2012, p.238) As a result I work towards developing a supportive and collaborative working relationship with my clients, reflecting these conditions. Implementation of these conditions also fits well within the solution focused approach, in terms of the importance of the client’s view of the therapeutic relationship.

Holding a theoretical position, grounded in solution-focused counselling, alongside integration of person-centred concepts, allows me to work effectively with multicultural groups. This is because solution-focused counselling is grounded within a social constructionist framework; therefore multiculturalism and diversity are valued by solution-focused counsellors. With the counsellor being led by the client as the expert, within the client's values and culture, clients can construct their own personal, meaningful realities (Jones-Smith, 2012). I work towards creating a warm, genuine, accepting and empathic relationship with my clients, endeavouring to break down any cultural barriers that may exist. I work from the basic assumption that the client is the sole expert on their own lives which enables me to view the world from my client's different and unique contexts.

I see my role as counsellor very much as collaborator and supporter. I encourage my clients to take responsibility for the goals of counselling and to be an active collaborator throughout each session. I view the therapeutic relationship as the most important part of the therapeutic process, hence the importance of Roger's six core conditions (Rogers, 1961 cited in Jones-Smith, 2012). I establish caring and authentic relationships, by maintaining a safe and trustworthy environment, a strong belief in my client's inner resources, as well as approaching each client with understanding, respect, empathy, support and with non-judgement. In working with clients, I seek to view the world through their eyes, and value the input they bring to sessions. Finally, I consistently adhere to self-care methods such as weekly yoga, mountain biking and skiing so that I can remain positive, congruent and best meet my client's needs.

Solution-Focused Practice

As a trainee counsellor, I feel most confident with the implementation of solution-focused techniques; hence I have chosen to work in a solution-focused way throughout this research process.

Techniques thought to be essential to working in a solution-focused way, as defined by the European Brief Therapy Association (2012) include:

- Pre-session change: refers to the positive change that clients can often describe between the time they made the appointment to the first session with a counsellor (Weiner-Davis, Shazer & Gingerich, 1987).
- Exceptions: refers to times in the client's life when the problem they have brought to therapy was not a problem or was less severe (De Jong & Berg, 2008).
- Coping questions: are used to refer to times when the client has been able to cope with the problem. Exploring responses to coping questions can often lead into the development of a more positive, solution-focused conversation, and can assist in the development of client strengths, resources and exceptions (De Jong & Berg, 2008).
- Scales: can be used in a number of ways but are a useful tool to assess the clients problem and to track progress. Scaling can also be used to define client motivation and confidence to achieve specific behavioural changes or counselling goals. Scaling activities involve asking the client to put their impressions on a scale (De Jong & Berg, 2008). For example "On a scale of 1-10, where one is the worst things have ever been and 10 being when things are the best they could ever be, where do you think you are on that scale today"? This activity can then be developed where the 10 is represented by

the miracle question or the client's description of their preferred future, and progress towards that preferred future can be tracked each session.

- Defining Preferred Futures: the Miracle Question, an adapted version of Erickson's crystal ball technique (1954 as cited in de Shazer, 1988), guides the client to essentially describe the solution and allows amplification of what the client actually wants (De Jong & Berg, 2008).
- Compliments: refers to practitioner statements that reinforce client strengths, skills, competences, abilities and resilience's (EBTA, 2012).
- End of session feedback and tasks: involves the practitioner highlighting aspects of the session which are thought to be most useful to the client (De Jong & Berg, 2008). A description of the protocol for giving feedback is given on page 59.
- Pre-suppositional questions: are leading questions which assume a positive expectation about the client, situation, and/or their ability to accomplish their goals. They encourage the discovery of possibilities, exceptions, or small steps towards reaching solutions (McKeel, 2012).
- Relationship questions: are used to encourage clients to consider interactional events and their meanings in relation to the solution (De Jong & Berg, 2008).

Within my practice and throughout the research process I view the thoughtful acknowledgement of my client's strengths and resources as essential to the process of client empowerment. As a solution-focused counsellor, I view clients as the experts on their own lives and work hard to highlight the positive and guide clients towards change talk.

Seeking out exceptions is evident throughout my work, in that exceptions not only allow the identification of client strengths but also expose hints of possibility for

change. Exception questions such as “Are there times when the problem does not happen or is less serious?” guide clients towards describing times when things were better.

The use of coping questions was critical to my research as a number of clients were stuck in problem-saturated talk, and were unable to identify exceptions to the problem. The use of coping questions, such as “With all of this happening, how have you managed to keep going?” allowed clients to become aware of times when the problem may have in fact been better, or hadn’t gotten any worse, and we were able to explore the role that they might have played in this happening.

The use of scaling questions is a skill I have had particular success with in my work throughout this research. Scaling exercises give my clients a sense of agency, noting that change is possible, so they are able to build up a clear picture of their preferred future, through describing what the top end of their scale would look like. Questions such as “When things with Mum are an 8, what will you be doing differently?” aid this process. Sometimes even the smallest behavioural step or change in thinking can bring about a great deal of change. Further examples of solution-focused techniques within a solution-focused conversation and/or session are given on pages 57-61.

Allegiance, Client Strengths & Empowerment

Allegiance to a particular counselling model is thought to be a powerful indicator of positive outcomes for clients (Duncan, 2010). I strongly believe in the effectiveness of solution-focused counselling, and consider the modality to be my primary way of working. Having high expectations and the belief that a solution-focused approach can assist clients to reach their goals is an important part of the success of my work, and of my research. Given my personal values and beliefs around the importance of optimism and self-agency, a solution-focused model of counselling also sits well with my personal way of being and thinking. Although my counsellor identity holds very

true to the solution-focused way of working, I will continue to evolve my work, particularly around the use of person-centred techniques, and will build an allegiance that permits continued personal growth, and maximum client benefit.

In my view, the greatest goal of counselling is client empowerment, and a strong allegiance to solution-focused counselling works well with this belief. I work in a manner which helps clients to realise that they are someone who is growing towards finding the person they want to be, and becoming more self-confident. I encourage clients to view the world in the here-and-now, seeing change as possible, and maintaining a future focus. I encourage clients to use this newly found self-awareness and sense of agency to recognise that they have freedom in their choices. In my experience of working with young people, I have been surprised by the way in which given the self-confidence, they are able to make their own safe and healthy choices. By highlighting positives and personal strengths, young people have devised coping strategies to bring about changes in their thinking, feeling and resultant behaviour. The solution-focused approach enables me to empower young people in such a manner, whilst opening up the idea of freedom of choice and the possibilities this can present.

Establishment of Therapeutic Alliance

As a counsellor I highly value the importance of developing a secure therapeutic alliance. This common factor is seen as essential to positive counselling outcomes across psychotherapies (Duff & Bedi, 2010; Lambert & Barley, 2001; Messer & Wampold, 2002). A strong counsellor-client alliance is essential to the success of my work and this research. I view alliance as working towards the development of an effective, collaborative working relationship with my clients and in turn see this as essential to the success of the counselling experience and client progress/improvement.

In the context of my research, alliance was initially established by spending time in the first session to listen and learn about the client. This included conversations about family, friends, hobbies, goals and favourite subjects. These initial conversations helped clients to relax and began to establish safety and trust within our working relationship. An additional part of building alliance involved the identification of client's strengths and complimenting these during this initial session. These were also reinforced in the end of session feedback.

Through the use of effective active listening, paraphrasing and summarising, I am able to demonstrate to my clients that I have truly heard their message. I accurately reflect back client feelings, using the clients own words, confirming to the client that I have heard the essence of what they have said. The use of these techniques links back to Rogers's core conditions, in particular, counsellor communication of empathy. Employing both person-centred and solution-focused techniques enables me to work effectively towards client empowerment, by supporting the establishment of a strong therapeutic relationship, creating an effective working alliance.

Throughout my research the Session Rating Scale (SRS – see Appendix C) devised by Duncan & Miller (2008) was used regularly to initiate conversations with clients about the alliance. It was found that on most occasions the ratings given were above 39, indicating a good alliance.

Social Constructionism

In light of my guiding conception and allegiance to solution-focused counselling, social constructionism has been an important part of how I planned and conducted my research. My study was primarily concerned with the experiences of adolescents from their personal perspective. I was interested in the attainment of personal knowledge

and subjectivity and the ways in which personal perspectives and our interpretation of these may result from our interactions with others. These ideas have guided my choice of a social constructionist methodology, in which the foundations of solution-focused counselling lie.

Individual meaning making, including solution building, is influenced by the variety of communities in which adolescents live, this might be ethnicity, family, religion or socio-economic contexts. Private meanings are reshaped by the influence of these varying contexts (De Jong & Berg, 2008). In my study, clients were seen for up to five sessions. This provided the opportunity for adolescents to frame problems/concerns in their own words, whilst exploring the role of a variety of contexts such as school and family. We were able to work together to reframe preferred future scenarios and/or solutions based on the client's strengths and resources. Solution-focused counselling uses relationship questions as a tool to explore and make meaning from client's perceptions of these varying contexts (De Jong & Berg, 2008). For example, relationship questions related to significant others such as "Suppose you were happier, what would Mum notice you doing instead?" encourage the adolescent to form descriptions of, and give meaning to, a variety of interactional situations. This might also involve giving a description of what will be different about what Mum does when the adolescent is happier, and the impact this might have on the client themselves. Relationship questions are also a useful tool in amplifying solutions that emerge from client descriptions, which may affect a number of different interactional contexts (De Jong & Berg, 2008). I used relationship questions regularly throughout the counselling process, to allow clients to consider the impact of varying contexts on their problem/concern and potential solutions.

Central to clients' differing perspectives, or meaning-making, which changes with time and through interaction with others, is our understanding of language. Of

particular interest is the way in which language is used between client and counsellor. Solution-focused conversations can lead to the co-construction of clients as agents of positive change in their lives (McGee, Del Vento & Bavelas, 2005). The solution-focused counselling process itself is considered to be socially constructed as a result of the language used in conversations between counsellor and client. The therapeutic relationship and the co-construction of meaning through solution-focused conversations is essential to the shift to discourse and/or the process by which client's perceptions and meanings change over time, in order to reach a preferred future (Gergen, 2001). Through the use of solution-focused language clients are able to bring about positive change in their lives (De Jong & Berg, 2008).

Qualitative Inquiry

Qualitative research is about the 'what' and 'how' of a phenomenon rather than the quantitative assessment of 'how many' or 'how much' (Bogdan & Biklen, 2007). Primarily, my study was interested in how adolescents describe and/or experience empowerment, therefore qualitative methods are appropriate. As defined by Bogdan & Biklen (2007), five key features of qualitative research include: a naturalistic setting, descriptive, inductive, concerned with process and concerned with meaning. Not all features are necessarily present in every study, although all five have been considered in my research. These are described below.

Rather than setting out to answer a narrowly focused question or to prove or disprove a hypothesis, qualitative researchers work from the general to the specific. The direction of the study is guided by data collection and analysis. The initial part of the study is used to learn more about the clients and the setting, gradually identifying what the important ideas or questions are (Bogdan & Biklen, 2007). In my study, time was spent developing rapport and building a collaborative working relationship with

clients, knowing that an effective therapeutic alliance would allow the clients to feel confident to guide the direction of our sessions.

According to constructionist principles, behaviours are best understood within the context in which they occur. Although my study was based within the school context, a variety of personal contexts were explored with clients throughout the research process, particularly family and friends.

Instead of numbers, qualitative researchers collect descriptive data in the form of pictures and words, obtained from a variety of sources, and are more interested in process than outcome. In my study, descriptive data were collected primarily in the form of counselling sessions, not only to collate clients' perspectives but also to explore the counselling process and clients' experiences of this. The counselling process allowed the research question to be informed by clients' descriptions of empowerment. For example, early in the study it became apparent that clients' awareness of their own strengths and resources was important to their sense of empowerment, in being able to solve problems and bring about change.

Much of the work in qualitative research involves conversations, stories and language, and the interpretation of these to make meaning (McLeod, 2011). Exploring how young people make meaning is also an integrative part of the social constructionist viewpoint (De Jong & Berg, 2008). In my study I was interested in the meanings adolescents construct, through and about, their differing social, relational and personal worlds. I worked collaboratively with clients to support individual meaning-making that allowed problems to be solved through generation of unique solutions, alongside the development of self-efficacy. I was open to the ideas and meanings described by clients, supporting an inductive approach to the research process. This occurred through the scaling process as described earlier, or through work completed around the miracle question or the crystal ball technique. The miracle

question can be delivered in a number of different ways. De Jong & Berg (2008, p. 4) describe it as

“Now I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem you have brought here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that the miracle has happened and the problem which you brought here is solved?”

Through discussion of the miracle question client and counsellor are able to describe and give meaning to client's perspectives and desired experiences. This means that the adolescent's story is told and heard from the client viewpoint, building from a thin description, to one that is rich and full of detail. In the current research, an adapted version of the miracle question was used, which is more in line with the Erickson's crystal ball technique (1954 as cited in de Shazer, 1988). Counselling goals were defined by client descriptions of their preferred future, through questions such as “What will life look like when you are getting along with ...” The idea was that clients described what they could see in the crystal ball/future.

Finally, qualitative research seeks to gain knowledge, to develop new ways of knowing or understanding. Knowing is associated with our ability to create meaning and to make sense of the world in which we live. The knowledge generated by qualitative research is thought to be holistic, personal and sits within its own unique context (McLeod, 2011). Many of the skills and techniques of qualitative research can be likened to those used by counsellors, as they are both directed towards understanding the client's world, where clients are consistently viewed as the expert. Skills such as drawing out peoples' stories, active listening, relationship building, creating understanding, and checking in, are all effective qualitative and therapeutic

tools for generating understanding (McLeod, 2011). The key focus of my study will be around the way in which these tools are used within the counselling process.

Pragmatic Case Study

The qualitative field is made up of a variety of ideas from which researchers must seek to select the most appropriate methodology. The adopted methodology for my research was a Pragmatic Case Study (PCS) design, alongside a social constructionist viewpoint. In the counselling field, a high quality systematic case study draws on multiple sources of information about the client, the counsellor and the therapeutic process as well as outcome measures of counselling, with the aim of creating a rich data set. The collection of varying types of data allows for triangulation of data across sources, potentially giving a fuller understanding of the focus of the study (McLeod, 2012).

McLeod (2011) describes a number of principles that inform systematic case study design, of which one is the use of a standardised format, such as the pragmatic case study design. The PCS method seeks to enhance the quality and rigors of knowledge gained from single case studies as well as create a systematic, peer-reviewed body of peer-reviewed case studies, which will allow greater cross-case analyses of individual cases (Fishman, 2001). The pragmatic case study method is based on Peterson's Disciplined Inquiry model. This model offers a way to study systematically what is effective about how counsellors practice. A key feature of the model is that it focuses on the client. The model attends to the particular needs of clients within various contexts, which are captured through systematic and rigorous case studies (McLeod, 2011).

The present study employs a PCS method, based on Peterson's Disciplined Inquiry model (further details on this model are described in the method chapter) to study adolescent empowerment experiences through solution-focused counselling.

This method involves the in-depth, qualitative study of four individual cases. Alongside the use of brief quantitative measures, and client descriptions of initial presenting problems and outcomes, inductively-derived common themes were used to guide cross-case analysis. This enabled comparison of the experiences and therapeutic outcomes of clients across cases.

Rigour & Trustworthiness

The credibility or validity of case study research can be enhanced through the application of a number of principles related to good methodological practice. Rigour and trustworthiness are concerned with determining whether findings are accurate based on the view of the researcher, clients and readers of the study (Creswell, 2009). According to McLeod (2012), the use of a standardised format i.e. the PCS design, as applied in my research, allows ease of reading as well as effective application of the study findings to meta-analyses. A number of other principles have been applied to this study in order to increase rigour and trustworthiness.

By obtaining multiple sources of data, a rich data set can be collated, allowing triangulation of different data sources. This means that discovery of themes can be more convincing (Creswell, 2009). The use of counselling videos, and descriptions of the context in which the study took place, allows the collation of rich, thick descriptive data, obtained directly from the clients, to draw the reader into the study, giving enough detail to allow the reader to share in client experiences. Although I have chosen not to involve clients directly in data analysis, I hoped that this highly descriptive data may reflect clients' viewpoints accurately, therefore applying fairness to the study, as well as reducing the representation of researcher bias (Morrow, 2005).

The inclusion of process and outcome measures, such as the Outcome Rating Scale (see Appendix C), allows comparison of my data set to data from other cases.

Additionally, enough information is included within the study, including its appendices, to allow the reader to make up his or her own mind about the interpretation of the data (McLeod, 2011).

A collaborative approach was taken to data collection and analysis, rather than relying solely on my own perspective. Both my academic and clinical supervisor were involved in the research process through conversation. The Head of Guidance was involved in data collection, as he conducted the end of counselling interviews. Clients were informed of the nature of their involvement during the consent process.

During analysis I was open to the idea of alternative interpretations of the data (McLeod, 2011), in that there may be other reasons for empowerment, or lack of, throughout the counselling process. There may also be different ways of describing adolescents' experiences. I also looked to keep analysis grounded within my guiding methodology i.e. social constructionism.

Throughout the research process I engaged regularly in reflexivity. This is a process by which the researcher provides a guiding conception, as I have done, that outlines their professional training and allegiances. Writing should also include any pre-existing assumptions about the study and experiences of completing the study (McLeod, 2012). Researcher reflexivity creates opportunities in which the researcher can understand how his or her own experiences and knowing(s) about the world may affect the research process (Morrow, 2005). Reflexivity also allows readers to be able to consider potential sources of bias (McLeod, 2011). I did this by including observer comments within my case notes, and throughout the viewing of videos and coding processes. Additionally, by involving my academic and clinical supervisors in the research process I was able to consult with them with regards to any reactions I might have had during the research process. They were able to reflect these back to me, developing my awareness of the impact my ideas might have had on the findings of

my study (Morrow, 2005). Fulfilling the role of both counsellor and researcher was an interesting experience. Practising reflexivity also assisted me in considering how being the counsellor may have been impacting on my role as researcher and vice versa. Maintaining a key focus on the counselling process and my practice helped to comfortably merge these two roles.

Finally, it is important to consider the role of reciprocity 'the give and take of social interactions' (Harrison, MacGibbon & Morton, 2001, p. 323). As a counsellor I highly value the role of a collaborative relationship in my work. Clients are the experts of their own lives and I aim to work alongside them, assisting them in figuring out problems, generating solutions and building coping strategies. Through curiosity and the use of timely self-disclosure, counselling sessions within my study became conversations, and as a result, richer data were collated.

Ethical Considerations

Ethical clearance for this study was given by the Human Ethics Committee at the University of Canterbury, New Zealand (see Appendix B). McLeod (2011) suggests that ethical decision making in counselling and psychotherapy should be considered in light of five moral principles: autonomy, non-maleficence, beneficence, justice and fidelity. Therefore, all of these issues were considered in relation to my research.

Autonomy refers to the rights of individuals in relation to freedom of choice and action (McLeod, 2012). In my study I was concerned with autonomy in relation to informed consent. Will clients feel that they are able to make an autonomous decision to take part in the research? As a counsellor I work hard not been seen as an authority figure, but I am an adult, which has the potential to cause adolescents to feel pressured or obliged to take part. Being new to the secondary school in which the study took

place allowed me a little more flexibility in this issue. The students didn't yet know me as a formal member of the school community, and current clients were not considered for the study. This meant that only new clients were invited to participate and participation in the study was voluntary. An additional way in which autonomy was addressed was that clients were given an information sheet which fully informed them of what involvement in the study would require, were given the opportunity to ask questions prior to signing informed consent and had the right to withdraw from the study at any time (see Appendix B).

The importance of maintaining confidentiality within the helping professions sits within the principle of fidelity. As a counsellor and researcher I believe it is important for me to be able to uphold the client's right to privacy, as stated in the New Zealand Association of Counsellors Code of Ethics, "Counsellors shall protect the privacy and respect the confidences of research clients" (NZAC Code of Ethics, 2012, p. 13). If students are able to make a decision to consult with the school counsellor, without parental consent, then I believe they also have the capability to participate in counselling research without parental consent. The Ministry of Education (2010) views the issue of informed consent for young people in secondary schools to participate in research to be particularly complex given the age range and competencies of young people attending secondary schools. It is becoming more difficult to define the term 'child' as a result of these varying competencies. When working with adolescents I need to reflexively consider a number of factors, in order to best protect the needs and rights of clients. For example, in the research context, what are the characteristics of the planned clients? i.e. are they competent enough to understand the conditions under which the research is being conducted and able to agree to participate without feelings of obligation or pressure to participate, and the type of research i.e. what is appropriate in terms of the schools obligations to students (Ministry of Education,

2010). I believe these ethical concerns have been addressed in consideration of ethics associated with my research. Information sheets given to students were clear and concise, and plenty of time for questions was given prior to signing the informed consent.

On consideration of my proposal the school principal agreed that consent was not required from parents for students to participate in my study. This aided in the protection of the client's right to privacy. The school principal and senior leadership team were aware that the study was taking place in the school but did not know the identity of the clients. Anonymity of the clients was sought by using pseudonyms throughout data collection, analysis and interpretation (Creswell, 2009). The Head of Guidance and I were the only staff members aware of the research clients' identities. Measures were also taken to protect the identity of the school, by not mentioning the school by name throughout the research planning and process.

Non-maleficence refers to the notion that as helpers we must 'above all do no harm' (McLeod, 2012, p. 56). As a developing counsellor I am hesitant as to whether my skills in counselling are effective enough to ensure that I would 'do no harm'. I worked hard to develop my counselling skills prior to data collection, and discussed cases on a regular basis with my clinical supervisor to aid in the protection of the clients.

The principle of justice is reflected within the methodology of my study. Justice or fairness refers to 'equal treatment for all individuals' (Kitchener, 1984 as cited in McLeod, 2012). Working from a social constructionist perspective, clients were viewed as experts on their own lives. Of great interest to me were the clients' subjective experiences and every effort was made to ensure that an effective therapeutic alliance was developed with clients.

Finally, it was hoped that this study would be able to contribute to the principle of beneficence, in that a topic has been chosen that could prove informative for a wider population. Although limited to adolescents, it is hoped that the findings of this study will inform future ideas with regards to the role of empowerment in adolescents' lives. In particular how specific ways of helping may be more beneficial than others in generating feelings of empowerment, positivity and control about the future.

PART II: QUALITATIVE INQUIRY

CHAPTER FOUR: METHOD

Introduction

My study employs a pragmatic case study method, based on Peterson's Disciplined Inquiry model (1991) to explore adolescent empowerment experiences through solution-focused counselling. Peterson's Disciplined Inquiry model will be described as applicable to my research. Participant recruitment and screening measures are described. Information regarding consent and confidentiality and the setting are then given. The data collection procedures will then be explained. This includes the qualitative data collection through individual counselling, participant journals and end of counselling interviews, as well as a quantitative measure in the form of the Outcome Rating Scale (ORS). The chapter concludes with an examination of qualitative data analysis.

*Please note that throughout this chapter 'clients' will be referred to as 'participants' when discussing the research design, as this seemed appropriate. Throughout the rest of the study they are referred to as 'clients'.

Conceptual Design

The Pragmatic Case Study (PCS) method (Fishman, 2001), which is based on Peterson's Disciplined Inquiry model, was used to explore the empowerment experiences of adolescents through the solution-focused counselling process. This qualitative approach informed both the procedure and the data analysis method. Two brief quantitative measures were also used. The Outcome Rating Scale (ORS) (see Appendix C) was used to measure client distress, set goals and guide counselling sessions. Results from the ORS were also used to map client progress and measure therapeutic outcome. The Adapted Outcome Rating Scale (see Appendix C) was completed by the participants during a short screening session. This was purely to help determine eligibility for the study and did not affect the interpretation of the data.

The Disciplined Inquiry model, outlined in Figure 1, is a contextual, individualised model that offers a way to systematically study what is effective about professional practice. Its primary focus is that it “begins and ends in the condition of the client” (Peterson, 1997, p. 188). The model attends to the particular needs of clients within specific contexts or situations, which are presented through systematic and rigorous case studies (Peterson, 1997). As shown in Figure 1, a client’s presenting problems are described (Component A). The model then requires that the practitioner’s ‘guiding conception’ (B) be described. This is the practitioner’s theoretical orientation as informed by training, research and experience (C). The guiding conception is then explored as it interacts with the client needs or goals, through the steps of assessment (D); formulation, including the treatment plan (E); action, or intervention (F); monitoring evaluation and feedback (G); possible revisiting of earlier steps (H-K); and concluding evaluation (L) (Fishman, 2001).

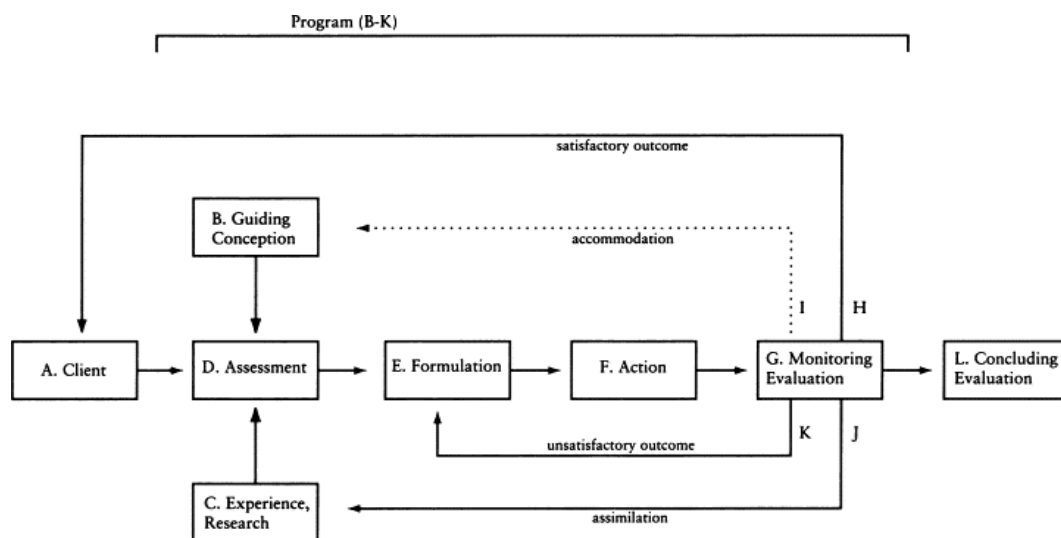


Figure 1. The Disciplined Inquiry Model of Professional Practice (Peterson, 1991, as revised by Fishman, 2001).

Following the logic of Disciplined Inquiry, the PCS Method allows clients’ perceptions of psychological events to be studied within their unique context. Fishman (2001) provides an overview of the components of the PCS Method. A pragmatic case

study takes place in the context of a particular helping profession. The aim is to remediate psychosocial pathology and/or promote psychosocial health. The use of the PCS method is relevant to my study because I hope to explore the ways in which solution-focused counselling can promote health and well-being in adolescents. The case study itself describes the participant, the nature of the problem, the type of help being offered, the practitioner guiding conception that justifies a chosen approach, the helping process, the quantitative and qualitative evaluation of the success of the program in addressing the client's problems, and how the outcome is related to the theory and process, in a systematic and narrative way (Fishman, 2001). The PCS method therefore offers a structured way to investigate whether a particular treatment process can be useful and effective, by studying systematically how a practitioner's guiding conception influences the therapeutic process and offers feedback to the system (Peterson, 1997). Additionally, using Disciplined Inquiry, the PCS Method also offers a systematic process of data collection and analysis (Fishman, 2001).

In my study, the PCS Method is being applied to four clients, where all sessions participated in by each client will be presented as an individual case study. Data consisted of a series of process (counselling sessions and final interviews) and outcome measures (ORS), as well as case notes and notes taken during reviewing of videoed sessions. The videotapes were an essential source of information – both as a source of data and as part of the process for practitioner review.

The objective of applying the PCS Method to four cases of solution-focused counselling was to be able to contribute to my own practice as well as the work of other counsellors, by exploring how the techniques of solution-focused counselling may be useful in empowering adolescents to have greater self-efficacy when addressing problems and/or finding solutions.

Research Design

My study encompasses four case studies. The treatment time was limited to a maximum of five sessions for each client/participant for data collection. All but one client ended counselling before the fifth session. The data consisted of notes taken while reviewing video-taped counselling sessions, transcriptions of some videoed sections, notes taken when reviewing case notes and transcriptions of final interviews, for each participant. The brief quantitative measure (ORS) was also reviewed alongside the qualitative data. These measures are described in more detail below. This reviewing process enabled me to inductively cluster data into a number of themes (see Appendix A). The final three key themes are discussed in Chapter Nine.

Participants

Historically, literature has focused on empowerment of girls and women, particularly in relation to social inequality and oppression (Querimit & Conner, 2003), with few addressing the empowerment of boys. Reininger, Pérez, Aguirre Flores, Chen & Rahbar (2012) suggest that lack of empowerment amongst adolescent boys increased the chances of alcohol and tobacco use. Therefore, it was hoped that both boys' and girls' perspectives would be represented in my study. Unfortunately recruitment of participants proved to be more difficult than expected, and due to time constraints four female participants were selected for the study, with no male participants coming forward throughout the recruitment process. Participants were comprised of four individuals, all female, recruited from a secondary school (Year 9-13), who all volunteered to take part in the study. Further details about participants are given in the following case chapters.

Recruitment

Random selection is not necessarily emphasised in qualitative research, rather a researcher selects from essential and typical samples and generalisations are then

based on these cases (Davidson & Tolich, 1999). In my study all participants were provided with information about the study in two ways. Firstly, I visited two house assemblies and talked briefly to participants about the study. I outlined the purposes of the study and the level of participation required. I also placed information sheets within the guidance area for participants to take away and read, and discussed the study with new clients as they presented for counselling. No participants were recruited as a result of the assembly talks. One participant was recruited as a result of being the friend of a past client who recommended the study to them. Three participants were recruited when they presented for counselling services. An additional participant started the research process but decided to cease counselling after session two. This individual lacked a great deal of self-confidence and was not yet ready to talk about what was happening in her life at the time of the research. It is hoped that with time the therapeutic relationship can be developed to a point where she feels able to engage in counselling. Four other individuals were interested in the study, but after reading the information sheets, decided they did not wish to take part. Difficulties with client recruitment are further discussed in the strengths and limitations section.

Screening Measures

Every interested participant was asked to complete a screening tool. This involved the completion of the Outcome Rating Scale (ORS) by the participant, and a second Adapted Outcome Rating Scale, collaboratively by the participant and me. The scales are each 10cm long, allowing them to be rated numerically. A total rating of 25 or more on the ORS differentiates between those experiencing high enough levels of distress that they may need to be in a helping relationship and those who do not (Duncan & Miller, 2008). Further information on the ORS is given on page 56.

The Adapted Outcome Rating Scale was designed and administered by me purely as a screening measure. This was to help identify clients with low self-efficacy, who were considered to be more able to contribute to the research aims. For the purposes of my study, participants scoring 16 or less on the Adapted Outcome Rating Scale were going to be considered for the study, with the five lowest scoring participants being selected. Those participants that were not selected for the study would be offered counselling as usual.

The results of the Adapted Outcome Rating Scales showed that three of the participants indicated low-moderate levels of confidence to be able to do something about improving their ORS ratings (self-efficacy), and one had a high level of confidence to be able to improve her ratings. During the initial session this particular participant said "I am confident now, but I never used to feel confident to be able to sort out my problems". I was curious about this statement. As this particular client had specific goals for counselling, I decided that exploring how her apparent high levels of self-efficacy came about, and how she experienced the solution-focused counselling process, could be very relevant to the objectives of my study. The Adapted Outcome Rating Scales were not administered again later, as they were only designed as a screening tool and it was hoped that descriptive data would be indicative of enhanced self-efficacy.

Unfortunately due to difficulties with recruitment the first four voluntary participants were selected for the study, therefore clients ratings on the Adapted Rating Scale are given for information only and do not form part of my data analysis (see Table 1). Clients who indicated higher scores showed greater confidence to be able to improve their scores on the Outcome Rating Scale. Those with lower score on the Adapted Rating Scale felt less confident that they would be able to bring about positive change on their Outcome Rating Scale.

Table 1: Client Response to Adapted Outcome Rating Scale.

Context	Amanda	Rebecca	Beth	Sarah
Me	5	5	9	8
Family	3.5	10	1	10
School	3.5	5	5	9
Everything	5	5	5	8
Total/40	17	25	20	35

Setting

Counselling sessions were conducted in my office in a secondary school. This was due to my dual role as counsellor and researcher. Although sessions were conducted in a school setting, other contexts in which the adolescent lives were explored throughout the counselling process i.e. family and friends. Participant's 'Me and My World' books (description given on page 55; see Appendix E) were also designed to support the collation of data from settings other than school. Unfortunately the books were not used by any of the participants.

Consent and Confidentiality

Due to the sensitive nature of my study the informed consent process was very important to me. Prior to beginning the study, I ensured that each participant had been given ample opportunity to read through both the information sheet and consent form (see Appendix B) that outlined details about the study. Information given to participants was clear and concise. I then met with each of the participants for an initial session where we reviewed the participant information sheet together and the adolescent was asked to read and sign the consent form. Participants were given the opportunity to ask questions at any time throughout this session. (Further information on confidentiality and informed consent was given during the ethical considerations section earlier).

Procedures

Overview of Counselling Process

Within the study, each client received 50mins of counselling a week for a maximum of five weeks. The counselling consisted of the establishment of a trusting, collaborative working relationship between the client and me. A solution-focused way of working was used to create client agency, a sense of hope and a positive frame of mind, that empowered clients to be able to draw on their own strengths and resources to reach their goals by achieving small behavioural changes. Throughout the counselling process and at the end of counselling, clients were asked to review the ORS as a measure of change/progress. Further details are given in the following section.

Clients were interviewed by another counsellor (the Head of Guidance) at the end of counselling to determine their subjective experiences of the therapeutic process and their perceptions of change with regards to whether things had been better since the start of counselling (or not). Clients were also asked to consider whether they had learnt any new skills, which might help them solve future problems (see Appendix D for final semi-structured interview script).

Data Collection and Measures

Data were collected utilising primarily qualitative methods, supported by the client's responses to the ORS, which can be represented quantitatively. Details about each data source are provided below.

Qualitative Measures

Qualitative tools were used to provide in-depth descriptive data (Creswell, 2009). In my study descriptive data on adolescent's experiences of empowerment led to a greater understanding of adolescent viewpoints and a stronger sense of the social

worlds in which adolescents live. Qualitative measures included: video recordings of counselling sessions, counsellor case notes, participant 'Me and My World' books, and semi-structured final interviews.

The use of videotaping counselling session has long been discussed in counselling and psychotherapy treatment and research (Alpert, 1996). Videotaping sessions can benefit both client and counsellor. Clients may find that anxiety around attending counselling is reduced as they can view the video at home, which helps reduce the fear of being judged or criticised by a counsellor (Haggerty & Hilsenroth, 2011). Videotaping can benefit counsellors by providing an accurate picture of what actually happened so that counsellors can review their work, assess how interventions were experienced by the client, and most importantly, can help the counsellor discover what went well and what could have been improved (McCullough, 2003). For the purposes of this research, video recordings were not viewed by the clients. Rather, they were reviewed by me at regular intervals throughout the counselling process. Generally a client's video would be watched in between sessions, so that I was able to evaluate the effectiveness of the session and make changes based on the client's needs (these are discussed within the individual case studies). One video recording was shown to my clinical supervisor for supervision purposes and feedback was obtained on my solution-focused practice. This information was used to develop future counselling sessions. Video recordings were stored on a password protected USB.

Case notes were taken by me throughout the counselling process in the same way as I would with all clients. Case notes were made up of personal information about the client such as family, friends, interests and additional key information that emerged throughout the counselling session. For example counselling goals, client strengths and descriptions of the client's preferred future. Case notes were kept in a locked filing cabinet in my office.

The end of counselling interviews were conducted for all four clients who had reached the end of counselling. In one case this was after session five, one after session four and in the other two cases after session three. These final interviews were carried out by the Head of Guidance who was also trained in solution-focused counselling. I met with the Head of Guidance prior to these interviews to discuss the interview process, nature of the semi-structured questions, and the descriptive responses I hoped to hear from clients, to aid in the collection of effective and useful data. Final interviews were audio recorded and stored on a password protected USB. Transcripts from final interviews were kept in a locked filing cabinet in my office.

It was hoped that the client 'Me and My World' book (see Appendix E) would be used as a tool for clients to record things that 'came up' during the week, and what they felt they were able to do about these things. The intention was to capture client perceptions of between-session change in the form of evidence of their ability to generate solutions and/or develop coping skills, and their interpretation of their ability to do this. Clients were asked to complete four short questions related to an issue or story that 'came up'. At the completion of counselling, client books were to be retained by me and stored in a locked filing cabinet in my office. Unfortunately, none of the four clients used their book; therefore they were not an effective data source in this study and have not been considered within data analysis (see strengths and limitations section for further information).

Pre-and Post-Counselling Quantitative Measures

Clients were asked to complete the Outcome Rating Scale (ORS) and Adapted Outcome Rating Scale during the initial session with me. This took approximately 15 minutes. The Outcome Rating Scale (ORS) is a self-report measure for assessing client's perspectives on how things are going with 'me', 'family', 'friends' and 'everything'. According to Duncan & Miller (2008) the ORS is designed to assess three

dimensions: personal distress (by measuring personal well-being), interpersonal wellbeing (by measuring how well the client is getting on in close relationships i.e. the family) and social roles (by measuring satisfaction with work/school and relationships outside of the home). Changes in any of these dimensions are widely considered as a valid indicator of successful therapeutic outcome (Duncan & Miller, 2008). Clients were asked to indicate where they felt they were at on the scale today, and where they would like to be. In my study the ORS was used as a screening measure as well as a starting point for therapy, with initial conversations being around the ratings given. The scales were used as a goal setting tool, by discussing with the client where they would like to be on the scale. The ORS was also used as a measure of change as clients were asked to review it regularly throughout the counselling process. All four clients completed the scale at the end of counselling as a way of measuring progress towards the attainment of client goals.

Formulation and Treatment Plan: Application of Solution-Focused Skills

The formulation of client's treatment plans ('E' in Figure 1) for all four cases was somewhat similar, with a key emphasis being the effective use of solution-focused skills and techniques, and accurate identification of client strengths and resources, to promote client empowerment. After the initial session and completion of the screening measures, the formal counselling process began. We first discussed a number of administrative issues that are essential to any counselling session, these included the length of therapy, a little bit about me and how I work, the importance of finding strengths, confidentiality, supervision, note taking, the use of a break, and finally giving the client an opportunity to ask questions.

This was then followed by a conversation to learn more about the history of the client, and for them to learn more about me. In all initial counselling sessions I ask clients whether they have had counselling before, if so, did it help and how? This

assists in establishing their previous experiences of counselling, if any, and what had been helpful about those. All four clients in my study had not seen a counsellor before, although one had seen a life coach. Secondly, I ask about their family, where they live, friends, what they enjoy doing/hobbies, goals for school and life, favourite and least favourite subjects. A comprehensive client history is not essential to the solution-focused approach, therefore only a brief client history is presented in my cases. This is because solution-focused counsellors are more interested in searching for present solutions and the start of something new (Macdonald, 2011). Clients were also given the opportunity to ask me questions. These conversations were important to me as they provided an opportunity to begin to build trust and rapport, essential to the development of an effective therapeutic alliance.

First session counselling conversations then developed as described by De Jong & Berg (2008, p.362):

1. Establishment of Client Concern

- What's happening for you today?
- What/who else tells you this is a problem?

2. Initial Formulation of Client Resources, Skills and Competencies

- What have you tried?
- Was it helpful? I acknowledge those that didn't work and build on those that did.

3. Goal Formulation

- What do you want to be different as a result of coming here for you to say our meeting was worthwhile?
- Pre-session change - 0 = how bad things were when the client made the appointment & 10 is turning up to the appointment. Where are you on that scale today?

- Scaling - When things are as you want them (or at a particular number on the scale), what will you be doing differently? How will I know or other people know that things are different?
- When he/she notices that, what will he/she be doing differently? What else? When he/she does that, what will be different for you?
- Termination - When will you know that you don't need to come to counselling anymore?

4. Exploring For Exceptions

- Can you think of a time when things were better? What was/is different when things were better?
- Are there times when the problem does not happen or is less serious? When? How does this happen?
- Exploration of how the exception happened
 - What do you suppose you did to make that happen? How did you do that?
 - If your significant other was here, what would he/she say you did to make it happen?

5. Projecting Exceptions Into The Future

- Scaling (1-10): likelihood of exception occurring in the next week/future
- What would it take for that to happen? Who has to do what to make it happen?
- What is the most important thing you need to remember to make sure the exception has the best chance of happening? What's the next most important thing?

- What do you think your significant other would say were the chances of it happening? What would he/she say would increase the chances of that happening again? What would be different?
- a. Asking Coping Questions If the Client Cannot Identify Any Exceptions
- I'm amazed. With all that's been happening. I don't know how you make it. How do you do that?
 - How have you managed to keep going?
- b. Additional Scaling Questions
- These are used to measure the client's confidence of finding a solution and/or their level of willingness/motivation to work towards their goal. This is linked into the end of session feedback.
- c. Break (3-5mins)
- During this time the client is asked to think about all that we have done/talked about in the session and to note whether anything in particular stood out for them.
 - I prepare feedback for the client during this time.
- d. Session Feedback
- The client is first asked if they found anything particularly useful, if so, this was included in my end of session feedback.
 - Feedback generally follows a set format which includes reinforcement of client strengths, a bridging statement i.e. I agree... and a suggestion. These could be thinking, noticing or doing suggestions depending on the client's agency. If they reported a high willingness to work, then generally they are given a doing task, otherwise it will be a thinking or noticing task that relates to the goal and/or solution. The following statement was used when

delivering the suggestion: “Because you said..... it sounds like it would be really helpful to...”

- Next time – Sometimes a suggestion was made as to what might be helpful for us to do next time.

Later sessions followed a similar type of format as described by De Jong & Berg (2008, p.364), but usually begin with either “What’s happening?” or “What’s better?” depending on the client’s body language when they entered the room. Positive body language such as relaxed posture and smiling generally elicited the “What’s better?” question.

- a. Elicit - What’s happening that’s better?
- b. Amplify - How did that happen? What did you do to make that happen? What’s different as a result of this happening?
- c. Reinforce/compliment the client on things having been better and the role they played in this happening.
- d. Start again - What else is better?
- e. Doing more - What would it take for it to happen again? Or more often?
- f. If nothing is better - How are you coping? How come things aren’t even worse?
- g. Scaling progress - Review of ORS or other scaling activities.
- h. Termination - Discussion of where the client would need to be on the scale to say that they did not need to come back to counselling anymore.
- i. Session Feedback – as described in the first session plan.

All cases in my study did not necessarily follow this format directly, details of actual interventions with each client are given within the individual case studies.

Data Analysis

Qualitative Data Analysis

Data were analysed inductively to explore the solution-focused counselling process as well as adolescents' experiences of empowerment as a result of this process. Several unique ideas and experiences were discovered and as a result eight themes were identified (see Appendix A). Of these eight themes, three were chosen for individual case analysis and to guide cross-case analysis. All three themes related to the research question - *How do adolescents describe empowerment in the context of solution-focused counselling?* These themes are described in Chapter Nine.

Data analysis consisted of a systematic review of counsellor case notes, transcripts of the final interviews, and drew heavily on the reviewing of counselling videos. I reviewed all videos at least twice making notes into a journal. Notes were made up of times when specific solution-focused questions were utilised that seemed to elicit a client response that was surprising, curious or hopeful. This enabled an overview of each session to be collated, noting down the times in the left hand column, so that footage could easily be referred back to. I then went back through the journal and highlighted statements that clients made which showed a hint of possibility, surprise, positivity, agency or hopefulness – things that might be related to self-efficacy. I then highlighted the solution-focused question I had asked previous to this response. This began to highlight to me the types of solution-focused skills that elicited a positive client response. It was this process that informed the emergence of specific solution-focused techniques that appeared to contribute to the empowerment process and enhanced self-efficacy. As I reviewed the videos I also noted down ideas that came to mind in relation to the research question and the counselling process, as well as interesting or surprising comments made by clients. This assisted in the development of my eight initial themes and five key solution-focused techniques. I then went back through all of my data coding and identifying further evidence of themes and solution-focused

techniques. This helped me to begin to formulate some understanding of how adolescents may or may not have felt empowered or showed a greater sense of self-efficacy throughout the solution-focused process. In particular, evidence of the client's ability to problem solve, generate solutions, develop coping skills and response to solution-focused techniques was of particular interest. From here I was able to identify the three most commonly occurring themes, and five key solution-focused techniques across all four cases.

Quantitative Data Analysis

Quantitative data were collected in the form of numerical results given by clients on the ORS. These results were reviewed (collaboratively?) following an initial analysis of the qualitative data, as they were seen as a way of supporting the qualitative findings. Clients were also able to describe if things had gotten better, particularly in the final interview, and articulate how this had come about. The results on the ORS were a way of confirming client descriptions of progress or change throughout the solution-focused process, in the form of a higher total rating. It was not necessary to carry out any statistical tests on the data.

INTRODUCTION TO THE CASE STUDIES

Each of the case studies in the following chapters represent a snapshot of the lives of four adolescents. Exploring what each client brought to counselling in terms of presenting problems, goals, strengths, and how clients used their strengths and resources to find solutions, was examined throughout the solution-focused process. Each case study is presented utilising a structured format where through analysis the solution-focused techniques found to elicit positive responses related to empowerment and self-efficacy will be described. The five key solution-focused techniques described within the Action ('F' in Figure 1) section are:

- Formulation of Client Strengths and Resources
- Exceptions
- Scaling
- Compliments
- End of Session Feedback

A monitoring evaluation ('G' in Figure 1) is then given for each counselling session in keeping with the Disciplined Inquiry Model. A concluding evaluation and summary of the outcome results are then presented, followed by a brief presentation of the case theme results as relevant to each case, many of which were found to be closely linked to the above solution-focused techniques.

INTRODUCTION TO THE CASE THEMES

My initial analysis of the case material led to *eight inductively derived themes* (see Appendix A). The three themes described below were chosen due to the way in which they contributed to client empowerment, specifically the development of self-efficacy. Evidence of all three themes was found across all four cases. Examples are indicated with italics throughout each of the 'Action' sections of the case studies and a case theme analysis is given in Chapter Ten.

Theme 1: Helping clients to discover knowledge of and develop their own strengths and resources

As described earlier by Seligman & Csikszentmihalyi (2000) counselling is not just about fixing what is broken, but it is about developing what is best within us. This theme refers to the way in which solution-focused counselling shares this viewpoint. An important part of my guiding conception is my belief that clients are capable of being positive, forward thinking and constructive. Many strengths and resources lie within the client and it is a powerful part of the change process in being able to bring the client's awareness to these. It is the discovery, amplification and reinforcement of a client's strengths that paves the way for action and change. Clients experience a 'boost' (as described by Rebecca) which allows them to move forward and act towards achieving their preferred future.

Theme 2: Helping clients to feel empowered by their strengths and resources in order to bring about change

Throughout this study I worked to empower clients with the tools to access and use their own strengths and resources. The emphasis on solution-talk drove positive emotions within the client and provided a sense of control and hope. Choosing to work in a solution-focused way is about 'empowerment'; helping clients to find their personal strengths and to continue to feel empowered towards using these resources in future

times of challenge. The use of reinforcement techniques such as compliments elicits positive regard and promotes a sense of control and agency within the client.

Theme 3: The therapeutic relationship - being able to 'just talk' and be truly heard

This theme involves the importance of the connection between me and my clients as an essential element of the counselling process, in relation to both client empowerment and successful therapeutic outcome. This theme was reflected throughout my study by the way in which clients described being able to tell their stories and feel like they were being heard by a non-judgemental and empathic listener. As described in my guiding conception, I believe that the therapeutic alliance is essential to positive counselling outcomes as well as promoting client empowerment. The findings of my study support this belief.

CHAPTER FIVE: THE CASE OF 'SALLY'

The Client ('A' in Figure 1)

History & Presenting Problem

Sally (pseudonym) is a 17-year old girl, in Year 13 at secondary school. Sally lives with her Dad and his friend. Sally describes her relationship with Dad as being 'really good'. Sally's Mum lives in another part of the country and Sally does not see her very often. Sally moved in with her Dad as she was not getting along with her Mum, although with a little more space the relationship with her Mum has improved. Sally receives great care and support from her Dad and her partner, and maintains regular contact with her Mum through phone calls.

Sally talked about three friends who are a great support for her. She describes herself as someone that doesn't go out all that often and is quite happy to be at home. Sally says that she enjoys school and is achieving well. She is on track towards achieving her NCEA Level 3. Sally hopes to attend a Design and Arts College next year and would like a career in make-up artistry and design. Sally has also trained in Reiki and finds it very helpful in managing her stress and wellbeing. Sally really enjoys painting. She is also very talented in music playing a number of instruments.

Sally was referred to counselling by a friend, who thought that she might benefit from taking part in the research project. Sally appeared quite comfortable throughout her counselling sessions, as she talked freely about her family and life in general. She described feeling quite stressed at times and thought that counselling might help her with this. This resulted in conversations around what she was already doing that assisted her in handling stressful situations better. Sally readily engaged in solution-talk and was very thoughtful and creative in finding ways to reduce her levels of stress in relation to specific contexts.

Client Assessment & Goals ('D' in Figure 1)

Qualitative Description

During Sally's initial meeting she had talked about wanting to be able to manage her stress better. Therefore Sally's goal for counselling was related to this. On the Outcome Rating Scale (ORS), Sally hoped to maintain an '8' consistently on the 'school' context, as often during pressured times it can be much lower. In order to achieve this she spoke about study habits needing to change which would help reduce her study related stress. When 'school' is an 8 Sally stated that she would be:

- researching the subjects she enjoys more
- planning more
- sticking to her plan more and her plan would be a habit
- focusing on one subject a day

Sally also described the 'me' context on the ORS as being able to improve if she was doing better at school.

Quantitative Measurement

As part of the screening process, Sally completed an Outcome Rating Scale (ORS) prior to the beginning of counselling. As seen in Table 2, she indicated that she was already at her target rating for three out of the four contexts. She hoped for improvement with factors related to the 'me' context. Sally described this low rating as being associated with feeling quite stressed at times, and not being able to communicate with her partner as regularly as she would like to, due to problems with an internet connection. This was sorted out by our second session. Sally's progress on the 'me' context and her study related stress are described in relation to the qualitative data in the concluding evaluation at the end of this chapter.

Table 2: Sally's Initial Ratings and Target Ratings on the Outcome Rating Scale

Context	Initial Rating	Target Rating
Me	5	8
Family	10	10
School	8	8
Everything	8	8
Total/40	31	34

Duncan & Miller (2008) suggest that a total rating of 25 or more on the ORS differentiates between those experiencing high enough levels of distress that they may need to be in a helping relationship and those who may not. Initially Sally's total rating was 31, indicating that she was someone who was managing well and may not have needed to be in a helping relationship. As discussed earlier, Sally ratings on the Adapted Outcome Rating Scale were also quite high suggesting that she feels very able to solve problems and/or bring about change in her life. Based on this she would not be considered an ideal participant for the study. I decided to work with Sally as my first client as I was very interested in finding out how she was able to say that she was very confident to be able to bring about change in her life. I felt this was very relevant to the research question. Sally was also able to define a specific goal for counselling related to stress management.

Action ("F" in Figure 1)

Formulation of Client Strengths and Resources

Sally's first session was spent discussing the project and completing the screening measures prior to starting the counselling process. This was my first session for the study. The aim of this session was to build the beginnings of an effective *therapeutic alliance* through collecting Sally's *history, concerns* and

formulating some initial client resources. Sally talked about having been to school counsellors before, mainly when she needed support with arguments she was having with peers at school. She hadn't found her previous experiences of counselling helpful. Sally described things being quite complicated with her family in the past, although things had really improved since she had started to live with her Dad. I asked how she had gotten through these times. Sally talked about her interest in Reiki, and that she found this very useful in that it was a cleanser and helped her to relax. She described being able to feel what was going on in her body and found that Reiki helped flush the negative energy away. Sally also talked about watching T.V and cooking as being other ways in which she managed her stress (*Theme 1*).

Exceptions

During session two Sally talked about her mock exams and an internal assessment that she had due, she was feeling very stressed about these. She talked about how easily she became distracted when trying to study and would often break her schedule. Sally talked about 'cramming' working for her and that she feels she works well under pressure, although she then added that cramming proves to be a very stressful time, especially when the pressure builds up. I saw this as an opportunity to explore for additional *strengths and resources* related to this (*Theme 1*).

T: What do you think it is about you that allows you to work well under pressure?

S: I don't know... probably because that's what I've done for all of my NCEA and most of my assignments

T: Has it been an effective way to work?

S: No especially not with internals.

This led into very interesting conversations around how Sally could see herself working more effectively. Sally talked about how Year 12 had been really bad but Year 11 was

a little bit better, particularly with her art. I then looked for *exceptions* related to what was happening in Year 11 (*Theme 1*).

T: So, what was better about Year 11?

S: I had less work to do. There was less work involved. There was stuff that we did in class time...it was more structured with how I had to lay it out... but in Year 12 we didn't have the structure... but this year hopefully it will be significantly better because I'm planning things.

T: So for you when things were more structured that was better, and you just said that now you are planning, is that because you are giving yourself that structure?

S: I hadn't really thought about that... I'm planning my paintings and what's going into it so that it will work...

We then talked about whether Sally thought she might like to work more effectively in other subjects (*Theme 2*).

T: When you are working more effectively, what will you be doing differently that will tell you that you're working more effectively?

S: I'll get better grades.

T: What will you be doing that will tell you that you are working more effectively?

S: I will look more at subjects I enjoy more...

T: Anything else that your Dad might notice you doing differently?

S: Watch less T.V (laughs)... maybe not... I multitask...

T: So you had said that you are planning more, is there anything else that you could do a bit more of?

S: I don't know... subjects I don't enjoy I don't do well in...

T: So you mentioned earlier that when you planning more you often get easily distracted might that be any different when you're working more effectively?

S: I think it would be.

T: How?

S: Because I would stick to it... I can plan all I want... but I have to stick to it and make it a habit.

I then explored for *exceptions* around times when Sally was able to stick to her plans, she was not able to name a time. I wondered whether things might be different this time, in that she could stick to her plan. Sally thought that she could as she was enjoying her subjects this year a lot more (*Theme 2*).

Sally then suggested that she would like to look at something around managing performance stress, as she had a music recital coming up. I began this conversation by asking Sally about *exceptions*, times when she able to beat performance nerves (*Theme 1*).

S: I'm going to stress and I'm going to get shaky and nervous and I want to try and find a way to beat that. I've read a couple of chapters of books that explain that... and that it's more about not thinking about it... than thinking about it...

T: So is this the first time you've had to do a live performance?

S: No.

T: When was the last time you had a live performance and the nerves weren't too bad?

S: The only thing making me nervous is that it's going to be a solo performance and I'm not used to that...

T: So is this the first solo performance that you're going to be doing?

S: No, I've done a couple but it's just been small audiences... it will be my first time singing live without any other group...

T: What sorts of things did you do to control your nerves before the small audiences?

S: Nothing that's where I struggle. I'm great with big audiences and lights... you can't see the audience... that kind of setting I can do... your nerves turn into adrenaline its great fun... I want that sort of feeling in a small setting.

I reflected back to Sally that she had said that breathing techniques had helped her control her nerves when completing her assessment at the weekend and I wondered

whether this might help her when she is on stage. Sally said she did try it and it helped a little bit. Sally then mentioned that having her friends in the audience helped her to feel more comfortable on stage. We then moved to a conversation around this (*amplify*). She talked about an old teacher putting a big sign up at the back of the room which she could focus on. This has really helped. Sally said that she would make a similar sign for this performance by getting her friend to put it on the front of the sound box. Sally then acknowledged that having friends there would help, so she will make them come along. She then said that she would borrow a guitar and microphone to go and practice in the hall. Sally also said that she would talk to an experienced singer who could give her some tips, as well as one of her teachers who is a trained singer (*Theme 2*).

Scaling

During session two I used a *scaling* activity to measure Sally's level of confidence in being able to stick to her study plans this year (*projecting exceptions into the future*). Sally said an '8'. I was really surprised by this, considering she had found this difficult in the past.

S: When it's time for me to study 'I will do it'.

T: How can you say that?

S: Because I have too. I can't go into the exams not ready cos I'll fail...

These conversations gave Sally the opportunity to think about the things that she could do to make her study experiences less stressful this year. Sally reported feeling more confident about being able to stick to her plan. She talked about finding it easier to focus on one subject a day (*Theme 2*).

Compliments

During session two we reviewed Sally's ORS (see Table 3). Sally indicated that the 'me' context had gone up to a '7' because she was feeling better. She

described this as being because she had been able to talk to her partner who is currently overseas. Sally also talked about looking forward to going out with a friend after school, which she doesn't usually do. This has also helped her to be at a '7' (Theme 2).

At this point I still wasn't clear about Sally's goals for counselling, so I asked what she felt would be helpful for us to do. Sally said that she would like to keep coming because she felt like 'me' would go down to '3' with the stress of exams.

S: I haven't really done anything about stress... Like I will take my time out and watch T.V or something... I enjoy baking and cooking...I watch cooking shows a lot.

Amazingly Sally had a number of strategies that she already used to help manage her stress. I *complimented* her on these. She seemed surprised that she had in fact done something about her stress (*Theme 2*). I *reinforced* to Sally that it appeared that she really was confident to be able to sort things out, as she had said in our previous session. I thought this would be a good opportunity to explore Sally's strengths and to increase her awareness of these (*Theme 1*).

T: How is it that you are able to say that you are more confident now to be able to sort out what's happening?

S: It's because I've had more people to talk to now... whereas when I was with my Mum we didn't really talk, we more like argued because I was at that stage in life...

T: What's helpful about having more people to talk to?

S: It means I can let go a little bit. A real bad habit of mine and I get told off by my Dad and my Mum is bottling things up... like a lot...

T: So you've realised now that it's good to talk to people rather than bottle it up inside.

S: Yeah...

T: Anything else that enables you to say you're confident to sort things out?

S: Just knowing what I need to do... I've had those problems in the past and I've figured out ways to get past it... mostly by myself... my partner helped a lot and Dad helped a lot.

I noted here that the support of her family was very important to Sally in order to get through challenges in life. Although she commented that she knew it was good to talk to people about how she was feeling, she didn't have access to this when she lived with her Mum. I sensed that this had improved for her since she had been living with Dad.

At the start of session three, Sally said that she hadn't really thought about stress over the past week, except for when she was trying to complete her internal assessment at the weekend. I asked Sally what stress management techniques she used to get through the assessment at the weekend (*elicit*). She spoke about stopping to take a few breathes to think about how she was going to approach it. Sally also said about making sure she had her chill out time. I *complimented* Sally on using these techniques to help her get through the assessment (*amplify, reinforce*). I asked Sally how she learnt these ways of managing stress; she talked about developing these over time and knowing that she needed to take time out in order to look after herself (*Theme 2*).

Following on from our exception conversation in session three, I was able to *compliment* Sally on how many things she had just come up with to help her deal with her performance nerves – six different things! Sally acknowledged this and said that it had been really helpful to stop and think about it (*Theme 1*). She said that she often left planning to the last minute. I reflected back to her that this was exactly what we had been talking about with her study. Sally laughed, she agreed with this. Sally said that she had planned to study one subject a day at the weekend and that she had done that (*Theme 2*). I *complimented* Sally on her efforts. She agreed that she felt

like she had got more done as a result. During this conversation I sensed that Sally had relaxed in the counselling environment, she was able to laugh along with me in a relaxed manner and felt at ease when talking about performance pressures (*Theme 3*).

End of Session Feedback

The *feedback* for session two included *complimenting* Sally on how she had been able to get through past struggles in her life. I agreed that school might be less stressful when she is working more effectively. I decided to set a *noticing task* for Sally over the next week. I asked her to *pay more attention to/notice* the things she is doing that tell her she is working more effectively (*Theme 1*). Sally commented that she could do this and doing more work after school would be one thing that she would notice (*Theme 2*).

In the *feedback* for our third session I was able to *compliment* Sally on the resourcefulness she had shown today in coming up with ideas around what she could do about her pre-performance nerves (*Theme 1*). Sally said that she knew what she needed to do now for her solo performances and described going to talk to her teacher and a fellow performer as well as asking a friend to help her practice. I agreed that a smaller audience sounded more daunting but because she had come up with so many great ideas, it sounded like it would be a good idea for her to give some of these things a go (*Theme 2*).

Monitoring Evaluations of Counselling Sessions ('G' in Figure 1)

Session One

I really enjoyed this first session with Sally, she was very open and willing to engage in conversations with me. She was very interesting to talk to and was generally interested in finding out how her strengths and resources could help her to

manage stress. I was pleased with how the first session for the study had gone, and had discovered changes that could be made to improve the process next time. For example, I hadn't had a conversation with Sally about her target ratings on the ORS and thought this would be very useful to start with next time. We hadn't yet defined what Sally's goals for counselling looked like. Starting with the ORS next session could lead into defining what the 'me' might look like when Sally was managing her stress better.

Session Two

I was aware that Sally wanted to work on managing stress but from this session we discovered a number of things that she was already doing to manage her stress. I learnt from this session the value of spending more time discussing a client's initial ORS results and I did so with future clients. This gave focus to Sally's goals and enabled her to identify specific contexts in which she hoped change could occur. Sally's self-awareness seemed to improve throughout this session as she began to identify what it was that she was already doing that helped her to manage stress, and what it means to her to work more effectively.

Session Three

Sally demonstrated throughout this session that she was very creative in figuring out ways to overcome challenges. She mentioned that often she doesn't stop and think about things soon enough and often leaves it too late to make a plan. I sensed that her awareness around this had improved and that she might start working on her plans sooner. This was confirmed by her final comment around trying to plan for her exams earlier.

Concluding Evaluation ('L' in Figure 1)

Goal Attainment Results & ORS Measure

Sally's key counselling goal was related to developing better study habits which would enable her to manage her stress better. Sally also said that she liked being able to just come and talk. She was given the opportunity to do this and it seemed that she felt listened to. Throughout the three sessions, Sally was able to discover that she already had a number of techniques that she used to manage her stress and her awareness of these increased. She was able to say towards the end of our final session that she didn't always stop to think about these things early enough, therefore recognised the need to plan earlier. Sally also described knowing what to do for her solo performances. She also commented on having done a bit more planning leading up to her exams and that she had been focusing on one subject a day when studying.

Sally's success with her counselling goal was also supported by her ratings on the Outcome Rating Scale (see Table 3). She had improved significantly in the 'me' context and had been able to keep the others consistent. Sally said she did feel stressed about her final exams coming up but had been working hard and felt like she was better prepared for them.

Table 3: Sally's Final Outcome Rating Scale Results

Context	Initial Rating	Session 2 Rating	Final Rating	Target Rating
Me	5	7	10	8
Family	10	10	10	10
School	8	9	8	9
Everything	8	8	10	8
Total/40	31	34	38	35

Final Interview

Sally's final interview acted as a quality control for my study. By using an outsider to conduct the interview, Sally was able to talk freely about her experiences of counselling. The outcome of Sally's interview was very positive and supported both the usefulness of the counselling process, as well as providing evidence of enhanced self-efficacy in terms of the application of stress management strategies.

Sally described things as being better because she felt happier. She knew this because she was socialising more with family and friends (*Theme 2*). Sally described the counselling process as being helpful in that she was able to work through a few things that were stuck in my head. Sally felt that her level of stress was manageable at the moment. She was concerned about her school work but there were no other outside pressures. When asked how things had improved Sally talked about prioritising more (*Theme 2*).

“I prioritised and found out what I didn't need to worry about and moved away that which wasn't necessary. It's something that I've always done particularly with money. It's kinda the same with school.”

Sally then described the things she had done to help reduce her performance stress. She had asked a friend to practice with her in the hall for three hours, and this had helped her to feel confident going into the performance (*Theme 2*). She was able to say that:

“I am now figuring out the source of problem, and then I work out what to do about it”.

It is interesting to note that the interviewer suggested that it sounded like Sally was coming up with a plan, as this was one of the key ideas that developed out of our counselling sessions. Sally agreed with this statement and described a particularly stressful time recently while trying to get an internal assessment completed. Sally said

she nearly didn't cope with it, but chose to go for a walk and visited her Nana. This helped her to feel better.

Sally engaged well in our counselling sessions and talked about what she had learnt from our time together (*Theme 3*). She said that she had discovered that if she actually stops and thinks about things she is able to think of a number of ways to overcome the problem, as she had demonstrated during our sessions. Sally described continuing to do this in order to prioritise, so that she will keep on top of her studies in the future. She will make a plan of what needs to be done and when.

Summary of Outcome Results

Sally benefited from becoming more aware of her own resources. She was very positive throughout the counselling process and seemed to enjoy having someone else to talk to, particularly in the absence of her partner. Sally had become more aware of the helpfulness of planning earlier and showed some commitment towards doing this in the future. Sally was able to come up with a number of creative ideas to manage her pre-performance nerves. She seemed quite confident that she would follow through on these ideas, demonstrating her perceived high level of self-efficacy. She was able to recognise that planning earlier was helpful in managing her stress levels. Both the qualitative data and quantitative measurement suggest that Sally's confidence and self-efficacy benefited from the solution-focused process. Positive progress was reflected in her final ORS rating, where Sally had improved significantly in the 'me' context and had also achieved success in the other three contexts. She described 'school' being slightly lower as it was getting very close to exam time and she had a number of internals which she was trying to finish off. Overall, Sally reported being more aware that she had a number of skills that she was able to utilise to minimise becoming overwhelmed by stress and pressure.

CHAPTER SIX: THE CASE OF 'AMANDA'

The Client ('A' in Figure 1)

History & Presenting Problem

Amanda (pseudonym) is a 14-year old girl, in Year 10 at secondary school. Amanda lives with her Mum, Dad and Grandma and her three siblings. She enjoys reading and knitting. She used to take part in rowing in her home country but has not taken part here in New Zealand.

Amanda presented with short-term symptoms of stress and anxiety around the issue of bullying by two other girls in her year, and the recent breakdown of a close friendship with Simon (pseudonym) who lives back in her home country, possibly due to the actions of these girls. The bullying consisted of name calling, whispering, spreading rumours, throwing things at her and vandalising her school bag. She was finding it very difficult to face school each day, and she was very uncomfortable when entering her form class and classes where the other girls were present. The bullying was also affecting the way she felt about herself, always wanting to know why they were being like that and what she had done wrong.

Amanda felt that she had never fully settled into life in New Zealand, and didn't want to leave her home country. She has never felt like she really fitted in here. The bullying was making it even more difficult to settle into her new life. Amanda also lacked some confidence, but wasn't afraid to take on a challenge. It was important to her to feel liked and that people wanted her around. Amanda enjoyed success at school, performing very well academically and hopes to be a lawyer in the future. Amanda formed another group of friends in school during our time together, alongside her boyfriend, and found these friends to be good company and support. They even stood up to the bullying girls for her. She found this really good and felt that they

believed her when she told them that she had done nothing wrong. For a few weeks prior to attending counselling Amanda had been trying to improve the situation with the girls and Simon, but her efforts had not worked so far.

Amanda was encouraged to attend counselling by her boyfriend and his Mum. This was Amanda's first experience of counselling. She attended five weekly sessions. Amanda was very nervous throughout the first two counselling sessions, sitting with a very inward posture, often fidgeting with her hands. It is possible that having the video camera running was contributing to this, rather than the counselling environment itself. Amanda did seem to relax as the sessions went on, most visibly relaxed throughout sessions 3 & 4. At this stage improvements had started to become evident and Amanda was beginning to feel more hopeful that things could get better. She was able to engage in more solution-talk, made sustained eye contact, laughed more and her posture looked more relaxed.

Client Assessment & Goals ('D' in Figure 1)

Qualitative Description

Amanda described two key goals for counselling. The first involved sorting things out with the bullies. Amanda was able to define the things she would be doing differently when this was happening:

- she would not be involved with them
- they would leave each other alone
- she would get along with them in Form
- she could hang out in certain areas of school without feeling excluded or made to feel uncomfortable by them
- she would move back to her normal desk in classes and work with them collaboratively when they were required to

Secondly, she was worried about Simon and wants him to be treated well. She would like to get back to a 'normal' friendship with him. The things she said she would be doing differently when this was the case included:

- she can talk openly with him
- she feels trust towards him
- she can talk in a normal tone to him
- she can be more casual and relaxed when talking to him
- they are friends again
- they get along well again

Quantitative Measurement

As described in the methods section, Amanda completed an Outcome Rating Scale prior to the beginning of counselling. As seen in Table 4, she indicated that she would like improvement in all four aspects of the scale. Amanda's ratings throughout the counselling process and her final rating are described in relation to the qualitative data in the concluding evaluation at the end of this chapter.

Table 4: Amanda's Initial Ratings and Target Ratings on the Outcome Rating Scale

Context	Initial Rating	Target Rating
Me	1	6
Family	4	5
School	1	5
Everything	3	6
Total/40	9	22

Duncan & Miller (2008) suggest that a total rating of 25 or more on the ORS differentiates between those experiencing high enough levels of distress that they may need to be in a helping relationship and those who may not. Initially Amanda rated only 9, indicating that she was experiencing a significant amount of stress in her life.

She described her low ratings for 'school' and 'me' as being related to the problems with the bullies and the way in which they were making her feel uncomfortable around school.

Action ("F" in Figure 1)

Formulation of Client Strengths and Resources

Early on in our first session, Amanda *described the problems* she was having with three girls bullying her in school (*establishment of client concern*). It was very difficult as they used to be her good friends. Amanda's friend back home was also involved as he had become friends with the bullies through a social networking site. She spoke about wanting to be friends with them again, and that she wanted to be able to sort things out with them. On the other hand, a conversation developed around the possibilities of new friendships.

A: I don't really talk to them anymore. I've just been spending time with other girls in the form class.

T: I'm interested that you said to me that when you first came here you found it quite hard to make friends and settle in. So do you feel that these other girls are a good support for you?

A: They include me more, but I'm not really close to them...

T: Would it be a possibility that they would be people that you would like to get to know a bit better?

A: Yeah...

From this conversation I sensed that although Amanda wanted to try and sort things out with the bullies, there was a possibility that she might have been interested in some new, more rewarding friendships. I asked Amanda which would be more important to her right now (*goal formulation*), and she said that it would be easier to try and sort things out with the bullies. I was interested to find out more about what she had tried

in terms of becoming friends with them again (*initial formulation of client resources; Theme 1*).

T: What have you tried so far to sort it?

A: I've asked them why they hate me... they just didn't say anything to me...

T: Anything else?

A: I told the Dean about it and I thought he might come up with some options... changing forms... I tried to talk to one of them at the start... they said they would try and include me more.... But they didn't.

Amanda had tried a number of things to sort things out, but had not had any success so far, and it was difficult for her to identify any *exceptions*. I sensed she felt quite hopeless about things, as she very quickly reverted back to problem-talk, particularly around the different ways in which the girls were being nasty. I could see that she was finding this situation very hard. I bought the conversation back to solution-talk, around how she was *coping* with all the nastiness.

T: Have you tried anything else, even just to make yourself feel a little bit better about what's happening?

A: I've been trying to see my boyfriend as much as possible and I've got some new, I get along with guys really well, I don't know why, I just do, I have had lots of guy friends...I'm really good friends with two guys in my class... I visit them down the village... I can talk to them about it and they are good to be around (*Theme 2*).

This conversation highlighted how important it was for Amanda to have the support of her peers and that she was working hard to manage the problem.

Exceptions

One of the key conversations Amanda and I had in our first session was around Amanda's friend Simon. She was very distressed that Simon was not talking to her, as a result of some of the action of the bullies, as he had been a very good friend to her back home. Amanda was able to identify a time when they had not been talking,

but had been able to sort it out (*exception*). She said that they didn't talk for a while, then she decided to just message him, and they started talking again (*Theme 2*). Amanda didn't think this would work this time, as it seemed really bad. Amanda just wanted to understand what was going on, why they hated her, but no-one involved would give her any answers. Amanda had previously thought about giving Simon some time and then trying to talk to him on her birthday. Amanda spent a lot of time talking about how things were with Simon. It seemed that the boundaries of their relationship had become unclear, and that perhaps Simon wanted to be more than friends, as they had been very close back home. Amanda was worried about how Simon was. Amanda felt really hopeless about being able to sort things with Simon and the bullies.

A: I have no control... all done... other people are talking about it.

I then *reinforced* to Amanda all of the efforts she had made so far to sort things out, and highlighted all of the things she was doing that were helping her to cope with the situation (*Theme 1*). Amanda smiled and said that she had also been coping with her Grandma having been in hospital (*Theme 2*).

Our second session began with Amanda commenting that the bullying was continuing but that she did talk to Simon, although it was a bit awkward. Unfortunately the bullying got worse at school during the week and Simon stopped talking to her again. I wanted to *amplify* how it had happened that they had got talking again (*elicit, amplify, reinforce; Theme 2*).

T: So how did that happen that you were speaking to him?

A: I don't know... he had a bored status so I just messaged him and he replied and we just started talking again... we just started talking about what is happening and stuff and he was being awkward, he sort of told me why he was angry with me. It was okay, but you could tell it wasn't normal.

T: Are things any different now that you know why he was angry with you?

A: Sort of... he kind of have his reasons... it was about (boyfriend) that I hadn't told Simon, but I didn't think I needed to...

It was a positive moment for Amanda to have had a chance to see that maybe things could be okay with Simon again, but with the bullies being involved, she felt it was going to be more difficult for her.

A: I think we could be friends again if they (bullies) weren't involved.

This was a very tricky situation for Amanda and it was really hard for her to identify what might help. We spent time talking about Amanda's relationship with Simon and that keeping his friendship was really important to her.

During session three I asked Amanda if there was anything else about Simon, and she described a good conversation they had just had two days ago – *an exception!* – I *amplified* this experience through further conversation. Amanda was really happy talking about the exception and I saw how much her friendship with Simon meant to her (*Theme 2*).

Scaling

During session three we reviewed Amanda's ORS. Results are given in Table 5 below. We were pleased to see that Amanda's ratings had improved significantly. We spent time talking about how this had happened, *amplifying* and *reinforcing* all of the exceptions which we had identified in earlier conversations (*Theme 2*). Amanda described thinking that eventually the bullying would stop, but she didn't expect it to happen so quickly

I checked in with Amanda as to what she would like to work on now. She that working on things with Simon would be most important to her. I used a *scaling activity* to gauge where things were at with Simon. Amanda said that they weren't fighting but it was awkward. She said '3'. Amanda thought that if she could get to a '6' on the

scale, they would be friends again. She then described a '6' as looking like the description given in the goals section above. I then wanted to begin to build some small behavioural steps towards Amanda's *preferred future* (*Theme 1*).

T: It would be really good if next week you were able to come back and say that things with Simon are a 4. What might need to happen? (Amanda jumped in here, as I think she sensed that I was going to ask her if anything on her preferred future list might be helpful – she seemed to be learning the solution-focused process).

A: Maybe talking at the weekend it could get a little bit better. But I don't know what to say.

T: Is there anything on our list that might help?

A: I don't know cos it's really hard... he starts getting angry... I try to keep calm... He gets worked up.

T: Oh, so you are trying to keep calm already... (one of the things on her list) relaxed...

A: Yeah. When he gets upset I try to bring it back to a different conversation.

Amanda then asked for my advice about what to do with Simon. I took her back to her *preferred future* and suggested she think more about whether any of these things might be helpful. We talked about the types of things that she would like to talk to him about. Amanda mentioned that they used to talk about school, how life was going in general, old friends and home, and that this might be good to try. We established that she was already trying some of the things in her preferred future, but was finding them difficult (*Theme 2*). This conversation proved really useful for Amanda as she clarified where she wanted to be with Simon - just friends.

Compliments

During our second session Amanda talked more about the way the bullies were behaving. I wanted to try and bring the conversation back to *solution-talk*, so I asked Amanda how she was continuing to *cope* with them.

T: How are you coping with all this horribleness?

A: I just don't go near them anymore, and then I'll go away with those other girls. I hang with them now.

T: Okay and how's that going?

A: Yeah, they're really nice, they're really good they include me and stuff. It's good.

T: Is that something you'd like to do a bit more of?

A: Yeah, but I'd still like to see (boyfriend) and stuff.

I took this opportunity to *amplify* the good experience Amanda was having with the other girls and *complimented* her on deciding to do this (*Theme 2*). It seemed to be helping her to feel better about what was happening as well as having the opportunity to talk to other friends about it.

T: How else have you coped?

A: I've talked to a couple of other people...

T: Has that helped? Do you feel better after you have talked to them?

A: Sometimes... kinda just really gets to you sometimes...they say all this stuff and it seems like the rest of the form class go to their side.

We spent some time talking about the bullies in terms of reinforcing that the problem was actually with them and not with her. Amanda actually said that she knew that they were mean to other people too. Amanda was wondering whether she might tell her form teacher, but she didn't think this would help right now (*Theme 1*).

One of the key focuses for me during the second session was to clarify Amanda's goals for counselling. I did this by using the *crystal ball technique* to assist Amanda in defining her *preferred future*. The outcome of this conversation is described in the client assessment and goals section above. Amanda did some excellent work here, coming up with a detailed description of her preferred future. I was able to *compliment* Amanda for her work and we explored the chances that some of these exceptions might actually happen over the following week (*projecting exceptions into the future; Theme 2*). Amanda wasn't sure about this, as she was

concerned about how the bullies might react. This resulted in the conversation moving to Amanda talking about a time when some of her form class stood up for her, and the bullies got a real shock. I sensed that she thought that this could happen again, as she said that the bullies were just telling lies about her, and the rest of the form class seemed to be acknowledging that.

I *complimented* Amanda on how well she was doing to stay strong with the bullies (*Theme 1*). She talked about how the bullies affected her physically.

A: I get like really shaky and stuff...

T: How do you keep your wits about you when they're really getting to you?

A: I just don't look at them and calm down. I just think to myself that it doesn't matter and it's not even true...

I provided *reinforcing* feedback to Amanda that this seemed a really great way to look at it. It seemed that Amanda had been able to externalise the problem from something she had done, to it being about the bullies' insecurities. She also acknowledged that the problem seemed to be just one person in particular rather than a whole group. It seemed that she was beginning to see the problem as more manageable (*Theme 2*).

T: Is it different for you on the day's she's not there (one of the bullies)...

A: I feel like I can talk to people more, and I don't have to hide as much... I try to stay as far away from her so she can't say as much and throw stuff at me... I feel like I can go wherever I want more...

T: What would need to happen for you to have the confidence to be able to walk into the Form and have that sense of 'I can walk into Form and do what I want'?

A: I don't know. I think she just needs to stop, I don't have any control. I can't say that it's not true, they just find something...

Even though Amanda had earlier said that the Form didn't care, she went back to worrying that they would take the bullies side. We had a conversation around this and I reinforced to Amanda that she had previously said that the Form are actually treating

her the same as they always have. Amanda slipped back into problem-talk here, feeling like things were out of her control. I then went back to her *preferred future* and she was able to add that she would be more relaxed and move back to her normal desk in one of her classes (*Theme 1*). Amanda also talked about her new group of friends being really nice, good to be around and supportive (*Theme 2*).

My third session with Amanda started on a really positive note. Amanda entered the room with very different body language from previous weeks. She was smiling, standing upright and generally looked better.

T: You look a little different today. What's been happening?

A: It's kind of stopped a little bit... cause at the weekend I was talking to some of the guys in the form class... and it was good... they were asking the bullies why and things... the bullies didn't know what to say... Simon's not as involved as he was... the guys were just saying why can't girls get over it... I was a bit embarrassed... kind of awkward for everyone, but it was good... they don't do anything, they haven't done anything this week... things have cooled off.

I *complimented* Amanda for her role in this occurring by speaking to the guys about it, and clearing up any misunderstanding about what was happening (*Theme 2*).

T: Is there anything else that you've done that has helped things get better?

A: I've just been staying away from them... I actually did talk to a couple of the girls involved. I did that and one of them told me she doesn't have a part in it, but I'm not sure about the other one.

T: So as well as speaking to the boys, you also spoke to a couple of other girl's involved, which we were thinking about last week even but you weren't too sure. How did you manage to do that?

Amanda talked about the opportunity to talk to the girls coming in one of her classes. She said that it had helped because things had been better with them. I *complimented*

Amanda in that I had noticed she seemed a lot more confident today, her body language had lifted and that it was great to see her smiling more (*Theme 2*).

At the beginning of our fourth session, Amanda talked about finding it difficult to decide where to go, and who to be friends with, although she had gotten to know a lot of new people. She seemed to appreciate getting to know these people and mentioned one girl in particular that she might spend some more time with. I wondered here whether it was worth exploring what she was getting out of these new friendships. I *complimented* Amanda on her efforts with making new friends. She was pleased also, and said that she now wanted to stay with her new friends (*Theme 2*). I used a *relationship question* here to *amplify* this experience.

T: Would I notice anything different about you now when you are hanging with them, compared to before?

A: We talk a lot more, it's more friendly... it's a lot different... more innocent than the others... kinda good as I didn't really fit into the other group... it's not where I fit.

T: So you feel like you actually fit in better.

A: Yes I do, I get more involved... they listen more to what I have to say.

T: So you feel more like you can say what you have to say.

A: They listen more and are more interested.

T: So you're more confident to say your bit and feel more valued by them.

A: Yeah, this is one thing that has gotten better and better...

Things hadn't really changed with Simon. Amanda felt that Simon needed to make a bit more of an effort. I *complimented* Amanda on the efforts she continued to make to rebuild her friendship with Simon (*Theme 1*).

End of Session Feedback

My *feedback* for the first session involved highlighting Amanda's *strengths* – she likes to take on a challenge, had been trying really hard to sort things out, and is

a caring friend to Simon. Because Amanda had said that backing off and giving things a little time had helped in the past, it sounded like it would be worth trying that again. Amanda reacted positively to my feedback and said that she would give things a little time. She thanked me for the session, took a deep breath and appeared relieved to have been able to tell someone about her experiences (*Theme 3*).

We ended Amanda's second session with a review of the things she had previously tried and that she thought might be helpful to try again, for example speaking to the Dean, *doing more of* continuing to ignore them, spending time with her new friends and talking to friends that help her to feel better. I decided to give Amanda a *noticing task* for this week – "Over the next week notice any hints of even a little bit of some of the things you described in your crystal ball happening". Amanda said that she could do that, and acknowledged that there had been times when some of it had already happened.

Prior to my feedback for session three, Amanda said that conversations with Simon about school, life back home and old friends might actually help her get to a '4' on the scaling activity. I *complimented* Amanda on her successes over the past week, and *reinforced* the things she had done that contributed to things getting a little bit better. I agreed that it would be really nice for her and Simon to be friends again, and finished with reinforcing the things she thought might be useful to try when talking to Simon over the weekend, such as school, life back home and old friends. Amanda finished the session by saying that she thought it would be a really good idea to try and talk to Simon about the things they used to talk about (*Theme 2*).

To finish session four, Amanda and I talked about what might be useful to do over the next week. Amanda talked about trying to make things less awkward with one of the bullies.

T: How are you going to do that? How are you going to have the guts to be a bit more normal with her (the bully)?

A: If she is like passing or something I will look at her but give a friendly look, let her know that I'm not ignoring her completely... and trying to get a bit more involved, being less shut-off/invisible.

T: They sound like pretty gutsy things to do.

A: I don't think it will be that hard...it will be quite okay... I think I could do that cos I'm not that mad at her (Wow! Amanda was definitely growing in confidence).

I finished the session by *complimenting* Amanda on her new friendships and agreed with Amanda that having a go at the things she suggested above sounded like they would be helpful to do. Amanda agreed that she would be able to talk to one of the girls involved (*Theme 2*).

Monitoring Evaluations of Counselling Sessions ('G' in Figure 1)

Session One

In this session Amanda talked a lot about the problems with the bullies and Simon. Although problem-talk is not desirable in a solution-focused session, it seemed that Amanda needed to tell her story. I sensed that Amanda was feeling hopeless about the situation, and did not necessarily acknowledge all of the mature, thoughtful things she had done to try and sort the problem. Amanda was also unclear as to what she wanted to have happen with the bullies and so I decided that it was important to clarify what her goals actually looked like in the next session.

Session Two

I was able to clarify Amanda's goals this session, in terms of what she wanted to have happen with the bullies. I was aware that we hadn't talked about things with Simon, but was pleased that we were able to keep the session focused on the problem Amanda thought was most important to talk about. I sensed a little more hope in

Amanda that things could improve and acknowledged that she seemed to be coping with the bullies a lot better. Amanda's coping methods were working well. In the following session I wanted to continue to reinforce these strategies as well as continue to amplify behaviours related to her preferred future.

Session Three

It seemed that Amanda had developed more hope over the previous week and throughout this session in relation to things improving with the bullies and Simon. She had a more positive frame of mind and was growing in confidence in terms of her self-belief in being able to cope, but to also make small changes that had helped things to improve. In the following session I hoped that we could continue to reinforce her efforts as well as continue to amplify behaviours she displayed that were related to her preferred future.

Session Four

Although things had not improved significantly for Amanda over the previous week, she was still hopeful that with time things could continue to improve. She was growing in confidence and this was helping her to feel less affected by the bully's comments. She also felt more supported by her new friends. Amanda had suggested some small behavioural steps that she could try to help reduce the awkwardness with the bullies. I left the session feeling confident that she would, as she had said she didn't think it would be that hard. My final thoughts were to keep encouraging Amanda to do more of the same.

Session Five

This was Amanda's concluding session for the study. Therefore, I wanted to use this session to review our work together. I wanted to explore what had gotten better for Amanda, and whether she had reached her goals for counselling. Amanda appeared to have developed her coping skills to a level where she was not as affected

by the bullying behaviour of others. She had accessed her own resources by making new friends, allowing her to feel better connected and supported at school. Amanda decided that this would be her final session of counselling, as she felt she had the skills to be able to deal with the bullies, and had almost reached her described preferred future. Amanda reviewed the ORS (results in Table 5 below) and found that she had reached her target rating in two out of the four contexts. Although she had not yet reached her goal with regards to her relationship with Simon, she decided to give it some time and to wait and see what happens.

Concluding Evaluation ('L' in Figure 1)

Goal Attainment Results & ORS Measure

Amanda achieved positive outcomes with both of her goals for counselling. In relation to her preferred future with the bullies, many of the behavioural changes had been implemented to Amanda's benefit; she was not as involved with them, and they were leaving each other alone more often. Furthermore, Amanda was trying to find ways to make things less awkward with them, such as giving them friendly looks. She was getting along better with her Form and had found new places to hang out in school. She was feeling more comfortable and more included in her new group of friends. Finally, Amanda had moved back to her normal desk in some of her classes and was able to work with some of the bullies, some of the time, when required by the teacher. Progress was a little more limited in terms of her relationship with Simon. Things were a little better with him than when she started counselling, but there was still a way to go. Amanda decided she was happy to give this some time.

Amanda's success with her treatment goals was supported by her ratings on the Outcome Rating Scale (see Table 5). She had improved in all four contexts. Amanda was really pleased when she realised she had achieved this, and was hopeful

that she had the skills now to reach her final targets independently, and with the support of her new friends.

Table 5: Amanda's Final Outcome Rating Scale Results

Context	Initial Rating	Rating - Session 3	Final Rating	Target Rating
Me	1	4	5	6
Family	4	4.5	5.5	5
School	1	4	5	5
Everything	3	5	5	6
Total/40	9	17.5	20.5	22

Final Interview

As with Sally, Amanda's final interview acted as a quality control for my study. The outcome of Amanda's interview was positive and also supported the usefulness of the solution-focused counselling process to client empowerment and enhanced self-efficacy. Amanda was able to say that things had been better since she had started counselling. Amanda stated:

"I know how to deal with it now; it doesn't affect me as much."

This is a great reflection of the way in which Amanda was able to use her own resources, in the form of coping strategies, to enable her to cope with the bullying behaviour. Amanda described how she was more confident to talk to other people in her Form and not worry about the bullies being involved. She discovered throughout the process that she had the skills to make new friends, and didn't have to worry about the bullies making everyone dislike her. Amanda talked about being able to do more of what she wanted to do and worried less about her actions (*Theme 2*).

"I can do what I want pretty much."

When asked *what else* was better Amanda was able to talk about making new friends sooner than she thought she could, and knew where she would go around school (*Theme 2*). Amanda said that she realised that:

“It wasn’t so much about me, it was about them.”

Amanda had successfully externalised the problem from being directly related to her and as a result was able to achieve a new perspective on the bullying issue. As a result of things being better at school she also said that:

“I am less stressed out and I’m not as angry at home. I was really upset at the start but I am more like I was now.”

Amanda had found her way back to being her old self. She attributed some of this to her new friendships.

Amanda was asked how she was able to say it’s better. She said:

“I know what to do about it now and my attitude towards it is better. I am not letting them see that it’s affecting me, I block them out pretty much.”

This showed a whole new strength in Amanda, in that she did have some control over how much they were affecting her.

In relation to self-efficacy, Amanda was asked what ideas she gave or decisions she made that helped things to get better. She said that she had talked to some friends about it and found that they didn’t care about it. She discovered they still wanted to be her friend regardless, this included people in her Form. Amanda said that:

“It helped that other people knew what was going on.”

Talking to other people helped Amanda to worry less about what was happening with the bullies (*Theme 2*). Amanda said that it was not a problem to bring herself to talk to the class, she knew them anyway. She said that she had learnt to block them out by just shutting them off (*Theme 2*).

“I’m not the kind of person who says stuff back, I’m just the kind of person that ignores it, that’s kind of my way anyway.”

In terms of making new friends, Amanda said that she had done this by telling them about what was happening, hanging out with them and talking to them. Amanda said that the friendship had developed because she told them that she needed their support and they were very happy to be there for her. Amanda felt that she had learnt to ‘deal with it really’ and that in the future she might work through problems in a similar way to how we did.

“I’ll try to decide what I want to do about it, and then ways to do it.”

It seemed that Amanda had developed new hope, that should something arise in the future, she would be able to figure it out.

An additional key theme which I noted as I listened to Amanda’s final interview was the language that she used around describing our work. She often referred to “we talked about ways of dealing with it” as well as making ‘I’ statements, such as “I decided I didn’t want to be friends with them again”. This is another possible indication of a strong therapeutic alliance having been formed. Amanda described us as a team, working collaboratively to help her find ways to deal with the bullies (*Theme 3*).

Summary of Outcome Results

Amanda engaged well and worked hard throughout the counselling process. She found a new inner strength that enabled her to make good progress towards her goals. Her acknowledgement of the problem being about the bullies rather than her, enabled her to tackle the problem with newfound confidence. Both the qualitative data and quantitative measurement suggest that as a result of solution-focused work Amanda was more able to cope with the bullies and build new, more supportive friendships. She grew in confidence which enabled her to feel more herself around

school, not feeling so worried about what the bullies might do. Overall, Amanda moved from someone who felt that the problem was 'out of her control' to someone that took control and as a result gained hope for the future. Although she had not yet reached her targets on the ORS, Amanda felt that she could continue to tackle the problem, with the help of her new friends, and with the hope that she would soon reach her goals.

CHAPTER SEVEN: THE CASE OF 'REBECCA'

The Client ('A' in Figure 1)

History & Presenting Problem

Rebecca (pseudonym) is a 15-year old girl, in Year 11 at secondary school. Rebecca lives with her Mum, stepdad and younger sister, and stays with her Dad and step mum every second weekend. She describes her family situation as 'complicated'. Rebecca loves her family and talked a lot about how important they were to her. She describes her Mum as being a great support and loves spending time with her family. Rebecca enjoys playing Netball where she plays for a club every weekend and also enjoys watching movies. Rebecca has aspirations to one day travel the world as a flight attendant.

Rebecca talked about two friends that she found really supportive and that she could turn to when she needed help. Rebecca's friendships were important to her. Rebecca generally enjoyed school, and although she found it challenging at times, she was performing well academically and was confident that she would be able to gain her NCEA Level 1.

Rebecca was referred to counselling by her Dean, due to the Dean's concern with the level of stress and anxiety that Rebecca seemed to be experiencing. This was Rebecca's first experience of counselling. She attended three weekly sessions. Rebecca appeared quite comfortable throughout her counselling sessions, and although she experienced anxiety at times, particularly around public speaking, she appeared to cope very well with being videoed. Rebecca talked freely about the anxiety and the times she experienced it, and was able to identify a number of ways in which she was able to cope with it and complete the tasks she needed to do. By the second session Rebecca seemed to have really grown in confidence and had found that her anxiety was much improved over the week. She described not really

having anything to feel anxious about. This resulted in conversations around what she was doing that assisted her in handling the anxiety better. Rebecca readily engaged in solution-talk and was pro-active in finding ways to reduce her level of anxiety in specific contexts.

Client Assessment & Goals ('D' in Figure 1)

Qualitative Description

In Rebecca's first counselling session she was asked about pre-session change. Rebecca was able to say that things had improved from the time she made the appointment to arriving at her first appointment. These factors helped to define her goal for counselling. Rebecca talked about wanting to reduce her anxiety. The things that she would notice when she had achieved this were:

- she will know what to expect
- she will be expressing her anxiety
- she will be talking about her anxiety with her Mum and/or friends more
- she will be able to attend assembly and get up for a certificate if she needed to
- she will feel confident before a netball game
- she will be more aware of the times when she actually deals with the anxiety

Quantitative Measurement

As described in the methods section, Rebecca completed an Outcome Rating Scale prior to the beginning of counselling. As seen in Table 6, she indicated that she would like improvement in all four aspects of the scale. Rebecca's progress on her ratings are described in relation to the qualitative data in the concluding evaluation at the end of this chapter.

Table 6: Rebecca's Initial Ratings and Target Ratings on the Outcome Rating Scale

Context	Initial Rating	Target Rating
Me	3	9
Family	7	10
School	3	9
Everything	5	9
Total/40	18	37

Initially Rebecca rated 18, indicating that she was experiencing some level of distress in her life and possibly needed to be in a helping relationship. Her rating for 'family' indicates that although she described her situation as 'complicated', she was close to her family and they were a great support for her. She described her low ratings on 'school' and 'me' as being related to the anxiety she feels about having to speak in public and her concern around being able to pass her NCEA Level 1.

Action ("F" in Figure 1)

Formulation of Client Strengths and Resources

During our introductory conversations I sensed that Rebecca's anxiety had improved since she had made the appointment two weeks previously. I decide to start with a *pre-session change* question to assess this (*initial formulation of client resources*).

T: When you saw (Dean) a few weeks ago and you were talking to her about your anxiety and 1 being the worst your anxiety could ever been and 10 the best it could ever be, in retrospect, where do you think you were on the scale?

R: To be honest I was a bit scared because I thought she was going to yell at me. I was probably a 4 or a 5.

T: Okay and what about today, where would it be?

R: Anxiety feels less today than when I saw her... 6.

T: Wow, so your anxiety is less today than when you saw your Dean. How are you able to say its better today?

R: I guess that I knew coming here... I knew what to expect, but I didn't know what to expect when I saw my Dean.

T: So what did you expect would happen today?

R: That we would be talking about stuff.

T: Okay. So what else has helped the anxiety be better today than it was two weeks ago?

R: I don't think anything really helped in a way... I just... I think it's just because I get bad anxieties because I think of the worst that could happen

T: Okay, so are you are thinking differently about things today?

R: Yeah.

T: Oh, so how are you thinking about things now?

R: Fine, everything's good.

T: So would you say you're thinking about the good more?

R: Yeah.

I was able to *compliment* Rebecca on having identified that the way she is thinking might be having an effect on the amount of anxiety she was experiencing (*Theme 1*). I sensed here that it might be important to explore Rebecca's thoughts, particularly around negative thinking, but more importantly helping her to develop a stronger sense of self-belief and confidence in anxiety-inducing situations.

During session two Rebecca began to talk about some problems with her step mum which meant she didn't think that she would be going back to Dad's to stay. This led to a conversation around Rebecca describing herself as being organised. I *amplified* this as one of strengths. She described being organised as helping her with the anxiety (*Theme 1*).

T: Okay so there are a few things going on... how has the rest of the week been?

R: Not bad... I just think that everything's gone good...

T: How do you know that everything's gone good?

R: I haven't had any anxiety.

T: Wow, even though you got home late last night you didn't get any anxiety.

R: I think it's just because the times I do have anxiety is when I'm going on a trip... as I've gotten older it's starting to get worse...this week I haven't had to do anything that would push my limits.

Rebecca entered session three in a positive frame of mind. She said that things had been fine and the anxiety had been 'coming and going'. It had been two weeks since I had seen Rebecca and I was interested in how things had been fine for two weeks (*Theme 2*).

T: So how have you managed to keep it fine for two whole weeks?

R: I don't know... there's just been no speaking things to go and do or anything like that, nothing that's made me nervous, and if there was it was only for a minute or so...

Rebecca talked about it being a pretty average couple of weeks and she seemed a bit disappointed that there hadn't been anything that could challenge her. It was interesting to hear her say that the things that made her nervous still do, but I wondered whether she was handling the nerves a little better. She talked about the nerves not hanging around for as long as usual. Rebecca wasn't sure why this was.

Rebecca's mood seemed a little low at the start of our third session and I decided to complete a strengths activity with her. I find this activity very empowering for young people in terms of becoming more aware of their strengths and how these are represented in their lives (*Theme 1*). Rebecca picked out her top five strengths, she chose 'creative', 'polite', 'caring', 'thoughtful' and 'patient' (*formulation of client resources*). We then explored the sorts of things she does in her life that represent

this strength and who else notices things that she does which highlight to them that this is one of her strengths. After describing how each of her strengths were represented in her life I wanted to explore which of Rebecca's strengths might be useful in helping with her nervousness, Rebecca chose 'confident' (*Theme 2*).

T: I wondered whether there is one of the strengths that you think would be quite good to have a little bit more of that might actually help you deal with the nervousness.

R: Confident.

T: When was the last time you felt confident?

R: That would be my Geography test. I studied and I ended up getting merit.

T: How did that boost your confidence?

R: Just by getting merit. It was the second merit in that class.

Rebecca was able to identify a time when she was confident and agreed that she would like a little more confidence in her life (*Theme 2*). She talked about 'sort of having' confidence, but wanting just a little bit more to push herself.

Exceptions

During session one we began to develop Rebecca's goal for counselling (*goal formulation*). Rebecca described assembly as being the worst time when she experiences anxiety. She was really worried about having to walk up in assembly, with everyone staring at her to collect a certificate. Rebecca identified an *exception* in year 9 when she did have to go up and collect a certificate. She said she did it but wasn't happy to go up. She described 'having to' get up as how she managed to do that (*Theme 1*). Since then she hasn't had to go up, and didn't think that it would be likely that she would need to go up anytime soon. I *normalised* this situation, in that it is normal to feel nervous when having to get up in assembly. Rebecca also described a significant amount of anxiety around her performance at school. Her mock exams had not gone well, and she was aware that she had a lot of work to do leading into the

final exams. Rebecca described knowing that she needed to study because there was a lot of pressure from home for her to pass the year.

Rebecca then spoke about having to get up and do a speech in class. She described this *exception* happening as she had told herself that she 'had to do it' as she needed the credits. Amazingly Rebecca then talked about having to speak at her cousin's wedding at the weekend.

R: I have to speak at my cousin's wedding, that's going to be tough.

T: So you tell yourself "I have to do it".

R: Yeah.

T: How else do you get up there, even though you're really worried about it?

R: It's funny but I get all anxious before but when it comes to 2 or 3 minutes, I pump myself up saying 'I can do this, I can do this'.

T: Ohh... You pump yourself up. How do you do that?

R: In a way I just think of the good things that might happen after I've done it and I'll be so proud of myself that I have.

T: Wow...

From this conversation I sensed that Rebecca could easily identify her own resources in relation to coping with the anxiety and would benefit from increasing her awareness of how thinking positively or 'thinking of the good things' could help her get through (*Theme 1*). This conversation contributed to formulating Rebecca's *resources and skills* that would help her reduce the effects of anxiety (*Theme 2*).

During session two Rebecca and I spent some time talking about how it was normal to feel anxiety in some contexts, for example in assembly, talking to people that you don't know, or on a plane. We explored some of the physical symptoms of anxiety that she experiences such as her stomach in knots and ways in which she copes with these when they occur. Rebecca then began to describe her experience of making the speech at her cousin's wedding over the weekend. I wanted to *reinforce*

her recognition of all of the positive things that came out of making this speech, as Rebecca had said the previous week that thinking of all of the good things helped her get through it (*Theme 2*).

T: For someone who has a fear of public speaking, it's amazing... you did a speech... tell me more about the speech...

R: I had to go first...I got up and walked around the seats to the front and looked at them, then looked straight down at my sheet and read... but I told my Mum before that I wasn't going to make eye contact, but when I got up there I actually read one line then looked up, one line and looked up. I did that each time.

T: Wow, how did you manage to do that?

R: I just thought that you can't give a speech when you're looking down all the time and I sort of had my back to the audience...so I had to talk loudish and my Mum said she could hear me.

T: Wow, that's amazing that you did it though. You got up there and you looked up between each line... what did people say to you afterwards about what you did?

R: Oh... I was just about to leave and my cousin came up to me and was like 'Rebecca I'm very proud of you and what you did with the speech, you were very loud and everyone could hear you, so I'm very proud'. I was just like 'thanks'.

T: That is awesome!

Rebecca responded in such a positive way throughout this conversation and I sensed from her body language that she was extremely proud of herself for making the speech and doing a fantastic job of it (*Theme 2*). I sensed this was a very powerful *exception* that Rebecca will be able to draw upon in the future.

Following on from our conversation in session three, I then explored for additional *exceptions* in terms of other things that Rebecca had tried to give herself a little more confidence (*formulation of client resources; Theme 1*).

T: What have you tried so far to get a little bit more confidence?

R: I've just thought of all the times that I have done it, like public speaking and I've done quite well.

T: And that helps?

R: Yeah, I think it's just before I do public speaking or anything and I think I'm going to stuff up, I just think of all the other times I did think that and it didn't happen.

This conversation bought Rebecca's awareness to ways that she had previously be able to overcome anxiety when public speaking (*Theme 1*).

Scaling

I finished session one by *clarifying Rebecca's goal* for counselling. She described wanting to reduce the anxiety. I began a *scaling activity* so that we would be able to map her anxiety, where '1' was that she was experiencing lots of anxiety and '10' was where she was experiencing a little anxiety. Rebecca said that she would like to reach an '8'. The description given in the goal section above, defines what the '8' would look like (*Theme 1*).

During session two we revisited Rebecca's anxiety scale and she said that her level of anxiety was a '9', which meant her anxiety had reduced. Rebecca had exceeded her goal of where she wanted the anxiety to be. She talked about Mum saying 'good job Rebecca' after she had made the speech and that although she would still be nervous in the future, she knows she can do it now (*Theme 2*).

Rebecca also reviewed the ORS in session two. Results are shown in Table 7. This showed that as well as making progress with the anxiety, things had also improved in three of the contexts on the scale. Unfortunately 'family' had gone down. Rebecca explained this as being related to the concerns she was having with her Dad and step mum. The greatest change was the 'me' context, which moved from a '3' to an '8', despite things being a little difficult with Dad.

T: No way... 3 to an 8 in one week... tell me about that 8... How can you say it's an 8 today?

R: I guess... when I did that (the ORS last week) I just felt that nothing was gonna help me improve, but I know now that I can help myself improve

T: Wow, how do you know that? Have you done something?

R: No... I just sort of believe in myself.

T: Wow, how did that happen? That's incredible that just in one week you believe in yourself more...that you can do it...

R: I think I'm pushing myself in ways that I've never knew before as well...

T: How?

R: I can't pinpoint any but I feel like if this anxiety improves and that I don't have it so bad that I can enjoy things more, like, I don't want it to rule my life so that if someone gave me the opportunity to quit I would.. I wanna push myself to the place where I want to enjoy things and experience things that I could never be able to do if my anxiety ruled (*Theme 2*).

T: That's an amazing thing say... so now you feel a little more like you can try new things and enjoy life more...

R: Yeah.

What a fantastic conversation. I sensed such a significant change in Rebecca's confidence and worked on *amplifying* how these changes had occurred. Rebecca described previously feeling overwhelmed by the amount of school work she had to do but she had gone and talked to some of her teachers during the week, which had helped with her preparedness. She also talked about realising that she needed to do more work, and had been doing so throughout the week. Rebecca described feeling more confident going into her final exams as she now knew what to expect (*Themes 1 & 2*).

Compliments

Session two began with Rebecca stating that there was a lot going on at school at the moment. She had a number of internal assessments due in the next couple of weeks. She talked about having made a start on all of them and was pleased that she had done that (*Theme 2*). I *complimented* Rebecca on having gotten started and that it was great to hear that she had started to make a plan. I noticed that she seemed okay with all of the school pressure even when she told me about some difficulties she was having with her Dad. Rebecca acknowledged that even with a lot going, she was trying not to think about Dad at the moment.

As Rebecca described giving the speech at her cousins wedding I took this opportunity to *compliment* Rebecca on what a wonderful thing she had done, and that even though she had just said that there hadn't been anything that had pushed her limits in the past week, she had managed to do a public speech. Rebecca responded by saying that she was nervous beforehand but having her Mum there had helped her by saying that she had to do it. She described thinking about how happy Mum and her cousins would be after she had done it. I *complimented* Rebecca again on how well she had coped with making the speech (*Theme 2*).

End of Session Feedback

The *feedback* for session one included *reinforcing* to Rebecca all of the things that she was already doing that were helping her to cope with the anxiety (*Themes 1&2*). I asked Rebecca to take more notice of the times she was thinking positively. Rebecca said that she thought this would be a useful thing to do.

I finished session two by *reinforcing* all of the changes that had occurred over the past week and the role Rebecca had played in these (*Theme 2*). We talked about what Rebecca thought might be helpful to do over the next week. She said that school was her priority at the moment, and she didn't want to think about Dad. The *end of*

session feedback complimented Rebecca on all the things she had done that had helped her to believe in herself more and I encouraged her to *do more of the same!*

The *feedback* for session three included *complimenting* Rebecca on all the things she had tried to build her confidence, and that remembering all of the good things that had come out of facing challenges really helped her to get through them. Rebecca agreed that it would be worthwhile to notice any opportunities that came up where she could be more confident (*Theme 2*).

Monitoring Evaluations of Counselling Sessions ('G' in Figure 1)

Session One

In this session Rebecca was able to talk about a number of situations which contributed to the feelings of anxiety. Rebecca seemed quite positive about being able to reduce her anxiety and the session was centred on a good amount of solution-talk. I sensed that Rebecca was already using a number of techniques to manage her anxiety and I thought it would be important to keep reinforcing these. I also wanted to continue to build Rebecca's self-belief around her level of confidence when speaking in public settings, and to reinforce the benefits of positive thinking.

Session Two

This was a very positive session filled with solution-talk. I felt inspired by Rebecca's empowering words throughout this session. Despite her concerns with Dad, Rebecca had made significant progress towards her goals over the week. I really sensed that encouraging Rebecca to think of the good things that come out of taking on challenges and complimenting her on her successes, had made a real difference to how Rebecca felt about herself. She was growing into a confident young woman who wanted to make the most of life's opportunities.

Session Three

I had noticed that Rebecca's mood had seemed lower than usual this session and I thought it was important to keep searching for her strengths and resources to help her to continue to manage the anxiety. From her descriptions it did seem that the anxiety had reduced as she was now talking about nervousness, rather than anxiety and that the nerves didn't seem to hang around for as long. Rebecca's engagement really picked up during the strengths activity and I sensed that she gained a lot of self-confidence from this activity. It was also helpful in terms of self-efficacy in that she was able to identify confidence as being a strength that could help her overcome her nerves. I was pleased to hear that Rebecca thought she could now manage the nerves on her own, with the support of her family.

Concluding Evaluation ('L' in Figure 1)

Goal Attainment Results & ORS Measure

Rebecca made good progress towards her counselling goals. She had been given the opportunity to express her anxiety and had acknowledged how much it meant to her that she was able to talk with her Mum about it. Rebecca's awareness of anxiety had improved and she was beginning to develop ways of not letting the anxiety affect opportunities in life.

Rebecca's success with her counselling goal was also supported by her ratings on the Outcome Rating Scale (see Table 7). She had improved in all four contexts. Rebecca was really pleased when she realised she had achieved this, and was hopeful that she now had the skills to reach her final targets independently, and with the support of her family.

Table 7: Rebecca's Final Outcome Rating Scale Results

Context	Initial Rating	Session 2 Rating	Final Rating	Target Rating
Me	3	8	9	9
Family	7	5	8	10
School	3	6	7	9
Everything	5	6	8	9
Total/40	18	25	36	37

Final Interview

On listening to Rebecca's final interview I was absolutely astounded by the work she had done. She was able to describe a number of significant improvements in the week leading up to her interview. When asked 'What's been better?' Rebecca stated:

"My confidence in things that I never thought I'd be able to do before. Um... especially in public speaking. I gained a lot of confidence in that I used to be absolutely terrified. I've gotten kind of a boost and it's a lot better than it was...Lately I've been thinking of how I can make myself better in the whole nervous part, it used to be in my mind... I can't do this, I can't do this."

She described things being different now.

"Before I used to do anything to get out of it. If you'd let me get out of it I'd take that opportunity, but now if someone gave me that choice I would say No, I would want to do it cause I can't let it rule me."

Rebecca also talked about her overall confidence being better (*Theme 2*). When asked to give an example of a time when she had used her confidence, she gave an amazing description of how increased confidence had helped her to improve her relationship with Dad.

"I had a complicated relationship with my father and I've actually gained confidence in talking to him and telling him how I actually feel in the relationship."

Rebecca described feeling worried about talking to Dad because of his health. She described herself as a sensitive person and she didn't want to hurt her Dad. She talked about things as being better because she felt more able to be open with him than she was, which she attributed to her increased confidence (*Theme 2*). She was able to say that their relationship is better now because they had:

“Gotten on the path of talking most of the time and having a more father-daughter relationship as it should be.”

Rebecca acknowledged that she had contributed to the positive changes by changing her mind-set in relation to public speaking as well as having the confidence to be more open with her Dad (*Theme 2*).

“Before speeches my mind set is a lot more positive. I'll be giving my future opportunities a fair go.”

Rebecca described being able to use her positive thinking to help her with future activities that she might be afraid of. She will remember the good things that will come out of completing a challenging situation and how proud she will feel. Rebecca talked about how her negative thoughts improved throughout the counselling process and it had helped her to become more positive (*Theme 3*). Rebecca described being able to use the positive attitudes and 'everything positive around her' to help solve future problems.

“I'll just think of positive and look to the future... and just think how happy I'll be afterwards.”

Summary of Outcome Results

Rebecca was a pleasure to work with. She engaged well with the counselling process and it was amazing to hear her say in the final interview that she was now trying to think positively and was looking for the positives around her. Rebecca had

made some useful decisions and taken action, which supports the development of her self-efficacy throughout the counselling process. She was able to change her mind-set and was able to talk to her Dad openly, which resulted in a significant improvement in their relationship. Both the qualitative data and quantitative measurement suggest that Rebecca's confidence and self-efficacy benefited from the solution-focused process. She was able to demonstrate specific behavioural changes that helped to reduce the anxiety and improve her relationship with her Dad. This progress was also reflected in her final ORS rating, where Rebecca had improved in all four contexts. Overall, Rebecca reported learning skills which she hoped would help her solve future problems.

CHAPTER EIGHT: THE CASE OF 'BETH'

The Client ('A' in Figure 1)

History & Presenting Problem

Beth (pseudonym) is a 15-year old girl, in Year 11 at secondary school. She lives with her Mum and older sister. Beth's Dad passed away when she was three and her Mum has been a solo parent since. Beth describes her family situation as 'pretty good'. She gets on well with her sister and her sister's friends. Beth loves her Mum and they get on well some of the time. Beth's friends are very important to her and they are her key source of support. She has a large group of friends who really help her to feel better when things aren't going well for her. Beth enjoys writing and her favourite subject in school is English. Beth is very able in English, which was reflected in an excellent mock exam result. Beth also enjoys cooking and hopes to be a chef one day. She describes her Mum as being a very inspirational cook. Beth would like to stay on at school and achieve her NCEA Level 3 and she is very confident that she will be able to achieve this. Beth also enjoys exercising, swimming, going to the beach and listening to music.

Beth was referred to counselling by her Dean, after she broke down in school two weeks earlier. She describes feeling really stressed and confused at the time. This was Beth's first experience of counselling. Beth attended four weekly sessions, although there was a two week break between sessions three & four due to the school holidays. Beth was very open and comfortable throughout her counselling sessions. Beth talked about how she was confident to bring about changes in some aspects of her life but not all. In particular she felt that there was nothing she could do to change the distress she felt towards her Mum, due to her Mum not having a job for so long. Beth was able to readily engage in solution-talk and was enthusiastic about finding ways to improve particular aspects of her life.

Client Assessment & Goals ('D' in Figure 1)

Qualitative Description

In Beth's first counselling session it was established that the area she wanted to work on most was her relationship with her Mum. Beth was able to say that she got along with her Mum most of the time, but lately had become frustrated about Mum not having a job and as a result there being lack of money in the house. She felt that this hindered her ability to be a 'normal' teenager. Beth often couldn't afford to go out with her friends or go shopping. We completed a *scaling activity* which defined '1' as the worst things could be with Mum and '10' the best things could ever be. Beth stated that things were currently a '5'. When asked where she would like thing to be, Beth said '9'. Beth then described what would be different when things were a '9', including what she would be doing differently. These factors helped to define her goal for counselling.

- Mum will have a job. We had a conversation around the reality of this happening, and Beth admitted that it might not be possible. She thought that if Mum didn't get a job things might still be able to get to a '9' but it would be more difficult.
- I will be happier and more positive. Mum will be happier and more positive too.
- We will do a lot more together such as cooking dinner and going on holiday to visit family.

Furthermore, she described Mum noticing that she was more positive because:

- Beth will give her more hugs.
- Beth will be nicer to Mum by doing what she asks and helping around the house more.
- Beth's attitude towards her Mum would be better, it would be more positive.

Quantitative Measurement

As described in the methods section, Beth completed an Outcome Rating Scale prior to the beginning of counselling. As seen in Table 8, she indicated that she would like improvement in all four aspects of the scale. Beth's progress on her ratings is described in relation to the qualitative data in the concluding evaluation at the end of this chapter.

Table 8: Beth's Initial Scores and Target Scores on the Outcome Rating Scale

Context	Initial Rating	Target Rating
Me	7	9
Family	5	9
School	6	9
Everything	4	9
Total/40	22	36

Initially Beth scored 22, indicating that she was managing life well, although it was clear that there was some distress around the contexts of 'family' and 'everything'. Her rating for family was described as being a result of things with Mum not being all that good at the moment (*establishment of client concern*).

Action ("F" in Figure 1)

Formulation of Client Strengths and Resources

Our first conversation in session one developed as Beth was completing her Adapted Outcome Rating Scale. I had noticed that she had low-moderate levels of confidence to bring about changes in 'family', 'school' and 'everything', but she had scored a '9' for being able to make changes to improve the 'me' context (*Theme 1*).

T: Wow, things to do with you are a '9', super confident. So, how is that?

B: Well, my Mum has a friend who is a life coach and I have been seeing her for two weeks and I think if I continue with her and continue with you, I think it will really help.

T: Can you tell me what was helpful about it so far?

B: She helps you figure things out for yourself and I really like the way that she works. I've known her since I was born so I have that comfortableness with her...After my meltdown at school Mum thought it would be a good idea if I saw someone.

T: Is there anything that you've actually done in the last couple of weeks that you think has meant that you feel so confident to change things about you?

B: She asked me to write a list of stuff to make me feel better. I'm quite unmotivated so I put exercising and I've started exercising because it releases endorphins in your body to make you happy and that worked so well. And cooking, I want to be a chef and cooking really relaxes me so I've been doing more of that, and walking, and I'd like to start swimming again. Eating better as well... just all that kind of stuff...

I was very excited to hear that things had been better for her over the holidays, and that she had followed through on a number of things that had resulted in her feeling better. This conversation gave me an indication of Beth's *initial skills and resources* that might be useful in later conversations. I *complimented* Beth on all of the things she had done, that helped her to feel better (*Theme 2*). This indicated to me that Beth was highly motivated to make changes in her life, and would be likely to complete 'doing' tasks as part of her end of session feedback.

Beth then talked about how in years 9 & 10 she struggled with rules, and wasn't very good at listening when she was at school. She was often truant. Beth described how she had been better this year and that it had been great to hear positive praise from her Dean and her Mum due to the efforts she had made. When asked how she had improved (*formulation of client skills and resources; Theme 1*), Beth talked about the importance of her NCEA qualifications later in life and wanting to get all the right qualifications to allow her to be Chef. She talked about having to 'settle down' and get

on with it. She did this by changing her mind-set in that she now values her education and has also improved her attendance by getting to school and staying in school more often (*Theme 2*). I was reminded here that Beth was a very resourceful person and had already made many positive changes in her life related to things about herself. I once again *complimented* her on her achievements. I was hopeful that we would be able to find a way to empower Beth to use these skills to be able to do something about her relationship with Mum.

Exceptions

During session two following a conversation about an argument with Mum, Beth began to talk about her friends. It was during this time that I gained an understanding of how important Beth's friends were to her. Her mood and body language picked up and she spoke in a more vibrant positive tone, as she told me about spending time with her friends, this helped to lift her mood and level of engagement in the session. Beth then talked about things with Mum distracting her from her school work. She found it hard to concentrate in school anyway, and would like to be able to think about school work more. I spent some time looking for *exceptions*, times when she was able to concentrate in school.

T: When was the last time you did concentrate in class?

B: Yesterday in Geography. We were learning a new subject and it's for NCEA and that's when I actually... if I ask my teacher if it's for NCEA and if they say No then I just switch off I don't care then, but if it's for NCEA that's when I concentrate.

T: Okay. How would I notice that you're concentrating in that class?

B: I would take my headphones out (laughs)... listening to the teacher... you would see me writing stuff down and not drifting off...

Beth was able to talk about times when she is was able to concentrate (*Theme 1*) and it was interesting to hear her talk about the ways in which she actually had control over

concentrating or not. This was contradictory to her previous statement where she said she wanted to concentrate more but found it really difficult. Beth actually decided that she didn't think she needed to concentrate as much because she thought she could still achieve what she wanted in life, even if she didn't concentrate more now.

During session three Beth talked about respecting her Mum's workshop at a festival and that it had been really successful. Beth stated being really happy for her. I noticed a change in language here and commented on how differently Beth was talking about her Mum. Beth said that her friends had also noticed that she was being much nicer to her Mum than she usual. I saw this as a great opportunity to link this experience with Beth being able to stay calmer with her Mum (*Theme 2*).

T: How might appreciating your Mum more be helpful in staying calmer next time?

B: It might...

T: How might it help?

B: Maybe I just won't get as angry. I will stay calm.

T: How will you do that?

B: Think about all of the good stuff... maybe it will work...

Scaling

During our first session Beth commented that things weren't going very well with her Mum at the moment, and she didn't think it could be fixed. This was reflected in her rating of '1' for 'family' on the Adapted Outcome Rating Scale. We then completed a *scaling activity* related to things with Mum. The outcome of this was described in the goal section earlier. This goal helped us to begin to define what things would look like with Mum when they were better. As expected, Beth engaged really well in this activity (*Theme 3*), and although in the beginning she felt quite hopeless with Mum, by the end of the activity Beth seemed to realise that there were other things she would like in her relationship with Mum other than Mum getting a job. She talked

about Mum having recently applied for jobs and described how this had actually helped because “we fight constantly about Mum not having a job”. The fighting hadn’t been so bad since Mum had been job hunting. I then moved on to discussing what might help improve things with Mum (*Theme 2*).

T: What might help us get to a ‘6’ over the next week? What might help get up one point?

B: We could do something together, cause we don’t. She’s real good at cooking, so we could cook together.... And try not to say snarky comments...

T: What will you do instead of making snarky comments?

B: Ignore comments that annoy me (laughs).

Beth seemed really relaxed during this conversation, and was a little critical of her own behaviours at times. I wondered whether this was a result of the level of comfortableness that she felt when sharing her story with me (*Theme 3*).

During session three we reviewed Beth’s ORS. Beth had made significant improvements in all four contexts (see Table 9). She was really pleased to see that progress had been made. As we compared and discussed her new ratings, she talked about thinking differently about her Mum. She described the improved rating of ‘7’ for family as a place where things are ‘good’. She talked about hugging her Mum and being more appreciative of her as representing the ‘7’ (*Theme 2*).

Beth’s fourth and final session was a time to review her goals for counselling and the ORS. Beth was able to acknowledge that many of the behaviours she described in her preferred future were actually taking place, Mum had a new job, she was happier and she had noticed that her Mum had seemed happier too. She was giving her Mum more hugs and her attitude towards her Mum had continued to be positive (although they still had their moments) (*Theme 2*). This was also supported by Beth’s ORS rating scales. She had continued to improve in all four contexts and had in fact reached her target ratings.

Compliments

Beth started session three by talking about how things had gotten 'a whole heap worse' with Mum regarding her punishment. They had been arguing a lot about it. Beth talked about finally convincing her Mum to let one friend come around and that had helped makes things a bit better (*elicit*). Beth had spoken to her Mum about the hard time that a friend was having and her Mum decided that he could come around. Beth acknowledged that her Mum had been fair in her punishment but was relieved that Mum had allowed her continue to support her friend.

T: So arguing with her didn't work. So what did you do differently that helped her change her mind?

B: I made my points valid without yelling about it, usually I get hyped up and angry.

T: How did you manage to do that?

B: It was because Mollie was there, and was like 'Beth calm down'...I have real bad anger problems... one little thing will just set me off and I'll be in a bad mood for the rest of the day...but it's kinda the same but reverse when something good happens I'll be in a real good mood the rest of the day...

I *complimented* Beth on being able to keep calm when talking to her Mum (*Theme 2*), by making valid points without yelling (*amplify, reinforce*). She seemed proud of herself for having done this, shown by the big smile on her face. This led into a conversation about Beth's anger. Mollie talked about Beth being good most of the time. Mollie talked about how she helped Beth by telling her to calm down and that she would help her handle the situation. Beth agreed that it really helps when her friends are there (*Theme 1*). Interestingly Beth then commented on how she and her Mum were very similar with their anger, in that they are both easily set off. Beth looked a little puzzled here, I wondered whether she was starting to realise that being angry and yelling at her Mum was possibly contributing to their fighting all the time.

Following the conversation about arguments with Mum, we had good discussion around the importance of looking for cues before you lose control of the anger, and to be able to stop and think. I once again *complimented* Beth on the time she had kept calm with her Mum. She was able to communicate her points clearly and as a result Mum listened and negotiated with her to allow her to have a friend around (*Theme 2*).

End of Session Feedback

The *feedback* for our first session included *complimenting* Beth around all of the changes she had made that had helped things to be better, as well as how nice it sounded for her to have had lots of positive feedback from her Dean and her Mum (*Theme 1*). I really wanted Beth to take more notice of these skills and feel positive towards being able to apply some of these to improve her relationship with her Mum. Therefore I encouraged her to have a go at cooking with Mum. Beth commented that she thought it was a really good idea to try (*Theme 2*).

Following the strengths activity during session three, I asked Beth which of her strengths, or even one of the other strengths, could she work on a bit more that might help 'family' to move up one more point to an '8' over the next week. Beth picked consistent. I decided to set a noticing task as part of the *end of session feedback*. I thought it would be interesting to bring a relationship aspect into it, as I knew what a great support Mollie (pseudonym) was for Beth (Mollie was a friend of Beth's who attended our third session as support).

T: Over the next three weeks, what might Mollie notice you doing that will tell her you're being more consistent with Mum?

B: She'll notice I'm making a difference...and being calm

Beth identified being calmer as one of the things that Mollie would notice about her when she was being more consistent with her Mum (*Theme 2*). Beth agreed to notice

other things that she does during the week that also tell her she is being more consistent.

I was astounded by Beth's final comment. What a useful example of how well the therapeutic alliance was working (*Theme 3*).

B: I really like how you just don't talk, that's one thing I really really like about you... it's not just sitting... you actually have stuff... it's hands on...it seems like you actually care..

T: Oh that's nice... thank you.

Beth felt that she was able to be open and honest about my work in paying me a compliment. Beth seemed to be enjoying our time together and I really noticed how her mood lifted throughout the session (*Theme 3*). Beth was becoming more hopeful that things could be as she wanted with her Mum (*Theme 2*).

Monitoring Evaluations of Counselling Sessions ('G' in Figure 1)

Session One

In this session I was really impressed with the level of confidence and self-efficacy Beth showed towards being able to make changes related to 'me' and 'school'. I was very aware that she didn't feel the same way about things with her Mum. Beth worked really hard throughout the session and was able to come up with a number of creative ideas. In the next session I wanted to continue to build Beth's confidence and feelings of self-efficacy around times when things had been better with her Mum.

Session Two

This session had moved around a number of topics and it seemed like that is what Beth needed to have happen. Her mood was lower than usual and she seemed to be in a more negative frame of mind. This was making it difficult for her to see ways of improving things with her Mum, especially after the incident at the weekend.

According to Beth's needs our conversations in this session were based around school and a previous relationship. I sensed that Beth had appreciated being able to talk about these things, and had been able to consider the values that were important to her in relationships. Next week I hoped that we might revisit things with Mum, but I thought it was important to take the session wherever Beth needed it to go.

Session Three

A number of different variables, some of which Beth had contributed to, had really helped to improve things with not only her Mum but also in other aspects of Beth's life. Beth had been able to access her own resources in being able to stay calm with her Mum, which had allowed her to negotiate new terms for her punishment. I had noted that in future sessions it would be important to try and keep Beth focused on one concern at a time. I would need to 'check in' with her regularly with regard to prioritising what was most important for her to work on, so that our time together would prove most useful for her.

Session Four

This was Beth's final session for the study and it was fantastic to see that Beth had been able to remain consistent with her new positive attitude towards her Mum. As a result things were continuing to improve. It was empowering to hear Beth talking about things with her Mum in such a positive tone, a big change from our first meeting. Although Beth's Mum now had a job, Beth also recognised that small changes she had made, such as her attitude and staying calm with her Mum, had also contributed to positive change occurring.

Concluding Evaluation ('L' in Figure 1)

Goal Attainment Results & ORS Measure

Beth had made many positive steps towards reaching her initial goal for counselling. Beth reported that her Mum had started up her own business and Beth was very pleased she was doing this. Beth reported feeling happier and more positive with her Mum and as a result had noticed they were arguing less and that her Mum seemed happier and more positive too. She had not commented on them cooking together but she had noticed that she was giving her Mum more hugs and had a better attitude towards her Mum. It really surprised Beth that many of the things she had described in our first session were actually happening now.

Beth's success with her counselling goal was further supported by her improved scores on the Outcome Rating Scale (see Table 9). She had shown improvement in all four contexts and had also reached her target ratings. Beth was really pleased when she realised she had achieved this, and had a whole new sense of hope that she could now make positive changes in all of these aspects, especially things with Mum.

Table 9: Beth's Final Outcome Rating Scale Results

Context	Initial Rating	Session 3 Rating	Final Rating	Target Rating
Me	7	7	9	9
Family	5	7	9	9
School	6	7	9	9
Everything	4	7	9	9
Total/40	22	28	36	36

Final Interview

Beth's final interview continued to be positive and was filled with solution-talk. A statement of particular interest during Beth's interview was when she stated:

“We never really talked about solving problems. I guess the relationship with my Mum was a problem.”

This statement reflects the active way in which Beth engaged in solution-talk (rather than problem-talk) throughout our sessions, eliciting positive responses and emotions, allowing the discovery of realistic and effective solutions. Additionally, Beth described things as being ‘so much better’ since the start of her counselling sessions. She described finding it really useful to be able to talk to someone ‘not around my age’ but someone older who has more experience. Beth said:

“She’s so easy to talk to and she’s really really nice. Everything’s just slotting into place.”

Not only does this statement support a positive therapeutic outcome, but suggests that Beth valued and respected our time together and that a strong alliance had formed (*Theme 3*). When asked how she was able to say that things were better, Beth talked about a big change in her mood. She described her friends and her Mum noticing that her mood was a lot better too. I wondered whether this was also a reflection of the solution-talk, which is thought to provoke positive emotions, leading to a more positive mind-frame and mood. When asked what sort of things were slotting into place, Beth talked about the relationship with her Mum. It was interesting that she said:

“Tina taught me stuff to get our relationship better. It’s just been working really really well. We even went to the mall yesterday. Me being nicer to Mum makes her a lot nicer to me, a bit of give and take I guess. My relationship with Mum is a lot better.”

(*Theme 2*)

This is an aspect of the counselling process that is important to me, that clients don’t see me as an ‘advice giver’. As outlined in my guiding conception, I want clients to draw on their own ideas, strengths and resources to figure out what works best for them. Although Beth had felt ‘taught’ I hoped that she was aware that the ideas we

came up with were in fact her own, and she was responsible for acting upon these. Later in the interview when asked about the ideas she gave or decisions she made that helped make things better, Beth said:

“One of the decisions Tina helped me with was thinking before you speak, not snapping at people. I kinda had some anger issues. I have learnt to keep it in, unless what I am going to say is constructive.”

I hope this statement reflects our collaborative approach to the counselling process, in that Beth was able to recognise and acknowledge the contributions she made (*Theme 3*).

Beth finished by talking about doing more of:

“The stuff that makes me really happy such as cooking, which really helps calm me down, swimming, listening to music, and being outside, and doing more of this outside school.”

Beth also talked about needing to remind herself to not snap at people and said that “Once I got into a routine it’s been easy”. She talked about:

“Using deep breathing to calm myself down and counting to 10, slowing down, so I don’t make snarky comment.”

Summary of Outcome Results

We were able to establish from sessions three and four that good progress had been made towards Beth’s initial goals for counselling. We had also been able to address a number of other issues such as her concentration in class, relationship break-up and concerns around anger, which I hope we will continue to do should I see Beth again in the future.

Beth had been a positive and enthusiastic client to work with. She already had high self-efficacy in relation to making changes in the ‘me’ and ‘school’ contexts and was now applying her own skills and resources to be able to bring about change in the

'family' context. Both the qualitative data and quantitative measurement suggest that Beth was fully engaged in the solution-focused process and as a result was able to define specific behavioural changes that helped to improve her relationship with her Mum. This resulted in a marked improvement in their relationship. These achievements were also reflected in her final ORS rating which showed significant improvement, particularly in the 'me' context. Overall, Beth was positive about counselling and said that she would come back in the future if she needed to.

CHAPTER NINE: CASE THEME RESULTS & CROSS-CASE ANALYSIS

Case Analysis Theme Results

As described earlier my initial analysis of the case material led to *eight inductively derived themes* (see Appendix A). From these eight I chose three themes, which were described earlier, due to the way in which they contributed to client empowerment, specifically the development of self-efficacy. In this section I give more detailed examples of these key themes as demonstrated in the four cases.

Theme 1: Helping clients to discover knowledge of and develop their own strengths and resources

This theme refers to the many strengths and resources that lie within the client. A powerful part of the change process is being able to bring the client's awareness to these. It is the discovery, amplification and reinforcement of a client's strengths that paves the way for action and change.

During our initial meeting, Sally described feeling confident to be able to solve problems and bring about change in her life. She had already accessed a number of strengths and resources to assist her in figuring out past problems. Interestingly Sally wasn't all that aware of what these actually were. During session two Sally explained how she often needed to 'stop and think' earlier, as although she could often figure out ways to manage her stress, by leaving it too late she often placed herself in a more stressful position. Through the use of *curious questioning*, Sally became more self-aware in relation to controlling her levels of stress, the ways in which she had done this in the past, and how these strategies might be useful in managing her performance related stress. She was able to describe and implement a number of stress management strategies throughout the counselling process and during session three talked about planning earlier, to avoid stress in the future.

In our first session I was able to establish that Amanda had already tried a number of things to sort out the problem, but hadn't had any success with these. As a result Amanda was finding it very difficult to engage in solution-talk and I sensed that she felt quite stuck in the problem. Through exploration of Amanda's history and *coping skills* I was able to *establish a number of strengths* which I was able to reflect back to Amanda. This could be viewed as the beginnings of the empowerment process. It wasn't until session three that Amanda's use of language moved towards solution-talk. She was able to talk about things having improved a little bit and I sensed that she was more aware of her own resources and felt able to act upon them. This improvement was also reflected in her ORS ratings.

During session one, we began to bring Rebecca's awareness to her *strengths* and resources by *exploring exception questions*. She described overcoming her problem with anxiety when delivering a speech at a wedding. It was following this story that I discovered Rebecca had a number of strengths that could assist her in overcoming anxiety in a range of contexts. I *complimented* her for her achievement in delivering the speech and I was able to use *relationship questions* to provide further reinforcement in that her family members had congratulated her on doing such a great job. It was easy to make Rebecca beam here, as her family were incredibly supportive and their opinions were very important to her. Rebecca was able to identify her top strengths and explore her awareness about how these were present in her everyday life and how they might help her solve future problems.

During her first session, Beth described feeling confident about being able to bring about change in some aspects of her life but not all. This indicated to me that she was already able to draw upon her own ideas and resources to be able to sort things out. Interestingly Beth didn't see these as being transferable to help improve things with her Mum. Beth also described receiving praise from her Mum and Dean

for her improved behaviour, this had provided her with positive reinforcement and she wanted to continue with her changed behaviour. Beth commented that 'it had felt really good' to hear them say nice things. When working through Beth's *preferred future* we were able to establish what things would be like with her Mum. Beth described a number of behavioural changes. She acknowledged that she thought cooking with her Mum, avoiding snarky comments and staying calm could be helpful to try.

Theme 2: Helping clients to feel empowered by their strengths and resources in order to bring about change

Throughout this study I worked to empower clients with the tools to access and use their own strengths and resources. The emphasis on solution-talk drove positive emotions within the client and provided an increased sense of control, hope and self-efficacy.

This theme was the most evident of the three throughout Sally's case. Sally demonstrated action in relation to her preferred future. She used her creativity to develop her own resource set and through the counselling process acted upon these to reduce her study related stress. During session three she acknowledged the need to take time out and to look after herself, and said that this should be included within her study plan. The *exception question* proved particularly useful for Sally during sessions two and three as by reflecting on past experiences she was able to define six resources which she could access to reduce her performance anxiety.

This theme was also highly evident throughout the work Amanda and I completed. Amanda felt very little sense of control and as a result felt disempowered to be able to do anything about the situation. It was through the *discovery*, *amplification* and *reinforcement* of her coping mechanisms that she felt able to take some control of the situation and act on the behaviours she described within her preferred future. We were able to establish that Amanda had taken action in talking

to her classmates about the bullies and had found that they were not bothered about what the bullies were saying and were not viewing Amanda any differently. She also talked about attempting to talk to some of the girls involved, an action that she previously had not thought she could do. It seemed that Amanda's confidence in relation to being able to do something about the problem had grown, demonstrated by the actions she took throughout the counselling process.

Rebecca returned for session two a little overwhelmed with study pressures and a concern with her Dad. Yet she engaged enthusiastically in the session and we were able to establish that even with these pressures the anxiety wasn't all that bad and in fact her ORS had improved significantly. Rebecca said "I just sort of believe in myself". This statement was a strong indicator of client empowerment. Rebecca felt more able and willing to take on challenges that were presented to her, and wanted to make the most of all of life's opportunities. By helping Rebecca to become more aware of what she had achieved in the past through the exploration of *exceptions*, we had empowered her to have greater belief in her ability to be able to face challenging situations in the future. During session three we continued to build upon Rebecca's strengths, and she talked about a little more confidence being helpful in helping her to deal with the anxiety. Amazingly in her final interview Rebecca talked about using her 'belief in herself' and confidence to be more open with her Dad. Ideas generated by Rebecca were acted upon by Rebecca and as a result she achieved significant improvements in managing anxiety and in her relationship with her Dad.

During session two Beth talked about how things had gotten worse with Mum, but that she had kept her cool and talked to her Mum in a calm voice. This had made all the difference and she had been able to negotiate with her Mum over a recent punishment she had received. It was during this *exception* conversation that I discovered that Beth thought she had a problem with her anger, and that she often

yelled at Mum. I was really interested in how this time, she had been able to calm herself and not yell. Beth spoke about having the support of a friend who helped to keep her calm. Beth had followed through on trying to avoid making snarky comments and had spoken to her Mum in a calm tone. Beth was really surprised when Mum responded back in a calm tone. Beth had started to realise that there were changes she could make that influenced how Mum reacted to her.

Theme 3: The therapeutic relationship - being able to 'just talk' and be truly heard

This theme involves the importance of the connection between me and my clients as an essential element of the counselling process, in relation to both client empowerment and successful therapeutic outcome.

In our first session, Sally described her previous experiences of counselling as not being all that helpful. She wasn't able to describe anything in particular that she thought would have been more helpful about this experience. As a result of this, I felt it was important at the start of the second session to *check in* with Sally as to how she was finding counselling so far. Sally said "it's good to be able to come and talk", and described one of her desired outcomes for counselling as "just wanting to come and talk". This indicated a level of comfort and trust, in that Sally felt that talking to me was a helpful experience for her.

Amanda and I spent five sessions together. It was in this particular case that I was able to identify just how important the therapeutic relationship was, not only to Amanda's comfort in therapy but also to her sense of control in being able to bring about her preferred future through her own actions. Amanda's concern was centred on an external source; the behaviour of others. Through conversations about externalisation and providing support and reinforcement to Amanda around their behaviour not being her fault, she began to see the problem as being situated outside of herself. I believe the trust we shared built this feeling for her. She described in her

final interview, many times, the way in which ‘we’ talked and considered ideas. This demonstrated Amanda’s view that we were a team, working together to bring about change. Through *engaging in conversation*, Amanda generated ideas about her own strengths and resources that led her to feel more able to act. Amanda’s body language throughout the sessions also demonstrated the development of our alliance in that she appeared more relaxed as the sessions progressed and was able to make and maintain more eye contact. During session four she verbally acknowledged a *compliment* I made to her about the new friendships she had formed. She talked positively about her new friendship group and said ‘that is one thing that has gotten better and better’.

As with other cases my introductory conversations with Rebecca were an important part of building our alliance. We were able to talk about Rebecca’s expectations of counselling and Rebecca openly shared with me the story of her family and friends. Early on in this first session I was given an opportunity to *compliment* Rebecca on having already taken action in relation to reducing the anxiety by thinking differently. Rebecca was easy to *compliment* as she proved to be very resourceful in making changes, even though she had indicated on her Adapted Outcome Rating Scale that she didn’t feel all that confident to bring about change and reach her target ratings. During her final interview Rebecca talked about the way in which our conversations (*solution-talk*) had helped her to develop a more positive mind-set and to start thinking about the positive. This occurred because of the level of engagement we were able to establish in our sessions and the way in which Rebecca respectfully acknowledged my compliments and her personal strengths.

Throughout our sessions Beth appeared comfortable to talk and seemed to enjoy our time together. It wasn’t until session three that I discovered how much. Beth commented on the way that I worked. She liked that we didn’t ‘just talk’, although

being able to talk was important to her, she liked that our sessions were 'hands-on', in that we completed a number of practical activities. We had spent time looking at values related to a past relationship and we had used strengths resources to discover ways in which Beth was able to say that she was confident, resilient, strong, free and herself. It was empowering and rewarding for me as the counsellor to be given such a genuine compliment. Beth's friend had commented on feeling like I 'actually cared', with which Beth agreed. This reinforced to me the power of the therapeutic alliance; it had allowed Beth to engage freely and equally in the sessions and feel truly heard and cared about.

Cross-Case Analysis

Overview

The results of all four cases show significant progress towards achieving their goals for counselling as shown in both the qualitative descriptions and quantitative measurements. The results were able to describe and demonstrate through the application of Peterson's Disciplined Inquiry model, an in-depth view of the solution-focused counselling process at work. The results also represented the voices of four New Zealand adolescents in describing their experiences of empowerment while engaged in the solution-focused process.

Qualitative Results

The effective application of solution-focused techniques and paying attention to the importance of the therapeutic relationship across all four cases was essential to my guiding conception. Each client's presenting problem was unique and the consistent use of solution-focused techniques was applied in relation to each client's specific goals. As a result, all four clients made good progress towards their goals for counselling. The use of a *scaling* activity alongside the crystal ball technique, or client

descriptions of their *preferred future*, was extremely useful in being able to define specific behaviours present in each client's preferred future. These helped guide the therapy process itself as I was able to help clients find the tools they needed to act upon these desired behaviours. The use of client descriptions alongside scaling activities allowed goals to be presented in a measurable and achievable manner, where adolescents were able to clearly understand what was required in order to achieve their preferred future. *Amplifying* and *reinforcing exceptions* elicited positive strengths and resources across all four cases, and empowered adolescents to feel more able to act upon behaviours described within their preferred futures.

All four clients also shared many commonalities in relation to the key themes which were discovered throughout the data analysis process. All four clients benefited from becoming more self-aware in relation to the discovery of their personal strengths and resources. They were all able to define a preferred future based on specific behavioural changes and take steps towards putting these desired behaviours into action (self-efficacy). Finally, all four clients actively engaged in our sessions. This was demonstrated through the many thoughtful conversations carried out during the counselling process. Beth and Rebeca both talked about really enjoying the sessions and stated that they would come back in the future if help was needed.

Quantitative Measures

As indicated by the ORS scaling activity, all four clients made significant progress towards achieving their target ratings. Sally had exceeded her target ratings for the 'me' and 'everything' contexts. She showed improvements in the 'school' context, although her final rating was slightly down due to the stress of working hard to finish off her internal assessments as well as prepare for her external exams in a few weeks. Amanda made the most progress in the 'me' and 'school' contexts. She had worked on her coping skills and was better able to handle the bullies at school.

She had also made a new group of friends that had helped make school more enjoyable. Rebecca made progress in all four contexts with the most being made in the 'me' and 'school' contexts. Rebecca moved up from '3' to a '9' in the 'me' context, a very significant improvement. This is perhaps an indication of the work she had put in to reach her target. Rebecca had changed her mind-set to one that was more positive. She is now looking for the good, and had developed a greater level of self-confidence. 'School' had also significantly increased from a '3' to a '7'. This was reflected in the way in which Rebecca was more confident to take on the challenges in school such as speaking in front of the class. Beth reached her target in all four contexts, and she was very pleased to see that 'family' had moved from a '5' to a '9'. Beth had originally thought that this wouldn't be possible.

Overall, it was found that the ORS measure was an effective way of not only defining client goals, but of monitoring client progress throughout, and at the end of counselling. I was able to compare the ORS rating for all four clients to discover that they had all made significant improvements. All four clients enjoyed completing the ORS and responded positively and sometimes surprised when they discovered that improvements had been made. It is possible to suggest that seeing improvement each week elicited positive emotions, which assisted in empowering clients to want to do even better next time. Clients appreciated a visual reference that represented the efforts they had made in bringing about positive change.

CHAPTER TEN: DISCUSSION AND CONCLUSION

Findings

The aims of my study were to explore and describe how adolescents experienced empowerment in the context of solution-focused counselling, with a particular focus on self-efficacy, and to explore the effectiveness of the solution-focused process in contributing to a positive therapeutic outcome. These were achieved through the findings of the four case studies analysed in the preceding chapters.

The findings are consistent with previous literature in that engagement in the solution-focused process found adolescents to be resourceful and able to bring about change in their lives which contributed to positive therapeutic outcome in all four cases (Banks, 1999; Cepukiene & Pakrosnis, 2011; Corcoran & Stephenson, 2000; Franklin, Biever, Moore, Clemons, & Scamardo, 2001; Froeschle, Smith & Ricard, 2007; Kvarme et al, 2010; LaFountain & Gamer, 1996; Littrell, Malia, & Vanderwood, 1995; Newsome, 2005; Springer, Lynch & Rubin, 2000; Violeta & Ion, 2009).

Secondly, the solution-focused process, including the development of the therapeutic alliance, created opportunities for adolescents to feel empowered by their own strengths and resources, to take action and bring about change. The taking of action demonstrates a belief that one can do something about the problem (self-efficacy) and can be considered a measure of adolescent empowerment (Peterson, 2009).

Furthermore, the study offers contributions to support the efficacy of solution-focused practice in that engagement in the solution-focused process allowed adolescents to 1) discover and develop their knowledge and awareness of their personal strengths and resources, 2) feel empowered to act upon these resources and, 3) use the quality of the therapeutic relationship to give them a 'boost' towards

taking such action. Through the use of Peterson's Disciplined Inquiry model cases were extensively explored. Solution-focused techniques were adhered to consistently with small adaptations able to be made to suit varying client needs, without affecting positive therapeutic outcome.

Findings and the Literature

This study supported literature that suggests adolescents can be resourceful and bring about change through solution-focused work. Perkins (2007) suggested that adolescents were able to think abstractly and bring about change in thinking, allowing them to make decisions based on their own values. Throughout my study adolescent clients worked hard and demonstrated creativity in being able to formulate ideas and make decisions based on their own values. All four clients became more aware of their own strengths & resources (Theme 1) and demonstrated behaviour change in relation to their preferred futures (Theme 2). Clients began to view the problem as being manageable and through evoking positive emotions, a positive mindset allowed adolescents to bring about change. In all four cases the solution-focused process led to positive outcomes, in that all clients made significant progress towards their goals for counselling as well as on the ORS measurement.

As suggested by Scheel, Davis & Handerson (2013) the solution-focused process empowers adolescents by not only developing their awareness of their strengths but encouraging them to try them out. De Jong & Berg (2008) talk about the solution-focused process empowering clients by assisting them to gain a sense of control and increased self-efficacy, in that clients feel able to make decisions and act on their skills within the contexts they live. Clients in my study demonstrated empowerment through an increased sense of control, increased awareness of their strengths, ability to make decisions, define desired behavioural changes and act upon these (Theme 1). In relation to social constructionism and language, Gergen (2001)

found that the use of positive language in collaborative conversations encouraged adolescents to consider alternative ways of viewing the problem and to create new meaning in relation to present solutions, allowing them to reach their preferred future. Throughout my study the emphasis was on the use of solution-talk. All four clients demonstrated the ability to engage in solution-talk and as a result were able to describe and explore different ways of looking at the problem. Amanda was able to view the problem as being outside of herself and was able to recognise that there were many positive steps she could take to manage the problem. Rebecca was able to describe moving away from the negative and looking for the positive.

Perkins (2007) suggested that strength-based interventions such as solution-focused counselling may enhance a young person's self-efficacy. All four clients in my study showed greater commitment and motivation towards achieving their goals by taking action related to self-defined behavioural actions (Theme 2). More specifically, Rebecca talked about wanting to take on life's challenges, rather than continuing to avoid them and miss out on valuable learning opportunities. This finding also supports the work of Bandura & Schunk (1981) where it was suggested that adolescents with higher self-efficacy are more likely to take on challenging tasks. Bandura (1995) suggested that high self-efficacy supported anxiety regulation, and adolescents with high self-efficacy have also been found to report lower levels of anxiety (Bandura, Pastorelli, Barbaranelli & Caprara, 1999). These findings were also demonstrated in the current study. Rebecca was able to say that her level of anxiety had reduced alongside her increased self-efficacy and Amanda showed greater confidence to take action in a situation where previously she had felt stressed and powerless.

Bandura (1995) suggests four ways of creating self-efficacy, three of which have been illustrated in my study, as essential elements of the solution-focused

process. Mastery experiences were created by drawing out and bringing awareness to client's personal strengths and resources. Clients learnt they had the tools needed to manage the problem effectively or bring about change. Reinforcement and complimenting was also used to enhance the client's perception of these experiences. Emotional states can greatly influence an individual's perception of their capabilities; positive mood enhances self-efficacy (Bandura, 1995). Amanda gained an increased sense of control throughout the process and as a result her mood and mind-set lifted. Positive mood state was evident several times throughout my study and was one of my eight initial themes (see Appendix A), but was not chosen as one of my final three. Rebecca also talked about looking for the positive rather than the negative. The creation of positive emotions through reinforcement, compliments and respectful acknowledgement of the client's strengths evoked positive mood, which was found to lead to the creation of a more positive mind-set. Beth's mood and attitude in relation to things with her Mum also lifted, this seemed to free Beth to view her Mum in a different light, which resulted in positive change occurring in their relationship. Finally, in support of De Jong & Berg (2008), the solution-focused process allowed adolescents to become more hopeful. Clients found that they were able to do something about their situation.

Newsome (2005) suggested that fostering empowerment and the development of self-efficacy was associated with the adolescent co-participating in the decision making process and feeling listened to and genuinely valued. This could be considered an important aspect of the development of a collaborative therapeutic relationship, and as demonstrated in my study, the quality of the therapeutic relationship made a significant contribution to client empowerment and positive therapeutic outcome. As discussed in my guiding conception, the therapeutic alliance is identified as a common factor essential to positive therapeutic outcomes (Duff &

Bedi, 2010; Lambert & Barley, 2001; Messer & Wampold, 2002). All four of my clients showed active engagement in the counselling process. In all final interviews clients referred to 'we', demonstrating a sense that we were a collaborative team, working together to solve the problem. Beth and her friend also commented on feeling truly heard and cared about.

Strengths and Limitations of the Study

I worked hard to develop sound knowledge of solution-focused theory and techniques prior to, and throughout, completion of the study. The use of the PCS method allowed me to evaluate the effectiveness of my work with individual clients. This resulted in my solution-focused work being carried out in a consistent and systematic way. I carry a strong belief in the importance of the therapeutic relationship, as outlined in my guiding conception. Throughout this study I worked hard to create alliance by getting to know the client and building trust through the demonstration of empathy and timely use of self-disclosure. These factors contributed to the development of an effective collaborative working relationship with my clients. Multiple sources of data such as videotapes of counselling sessions, case notes, ORS measures and final semi-structured interviews allowed a rich data set to be collated, this served as an effective method to be able to triangulate data across many sources. The use of another solution-focused counsellor to complete the final interview assisted in reducing any assumptions or bias I may have had when reviewing the data, and introduced an outsider perspective. Both of these factors increase the rigour of my study. There appears to be very little research in this topic, particularly in relation to New Zealand adolescents. It is hoped that my study can contribute to information regarding the helpfulness of solution-focused counselling for adolescent's sense of empowerment, particularly enhancing self-efficacy. Emphasis was given to the

adolescent perspective and I was able to gain some insight into the way in which adolescents view and understand the world.

It is important to read my study with a view to its limitations. I solely conducted most of the analysis, therefore the reliability of the data analysis is difficult to assess. This limitation could have been addressed by involving additional researchers or my clinical and/or academic supervisors in data analysis in order to compare results. For the purposes of this project, this option was not practically feasible.

Client recruitment was also a limitation, in relation to numbers as well as gender. I hoped to have a greater number of participants come forward and found that students were not as keen to be involved as I had anticipated. I was also disappointed to have not had any boys show interest in the study. This could have been addressed by placing further advertisements around the school and speaking at more assemblies. I could also have visited individual form classes to share further information and answer questions. I had a total number of nine students who inquired about the study. Due to time constraints I decided to proceed with the first five voluntary participants. In the future I would allow more time for client recruitment in order to generate a greater volume of potential participants which hopefully would include adolescent males. This would also help with the identification of adolescents who could be deemed more suitable for the project, such as adolescents who rated 16 or less on the Adapted Outcome Rating scale. I also wonder how possible it is to actually source adolescents with low self-efficacy. Volunteering to take part in the project suggests that adolescents may have viewed counselling as something useful to do that might be helpful in managing the problem.

Videotaping was a relatively new experience for both myself and all of the potential clients. Two clients were put off by the thought of being videoed and stated they would feel more comfortable if sessions were just audio-recorded. This is something to bear

in mind for the future. Finally, the client workbooks were not a success in generating data, as clients chose not to fill them out between sessions. Most client said that they forgot to fill them out, or didn't really enjoy writing. In the future it would be worthwhile considering other methods of gathering information between counselling sessions such as text or email.

Implications for Practice

The use of the Pragmatic Case Study method has allowed me to effectively evaluate my solution-focused work and to evolve and develop my practice to a new level of confidence and competency. It has also allowed solution-focused techniques to be systematically applied and analysed in order to support its effectiveness in bringing about positive therapeutic outcome. It is hoped that this research will contribute to establishing the efficacy of solution-focused counselling with adolescents, particularly within the New Zealand context. Practitioners may be able to use these findings to inform the establishment of a greater belief in the resources of adolescents to be able to think rationally, make decisions and bring about positive change in their lives. As previously suggested by Scheel et al. (2013), I too, think it is important to believe in the personal resourcefulness of adolescents and to be hopeful that they have the ability to overcome their difficulties, in order for increased self-awareness and empowerment to occur. In doing this future practitioners may also be as surprised by the resourcefulness and creativity of adolescents in overcoming challenges, as I have been.

Future Research Directions

Further practice-based outcome research is needed to support the efficacy of solution-focused counselling as an effective treatment modality with adolescents. It would also be particularly useful to discover ways in which solution-focused interventions can be developed and refined to best suit working with adolescents.

Further evidence to support the effectiveness of specific solution-focused techniques to generate increased self-confidence and self-efficacy in adolescents would be advantageous. Being resourceful and having a sense of agency can be considered essential life skills, if these can be developed in adolescence, this may help overcome the developmental challenges of adolescence, as well as support the resilience and ability of young people to overcome challenges later in life.

Conclusion

My study provides a window into the adolescent perspective demonstrated by the use of client words and meanings throughout the counselling process and data analysis. I was able to capture a snapshot of the adolescent world and the way in which adolescents can feel empowered to be creative and reach their goals. It is hoped that this detailed analysis of the solution-focused process and associated descriptions of empowerment will help practitioners to work more effectively with adolescents in the future, and to help inform practice-based evidence towards the efficacy of solution-focused counselling when working with adolescents.

REFERENCES

- Alpert, M. C. (1996). Videotaping psychotherapy. *The Journal of Psychotherapy Practice and Research*, 5(2), 93-105.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist*, 28(2), 117-148. doi: 10.1207/s15326985ep2802
- Bandura, A. (1995). Exercise of personal and collective self-efficacy in changing societies. In A. Bandura (Ed.) *Self-efficacy in changing societies* (pp. 1-45). New York: U.S.A.
- Bandura, A. (2000). Exercise of human agency through collective efficacy. *Current Directions in Psychological Science*, 9(3), 75-78. doi: 10.1111/1467-8721.00064
- Bandura, A., Pastorelli, C., Barbaranelli, C., & Caprara, G. V. (1999). Self-efficacy pathways to childhood depression. *Journal of Personality and Social Psychology*, 76(2), 258-269. doi: 10.1037/0022-3514.76.2.258
- Bandura, A., & Schunk, D. H. (1981). Cultivating competence, self-efficacy, and intrinsic interest through proximal self-motivation. *Journal of Personality and Social Psychology*, 41(3), 586-598. doi: 10.1037/0022-3514.41.3.586
- Banks, V. (1999). A solution-focused approach to adolescent groupwork. *The Australian and New Zealand Journal of Family Counselling*, 20(2), 78-82.
Retrieved from: <http://search.informit.com.au/documentSummary;dn=427912852748718;res=IELFS>
- Berg, I.K., & Miller, S.D. (1992). *Working with the problem drinker: A solution-focused approach*. New York: W.W.Norton
- Bogdan, R.C., & Biklen, S.K. (2007). *Qualitative research for education: An introduction to theories and methods*. Boston, MA: Pearson Allyn & Bacon.

- Cauffman, E., & Steinberg, L. (2000). Maturity of judgment in adolescence: why adolescents may be less culpable than adults. *Behavioral Sciences & the Law*, 18(6), 741-760. doi: 10.1002/bsl.416
- Cepukiene, V., & Pakrošnis, R. (2011). The outcome of solution-focused brief counselling among foster care adolescents: The changes of behavior and perceived somatic and cognitive difficulties. *Children and Youth Services Review*, 33(6), 791-797. doi: 10.1016/j.childyouth.2010.11.027
- Chandler, G. E. (1999). A creative writing program to enhance self-esteem and self-efficacy in adolescents. *Journal of Child and Adolescent Psychiatric Nursing*, 12(2), 70-78. doi: 10.1111/j.1744-6171.1999.tb00047.x
- Chinman, M. J., & Linney, J. A. (1998). Toward a model of adolescent empowerment: theoretical and empirical evidence. *The Journal of Primary Prevention*, 18(4), 393-413. doi: 10.1023/A:1022691808354
- Corcoran, J. (1998). Solution-focused practice with middle and high school at-risk youths. *Social Work in Education*, 20(4), 232-243. Retrieved from <http://cs.oxfordjournals.org/>
- Corcoran, J., & Stephenson, M. (2000). The effectiveness of solution-focused counselling with child behavior problems: A preliminary report. *Families in Society*, 81(5), 468. Retrieved from <https://www.researchgate.net/>
- Coutinho, S.A., & Neuman, G. (2008). A model of metacognition, achievement goal orientation, learning style and self-efficacy. *Learning Environments Research*, 11(2), 131-151. doi: 10.1007/s10984-008-9042-7
- Creswell, J.W. (2009). *Research design: qualitative, quantitative and mixed methods approaches*. Thousand Oaks, CA: Sage Publications
- Davidson, C., & Tolich, M. (1999). *Social science research in New Zealand: Many paths to understanding*. Auckland, NZ: Pearson Education.

- De Jong, P., & Berg, I.K. (2008). *Interviewing for solutions*. (3rd ed.). Belmont, CA: Brooks/Cole.
- De Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: W.W. Norton.
- Duff, C.T., & Bedi, R.P. (2010). Counsellor behaviours that predict therapeutic alliance: From the client's perspective. *Counselling Psychology Quarterly*, 23(1), 91-110. doi:10.1080/09515071003688165
- Duncan, B. (2010). On becoming a better therapist. *Psychotherapy in Australia*, 16(4), 42-51. Retrieved from: [http://search.informit.com.au/documentSummary; dn=505569390762761;res=IELHEA](http://search.informit.com.au/documentSummary;dn=505569390762761;res=IELHEA)
- Duncan, B., & Miller, S. (2008). 'When I'm good, I'm very good, but when I'm bad I'm better': A new mantra for psychotherapists. *Psychotherapy in Australia*, 15(1), 60-9. Retrieved from: [http://search.informit.com.au/documentSummary; dn=543921731802271;res=IELHEA](http://search.informit.com.au/documentSummary;dn=543921731802271;res=IELHEA)
- European Brief Therapy Association (EBTA). (2012). *Solution focused practice definitions*. Retrieved from: <http://eba.eu/>
- Everall, R.D., Altrows, J.K., & Paulson, B.L. (2006). Creating a future: A study of resilience in suicidal female adolescents. *Journal of Counseling & Development*, 84(4), 461-470. doi: 10.1002/j.1556-6678.2006.tb00430.x
- Fishman, D.B. (2001). From single case to database: A new method for enhancing psychotherapy, forensic, and other psychological practice. *Applied and Preventive Psychology*, 10(4), 275-304. doi: [http://dx.doi.org/10.1016/S0962-1849\(01\)80004-4](http://dx.doi.org/10.1016/S0962-1849(01)80004-4)
- Franklin, C., Biever, J., Moore, K., Clemons, D., & Scamardo, M. (2001). The effectiveness of solution-focused counselling with children in a school setting.

- Research on Social Work Practice*, 11(4), 411-434. doi: 10.1177/104973150101100401
- Franklin, C., Moore, K., & Hopson, L. (2008). Effectiveness of solution-focused brief counselling in a school setting. *Children & Schools* 30(1): 15-26. doi: 10.1093/cs/30.1.15
- Froeschle, J. G., Smith, R. L., & Ricard, R. (2007). The efficacy of a systematic substance abuse program for adolescent females. *Professional School Counseling*, 10(5), 498-505. Retrieved from <http://www.schoolcounselor.org/content.asp?pl=325&sl=132&contentid=235>
- Gergen, K. J. (1985). *The social constructionist movement in modern psychology* (pp. 556-569). US: American Psychological Association. doi: 10.1037/10112-044
- Gergen, K. J. (2001). *Social construction in context*. London: Sage Publications.
- Haggerty, G., & Hilsenroth, M. J. (2011). The use of video in psychotherapy supervision. *British Journal of Psychotherapy*, 27(2), 193-210. doi:10.1111/j.1752-0118.2011.01232.x
- Harrison, J., MacGibbon, L., & Morton, M. (2001). Regimes of trustworthiness in qualitative research: The rigors of reciprocity. *Qualitative Inquiry*, 7(3), 323-345. doi: 10.1177/107780040100700305
- Hopson, L. M., & Kim, J.S. (2004). A solution-focused approach to crisis intervention with adolescents. *Journal of Evidence-Based Social Work*, 1(2-3), 93-110. doi: 10.1300/J394v01n02_07
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart & soul of change: What works in therapy*. Washington, DC: American Psychological Association. doi:10.1037/11132-000
- Jones-Smith, E. (2006). The strength-based counseling model. *The Counseling Psychologist*, 34(1), 13-79. doi: 10.1177/0011000005277018

- Jones-Smith, E. (2012). *Theories of counselling & psychotherapy: An integrative approach*. Thousand Oaks, CA: Sage Publications.
- Kaplan, A. H. (2006). *Listening to the body: Pragmatic case studies of body-centered psychotherapy*. ProQuest, UMI Dissertations Publishing. Retrieved from: <http://www.hakomiinstitute.com/Resources/research/Kaplan-Dissertation.pdf>
- Kress, V.E., & Hoffman, R.M. (2008). Empowering adolescent survivors of sexual abuse: application of a solution-focused ericksonian counseling group. *Journal of Humanistic Counseling, Education and Development*, 47(2), 172. Retrieved from <http://onlinelibrary.wiley.com/journal/10.1002/%28ISSN%292161-1939/issues>
- Kvarme, L. G., Helseth, S., Sørum, R., Luth-Hansen, V., Haugland, S., & Natvig, G. K. (2010). The effect of a solution-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial. *International Journal of Nursing Studies*, 47(11), 1389-1396. doi: 10.1016/j.ijnurstu.2010.05.001
- Lafountain, R., & Gamer, N. (1996). Solution-focused counseling groups: The results are in. *The Journal for Specialists in Group Work*, 21(2), 128-143. doi: 10.1080/01933929608412241
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 357-361. doi:10.1037/0033-3204.38.4.357
- Littrell, J.M., Malia, J. A., & Vanderwood, M. (1995). Single-session brief counseling in a high school. *Journal of Counseling and Development*, 73(4), 451. Retrieved from <http://onlinelibrary.wiley.com/journal/10.1002/%28ISSN%291556-6678>. doi: 10.1002/j.1556-6676.1995.tb01779.x

- Macdonald, A. J. (2011). *Solution-focused therapy: Theory, research & practice*. London: Sage Publications.
- McCullough, L. (2003). *Videotaping and rating your own sessions: Two valuable ways to improve the quality of therapy*. Retrieved from: [http://www.affectphobia.org/docs/Video ATOS/VideoATOSArticle.pdf](http://www.affectphobia.org/docs/Video%20ATOS/VideoATOSArticle.pdf)
- McKeel, A. J. (2012). What works in solution-focused brief therapy: A review of change-process research. In C. Franklin, T. S. Franklin, W. J. Gingerich, & E. McCollum (Eds.). *Solution-focused brief therapy: A handbook of evidence-based practice* (pp. 130-143). New York: Oxford Press.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. (2nd ed.) London: Sage Publications.
- McLeod, J. (2012). *Case study research in counselling and psychotherapy*. (2nd ed.) London: Sage Publications.
- McGee, D., Del Vento, A., & Bavelas, J.B. (2005). An interactional model of questions as therapeutic interventions. *Journal of Marital and Family Counselling*, 31(4), 371. Retrieved from <http://search.proquest.com.ezproxy.canterbury.ac.nz/docview/220971329?accountid=14499>
- Messer, S.B., & Wampold, B.E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice*, 9(1), 21-25. doi: 10.1093/clipsy.9.1.21
- Miller, S.D., Duncan, B.L., & Johnson, L. (2002). *Outcome rating scale*. Retrieved from <http://scottdmiller.com/>
- Miller, S.D., Duncan, B.L., & Johnson, L. (2002). *Session rating scale*. Retrieved from <http://scottdmiller.com/>

- Ministry of Education. (2010). *Involving children and young people in research in educational settings*. J. Loveridge (Ed). Retrieved from <http://www.educationcounts.govt.nz/publications/schooling/80440/chapter-1>
- Morrow, S.L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250-260.
doi:10.1037/0022-0167.52.2.250
- Morton, M.H. & Montgomery, P. (2013). Youth empowerment programs for improving adolescents' self-efficacy and self-esteem: A systematic review. *Research on Social Work Practice, 23*(1), 22-33. doi: 10.1177/104973151245996
- New Zealand Association of Counsellors (NZAC). (2012). *Code of ethics*. Retrieved from http://www.nzac.org.nz/code_of_ethics.cfm
- Newsome, S.W. (2005). The impact of solution-focused brief counselling with at-risk junior high school students. *Children & Schools, 27*(2), 83-90. doi: 10.1093/cs/27.2.83
- O'Neil, J.M., Challenger, C., Renzulli, S., Crapser, B., & Webster, E. (2013). The boy's forum: An evaluation of a brief intervention to empower middle-school urban boys. *The Journal of Men's Studies, 21*(2), 191. Retrieved from <http://www.questia.com/library/1G1-331686238/the-boy-s-forum-an-evaluation-of-a-brief-intervention>
- Pearson, M.M. (2008). Voices of hope. *Education and Urban Society, 41*(1), 80-103. doi: 10.1177/0013124508316743
- Perkins, D. (2007). What are the developmental tasks facing adolescents? Retrieved from http://www.education.com/reference/article/Ref_Adolence/
- Perkins, R. (2006). The effectiveness of one session of counselling using a single-session counselling approach for children and adolescents with mental health problems. *Psychology and Psychotherapy, 79*, 215-27. Retrieved from

<http://search.proquest.com.ezproxycanterbury.ac.nz/docview/218900316?>

accountid=14499

- Peterson, D. R. (1991). Connection and disconnection of research and practice in the education of professional psychologists. *American Psychologist*, *46*(4), 422-429. doi: 10.1037/0003-066X.46.4.422
- Peterson, D. R. (1997). *Educating professional psychologists: History and guiding conception*. Washington, D.C: American Psychological Association. doi:10.1037/10229-000
- Peterson, Z. D. (2009). What is sexual empowerment? A multidimensional and process-oriented approach to adolescent girls' sexual empowerment. *Sex Roles*, *62*, 307–313. doi: 10.1080/09614520802030383
- Querimit, D.S., & Conner, L.C. (2003). Empowerment psychotherapy with adolescent females of color. *Journal of Clinical Psychology*, *59*(11), 1215-1224. doi: 10.1002/jclp.10212
- Rappaport, J. (1981). In praise of paradox: a social policy of empowerment over prevention. *American Journal of Community Psychology*, *9*(1), 1-25. doi: 10.1007/BF00896357
- Reininger, B.M., Pérez, A., Aguirre Flores, M.I., Chen, Z., & Rahbar, M.H. (2012). Perceptions of social support, empowerment and youth risk behaviors. *The Journal of Primary Prevention*, *33*(1), 33-46. doi: 10.1007/s10935-012-0260-5
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, *55*(1), 5-14. doi:10.1037/0003-066X.55.1.5
- Scales, P.C., Benson, P.L., & Roehlkepartain, E.C. (2011). Adolescent thriving: The role of sparks, relationships, and empowerment. *Journal of Youth and Adolescence*, *40*(3), 263-277. doi: 10.1007/s10964-010-9578-6

- Scheel, M.J., Davis, C.K., & Henderson, J.D. (2013). Counsellor use of client strengths: A qualitative study of positive processes. *The Counseling Psychologist, 41*(3), 392-427. doi: 10.1177/0011000012439427
- Schunk, D. (1991). Self-efficacy and academic motivation. *Educational Psychologist, 26*(3), 207-231. doi: 10.1207/s15326985ep2603&4_2
- Schunk, D.H., & Miller, S.D. (2002). Self-efficacy and adolescents motivation. In F. Pajares & T. Urdan (Eds.) *Academic motivation of adolescents*. Greenwich, CT: Information Age.
- Schunk, D. H., & Swartz, C. W. (1993). Goals and progress feedback: Effects on self-efficacy and writing achievement. *Contemporary Educational Psychology, 18*(3), 337-354. doi: 10.1006/ceps.1993.1024
- Smetana, J.G., Campione-Barr, N., & Metzger, A. (2006). Adolescent development in interpersonal and societal contexts. *Annual Review of Psychology, 57*(1), 255-284. doi: 10.1146/annurev.psych.57.102904.190124
- Springer, D. W., Lynch, C., & Rubin, A. (2000). Effects of a solution-focused mutual aid group for hispanic children of incarcerated parents. *Child and Adolescent Social Work Journal, 17*(6), 431-442. doi: 10.1023/A:1026479727159
- Surland, R. (2010) *Student voices: Self-efficacy and graduating high school*. Unpublished doctoral dissertation, Wichita State University, Kansas, United States.
- Urdan, T.C., & Maehr, M.L. (1995). Beyond a two-goal theory of motivation and achievement: A case for social goals. *Review of Educational Research, 65*(3), 213. doi: 10.2307/1170683
- Viklund, G., Ortqvist, E., & Wikblad, K. (2007). Assessment of an empowerment education program: A randomized study in teenagers with diabetes. *Diabetic Medicine, 24*, 550–556. doi: 10.1111/j.1464-5491.2007.02114.x

- Violeta, E., & Ion, D. (2009). Motivational/solution-focused intervention for reducing school truancy among adolescents. *Journal of Cognitive and Behavioral Psychotherapies* 9(2), 185. Retrieved from <http://jcbp.psychocounselling.ro/>
- Weiner-Davis, M., Shazer, S., & Gingerich, W. J. (1987). Building on pretreatment change to construct the therapeutic solution: An exploratory study. *Journal of Marital and Family Therapy*, 13(4), 359-363. doi:10.1111/j.1752-0606.1987.tb00717.x
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Zimmerman, B.J., & Cleary, T.J. (2006) Adolescents development of personal agency: The role of self-efficacy beliefs and self-regulatory skill. In F. Pajares & T. Urdan (Eds.) *Self-efficacy beliefs of adolescents*. Greenwich, CO: Information Age.

APPENDIX A: LIST OF THEMES

Theme 1: Helping clients to discover knowledge of and develop their own strengths and resources

This theme refers to the way in which I was able to bring the client's awareness to times in their lives when they had been able to generate their own ideas about what might help and had successfully put these ideas into action (exceptions). An important part of my guiding conception is to assist the client to discover their own strengths and resources. Only when people develop self-awareness can they feel empowered or hopeful that change is possible, and are able to move from problem or deficit focused talk to solution-talk.

Theme 2: Helping clients to feel empowered by their strengths and resources in order to bring about change

Through the beliefs and concepts held within my guiding conception I am able to help clients to face and overcome adversity by assisting them in not only developing their own strengths and resources but how they can use these to generate future solutions and bring about change. In a sense I work to empower clients with the tools to access and use their own strengths and resources. Solution-focused counsellors seek to develop positive feelings in clients allowing a paradigmatic shift from problem to solution-talk, empowering clients to use these resources to figure things out.

Theme 3: The therapeutic relationship; being able to 'just talk' and having a sense of their voice/opinion being heard and valued

This theme involves making the relationship between therapist and client the focus of treatment. This is considered an important technique across many counselling modalities. The relationship can be used for many reasons but in this research it was important for client engagement and to my guiding conception in order to work in a solution-focused way. Clients described how it was nice to be able to come and talk, and to feel truly cared about.

Theme 4: The benefits of a positive frame of mind

This theme was particularly evident with three of the clients. They all recognised and commented on thinking with a more positive frame of mind. They were

looking for the positives and found there were many more good days, because working hard to maintain a positive frame of mind, generated positive emotions and mood.

Theme 5: The importance of support networks especially connections to family

This theme involves the role of family in client empowerment. Many clients described either a deep closeness to either Mum or Dad. This connection gave them the support they needed to act on their resources. One client was not able to describe a close connection with either Mum or Dad and this is what had brought her to therapy, she wanted to develop the closeness in this relationship and to feel more supported by Mum.

Theme 6: Need to stop and think about things/be encouraged to

This theme refers to the need for young people to be able to stop and think. According to neuroscience research this can be difficult for young people due to biological challenges associated with brain development. One client in particular commented on how she didn't stop to think about things early enough and often left it to the last minute.

Theme 7: Having a strong belief in self.

This theme involves the clients having a new belief in their own abilities, or having a stronger sense of being able to work on developing their own abilities. This was also reflected in this research in terms of clients recognising that they can take on a challenge and in doing so can reap significant rewards.

Theme 8: The importance of feeling accepted and valued by peers

This theme demonstrated the importance of peer support, as well as feeling listened to and offered sound advice from peers. This was also a way in which clients felt they were able to build close relationships with peers in being able to feel confident to seek help from peers without judgement.

**APPENDIX B: ETHICS APPROVAL, INFORMATION SHEETS &
CONSENT FORMS**

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



Ref: 2013/35/ERHEC

8 July 2013

Tina Duff
College of Education
UNIVERSITY OF CANTERBURY

Dear Tina

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "Adolescent's descriptions of empowerment as experienced through solution focused therapy" has been granted ethical approval.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 6 July 2013.

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

If you have any questions regarding this approval, please let me know. We wish you well for your research.

Yours sincerely

Nicola Surtees
Chair
Educational Research Human Ethics Committee

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

HUMAN ETHICS COMMITTEE

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

Ref: 2013/35/ERHEC



31 July 2013

Tina Duff
College of Education
UNIVERSITY OF CANTERBURY

Dear Tina

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "Adolescent's descriptions of empowerment as experienced through solution-focused counselling" has been granted ethical approval.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 6 July 2013.

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

If you have any questions regarding this approval, please let me know. We wish you well for your research.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nicola Surtees'.

Nicola Surtees
Chair
Educational Research Human Ethics Committee

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

HUMAN ETHICS COMMITTEE

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

Ref: 2013/35/ERHEC



18 September 2013

Tina Duff
College of Education
UNIVERSITY OF CANTERBURY

Dear Tina

I am very pleased to inform you that your application for an amendment to the research proposal “Adolescent's descriptions of empowerment as experienced through solution-focused counselling” has been granted ethical approval from the Educational Research Human Ethics Committee.

Please note that should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval, please advise. We wish you well for your continuing research.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nicola Surtees'.

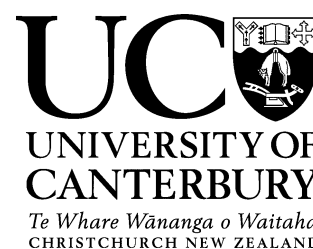
Nicola Surtees
Chair
Educational Research Human Ethics Committee

“Please note that Ethical Approval and/or Clearance relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval or clearance by the Ethical Clearance Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research.”

Telephone:

Email:

30th July 2013



Adolescents' Descriptions of Empowerment as Experienced through Solution-Focused Counselling

Information Sheet for Participants

My name is Tina Duff and I am your new Guidance Counsellor. I am also a Master of Counselling student at the University of Canterbury. As part of my Masters course I am required to complete a research project. In my work with adolescents I have been impressed by their ability to use strength-based strategies to improve their problem solving and/or develop coping skills. I am particularly interested in how the counselling process may lead to enhanced self-efficacy, where adolescents have greater confidence to generate solutions and solve problems.

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

- Complete a short screening questionnaire, one independently and one collaboratively with me, looking at how things are going for you.
- Take part in an initial session with me, so that we can get to know each other. You will also be given the opportunity to talk about what self-efficacy means to you. This will take approximately 30 minutes. This session will be video recorded.
- Take part in regular counselling sessions (a maximum of 5), once a week, during school hours, of which the exact time will be determined by us. These sessions will be video recorded.
- Regularly fill out a 'Me and My World' booklet. I will keep all booklets at the end of the study. Booklets can be copied and given to you at the completion of the study, if you so wish.
- Take part in a final semi-structured interview with the Head of Guidance, therefore he will be the only other member of staff aware of your participation. This will involve some questions related to your experiences of counselling. This will take approximately 30mins. The interview will be video recorded.

Please note that participation in this study is voluntary. If you do participate, you have the right to withdraw from the study at any time without penalty. I will do my best to remove any information relating to you, providing this is practically achievable.

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

I will take particular care to ensure the confidentiality of all data gathered for this study. I will also take care to ensure your anonymity in presentations and publications of the findings. Video recordings will be viewed, transcribed and analysed by me, and will be kept on a password protected USB. It may be necessary for my primary research

supervisor, Judi Miller, secondary supervisor, Shanee Barraclough, and/or my clinical supervisor,, to view some video recordings for supervision purposes. All of the data will be securely stored in password protected facilities and locked storage at my home for 5 years following the study. It will then be destroyed.

In our initial session, we will discuss confidentiality further. In general what is said during our sessions will remain between me and you. But if I become concerned about your safety or the safety of those around you, I will need to inform the Head of Guidance and possibly your parents. Any decisions to break confidentiality will be discussed with you first.

The results of this research may be used to provide others in helping professions with strategies to work effectively towards the empowerment of adolescents, ultimately leading to positive life outcomes for young people throughout New Zealand. The results will be submitted to my primary and secondary supervisors and may also be reported nationally at conferences and in journals. All participants will receive a short report on the study.

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

If you agree to participate in this study please complete the attached consent form and return it to me, in person, by Monday 12th August, 2013.

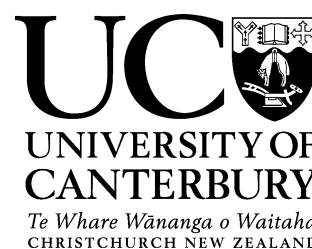
I am looking forward to working with you and thank you for considering participating in this research.

Tina Duff
Researcher

Telephone:

Email:

30th July 2013



Adolescents' Descriptions of Empowerment as Experienced through Solution-Focused Counselling

Consent Form for Participants

I have been given a full explanation of this project and have been given an opportunity to ask questions.

I understand what will be required of me if I agree to take part in this project.

I understand that my participation is voluntary and that I may withdraw at any stage without penalty.

I understand that any videos taken of me, information or opinions I provide will be kept confidential to the researcher, her clinical, primary and/or secondary supervisors, and that any published or reported results will not identify me.

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

I understand that I will receive a report on the findings of the study. I have provided my email details below for that.

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

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

Name: _____

Date: _____

Signature: _____

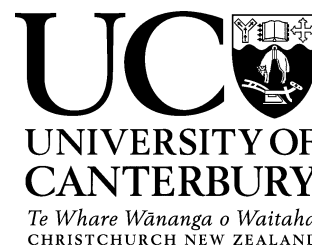
Email address: _____

Please return this completed consent form, in person, to Tina Duff by Monday 12th August, 2013.

Telephone:

Email:

30th July 2013



Adolescents' Descriptions of Empowerment as Experienced through Solution-Focused Counselling

Information Sheet for School Principal

Dear

As previously discussed, I would like to work with a maximum of five students from your school as participants in a research project on adolescents' descriptions of empowerment through solution-focused counselling. This project is a requirement of a Master of Counselling degree at the University of Canterbury. In my solution-focused work with adolescents I have been surprised by their ability to use strength-based strategies to improve their problem solving and/or develop coping skills. As well as the generation of new insights, I am also interested in adolescents' interpretation of their ability to do this. I am particularly interested in how the counselling process may lead to enhanced self-efficacy, where adolescents have greater confidence to generate solutions and solve problems leading to positive life outcomes.

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

- Complete a short screening questionnaire, one independently and one collaboratively with me.
- Take part in an initial session with me, so that we can get to know each other. Students will also be given the opportunity to talk about what self-efficacy means to them. This will take approximately 30 minutes. This session will be video recorded.
- Take part in regular counselling sessions (a maximum of 5), once a week, during school hours, of which the exact time will be determined by the student and me. These sessions will be video recorded.
- Regularly fill out a 'Me and My World' booklet. I will keep all booklets at the end of the study. Booklets can be copied and given to participants at the completion of the study, if they so wish.
- Take part in a final semi-structured interview with the Head of Guidance, therefore he will be the only other member of staff aware of participants identities. This will involve a series of reflective questions related to the participant's experiences of counselling. This will take approximately 30mins. The interview will be video recorded.

Please note that participation in this study is voluntary. If a student chooses to participate, he/she has the right to withdraw from the study at any time without penalty. You also have the right to withdraw students at any time. I will do my best to remove any information relating to any withdrawn student, providing this is practically achievable.

I will take particular care to ensure the confidentiality of all data gathered for this study. I will also take care to ensure student's anonymity in presentations and publications of

the findings. Anonymity of both the school and the participants is assured as I will systematically use pseudonyms to identify the school and the individuals. Video recordings will be viewed, transcribed and analysed by me, and will be kept on a password protected USB. It may be necessary for my primary research supervisor, Judi Miller, and/or my clinical supervisor,, to view some video recordings for supervision purposes. All data will be securely stored in password protected facilities and locked storage at my home for 5 years following the study as required by the College of Education. It will then be destroyed.

The results of this research may be used to provide others in helping professions with strategies to work effectively towards the empowerment of adolescents, ultimately leading to positive life outcomes for young people throughout New Zealand. The results will be submitted to my primary and secondary supervisors and may also be reported nationally at conferences and in journals. All participants will receive a report on the study.

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

If you agree for students to participate in this study please complete the attached consent form and return it to me by Monday 12th August, 2013.

I am looking forward to working with your students and thank you in advance for your contributions to the project.

Tina Duff
Researcher

Telephone:

Email:

30th July 2013



Adolescents' Descriptions of Empowerment as Experienced through Solution-Focused Counselling

Consent Form for School Principal

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

I understand that the student's participation is voluntary and that I may withdraw students at any stage without penalty.

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

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

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

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

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

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

Name: _____ Date: _____

Signature: _____

APPENDIX C: RATING SCALES

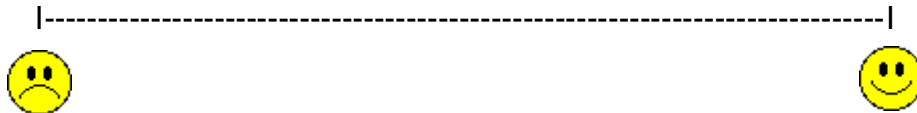
Outcome Rating Scale (ORS)

Name (first name only): _____ Counsellor: _____

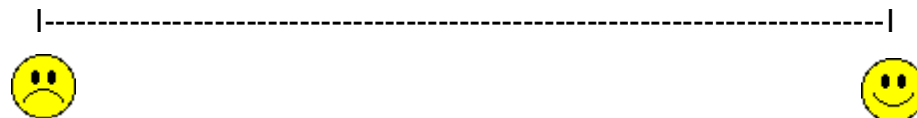
Date of interview: _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good.

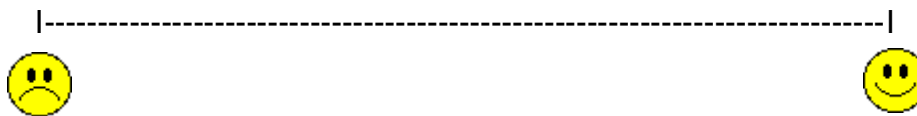
Me
(How am I doing?)



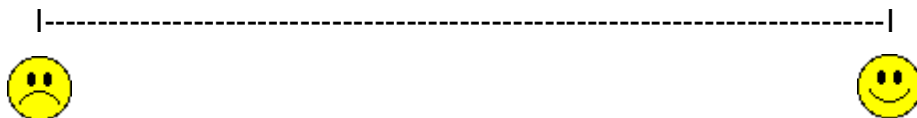
Family
(How are things in my family?)



School
(How am I doing at school?)



Everything
(How is everything going?)



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

www.talkingcure.com

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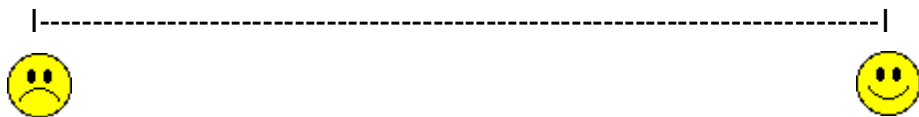
Adapted Outcome Rating Scale

Name (first name only): _____ Counsellor: _____

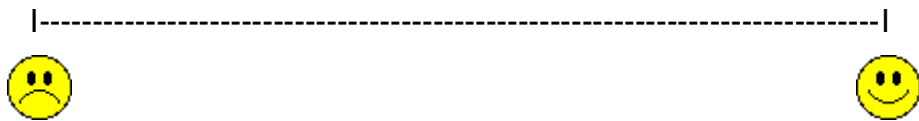
Date of interview: _____

How confident are you that you can do something about each of these aspects of your life? i.e. how confident are you that you can do something to make things better?

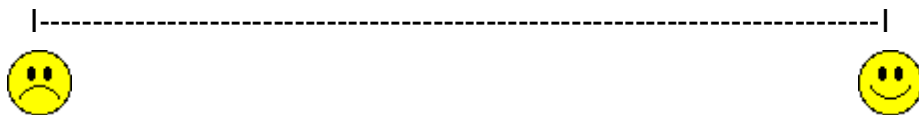
Me
(How am I doing?)



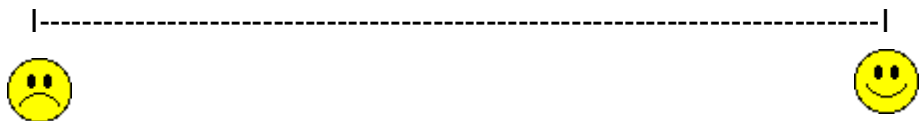
Family
(How are things in my family?)



School
(How am I doing at school?)



Everything
(How is everything going?)



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

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Counselling Session Rating Scale (SRS)

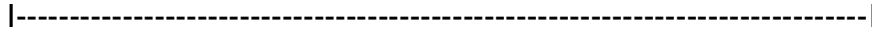
Name (first name only): _____ Counsellor: _____

Date of interview: _____

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

Listening

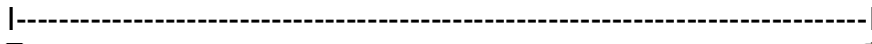
_____ did not always listen to me.



_____ listened to me.

How Important

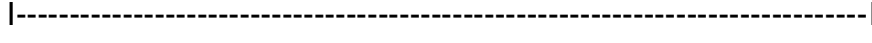
What we did and talked about was not really that important to me.



What we did and talked about were important to me.

What We Did

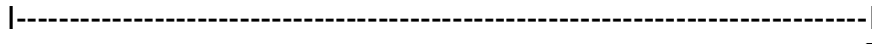
I did not like what we did today.



I liked what we did today.

Overall

I wish we could do something different.



I hope we do the same kind of things next time.

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

www.talkingcure.com

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APPENDIX D: FINAL SEMI-STRUCTURED INTERVIEW

Since the beginning of your sessions:

Have things been better?

If no, what's happening for you now? How have things stayed the same? How have you managed to keep them from getting worse?

If yes, what's been better?

How are you able to say its better? How did that happen?

Is there anything that you did, ideas you gave, decisions you made, that have resulted in things getting better?

How did you manage to do that?

Have you learnt anything about your ability to solve problems during your sessions?

How might you use what you have learnt to solve future problems?

How will you do this?

APPENDIX E: PARTICIPANT 'ME AND MY WORLD' BOOK

Write about something that "came up" for you during the week, this could be something "all goods" or something "not so good". (It doesn't matter if you can't answer all the questions!)

- 1) What was it?
- 2) How did it affect you?
- 3) What did you do about it?
- 4) How did you manage to do that?