# INFORMING THE PRACTICE OF A NOVICE

# COUNSELLOR BY ADAPTING THE

# MIRACLE QUESTION FOR NEW ZEALAND

# YOUTH

A thesis submitted in partial fulfilment of the requirements for the

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**Abstract**

This thesis is a story of part of my journey as a novice counsellor, engaging with the miracle question sequence, a tool of Solution-Focused Brief Therapy (SFBT). The original miracle question, developed by Steve de Shazer, Insoo Kim Berg and their colleagues, was intended to help a client shift from being 'stuck' to feeling enabled to move forward (de Jong and Berg, 2013).

The aim of this study was to capture the development of the miracle question sequence of Solution-Focused Brief Therapy with young people in Aotearoa/New Zealand. Five young people volunteered to participate in my reflective research, which involved a counselling session, in which I introduced an adapted miracle question and asked them to complete a Session Rating Scale (Duncan, Miller, Sparks, Johnson, 2003). I also asked them to comment on the adapted miracle question. These counselling sessions were videoed and analysed with a particular focus on participants' shaping and articulation of the miracle question sequence. Through a qualitative interpretive analysis, I was able to retrieve rich data that exemplified the co-construction in which the participants and myself engaged. Clients also said that they enjoyed using the adapted miracle question, felt heard and liked thinking about their future and preferred future in a novel way.

Through further reflection on the analysis I was able to describe some key elements of this co-construction that have informed my practice with the miracle question. Further, I discuss this with respect to the vulnerabilities of a novice counsellor when she/he feels 'stuck'. Implications for other counsellors are also considered.

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**Table of Contents**

**Chapter 1**

**Introduction**

This thesis is about my practice of Solution-Focused counselling/therapy. The essence of Solution-Focused Brief Therapy (SFBT) is that it is client directed. Rather than focusing on a client's problem Solution-Focused practitioners focus on what the clients are saying with the primary purpose of assisting them to a more preferred future mindset (Shennan, 2014). One method of helping clients with this shift in focus is for the counsellor to use a skill called the miracle question. One of the founders of Solution-Focused Brief Therapy, Insoo Kim Berg, created the miracle question when she responded to a client who exclaimed: "That would take a miracle". Berg followed this exclamation by asking the client to describe her future life without the problems that brought her to therapy. From this interaction developed the formulation of the miracle question, discussed later (de Jong & Berg, 2013).

Throughout my counselling practice in secondary schools, I have often found myself captured by the creativity and expressions of the students I work with. Their creative minds have encouraged me also to begin being creative with the Solution-Focused Brief Therapy model. I knew I wanted my thesis to be something of interest, that would spark my creativity and push my limits, the question remained what would? Just over a year ago, a class colleague began expressing her love of the miracle question. She admired the scenarios and new futures that were created through this process and how she could not imagine a counselling world without it. I, on the other hand, did not share this view of the miracle question. I found it prescriptive and felt that it did not fit with my young clients or me. Nevertheless, our difference in opinions sparked my interest, and the idea of this thesis was born. I started to question whether I may be able

to bring creative elements to the miracle question. I looked for literature on ways that practitioners might have adapted the miracle question and found very little.  Due to minimal information relating to this particular topic, I became very attracted to the idea of adding to this literature. Works by Strong & Pyle (2009), and Ratner, George & Iveson (2012) have assisted in my understanding of current practice-based adaptations of Solution-Focused techniques. I will discuss the works of Strong & Pyle (2009), and Ratner et al. (2012) in detail further on; including the idea of the miracle question as a sequence.

In this research, I aimed to use my reflective practice, and feedback from my participants to explore what I hoped was an adaptation of the miracle question. I intended to answer the call for more practice-based evidence research in New Zealand counselling.

In this practice-based research, I have examined the contributions of five participants who explored and co-constructed the miracle question with me, the counsellor. Through this research, I have gained a greater understanding of some creative links that occur in the clients' process of the miracle question. My experience of this process enhanced my practice.  My hope is that this study will extend my understandings and skills as a solution-focused practitioner and will enable me to work more efficiently and creatively with adolescents. I also hope that the findings from this research may be useful for solution-focused counsellors working with teenagers, and assist them to work effectively in this area.

**The Research Questions**

Exploring my use of the adapted Miracle Question with New Zealand Youth

1.  How do I use an adapted Miracle Question sequence?

2.  When is the sequence most effective?

3.   How do my clients respond to the Miracle Question Sequence?

4.   What is the counsellor's experience of this process?


There are two parts to this study: first, the collaborating process that underpins co-constructed dialogue of the miracle question and second, the experience and development of the researcher. The main research question is sufficiently broad to allow for the emergence of helpful observations through interpretive analysis of the data.

In Chapter 2, I will review the literature that is most relevant to my research questions.  In Chapter 3, I will outline the methodology used to inform the data collection and analysis. Also in this section, I will describe the way in which I conducted the research.  In Chapter 4, I will introduce participants, using their words, and interpret sections from their therapeutic session related to the miracle question sequence, followed by participants' feedback from the session, specifically the miracle question. Also in this chapter, I will engage in reflection of my own participation in the miracle sequence and of my view of each client's feedback. In Chapter 5, I will discuss key findings from Chapter 4.  Lastly, in Chapter 6, I will discuss limitations and future advancements to the study.

**Chapter 2**

**Literature Review**

The focus of this research is on using a specific counselling technique from a particular counselling approach with New Zealand adolescents. In this section, I first describe the parameters of adolescence. I then describe how school guidance counselling in secondary education is provided to address the counselling needs of adolescents. Within this context, I also consider the particular responsibilities of school counsellors in New Zealand to work within the principles of the Treaty of Waitangi. I also explore the world of a novice counsellor. Finally, I briefly describe the principles and techniques associated with Solution-Focused Brief Therapy and highlight the ways in which it aligns with the developmental needs of New Zealand adolescents. These areas comprise important underpinnings of my work as a counsellor in secondary schooling in New Zealand and the review helps me consider influences on both my counselling practice and this research.

**Adolescence and its Parameters**

The definition of adolescence is not static.  Most literature refers to adolescence as a critical transition period between childhood and adulthood (Barrett, 1996; McWhirter et al., 1994) and some research considers that the term between the ages of about 10 to 19 years (Barrett, 1996; Greenberg, 2004). Other researchers focus on the biological and social changes experienced by adolescents (Greenberg, 2004; Steinberg, 2005). Historically, there have been different interpretations of the duration and chronological age used to measure this period and some authors have considered that

determining factors are various cultural expectations and some variability of socio-economic conditions (Cicognani, 2011). Nevertheless, the developmental aspects of adolescence such as physical, cognitive, emotional and social-behavioural developments have stayed the same (McWhirter et al., 1994).

Many researchers adhere to Erikson's theory of ages and stages (Arnett, 2000) and consider that adolescence comprises three key stages that are indicated by varying developmental experiences. These three stages are early adolescence, middle adolescence and late adolescence (Barrett, 1996; Larson, 2000).

According to these researchers, early adolescence, the first stage of adolescence, is defined chronologically between 10 to 14 years of age (Denger, 2006; Riley, 2011). During this stage the onset of puberty is apparent, physical changes and importance of appearance become the primary focus. Throughout this stage, curiosity is also the main characteristic for adolescents (Barrett, 1996; Cicognani, 2011; Gardner & Steinberg, 2005). This interest may lead to first engagements of risky social behaviours such as alcohol and drug use, sexual curiosity and admiration of those valued within society (Cicognani, 2011; Riley, 2011).  Early adolescents begin to hold friendships of high value over a familial relationship, and they start to analyse and identify faults in others, which are commonly seen as acting-out behaviours (Barrett, 1996; Greenberg, 2004). Engaging in behaviours, which test adolescents' surroundings, promotes their ownership of their well-being and a wary openness to their environment (Greenberg, 2004). Emotions are an important foundation as they inform an adolescent's values and goals, while also teaching them to reflect and minimise themselves (Greenberg, 2004). Larson (2000) promotes the view that a great tool for practitioners who are working with early adolescents is to align with their curious mind and assist adolescences in an understanding of deep thought.

Looking at Erikson's psychosocial developmental theory, middle adolescence occurs during the ages of 15 to 17 years (Barrett, 1996; Larson, 2000). Accordingly, the characteristics that are most prominent during this time are that physical puberty has completed and a sense of physical appearance both personally and socially is of the utmost importance (de Anda, Bradley, Collada, Dunn, Kubota, Hollister, Miltenberger, Pully, Susskind, Thompson & Wadsworth, 1997; Choudhury, Blakemore & Charman, 2006; Schwartz, Maynard & Uzelac, 2008). Relationships are a constant and significant focus during middle adolescence as the young people make sense of the changing world around them (Cicognani, 2011). A sense of security develops as friendship groups, and peer groups transform. Friendship groups are the primary source of trust and confidences to an adolescent during this time (Barrett, 1996; Cicognani, 2011). A familial relationship is seen as a restrictive element to letting an adolescent be independent in the world (Barrett, 1996). As my research involves counselling work with participants in this age range, I realise how important it is to reassure the clients of confidentiality, as a sense of maturity and ownership is relevant to youth at this stage (Barrett, 1996). The clients I see at secondary school are of early and middle adolescence; the following will discuss key features that underlie the issues they may bring to a counselling session.

The millennial generation is considered to be those who reach adulthood during the 21$^{st}$ century. The term 'Millennials', builds upon the values instilled by their parents, the 'Baby Boomers' while addressing perceived voids left by the previous generation (Elam, Stratton & Gibbson, 2007). According to Elam et al., (2007) the key characteristics of a millennial are hardworking, socially supportive, and having a potentially positive influence on society. Millennials have engaged confidently in

academic ventures while also being generous and practical and the internet is their

milestone  (Elam et al., 2007; Howe and Strauss, 2000; Ng, Schweitzer & Lyons, 2010).

Due to their ability to explore and gather information on the Internet, a millennial has a

higher understanding of their wants and needs, but also an increased ability to compare

to the norm (Ng et al., 2010).  Furthermore, this access to the internet contributes to the

suggestion that instant gratification is a fundamental experience appreciated within all

stages of adolescence (Turner, 2015).

According to de Anda et al., (1997) the degree to which adolescents in the late

90s were exposed to stressors was greater in number than earlier generations.  This

suggests that adolescents in 2010 will be exposed to even greater number of stressors.

Technology advances have reshaped the way people behave online, creating some

challenges in New Zealand (Netsafe New Zealand, 2016). Netsafe New Zeland is a non-

profit organisation, supported by the Ministiry of Justice, to assist schools and families

with information about online-safety and reporting of cyberbullying. In 2015, the

Harmful Digital Communications Act was passed to provide an efficient and affordable

legal avenue to acquire assistance if someone is receiving serious or repeated harmful

digital communications (Netsafe New Zealand, 2016). Under the Act, Netsafe will be

able to advise if there is anything that can be done to stop the abuse, work with those

involved to stop it and liaise with online content hosts to remove harmful content

(Netsafe New Zealand, 2016).

Research addressing adolescent stress has found the adolescent's life is

impacted mostly by an accumulation of daily occurring stressors. These stressors have

the most impact when those in the adolescents' cohort are also affected by the stress

(Armacost, 1989; de Anda et al., 1997). In 1997, de Anda and colleagues examined

adolescents' perceptions and identification of stress and their abilities to implement

various coping strategies. Overall de Anda et al. (ibid.,1997) found school related stress as the greatest and most demanding of an adolescent's time. While the importance of relationships is a high priority for students at secondary school, there is also concern about doing well academically and, possibly in sport.

**School Guidance Counsellors**

Guidance and counselling in New Zealand Secondary Schools are considered to have been introduced in the early 1960s. At that time guidance counsellors were appointed by the Ministry of Education, as a remedial position to work with 'delinquent students' in the school (Crowe, 2006). Teachers who were selected for the specialist role were given extra guidance training in psychological services and counselling (Hermansson & Webb, 1993). Overtime ministerial funding and schools' needs to have changed; a pastoral system is regarded as a pivotal role in all secondary schools across New Zealand. Counsellors are part of this pastoral support team, assisting adolescents who are experiencing a range of well-being aspects that impact on their school life. Some of these aspects are self-esteem, self-efficacy, satisfaction in multiple areas and resilience. With an increased awareness of mental health nationally, counsellors are engaging assistance from a variety of outside governmental agencies to address the well-being of students (Crowe, 2006).

A guidance department is unique to each school. Most schools have at least one counsellor, and a careers advisor as these roles are regarded as separate entities. Historically, there was a formula where the number of guidance counsellors in a school depended on the number of pupils (1 guidance counsellor per 200 students) (Hermansson & Webb, 1993). Also, counsellors in schools were teacher-trained;

however due to specialised programmes and the New Zealand Association of Counsellors' guidelines this requirement is now changing.  The role of guidance in schools is to provide an emotionally safe environment with a positive atmosphere that enhances a nurturing environment led by caring attitudes, warm relationships between staff and students (Crowe, 2006). It is also to provide an efficient and confidential service to students and the school community.

Guidance counsellors can play a significant role in helping schools achieve a safe emotional environment (Crowe, 2006).  This role may mean assisting new students with the transition to the school, liaising with students and staff during a conflict and providing continued support throughout the school year. A guidance system is a foundation of support; therefore a counsellor may be called upon during an emotional time such as student death or suicidal ideation. In these instances, it is important that sound and fully resourced assistance is given. As part of their ethical practice, guidance counsellors abide by a code of ethics and the school's guidelines for such events. Thus, a person who communicates clearly and thoughtfully while keeping calm is essential to the role of guidance.

A recent study conducted in New Zealand about students' perspectives on school counselling has evaluated school counselling as helpful across some stressors in their lives (Crocket, Kotze & Peter, 2015). Through self-report measures of a small sample, students reported counselling had assisted them in managing anxieties, feeling more confident and improving or removing unhealthy relationships. New Zealand students felt that accessing a confidential service was simple, and the varieties of this service scoped beyond counsellors (Crocket, et al., 2015).

Reading the history of counselling in secondary schools including recent research on the positive view and accessibility of school counsellors in New Zealand has

helped me recognise the apparent ease that some students have about using counselling services. It has also highlighted the most common issues that adolescents present to a School Guidance Counsellor.

**Working Under the Treaty of Waitangi**

As a country, New Zealand has a uniquely respected relationship between the Crown and the indigenous people (Māori). A national peace treaty, the Treaty of Waitangi was signed between both parties on the 6th of February 1840 assuring partnership and shared access to resources, respect for Māori customs while also promising law and order. However, at the time of the signing, the differences between the two populations were not addressed.  Most notably there was a lack of shared understanding of the Crown's meaning of partnership and an assumption, by the Crown, of homogeneity of Māori people, disregarding the different tribes and cultures which live within them (Webb, 2000). In 1975, a Treaty Tribunal was established by the government with the aim of redressing some of the land claims that had been taken from Māori.  As a consequence, other governmental institutions were encouraged to acknowledge the Treaty principles of partnership, participation and protection within their duties and policies.

With respect to counselling, there appear to be diverse interpretations of how best to align with the Treaty (Crockett, 2013).  One important area of concern for New Zealand counsellors has been the provision of suitable services for Māori. It is important to note, due to the Western origins of most therapy techniques including solution-focused brief therapy, that standard counselling approaches may not fit within Māori cultural belief systems and risk, therefore, contributing to ongoing disempowerment

(Crocket, 2009; Webb, 2000). Furthermore, one controversial aspect is that of confidentiality as Māori customs surrounding confidentiality are different from those expected in the European community. Counselling educators have recommended that counsellors be culturally sensitive and invite clients to discuss sessions with those they see fit in their community and gain permission to discuss so with important figures (Webb, 2000). Although Webb (2000) is directly referring to the clients counsellors work with, many counsellor educators consider it to be the duty of counsellors to be in partnership and participate freely and respectively with not only Māori clients, but also all clients (Crocket, 2013).

This literature on counselling and the Treaty helps me consider how best to be in partnership with my counselling and research.


**A Novice Counsellor**


The term novice is often used in literature as a process of a new professional who is supported during the transitional period from academic preparation to a professional practitioner (Curry & Bickmore, 2013; Stith, Miller, Boyle, Swinton, Ratcliffe & McCollum, 2012). Much of this research has stemmed from Thomas Skovholt and Michael Rønnestad's (2003) development stages of a practitioner. According to Skovholt and Rønnestad (*ibid*) a practitioner moves through a series of development stages; the beginning student, the advanced student, the novice professional, experienced professional and senior professional. Each of these steps shows a shift in attentional focus, emotional functioning, confidence and competence. The importance of reflection for professional growth also becomes apparent during this development (Rønnestad & Skovholt, 2003).

The novice professional stage is described as an engaging and intense phase where the novice counsellor may experience a sense of self in the therapy world by the process of pruning and adding to conceptual knowledge (Rønnestad & Skovholt, 2003). An aspect of the novice phase I most identify with is the realisation of my personality unfolding in my work. This research encapsulates my personality, as my want for the adaptation of the miracle question is rooted in my personal experiences. I believe in an honest and transparent session, adapting the miracle question allows me to do so. By noticing how my personality influences my practice, I am beginning to integrate both the personal and professional aspects of my work. This is an indicator of my shift in perspective and my increase in confidence as I consider that I begin to move on from an advanced student to a novice mindset (Rønnestad & Skovholt, 2003). The beginning aspects that define a novice practitioner resonate with my current position and for the purpose of this thesis, this description fits. However, not all aspects regarding a novice stage seem to fit. Rønnestad & Skovholt (2003) state a novice may experience a time where a need for confirmation of the validity of training is needed, followed by the disillusionment with professional training and self. I consider, instead, that these experiences occurred for me during my previous phase of the advanced student. Thus, as each counsellor in training is different, so too will be their development.

There are several stressors that literature has identified as challenges for a novice practitioner. The ambiguity of professional work is regarded as the greatest challenge; however, anxieties around performance, scrutiny from other professionals, rigid emotional boundaries and the need for positive mentors who assist in squashing glamorised expectations and enhance practitioner-self are also important (Skovholt & Rønnestad, 2003). Researchers believe there are fundamental competencies for a novice practitioner. These competencies include improving the rapport skills of empathising,

immediacy and attending for the trainees (Curry & Bickmore, 2013; Delsignore, Petrova, Harper, Stowe, Mu'min & Middleton, 2010, Estrada, 2015).

Among scholars, there is general agreement that the therapeutic relationship is important to therapy and that the quality of this relationship has an impact on therapy regardless of the counselling approach (Skovholt & Rønnestad; 2003). Additionally, various studies have highlighted the importance of the novice counsellors' experiences of the therapeutic relationship to their growth and development (De Stefano, Atkins, Noble & Heath, 2012; Orlinsky, Botermans, Rønnestad, 2001; Owen-Pugh & Baines, 2014; Schwig, La Follette, Steinfeldt & Wong, 2010; Rønnestad & Skovholt, 1992). Skovholt & Starkey (2010) used the metaphor of the practitioner's three-legged stool to help counsellors consider three essential, and epistemological areas of development; academic research, personal life and practical experience. Each of these areas is the strength, and examining each to check their balance is of use to a practitioner. Firstly, the academic research leg is the guideline of how to empirically work with clients; novice practitioners are connoisseurs of research. Therefore, it is important to learn the subjectivity of research (Skovholt & Starkey, 2010). The research leg is then influenced by the practical leg, where the interaction with clients is the greatest source of development (Orlinsky & Rønnestad, 2005). This is where the novice is challenged by empirical knowledge and stories of clients. Navigating through these stories and the overwhelming material is a major step in the stability of this leg (Skovholt & Starkey, 2010). This is where reflective practice in conjunction with empirical research is important (Skovholt & Starkey, 2010). An aspect of this reflective practice is the third leg of the stool; personal life. Practitioners' own worlds, which are rich in experience, are a rich source of knowledge and passion for work. Therefore reflective practice is essential (Skovholt & Starkey, 2010). Skovholt & Starkey (2010) conclude that when

the reality of the therapy room comes to fruition, it can be a confrontational time for the novice. However, each leg of the stool offers insight and instruction to the practitioner as they navigate their way.

According to this literature, an emphasis on a novice's reflective processes in which both self-awareness and the monitoring of this awareness occurs, is essential to the development of a counsellor (Steadmon & Dallos, 2009; Delsignore et al., 2010). For this reason, I will provide a reflective comment throughout my analysis and discussion. These reflections, which I see as a discussion with myself, are intimate and candid and demonstrate my ongoing development.

Given the literature reviewed thus far, it seems important now to describe the context in which the research was conducted. First, the research uses as its data counselling sessions between me and some voluntary adolescent clients at a secondary school. I have already indicated that the literature on adolescent development, school counselling and awareness of Treaty imperatives help guide the research. Further, I have noted that my own professional development is important to monitor. Now, I will provide a description of the approach to counselling that I use; Solution-Focused Brief Therapy.

**Solution-Focused Brief Therapy**

Solution-Focused Brief Therapy (SFBT) is a post-modern therapy technique developed by Peter De Jong and Insoo Kim Berg that focuses on positive attributes of clients to construct their preferred outcomes. It is a future-focused approach that incorporates clients' skills, strengths and competencies as resources to find alternatives to their problems, without focusing on these problems. Solution-focused therapy is

heavily influenced by social construction. The theory of social constructionism was developed within the postmodernism of psychotherapy and counselling following the epistemology of an individual's cognitive process of objectivity and truth (Guterman & Rudes, 2008). Social construction suggests that the recognition of knowledge is socially created, inter-subjective and language based (Guterman & Rudes, 2008; Jones-Smith, 2012).

In Solution-Focused Brief therapy, the therapist adopts the stance of curiosity and 'not knowing' to enable the client to take the role of the expert on their life (Jones-Smith, 2012). In other words, the counsellor helps the client to articulate their way of acting in the world, their interpretation of their problems and their recollection of their resourcefulness. This approach is believed to empower clients to make changes in their lives towards what is termed a 'preferred future' (Hanton, 2011). The use of Solution-Focused Brief Therapy is also considered to be a successful approach with adolescence due to the client focused goal setting and non-assuming basis of theory (Newsome, 2005).

In Solution-Focused Brief Therapy language is a key tool for desired change. The following solution-focused techniques use language as a basis for helping clients shift their focus towards their preferred future (de Jong & Berg, 2013):

• Exception-seeking questions: an encouraging question, which focuses on a time where the problem was absent or less severe. The objective of this issue is to find a time where the client has been able to overcome an issue.

• Problem free talk: Focusing on the client's strengths and abilities while also creating a sense of equality. This equality is the positive relationship between the counsellor and client, where the client is the expert in their own life.

- Coping questions: eliciting information about the client and attributes which may have gone unnoticed to them e.g. 'Despite all of this going on, how have you managed to get here today?'

- Paraphrasing: A tool which is used to summarise the client's thoughts which allow a client to felt heard and re-hear key things they have said e.g. 'So it sounds like listening to music helps you relax'.

- Scaling questions: This technique allows a continued dialogue, which looks to find exceptions and allows the client to look at what they would like their future to be like in a practical way. The client is invited to rate their current position on their constructed scale and where they would like to be on the scale. ' On a day where you are at a higher point on the scale, what would tell you that you were there?'

- The miracle question: see below.

There is a body of research that provides evidence that solution-focused counselling is an appropriate approach in a school setting. Kim and Franklin (2008) note that solution-focused brief therapy is appropriate because it is brief in nature and works well with clients who are experiencing many behavioural and emotional issues, academic problems and social skills. Teachers have reported positive changes in students' behaviour after engagement in solution-focused sessions (Franklin, Biever, Moore, Clemons & Scamardo, 1997; Murphy, 1992). These researchers also note that solution-focused brief therapy is appropriate in schools as it allows counsellors to manage their large caseloads.

The 'miracle question' is a technique developed by de Shazer in the 1980s, and is the main focus of my thesis. This technique is used to help a client shift his or her focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. The miracle question can be regarded as more of a

sequence where ongoing dialogue between therapist and client create a common ground to construct new possibilities (de Shazer & Dolan, 2007). The purpose of the dialogue is to help the client articulate a sense of what he or she would be doing or noticing as different in their lives (after this miracle occurred).

The miracle question sequence is usually asked early in a therapy session to create client directed goals that can be worked on throughout the following sessions and prepare clients to recognise exceptions to the problem (Strong & Pyle, 2009; Stith et al., 2012). Normally the miracle question sequence is delivered as:

" Now, I want to ask you a strange question. Suppose tonight while you were sleeping, a miracle happens, and the problem that brought you to therapy are solved. You are asleep, so, of course, you do not know the miracle has happened. When you woke up the next morning, what would be the first thing that would tell you a miracle had occurred?" (de Jong & Berg, 2003, p. 84)

Though the miracle question sequence is still widely used, researchers have made developments in future-focused practices. The main focus of the adaptation of the miracle question sequence has focused on the key features that help conceptualise the technique.  These key features are the social construction elements and the discussion of dialogue within the therapeutic relationship; an example of this is negotiation with the client using their own language.  An example of this negotiation follows: *"…so if you were to wake up tomorrow and you now feel all of a sudden you were in control of it, you were totally on top of your game. What would that look like?"* (Strong & Pyle, 2009). The phrase 'all of a sudden' and 'control of it' replace the classic phrase of a miracle occurring. Only the client and the counsellor know what 'control of it' refers too as this miracle was constructed from prior conversation. The negotiation of client

language is an important feature of my research, where I have used language indicative of students' worlds.

The focus of my study is to explore my use of the miracle question with New Zealand youth to extend the research of Strong and Pyle (2009), of conversational construction of the miracle question. The aim of Strong & Pyle's (2009) research was to highlight key features they associated with the social constructionist conceptualisation of therapeutic practice. This meant looking at the conversational process, and linguistic resources used, introducing and responding to the miracle question as a sequence. Due to the miracle question eliciting continuing dialogue that is important to the client's preferred future, in my case, I will use the term miracle question sequence. Strong and Pyle (2009) engaged the help of six solution-focused therapists to provide counselling sessions to 12 participants who were university students or employees of the university. After each participant had completed their session, participants independently reviewed their participation of the miracle question sequence. Strong & Pyle (2009), found that relating examples to clients' meaning of the miracle question sequence led to a greater interpretation from the session.

Similar to Strong & Pyle (2009), my interest is in the immediate response and dialogue rather than the whole counselling session. In their study, therapists used language about 'a fresh start' or 'being in control'. These are phrases I have heard my students use. They are about their world; I intend to use the phrases used by my participants to help interpret their understanding of how things might move towards a preferred future. I will also be mindful of the linguistic resources I use which will relate best to my participants.

The work of Strong & Pyle (2009) has encouraged me to begin reflecting on what may work for my student population. This informative reflective process has also

been successful for Ratner et al. (2012), who focus on two philosophical elements when

working in a solution focused way. Firstly, a session's aim is based on what minimally

needs to be done followed by the consistency of outcomes from the client's point of

view. With this in mind, Ratner and colleagues began to reduce the centrality of the

miracle question in their sessions. This adaptation occurred after noticing clients were

able to clearly describe hoped-for outcomes, creating a sense of possibility, through their

descriptions rather than through being asked the normal miracle question. An example

of this is shown through their work with a mother and daughter, whereby the focus was

on what life would be like if their best hopes were achieved, coining the tomorrow

question.

*"If you woke up tomorrow to discover you and your daughter had the relationship you*

*were hoping for, what might be the first sign?"* (Ratner et al., 2012).

The tomorrow question was designed as a preferred future evoking question which

focused on the client's words, giving clients more power (Ratner et al., 2012). I hope,

too, to use reflective observations of my work to adapt the miracle question sequence in

a way that is appropriate for New Zealand youth.


**Evaluation of Solution-Focused Brief Therapy**

        Research on effectiveness of counselling, that is based on social construction,

has several challenges.  The main challenge relates to the fact that meanings are socially

constructed so there is the problem associated with defining the key elements that must

be present for an approach to be counted. Further, there is a challenge associated with

counsellor, and client perceptions of what happened and the effect of what happened

during counselling (Manthei, 2007). And, finally, when Lambert, Whipple, Hawkins,

Verneersch, Nielsen & Smart (2003) conducted a meta-analysis of counselling research and provided an account of factors that are common to all counselling he noted that the counselling approach had the least impact on outcome, and the therapeutic alliance had the most impact.

These challenges are echoed in the work of MacDonald (2011) in his book about findings of researchers who explored the effectiveness of Solution Focused Brief Therapy (MacDonald, 2011). MacDonald (2011) explored 26 research projects and found that majority clients reported satisfactory outcomes.  He also noted that, in some cases it was challenging to determine whether a counsellor was using solution-focused counselling as there seems to be flexibility in the core elements required.

While it was not my intention, in this research, to consider the effectiveness of Solution-Focused Counselling, I was interested in the therapeutic alliance perceived by my clients.  The Session Rating Scale developed by Duncan, Miller, Sparks & Johnson (2003), which assesses the therapeutic alliance, rather than the participants' perceptions of how they are functioning, seemed appropriate for this purpose. The Session Rating Scale (SRS) uses the Solution-Focused technique of scaling to help a client self-report four key aspects of the therapeutic alliance: the relationship connection, the goals and topics covered in the session, the method used, and the client's overall feeling of the session.  Near the end of a counselling session the client is invited to use the SRS to consider aspects of the counselling session that have been helpful. The four aspects are as follows:

- Listening: whether the client felt heard of not.

- How Important: whether topics discussed are important or not

- What We Did: whether the client enjoyed what they did during the session

- Overall: whether the client would like to do something similar next time or try something different.

Participants are invited to mark a point on each of the scales where they feel best represents them. Each scale is 10cm and correlates to a score. All four scores are then added to yield a total score between 0 and 40 (Duncan, Miller, Sparks, Claud, Reynolds, Brown & Johnson, 2003; Manthei, 2015). The total score falls into three categories: 0–34 a poor alliance; 35–38 a fair alliance and 39–40 a good alliance (Duncan & Miller, 2008). Research has demonstrated the reliability and validity of the scale in multiple areas other than psychotherapy outcome (Campbell & Hemsley, 2009; Duncan et al., 2003). Also, Duncan et al. (2003) found the SRS reliability, validity, and ease of workability was at the same depth as longer alliance measurement tools. I intend to use the Session Rating Scale (Appendix A) near the end of my counselling sessions for this research as this will enable me to have a conversation about what the clients considered to be helpful, including my use of an adapted miracle question.

**Summary**

This literature review has identified that there are a number of attempts to develop and change solution-focused brief therapy, especially in the area of preferred future tools such as the miracle question sequence (Pyle & Strong, 2009; Ratner et al., 2012). This area of development is the main area of interest for this research. I have explored the meaning of adolescence and common attributes of adolescents that are helpful for my work with school students, especially the idea that adolescents are attracted to immediate gratification. However, I am cautious that these theoretical ideas may encourage stereotypes that isolate young people who do not conform. Relevant for this idea is the review of young people of Māori (or other) ethnicity. I have also

explored the history of school counselling in New Zealand, which helps explain the relative ease with which some school students appear to access school counsellors, but this is not the case for all groups – and there is a cultural difference.  Since the focus of my research is my use of a particular counselling technique, the miracle question sequence within a counselling approach, I have described the principles of the approach and the purpose of the technique. This has provided the basis of my research focus: "How do I co-construct the miracle question sequence with New Zealand adolescence and how do I and my clients experience this co-constructive process."

**Chapter 3**

**Methodology and Method**

When I decided to explore my use of an adapted Miracle Question, I reflected on my personal background and how this might influence the way I would go about researching this. My interest in the miracle question sequence began shortly after my counselling journey started and reflection has helped me make sense of this aspect of my counselling practice.

I grew up in a middle-class family in a culturally diverse city. This is where my passion for questioning developed. I was enrolled at a Kohanga Reo (Māori kindergarten). Although this experience was enriching it would not be until my 20s that I would understand its impact. As my first educational experience was bicultural, I learnt from a young age how to compare and appreciate differences, this was most evident when I began primary school, and my knowledge of Māori culture and language was beyond my peers. The 13 years of school, from the first year of primary school to my final year of high schooling, were completed under a Catholic education framework. My father's family were all Catholic, and I had completed many of the sacraments of the Catholic faith. However, I did not feel 'religious'. I was me. I gained knowledge of other cultures and religious beliefs, but I was not/am not defined by them.

Given this knowledge, I orient myself as agnostic. I consider this is a crucial part of my assumptions surrounding the miracle question. I assume the term miracle is purely religious oriented. To me, the word miracle is a religiously grounded word. Secondly, it is a challenging concept for me to comprehend therefore I do not believe I can convey it in a way that may be useful to a client. However, I have come to a place where I must learn to put aside my assumptions but acknowledge their presence and impact. This

means being aware of my assumptions as I work with clients, putting their needs and concepts first. This shift has occurred throughout my education as a counsellor in training.

Consistent with my views and interpretation of how my personal experiences have shaped who I am—and continue to do so—my guiding principle is social constructionism.

Social constructionism holds the view that people create their ideas of reality through conversations with others (Guterman & Rudes, 2008). Therefore the essence of social construction is a collaborative approach to developing respective meanings. This encourages me to hold a view that meaning is upheld by social processes and is a product of interactions between people (Burr, 2015).

## Methodology

My interest began with the miracle question coupled with my scepticism around its effectiveness with youth. My uncertainty of the miracle question sequences' fit for New Zealand youth had formed after working in state high schools in New Zealand. The perceived paranormal or religious connotation to the miracle may have meant that students fixated on the word miracle rather than the intent of the question. With that said, my reluctance of the word miracle also played a part in my scepticism. I wanted to explore this realisation in a way that informed my process of thinking and in turn informed my practice. As I have already addressed, there is minimal research on exploring the collaborative alternative to the miracle question sequence. This lack of research, mainly in the area of adolescence motivated me to look into students' perspective and agency in the process of analysis, by allowing them to give feedback on

the miracle sequence aspect of their counselling and identify any changes that could

inform my practice.

As part of the research process, I first needed to decide which research approach

would best suit my research inquiry.  I explored the qualitative approach and decided

that it appeared to be most appropriate.

**Qualitative Research**

Qualitative researchers are concerned with the research that produces a

perspective on people's world, by using a broad spectrum of data such as written or

spoken words and observations. It is an inductive process, which means that the

researcher does not start from a position of knowing, but rather allows participants to

respond to questions the researcher raises in ways that are meaningful to them.  As

Taylor & Bogdan (1998) note, this inductive process is creative and flexible and enables

theories about phenomena to be formulated through analysis of data. This inductive

quality fits well with my research as it allowed me to identify issues from the

perspectives of my participants but also understand meanings of phenomena from

participants' interpretations and my interpretations.

A qualitative approach gives space to address these personal paradigms by

gaining rich and in-depth perspectives through a variety of research materials such as in-

depth interviews, direct observations or written notes. Key characteristics of qualitative

research include a naturalistic setting and participant descriptions with a focus on

process and inductive meanings.  A qualitative approach also often involves face-to-face

encounters, which acknowledge that each of us is unique in our efforts to explore our

experiences of the world rather than the world itself (Clandinin, 2013). These

experiences are constantly variable, personal and self-constructed (Clandinin, 2013;

Luttrell, 2010). Through qualitative research, participants can have a voice. While this voice is documented and recorded by the researcher, the interpretive style of qualitative research suggests that rather than a 'truth', it is an interpretation of reality grounded in the empirical world (Bogdan & Biklen, 2007).

My research took place in the natural setting of a counselling session. As the data included transcripts, feedback forms, and reflective journal notes from the counselling sessions I engaged in with my participants, a qualitative approach was deemed most suitable. This approach allows widening of my angle of view through exploring multiple types of data as my participants, and I construct our snapshot of the miracle question sequence.

Having decided that qualitative research approach was the most appropriate, I needed to decide which form might be most suitable. I considered the narrative approach and the interpretive approach.

**Narrative Analysis**

Narrative research is a contemporary social research methodology, constructed from humanistic and structuralist approaches (Clandinin, 2013; Trahar, 2006). Taking a narrative approach allows for a wider scope by telling a story of an experience (McLeod, 2011). I began to think about my initial assumptions about narratives, the storyline and expressions of the story, leading me to narratives as a story of experience rather than events. As I was intending to use a reflective journal as one data source, this idea of a story of my development seemed to fit.

I kept a reflective journal throughout my study, which allowed me to explore my assumptions and ponder my responses to participants. I was able to reconsider stories in my journal and see them differently because I engaged with them at various times.

Being able to revisit my reflections provided me with the opportunity to engage with my observations from another viewpoint. This reflective practice improved my understanding as a researcher, counsellor and participant. Etherington (2004) recognises that journals often have more than just a focus on the research and record aspects of a person's life that is relevant to the research. Beyond my placement work at a high school, I was also a nanny and university student. The different settings in which I found myself tested my thinking and deepened my interest in the construction of the miracle question sequence. My reflective journal became the place where I contemplated these influences and became the source for thinking, planning and putting into action some of my ideas of ways the miracle question sequence could be used. I had begun to explore the miracle question sequence myself with my stressors in life. While this is outside the range of this research, it highlights how other things that were going on in my life influenced my thinking and ways of working.

Experience-centred narrative research is socially and culturally directed, resting on the assumption that experience can, through stories, become part of understanding rather than a structural analysis approach (Squire, 2013). There are four conceptual elements to the experience-centred approach, which assumes narratives are: sequential and meaningful; definitively human; a reconstruction of experience and expression of experience; and show change (Squire, 2013). I was drawn to a narrative approach because I considered that my development as a counsellor seemed easiest to describe in narrative form. I realised, when collecting the data, however, that my focus on one aspect of the counselling session, the miracle question sequence, meant that the data about my clients was not of a narrative nature.

**Interpretive Approach**

An interpretive approach recognises that individuals' realities are socially constructed through influences of their cultural, historical and personal situations (Davidson & Tolich, 2003). Therefore, a person's viewpoint and experience of reality are subjective. This subjectivity fits well with the adaptation of the miracle question as it acknowledges individual influences. Davidson & Tolich (2003) suggest that interpretation allows researchers to understand interactions through detailed observation of people in their natural settings and interpret how they create meaningful action. This approach allows me to be aware of any potential influence I may have had on this research project (Hennink, Hutter, & Bailey, 2011). My research journal will allow me to reflect on any influence has occurred.

Using an interpretive approach appeared to fit my intention to explore phenomena that relate to my research topic, making sense, interpreting and exploring the meaning that participants are making within the process. As expected in an interpretive approach, the course of the research altered and emerged more fully and precisely as the research process proceeded and I made reflections as the participant-researcher (Lofland & Lofland, 1995). I developed different ways of introducing the miracle question sequence and became more aware of clients' progress and engagement as the research progressed.

Within the qualitative research forms, an interpretive approach to data analysis appeared to align with both my social constructionist position and my research focus.

Consistent with my personal experience and guiding principle, I approached my research data from an interpretive standpoint.  This meant that I would not only observe but interpret interactions with a clear recognition that my viewpoint is a source of data and my interpretations are my key instrument (Bogdan & Biklen, 1998).

Finally, in describing the methodology I have used to guide my research, I note that this research is adding to a body of practice-based evidence research.  I conducted this study on my professional practice in a natural counselling setting. This research bridges the gap between theory and practice as I took on the multiple roles of counsellor, researcher and research participant.

## Methods

In this section, I will describe the methods used in this project, where the study took place and who participated in it.

### Setting

This research project was conducted at a New Zealand co-educational secondary high school, where I was working as an intern counsellor. All sessions took place during school hours in my school office located in the guidance-counselling department.

### Participants and Recruitment

For the focus of my research, I intended to gather data from a small population of 5 students. Students of all ages were eligible for the study; however, due to the reflective component, senior study students, aged 15 to 18 years, and were approached first. The assumption was that senior students would be more reflective not only due to being more developmentally aware but also due to more experience in feedback and questionnaires. An email constructed by my supervisor and I was sent to all senior students (Appendix B) as initial recruitment. A co-construction of the email was

important to keep bias at a minimum. Students were invited to participate and respond to the email if they were interested. From this email, 15 students responded. However, only 5 fit the criteria for the study. I chose to recruit students who were willing to have sessions recorded and also have caregiver consent as per ethical procedure for research in a school setting (Ministry of Education, 2015).

As my intention was to gather data from a small population of students I decided to stop recruitment after these five students were found eligible. Recruiting participants for this study became harder than initially expected. As part of the Ministry of Education guidelines, all students, regardless of age, must obtain caregiver consent before being able to participate in the study. Additionally, the University of Canterbury's Educational Human Ethics Committee requires caregiver consent for those involved in research under the age of 16 years. Guidance counselling in New Zealand schools is available to students without caregiver consent. Due to counselling normally being anonymous, the students' willingness for consent became a condition. However, I do not believe the need for consent compromised the data or the students, though I do feel it is important to note.

I would have liked to include students for whom I did not have consent, as many of the students I worked with this year added a different dimension to my learning and construction of the miracle question sequence; however, this was not possible.

For the purpose of this study, participants were not from my client workload, due to the miracle question sequence needing to be used early in counselling and only once (de Jong & Berg, 2013).

**Participant Researcher**

In this research, I was both researcher and participant. I participated in the counselling process while also gathering information as I observed and reflected on each session (Lichtman, 2013). Each set of data was formed by both me as the participant-counsellor and the participant-client engaging in the counselling session. A part of this process was the use of the adapted miracle question, and the SRS feedback gained. While these techniques were the focus of the session, varying solution-focused techniques were also used, and an emphasis on rapport building was also engaged in.

**Confidentiality and Consent**

Confidentiality and consent are two important aspects of this study. Confidentiality was assured for the students by using pseudonyms. These pseudonyms were randomly assigned in no particular sequence. In this study all clients are assigned female pronouns, regardless of their identifying gender, this assisted in keeping identification at a minimum.

Gaining consent was a crucial aspect of this study due to the school setting and potential age of participants. Consent from both the principal of the school and head of guidance counselling (HoG) at the school was obtained before students were made aware of the study. Every party involved (participants, caregiver, principal and HoG) were given an information sheet, key contacts list and a consent form (Appendix F-I).

As part of the selection phase, I met with potential participants and passed on the confidentiality agreements for the participant caregiver (Appendix G). Each student was given an envelope, this contained research information (Appendix C and Appendix E), consent forms for students and caregivers (Appendix D and Appendix F), a returning

envelope with instructions on where to return the completed documents and also a counselling session appointment time.

The difficulty with consent is it is an on-going process that must be negotiated throughout the study (Miller & Boulton, 2007). I emphasised that participation was voluntary and that they could withdraw at any time without penalty to them.

**Data Collection**

I conducted this study chronologically over a 6-week period. After the recruitment email had been sent out, I met with 15 students for an introductory session. During this session, I gave a brief outline of the study and what was expected of them in terms of time commitment. Each participant needed to dedicate an additional full hour during school hours. In some cases, this meant missing a lesson of study. I also discussed the need for caregiver consent and that this was non-negotiable. Of the 15 students, only 5 met the criteria for the study. This meant they were willing for caregiver consent to be completed, there was no indication of safety issues and they were open to completing a feedback form known as the SRS at the end of their counselling session. At this time I distributed the envelopes with consent forms as previously described. During this session we were able to begin a rapport building processes, in some cases, the students indicated some challenges they were having at that time and that they may be a point of discussion the following week. I completed these sessions within a week after the recruitment email was sent. Students were given a week to hand in all documentation.

I had scheduled counselling sessions over a three-week period. Each of these sessions was video recorded. This enabled me to transcribe each session and reflect on the session(s) before I conducted the remaining counselling sessions. Each counselling

session was set out similarly. I began each session with light introductions followed by a discussion on confidentiality. I also briefly mentioned a feedback form would also be completed at the end of the session. After this students were invited to discuss what had brought them to counselling. From this the miracle question was formulated. As each session drew to an end, I invited students to complete the SRS form we had discussed earlier. The following is an example of how I introduced the SRS *"so now we are at the end of the session, and you may remember at the beginning I mention a wee feedback form? I'm just wondering whether we can complete that now… let's go over the questions together first and then I'll give you some time to do all your answers, then we can have a conversation about it all. How does that sound?"* Also, in the SRS I used I added a question about the miracle question specifically '*When we talked about a time when the problem was gone or diminished, how helpful was that?*' (Appendix A).

After each counselling session, the video recordings were transcribed the following day. The only exceptions to the order were the last two counselling sessions with Alex and Sophie. Due to the timing of the school year, these two counselling sessions were conducted back to back. Also due to time constraints, each student was allocated one counselling session. If the student felt they needed further counselling they were invited to make an appointment time outside of the research. Table 1, shows the order in which I completed data collection.

Table 1: Data Collection Process

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 |
|---|---|---|---|---|---|
| Email co-constructed | Introductory Session conducted | Counselling session with 'Brooke' | Counselling session with 'Tayla' | 'Nadia's' session Reflection & Transcribed | 'Alex's ' session |
| Email sent to senior students | Reflection on the introductory sessions | Reflection and Transcribed | Reflection and Transcribed | Counselling Session with 'Alex' | 'Sophie's session |
| Response emails completed | | | Counselling session with 'Nadia' | Counselling session with 'Sophie' | Reflection and Transcribe of 'Alex' and 'Sophie' Reflection on the research & process |

**Data Analysis**

Data analysis was an interpretive and inductive process requiring me to

continually reflect and adjust my evolving preconceptions. This meant my findings also

evolved as the research was conducted. Scheduling time between each counselling session to reflect and transcribe allowed me to explore how I was modifying the miracle question and incorporate client feedback. Firstly, I engaged in a reflective journal entry. My reflective thoughts were sectioned off, focusing on the miracle question followed by a focus on my counselling practice. This pattern emerged after my first two sessions. Initially I had to planned on a subfocus about my learning, however as a participant in the research it was inevitable. This is a consistent feature of qualitative methodology, as it allows the data to evolve the research (Biklen & Bogdan, 2007; Lichtman, 2013).

In the analysis, I focused on the section of transcript where the miracle question sequence evolved. I highlighted features of the miracle question which were changed while also noting key words and therapy techniques. In the analysis shown in this research I have created a comment bar where I have put these features.

Lastly, I incorporated the client feedback from the Session Rating Scale (SRS). This allowed me to compare the data in the transcript and the Session Rating Scale together. While the Session Rating Scale is a trusted tool for solution-focused practitioners, I found myself aware of the seemingly positive feedback I was receiving. The awareness of significant differences between a client's experience and a counsellor's interpretations was a constant thought throughout this research. Counselling participants can be reluctant to share negative experiences from a counselling session, often-negative experiences of counselling are not shared with the counsellor due to the confrontational nature of the feedback (Cooper, 2008). While this may be the case, another possibility is the clouding of overall positive conclusions. Participants' contextual memory may shift to a collective positive view to all aspects of the session. Due to a participant's positive feeling towards their session, it may become challenging to recall parts that were hindering, especially when this instance may have been minor

(Henkelman & Paulson, 2006). By incorporating measures such as the SRS, clients are encouraged to shift their perspective into a more reflective phase. Duncan & Miller (2000) have found feedback seeking through pencil and paper format to be an effective way to encourage reflective thoughts about counselling sessions. Measures such as the SRS take into account that although a positive response is given, the discussion surrounding this feedback is also promoted. The SRS also contains many different questions that ask about relational and content topics. Many researchers have found the attitudes of the counsellor, targeted interventions and processes concerning the client contribute to a participant's positive feedback (Halstead, Brooks, Goldberg & Fish, 1990; Henkelman & Paulson, 2006).

Although I enjoyed using the SRS, as it is a familiar tool in my practice and covers key aspects of the counselling session, I do wish I had completed this section differently. If I were to repeat a similar study again, I would amend my SRS form. The SRS invites the client to mark on the scale how well they felt the counsellor listened to them. I would like to add a comments section regarding the relationship between the participant and the counsellor. Research has shown how this relationship can be almost more important than the skills and interventions used with clients (Lambert et al., 2003).

**Rigour and Reliability**

Rigour and reliability refers to the trustworthiness and validity a research project has. The study must apply theory to methods used and clearly show what has been done and why it has been done (Mutch, 2013). It is important that the methods of analysis match what is done with all data as it is ensures greater accuracy from the perspective of the researcher, the client and the readers (Creswell, 2014; Long & Johnson, 2000). One way to increase rigour in qualitative research is by collecting data from multiple sources.

This includes session recordings, transcripts, counselling notes and reflective notes (Mutch, 2013; Krefting, 1991).

Multiple sources of data have been used which have provided a rich, detailed data collection allowing triangulation of different data sources. Transcripts of video recorded counselling sessions, SRS scales, session notes and reflective journal entries assisted in creating the data for this study. Consolidating this in an accurate way meant reflecting the participant's perspective alongside the researcher's explanations and reflections assures the interpretations of findings are sound (Mutch, 2013).

Secondly, it is also important to have a clear research focus with secondary questions that supports this focus. An interpretive approach, which was chosen to explore the adaptation of the miracle question sequence, proved to be appropriate for this research. This approach allowed for the data to speak for itself while giving understanding to this process. Examining my data and interpretive analysis gave me confidence that the emerging themes and concepts could be recognised from an outsiders' perspective and that clients' viewpoints were reflected accurately. As I analysed the data, I strived to stay open to the development of the miracle question and subsequently discussion the adapted miracle question may lead into. Using my reflective journal allowed me to minimise any researcher bias that may have occurred during a session. From the beginning I was aware of my own views and assumptions about the miracle question, which I have discussed earlier. During the analysis of my reflective journal I realised that who I was, and how I viewed things may influence the research process. Therefore I have incorporated excerpts from my research journal in each session analysis.

**Ethical Considerations**

Ethics approval for this research project was given by the Educational Human Ethics Committee at the University of Canterbury, New Zealand (Appendix C). When working with youth, the most important ethical considerations are confidentiality, autonomy and anonymity. I have previously discussed how I addressed confidentiality.

 At all times, I prioritised the counselling process above the research process. I addressed this by making sure students were aware of their right to withdraw at any stage with no penalty to them or jeopardising the counselling services they may need. In all situations, the research process and requirements must be secondary to that of the therapeutic process (Bager-Charleson, 2014).

Also as a part of regular counselling practice, I assured for the withdrawal of harm or self-harm each session. This was done by following the school's guidelines and the New Zealand Association of Counsellors Code of Ethics (NZAC, n.d.). This is a crucial part of counselling practice. If students had spoken of any harm, they would have been withdrawn from the study and received counselling and further assessment. Also, as a part of my regular counselling practice, I continued to engage in my regular professional supervision. This was important as it ensured I was doing my best for my clients and not putting the research first.

**Chapter 4**

**Findings**

My five participants, Brooke, Tayla, Nadia, Alex and Sophie, are the heart of this chapter. As noted above, in this research I have been both a counsellor and a researcher. The data have included notes from both perspectives and in this chapter, each session is presented through the researcher's perspective. I precede each session description with a brief introduction to the participant, noting the key elements they spoke of that define them personally while still maintaining their anonymity. The descriptions have a consistent structure: a brief overview of the session, followed by excerpts of dialogue from counselling session transcripts about the miracle question sequence. Alongside these transcripts is a panel where I have remarked on some aspects of what I was doing. The session descriptions are unique as each participant discusses their preferred future and personal abilities to move towards such a future. Readers will discover—as I did— a variety of responses to individually tailored miracle question sequences. By incorporating my reflective observations of these responses with feedback from participants about the miracle question I was able to document ways I adapted my use of the miracle question in future sessions. Nadia is the exception to this format; her session is discussed in detail later on. Finally, I follow each session description with my reflective notes on my experience of the session, most notably, the contributions that have informed my practice of the miracle question sequence.

**Brooke**

**An Introduction to Brooke**

Brooke is the younger of two siblings, living with her mother and older brother. Brooke describes herself as a 'run of the mill' student who passes but doesn't excel at school. She says her friends are like her family and she is the go to 'beauty expert' of her group of friends. Brooke's family is middle-class, and although Brooke has never wanted for anything, she says having a part-time job at the local supermarket helps her 'treat herself' occasionally. Brooke has always struggled with health issues and often uses her health problems to avoid school. However now as a senior student completing NCEA, she is aware of the importance to attend class to gain credits.

*" The power of a magic wand."*

Brooke's session was a chance for her to describe the stressors in her life, most notably her health issues. Brooke described herself as 'stuck' as she continued to doubt her body's abilities. This feeling of helplessness leads Brooke to think about her preferred future with the assistance of the magic wand. Below is an excerpt of Brooke's ability to see her desire for change and introduce the idea of exploring this change herself.

| Brooke: | Ahhhh. Ummmm. Like it would be great if it all just *disappeared* | |
|---|---|---|
| | | Taking note of the words Brooke has used, so I may repeat them later. This shows I have been actively listening and appreciate the words Brooke is using (Shennan, 2014) |
| Emma: | Disappeared? | |

Brooke:        [Giggles… ] Yea you know it just
               goes. Like magic, you know in
               fairy tales how if you're in a bad
               spot a rabbit or fairy comes and
               whisks you away and all your
               problems are *magically gone*.

Emma:           Ahh I see

Brooke:        See you think it's silly…

Emma:          Ahhh no I, I don't. I think it's
               kinda a cool idea.

                       ----Pause----

Emma:          Could you pass me that purple
               thing over there?

Brooke:        This?

Emma:          Yip, that!

               [Brooke passes wand]

Brooke:        Is that a wand? [laughs]

Emma:          [laughs] it sure is! Shall we try it
               out?

Brooke:        [Laughing…] why not!

| Emma: | So say tonight, before you go to sleep tonight you give the wand a wave | |
|---|---|---|
| Brooke: | Like a swish & flick… you know like Harry Potter | |
| Emma: | Wingardium leviosa | |
| | [Laugh together] | |
| Emma: | Ok so…ummm before you go to bed you give the wand a swish & flick and while you are asleep all your *medical problems magically disappear*. But you're not aware  the magic wand has worked | *Medical problems –* directing the magic wand question to specific areas Brooke has addressed so far, showing appreciation and acknowledging the difficulty. |
| | --- Pause---- | *Magically disappear –* echoing Brooke's own words |
| Emma: | What would *you* first notice when you get up? | *you* – an emphasis on the person themselves is a SFBT strategy. |
| Brooke: | Umm well I guess I'd notice I'm breathing ok, that I'm not worried how my body is going to be today. I'd probably feel less anxious | |

In this section, it can be seen that Brooke quickly took up an adapted miracle question to describe her (assumed) preferred future – breathing okay, feeling less anxious and not worrying about how her body is going. In Brooke's case, the miracle

question was adapted I used a variation of the magic wand scenario. In analysing this excerpt, it can be seen the miracle question process was collaborative and that I condensed the long version of the miracle question where the client is encouraged to visualise going to sleep, waving the magic wand and waking up to find that things are different. For Brooke, I used her hope of her medical issues disappearing to provide an initial picture of the miracle 'while you are asleep all your medical problems magically disappear'. I then asked what she would first notice to help her gain further conception of this miracle. Brooke immediately responded with physical differences and feelings of less anxiousness. From this engagement I encouraged Brooke to give further description of her morning, 'what would Mum notice'. Brooke began to describe the differences in her morning interactions with her mother, arriving at the conclusion of less tension. This was Brooke's preferred future, to have less tension and 'chatty' conversations with Mum.

In keeping with the Miracle Question sequence, I then emphasised these characteristics by repeating them back or asking her whether that is what she would like more of. This then led to a collaborative process where I asked Brooke, and I discussed her abilities to move towards this preferred future – a better place. Brooke was able to identify that shifting her focus would assist her to be in a better space. By focusing on schoolwork, she may have more time to be with friends. Brooke stated sometimes she lets her thoughts and feelings occupy conversations with friends and if she were able to shift her focus she would be able to be active in other conversations, which she noted as being a better friend.

When completing the SRS at the end of the session, Brooke wrote about the use of the magic wand

*" At first I felt a little silly, like is this allowed? But I enjoyed the magic wand. It took me back to when I was a child; I liked playing fairies and would always play out being able to change what others did, not me when they were mean. I guess that's the whole idea, looking at what the possibilities are because we make our options."*

Brooke's previous ability to be open to imaginative play assisted in the success of the magic wand for her. However, she questioned whether this technique would be as successful with her male peers. For her she could relate to a magic wand, similarly to fairy dust, due to her childhood.  This  demonstrated that although I used a slight variation of the Miracle Question technique, the purpose (to allow her to explore her desires) and the outcome (to enable her to explore possibilities) was achieved.

In Brooke's feedback, she stated the magic wand question helped her look at what the possibilities are. The possibilities are not something I asked Brooke about more, but wish I had. My assumption was the magic wand question opened Brooke's mind to think of the possible options and scenarios. Towards the end of the session (not transcribed), Brooke spoke of layers of desires she had which were possible due to the magic wand. One, which she decided to implement, was thinking more positively. Brooke noticed she had a more positive outlook when imaging the magic wand scenario and that is something she could accomplish without its assistance.

### Researcher's Reflections

Brooke's counselling session was my first chance to play with the miracle question sequence. At first, I was shocked at how easy it was to introduce the technique, Brooke handed it to me by presenting the idea of magic herself. I was pleased that I was able to take up her suggestion and incorporate it quickly into the Miracle Question. Brooke's willingness to be vulnerable and enter a place of mystery and enchantment

opened my eyes and encouraged me to question my assumptions. Before my session with Brooke, I felt perhaps I was reluctant to use the miracle question. I felt as if I was using the miracle question for the sake of using it rather than as a potentially useful, and natural way to help a client access their preferred future. With Brooke, this part of the session was able to progress quite easily, mainly because it felt as if together we constructed our version of the miracle question. On reflection, I wondered if this ability to collaborate and co-construct a miracle question sequence was the key to effective adaptation. Perhaps this was the missing link. I was encouraged to put aside my reluctance to use the miracle question to collaborate with my clients and attempt to construct a version that worked for us.

An aspect of Brooke's session, which caught me by surprise, was my anxiousness when feedback about the miracle question/magic wand was given. I realised that my use of the magic wand was new territory and I was concerned that it might not have worked for Brooke. I assumed that I had done no harm, but felt uncomfortable that my use of something new could upset the therapeutic alliance. As noted, Brooke's score of 35 on the SRS indicated that the therapeutic alliance was intact. I realised that my sense of vulnerability and lack of expertise might hinder my ability to observe my work without bias.

Reading Skovhot and Rannestad's (2003) publication about the journey of a novice to a therapist helped me re-evaluate the session. My client was content with the work we had done together, I was content, and my client was safe. These are three key principles to keep in mind when continuing my research journey. I know, these feelings of doubt may resurface.

## Tayla

### An Introduction to Tayla

Tayla is the middle child of a large family that owns three dogs, two cats and a few birds. Tayla describes herself as someone who 'goes with the flow' as she is always surrounded by others, whether at home or school. Despite this, Tayla says life can be quite chaotic sometimes, but is now easier as she no longer shares a room with siblings. Tayla enjoys watching 'vlogs' on Youtube ( video-logs of aspects of people's daily lives). Tayla says watching vlogs gives her perspective and opens her eyes to other realities. Tayla is chatty; she finds it easy to communicate, she accredits this to her large family and their communication strategies. Like Brooke, Tayla is about to begin the end of year examinations. This is the first time Tayla has sat exams that are worth credit. She feels uncertain and overwhelmed and is finding it difficult to establish a routine.

### *" I'm stuck, and I hate it."*

Tayla's session was a time for her to honest with herself and she admits that she sees herself as using her ability to procrastinate too often. Tayla describes herself as 'stuck in bewilderment' where she is struggling to find a balance between good work ethic, motivation and relaxation. This is an important struggle for Tayla as she enters examinations in 4 weeks time. Together we discussed what it was that bewildered Tayla. This led to me asking questions that would enable her to think about what Tayla would be like if she were no longer stuck.

| Tayla: | I am stuck, I'm bewildered actually and I hate it [rests chin on arm] | |
| | ---- Pause--- | |
| Tayla: | I wish it would all be sorted [resting head still] | |
| | | |
| Emma: | Ok, *suppose* you did wake up tomorrow and umm you feel all of a sudden you're totally *sorted*, you know what you need to complete exams. What would that look like for you? | *Suppose* – a SF strategy that invites alternative, possibility thinking.<br><br>*'sorted'* – to demonstrate that I had been listening attentively and my tone indicated my belief that Tayla could be totally |
| Tayla: | [Looks up] I don't get it [grimace on face] | |
| Emma*:* | What would you be doing to get through the next *4 weeks*? | Tayla had mentioned earlier in the session that there was 4 weeks until examinations begun. |
| Tayla: | Well I know I should make a study plan ummm… | |
| Emma: | Have study plans worked for you in the past? Is having a set plan useful for you? | Rather than imaging how things would be different, Tayla started to talk about strategies that might help her get 'sorted' |
| Tayla: | ahhh kinda [looks embarrassed] I um think its good to have one. Then my parents know what I should, ahh, be doing and can kinda make sure I, ummm. Hold on no, they can help encourage me to stick | |

with it. But I, umm don't know if that
will work, it hasn't always worked

Emma:        Ok, so it sounds like having a plan
             kinda keeps your peace of mind
             and is a good reminder for you.
             What would mean it did work?

Tayla:       Ahhhh, ummm, I dunno, ahhh yeah.

Emma:        So what else would you be doing?                    *'doing'* - Coming back
                                                                 to the essence of the
                                                                 miracle question
Tayla:       Oh if I woke up tomorrow and I was                  sequence
             on track?

Emma:        Exactly…

Tayla:       *I'd have all my outlines done.*

Getting to this point enabled Tayla to hear herself explain how having an outline

of the topics she had learned in each subject would help her feel prepared to study. She

also recognised that, in the past, not preparing topic outlines meant that she failed to

keep to a study plan. Understanding this enabled Tayla and me to create a study plan

that fitted Tayla and her needs. One need she noted was to have time in her plan for

exercise as in the past she has found it useful.

In Tayla's case, the miracle question was adapted only slightly as the transcript

indicates. I used a variation of the waking up scenario. In analysing this excerpt, it can

be seen the miracle question process was collaborative and that I abbreviated the long

version of the miracle question where the client is encouraged to visualise going to sleep

and waking up to find that things are different. For Tayla, I used her hope of being "sorted" to provide an initial picture of the miracle 'suppose you wake up and things were sorted'. I then asked what that would look like, to help her gain further visualisation of this miracle. However, in her case, this approach did not appear to work. Rather she appeared confused. I then offered another variation 'what would you be doing in the next 4 weeks'. This enabled Tayla to think about and voice some strategies that she has used in the past, and to consider whether or not these would be helpful this time. However, I did not encourage further description of this (which would be expected in the miracle question sequence); rather I added some other words – "peace of mind" and "reminder"- before asking what would mean it did work. Tayla's "dunno" response suggests that she found this shift from waking up with things sorted to having strategies that work, too big and needed time. Interestingly, when I got on track by asking, "so what else would you be doing" Tayla started to use the miracle question in the way that was anticipated. Tayla thought about what she would be doing when things were on track and realised that having her outlines completed would be part of this miracle.

When I asked Tayla to complete the SRS – her score was 39. This indicates that a good alliance was formed. When I asked her about the part of the session where I asked her to describe what she would be doing differently when she was totally sorted she wrote:

*"I liked having to come up with ideas myself. I felt reassured that what I knew was ok. It was difficult for me to think about things when they are all sorted. If it were all sorted, I would be on holiday. It is hard to think of ideas that would make things easier for me. Emma picked up that I like to be in control, I enjoyed exploring what it would be like if I were in control. She made it easy for me to pick out day-by-day tasks to complete. I feel I can tackle exams now."*

**Researcher's Reflection**

Tayla's session seemed to run smoothly. I felt a lot more at ease, and my nerves had subsided since Brooke's session. As a novice counsellor, I am learning that it is not always the 'content' that can catch you off guard, but the client's readiness to engage. Today, I entered Tayla's session more openly. I noticed that, despite Tayla's struggle to understand the way I asked the miracle question, I was not put off.  I stayed with her interpretation that I was asking her about what she 'should do' and then when she noted that this strategy was not helpful, I re-put the question about what she would be doing "when totally sorted". I was pleased that this question enabled Tayla to express her goal or preferred future 'to have outlines done'.

This session has helped me be more of an active listener. Using the participant's words meant for a greater understanding. Shennan (2014) notes that echoing a client's words shows you are actively listening and appreciate what they are saying.  This session also helped me become more confident with the research process. Together Tayla and I were able to adapt the miracle question sequence by using the term "totally sorted". Due to its success, judging from Tayla's SRS scores, I am more confident moving forward with the research.

<center>**Nadia**</center>

**An Introduction to Nadia**

Nadia is an only child who describes her family as 'a little alternative'. She says her parents enjoy meditating, herbal remedies and minimal use of technologies. Unlike her parents, Nadia is reserved and meticulous. She describes herself as 'anal' yet 'creative'; however, she notes that sometimes her perfectionism prevents her creativity.

When describing what she wanted from counselling, Nadia expressed she 'must learn to relax more'. Nadia's use of the word "must" indicated to me she was at a point of determination. Nadia looked determined as she expressed that sometimes she just wants to be understood and not be pushed into a way others think she should live.

### *"The trains would all be on schedule."*

Nadia was preparing for examinations, as Brooke and Tayla were, however, unlike her peers, Nadia knew she would be ok. When I asked her "what would you like to get out of our time today?" Nadia said she wanted to appreciate what she has. She also wanted to "leave today feeling grateful and not being caught up on 'the little things'".

I noted Nadia's facial expressions seemed distracted as if she was too busy in her thoughts. After commenting on this, I asked Nadia to describe the business of her mind; she said that she saw her process of reflection as 'trains in a station, all aligned and waiting to depart'.

In this session, I sensed that Nadia would like to explore what it must be like for others who are not in control. What followed was a conversation in which she imagined what things would be like if the trains were not working. She noted things being 'hectic', and her feeling mad, and she'd probably forget something.

Emma:        So what would happen after
             you've forgotten something?

Nadia:       I'd blame everyone around me.
             They would all be mad at me. I'd go
             home and go straight to bed.

| | |
|---|---|
| Emma: | Right…*Um-humm.* |

| | | |
|---|---|---|
| Nadia: | and that's not good there's lots I should be doing | |
| Emma: | Ok so what if the *conductor finally arrived*? *What would be different*? | *'conductor finally arrived'* – This is Nadia's miracle. If the conductor arrived to 'align the trains'<br><br>*'What would be different?'*- Conventional miracle question sequence |
| Nadia: | EVERYTHING! | |
| Emma: | [nodding] *like what*? | *'like what'* – prompting for a description of 'everything', without interjecting into Nadia's train of thought. |
| Nadia: | I'd be happy again, I'd realise that forgetting something isn't a big deal and that it's ok because I'm home now so I get to work on everything that I need to | |
| Emma: | *Ok* | *'Ok' & Um-humm'* – I am listening, this is shown by Nadia continuing to talk back (Shennan, 2014) |
| Nadia: | I'd probably be able to just see what needs to be done and do it. Like my fear of upsetting Dad by telling him he's in the way wouldn't be there | |
| Emma: | So your fear of upsetting Dad would  disappear? | |
| Nadia: | Yeah… It would and I'd be able to allow myself time | |

Emma:        Ok, so is that something you'd like to
             talk about today? I just want to make
             sure we're on the right track for you.

Nadia:       Yeah we're on track

Emma:        So how would you make sense of
             that?

Nadia:       I'd just think yeah I deserve this
             space to study. I don't understand
             how they can expect me to do well
             at school and be on top of
             everything if I'm not given the
             space to do it.

In this case, Nadia was able to use an adaptation of the miracle question (in which I got her to envisage the opposite of her normal control) to explore her feelings of being out of control. I was then able to invite her to explore a more conventional miracle. This was done through the idea of a conductor arriving at the train station. Through this scenario Nadia was able to explore the luxury of a study space and begin to think of compromises she would make to the situation. Although Nadia initially expressed wanting to explore her feelings surrounding others, it became apparent her focus in this session was about her own experience with her father. This shift was not directly addressed, however I checked with Nadia whether this is something she would like to talk about.

Nadia's feedback from our session together was a lengthy discussion due to the unique path Nadia took the miracle sequence. When I asked her about the part of the session where I asked her to describe what she would be different 'once the conductor

arrived' she wrote: *" I felt listened to. Sometimes people get confused when I use analogies. Talking about the train station in my head was what I needed. I felt acknowledged"*.

Nadia's SRS total score of 38 shows a fair alliance, this is also supported through her feedback of feeling she had been heard.

I then invited Nadia to describe how engaging in this way was useful to her. Normally, we use the 'waking up question' as the positive seeking question, however for you looking at the negative seemed more beneficial?

*"Yeah, sometimes I get caught up in the little things, so taking a look at what could be worse helps me appreciate how good I have it. Sometimes we need to focus on a negative to appreciate the positive. Just like your artwork over there, "Sometimes sadness makes us happy" – Inside Out (The Movie).*

I then wondered what Nadia's thought would be to assist future students; she was not sure on how to generalise her session to others as she said "*I'm not sure if there is something different to do. I liked it*".

**Researcher's Reflection**

This session with Nadia brought a new dimension to the miracle question sequence. "I was humbled by my session with Nadia; she has evoked many thoughts for me"(My research journal). Here as a researcher, the words humbled and many thoughts are important observations. The word humble is an interesting choice. Looking at this reflection the word humble makes me see my confidence had increased, however Nadia's session had made me see there is still more to learn and reflect on.

In my research journal, I have expressed how Nadia's session evokes many thoughts for me. These thoughts questioned my therapeutic relationship with Nadia and the idea of using the miracle question sequence as a chance to appreciate the positives in our lives. At first I was unsure of the intent of the session, Nadia seemed at peace with her situation as she felt a study place was more a luxury than a necessity. De Jong & Berg (2013) describe three types of clients "client", "visitor" or "one-hit-wonder". I was not sure which category Nadia would fit. These are one of three types of client. A visitor is defined as willing to attend however is not invested in change. It seemed to me Nadia was a visitor, she felt the need for a sounding board, however, had the tools to create her own change. Nadia chose me as a sounding board; this meant we were able to explore aspects of her life in a unique way. Although Nadia came to our session with things she wanted to change, she was also able to notice the positive in her life.

During the session, we used the miracle question sequence as an appreciation tool. Using the miracle question sequence as an appreciation tool meant noticing the instances of success or positiveness that currently exist in the participants' lives. For Nadia this meant acknowledging her present situation was satisfactory, however, discussing compromises was also beneficial.

This was a new experience for me; I have not used any of my solution-focused tools in this way before. Since Nadia's session, I have continued to explore the possibilities of using such techniques in a more appreciative manner rather solely for change.

**Alex**

**An Introduction to Alex**

Alex is the eldest of two. Alex enjoys being with her younger sibling as she is reminded to be spirited. The secondary school has not been a smooth ride of Alex, who plans to leave early and begin her tertiary education. She is very good with her hands and enjoys creating and refurbishing furniture. Alex describes her school life as 'standard' she has a good group of friends but does not get along with anyone in her class. Alex has a mature outlook on what kind of people she would like in her life. However, she sees high school as providing a limited pool of people.

*"A Clean Slate"*

During our initial interview, Alex stated she had decided to come to counselling to work on ways to deal with those people that frustrate her. Two weeks after the initial interview, this was still Alex's intent. Below is an excerpt from our session where we began to discuss a fresh start.

| | | |
|---|---|---|
| Emma: | So it sounds like it's been a rocky term so far? | |
| Alex: | Yeeeeap | |
| Emma: | What would happen if you went to bed tonight and suppose you arrived at school tomorrow and it was a complete fresh start | Adapted Miracle Question |

| | |
|---|---|
| Alex: | [Laughs] Shit, that would be *epic* |
| Emma: | [laughs] it would? |
| Alex: | Heck yeah! |
| Emma: | So what would be *epic* about having a fresh start? |
| Alex: | I'd just feel free, like no teachers being on my back all the time, I'd just have a *clean slate* |
| Emma: | So what would you be doing if you had a *clean slate*? |
| Alex: | Ummm I'd probably try and do more work, I might even want to stay at school for another year. |
| Emma: | aha… |
| Alex: | but mainly I would be nicer to teachers since I'm almost done at school |
| Emma: | Ok so being nicer to teachers? |
| Alex: | Yea like I wouldn't swear at them or start fights in class, be *calmer* |

*'epic'* – using participant language to help her describe what she would be doing when she experienced a 'fresh start'

*'clean slate'* – a 'fresh start' would mean a 'clean slate'. Using participant language so Alex is able to describe what she may be doing when she has a 'clean slate'

*'aha'* – minimal encourager, a normal counselling tool to encourage development and conversation without influencing the ideas of conversation

| | | |
|---|---|---|
| Emma: | Ok… right… so how would you be able to stay nice and *calm*? | *'calm'* – using a depiction of Alex's assumed preferred future to elicit conversation and deepen Alex's 'fresh start' |
| Alex: | Ummm I dunno I'm not good at that | |
| Emma: | So what if part of the clean slate deal came with being *calm* and collected | |
| Alex: | [laughs] I'd just not care what idiots say. That's something I want to work on. Idiots are at school but I might not like people I work with either. | |
| Emma: | Ok? | |
| Alex: | like some people say some dumb stuff so I just wouldn't care about the dumb stuff. So then I'd stay at school. | |
| Emma: | So if you weren't caring about the dumb stuff… | |
| Alex: | I'd just be happier… I wouldn't be getting in trouble with the dean. Maybe I would be more relaxed | |
| Emma: | Right… So what do you do when you're relaxed? | |
| Alex: | ummm I draw [reaches down to her art folio] | |

[begins to show me pictures she had previously been working on.]

| | |
|---|---|
| Emma: | Wow these are amazing. So if you were more relaxed you'd be doing more of this? |
| Alex: | Nah I'd probably draw happier things, or things for others? |

Emma:          How come?

Alex:          I guess that would be my way of
               showing how I feel.

For Alex, the miracle question sequence was adapted slightly as the transcript shows. I used a variation of the waking up scenario. In analysing this excerpt, it can be seen the miracle question is co-constructed process as I used words from the participant's responses.  It can also be seen that I shortened the long version of the miracle question where the client is encouraged to visualise going to sleep and arriving at school the next day. The use of a 'fresh start' provided an opening for the miracle 'suppose you arrived at school tomorrow and it was a complete fresh start'. Alex felt the idea of a fresh start would be 'epic'. I then prompted Alex about why it would be epic. This resulted in Alex realising her preferred future of a 'clean slate'. I then asked what that would look like, to help her gain further visualisation of this miracle. Alex was able to identify changes in her behaviour. She also discussed a shift in her mindset of wanting to stay at school. I encouraged further description of this, which is an important aspect of the miracle question sequence. Alex's responses suggest that she found this shift from waking up with fresh start to the realisation she would be participating actively in school, to be helpful.

In these excerpts, Alex demonstrates that the adapted Miracle Question enabled her to envisage a fresh start and the things she would be doing differently.  These are 'staying nice and calm' and 'being kind to her teachers'. Her descriptions allowed us to discuss the tools Alex already possesses, such as doing art and breathing techniques to assist her in re-regulating herself in times of discomfort.  Understanding this enabled Alex and I to discuss intimate detail of her 'clean slate'. One need she noted was to set

aside "*Alex time*" as in the past she found alone time beneficial. When I asked Alex to complete the SRS – her score was 35. This indicates that a fair alliance was formed.

When I asked her about the part of the session where I asked her to describe what she would be doing if she had a clean slate she wrote: " *At first I didn't know what to say. No one has ever asked me what that could be like. I was taken back by it, I thought it was cool she might believe in me or give me a second chance.*"

Alex seemed to have appreciated the 'clean slate' as an opportunity to be heard. I then wondered what Alex thoughts were surrounding using the 'clean slate' with future students. When thinking about how sessions could be replicated Alex wrote: " *I think this would work well with lots of different students. A clean slate is not something we get to talk about, especially with adults. The clean slate idea made me feel like what I have done in the past doesn't matter to Emma, its what I could do better that is important*".

**Researcher's Reflection**

Today's session with Alex felt 'meaty' the skills we discussed together were tools she would be able to implement successfully in her tertiary career. For me, today's session was a classic example of how I picture the miracle question. The use of a clean slate resonated with Alex, allowing her to engage fully in the session, this was a delight to see.

One thing I have learnt from Alex's session was that minimal encouragers are very useful. Despite these being promoted in the Solution-focused approach, I've always felt a little immature using them as I have always associated such skills with younger children. However, this session changed this view for me. The use of minimal

encouragers assisted Alex to work through her thoughts and have sufficient time to gain self-reassurance that her ideas and wonderings were worthy. This fourth session has allowed me to appreciate the usefulness of asking a miracle question to help a client envisage an alternative path. It has also challenged my assumptions about minimal encouragers.

## Sophie

## An Introduction to Sophie

Sophie is the middle child of a large blended family; she is a bright and bubbly student who seems very sensitive and optimistic. Sophie is a part of a culturally diverse family who values their culture and its importance in their lives. Academically Sophie excels. Sophie describes herself as a hard worker but also knows how to party.

### *"A Safe Space"*

During our first meeting, Sophie highlighted the importance of her whakapapa and respect of culture. Incorporating her culture into her everyday world is something Sophie is most passionate about. Sophie came to counselling unsure what she wanted to talk about.

| Emma: | So suppose tonight while you're having a *moe* a *merekara* happens. | 'moe' – Maori word for sleep |
| --- | --- | --- |
| Sophie: | Ok | 'merekara' – Maori word for miracle |

| | | |
|---|---|---|
| Emma: | and all your worries are gone. What would be your first clue that things have changed for the better? | |
| Sophie: | ahhh well the young ones would be asleep in my bed | |
| Emma: | Ok | |
| Sophie: | I'd get up and everyone will be all-good. Mum and Dad would be smiling again. They wouldn't have to stress so much or be over organised | |
| Emma: | Mhmmmm | Minimal encourager |
| Sophie: | There would be a lot more stuff in our house with the little kids being here more permanently. | |
| Emma: | Ok so after all those changes, with your parents seeming *happier* and *less stressed*, what would you do *differently*? | Reflecting back on what Sophie has said to ask the behavioural change question |
| Sophie: | I'd probably have to do more. But I ahhhh I would be ok with that because I prefer the little ones to be at our house | |
| Emma: | What else? | |

Sophie:      I'd be happier maybe less stressed too
             knowing I wouldn't have to *rush*
             over to the little kids at Dad's house
             to pick them up and make sure
             they're safe

Emma:        Right… so it ahhh sounds like you'd
             be less stressed because things
             would be safer?

Sophie:      Um hold on I have to think about
             that…

Emma:        That's OK….

Sophie:       I um don't really know how to
             describe it, it would be a positive
             response but yeahhh

Together Sophie and I discussed what she would notice if she were less stressed and

safer. However Sophie found it difficult to focus on herself. The following is how we

tackled this together.

Emma:        Ok well how about this… what if we
             could watch a video called "after
             the merekara"… how would you see
             yourself

Sophie:      Ah Ok I'd just look *lighter*… ya          Noticing changes in
             know, I would be kinda floating            behaviour due to the
             around                                     'merekara'

Emma:        ok …

| | |
|---|---|
| Sophie: | You know how you carry a really heavy bag then you take it off and you feel so much *lighter* and *freer* |
| Emma: | Oh right yeah….. I get you |
| Sophie: | Yea I'd just look like that, like I got a lighter *bounce in my step*. |
| Emma: | Other than looking *lighter*, what else would you notice about yourself? |
| Sophie: | I'd be talking more to everyone not just my friends, like I wouldn't have anything to hide so I'd just be a more open person |

Using participant language 'lighter, bounce'

Notices what would be different

For Sophie, while I used the miracle question in its classic form I used Te Reo for key words such as sleep and miracle. In analysing this excerpt, it can be seen the miracle question process was a collaborative effort where the client is encouraged to visualise going to sleep and waking up to find that things are different. For Sophie, her hopes were not clear, so I used the miracle question sequence to provide an initial picture of an ideal situation 'what would be your first clue that things have changed for the better'. I then asked what that would look like, to help her gain further visualisation of this miracle.

In Sophie's case, this approach did not appear to work. Rather than describe what she would be doing, she described the changes in those around her, rather than herself. Also, Sophie's "I don't really know how to describe it" response suggests that she found this shift from waking up with things being better, too big. I then offered

another variation 'what if we could watch a video called after the merekara, how would you see yourself?'. This enabled Sophie to think about and express some changes in her behaviour that she would like to experience more of. Sophie began to use the miracle question in the way that it is intended. Sophie thought about what she would be doing if the miracle had happened and realised she would be a happier person.

Unlike previous sessions, I did not ask Sophie whether less stress and being happier is something she would like more of. Therefore, I can only assume this is her preferred future.

Contrasting with other sessions, I did not invite Sophie to complete an SRS. Rather, after the conclusion of her session, we had an in-depth conversation about being culturally open and using language that is appropriate. The follow is a summary of Sophie's thoughts: *"I love the use of Te Reo in the session. I know it is something we discussed in our first meeting. I like that we tried to use it. I think it is important to start incorporating Te Reo in life, beyond everyday conversation."*

After this feedback, I questioned whether we could have included Te Reo differently. *"Yea we could but we've gotta go by both our knowledge like we're both not fluent in Te Reo so the whole session couldn't be"*.

I wanted to know more about Sophie's experience of using Te Reo and whether she felt it worked well her response was: *"Yea it was just enough. Enough to know you respect me, my whānau and my story. Using Te Reo made me feel there was a deeper understanding, but I didn't have to go into detail about whakapapa or anything like that."* We continued to discuss how incorporating Te Reo made her feel appreciated and respected.

Lastly, I wanted to gain feedback about using the idea of a personal video, watching herself after her merekara. Her following response shows future options in continuing this idea.
*"I liked thinking about looking at myself in a video, that was cool. I haven't done that before. It would be kinda cool to act that out or maybe even draw, it that would be easier"*.

**Researcher's Reflection**

I was pleased with this session, first, because I was able to use some Te Reo in a culturally sensitive manner. I introduced a new way of describing how Sophie could envisage her behaviour after a miracle had happened. She said she enjoyed thinking about her miracle occurring and watching it play out in the film. Using the idea of watching herself on a movie enabled Sophie to visualise herself taking each step in her miracle in a more realistic way. Although it was successful with Sophie, if I were to use this idea again I would introduce it more clearly. Perhaps I would ask clients to close their eyes and begin to brainstorm scene by scene their miracle movie.

My time with Sophie has made me appreciate my self in my development as a counsellor. From the beginning I have known that being genuine is an important part of the therapeutic alliance, Sophie made me see this clearly. With my knowledge of Te Reo, I was able to effectively and respectfully incorporate language that suited Sophie and her culture. The question then becomes, was the use of Te Reo the effective difference here, or the miracle question sequence? I feel it was a combination of both Te Reo and the miracle question sequence. From this experience I look forward to continuing the implementation of Te Reo in future work.

**Findings Conclusion**

In this chapter, I have used client transcripts to describe the ways in which I used adaptations of the miracle questions, the ways in which my clients collaborated with me (and vice versa) to use these question sequences to explore alternative paths and what they might do if provided with such alternatives.

Adaptations of each miracle question sequence were different for each participant. I did this by altering the words of the classic miracle question to make them more tailored to the student I was working with. Using phases and/or language they previously used during the session helped me to do this.

The decision about which ways to adapt the miracle question sequence was made by three factors. Firstly, I had spent time looking at research on Miracle Question adaptation completed by Ratner and colleagues (2012), Shennan (2014) and Strong & Pyle (2009). Secondly, similar to these researchers I also reviewed my previous work of using the miracle question sifting through my research diary for my thoughts and previous assumptions of the miracle question. Lastly, I used participant feedback to guide my ideas for possible changes in future sessions. Participant feedback showed that clients felt they were listened to but also that they were challenged by the question. In the case of Tayla and Sophie, for example, I have interpreted their confusion about the question I was asking to indicate that they seemed to find the shift from waking up with things being better, too large.  As a result I had to take a revised approach. These revisions, further adaptations of the Miracle Question, enabled them to proceed in a manner intended by the original Miracle Question - to consider and discuss changes or goals they would like to make.

**Chapter 5**

**Discussion**

While the focus of my analysis was on showcasing participants' experience of adapting the miracle question I have also gained feedback surrounding students' experience of counselling. I have also found that my construction of the miracle question sequence influenced my learning and in turn my view and story. Polkinghorne (1995) suggests that stories hold the ability to conjure potential futures, by describing the relationship between the trials and decisions in our lives. This appears to be the case for this research. The reflective component had me thinking deeply about each adapted sequence; this assisted me to untangle the possibilities of my research questions, giving them more meaning as they grew with the participants and their realities.

As I completed each session, I adjusted my research questions, as I moved beyond my original formulations of them, based on my practice experience. Given the feedback from students, I added a question about their experience of counselling in a high school setting. As I begun to reflect overall on the session, the idea of being stuck stood out to me. This made me question how the miracle question brought about change for these students, and I added this to my research questions. The following are my amended research questions:

1. How do students in a high school setting experience counselling?

2. How do my clients respond to the Miracle Question Sequence?

3. How do I use an adapted Miracle Question sequence?

4. How does the miracle question sequence in within a Solution-Focused Brief Therapy technique, bring about change for these students?

5. When is the sequence most effective?

6.   What is the counsellor's experience of how the research process affected their

practice?

In this discussion, I will describe the main conclusions I have taken from

Brooke, Tayla, Nadia, Alex and Sophie's experiences of counselling. These findings

will be discussed under the revised research questions and compared with the research

described in the literature review.

How do students in a high school setting experience counselling?

Counselling in schools is a widely available service within the New Zealand

school system (Crockett et al., 2015; Crowe, 2006; Hermansson & Webb, 1993). As

previously discussed, many students have found school counselling to be a place of

support. New Zealand students reported counselling in schools to be a place where they

may find resolutions to their stressors (Crocket et al., 2015). While I am not able to

generalise due to a very small sample size, my participants all came to counselling

because they felt 'stuck'. My participants expected counselling to be a place where they

could discuss feeling 'stuck'. They volunteered so were open to counselling.

Additionally, all participants (excluding Sophie) noted a useful therapeutic alliance in

the SRS. Sophie's feedback also hinted this. The conversation surrounding the SRS

showed participants seemed to like using the miracle question sequence. As previously

mentioned Crocket, Kotze and Peter (2015) found students reported good levels of

therapeutic alliance within school counselling in New Zealand.

How did I adapt the miracle question sequence?

In my findings chapter, I noted how I used clients' words and ideas to adapt the miracle question sequence. I listened carefully to words in early discussions that I could use to introduce to the miracle question, making it seem more integrated into our conversation. This resulted in five variations of the sequence. Two of the five variations were built around a simple waking up scenario. The following is a discussion of these variations.

The first adaptation of the miracle question sequence was created through Brooke's comment on wishing struggles in her life could "magically disappear" (Brooke). I chose to use the idea of magic to assist in introducing the miracle question. In this adaptation, the illusion of magic has replaced the idea of a miracle. This lead to creating a scenario where before going to bed Brooke waved the magic wand and while she is sleeping her problems magically disappear. Brooke was able to physically wave a wand to assist her experiencing the shift in perspective. There was a wand in my office that Brooke was able to use. This wand initially was brought as a calming tool, where students were able to watch the changes in solution and glitter.

Similarly, both adaptations with Tayla and Alex followed the classic essence of the miracle question by waking up to change. In Tayla's case, I used the bridging word "sorted" to assist in the discussion of feeling 'stuck'. Tayla's sequence consisted of her going to bed and waking to everything being "sorted". This was quite a challenge for Nadia; her responses were different to what I anticipated. Therefore, I reframed the question to be more concrete.

Like Tayla's, Alex's sequence consisted of her going to bed, waking up and going to school finding it was a ''fresh start''. The difference for Alex was the

subtraction of a bridging word. The prior discussion had been around a challenging behaviour time at school. The idea of a fresh start was my own. This is something I will discuss further in the chapter.

Conversely, the sequence I engaged in with Sophie was used in its traditional form, of going to bed and while she is sleeping a miracle occurs. However, the Te Reo words for sleep and miracle were used. The decision to use Te Reo in our session assisted in connecting our earlier conversations and also helped in rapport building. This is something Sophie acknowledged in her feedback.

Contrastingly, the adaptation engaged in with Nadia was unlike the other sequences. Nadia described her mind as being a busy train station. Using this analogy, I prompted Nadia to think about what it would be like once the conductor arrived. Through this Nadia was invited to discuss an alternative to her reality from her construction. For me, Nadia's idea of a train station was a continuous negotiation throughout our dialogue. This negotiation was done through using an idea, and language Nadia had already developed. Another aspect of this negotiation was using a previously unconsidered variation of the miracle question to help the client. Although challenging, Nadia's constructed adaptation opened the way I think about implanting bridging words or idea. It seemed for Nadia, using key features of this idea helped her articulate the changes that could occur once her mind was no longer busy.

The above has described the ways in which I adapted the miracle question sequence. Most of these adaptations seemed to be more successful when using key words or ideas that link the previous conversation to the miracle question.

Through the use of specific client language, I realised I had formulated a method of sorts in adapting the miracle question. This formula was based around using client's words in order to tailor a session to a client, I used an active ear to listen for key words

that may assist in introducing the miracle question. I found using clients' words resulted

in a more engaging session. In my reflective journal, I discussed feelings of "liberation

as I see clients take ownership of their adapted miracles. My role was purely to guide

them through the process" (Emma's Research Journal). For me, guiding clients to take

control of a session is the essence of Solution-Focused Brief Therapy.

### How did my clients respond to the miracle question sequence?

To find out how my clients responded to the miracle question sequence, I asked

them to write about their experience of the question directly on a Session Rating Scale

(SRS). As seen in my findings chapter, feedback on the adapted miracle questions was

positive. However, transcripts from each session also provided feedback about their

response to the sequence. When looking at transcripts, a variety of responses were given

directly after the miracle question was asked. For Tayla, there was confusion. It

appeared the shift from waking up to things being sorted was too large. Refining this

idea to her immediate future seemed most helpful to her. Similarly, for Sophie, her

responses towards her miracle were focused on others around her. After reintroducing an

alternative to her miracle question, where she watched herself in a movie depicting her

miracle, Sophie was able to describe changes for herself. Other participants were able to

pick up the miracle question quite easily. Their responses were fluid and cohesive. For

both Nadia and Brooke, each student took ownership of the miracle question and

embraced the creatively it invited.

How does the Solution-Focused Brief Therapy technique, the miracle question sequence,

bring about change for these students?


As I thought about the participant's stories, one phrase stood out the most; it

summarised each participant and their journey through our counselling session "I am

stuck" (Tayla). This stood out to me because it was a situation I could relate to myself.

This is a phrase I often hear in my sessions with adolescents and is something I have

never given much thought to. In Tayla's context, being stuck appeared to be her best

descriptor of her struggle with the stressors in her life. Stress is seen as an interaction

between a person and their environment, which has a threat nearby and the ability to

cope with this threat (Armacost, 1989). Brooke, Tayla, Nadia, Alex and Sophie are

cohorts of the millennial generation where technology enhances continued

connectedness and access to information are easy. Therefore, it comes as no surprise that

four of the five students who I worked with discussed school-related stress, given final

exams were approaching. Of the students de Anda et al., (1997) interviewed a large

percentage found positive help-seeking strategies to be the most beneficial to alleviate

their school-related stress. The research suggests that adolescents are most stressed by

school academic requirements, sport, and coping strategies are a high priority.  The

adapted miracle question sequence provided an opportunity for students to engage in a

preferred-future-focused conversation and therefore, possibly relieve academic stress.

Peer groups and familial relationships are a primary source of trust and

confidence (Barrett 1996, Cicognani 2011). Although most of my participants

acknowledged their family members were included in their miracle, none seemed to rely

on them to ensure their miracle occurred. However, when family were mentioned, they

were engaging in the miracle positively. This suggests that positive familial support

contributed to these clients navigating their solutions and becoming more independent in the world. This challenges Barrett's (1996) statement that familial relationships may be seen as a restrictive element to letting an adolescent be independent in the world. Additionally, Barrett (ibid. 1996) stated friendships are the main source of support and confidence for adolescence. In the cases of Brooke and Sophie friendships were mentioned as part of their miracles however they were not a source of support of the miracle. In fact, as a result of the miracle, Brooke and Sophie both felt they would be a more supportive friend themselves.

In this study, participants were invited to envisage themselves in an alternative place to being 'stuck'. The miracle question sequence enabled participants to externalise the problem and consider the small changes in their behaviour that they can engage in to be less 'stuck'. Behaviours students identified were being calmer, worrying less, and having a bounce in their step. Collectively, these small behavioural changes highlighted for me the simplicity of the solution-focused approach. Essentially, this was the purpose of this research project. I wanted to see whether an adapted miracle question still enables clients to shift their focus. Through the use of their phrases I was able to help my participants interpret their understanding of how things might move towards a preferred future.

### When is the sequence most effective for them?

During this research, I co-constructed the miracle question sequence with the students. Due to this tailoring of the miracle question, the conversation became light-hearted and less intrusive. For example, together Sophie and I discussed the idea of watching her miracle play out in a movie. This gave Sophie the ability to take a moment

and visualise herself in a film. These visualisations seemed to assist Sophie in reaching more defined aspects of her miracle and in turn her ability to implement some of these changes. Given Tayla's interest in vlogs, it would have been interesting to conduct a similar 'movie' with her. Perhaps for Tayla imagining her miracle as she vlogs her life may have enhanced her experience of the miracle question sequence and becoming 'unstuck'.

Although above, I have described instances where I describe the interaction around the miracle question as co-construction between the participant and myself, it is likely they would not have experienced it in this way. Both Brooke and Sophie introduced the idea of a magical or miracle idea themselves. Alongside their positive feedback, I see this as a successful co-construction of a preferred future question. In the cases of Tayla and Nadia, a variation of the miracle question was something I introduced using their language. In contrast to Tayla and Nadia, the idea of a 'fresh start' for Alex was a concept I introduced. As I did not ask Alex about this, I can only make my assumptions. While her feedback was positive, I do believe of all the sessions, Alex's was the least co-constructive of the five.

The use of client language in a co-constructive way supports the view of De Jong and Berg (2013) that an idea should come from something that the client has said. Guterman and Rudes (2008) also highlight the importance of the solution-focused counselling process, which prepares the clients and assists them to think about possible steps towards change. The co-constructive conversations strengthened specific aspects of client goals, which opened possibilities for each clients' adapted miracle question (De Jong & Berg, 2013).

What is the counsellor's experience of the research process and how it affected their

practice?


This research has highlighted for me how vulnerable I have felt conducting research on my solution-focused practice. Through reflection, I came to realise my vulnerability was rooted in my fear of the potential critique of those esteemed in the solution-focused field. In this section, I will explore these vulnerabilities and their assistance in the journey through Skovholt and Starkey's (2010) Practitioner's Learning Stool. Three areas are essential for optimal function as a counsellor; the three-legged stool model identifies these as the academic leg, the personal life experience leg and the professional experience leg. Throughout my journey, I have soundly developed the academic and personal life legs. However, this research project has assisted me to strengthen my professional experience leg.

Orlinksy & Ronnestad, (2005) note that interactions with clients are the greatest source of professional development for practitioners. During this research, I have been able to observe and analyse my interactions with clients to explore my use of the solution-focused technique, the miracle question, and to see if my competence is developing.  I was motivated to explore whether I was on the right track. This was done through my reflective journal, which echoed my increasing confidence and competency with the miracle question sequence. This I have found that performing the miracle question sequence in my way has improved my overall solution-focused practice. This is evident, as I now feel confident with the miracle question sequence and its ability to cater to a variety of students.

Another observation of the power this research had on my practice is encompassed in Curry & Bickmore's (2013) view that many novice counsellors

expressed the need for both accomplishments and belonging. A sense of accomplishment is created by feelings of connectedness to their clients and colleagues. Once this connection is established, and verified counsellors can be confident with their work as a sense of unity, and teamwork is encouraging (Curry & Bickmore, 2013). During my placement, where this research was conducted, we operated very much as a team unit. This was a vital aspect of my ability to overcome my vulnerabilities, as I knew I had the support of colleagues. My colleagues were an open sounding board for my brainstorming. Working amongst those who also let their vulnerabilities stands alongside them encouraged me to do the same. Without this, I am unsure if this research would have been possible, reinforcing Curry & Bickmore's conclusions that unity within a team is beneficial and essential.

**Conclusion**

The aim of this research was to find out more about modification the miracle question. Through this journey of adaptation, I have discovered there are multiple factors to creating a therapeutic tool that works best for the client. Through reflective practice and the use of an interpretive approach, I have been able to let the data stand-alone. This has enabled me to look at how I adapted the miracle question. Using key words and ideas the client had used earlier in the session did this. My focus then shifted to the client's responses to this adaptation. Analysing transcript data, SRS scores, reflective journal notes and the discussions surrounding feedback showed a rich source of responses. These responses focused on the removal of stressors in their lives. I see co-construction as an important factor in assisting participants to make these changes. Additionally, it is important to establish a good therapeutic alliance with the participants that is explorative and honest in nature. A part of being fair to my therapeutic alliance is

also to come to terms with factors that impact my work. This factor, as explained above, is the fear of colleague and therapeutic community critique. I continue now into the professional world hugged by my vulnerabilities but proud of them, as novice counsellors before me have done so.

**Strengths and Limitations of the Research**

.       This research contained multiple strengths and limitations, some of which I have previously discussed in my methods and methodologies chapter. However there are aspects of this project I wish to also note. One of which is my role as a participant in the research. I worked carefully to deliver a solution-focused counselling service that best fit the client. A priority for me was rapport building, which I focused on in the beginning of interview sessions and counselling sessions. I believe this is essential to obtain a good therapeutic relationship with clients. As already mentioned, a positive therapeutic alliance was reported in SRS feedback.

Notably, the use of multiple sources of data as outlined in the methodology chapter has increased the rigour and reliability of this study. I listened and transcribed video recordings of our counselling sessions, reflected on sessions before consolidating the SRS feedback to the data. To minimise any researcher bias, I engaged in a reflective process while also seeking monthly supervision. However, I believe the study would have benefited from weekly supervision during this research process. Therefore allowing me to review my data and themes with my on-site supervisor, thus eliminating bias.

This research was conducted during the end of the school year after a series of ethical application delays and school holiday occurrences. Due to this, many students were overloaded by their academic requirements and needed for attendance so that their

participation was not possible. In the end, I chose five students as participants as we explored the miracle question sequence together. Client issues were moderate in nature and generally had an academic focus. This has made me consider whether the time of year was a factor in the presenting issues. If time had permitted, I would have liked to be able to study the miracle question with a more diverse array of students about race, gender and socioeconomic backgrounds.

Despite this, the small sample size was consistent with qualitative research, this small group of participants provide excellent in-depth examples of how an adapted miracle question could be used.

Reliability of feedback from participants, particularly in regards to the positive SRS feedback, may be seen as a limiting factor. Participants may have given what they perceived to be more favourable feedback concerning our process together in order to assist with my research. The SRS was calculated and each participant's scores were previously discussed. There was a slight variation in the scoring therefore; my sense is they were honest with their assessment. I believe the rapport building and the engagement of clients' words contributed to a trusting relationship and the ability for students to respond in a way they felt appropriate.

Additionally, if reproduced, I would like to implement an online questionnaire that participants are invited to complete a few days after the counselling session has occurred. My hope would be students would have time to reflect and let the counselling session sink in more. Perhaps more constructive feedback would be given once participants were able to walk away and reflect. As the population is of the millennial generation, a digitalized feedback form may be more comfortable and convenient for them.

Another amendment I would make is the addition of a final session where I would invite participants to read and comment on my findings. I feel this would have strengthened the study, however, due to the time of year an end of year examinations this was not possible.

It is difficult to measure the exact influencers of engagement and change in counselling. There may be many factors that influenced change, such as; co-constructive sessions, therapeutic techniques, a positive therapeutic alliance and outside influences. This study showed a strong therapeutic relationship was achieved which is vital for successful outcomes (Duncan et al., 2004). Thus, it is difficult to pin point what assisted in engagement the adaptation of the miracle question. This however does not deny the client perspective about their experience of the adapted miracle question and discussions relating to this specific part of the counselling process.

This study involved engaging in counselling and analysing my practice in the process. I believe it is a good representation of the researcher being a part of a study. Each of these reflective comments signifies the learning I have made and suggest ways I might apply solution-focused therapy and the miracle question in my future work. I am amazed at the openness of my students but also myself. Despite the fears I had of exposing my practice, and myself, I have found that I have become a more open practitioner. Each day, we as counsellors, ask our clients to be vulnerable and open. I too will be vulnerable and open because of this research.

**Research Conclusion**

The use of solution-focused brief therapy practices is emerging in literature as a viable approach for counselling in schools (Corcoran, 1998; Crowe, 2006, Riley, 2011).

Through the use of co-constructed miracle questions; this research was able to highlight instances and behaviours of change for the participants. I found participants were able to notice the changes in behaviour that would influence their preferred futures. Due to this, the research supports the solution-focused principle that the client is the expert in their life. As previously mentioned this can be imperative for adolescents who are negotiating their way through their home and school life. It is hoped that my counselling has enabled a small group of adolescents to use their creative abilities as they navigate their way through their ever-changing world. While this research focuses on adolescent responses to a personalised miracle question, through interpretation of feedback and reflection upon my practice, I recognised the journey participants and myself take during sessions. For me as a transitioning novice counsellor, the acceptance of vulnerability was evident at the conclusion of this research. Furthermore, I hope this research ignites future possibilities in practice-based evidence surrounding solution-focused practices and counsellors' reflective processes. As always, no story is ever complete, and just like the participants in this research, my story continues.

## Appendix A

*Session Rating Scale (SRS)*

Duncan, Miller, Sparks & Johnson (2003)

**Session Rating Scale**

Please take a minute to reflect on our session together

**Listening**

-I---------------------------------------------------------------------I

Did not always listen to me    ☹       ☺     Always listened to me

**How Important**

I---------------------------------------------------------------------I

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

**What We Did**

I---------------------------------------------------------------------I

I did not like what we did today    ☹       ☺     I liked what we did today

**Overall**

I---------------------------------------------------------------------I

I wish we could do something different next time    ☹       ☺     I hope we do the same kind of thing next time

**When we talked about a time when the problem was gone or diminished, how helpful was that?**

I---------------------------------------------------------------------I

☹             ☺

<u>Comments:</u>

**Appendix B**

*Email for Recruitment*

Dear Students,

For those of you I have not met so far, I am Miss Foster and have been working in
XXXXXXX as an intern counsellor this year.

During this term I will be completing some research for my Masters of Counselling from
the University of Canterbury. My research will focus on certain techniques we use as
counsellors and how we can adapt them to work best for you, our students at Burnside.

In order to participate in the research, you must be able to have 2 periods free within a
week. One will be an information session, and one will be a counselling session.
If you have been to counselling before and have a brief issue you'd like to discuss this
could be a great opportunity to reconnect and look at the busy term ahead. However, if
you have not been to counselling before this may be a good opportunity for you to
access some support.

One aspect of the study will be to gather feedback. Students will be asked to talk about
their experiences during the session and what changes they would recommend for future
students.

Please email respond to this email to find out more and set up a time to meet if you are
interested.

Please note parental consent is required to participate in the research.

Warmly,
Miss Foster and XXXXXXX

# Appendix C

## *University of Canterbury, Educational Ethics Committee*

## *Approval Letter*

UC
UNIVERSITY OF
CANTERBURY
*Te Whare Wānanga o Waitaha*
CHRISTCHURCH NEW ZEALAND

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

Ref:  2016/45/ERHEC

16 September 2016

Emma Foster
College of Education, Health & Human Development
UNIVERSITY OF CANTERBURY

Dear Emma

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 ""Miracles Don't Happen": Adjusting the Miracle Question for New
Zealand Youth" 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 5th September 2016; **and the following:**

*Please use the standard statement regarding where to address complaints in the Information
Sheets, including the contact details.*

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

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

We wish you well for your research.


Yours sincerely


*pp*   R. Robinson


Patrick Shepherd
***Chair***
***Educational Research Human Ethics Committee***

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

**Appendix D**

*Information Sheet for Students*

I am Emma Foster and this year I am working as an intern counsellor within the Guidance Department at *Name of School*. I am in my second year of a Masters of Counselling degree at the University of Canterbury. As a requirement of a Masters Degree, you typically undertake a thesis or study and I have chosen to conduct my study through *Name of School* Guidance Department.

I am interested in looking at my use of certain techniques during my sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. In this model, my focus will be on helping you look for ways to get what you want. It has many different techniques however I am particular interested in the technique known as the Miracle Question. A Miracle Question is used to help a client shift his or her focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I believe that a version of the Miracle Question may be helpful for New Zealand secondary school students who come to counselling.

If you would like to be part of the study, here are some important details:

- Counselling sessions will be 30-50 minutes with a commitment of 2 sessions, they will be conducted at *Name of School* Guidance department.
- In the session, you will be able to talk about your goals, strengths and resources. I will also ask you to think about how you life would be if the concerns that brought you were here were reduced or even gone.
- The sessions will be video recorded. These will only be listened to by myself and external transcriber. Portions may also be discussed with my school supervisor and university supervisors. They will not be listened to by anybody else and the purpose is to create transcripts for use in research.
- You will be asked to complete a questionnaire at the conclusion of the session.
- All participation in research is voluntary, if you do participate you may withdraw at any time and this will not jeopardise your access to counselling.
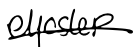
As a counsellor, it is my ethical responsibility to ensure the confidentiality of all the information collected in this study. In any published documents and presentations a pseudonym will be used and all identifying information will be removed. For your reference, *name of school supervisors* are my Supervisors, and I liaise with them weekly for internal supervision. I want to assure you I will be taking all steps to ensure that the process is a confidential as I can make it. For example, there will be an opportunity for you to talk to me about any comments or concerns you have about storing of information. University of Canterbury regulations indicate that data must be kept for 5 years, all documents used in research will be password protected on my computer.

As part of regular counselling practice you will have the ability to see session notes of request. By participating you will get a brief document of the findings and if you wish a full thesis of the results on request. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.

If you have any complaints or concerns there are some key contacts outlined at the end of this letter, which you can raise any issues with. All guidance department staff at *Name of School* will have an outline of the study and will be happy to talk to you about if I am not available. Alternatively, you may contact the University of Canterbury's Educational Human Ethics board, who have approved this study.

If you agree to participate in this study please sign the attached Consent Form and return it to me in the envelope provided.

Warmly,

Emma Foster

**Appendix E**

*Consent Form for Students*

(Please tick each box)

□ I have read the information sheet and understand what will be required of me if I participate in this project.

□ I understand that sessions will be video recorded for transcripts and be transcribed by an external transcriber.

□ I understand that I will be asked to complete a questionnaire at the end of the session.

□ I understand that the researcher will only access all information collected, and that it will be kept confidential and secure.

□ I understand that neither I, nor my school, will be identified in any presentations or publications that draw on this research.

□ I understand that my participation is voluntary. I may choose to withdraw at any time and this will not jeopardise my access to counselling services

□ I understand that I can receive a report on the findings of the study. You can write your email address below for the report to be sent to.

□ I understand that I can ask for more information, make comments or ask questions about this project from the researcher or I can talk to *Name of School Supervisors* in the Guidance Department. I can contact the University of Canterbury Ethics Committee if I have any complaints about the research.

□ I agree to participate in this research and my parents/ guardians have also given consent on their consent form.

Full name (student)_____ Form Class_____

Signature _____ Date _____

School email address for report_____

**Please return this consent form enclosed in the envelope provided form to Emma Foster in the Guidance Department**

**Appendix F**

*Information Sheet for Parents, Guardians and Whānau*

Dear Parents, Guardians and Whānau,

I am Emma Foster and this year I am working as an intern counsellor within the Guidance Department at *Name of School*. I am in my second year of a Masters of Counselling degree at the University of Canterbury. As a requirement of a Masters Degree, you typically undertake a thesis or study and I have chosen to conduct my study through *Name of School* Guidance Department.

I am interested in looking at my use of certain techniques during my sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. This model helps clients look for ways to get what they want. It has many different techniques however I am particular interested in the technique known as the Miracle Question. A Miracle Question is used to help a client shift his or her focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I believe that a version of the Miracle Question may be helpful for New Zealand secondary school students who come to counselling.

I am asking permission from you for your child to be involved in this study as they are under 18 and it is a requirement of the Ethics Committee at the University of Canterbury. If you and your child agree to be part of this study, they will be asked to-do the following:

- Attend 2 sessions of counselling sessions of (30-50 minutes) which will be conducted at *Name of School* guidance department
- Counselling sessions will be video recorded. These will only be listened to by myself and an external transcriber. Portions may also be discussed with my school supervisor and my university supervisors. The recordings will not be listened to by anybody else and the purpose is to create transcripts for use in research.
- At the conclusion of the session, students will be invited to complete a questionnaire
- If your child does participate in the research their participation is voluntary, if your child does withdraw, this will not jeopardise their access to counselling.
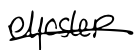
As a counsellor, it is my ethical responsibility to ensure the confidentiality of all the information collected in this study. In any published documents and presentations a pseudonym will be used and all identifying information will be removed. For your reference, *name of school supervisors* are my Supervisors, and I liaise with them weekly for internal supervision. I want to assure you I will be taking all steps to ensure that the process is a confidential as I can make it. For example, there will be an opportunity for you to talk to me about any comments or concerns you have about storing of information. University of Canterbury regulations indicate that data must be kept for 5 years, all documents used in research will be password protected on my computer.

As a guardian, you will get a brief document of the findings and if you wish a full thesis of the results on request. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.
If you or your child has any complaints or concerns there are some key contacts outlined at the end of this letter, which you can raise any issues with. All guidance department staff at *name of school* will know a rough outline of the study and will be happy to talk to you about if I am not available. Alternatively, you may contact the University of Canterbury's Educational Human Ethics board, who have approved this study.

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

Warmly,

*efoster*

Emma Foster

**Appendix G**

*Consent for Parents, Guardians and Whānau*

(Please tick each box)

□ I have read the information sheet and understand what the study is about

□ I understand that sessions will be video recorded for transcripts and be transcribed by an external transcriber

□ I understand that my child will be required to complete a questionnaire

□ I understand that all information collected will only be accessed by the researcher and that it will be kept
   confidential and secure.

□ I understand that neither my chiId, nor the school, will be identified in any presentations or publications that
   draw on this research

□ I understand that my child's participation is voluntary. They may choose to withdraw at any time and this will
   not jeopardise my access to counselling services

□ I understand that I can receive a report on the findings of the study. You can write your email address below for
   the report to be sent to.

□ I understand that I can ask for more information, I can contact the researcher

□ I understand that by signing this form it doesn't mean that you will be able to access any information that my
   child talks about in sessions and these remain confidential

□ I agree for my child to participate in this research


Parent/ Guardian Name:_____

Parent/ Guardian Signature _____ Date _____

Full name (student)_____ Form Class_____

Email address for report_____


**Please return this consent form enclosed in the envelope provided form to Emma Foster in the Guidance
Department**

## Appendix H

*Information Sheet for Principal*

Dear *Name of School Principal*,

I am Emma Foster and am highly grateful to be working as an intern counsellor within the Guidance Department at *Name of School*. I am in my second year of a Masters of Counselling degree at the University of Canterbury. As a requirement of a Masters Degree, you typically undertake a thesis or study. With the support of the Guidance Department I have chosen to conduct my study through *Name of School* Guidance Department.

I am interested in looking at my use of certain techniques during my sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. This model helps clients look for ways to get what they want. It has many different techniques however I am particular interested in the technique known as the Miracle Question. A Miracle Question is used to help a client shift his or her focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I believe that a version of the Miracle Question may be helpful for New Zealand secondary school students who come to counselling.

If you agree for this study to go ahead, here are some details:

- Counselling sessions will be 30-50 minutes with a commitment of 2 periods for students, they will be conducted at *Name of School* Guidance department
- Counselling sessions will be video recorded. These will only be listened to by myself and an external transcriber. Portions may also be discussed with my school supervisor and my university supervisors. The recordings will not be listened to by anybody else and the purpose is to create transcripts for use in research.
- Students will be invited to complete a questionnaire at the conclusion of the session.
- Neither the school, nor the student will be identified in any published research or publications to protect anonymity of the student attending counselling sessions.
- Student participation in the research is voluntary, if a student does withdraw, this will not jeopardise their access to counselling
- Consent will also be gathered from: student, parent/guardian and head of guidance.
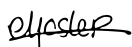
It is my ethical responsibility to ensure the confidentiality of all the information collected in this study. In any published documents and presentations pseudonyms will be used and any identifying information will removed. University of Canterbury regulations indicate that data must be kept for 5 years, therefore I will be using pseudonyms and any documents used in research will be password protected on my computer.

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

The University of Canterbury Educational Human Ethics Committee has approved this study. If you have any further queries beyond myself, you may contact the ethics committee directly; The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree for the study to go ahead please sign the enclosed consent form.

Warmly,

Emma Foster

# Appendix I

*Consent Form for Principal*

(Please tick each box)

□ I have read the information sheet and understand what the study involves and I agree for this study to go ahead at *name of school* Guidance department

□ I agree to the *name of school* logo to be used in conjunction with the University of Canterbury logo information sheets, posters and consent forms. This is to ensure the credibility of the study in communications to parent/guardians.

□ I understand that sessions will be video recorded for transcripts and be transcribed by an external transcribe

□ I understand that students will be required to complete a questionnaire.

□ I understand that the researcher will keep the data collected for 5 years and that it will be kept confidential and secure.

□ I understand that neither the student attending counselling, nor the school, will be identified in any presentations or publications that draw on this research.

□ I understand that I can receive a report on the findings of the study. You can write your email address below for the report to be sent to

□ I understand that our participation in the project is voluntary and that we may withdraw students from the project at any time without incurring penalty.

**Please return this consent form enclosed in the envelope provided form to Emma Foster in the Guidance Department**

Name: _____

Signature _____Date _____

Email address for report_____

# References

Armacost, R. L. (1989). Perceptions of Stressors on High School Students. *Journal of Adolescent Research, 4* (4), 443-461.

Arnett, J. J. (2000). Emerging Adulthood: A Theory of Development from the Late Teens Through the Twenties. *American Psychologist, 55* (5), 469-480.

Bager-Charleson, S. (2014). *Doing practice-based research in therapy: a reflexive approach*. London. Sage.

Barrett, D. E. (1996). Three Stages of Adolescence. *The High School Journal, 79* (4), 333-339.

Bogdan, R. C., & Biklen, S. K. (1998). *Introduction to qualitative research in education* (3rd ed). Boston, MA: Allyn & Bacon, A Viacom Company.

Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative Research for Education an Introduction to Theories and Methods* (5th ed). Boston, MA: Pearson A & B.

Burr, V. (2015). *Social constructionism* (3rd ed). Hove, UK: Routledge.

Campbell, A., & Hemsley, S. (2009). Outcome Rating Scale and Session Rating Scale in Psychological Practice: Clinical Utility of Ultra-Brief Measures. *Clinical Psychologist, 13* (1), 1-9.

Choudhury, S., Blakemore, S., & Charman, T. (2006). Social Cognitive Development During Adolescence. *Social Cognitive and Affective Neuroscience, 1* (3), 165-174.

Cicognani, E. (2011). Coping Strategies with Minor Stressors in Adolescence: Relationships with Social Support, Self-Efficacy, and Psychological Well-Being. *Journal of Applied Social Psychology, 41* (3), 559-578.

Clandinin, D. J. (2013). *Engaging in Narrative Inquiry*. Walnut Creek, CA: Left Coast Press Inc.

Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy: The Facts are Friendly*. Los Angeles, CA: Sage.

Creswell, J. (2014). *Research Design: Qualitative, Quantitative, and Mixed Method Designs:* Thousand Oaks, CA: Sage.

Corcoran, J. (1998). Solution-Focused Practice with Middle and High School At-risk Youths. *Social Work in Education*, 20, 232-243.

Crocket, A. (2013). Exploring the Meaning of the Treaty of Waitangi for Counselling. *The New Zealand Journal of Counselling, 33* (1), 54-67.

Crocket, A. (2009). Interpreting "Partnership" as a Core Value: Some Implications of the Treaty of Waitangi for the NZAC Code of Ethics. *New Zealand Journal of Counselling, 29* (2), 61-72.

Crocket, K., Kotze, E., & Peter, M. (2015). Young People's Perspectives of School Counselling. *New Zealand Journal of Counselling, 35* (1), 22-43.

Crowe, A. (2006). Guidance and Counselling in New Zealand Secondary Schools: Exploring the Issues. *New Zealand Journal of Counselling*, *26*(3), 16-29.

Curry, J. R., & Bickmore, D. (2013). Novice School Counselor Induction: Metaphors and Meaning. *Research In Schools, 20* (2), 14-27.

Davidson, C., & Tolich, M. (2003). *Social Science Research in New Zealand: Many Paths to Understanding* (2nd ed). Auckland, NZ: Longman.

de Anda, D., Bradley, M., Collada, C., Dunn, L., Kubota, J., Hollister, V., Miltenberger, J., Pulley, J., Susskind, A., Thompson, L. A., & Wadsworth, T. (1997). A Study of Stress, Stressors, and Coping Strategies among Middle School Adolescents. *Children & Schools*, *19*(2), 87-98.

de Jong, P., & Berg, I. K. (2013). *Interviewing for Solutions* (Vol. 4). Belmont, Califorina: Permalink.

Delsignore, A. M., Petrova E., Harper, A., Stowe, A. M. Mu'min, A. S, Middleton, & R. A. (2010). Critical Incidents and Assistance-Seeking Behaviors of White Mental Health Practitioners: A Transtheoretical Framework for Understanding Multicultural Counseling Competency. *Cultural Diversity & Ethnic Minority Psychology*, *16*, 352-361.

Denger, A. J. (2006). The Definition of Adolescence: One Term Fails to Adequately Define this Diverse Time Period. *Charis Journal of Lutheran Scholarship, 5* (3), 7-8.

De Shazer, S., & Dolan, Y. (2007), *More than Miracles State of the Art of Solution-Focused Brief Therapy*. USA: Routledge.

De Stefano, J. D., Atkins, S., Nelson, R., Heath, N., & Heath, N. (2012). Am I Competent Enough to be Doing This?: A Qualitative Study of Trainees' Experiences working with Clients Who Self-injure. *Counselling Psychology Quarterly, 25* (3), 289-305.

Duncan, B. L., & Miller, S. D. (2000). The Client's Theory of Change: Consulting the Client in the Integrative Process. *Journal of Psychotherapy Integration, 10* (2), 169-187.

Duncan, B. L., Miller, S. D., Sparks, J. A., Johnson, L. D. (2003). *Child Session Rating Scale*. Jensen Beach, *FL, USA*: Author.

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., Johnson, L. D. (2003). The Session Rating Scale: Preliminary Psychometric Properties of a "Working" Alliance Measure. *Journal of Brief Therapy, 3* (1), 3-12.

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), 60-69.

Elam, C., Stratton, T., & Gibson, D. D. (2007). Welcoming a New Generation to College: The Millennial Students. *Journal of College Admission*, *195*, 20-25.

Estrada, F. (2015). The teaching alliance in multicultural counseling course education: a framework for examining and strengthening the student-instructor relationship. *International Journal for the Advancement of Counselling*, *37* (3), 233-247.

Etherington, K. (2004). *Becoming a Reflexive Researcher Using Ourselves in Research*. London, UK: Jessica Kingsley Publishers

Franklin, C., Biever, J., Moore, K., Clemons, D., & Scamardo, M. (2001). The Effectiveness of Solution Focused Therapy with Children in a School Setting. *Research on Social Work Practice*, 11 (4), 411-434.

Gardner, M., & Steinberg, L. (2005). Peer Influence on Risk Taking, Risk Preference, and Risky Decision Making in Adolescence and Adulthood: An Experimental Study. *Developmental psychology*, *41*(4), 625- 635.

Greenberg, L. S. (2004). Emotion–Focused Therapy. *Clinical Psychology and Psychotherapy, 11*, 3-16.

Guterman, J. T., & Rudes, J. Social Constructionism and Ethics: Implications for Counseling. *Counseling and Values, 52* (2), 136-144.

Halstead, R. W., Brooks, D. K., Goldberg, A., Fish, L. S. (1990). Counselor and client perceptions of the working alliance. *Journal of Mental Health Counseling*, *12* (2), 208-221.

Hanton, P. (2011). *Skills in Solution Focused Brief Counselling and Psychotherapy* (Vol. 1). London: Sage Publications.

Henkelman, J., & Paulson, B. (2006). The Client as Expert: Researching Hindering Experiences in Counselling. *Counselling Psychology Quarterly, 19* (2), 139-150.

Hennink, M. M., Hutter, I., & Bailey, A. (2011). *Qualitative Research Methods*. Los Angeles, CA: Sage.

Hermansson, G. L., & Webb, S. B. (1993). Guidance and Counselling in New Zealand: Weathering a Decade of Transformation. *International Journal of the Advancement of Counselling, 16*, 213-227.

Howe, N. & Strauss, W. (2000). Millennials Rising: The Next Great Generation. New York: Vintage Books.

Jones-Smitn, E. J. (2010). *Theories of Counseling and Psychotherpay An Integrative Approach*. Thousand Oaks: Sage Publications.

Kim, J. S., & Franklin, C. (2008). Solution-Focused Brief Therapy in Schools: A Review of Outcome Literature. *Children and Youth Services Review*, 31. 464-470.

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *American Journal of Occupational Therapy*, *45* (3), 214-222.

Lambert, M. J., Whipple, J. L., Hawkins, E. J., Vermeersch, D. A., Nielsen, S. L., & Smart, D. W. (2003). Is it Time for Clinicians to Routinely Rrack Patient Outcome? A Meta-Analysis. *Clinical Psychology: Science and Practice*, *10*(3), 288-301.

Larson, R. W. (2000). Towards a Psychology of Positive Youth Development. *American Psychologist, 55* (1), 170-183.

Lichtman, M. (2013). *Qualitative research in education: A user's guide* (3rd ed.). Los Angeles; CA: Sage

Lofland, J., & Lofland, L. H. (1995). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis* (3rd ed). Belmont, CA: Wadsworth.

Long, T., & Johnson, M. (2000). Rigour, Reliability and Validity in Qualitative Research. *Clinical Effectiveness in Nursing*, *4*(1), 30-37.

Luttrell, W. (2010). *Qualitative Educational Research: Readings in Reflexive Methodology and Transformative Practice*. New York, NY: Routledge.

MacDonald, A. (2007). *Solution-Focused Therapy: Theory, Research & Practice*. Los Angeles: Sage Publications.

Manthei, R. J. (2015). Evaluating Counselling Outcome Why is it necessary? How can it be done? *New Zealand Journal of Counselling , 35* (1), 60-85.

Manthei, R. J. (2007). Clients Talk About their Experience of the Process of Counselling. *Counselling Psychology Quarterly*, *20* (1), 1-26.

McLeod, J. (2011). *Qualitative Research in Counselling and Psychotherapy* (2nd ed.). London, UK: Sage.

McWhirter, J., McWhirter, B. T., McWhirter, A. M., & McWhirter, E. H. (1994). High and Low Risk Characteristics of Youth: The Five Cs of Competency. *Elementary School Guidance & Counselling, 28* (3), 188-196.

Miller, T., & Boulton, M. (2007). Changing Constructions of Informed Consent: Qualitative Research and Complex Social Worlds. *Social Science &Medicine*, *65* (11), 2199-2211.

Ministry of Education New Zealand (2015). *Informed Consent Guidelines*. Retrieved from https://www.education.govt.nz/ministry-of-education/publications/special-education-publications/informed-consent-guidelines/

Murphy, J. J. (1992). Brief Strategic Family Intervention for School-Related Problems. *Family Therapy Case Study*, 7, 59-71.

Mutch, C. (2013). *Doing Educational Research: A Practitioner's Guide to Getting Started (*2nd ed.*)*. Wellington, New Zealand: New Zealand Council for Educational Research Press.

Netsafe New Zealand (2016). Retrieved from https://www.netsafe.org.nz/hdc-in-schools/

Newsome, W. (2005). The Impact of Solution Focused Brief Therapy with At Risk Junior High School Students. *Children & School*s, *27*, 83-90.

New Zealand Association of Counsellors NZAC , (n.d.) *Code of Ethics a Framework of Ethical Practice*. Retrieved from http://www.nzac.org.nz/code_of_ethics.cfm

Ng, E. S., Schweitzer, L., & Lyons, S. T. (2010). New Generation, Great Expectations: A Field Study of the Millennial Generation. *Journal of Business and Psychology, 25* (2), 281-292.

Orlinsky, D. E., & Rønnestad, M. (2005). *How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth*. Washington: American Psychological Association.

Owen-Pugh, V., & Baines, L. (2014). Exploring the Clinical Experiences of Novice Counsellors Working with LGBT Clients: Implications For Training. *Counselling and Psychotherapy Research, 14* (1), 19-28.

Ratner., H., George., E., & Iveson, C. (2012). *Solution Focused Brief Therapy: 100 Key Points and Techniques*. Hove: Routledge Taylor and Francis Group.

Riley, S. (2011). Brief Therapy: An Adolescent Invention. *Journal of the American Art Therapy Association, 16* (2), 83-86.

Rønnestad, M. H., & Skovholt, T. M. (1992). Themes in Therapist and Counselor Development. *Journal of Counseling and Development*, *70*, 505-515.

Rønnestad, M. H., & Skovholt, T. M. (2003). The Journey of the Counselor and Therapist: Research Findings and Prespectives on Professional Development. *Journal of Career Development, 30* (1), 5-40.

Schwartz, P. D., Maynard, A. M., & Uzelac, S. M. (2008). Adolescent Egocentrism: A Contemporary View. *Adolescence, 43* (171), 441-448.

Schwing, A. E., LaFollette, J. R., Steinfeldt, J. A., & Wong, Y. J. (2011). Novice Counselors' Conceptualizations and Experiences of Therapeutic Relationships. *International Journal for the Advancement of Counselling*, *33* (1), 51-63.

Shennan, G. (2014). *Solution Focused Practice Effective Communication to Facilitate Change*. Croydon: Palgrave Macmillan.

Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the Novice Counselor and Therapist. *Journal of Career Development, 30* (1), 45-56.

Skovholt, T. M., & Starkey, M. T. (2010). The Three Legs of the Practitioner's Learning Stool: Practice, Research/Theory, and Personal Life. *Journal of Contemporary Pyschotherapy, 40*, 125-130.

Squire, C. (2013) From Experience-Centred to Socioculturally-Oriented Approaches to Narrative. In M. Andrews, C, Squire, M. Tamboukou (Eds.), *Doing Narrative Research* (2nd ed., pp. 47-71) London, UK: Sage

Stedmon, J., & Dallos, R. (2009). *Reflective Practice in Psychotherapy and Counselling*. U.K. McGraw-Hill Education.

Steinberg, L. (2005). Cognitive and Affective Development in Adolescence. *Trends in Cognitive Sciences, 9* (2), 69-78.

Stith, S. M., Miller, M. S., Boyle, J., Swinton, J., Ratcliffe, G., & McCollum, E. (2012). Making a Difference in Making Miracles: Common Roadblock to Miracle Question Effectiveness. *Journal of Marital & Family Therapy, 38* (2), 380-393.

Strong, T. & Pyle, N. R. (2009). Constructing a Conversational "Miracle": Examining the "Miracle Question" as It Is Used in Therapeutic Dialogue. *Journal of Constructivist Psychology, 22* (4), 328-353.

Taylor, S. J., & Bogdan, R. (1998). *Introduction to Qualitative Research Methods: A Guidebook and Resource* (3rd ed.). New York, NY: John Wiley & Sons.

Trahar, S. (2006). Narrative Research on Learning: Comparative and International Perspectives. Oxford. Symposium Books Ltd.

Turner, A. (2015). Generation Z; Technology and Social Interest. *The Journal of Individual Psychology, 71* (2), 103-113.

Webb, S. B. (2000). Debugging Counselling for the New Millennium: A counsellor's View from Mount Hikurangi. *International Journal for the Advancement of Counselling, 22*, 301–315.