Exploring Solution Focused Brief Therapy from the Perspective of the Educational Psychologist and Young Person

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Summary

This thesis will be made up of three parts, namely the Literature Review, the Empirical Paper and the Critical Appraisal. Part 1 will aim to critically explore the research pertaining to Solution Focused Brief Therapy (SFBT) and its application within educational psychology (EP) practice, with reference to use with children and young people, and will go on to introduce the research questions in relation to this piece of research.

Part 2, the Empirical Paper, will provide a detailed account of the process that was followed in order to explore the research questions relating to SFBT. The methodology and results will be presented and discussed in terms of relevance to the literature as well as relevance to EP practice.

Part 3, the Critical Appraisal, will aim to provide a reflective and reflexive account of the research process. The first part will focus on the contribution to knowledge gained from the research project. The second part will include a critical account of the research practitioner and will include a personal reflection on the journey that the researcher undertook throughout the research process.

Acknowledgements

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List of Abbreviations

BFTC	Brief Family Therapy Centre
EP	Educational Psychologist
EPS	Educational Psychology Service
CBT	Cognitive Behavioural Therapy
GAS	Goal Attainment Scaling
NSPCC	National Society for the Prevention of Cruelty to Children
PCP	Personal Construct Psychology
SFBT	Solution Focused Brief Therapy
UK	United Kingdom
YP	Young Person

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Part 1: Literature Review

1.1 Introduction and Overview

This study involved an exploration of Solution Focused Brief Therapy (SFBT) from the perspective of both the young person and the EP, to provide an in-depth account of the process of SFBT by looking at what happens during sessions, the perception of the therapeutic relationship and evaluate the young people's goals.

This literature review will focus on the development of SFBT and its application to EP practice. The aim of the literature review is to guide the reader through the literature and outline the rationale for the current study.

This chapter will aim to provide an outline of the current context and role of the EP and potential therapeutic role; it will then go on to provide an overview of the SFBT approach, before exploring evidence from outcome research as well as process research, whilst also considering the influence of common factors in therapy and the application of SFBT in EP practice.

To conclude, the rationale for the current study will be presented along with the current research questions.

1.2 Description of Key Sources

Online databases were used in order to gather relevant literature for the current study. These included: PsycInfo, ERIC and Scopus. Search terms used (often in combination**)** included 'Solution Focused Brief Therapy' & 'Outcomes', 'SFBT' & 'Effectiveness', 'SFBT with children' 'SFBT with young people' 'SFBT in schools', 'effectiveness of SFBT', 'Goal Attainment Scaling' & 'SFBT', 'SFBT' & 'educational psychology'. A limited number of relevant articles were found with the majority of studies conducted within the field of psychoetherapy and formal family therapy settings (see table below for example). Given the small amount of process research (that is, looking at what works in therapy) and research

relating to the application of SFBT within educational psychology practice, hand searches were also conducted in relation to academic journals and books; in addition to internet searches to access relevant government documents.

Search term	Number of hits		
	PsycInfo	ERIC	Scopus
'SFBT' & 'schools'	11	10	62
'SFBT' & 'effectiveness'	9	4	29
'SFBT' & 'young people'	6	0	6
'GAS' & 'SFBT'	0	0	0
'SFBT' & 'educational psychology'	1	10	0

"The mind is its own place, and in itself can make a heaven of hell, a hell of heaven". (John Milton, 1667, pp.221)
Exploring Solution Focused Brief Therapy from the Perspective of the Educational Psychologist and Young Person

1.3. Children and Young People's Mental Health

During recent years, the prevalence of mental health problems reported in children and young people has become an area of significant concern within the UK (Mackay, 2007; Meltzer, Gatward, Goodman & Ford, 2000). For instance, it has been reported that approximately 10% of children and young people aged between 5 and 16 have a diagnosable mental health condition, with the majority related to behavioural or emotional problems. This translates to approximately three children in each classroom (Layard, 2011 as cited in Thorley, 2016). Furthermore, a recent NSPCC publication *'How safe are our children? The most comprehensive overview of child protection in the UK'* (Bentley, O'Hagan, Raff & Bhatti, 2016) indicates that almost one in three calls that are made to Child Line, a service which offers a free telephone counselling service for children and young people are linked to mental health issues, with the main concerns of callers being related to low self-esteem, self-harm and suicidal thoughts and feelings.

As children and young people account for approximately 24% of the population in the UK, such a high prevalence of mental health problems highlights the need for appropriate and effective support being available for children and young people (Department of Health & Department of Education, 2014). A recent publications from the Department of Health acknowledge the significance of this alarming issue and the scale of action that is required within society to be able to deal with it effectively (Future in Mind - Department of Health, 2015 & NHS England, 2015).

At the same time, schools are becoming increasingly recognised as appropriate settings in which to provide support for the promotion of mental health and well-being of children and young people (Department for Education, 2011; Greig, 2007). For example, the Institute of Public Policy Research Document, Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services (Thorley, 2016) reports that schools are facing a perfect storm due to the increasing number of children and young

people facing these difficulties and the lack of support that is available to schools, and as such schools should be placed at the heart of intervention and prevention for children who are at risk of mental health problems.

Given the central roles that EPs have in working with schools, many have argued that EPs could be well placed to deliver therapeutic interventions in school settings (Rutter & Smith, 1995; Suldo, Frederick & Michalwoski, 2010), especially in light of the identified insufficient support and resources to meet the mental health needs of children and young people in the UK (Davis, Day, Cox & Cutler, 2000; Rait, Monsen & Squires, 2010). Therefore, the ability to recognise and support the mental health and well-being issues faced by children and young people is potentially an important task for EPs.

1.3.1 Changing context of the role of the EP

1.3.1.1. *Traditional Role of the EP*

During the early years of the profession, EPs were seen as the practitioners who provided objective measurements of learning (Kelly, 2006). As a result, EPs were constructed as being 'testers' and 'assessors' of children's needs and were increasingly working in schools to facilitate the identification of problems and disorders (Leadbetter, 2002). Working at an individual level meant that the profession appeared governed by a medical analogy in which problems were considered as 'within-child' (MacKay, 2007).

1.3.1.2.. *A call to reconstruct the role of the EP*

Given the number of children and young people who experienced difficulties at some time in their school careers, it was not sustainable for EPs to be working at an individual level and therefore, applying psychology at a systemic level was crucial (Kirkaldy, 1997). This resulted in a call for a shift away from an individual 'medical model' approach to practice towards the application of more systemic, consultative approaches (Wagner, 2008).

The main catalyst for the reconstruction of the role of the EP emerged following on from the Warnock Report (1978) and the work of Gillham and colleagues (Gillham, 1978), who

noted that the reconstruction represented a "move away from the psychologist as an individual caseworker to being an agent for change in schools and systems" (as cited in MacKay, 2007, p.9).

1.3.1.3.. *The Current Situation*

"So we beat on, boats against the current, borne back ceaselessly into the past". (F. Scott Fitzgerald, The Great Gastby, 1925).

Despite the call for change following the restructuring movement in the 1970s, Cameron and Monsen (2005) suggested that the distance that the profession had travelled in relation to the restructuring movement was debatable, suggesting that the change in educational psychology practice continues to be a process that is far from complete. For example, some have suggested that the more traditional EP practice based on a 'within-child' medical approach persists, despite the drive to work in more systemic and collaborative ways (Kelly, 2006), with some calling for a further reformulation of EP practice (Boyle & Lauchlan, 2009).

1.4. Role of the EP as a Therapist

As noted previously, the increased prevalence of mental health problems in children and young people, alongside the demand for initiatives to support and improve the well-being of children and young people, could provide EPs with the opportunity to make a distinct contribution in this area (Cane, 2016). As Greig (2007) noted, "the ability to recognise the mental health needs of the nation's children and young people is [therefore], potentially an important task for EPs" (p.19). EPs are considered to be well placed to deliver therapeutic interventions that would foster children's psychological well-being (Squires, 2010).

Following the restructuring movement within the profession during the 1970s, the role of the EP shifted away from individual work to systemic work (MacKay & Vassie, 1998; Wagner, 2008). However, MacKay (2002) feared that a consequence of moving towards systemic work meant "a whole generation of psychologists might become deskilled in the methods of individual assessment and the techniques of therapeutic intervention" (p. 7).

Similarly, Boyle and Lauchlan (2009) raised concerns about how the "move away from individual casework has resulted in an under-confident profession in danger of becoming obsolete" (p.72).

In contrast to Farrell et al's (2006) review of the role of the EP, which noted that 1:1 therapeutic work only accounted for 1% of EP time, Atkinson, Bragg, Squires, Muscutt and Wasilewski (2011) reported that EPs were already working therapeutically in a number of different contexts with children and young people. Atkinson et al's survey found that 92% of respondents (from a total of 455) reported that they used therapeutic interventions in their work, with SFBT, Cognitive Behavioural Therapy (CBT) and Personal Construct Psychology (PCP) being the most frequently used by EPs in the UK. These findings suggest that many EPs report that they are working therapeutically with children and young people. The study also identified some of the facilitators of, and barriers to, therapeutic work in EP practice. The key factors that were considered to facilitate therapeutic approaches included a supportive EP service and opportunities for training and support from leaders in the profession, whilst the barriers included heavy workloads, restriction in time allocation and a lack of appropriate supervision. However, as is true with any survey, caution must be applied when interpreting the findings, as it is likely that there was an element of survey bias due to those who responded being interested in therapeutic approaches and thus, perhaps being more likely to respond.

However, despite the various calls for EPs to be working more therapeutically with children and young people, many have acknowledged that individual interventions might be less effective than systemic interventions in the long term (Prilleltensky & Nelson, 2000). As Albee and Gullotta (1997) noted, mental health problems on such a significant scale are not going to be tackled on a reactive basis through individual interventions and so, systemic interventions and preventative measures are required. However, MacKay (2007) asserted that, whilst there is a need for prevention and promotion of well-being at a systemic level, this need should not detract from the need to provide individual intervention as well, noting that whilst it is important that take 'fire prevention' measures are taken, that is, engaging in preventative work,

that there also must be people who are able to 'put out the flames', that is, providing therapeutic interventions.

Despite the argument calling for the EP to provide therapy for individuals, it is possible that schools might not want the EP to engage in therapeutic practice. As Boyle and MacKay (2007) noted, schools might continue to request cognitive assessments for individual casework. There also appears to be a degree of uncertainty with regards to the future role of the EP in providing therapeutic support because of the increased marketization of EP services with many becoming traded services and are moving away from publically funded services (Fallon, Woods & Rooney, 2010).

Nevertheless, Pugh (2010) has called for a re-emphasis on core therapeutic functions in EP training since a "failure to embrace a wider therapeutic role will increasingly result in the limited commissioning of only statutory assessment services" (p.397). Given the lack of provision that exists for children and young people with mental health difficulties (Davis et al., 2000), it may be that with appropriate promotion that delivery of therapeutic services would become highly appealing to schools.

1.5. Frameworks for EP practice

Ever since the restructuring movement within educational psychology during the 1970s (Gillham, 1978), EPs have applied various frameworks to guide their work as they attempt to understand service users presenting problems. Traditionally, professionals have worked on the assumption that an understanding of the problem can help to identify a cause and this helps in the process of reaching solutions (Durrant, 1993; Harker, 2001). Most of the models developed have focused on problem solving (Monsen, Graham, Friederickson & Cameron, 1998). However, in more recent years, strengths-based frameworks, such as solution-focused approaches have emerged in EP practice (Stobie, Boyle & Woolfson, 2005).

Rhodes and Ajmal (1995) drew together a number of applications of solution-focused approaches within EP practice. Redpath and Harker (1999) noted that solution-focused

approaches offered natural applications within the day to day practice of the EP, acting as a vehicle for change at a number of systemic levels (see Figure 1); ranging from the individual, therapeutic level using SFBT (Rhodes & Ajmal, 1995); to applying a solution focused approach to groupwork (Stringer & Mall, 1999); and / or using the principles of SFBT and applying them at the whole school level, e.g., the Working on What Works intervention (Lloyd, Bruce & Mackintosh, 2012). Therefore, it would appear that the solution-focused approach potentially has relevance in all areas of EP practice from individual assessment to organisational consultation and change.

Given the clear therapeutic context in which SFBT emerged, casework appears to offer a natural application of solution-focused approaches for EPs (Ajmal & Rees, 2001). The literature review will explore on SFBT in its' therapeutic capacity, with particular focus being on children and young people as well as its application and relevance to the role of the EP.

Figure 1. Applications of Solution-Focused approaches in EP practice. Adapted from Redpath and Harker (1999 p. 116).

1.5.1. Solution Focused Brief Therapy

1.5.1.1. *Origins of Solution Focused Brief Therapy*

Solution-Focused Brief Therapy (SFBT) was initially developed at the Brief Family Therapy Centre (BFTC) in Milwaukee and evolved from clinical practice (de Shazer, 1985). SFBT is considered to represent a paradigm shift from the traditional focus within psychotherapy of a detailed examination of the problem that the client brings to therapy (Trepper, Dolan, McCollum & Nelson, 2006). In contrast to such problem-focused approaches, SFBT places an emphasis on talking about the preferred future rather than past problems (O'Connell, 2005).

De Shazer and Berg's work (1997) was influenced by that of Mitlon Erickson who began to challenge the psychotherapeutic community by moving away from analysis of the problem to the re-construction of solutions (as cited in Havens, 2003). It is through this process of 'utilisation' of the client's strengths and resources that helps clients to take a more active role in therapy (Berg, 1994; de Shazer, 1994).

1.5.1.2. *Key Principles of SFBT*

This section will summarise some of the key principles of SFBT and go on to present the key techniques that are used in SFBT.

1.5.1.2.1. *An emphasis on the past and details of the problem are not necessary for the development of solutions.*

De Shazer (1985) suggests that in order to find a 'solution', there is no point dwelling on previous failed attempts at solutions. As the practice of SFBT developed, a description of the 'problem' became to play a lesser part in the interviewing process, to the extent it might not even be discussed (George, Iveson & Ratner, 1999). Consequently, a major focus within the SFBT interview is placed on how the client will know when the problem is solved. By using this approach, therapists minimise the emphasis on problems and failed attempts at solutions and instead, focuses on the client's strengths and resources (de Shazer, 1985). Furthermore, the

founders of SFBT propose that complex problems do not need complex solutions, as de Shazer (1985) noted:

> The complaints that clients bring to therapists are like locks in doors that open onto a more satisfactory life. The clients have tried everything they think is reasonable, right, good, and what they have done was based on their true reality, but the door is still locked; therefore they think their situation is beyond solution. Frequently, this leads to greater and greater efforts to find out why the lock is the way it is or why it does not open. However, it seems clear that solutions are arrived at through keys rather than through locks; and skeleton keys (of various sorts) work in many different kinds of locks. An intervention only needs to fit in such a way that the solution evolves. It does not need to match the complexity of the lock. Just because the complaint is complicated does not mean that the solution needs to be complicated (p. 15).

However, solution-focused therapists are not saying that problems should never be discussed. For example, de Shazer (1994) notes that it may be useful to explore the problem in instances where the client has never put it into words before.

1.5.1.2.2. *There are always exceptions, that is, times when the problem is less or absent*

Another core tenet of SFBT is the idea that there are always exceptions, that is, problems do not happen all the time and so there are times in clients' lives when the problem occurs less often or does not occur at all. However, these times or exceptions are often forgotten or considered by the client as being non-deliberate or flukes and so in SFBT, it is the role of the therapist to elicit these exceptions (de Shazer, 1985).

1.5.1.2.3. *Clients have the resources to resolve their difficulties*

Underlying all of the above is the competency view that is central to SFBT; that people have the resources needed to change and that these steps towards change should be identified by the client and not by the therapist (Miller & de Shazer, 2000). As de Shazer (1985, as cited in Rhodes, 1993) wrote "this is the key to brief therapy: utilising what the client brings with him to meet his needs in such a way that the client can make a satisfactory life for himself" (p.27).

As such, the client is considered to be the expert on his or her own situation and the therapist will take the stance of 'not knowing' and 'leading from one step behind'. In doing so,

the solution-focused therapist becomes invisible in the process. As George, Iveson and Ratner (1999) noted, "good brief therapists leave no footprints on their clients" (p.36).

1.5.1.2.4. A small change can lead to widespread changes

The solution-focused model acknowledges the notion of ecological systems and how these can influence each other (de Shazer, 1985). For example, O'Hanlon and Weiner-Davis (1989) propose that change can arise from doing things differently, viewing what you are doing in a different way, or even both. Consequently, the founders of SFBT argue that, if one small change can be achieved in a 'stuck' or repetitive system, then many other positive changes will occur as a result, creating a 'ripple effect' (de Shazer, 1985). As Murphy (1996) noted, "a small change in any part of the system can ripple into larger changes" (p.185).

1.5.1.3. *Theoretical Underpinnings of SFBT*

1.5.1.3.1. Constructivism and Social Constructionism

Miller, Hubble and Duncan (1996) noted that, whilst there is not a single theory underpinning SFBT, there appear to be several assumptions underpinning it (see Figure 2). For example, the model draws upon constructivism; that the problem is not so much the pattern of behaviour that brings the client to therapy but rather, it is the client's construction of the problem that maintains the problem pattern (Rees, 2005). As de Shazer noted, "problems are held together simply by being described as problems" (1998, p.8). Solution-focused therapists attempt to reconstruct the client's views and beliefs in order to generate solutions (de Shazer, 1994). In SFBT, therapists and clients engage in a process of co-construction, which results in clients talking about themselves and their problems in new and different ways (de Jong & Berg, 2008). By changing certain aspects of the clients story, it is possible to reconstruct the way in which they view reality, the future and ultimately how they act (de Shazer, 1985; White & Epston, 1990).

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                    │  Solution-Focused Brief │
                    │         Therapy         │
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Constructivism: Knowledge is constructed through active selection and interpretation of information. Adaptation is facilitated through assimilation and accommodation.

Social Constructionism: Knowledge is constructed through internalised social relationships and interactions, with language, communication and meaning of language playing an important part. There is no objective meaning to reality. Instead, all meaning is individually constructed, albeit influenced by social and cultural factors. Hence, theories are socially constructed perceptions evolving from a cultural, political and societal context. Within the constructivist position, it is the ways people make sense of their experiences which are important elements for therapy.

Systems theory: As it pertains to family therapy in which the whole is considered to be more than the sum of its parts. As everyone in the family system is related, a change in one part will cause a change in all of them and in the total system (Watzlawick et al., 1967).

Figure 2. Theoretical underpinnings of SFBT. Adapted from Stobie, Boyle & Woolfson (2005, p. 8).

1.5.1.4. *Critique of SFBT*

1.5.1.4.1. *'Surface' over 'depth'*

An important debate exists surrounding the benefits and disadvantages of short-term and longer-term approaches to therapy. Some have criticised brief therapies for placing an emphasis on 'surface' over 'depth' by not exploring the presenting problem (Howe, 1996). Others have questioned the appropriateness of brief therapies, especially with issues such as trauma or abuse, as some believe that not exploring the problem fully can be harmful to some clients (Stevenson, 1998; Bond, Woods, Humphrey, Symes & Green, 2013).

Bertolino (1999) argued that the solution-focused therapist might be imposing his/her beliefs model from the beginning by persuing solutions early on in the work. Nylund and Corsiglia (1994) warned how this might lead to therapists becoming 'solution-forced'. This is in direct contrast to solution-oriented approaches in which clients spend as much time as is necessary discussing their problems. For example, within solution-oriented approaches, Rees (2008) notes the importance of "keeping one foot in pain and one in possibility" (p.172) in the process of change. Rees also notes the following two main differences between the solution-oriented and the solution-focused approaches.

- A solution-oriented approach seeks to embrace a problem narrative as an important part of pain. Solution focused approaches, on the other hand, consider this as being less important and that change can occur from building on competence alone (O'Hanlon, 2000).

- Solution-oriented approaches encourage the integration of any technique that would be useful in bringing about change. In contrast, Murphy and Duncan (2007) note that, within solution focused approaches, strengths lie in using particular techniques.

There is much evidence that suggests that the quality of the therapeutic alliance is considered to be the best predictor of the outcome of therapy (Lambert, 1992; Orlinsky, Grawe & Parks, 1994). However, SFBT appears to maintain an emphasis on technique rather than the therapeutic relationship, as Lipchik (1997) noted, and "fous on the technique and neglect the actual flesh and blood client sitting with them… in general, the choice of techniques should be driven by how a particular technique will serve to fit the client, not the therapist" (pp.37-38). The lack of emphasis on the therapeutic relationship is also reinforced by the brief nature of SFBT, which might limit the opportunity to develop this relationship (Nylund & Corsiglia, 1994).

1.6. Core Techniques in SFBT

The earliest process studies on SFBT were completed at the Brief Family Therapy Centre (BFTC) in Milwaukee and were exploratory in nature and involved the observation of therapy sessions through a one-way mirror by a team of therapists (de Shazer, 1985). It was through this process of observation and experimentation over several years that the team reviewed several techniques that eventually became the fundamental components of SFBT that are used in practice today. Below is a description of the techniques that are considered to represent the 'core' features of SFBT (Bavelas et al., 2013; de Shazer, 1985; Iveson, 2002; George, Iveson & Ratner, 1999; O'Hanlon & Weiner-Davis, 1989).

1.6.1.. *Pre-session change*

O'Hanlon and Weiner-Davis (1989) recommend that instead of asking "Did you ever do anything that worked?" that therapists should focus on more positive questions such as "What have you done in the past that has worked?". Weiner-Davis, de Shazer and Gingerich (1987) found that 20 out of 30 clients who were asked this question during their first session reported instances of improvement. In contrast, when clients were asked what had *not* changed in the first session, McKeel and Weiner-Davis (1995) noted that 67% reported their situation was the same.

1.6.2.. *Goal Setting*

The setting of a specific, concrete and observable goal is considered to be a key component in the process of SFBT. Within SFBT, goals are formed through a process of eliciting what the clients want to be different in the future (Lee, Seebold & Uken, 2003). Solution-focused therapists hold the view that, if the client's goals are not central, then the work is unlikely to succeed (Rhodes & Ajmal, 1995). As de Shazer (1985) noted, "if you don't know where you're going, chances are you'll end up somewhere else" (as cited in Ajmal & Rees, 2001 p.18).

1.6.3. *Asking the Miracle Question*

Insoo Kim Berg and Steve de Shazer initially developed the 'Miracle Question' below during a session with a client:

> Suppose that one night, while you are asleep, there is a miracle and the problem that brought you into therapy is solved. However, because you are asleep, you don't know that the miracle has already happened. When you wake up in the morning, what will be different that will tell you that the miracle has taken place? What else? (as cited in Berg & Miller, 1992, p.13).

The Miracle Question is considered as being similar to Erickson's Crystal Ball Technique (1954). The aim of the Miracle Question is for clients to begin thinking about possibilities and solutions that they might not have been aware of, in order to create change. As O'Hanlon & Weiner-Davis (1989) noted, "the mere act of constructing a version of the solution acts as a catalyst for bringing it about" (p.106).

1.6.4. *Scaling Question*

At least once during the first interview and at some point during subsequent ones, the client will be asked to rate some aspect of his/her life on a scale of 0-10 in order to measure his/her own perceptions of it and to motivate and to encourage the client to work towards his/her goals (Berg & de Shazer, 1993). Scaling tasks are considered to act as a bridge between where the client is and where he or she would like to be in the future: "an anchoring tool that allows clients to measure, assess and evaluate their own situations" (Berg & Dolan, 2001, p.9).

1.6.5. *Consulting Break and Compliments*

At some point during the session, the therapist will take a break, after which the therapist will give compliments to the client. Compliments focus on clients' strengths and many times they relate to the client's past successes (de Jong & Berg, 2008) and are often designed to move the client into a mindset of accepting something new (de Shazer, 1991) as well as reinforce client strengths, skills, competences, abilities and resiliences (Bavelas et al., 2013).

1.6.6. *Eliciting Exceptions*

"Is there a time when the complaint doesn't occur, or occurs less than other times?" (Lipchick & de Shazer, 1986, as cited in Rhodes & Ajmal, 1995, p.12).

Searching for exceptions is considered an important task in the therapy process. Given that the solution-focused approach does not assume that problems happen all of the time (Berg & Dolan, 2001), solution-focused therapists hold the view that there are always exceptions or times when the problem occurs less often (Lipchick & de Shazer, 1986). These exceptions are considered to encourage the discovery of possibilities or small steps that will lead to solutions (McKeel, 2012).

1.6.7. *What's Better?*

The second session and each subsequent session usually starts with the therapist asking "What's better?" (George, Iveson & Ratner, 1999). Again, this instils in the client the therapists' expectation that something is better and may act as a self-fulfilling prophecy.

1.6.8. *Relationship Questions*

Relationship questions are often used to encourage clients to imagine how significant others might react to their problem situation and the changes they make (de Jong & Berg, 2013). The therapist focuses on what significant others would notice if things were better, with the hope of amplifying client's perspective about the system, for example, "When (children, best friend, family, teachers…) notice _____ (the difference that the client mentions) what will (they) do differently?" (de Jong & Berg, 2008, p.355).

1.6.9. *Coping Questions*

A large part of the SFBT interview hinges on eliciting details of the client's self-efficacy and resources, by asking questions such as: "How did you do that?" and "What can you do to move up on the scale?" (Beyebach, Morejon, Palenzuela, & Rodriguez-Anas,1996). These coping questions are used to elicit information about when the client has been able to deal with

the problem. Exploring the client's responses to these coping questions can often lead to the development of a more positive, solution-focused conversation, and can assist in the development of client strengths and resources (de Jong & Berg, 2008).

1.6.10. *Formula First Session Task*

De Shazer and Molnar (1984) introduced the Formula First Session Task as a homework task typically given to clients to complete between their first and second sessions. This often includes the therapist asking; "Between now and next time we meet, we would like you to observe, so that you can describe to us next time, what happens in your (family, life, marriage, relationship) that you want to continue to have happen" (p.137).

The aim of this homework task is to promote the clients' optimism about his or her situation. Creating a sense of expectancy that a positive change will happen will help the client to notice more positive changes, which in turn will act as a self-fulfilling prophecy (Miller, Hubble & Duncan, 1996).

1.7. Is SFBT effective?

However beautiful the strategy, you should occasionally look at the results

- Sir Winston Churchill

As the SFBT approach was developing at the BFTC in Milwaukee, the team conducted follow-up surveys of clients who had completed therapy in order to determine whether clients were benefitting from the therapy. De Shazer (1985) evaluated treatment outcome at 6 month follow up of 28 cases to determine whether or not clients had benefited from therapy and reported that 82% (23 cases) had improved at follow up. Subsequent follow up studies have reported similar results. For example, George, Iveson and Ratner (1990) conducted a six month telephone follow up at their clinic in London with 62 individuals and families and reported that 66% of clients were satisfied with the outcome of therapy.

Whilst these early outcome studies were positive, it is important to note that they often relied upon subjective outcome measures such as client's self-report, which could have led to an element of demand characteristics in which the client might feel obliged to agree that the therapy had beend successful, meaning that it is difficult to make inferences about the effectiveness of SFBT (Gingerich & Eisengart, 2000). Consequently, many called for the development of well-designed research studies to support the efficacy of the approach (Trepper, Dolan, McCollum & Nelson, 2006),

Several reviews of the literature have been conducted in an attempt to establish the evidence base for the SFBT approach (e.g., Gingerich & Eisengart, 2000; Bond et al., 2011). Gingerich and Eisengart (2000) offered a review of the SFBT outcome research in order to assess the extent of empirical support for the effectiveness of SFBT. Only fifteen controlled studies met the criteria to be included in the review and the studies were further categorised into well-controlled, moderately controlled and poorly controlled studies. Gingerich and Eisengart used the standards for assessing empirical support for psychological treatments developed by the American Psychological Association (Task Force for Promotion and Dissimination of Psychological Procedures, 1995) to categorise the studies as follows.

- Well-controlled: five studies met five to six standards.

- Moderately controlled: four studies met four standards.

- Poorly controlled: six studies met three or fewer standards.

The five well-controlled studies of SFTB effectiveness included a study of depression in college students (Sundstrom, 1993); a study of parenting skills conducted at a university base (Zimmerman et al., 1996); a study of rehabilitation of patients (Cockburn et al., 1997); a study of recidivism in a Swedish prison population (Lindfross & Magnusson, 1997) and a study of institutionalised adolescent offenders (Seagram, 1997). Whilst a strength of the well-controlled studies lies in the high level of control e.g., adherence to treatment protocol, there are questions regarding the external validity and subsequent applicability and relevance to real world settings of such highly controlled studies.

Nevertheless, Gingerich and Eisengart concluded that the studies provided "preliminary support for the idea that SFBT may be beneficial to clients" (p.495). However, since none of the studies included a control group, it is not possible to conclude that the observed outcomes were specifically the result of SFBT. It is also important to consider the methodological limitations e.g. use of subjective measures, lack of pre-treatment measures and variations in how SFBT was implemented. Furthermore, the studies were conducted by advocates of SFBT and thus these results need to be interpreted with caution as this may have impacted on the authors interpretation of findings.

1.8. Application of SFBT with Children and Young People

Although the solution-focused approach originated within the context of family therapy, it has since been widely applied with children and young people to tackle a number of problems from behavioural and emotional difficulties to academic and social skills (George, Iveson & Ratner, 1999; O'Connell, 2005; Kelly, Kim & Franklin, 2008; Murphy & Duncan, 2007). Ratner (2003) reports that it is most commonly used in cases of behaviour problems and with students who are at risk of exclusion. The brief nature of the solution-focused approach makes it ideally suited for use in schools (Rhodes, 1993; Kim & Franklin, 2009).

Kim and Franklin (2009) noted that, despite the increase in the use of SFBT in schools, no review of research examining the effectiveness of the approach has been conducted in this setting. Given the scarceness of empirically supported interventions targeting both academic and mental health problems in school settings (Hoagwood et al., 2007) the examination of SFBT as a potentially effective intervention warrants further investigation.

Adolescence is considered to be a challenging time, particularly for young people with low self-esteem (Morton & Montgomery, 2013). Given that SFBT is based on a competency and strength-based view of people and uses questions that encourage people to consider the problem from different perspectives, it is possible that a solution focused approach could strengthen a young person's sense of self-efficacy, which in turn will increase their confidence to make decisions and deal with problems (de Jong & Berg, 2008). As a result, young people

could potentially shift away from a sense of disempowerment and helplessness, to feeling that they have control over their future (Geldard & Geldard, 1999).

Corcoran (2006) suggests four possible reasons why SFBT has been recommended for behaviour problems, as follows.

- It can support students at all readiness to change stages.

- Its philosophy is preferred to dwelling on problematic histories.

- It is hopeful and empowering because it targets concrete and specific behaviours.

- It offers achievable and realistic goals for behaviour change.

1.8.1. *Externalising Behaviour Problems*

Seagram (1997) evaluated the efficacy of SFBT in improving attitudes and reducing antisocial behaviour in 40 adolescent offenders who were alternately assigned to either the SFBT intervention group (N = 21) or the 'treatment as usual' group (N = 19). The adolescents who received SFBT made more progress with regards to their ability to solve problems as well as demonstrating confidence in their own ability to be able to maintain these changes in comparison to the control group. Furthermore, the authors reported that, at six-month follow up, 20% of the participants from the treatment group versus 42% of the participants from the control group had re-offended, suggesting that SFBT has potential long-term benefits.

In another study, Corcoran (2006) sought to examine the efficacy of SFBT in dealing with behavioural problems including aggression and impulsivity in children and young people. The students were placed in either the SFBT intervention group or the 'treatment as usual' group, which used cognitive-behavioural techniques. Each student's progress was measured using parent's self-report on the Conner Parent Rating Scale (Conners, Sitarenios, Parker, & Epstein, 1996) as well as the pupil's self-report on the Feelings and Attitudes Scale for Children (Beitchman, 1996). At follow up, no significant difference was found between the SFBT group and the treatment as usual group, suggesting that SFBT is as effective as other therapeutic techniques in reducing behavioural problems such as aggression. The results are promosing, especially as SFBT could be considered as effective as cognitive behavioural approaches, which

has a well-established evidence-base of effectiveness for child and adolescent behaviour

problems (Bennett & Gibbons, 2000). Whilst it is encouraging that SFBT was found to be as

effective as a cognitive behavioural intervention, it is important to note the limitations of the

study. For example, the use self-report measures might have led to results being affected by

social desirability effects, and a lack of longer-term follow-up makes it difficult to evaluate the

retention of the positive effects of the intervention. Furthermore, the study did not have a

control group (no treatment) to evaluate the merits of the interventions.

Cepukiene and Pakrosnis (2010) evaluated the impact of SFBT with young people who

had been placed in children's homes. The authors reported significant progress in terms of

reduction in behaviour problems in the treatment group, compared to the unrelated control

group. Similarly, Conoley et al. (2003) conducted a case study evaluation of SFBT with

families of children who displayed aggressive and oppositional behaviour. Following the SFBT

intervention, the authors concluded that all three families reported that the issues that had led

them to seek therapy had in fact been resolved, with only one of the families requesting further

therapy at follow up.

1.8.2.Internalising Behaviour Problems

Sundstrom (1993) sought to compare the outcomes from a single SFBT session with

interpersonal psychotherapy, for college students who had been identified as being depressed.

Sundstrom noted that both the experimental and control conditions produced significant positive

changes in student's mood, suggesting that both treatment procedures were as effective as each

other. However, caution should be exercised when interpreting the results, due to the limited

representativeness of the sample, making it difficult to generalise from the findings. Further,

although the SFBT intervention resulted in mood improvements, the authors observed that the

effects were not sustained in the long-term and therefore it cannot be concluded thar SFBT is

effective at treating depression.

Kvarme et al. (2010) explored the effects of a SFBT intervention in developing self-

efficacy in children and young people. Their findings showed moderate increases for girls

feelings of self-efficacy post intervention along with an improvement in self-efficacy as both girls and boys at follow up three months later, suggesting that solution-focused approaches are effective in increasing self-efficacy amongst children and young people. However, it should be noted that the solution focused intervention undertaken was based on a 'reteaming' programme developed by Ben Furman and Tapani Aloha (2007) that was designed to help children develop their social skills, based on the principles of the solution-focused approach (Iveson, 2002) and as such, is difficult to know to what extent the study sheds light on SFBT alone.

Littrell, Malia and Vanderwood (1995) examined the effets of three variants of a single SFBT session on reducing academic and personal concerns and increasing goal achievement of students at a high school. The three variants of SFBT comprised problem-focused with task, problem-focused without a task and solution focused with a task. All three groups of students showed significant improvement at the two and six week follow up, with no significant between treatment effects, suggesting that SFBT was as successful as problem focused approaches in alleviating the students problems. The only reported advantage of SFBT was that it took less time. However, it is important to interpret the results with caution as the researchers did not use standardised outcome measures and instead relied upon subjective ratings, which might have influenced the results. Further, no pre-treatment measures were administered and so it is difficult to know how much change occurred as a result of the intervention.

1.8.3. Academic Outcome

SFBT has also been reported as being effective in improving academic outcomes in children and young people. For example, Newsome (2004) studied the effect that SFBT had on grade attainment and attendance for students who were identified as being at risk of having academic and attendance problems. Twenty six pupils were included in the study, with half of the pupils receiving SFBT group sessions. Newsome reported that the grades in the experimental group improved significantly when compared with the control group; however, there was no statistical difference in school attendance for the two groups. This study also did not include seeking pupil feedback to ascertain pupil perceptions of the SFBT group sessions.

Nevertheless, the study provides support for the application of SFBT in improving academic outcomes.

1.8.4. Conclusion

Research exploring the efficacy of SFBT in schools with children with behaviour problems indicates some positive findings (e.g., Seagram, 1997; Corcoran, 2006; Newsome, 2004). The positive outcomes in several of the studies with children and young people suggest that SFBT may be a useful approach for both externalising and internalising behavioural problems with at-risk students. Further, SFBT was found to be successful in raising academic attainment (Newsome, 2004).

Whilst the majority of the studies discussed compared the effectiveness of SFBT with other approaches, most did not include a control group given no treatment, and, therefore, it is difficult to conclude that the observed outcomes were specifically the result of SFBT. Furthermore, it is difficult to conclude whether the positive changes reported were as a result of SFBT or were due to the use of self-report measures to identify change and the possibility of demand characteristics whereby the participants felt obliged to report that change had occurred. It is also important to note that many of the studies were conducted by advocates of SFBT and therefore caution must be excercised when interpreting the findings.

Consequently, systematic reviews of the effectiveness of SFBT have tended to draw tentative conclusions. For example, Kim and Franklin (2009) noted that SFBT has an 'emerging' evidence base, whilst Gingerich and Eisengart (2000) note that the evidence offers 'preliminary support'. Conversely, Bond et al. (2013) conclude that the evidence base for the effectiveness of SFBT in relation to children and young people continues to be relatively weak. It should also be noted that the age of some of the studies included in this Literature Review alongside the systematic reviews reflects the limited number of sources available. Nevertheless, many have argued that SFBT should develop a stronger evidence base, leading to the question of how SFBT should be researched?

Whilst a strength of well-controlled studies lies in the level of control of extraneous variables, there is growing recognition that such highly controlled efficacy studies may not be feasible or even possible in some settings and, if they are, they may still be lacking in clinical validity (Goldfried & Wolfe, 1998; Pinsoff & Wynne, 2000). Critics maintain that efficacy research often ignores the characteristics of real-world clients, where intervention is tailored to the individual and integrated with other approaches (Kim, 2008). Taylor and Burden (2000) argue that what is needed is a series of small-scale naturalistic case studies which employ ethical and replicable research methods that include multi-method approaches.

1.9. Treatment Fidelity within SFBT

One critique of the outcome research is the large amount of variability in how SFBT is implemented in studies, making it difficult to know or specify which particular aspects of SFBT contributed to positive outcomes. For example, Gingerich and Eisengart (2000) noted that the area of greatest need is for the specification and proceduralisation of SFBT. Although SFBT is based on the principles of social constructionism, within a research context de Shazer (1985) himself noted that the model used must be apparent and clearly demonstrated, suggesting the need for studies to follow some sort of agreed procedure.

Those who apply and research the SFBT approach should be concerned about whether their work with clients represents the intention of the underlying assumptions of SFBT (Corcoran & Pillai, 2009; de Shazer & Dolan, 2007). Within the context of SFBT, a central question for practitioners is whether the outcomes of what is done in sessions is valid, that is, can the therapist make inferences about the relationship between using SFBT and outcomes, and are the applications of SFBT delivered in the manner originally designed?

As SFBT can be applied flexibly to a range of problems, this lack of structure in sessions can create problems when attempting to measure its efficacy. As previously noted, most studies rely on the therapists' self report of what happened during therapy and as a result, have little or no objective validity. However, if SFBT is to become a model for practice, then the creation and application of a fidelity measure would enable practitioners to be more

confident that the positive outcomes occur as a result of the SFBT implementation rather than some other factor (Lehman & Patton, 2012).

Fidelity is defined as the "adherence of actual treatment delivery to the protocol originally developed" (Orwin, 2000, p.310). Whilst fidelity is considered to be important, the extent to which SFBT should be manualised has been debated, especially since SFBT embraces a flexible application of techniques that is often individualised to the client (O'Connell, 2005).

Issues relating to treatment fidelity can be explored through both direct and indirect means. Indirect means might involve the use of self-report measures (Lehmann & Patton, 2012). Although more time consuming, direct means might involve recording actual therapy sessions.

Argyris and Schön (1974) proposed the notions of espoused theory, the theoretical underpinnings of an approach and theory in action, the actual behaviour of the practitioner, and argued that there is often a discrepancy between what people think thy do and what they actually do in practice. Directly exploring what happens during SFBT sessions would allow for the exploration of a therapist's behaviour i.e., theory in action, versus the therapist's espoused theory, the assumptions of SFBT. For the purpose of the current study, it is argued that adopting a direct approach to evaluating SFBT would allow for a more accurate and naturalistic account of what happens in therapy.

1.9. 1. Process Research

1.9.1.1. What Works in SFBT?

As previously noted, it is often difficult to know exactly what happens during SFBT sessions and how comparable the procedures are with the theoretical assumptions of the approach. The early process research conducted at the BFTC, involved examining the transcripts and tapes of sessions that were conducted by the therapists.

In one such study, Gale and Newfield (1992) videotaped a first session of SFBT conducted by O'Hanlon with a married couple. When examining the session, they noticed that O'Hanlon attended to each spouse's responses but ignored the responses that he deemed to be unhelpful. O'Hanlon himself noted that he spoke for his clients, and talked over them;

potentially ignoring helpful things they said. Given that SFBT is considered to be a collaborative process and one in which the client is the expert in his or her own situation, this study poses the question of how consistent is what happens in therapy with the core SFBT principles?

Research suggests that client perception of the therapeutic relationship is the most consistent predictor of the success of therapy (Patterson, 1984). Murphy, Cramer and Lillie (1984) proposed that clients are arguably in a better position to evaluate effectiveness, as their views are less likely to be influenced by theory. Whilst there is research that has identified what clients and therapists find useful within psychotherapy literature, there is less research on SFBT specifically (Metcalf, Thomas, Duncan, Miller & Hubble, 1996; Rees, 2005).

Metcalf and Thomas' (1994) study (as cited in Metcalf, Thomas, Duncan, Miller & Hubble, 1996) sought to explore the perceptions of treatment and the change process of the therapist and the client; and also to explore these in relation to the assumptions of SFBT. Six couples who had successfully completed therapy at the BFTC were interviewed about the therapeutic experience. The central interview question for the participants was "What was it that occurred in therapy process that was most helpful?" and for the therapist "What did you do in the therapy process that seemed to help change occur?"

In relation to the therapist's role, Metcalf and Thomas noted that there were consistencies in terms of the therapist listening and reinforcing the client's strengths. However, differences were apparent between the therapist's and client's perceptions of the therapeutic experience. For example, clients noted that the therapists had more of a directive role that involved teaching and giving suggestions. In contrast, none of the therapists noted making suggestions as part of their role. When considering the SFBT assumption that discourages the therapist from giving suggestions or assuming an 'expert' role (de Shazer, 1995), the therapists perceptions in Metcalf's study were consistent with these principles, however, the clients perceptions of the therapists role differed somewhat, suggesting that the therapists took a more directive role than indicated in de Shazer's work.

In Metcalf's study, i relation to the termination of the therapy, the therapist appeared to believe that both therapist and client agreed upon termination. However, the clients felt that therapy was terminated prematurely, which goes against the assumption of SFBT that the client is the one who has the authority to terminate therapy (Berg & Miller, 1992).

When considering what worked in therapy, similarities were found in the focus on strengths and what was working already. Differences were apparent in the therapists mention of technique factors against the clients mention of relationship factors. Given that the solution-focused approach adopts the view that change happens all the time and that there are times when the problem is less or does not exist, the use of techniques such as exception finding appears to be consistent with this assumption.

In another study, Simon and Nelson (2004) interviewed 91 clients who had completed SFBT to explore what they felt was helpful about their therapist and the therapeutic experience. Over half said the therapeutic approach (e.g., questions, techniques and homework), was the most important factor, with many noting that scaling and a focus on solutions was useful. Interestingly, almost 25% of participants reported that talking about the problem was helpful. However, follow-up analysis from tapes of the sessions revealed that little time was spent discussing problems. On the whole, these findings suggest that clients did find therapy helpful with only a few having suggestions for improvement. Clients also noted personal and social improvements in interpersonal relationships, confidence and self-awareness.

Despite the usefulness of the process research on SFBT, the qualitative research is limited to a small number of studies, due to the in-depth nature of the research, which limits the extent to which these findings can be generalised.

1.10. Common Factors in Therapy

1.10.1. *What Makes Therapy Successful?*

Smith and Glass (1977) noted that individuals receiving therapy of any kind were 80% more likely to notice progress than individuals who did not receive any intervention. Further, Lambert and Bergin (1994) concluded that *"there is only modest evidence to suggest the*

superiority of one school or technique over another" (p.161) leading to the question of what is it that makes therapy successful in general?

It has been suggested that there are common success factors that transcend therapy models (Garfield, 1981). Research into common factors suggests that it might not be the actual theoretical approach being used that is of most importance in determining the success of the outcome, but rather it is a combination of features that are present across therapies (Miller, Hubble & Duncan, 1996). Based upon his review of empirial studies of outcome research within the psychotherapy literature, Lambert (1992) (as cited in Norcross & Goldfried, 1992) suggested that there are four fundamental elements of effective therapy and that these include client/extra therapeutic factors; relationship factors; hope and expectancy; and technique factors. The extent to which each of these four factors account for client improvement was reported as follows.

- Client / Extra-therapeutic Factors (40%): improvement due in part to client (for example, strength, skill), improvement due in part to environment (for example, social support).

- Relationship Factors (30%): improvement due in part to relationship factors (for example: warmth, empathy, acceptance).

- Hope and Expectancy (15%): improvement due in part to clients having knowledge that they are being treated and their perceived credibility of treatment.

- Technique Factors (15%): improvement due to specific techniques related to specific therapy models.
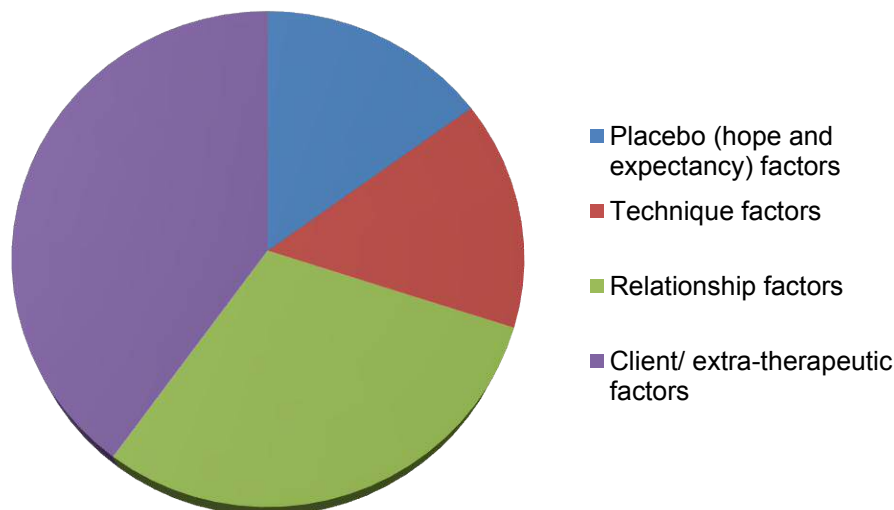
Figure 3. Common factors in therapy. Adapted from Lambert (1992, p.97).

1.10.1.1. Relationship factors

One of the main common factors identified by Lambert (1992) is the therapeutic alliance. The study of the client and therapist relationship in therapy has been widely researched within the psychotherapy literature. As Garfield (1981) noted "without question, a positive therapeutic relationship is an important requirement for a successful outcome in psychotherapy and applies to all forms of psychotherapy" (p.25).

1.10.1.2. Therapist qualities

Carl Rogers' (1961) seminal work highlighted the necessary and sufficient conditions of a good therapeutic relationship that include therapist empathy, respect and genuineness. Subsequent studies have extended the characteristics that are believed necessary for a good therapeutic relationship, to include; reducing the power difference between therapist and client, therapist empathy and perceived helpfulness of various techniques (Bischoff & McBride, 1996); and the importance of being engaged in therapy and being understood (Howe, 1996); therapist characteristics including showing acceptance, and empathy, and being caring, supportive and personable (McCollum & Trepper, 2001).

Furthermore, researchers have suggested that it is the client's perceptions of the quality of the relationship, and not the therapist's perception, that is the most consistent predictor of improvement (Orlinsky, Grawe & Parks, 1994). Najavitis and Strupp (1994) sought to explore the client's and the therapist's perceptions of the helpfulness of the therapeutic experience, to gain a better understanding of the features that were associated with a more effective and less effective therapeutic relationship. In those relationships that were considered more effective, the therapists were found to demonstrate more positive Rogerian-type behaviours such as warmth, empathy and respect. Conversely, the less effective therapist was more likely to show blame and be more attacking. Najavitis and Strupp concluded that the client's perceptions of the quality of the relationship outweighed other factors such as techniques used.

1.10.1.3. *Therapeutic relationship in SFBT*

As psychotherapy research has consistently found that client-therapist collaboration is associated with successful outcomes, it would seem that the process of collaborative goal setting in SFBT would encourage the development of a positive relationship between the therapist and the client (O'Hanlon & Weiner-Davies, 1989; Walter & Peller, 1992). However, whilst there is research within the psychotherapeutic literature that identifies what clients and therapists find useful in therapy, there appears to be less research specifically on SFBT (Rees, 2005).

1.11. Application of SFBT in EP Practice

Solution focused approaches have emerged in EP practice over the past few decades, ranging from individual casework, consultation, groupwork to in-service training (Redpath & Harker, 1999; Stobie, Boyle & Woolfson, 2005). The value of using solution-focused approaches has been described as lying in a "competency-based view of children and young people as resourceful and capable of fostering a co-operative relationship between school staff and the parents and students with whom they work" (Murphy, 1996, p.199). Further, the time-limited involvement is considered to be appealing (Redpath & Harker, 1997, Rhodes & Ajmal, 1995).

However, despite the reported widespread application of solution-focused approaches in EP practice, there is a lack of evidence to indicate on what basis EPs decide to use solution focused approaches and how they know that these have resulted in change (Stobie, Boyle & Woolfson, 2005).

To what extent are solution focused approaches used in EP practice?

Stobie, Boyle and Woolfson (2005) noted that despite the widespread application of solution focused approaches within EPSs in the UK, there is limited evidence to support its use. Stobie, Boyle and Woolfson aimed to explore at what level solution-focused approaches were applied in the practice of EPs in the UK and to what extent they have been found to be effective in making a difference. An online survey was used to explore the nature of UK EP's use of solution focused approaches via EPNET (an online forum for those working in the field of Educational Psychology) between 2001 and 2002 and produced a total response of 31. Given the small number of responses, it is important to interpret their results with caution.

Their survey results demonstrated that SFBT was predominantly used with individuals, with families, and with groups of pupils. With regards to the context in which SFBT is used, EPs mostly used SFBT with individual pupils (70%), and in teacher consultations (54%) and parent consultations (51%).

The specific solution focused techniques that were reportedly used most by EPs who responded included the following:

Table 1. *Summary of the solution-focused techniques used by EPs in Stobie, Boyle & Woolfson's study (2005).*

Technique	Number of respondents using a technique
Goal Identification	31
Exceptions	30
Scaling	30
Compliments	29
Problem Free Talk	27
Miracle Question	25
Tasks	25
	N = 31

Stobie, Boyle and Woolfson's (2005) findings suggest that identifying goals was the most used technique. The techniques reportedly being used by EPs concur with Skidmore's (1993) finding that exception questions and scaling questions were highly rated by the therapist. However, in contrast to Skidmore's participants who rated the Miracle Question as the most important therapeutic aspect, Stobie, Boyle and Woolfson's findings revealed that the Miracle Question was one of the least used techniques in their sample. No EPs mentioned use of pre-suppositional questions, e.g., "What have you done in the past that has worked?" and again, this could be a reflection of working with children and young people versus working with adults in clinical settings (McKeel, 1996).

An important question that Stobie, Boyle and Woolfson explored was whether or not EPs evaluated the effectiveness of their practice, with 48% of respondents noting that they did evaluate and 52% reporting that they did not. In those who did evaluate, the methods used were in keeping with the evaluations of solution-focused methods in clinical settings, as EP's evaluations relied on service user perceptions of the effectiveness of the approach and of the therapeutic relationship with the EP. However, when asked what was most effective in creating change, EPs placed high value on specific SFBT techniques rather than other factors such as the therapeutic relationship.

From the findings of this study it would appear that EPs use of solution focused approaches in a range of contexts, with the most used reportedly being in individual therapy with children and young people. Further, EPs appeared to place high value on the techniques they used in creating change when evaluating effectiveness. However, as the authors noted, the results suggest that more than half of the EPs in this study do adopt solution-focused approaches in their practice with little evaluation of its effectiveness.

Whilst Stobie, Boyle and Woolfson (2005) note that the findings provide a 'snapshot' of the use of solution-focused approaches in EP practice, the limitations of the study must be considered. One limitation is the small number of respondents to the online survey, meaning that it is not possible to conclude whether the survey gives a true reflection of EP's use of solution-focused approaches in their practice. Further, the nature of a survey could have primed

EP responses and added an element of social desirability. It is also important to note that there is lack of clarity relating to the definition of 'solution-focused approaches' in the study, which might have influenced the participants responses. Nevertheless, the authors concluded that the lack of an evidence-base practice is an area of development for EPs and that it is important to consider ways of gathering more evidence for effectiveness.

1.12. Evidence-Based Practice and Practice-Based Evidence

One of the criticisms of SFBT that has been echoed throughout this literature review is the lack of convincing empirical evidence to support its effectiveness. Although the widespread use of SFBT has been reported (Miller, Hubble & Duncan, 1996), widespread use and anecdotal evidence is insufficient to provide an adequate evidence-base for the on-going use of SFBT in practice.

The challenges for EPs would appear to be to define the outcomes that are measurable and to demonstrate impact within an increasing and complex environment, if as Stobie (2002) proposed, "EPs have to make decisions as to what is worth doing and then demonstrate that what they are doing is effective" (p.223). The concept of evidence-based practice has emerged from medicine and proposes that decisions should be made on the basis of rigorous research evidence, rather than relying purely on the practitioner's knowledge or experience (Larney, 2003). As the EP role develops and continues to change, EPs are increasingly turning to evidence-based practice to demonstrate and evaluate the effectiveness of their work (Fox, 2011). Kazdin (2000) notes that there are more than 550 therapies in use for children and adolescents and Weisz and Jensen (2001) claim that most have never been subject to any empirical enquiry. It has been proposed that within everyday practice EPs tend to use the approach they know best, regardless of its usefulness or efficacy (Lipsey & Wilson, 1993), suggesting that EPs should question the therapeutic approaches or techniques that they use and the basis on which their choice is justified.

Most therapists agree that evaluating the effectiveness of their services is an important task for their professions (Gillaspy & Murphy, 2012). With regards to SFBT, evidence-based

practice and practice-based evidence are incorporated bythe application of clinical and

professional expertise, alongside the client's values and judgement (Lipchick et al., 2012).

Scaling by clients provides instant feedback and privileges the client's voice when it comes to

assessing the effectiveness of the therapy (Iveson, 2002). The importance of client feedback is

underscored by the fact that all therapists are argued to be inaccurate in evaluating their own

effectiveness (Sapyta et al., 2005).

1.13. Goal Attainment Scaling (GAS)

Goal attainment scaling (GAS) was initially developed by Kiresuk and Sherman (1968)

for use in clinical and mental health settings and was designed for use as an evaluative outcome

measure for clients with individualised goals that were difficult or inappropriate to evaluate

against standardised measures. Although originally developed for use in mental health settings,

GAS has since been applied in various other settings. For example, Imich and Roberts (1990)

used GAS to evaluate a behaviour support project in mainstream primary schools.

1.13.1. Process of GAS

GAS involves a collaborative process of identifying a set of desired outcomes or goals that will

be the focus of the treatment and using a five point Likert scale describing the behaviours that

constitute steps towards the client's goals (Carr, 1979). GAS can provide both quantitative and

qualitative evaluation of outcomes. Given the application of a scaling tool to measure outcomes,

GAS appears to lend itself well to SFBT as rating scales to help clients identify how far they

have come and where they need to go next (Ajmal, 2001).

Table 2. *Example of GAS scoring.*

+2	Best possible expected
+1	Somewhat better than expected
0	Goal
-1	Worse than expected
-2	Worst possible expected

1.13.2. Strengths and Limitations of GAS

GAS has a number of potential advantages for use as a subjective outcome measure, which include improving the communication and developing collaboration between the client and the therapist through collaboratively setting individualised goals and scoring the client against his or her goal. However, Hart (2009) noted that the strength of GAS can also serve as a criticism of it, noting "on the grounds of subjectivity, lack of norm-referencing and potential for bias" (p.19), suggesting that GAS involves a high degree of subjectivity on behalf of the therapist and the client leading to questions about the measures' validity and reliability.

Furthermore, in their review of GAS, Cardillo and Choate (1994) noted that there was a high level of variability in the quality of the targets that were defined and that few studies adhered to the strict requirements of GAS when setting goals and targets. Conversley, in a similar review, Cardillo and Smith (1994) asserted the opposite and stated that GAS is a sensitive and useful measurement for evaluating change. Given that GAS adopts such an individualised approach to evaluating outcomes, it is not surprising that correlation with normative standardised measures is not strong. This individualised element of the measure is considered to be the primary strength of the technique.

1.14. Rationale and Aims of the Current Research

As the context of the role of the EP is ever changing, and especially in light of the mounting concerns surrounding the mental health and well-being of children and young people, EPs are said to be increasingly working in a therapeutic capacity (Atkinson, Squires, Bragg,

Wasilewski & Muscutt, 2013). SFBT is one therapeutic approach technique that EPs use with children and young people (Atkinson, Squires, Bragg, Wasilewski & Muscutt, 2013).

Whilst some studies support the effectiveness of SFBT with children and young people, these studies are often hampered by methodological flaws and lack of data regarding the process of SFBT, meaning that only tentative conclusions can be made about the effectiveness of SFBT (Trepper, Dolan, McCollum & Nelson, 2006). Whilst clients' perceptions of therapy have been gained in some studies, these have often been through questionnaire measures and it is questionable to what extent these capture the real voice of the young person.

Another criticism of the outcome research lies in the lack of information about the process of SFBT and what happens in SFBT sessions – it is often difficult to know what is done within a session and how clearly this follows the model, that is, was SFBT used in the way that it was intended to be used? These issues make it difficult to determine whether or not change has occurred and to what extent SFBT was effective in creating the change.

Further, despite research suggesting that client perspectives of therapy are the most important predictor of improvement (Patterson, 1984), little research has explored this phenomenon in SFBT (Simon & Nelson, 1994; Metcalf, Thomas, Duncan, Miller & Hubble, 1996), with even less research exploring children and young people's perceptions of SFBT (Rees, 2005). Further, as psychotherapy research has consistently found that client-therapist collaboration is associated with successful treatment, it is important to explore this therapeutic relationship further within SFBT with children and young people.

Given that SFBT is considered to be a shared therapeutic encounter (de Shazer, 1991), the current study aims to explore the process of therapy from the view of both the EP and the young person. By doing so, it may add to the evidence-based practice of EPs, as Kazdin (2008) noted, "the unifying goals of clinical research and practice are to increase our understanding of therapy and to improve patient care" (p.151).

Therefore, by employing qualitative and quantitative measures, the current study aims to investigate the experience of SFBT and the phenomenology of the process, relationship and change. It is hoped that this study will contribute to a clearer understanding of the experience,

process, relationship in and outcome of therapy by considering both the EP's and the client's account.

Therefore, the current research aims to add to the existing literature by addressing the following research questions.

- What happens during Solution-Focused Brief Therapy?
    - How consistent is this with the assumptions of SFBT?
- How do the EP and young person describe the experience of SFBT?
- How do the EP and young person describe the therapeutic relationship?
- Does SFBT lead to perceived positive outcomes/change?

References

Ajmal, Y. (2001). Introducing solution-focused thinking. In Ajmal, Y. & Rees, I. (Eds.),

    Solutions in Schools. Creative applications of solution focused brief thinking with

    young people and adults (pp.10-29). London: BT Press.

Ajmal, Y., & Rees, I. (2001). *Solutions in schools: creative applications of solution-focused*

    brief therapy with young people and adults. London: BT Press.

Albee, G., & Gullotta, T. (1997). *Primary prevention works.* London: Sage.

Argyris, C., & Schön, D. A. (1974). *Theory in practice: Increasing professional effectiveness.*

    San Francisco: Jossey-Bass.

Ashton, R., & Roberts, E. (2006). What is valuable and unique about the educational

    psychologist? *Educational Psychology in Practice, 22*(2), 111-223.

Assay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors

    in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.),

    The heart and soul of change: What works in therapy (pp. 33-56). Washington:

    American Psychological Association.

Atkinson, C., Bragg, J., Squires, G., Muscutt, J., & Waslewski, D. (2011). Educational

    psychologists and therapeutic interventions: Preliminary findings from a UK-wide

    survey. *DECP Debate, 140,* 6-16.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of

    therapeutic interventions: Findings from four site visits. *Educational Psychology in*

    Practice, 29(1), 54-68.

Bavelas, J., De Jong, P., Franklin, C., Froerer, A., Gingerich, W., Kim, J., Korman, H.,Langer,

    S., Lee, M. Y., McCollum, E. E., Jordan, S. S., & Trepper, T. S. (2013). Solution

    Focused Therapy manual for working with individuals (2nd ed.). *Solution-Focused Brief*

    Therapy Association, 1-42.

Beitchman, J. H. (1996). *Feelings, attitudes and behaviour scale for children (FAB-C).* Toronto: Multi Health Systems Inc.

Bennett, D. S., & Gibbons, T. A. (2000). Efficacy of child cognitive-behavioural interventions for antisocial behaviour: A meta-analysis. *Child and Family Behaviour Therapy, 22*(1), 1-15.

Bentley, H., O'Hagan, O., Raff. A., & Bhattiet, I. (2016). *How safe are our children? The most comprehensive overview of child protection in the UK.* London: National Society for the Prevention of Cruelty to Children (NSPCC)..

Berg, I. K. (1994). *Family based services: A solution focused approach.* New York: Norton.

Berg, I. K., & de Shazer, S. (1993). Making numbers talk: Language in therapy. In S. Friedman (Ed.), *The new language of change: Constructive collaboration in psychotherapy* (pp. 5-24). New York: Guilford Press.

Berg, I. K., & Dolan, Y. (2001). *Tales of solutions: A collection of hope-inspiring stories*. New York: Norton.

Berg, I. K., & Miller, S. D. (1992). *Working with the problem drinler: A solution oriented approach. New York: Norton.*

Bertolino, B. (1999). *Therapy with troubled teenagers: Rewriting young lives in progress.* New York: Wiley.

Bischoff, R. J., & McBride, A. (1996). Client perceptions of couples and family therapy. *American Journal of Family Therapy, 24*(2), 117-128.

Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990-2010. *Journal of Child Psychology and Psychiatry, 54*(7), 707-723.

Boxer, R., Foot, R., Greaves, K., & Harris, J. (1998). LEA criteria and the nature of EP assessment. *Educational Psychology in Practice, 14*(2), 128-134.

Boyle, C., & Lauchlan, F. (2009). Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice, 25,* 71–84.

Boyle, J. M. E., & MacKay, T. (2007). Evidence for the efficacy of systemic models of practice from a cross-sectional survey of schools' satisfaction with their educational psychologists. *Educational Psychology in Practice, 23*(1), 19-31.

Cameron, R. J., & Monsen, J. J. (2005). Quality psychological advice for teachers, parents/ carers and LEA decision-makers with respect to children and young people with special needs. *Educational Psychology in Practice, 21*(4), 286–306.

Cane, F. (2016). ~~Whose problem?~~ Everyone's solution: A case-study of a systemic and solution-focused approach to therapeutic intervention in a secondary school. *Educational and Child Psychology, 33*(4), 66-79.

Cardillo, J. E., & Choate, R. O. (1994). Illustrations of goal setting. In T. J. Kiresuk, A. Smith, & J. E. Cardillo (Eds.), *Goal Attainment Scaling: Applications, theory, and measurement* (pp. 15-37). Hillsdale: Lawrence Erlbaum Associates.

Cardillo, J. E., & Smith, A. (1994). Psychometric issues. In T. Kiresuk, A. Smith, & J. Cardillo (Eds.), *Goal Attainment Scaling: Applications, theory, and measurement* (pp. 173-212). Hillsdale: Lawrence Erlbaum Associates.

Carr, R. A. (1979). Goal attainment scaling as a useful tool for evaluating progress in special education. *Exceptional Children, 46,* 88–95.

Cepukiene, V., & Pakrosnis, R. (2010). The outcome of Solution-Focused Brief Therapy among foster care adolescents: The changes of behavior and perceived somatic and cognitive difficulties. *Children and Youth Services Review, 33*, 791–797.

Cockburn, J. T., Thomas, F. N., & Cockburn, O. J. (1997). Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. *Journal of Occupational Rehabilitation, 7*(2), 97–106.

Conners, C. K., Sitarenios, G., Parker, J. D. A., & Epstein, J. N. (1998). Revision and restandardisation of the Conner Parent Rating Scale (CTPS-R): Factor structure, reliability and criterion validity. *Journal of Abnormal Child Psychology, 26,* 279-291.

Conoley, C. W., Graham, J. M., Neu, T., Craig, M. C., O'Pry, A., Cardin, S. A., et al. (2003). Solution-focused family therapy with three aggressive and oppositional-acting children: An N = 1 empirical study. *Family process*, *42*(3), 361-74.

Corcoran, J. (2006). A comparison group study of solution-focused therapy versus ''treatment-as-usual'' for behavior problems in children. *Journal of Social Service Research, 33,* 69–81.

Corcoran, J., & Pillai, V. (2007). A review of the research on solution focused therapy. *British Journal of Social Work, 39,* 234–242.

Cottrell, D. (2002). Body of evidence. Towards evidence based practice. *Young minds*, *58,* 34-37.

Cottrell, D., & Boston, P. (2002). Practitioner review: The effectiveness of systemic family therapy for children and adolescents. *Journal of Child Psychology and Psychiatry, 43,*573–586.

Daki, J., & Savage, R. S. (2010). Solution-focused brief therapy: Impacts on academic and emotional difficulties. *Journal of Educational Research, 103,* 309–326.

Davis, H., Day, C., Cox,, A. & Cutler, L. (2000). Child and adolescent mental health needs:

41

Assessment and service implications in an inner city area. *Clinical Child Psychology and Psychiatry, 5*(2),169–188.

De Jong, P., & Berg, I. K. (2008). *Interviewing for solutions* (3rd Ed). Belmont: Thomson.

De Shazer, S. (1985). *Keys to solution in brief therapy.* New York: W. W. Norton.

De Shazer, S. (1988). *Clues: Investigating solutions in brief therapy.* New York: W.W. Norton.

De Shazer, S. (1991). *Putting difference to work.* NewYork: W.W. Norton.

De Shazer, S. (1994). *Words were originally magic.* New York: W. W. Norton.

De Shazer, S., & Dolan, Y. (2007). *More Than Miracles: The State of the Art of Solution-Focused Brief Therapy.* Binghamton: Haworth Press.

De Shazer, S., & Molnar, A. (1984). Four useful interventions in brief family therapy. *Journal of Marital and Family Therapy, 10,* 297-304.

Department of Health & National Health Service (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.* London: Derpartment of Health.

Department of Health & Department for Edcuation (2014). *Special educational needs and disability code of practice 0-25 years. London.*

Department for Education (DfE). (2011). *Developing sustainable arrangements for initial training of educational psychologists.* London: DfE Publications.

Duncan, B. L., Hubble, M. A., & Rusk, G. (1994). To intervene or not to intervene: that is not the question. *Journal of Systemic Therapies, 13*(4), 22-30.

Durrant, M. (1993). *Creative strategies for school problems.* Australia: Eastwood Family Therapy Centre.

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychologists within Children's Services. *Educational Psychology in*

Practice, *26*(1), 1–24.

Farrell, P., Woods, K., Lewis, S., Squires, G., & O'Connor, M. (2006). *A review of the functions and contribution of educational psychologists in England and Wales in light of 'Every Child Matters: Change for children'.* Annelsey: Department for Education and Skills Publications.

Fitzgerald, F. S. (1925). *The Great Gatsby.* New York: Scribner.

Fox, M. (2011). Practice-based evidence – overcoming insecure attachments. *Educational Psychology in Practice*, *27*(4), 325–335.

Franklin, C., Biever, J. L., Moore, K. C., Clemons, D., & Scamardo, M. (2001). Effectiveness of solution-focused therapy with children in a school setting. *Research on Social Work Practice, 11,* 411−434.

Gale, J., & Newfield, N. (1992). The conversation analysis of a solution-focused marital therapy session. *Journal of Marital & Family Therapy, 18*(2), 153-165.

Garfield, S. L. (1981). Evaluating the psychotherapies. *Behaviour Therapy, 12,* 295-307.

Geldard, K., & Geldard, D. (1999). *Counselling children, a practical introduction.* London: Sage.

George, E., Iveson, C., & Ratner, H. (1990). *From problem to solution.* London: BT Press.

George, E., Iveson, C., & Ratner, H. (1999). *From problem to solution: Brief therapy with individuals and families (revised and extended edition).* London: BT Press.

Gergen, K. J. (1985). Social constructionist theory: Context and implications. In K. J. Gergen & K. Davis (Eds.), *The social construction of the person* (pp. 3-18). New York: Springer Verlag.

Gillaspy, J. A., & Murphy, J. J. (2012). Incorporating outcome and session rating scales in solution-focused brief therapy. In Franklin C., Trepper T., Gingerich W. J., McCollum E. (Eds.), *Solution-focused brief therapy: From practice to evidence-informed practice* (pp. 73-93). New York: Oxford University Press.

Gillham, B. (1978). *Reconstructing educational psychology.* London: Croom Helm.

Gingerich, W. J., & Eisengart, S. (2000). Solution-Focused Brief Therapy: A review of the outcome research. *Family Process 39*(4), 477-98.

Goldfried, M. R., & Wolfe, B. E. (1998). Toward a more clinically valid approach to therapy research. *Journal of Consulting and Clinical Psychology, 66,* 143-150.

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005*). Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive.* Basingstoke: Palgrave Macmillan.

Greig, A. (2007). A framework for the delivery of cognitive behavior therapy. *Educational & Child Psychology, 24,* 19–35.

Harker, M. (2001). How to build solutions at meetings. In Y. Ajmal & I. Rees (Eds.), *Solutions in schools* (pp. 30–44). London: BT Press.

Havens, R. A. (2003). *The wisdom of Milton H. Erickson: The complete volume.* Carmarthen: Crown House Publishing.

Hayes, S. (1996). 'Teasing out' more qualitative aspects from the Working Party questionnaire data source. *Educational and Child Psychology, 13*(1), 13–22

Hoagwood, K. E., Olin, S. S., Kerker, B. D., Kratochwill, T. R., Crowe, M., & Saka, N. (2007). Empirically based school interventions targeted at academic and mental health functioning. *Journal of Emotional and Behavioral Disorders, 15,* 66−92.

Howe, D. (1996). Surface and depth in social work practice. In Parton, N. (Ed), *Social Theory, Social Change and Social Work.* (pp. 77-97). London: Routledge.

Imich, A., & Roberts, A. (1990). Promoting positive behaviour: An evaluation of a behaviour support project. *Edcuational Psychology in Practice, 5,* 201-209.

Iveson, C. (2002). Solution focused brief therapy. *Advances of Psychiatric Treatment, 8,* 149-157.

Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63,* 146–159.

Kelly, B. (2006). Exploring the usefulness of the Monsen Problem-solving Framework for applied practitioners. *Educational Psychology in Practice, 22*(1), 1-17.

Kelly, M. S., Kim, J. S., & Franklin, C. (2008). *Solution-focused Brief Therapy in schools: a 360-degree view of research and practice*. New York: Oxford University Press.

Kim, J. S. (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. *Research on Social Work Practice, 18,* 107-116.

Kim, J. S., & Franklin, C. (2009). Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review, 31*(4), 464–470.

Kiresuk, T., & Sherman, R. (1968). Goal Attainment Scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal, 4,* 443–53.

Kirkaldy, B. (1997). Contemporary tasks for psychological services in Scotland. *Educational Psychology in Scotland*, *5,* 6–16.

Kvarme, L. G., Helseth, S., Sorum, R., Luth-Hansen, V., Haugland, S., & Natvig, G. N. (2010). The effect of solution-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial. *International Journal of Nursing Studies, 47,* 1389–1396.

Lambert, M. J. (1992). Psychotherapy Outcome Research: Implications for Integrative and

Eclectic Therapists. In J. C. Norcross & M. R. Goldfried (Eds.) *Handbook of Psychotherapy Integration* (pp. 94-129). New York: Basic Books.

Lambert, M. J., & Bergin, A. E. (1994). Therapist characteristics and their contribution to psychotherapy outcome. In A. E. Bergin & S. L. Garfield (Eds.). *Handbook of psychotherapy and behaviour change* (4th Ed). (pp.360-390). New York: John Wiley & Sons, Inc.

Larney, R. (2003). School-based consultation in the United Kingdom: Principles, practice and effectiveness. *School Psychology International, 24,* 5-19.

Lawson, D. (1994). Identifying pretreatment change. *Journal of Counseling and Development, 72,* 244-248.

Layard, R. (2011). Time for action. *New Scientist, 210,* 2808.

Leadbetter, J. V. (2002). *A sociocultural and activity theoretical investigation of the changing patterns of professional practice in educational psychology services.* (Doctoral thesis: University of Birmingham, UK). Retrieved from http://etheses.bham.ac.uk/242/.

Lee, M. Y., Sebold, J., & Uken, A. (2003). *Solution-focused treatment with domestic violence offenders: Accountability for change.* New York: Oxford University Press.

Lehmann P., & Patton J. D. (2012). The development of a solution-focused fidelity instrument. In Franklin C., Trepper T., Gingerich W. J., McCollum E. (Eds.), *Solution-focused brief therapy: From practice to evidence-informed practice* (pp. 39–54). New York: Oxford University Press.

Lindforss, L., & Magnusson, D. (1997). Solution- focused therapy in prison. *Contemporary Family Therapy, 19,* 89–103.

Lipchik, E. (1997). My story about solution-focused brief therapist/client relationships. *Journal of Systemic Therapies, Special Issue: Attending to Relationships, 16*, 159-172.

Lipchik, E., Derks, J., Lacourt, M., & Nunnally, E. (2012). The evolution of solution focused brief therapy. In C. Franklin, T. S. Trepper, W. J. Gingerich & E. E McCollum (Eds.).

Solution focused brief therapy: A handbook of evidence based practice (pp. 3-19). New York: Oxford University Press.

Lipchik, E., & de Shazer, S. (1986). The purposeful interview. *Journal of Strategic and Systematic Therapies*, *5*(1), 88–89.

Lipsey, M. W., & Wilson, D. B. (1993). The efficacy of psychological, educational and behavioural treatment. Confirmation from meta-analysis. *American Psychologist, 48*(12), 1181-1209.

Littrell, J. M., Malia, J. A. & Vanderwood, M. (1995). Single-session brief counselling in a high school. *Journal of Counselling and Development, 73*(4), 451–58.

Lloyd, C., Bruce, S., & Mackintosh, K. (2012). Working on what works: enhancing relationships in the classroom and improving teacher confidence. *Educational Psychology in Practice, 28*(3), 241-256.

MacKay, T. (2002). The future of educational psychology. *Educational Psychology in Practice, 18*(3), 245–253.

MacKay, T. (2007). Educational psychology: The fall and rise of therapy. *Educational and Child Psychology, 24*(1), 7–18.

MacKay, T., & Vassie, C. (1998). *Is Scottish educational psychology changing? The results of a 16-year time-sampling of the work of psychologists.* Abstracts of annual conference for educational psychologists in Scotland, 1998. BPS Scottish Division of Educational Psychology.

Mackay, G., McCool, S., Cheseldine, S., & McCartney, E. (1993). Goal Attainment Scaling: A technique for evaluating conductive education. *British Journal of Special Education, 20*(4), 143–47.

McCollum, E. E., & Trepper, T. S. (2001). *Creating family solutions for substance abuse.* New York: Haworth Press.

McKeel, A. J. (1996). A clinician's guide to research on solution-focused therapy. In S. D. Miller, M. A. Hubble, & B. L. Duncan (Eds.), *Handbook of solution-focused brief*

therapy (pp. 251-271). San Francisco: Jossey-Bass.

McKeel, A. J. (2012). What works in solution-focused brief therapy: A review of change-
process research. In C. Franklin, T. S. Franklin, W. J. Gingerich, & E. McCollum
(Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice* (pp. 130-
143). New York: Oxford Press.

McKeel, A. J., & Weiner-Davis, M. (1995). *Presuppositional questions and pretreatment
change: A further analysis.* Unpublished manuscript.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000). *Mental health of children and
adolescents in Great Britain.* London: The Stationery Office.

Metcalf, L., & Thomas, F. (1994). Client and therapist perceptions of solution focused brief
therapy: A qualitative analysis. *Journal of Family Psychotherapy, 5*(4), 49-66.

Metcalf, L., Thomas, F. N., Duncan, B. L., Miller, S. D., & Hubble, M. A. (1996). What works
in solution-focused brief therapy. In S. D. Miller, M. A. Hubble, & B. L. Duncan (Eds.),
Handbook of solution-focused brief therapy (pp. 335-349). San Francisco: Jossey-Bass.

Miller, S. D. (1994). The solution conspiracy: A mystery in three installments. *Journal of
Systemic Therapies, 13,* 18-37.

Miller, S.D., & de Shazer, S. (2000). Emotions in solution-focused therapy: A re-examination.
Family Process, 39, 5−23.

Miller, S. D., Hubble, M. A., & Duncan, B. L. (1996). *Handbook of Solution-
Focused Brief Therapy.* San Francisco: Jossey-Bass.

Monsen, J., Graham, B., Frederickson, N., & Cameron, R. J. (1998). Problem analysis and
professional training in educational psychology: An accountable model of practice.
Educational Psychology in Practice, 13(4), 234–249.

Morton, M. H., & Montgomery, P. (2013). Youth empowerment programs for improving
adolescents' self-efficacy and self-esteem: A systematic review. *Research on Social
Work Practice, 23*(1), 22-33.

Murphy, J. J. (1996). Solution focused brief therapy in the school. In S. D. Miller, M. A. Hubble & B. L. Duncan (Eds.), *Handbook of Solution Focused Brief Therapy* (pp. 184-204). San Francisco: Jossey-Bass.

Murphy P. M., Cramer D., & Lille F. J. (1984). The relationship between curative factors perceived by patients in their psychotherapy and treatment outcome: An exploratory study. *British Journal of Medical Psychology, 57*, 187-192.

Murphy, J. J., & Duncan, B. S. (2007). *Brief interventions for school problems, (2nd ed.).* New York: Guilford Publications.

Najavitis, L., & Strupp, H. (1994). Differences in the effectiveness of psychodynamic therapists: A process-outcome study. *Psychotherapy, 31,* 114-123.

Newsome, S. (2004). Solution focused brief therapy (SFBT) group work with at risk junior high school students: Enhancing the bottom line. *Research on Social Work Practice, 14,* 336–343.

Norcross, J. C., & Goldfried, M. R. (1992). *Handbook of psychotherapy integration.* New York: Basic Books.

Nylund, D., & Corsiglia, V. (1994). Becoming solution-focused forced in brief therapy: Remembering something important we already knew. *Journal of Systemic Therapies, 13*(1), 5-12.

O'Connell. B. (2003). Introduction to the solution-focused approach. In B. O'Connell & S. Palmer (Eds.) *Handbook of solution-focused therapy* (pp.1–11). London: Sage.

O'Connell, B. (2005). *Solution-focused therapy (2nd Ed)*. London: Sage.

O'Hanlon, W. (2000). *Do one thing different: Ten simple ways to change your life.* New York: Harper Books.

O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions: A new direction in psychotherapy*. New York: W. W. Norton.

Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy. In
A. Bergin, & J. S. Garfield (Eds.), *Handbook of psychotherapy and behaviour change*
(pp. 270-378). New York: Wiley.

Orwin, R. G. (2000). Assessing program fidelity in substance abuse health services research.
Addiction, *95*(3), 309–327.

Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of
reviews. *Psychotherapy, 21,* 431-438.

Pinsoff, W. M., & Wynne, L. C. (2000). Towards progress research: closing the gap between
family therapy practice and research. *Journal of Marital and Family Therapy, 26,* 1–8.

Prilleltensky, I., & Nelson, G. (2000). Promoting child and family wellness: Priorities for
psychological and social intervention. *Journal of Community and Applied Social
Psychology, 10*(2), 85–105.

Pugh, J. (2010). Cognitive behaviour therapy in schools: The role of educational psychology in
the dissemination of empirical support evaluation. *Educational Psychology in Practice,
26,* 391–399.

Rait, S., Monsen, J., & Squires, G. (2010). Cognitive behaviour therapies and their implications
for applied educational psychology practice. *Educational Psychology in Practice, 26*(2),
105–122.

Ratner, H. (2003). Solution-focused therapy in schools. In B. O'Connell & S. Palmer (Eds.).
*Handbook of solution-focused the*rapy (pp. 95–105). London: Sage.

Redpath, R., & Harker, M. (1999). Becoming solution-focused in practice. *Educational
Psychology in Practice, 15*(2), 116-121.

Rees, I. G. (2005). *Solution-Focused Brief Therapy as perceived by the educational
psychologist and adolescent client.* (Doctoral dissertation, Cardiff University, Wales).
Retrieved from http://orca.cf.ac.uk/55404/.

Rees, I. G. (2008). A systemic solution-oriented model. In B. Kelly, L. Woolfson & J. Boyle (Eds.) *Frameworks for practice in educational psychology: A textbook for trainees and practitioners (*pp.162–181). London: Jessica Kingsley.

Rhodes, J. (1993). The use of solution-focused brief therapy in schools. *Educational Psychology in Practice, 9*(1), 27–34.

Rhodes, J. & Ajmal, Y. (1995). *Solution-focused thinking in schools.* London: BT Press.

Rogers, C. (1951). *Client-centred therapy: Its current practice, implictions and theory.* London: Constable.

Rutter, M. & Smith, D. (1995). *Psychosocial disorders in young people: Time trends and their causes.* Chichester: Wiley.

Sapyta, J., Riemer, M., & Bickman, L. (2005). Feedback to clinicians: Theory, research, and practice. *Journal of Clinical Psychology, 61*(2), 145-153.

Seagram, B. C. (1997). *The efficacy of solution-focused therapy with young offenders.* (Unpublished doctoral dissertation). York University, Ontario, Canada.

Shilts, L., Flippino, C., & Nau, D. S. (1994). Client-informed therapy. *Journal of Systemic Therapies, 13,* 39-52.

Simon, J., & Nelson, T. (2004). Results of last session interviews in solution-focused brief therapy. *Contemporary Family Therapy, 19,* 117-132.

Skidmore, J. E. (1993). *A follow-up of therapists trained in the use of the solution-focused therapy model.* (Doctoral dissertation, University of South Dakota, USA), cited in S. D. Miller, M. A. Hubble & B. L. Duncan (Eds.), *Handbook of Solution Focused Brief Therapy* (pp. 184-204). San Francisco: Jossey-Bass.

Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist, 32,* 752-760.

Squires, G. (2010). Countering the argument that educational psychologists need specific

    training to use cognitive behavioural therapy. *Emotional and Behavioural Difficulties,*

    15(4), 279-294.

Stevenson, O. (1998). Neglect: where now? Some reflections. *Child Abuse Review, 7,* 111-115.

Stobie, I. (2002). Processes of 'change' and 'continuity' in educational psychology: Part I.

    Educational Psychology in Practice, 18(3), 203–212.

Stobie, I., Boyle, J., & Woolfson, L. (2005). Solution-focused approaches in the practice of UK

    educational psychologists: A study of the nature of their application and evidence of

    their effectiveness. *School Psychology International, 26*(5), 5–28.

Stringer, B., & Mall, M. (1999). *A solution focused approach to anger management with*

    children. a group work manual for practitioners. Birmingham: The Questions

    Publishing Company.

Suldo, S. M., Freidrich, A., & Michalowski, J. (2010). Personal and systems-level factors that

    limit and facilitate school psychologists' involvement in school-based mental health

    services. *Psychology in the Schools, 47*(4), 354–373.

Sundstrom, S. M. (1993). *Single-session psychotherapy for depression: Is it better to focus*

    on problems or solutions? (Unpublished doctoral dissertation). Iowa State University,

    Ames.

Task Force on Promotion and Dissemination of Psychological Procedures (1995). Training in

    and dissemination of empirically-validated psychological treatments: Report and

    recommendations. *Clinical Psychologist, 48,* 3-23.

Thorley, C. (2016). *Education, education, mental health: Supporting secondary schools to play*

    a central role in early intervention mental health services. London: Institute for Public

    Policy Research.

Trepper, S. T., Dolan, Y., McCollum E. E., & Nelson, T. (2006). Steve de Shazer and the

    future of solution-focused therapy. *Journal of Marital and Family Therapy, 32*(2),

    133-139.

Wagner, P. (2008). Consultation as a framework for practice. In B. Kelly, L. Woolfson & J.

  Boyle (Eds.), *Frameworks for practice in educational psychology: a textbook for*

  trainees and practitioners (pp. 139-161). London: Jessica Kingsley Publishers.

Walsh, J. (2010). Theories for direct social work practice (2nd Ed.) Belmont, CA: Wadsworth.

Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy.* New York:

  Brunner/Mazel.

Warnock Committee (1978). Special Educational Needs: the Warnock rport. London: D. E. S.

Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1987). *Pragmatics of human communication.*

  W. W. Norton & Company: New York.

Weiner-Davis, M., de Shazer, S., & Gingerich, W. J. (1987). Building on pretreatment change

  to construct the therapeutic solution. *Journal of Marital and Family Therapy, 13,* 359-

  363.

Weisz, J. R., & Jensen, A. C. (2001). Child and adolescent psychotherapy in research and

  practice contexts: Review of the evidence and suggestions for improving the field.

  European Child and Adolescent Psychiatry, 10, 12-18.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: W.W.

  Norton.

Zimmerman, T. S., Jacobsen, R. B., MacIntyre, M., & Watson, C. (1996). Solution-focused

  parenting groups: An empirical study. *Journal of Systemic Therapies, 15*(4), 12–25.

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Exploring Solution Focused Brief Therapy from the Perspective of the Educational Psychologist and Young Person.

Part 2: Major Research Journal Article

2.1. Abstract

This study aimed to provide an in depth account of individual SFBT sessions completed between EPs and young people, exploring what happens during SFBT, the perception of the therapeutic relationship of the client and therapist and the attainment of goals. In order to capture this, a multiple case study design employing mixed methods was adopted.

Four EP and young person pairs who completed individual SFBT sessions took part in the research. Goal Attainment Scaling (GAS) was used to evaluate and measure their perception of the extent of goal attainment. Individual semi-structured interviews were conducted with both parties and were analysed using thematic analysis. Thematic analysis was conducted on a case by case basis first of all, followed by a process of cross-case synthesis to enhance the external validity of the findings.

Strong agreement was found between what happens in therapy and the key techinuqes in the SFBT literature. Further, the therapeutic experience was described as a positive experience by all, with reference made to the novelty of the experience, the positive relationship and the ingredients that allow for a positive relationship. All young people made positive changes towards their goals. An interesting difference in relation to common factors affecting the success of therapy (Lambert, 1992) was found, with EPs placing greater emphasis on the process and young people placing more value on the relationship in creating change.

2.2. Introduction

2.2.1. *Context*

The prevalence of mental health problems in children and young people has become an area of significant concern within the UK and it is reported that approximately three children in each classroom could be described as having a diagnosable mental health condition (Layard, 2011, as cited in Thorley, 2016). Consequently, schools are becoming recognised as appropriate settings in which to provide preventative support to promote the mental health and well-being of children and young people (Greig, 2007). Given the central role of EPs working with schools, many have argued that EPs are well placed to deliver therapeutic interventions (Rutter & Smith, 1995; Suldo, Frederick & Michalwoski, 2010).

2.2.2. *A Therapeutic Role for EPs?*

Solution-focused approaches have emerged in EP practice (Rhodes & Ajmal, 2001; Stobie, Boyle & Woolfson, 2005) and have been applied at a number of systemic levels, ranging from the individual, therapeutic level (Ajmal & Rhodes, 2001); group level (Stringer & Mall, 1999); to whole school level (Redpath & Harker, 1999). Given the therapeutic context in which SFBT emerged, individual casework appears to offer a natural setting for the application of SFBT for EPs (Ajmal & Rees, 2001). Atkinson, Bragg, Squires, Muscutt and Wasilewski (2011) reported that EPs are already working therapeutically with children and young people and SFBT is one of the most used approaches.

2.3. Solution-Focused Brief Therapy

Traditionally, therapists have worked on the assumption that if therapists are able to understand a problem, then they can identify the cause of the problem which helps in reaching solutions (Durrant, 1993; Harker, 2001). Conversely, the founders of SFBT (e.g., de Shazer, 1985) propose that the process of understanding a problem is time-consuming and does not necessarily lead to solutions. And so, instead, in SFBT the role of the therapist is to focus on

how the client will know when the problem is resolved and what will he or she be doing

differently when this has happened (de Shazer, 1985; George, Iveson & Ratner, 1999).

2.3.1. *Core Components of SFBT*

Proponents of SFBT argue that it is the construct of the problem that maintains the

pattern as a problem in the first place (Rees, 2003). As de Shazer (1988) noted, "problems are

held together simply by being described as problems" (p.8). The therapist's role in SFBT is to

co-construct new and altered meanings of the problem, which will help to generate solutions

(O'Hanlon, 2000). By changing certain aspects of the client's story, it is possible to reconstruct

how he or she views reality, the future and ultimately how he or she behaves (O'Hanlon &

Weiner-Davis, 1989).

Solution-focused therapists believe that there are always exceptions, but that these are

often forgotten, go unnoticed or are considered 'flukes' (de Shazer, 1982). Focusing on times

when the problem is not present can help the client develop a construct of himself or herself as

being competent and in control (Durrant, 1993). As such, a large part of the SFBT interview

hinges on eliciting client's self-efficacy and resources (Beyebach, Morejon, Palenzuela, &

Rodriguez-Anas, 1996). This assumption in SFBT originates from the work of Milton Erickson

(as cited in O'Hanlon, 1987), who advocated that using a client's resources, strengths and

behavior helps the process of change.

2.3.2. *Key Techniques*

Solution-focused therapists have developed a number of methods to help the client

work towards solutions (de Shazer, 1985). The following techniques are considered as core

components of SFBT.

Table 3. Summary of SFBT techniques. Adapted from Cane (2016).

Technique	Description	Purpose	Cited by (authors)
Goal Setting / Identifying Best Hopes	The setting of a specific, concrete and observable goal is a key component in the process of SFBT. Goals are formulated through conversations about what clients want to be different in the future (Lee, Seebold & Uken, 2003). Cllient and therapist negotiate aims of therapy • what would be different? How will we know if these sessions are useful?	Seeks to establish clear, shared goals	Iveson (2002) George, Iveson & Ratner (1999) De Shazer (1985)
Miracle Question	Four key parts: 1. Overnight, a miracle happens. 2. The miracle solves the problems that brought the client to therapy. 3. The client has been asleep so does not know that the miracle has happened. 4. The discovery: how does the client begin to realise that something has changed (explored in detail)?	Elicits rich description of the preferred future	De Shazer & Berg (1997) Iveson (2002)
Scaling Questions	The client defines points on a scale of 0-10, where 0 represents the worst possible scenario and 10 represents the preferred future (the miracle)	Seeks to ensure realistic and achieavable goals. Provides a personalised and co-constructed measure of progress.	Iveson (2002) George, Iveson & Ratner, (1999)
What's Better?	At the start of each subsequent session the therapist will ask about progress.	Explores how the client has maintained progress? Without things getting worse, or if they are worse, what he or she did to prevent them from getting worse.	Iveson (2002) George, Iveson & Ratner, (1999)

Eliciting Exceptions	Is there a time when you don't….? What have you found helpful so far?	Identifies the conditions necessary for positive change	Iveson (2002) O'Connell (2003) George, Iveson & Ratner, (1999)
Coping Questions	How do you do it? How did you manage that? What did it take?	Empowers the client to notice what they are already doing and how they can help themselves	Iveson (2002) O'Connell (2003) George, Iveson & Ratner, (1999)
Relationship Questions / Systemic Impact	What do you think … would notice? What difference would that make to…?	Encourages clients to consider interactional events and their meanings in relation to the solution	de Jong & Berg (2008)
Break and compliments	Therapist summarises the session and includes compliments about client's strengths and resources.	Strengthens the therapeutic relationship Empowers clients to notice and utilise his or her own strengths and resources	Iveson (2002) O'Connell (2003) George, Iveson & Ratner, (1999)
Tasks	Therapist invites client to notice improvements between sessions and to notice what they are doing when things are better.	Sets up expectation of positive change (e.g., a self-fulfilling prophecy). Empowers client to observe strengths and resources and his or her ability to change.	George, Iveson & Ratner (1999) De Shazer (1985)

2.4. Is SFBT Effective?

2.4.1. *Outcome research*

Early outcome research provides preliminary support for the effectiveness of SFBT in creating positive change (Miller, Hubble & Duncan, 1996). For example, Kiser and Nunnally (1990, as cited in Miller, Hubble & Duncan, 1996) reported the outcome of SFBT sessions conducted at the Brief Family Therapy Centre in Milwaukeee. They reported that 65.6% of clients receiving therapy had accomplished their goals and that 14.7% of clients made significant improvement during therapy. Whilst these early outcome studies are positive, it is important to note that they often relied on clients self-report which could have led to an element of social desirability responding, meaning it is difficult to make inferences about the effectiveness of SFBT (Gingerich & Eisengart, 2000). Therefore, it appears important not to dismiss these practice-based findings, but perhaps it is necessary to build upon these findings by using more robust research designs, which in turn would help to establish a stronger evidence base for the effectiveness of SFBT.

Gingerich and Eisengart (2000) conducted a systematic review of outcome studies of SFBT in the UK. Fifteen studies met the criteria to be included in the review and were further categorised as well-controlled, moderately controlled and poorly controlled studies.

Seagram (1997) reported reduced rates of recidivism with 40 youth offenders, with 20% of the SFBT treatment group vs 42% of the control group re-offending at six months follow-up after ten weekly SFBT sessions. Outcome was measured using standardised checklists and revealed that those receiving SFBT revealed significantly more progress than the control group. In contrast, Littrell et al. (1995) reported that SFBT was only as successful as problem-focused approaches in alleviating high-school children's concerns following a single counselling session. However, in their study, no pre-treatment measures were administered, making it difficult to evaluate how much change occurred.

Whilst Gingerich and Eisengart's (2000) review provides preliminary evidence for the effectiveness of SFBT, the review also highlights many issues relating to the reliability and the validity of outcome research, such as the use of poor designs, lack of control groups and

unreliable outcome measures. Whilst a strength of the well-controlled studies lies in their high level of control, there is recognition that such highly controlled efficacy studies may not be feasible outside of clinical settings and may be lacking in clinical validity (Goldfried & Weadfle 1998; Pinsoff & Wayne, 2000). Interventions with real clients are often tailored to the individual and integrated with other approaches, rather than adhering to a single treatment, based on a manual (Kim, 2008).

Another important limitation of the outcome research is the lack of detail about the process of SFBT, leading to questions about the extent to which SFBT accounts for change e.g., What happened during SFBT that creates change? To what extent are the core SFBT techniques adhered to in therapy sessions? (Perepletchikova, Treat & Kazdin, 2007). Such information is considered to be an important step in developing evidence-based practice models (Gibbs & Gambrill, 2002).

2.5. Goal Attainment Scaling

2.5.1. *How is Change Measured?*

Many have argued that the use of standardised measures to evaluate change in the above studies is not feasible in service delivery settings, as real-world clients do not fit into one category (Pinsoff & Wynne, 2000). One measure that could address such issues is Goal Attainment Scaling (GAS). Developed by Kiresuk and Sherman (1968) for use in mental health settings, GAS is a measure that allows for scoring of the extent to which individual's goals are perceived to have been achieved during intervention. Kiresuk, Smith and Cardillo (1994) reported that there was growing evidence for the sensitivity of GAS over standardised measures of individuals goals. As scaling is used in GAS, the approach would lend itself well to the evaluation of SFBT (Stobie et al., 2005).

2.6. Process Research

Smith and Glass (1977) have reported that individuals receiving therapy of any sort were 80% more likely to notice appreciable progress in than the individuals who did not receive any therapy, leading to the question: What happens in therapy that is effective?

2.6.1. *The Client-Therapist Relationship*

The study of the client and therapist relationship is well researched in the psychotherapeutic literature (Miller, Hubble & Duncan, 1996). Client perceptions of the relationship was considered to be the most consistent predictor of improvement (Patterson, 1984). Whilst psychotherapeutic research has explored what clients and therapists find useful in therapy, there is less research specifically on this issue in SFBT (Rees, 2005).

Najavits and Strupp (1994) sought to explore the client and the therapist's perceptions of the helpfulness of the therapeutic experience in SFBT. In the relationships that were considered to be 'more effective', the therapists were found to demonstrate more positive Rogerian type behaviours such as warmth, empathy and respect. Conversely, the less effective therapist was more likely to show blame and be more attacking. Najavits and Strupp concluded that the perceptions regarding quality of relationship outweighed other factors such as techniques used.

2.7. Rationale for Current Study

Whilst research appears to provide support for the effectiveness of SFBT in creating positive outcomes for clients (Seagram, 1997), the studies are often hampered by poorly defined outcome measures and a lack of detail regarding the process of SFBT (Gingerich & Eisengart, 2000). Within the context of SFBT, a central question for practitioners is whether the outcomes of what is done in sessions are valid, that is, can the therapist make inferences about the relationship between using SFBT and outcomes, and are the applications of SFBT delivered in the manner originally designed?

Further, despite research suggesting that the client's perspective of therapy is the most important predictor of improvement (Patterson, 1984), less research has explored clients perceptions in SFBT (Najavits & Strupp, 1994; Simon & Nelson, 1994), with even less research exploring children and young people's perceptions within the context of SFBT (Rees, 2005).

Therefore, the aim of the current study is to explore the process and outcome of SFBT sessions between EPs and young people in order to offer a greater understanding of what happens during SFBT and how the young person and the EP perceive the relationship and also to evaluate the change that happens. The current research aims to add to the existing literature by addressing the following research questions.

- What happens during SFBT?

    o How consistent is this with the assumptions of SFBT?

- How do the EP and young person describe the experience of SFBT?

- How do the EP and young person describe the therapeutic relationship?

- Does SFBT lead to perceived positive outcomes/change?

2.8. Methodology

2.8.1. *Ontology and Epistemology*

This study adopted a critical realist stance (Bhaskar, 1989). Critical realism combines positivist ontology with an interpretive/constructivist epistemology, adopting the view that there are objective realities but these can be interpreted in many ways to create different 'truths' (Bhaskar, 1989; Robson, 2011). Some have criticised this approach as it is associated with two distinct paradigms that are not considered to be compatible with each other (Hall, 2012). Nevertheless, Bhasker and Danermark (2006) argued that critical realism is the most inclusive ontological perspective as it includes the views of other competing positions.

2.8.2. *Design*

A mixed method design, combining both qualitative and quantitative measures, was chosen for this study as it offered the opportunity to employ multiple measures to explore experiences of SFBT and to allow for data triangulation across different sources (Denzin, 1988). Miller, Hubble and Duncan (1996) argue that combining both qualitative and quantitative methods can strengthen studies. Specifically, a convergent mixed methods design was adopted. A convergent design was chosen for this study as it aims to "obtain different but complimentary data on the same topic" (Morse, 1991, p.122) to best understand the research questions. In a convergent design, the researcher collects quantitative and qualitative data concurrently, keeping the strands separate during analysis and combining them during overall interpretation (

2.8.2.1.*Case Study*

A multiple case study design was adopted for this study (Yin, 2009). A strength of a case study design is that effects can be observed in a real context, enabling the researcher to obtain in-depth understanding of the experiences of real people (Cohen et al., 2011). Case study methodology was chosen for this study as it supports the necessary in depth exploration of the phenomenon of interest within its real life context.

2.8.3. *Ethics*

Ethical approval was granted for this study by the Cardiff University School of Psychology Ethics Board. Ethical considerations will be discussed further in Part 3.

2.8.4. *Participants*

This study recruited four EPs and their adolescent clients who completed individual SFBT sessions between March and November, 2016. A purposive sampling method was used to recruit participants from various EPSs within the UK, including from Wales. The research took place in Wales, with two of the EPs working with the young people in English and and two in Welsh.

Table 4. Inclusion and Exclusion Criteria

EP inclusion criteria	*Young person inclusion criteria*
• Male or female EP	• Male or female
• Received training in SFBT	• Aged between 11-18
• Will be conducting SFBT sessions with young person between March and November 2016.	• Identified by EP to take part in SFBT sessions (social, emotional or behaviour difficulties).
Young person exclusion criteria	
• Significant special educational needs that would influence pupil understanding of taking part in the research, as judged by the EP.	

2.8.5. *Procedure*

Following obtaining ethical approval from Cardiff University Ethics Committee (see Appendix A), Principal EPs (PEPs) from EPSs known to use SFBT were approached to ask permission to recruit EPs who engaged in SFBT with young people (see Appendix B). Identified EPs were provided with an information sheet and consent form (see Appendix C) asking whether they wished to participate.

The EPs shared information letters with young people and their parents/guardians (see Appendices D & E) and obtained their informed parental consent and young person assent to participate. Once consent had been obtained, EPs audio-recorded all SFBT sessions using a voice recorder provided by the researcher. Recording of SFBT sessions between EPs and young people is often done as part of SFBT training programmes (George, Iveson & Ratner, 1999), and so it was not expected to have any negative impact upon the sessions.

Gatekeeper letters were shared with the young person's school (see Appendix F) asking permission for the interviews with the young person to be held in school.

2.8.6. *Data Collection Techniques*

Table 5. Data collection techniques.

Research Question	Data Gathering Methods
1. What happens during SFBT?	– Semi-structured interviews with EP and young person – Recording of sessions - SFBT techniques
2. How do the EP and the young person describe the experience of SFBT?	– Semi-structured interviews with EP and young person
3. How do the EP and the young person describe the therapeutic relationship?	– Semi-structured interviews with EP and young person
4. Does SFBT lead to perceived positive outcomes / change?	– Semi-structured interviews with EP and young person – GAS data

2.8.7. *Qualitative Measures*

2.8.7.1. *Semi-Structured Interviews*

After completion of SFBT sessions, semi-structured interviews were conducted with the young person and the EP (see Appendix G & H). The guidelines provided in Robson (2011) were followed when creating the interview schedule and included the use of introductory comments, list of topics and key questions, a set of associated prompts and closing comments.

Prior to the interview, the researcher checked verbally that the participants were happy to continue. The issues of consent, right to withdraw and limits of confidentiality were reiterated verbally. All interviews were audio-recorded and the young person interviews lasted between

15-18 minutes whilst the EP interviews lasted between 23-37 minutes. At the end of the interviews, participants and parents of the young people received a debrief form (see Appendices I, J & K).

2.8.8. *Quantitative Measures*

2.8.8.1. *Goal Attainment Scaling (GAS)*

Prior to the start of the SFBT sessions and at the end of therapy each pair completed a GAS record form (see Appendix L). GAS involves a collaborative process of identifying a set of desired outcomes or goals that will be the focus of the treatment and using a 5 point Likert scale describing the behaviours that constitute as steps towards the client's goals (Carr, 1979, see table 6). Several researchers have explored the reliability and validity of GAS. Austin, Liberman, King and De Risi (1976) obtained a mean inter-rater reliability estimate of 0.93 for GAS, with other researchers finding similar results (Kaplan & Smith, 1977).

Table 6. Example of GAS likert scale used.

+2	Best possible expected
+1	Somewhat better than expected
0	Goal
-1	Worse than expected
-2	Worst possible expected

2.8.8.2. *SFBT Checklist*

SFBT sessions were transcribed and analysed using a checklist created by the researcher that included core SFBT techniques to capture what happened during sessions (see Appendix M).

2.8.9. *Analysis of Data*

Table 7. Data analysis methods.

Data Analysis Method	Analysis	Research Question
Young Person and EP Interviews	**Qualitative:** Thematic Analysis	1, 2, 3, 4
SFBT Techniques	**Quantitative:** Descriptive statistics	2
Pre and Post GAS Score	**Quantitative & Qualitative:** Descriptive statistics	4

2.8.9.1. Semi-Structured Interviews

2.8.9.1.1. Thematic Analysis

All four EP interviews were conducted in Welsh, and two of the young person interviews conducted in Welsh and two in English. The Welsh interviews were transcribed in Welsh by the researcher. All interview data were transcribed verbatim and analysed using thematic analysis based on Braun and Clark's (2006) six step procedure (See Appendix N). Thematic analysis was chosen as a method of analysis as it is considered flexible and fits within the critical realist framework of this study and acknowledges the role of the researcher in creating meaning (Braun & Clark, 2006). To provide a visual representation of the different levels of themes generated, thematic networks as described by Attride-Stirling (2001) were used.

2.9. Results

This section will present the results from the qualitative analysis in five parts, as follows.

1.1. Case Study - Pair One: Case vignette and thematic networks demonstrating findings from data in relation to the four research questions. Table illustrating similarities and differences with illustrative quotes.

1.2. Case Study Pair Two: Case vignette and thematic networks demonstrating findings from data in relation to the four research questions. Table illustrating similarities and differences with illustrative quotes.

1.3. Case Study Pair Three: Case vignette and thematic networks demonstrating findings from data in relation to the four research questions. Table illustrating similarities and differences with illustrative quotes.

1.4. Case Study Pair Four: Case vignette and thematic networks demonstrating findings from data in relation to the four research questions. Table illustrating similarities and differences with illustrative quotes.

1.5. Cross Case Synthesis: Thematic networks from the cross case synthesis are presented to demonstrate findings in relation to each research question.

2.9.1. Qualitative Analysis

2.9.1.1. Thematic Analysis

The data from the interviews were analysed using thematic analysis (Braun & Clarke, 2006). The findings from the analysis are presented as thematic network maps for each case study. Further illustrative data extracts can be found in Appendix O.

2.9.1.1.1. **Case Vignette Pair 1 – Mrs Rhys & Glyn (fiction names)**

Brief History Of EP Involvement
Glyn had been referred to the EPS following concerns about his behaviour in school as he was being disruptive in the classroom, was unable to complete his work and was 'answering the teachers back'. The EP had previously held a consultation with Glyn, his family and school and completed a cognitive assessment in December 2015 as Glyn had transferred from another school. The current intervention involved three individual SFBT sessions between Mrs Rhys (EP) and Glyn.

2.9.1.1.2. Thematic Networks For Case Study 1 – Mrs Rhys & Glyn

Research Question 1: *What happens during Solution-Focused Brief Therapy?*
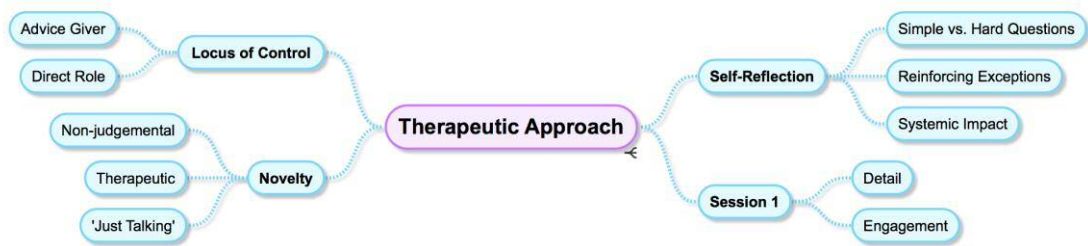
Figure 4. *Thematic network 1.1. Therapeutic Approach.*

SFBT was described as being a novel and new experience, involving a process of self-reflection. In relation to locus of control, both the EP and the young person described the EP as having a more direct role in the process. Session 1 was considered important in gathering detail and engaging the young person.

Research Question 2: *How do the EP and young person describe the experience of SFBT?*
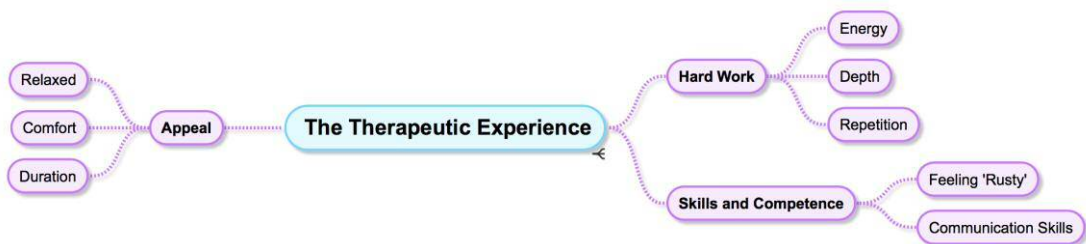
Figure 5. *Thematic network 1.2. The Therapeutic Experience.*

The therapeutic encounter was described as being a relaxing and enjoyable experience. However, there was also mention of it being challenging. Skills and competence were described in terms of both the EP's competence as well as the young person's communication skills.

Research Question 3: *How do the EP and young person describe the therapeutic relationship?*

Figure 6. *Thematic Network 1.3: Relationship is Key To the Process.*

This network highlights how the relationship is valued in the process and how it can lead to positive engagement, and thus facilitate change. The network reflects how the relationship is established at the start of the process and what is considered as being important elements of the relationship, including patience, familiarity, being calm and respect.

Research Question 4: *Does SFBT lead to positive outcomes/change?*

Figure 7. *Thematic Network 1.4. Creating Lasting Change.*

This network highlights how the therapy experience can lead to immediate change as well as have the potential to change things in the long term e.g., through raising the young person's awareness of his or her skills and attributes. The effectiveness of the approach is touched upon and reflected in optimism but also in the possibility of the young person needing more sessions as perceived by the EP.

Table 8. Dyad 1. Similar and unique/differing perceptions.

CASE 1 – MRS RHYS & GLYN

Research question 1: What happens during Solution-Focused Brief Therapy?

Similar Perceptions	EP recognising that she was rephrasing too much and young person noting that EP told him what to do
	  – "When looking back, I'm not sure if I was re-wording a little too much because I was asking 'Is that what you're saying?' and maybe I was putting words in his mouth because he was so tangential" (EP)
	  – "She like gave me advice on some things… she'd give me some advice for what to do if it did happen, so if someone tries to annoy me." (YP)

Unique and/or Differing Perceptions	Young person noting that it was 'just talking'
	  – "Just talking really". (YP)
	  – "There wasn't any technology or anything involved because I normally have to fill out a form on like a website or on a computer or something but that time she only had one of the… erm… folders". (YP)

Research question 2: How do the EP and the young person describe the experience of SFBT?

Similar Perceptions	A different and new experience
	  – "It was a bit different to the kind of things I normally do" (YP)
	  – "The sessions were different because it was more solution-focused… it was more therapeutic because it was only me and him". (EP)
	
	Recognising the difficulty of the level of questioning
	  – "They were quite simple questions, they weren't really difficult questions to answer… like some were quite complex" (YP)
	  – "Thinking how I could get more information out because I'm not getting enough information here, not going deep enough, you know?"(EP)

Unique and/or Differing Perceptions	Young person placing more emphasis on environmental factors e.g., room
	  – "She could have chose a different room 'cause in there it's freezing!" (YP)
	  – "It was OK… like they weren't really long sessions, they were only like… I'd say around half an hour or so at a time" (YP)

Research question 3: How do the EP and the young person describe the therapeutic relationship?	
Similar Perceptions	Positive perception of the relationship – "It's crucial isn't it?..." (EP) – "On a scale of 1-10 I'd give it like a 7 or a 9 maybe, because it's important that they get on" (YP) – "Yeah, fine I think" (EP) – "I think I got on well with her" (YP)
Unique and/or Differing Perceptions	Young person talking more about the relationship in terms of the EP's qualities – "What I really liked was how she was really patient because sometimes it took me a while to think of an answer" (YP) – "She wasn't like mean… she was quite a nice person" (YP)

Research question 4: Does SFBT lead to positive outcomes / change?	
Similar Perceptions	'Early days' – "I'm sure that he has changed in the past and I'm sure it will help him to discuss how he's managed that" (EP) – "I tried the methods she taught me and they seem to work pretty well"(EP)
Unique and/or Differing Perceptions	Young person talking about using the techniques in the future – "So I'd be just using those methods to kind of help me through the years" (YP) EP not as optimistic, noting that more sessions are needed – "I think we'll need to do a couple more sessions" (EP)

2.9.1.1.3. **Case Vignette 2 – Mrs Mair & Alun (fiction names)**

Brief History of EP Involvement
EP involvement was requested following school's concerns about Alun's tendency to become stressed and frustrated and his obsession with cleaning at home. Previous EP involvement had occurred due to concerns about Alun's hyperactive behaviour in primary school. The current EP became involved due to concerns about short-term memory. CAMHS involvement noted that Alun received a diagnosis of ADHD. The current intervention involved individual SFBT sessions with Mrs Mair (EP). Mindfulness sessions were also due to start in school to help reduce Alun's stress levels. The intervention included two SFBT sessions.

2.9.1.1.4. Thematic Maps For Case Study 2 – Mrs Mair & Alun

Research Question 1: *What happens during Solution-Focused Brief Therapy?*

Figure 8. *Thematic Network 2.1. Direct and Indirect Features of Therapy.*

This network reflects the direct features of SFBT such as the specific tools used e.g., scaling activities, as well as the more indirect element that involves a process of self-reflection. This indirect feature also related to the element of locus of control.

Research Question 2: *How do the EP and young person describe the experience of SFBT?*

Figure 9. *Thematic Network 2.2. Appeal and Barriers to the Experience.*

This network describes how the experience is constructed as being something different and enjoyable but also highlights some of the difficulties faced along the way relating to the young person's communication skills and the complex nature of the approach.

Research Question 3: *How do the EP and young person describe the therapeutic*

relationship?

Figure 10. *Thematic Network 2.3. The Relationship and the Change it Creates*.

This network highlights how the relationship can create change and what leads to a positive

relationship (therapist factors). A contrast was found in the emphasis the young person placed

on the relationship and how the EP considered that there might be a need to work harder with

young people than with adults.

Research question 4: *Does SFBT lead to positive outcomes/change?*

Figure 11. *Thematic Network 2.4. Personal and Social Improvements*.

This network reflects how change can happen across levels of the young person's system and

how there is 'trust' in the process to create this change. Change can also be instigated from

other people in the system, not necessarily the young person. There is also the potential for the

young person to rely on the EP.

Table 9. Dyad 2. Similar and unique/differing perceptions.

CASE 2 – MRS MAIR & ALUN

Research question 1: What happens during Solution-Focused Brief Therapy?

Similar Perceptions	Scaling – "We did a scaling activity you know, "Where are you at the moment with this and that"…. And also questioning, "What difference would that make?" and how he might consider the whole family, what difference would that make…" (EP) – "There was one thing. She did like a scale on 1 to 10 and then she was asking like where I'd like to be at the end and asking me where I am now and that was at the first session" (YP) Rewording, giving advice – "The techniques she… told me like just to think and try and fight the… like every time I hoover so she was telling me to just like sit back and not worry about the mess and things" (YP) – "I had to give examples quite often" (EP)
Unique and/or Differing Perceptions	Level of questioning – young person thought it was easier, EP thought it was too difficult – "The questions were easier than I thought" (YP) – "In a way, he was really open, just the level of questioning was quite difficult for him" (EP) Solution vs. problem talk – - "There was more focus then… so tomorrow, when things are better" (EP) – "Because she was talking with me and like saying what was worrying me basically" (YP)

Research question 2: How do the EP and the young person describe the experience of SFBT?

Similar Perceptions	Positive and good – "It was a good experience" (YP) – "It was really enjoyable, really nice" (EP)

	Different
	– "That kind of questioning is new for a lot of people" (EP)
	– "It was different" (YP)

Research question 3: How do the EP and the young person describe the therapeutic relationship?	
Similar Perceptions	Humour – "We laughed" (YP) – "He laughed at my rubbish jokes!" (EP)
Unique and/or Differing Perceptions	Value of relationship – "Really important" (YP) – "On one hand I think it is important, but again I've seen examples of sessions where it's quite…. formal and doesn't seem to be much of a rapport between the people… maybe with children the rapport is more important" (EP)

Research question 4: Does SFBT lead to positive outcomes / change?	
Similar Perceptions	Awareness raising – "Made me think that there are better things to do in life… other things to worry about than cleaning" (YP) – "A different way for him to see the problem" (EP)
Unique and/or Differing Perceptions	Helped after 2nd – more reluctant in 2nd – "It has helped"… "probably after the second session" (YP) – "He was quite open in the first session… by the second he was practically mute" (EP)

2.9.1.1.5. **Case Vignette 3 – Mrs Elin & Evan (fiction names)**

Brief History of EP Involvement
EP involvement was requested with Evan following school concerns about Evan being disheartened since starting school in year 7. Concerns were shared about his ability to create and maintain friendships, along with concerns that this was leading Evan to become frustrated. No previous EP involvement was noted. Current interventions involved three individual SFBT sessions. The school pastoral support manager also checked in during the course of the sessions to see how things were going.

2.9.1.1.6. Thematic Maps For Case Study 3 – Mrs Elin & Evan

Research Question 1: *What happens during Solution-Focused Brief Therapy?*
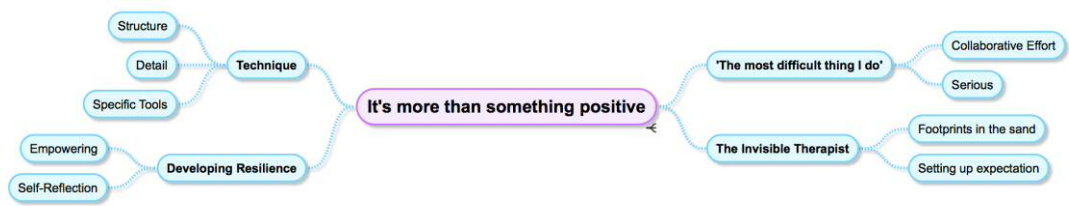
Figure 12. *Thematic Network 3.1. It's More than Something Positive.*

This network reflects the serious nature of SFBT; whilst it is positive, it is also serious and requires hard work and effort. There is mention of the EP not influencing the process, which is in contrast to the young person's view that the EP played a direct role. Technique is highlighted, with mention of specific techniques and tools which are considered important in helping to identify the young person's resources and ability to cope and manage challenges.

Research Question 2: *How do the EP and young person describe the experience of SFBT?*

Figure 13. *Thematic Network 3.2. Unique Features of The Experience.*

This network reflects how the approach is unique as the young person has ownership of the change and how it can create hope, leading to a positive and pleasurable therapy experience.

Research Question 3: *How do the EP and young person describe the therapeutic relationship?*

Figure. 14. *Thematic Network 3.3. A Platform for a Positive Relationship.*

SFBT approach is considered to facilitate a positive relationship. Mention is made of the conditions that promote the relationship including humour, familiarity with the therapist and there being an equal balance, whereby the EP is not considered as being an 'expert'.

Research Question 4: *Does SFBT lead to positive outcomes/change?*

Figure 15. *Thematic Network 3.4. Creating Change at Different Levels*

This network reflects how change can happen at different levels within the young person's system and can happen quickly. There is mention of the role of the process in promoting the relationship. Again, Evan seemed to place ownership of the change on Mrs Elin, whilst Mrs Elin noted that Evan was the one who changed things.

Table 10. Dyad 3. Similar and unique/differing perceptions.

CASE 3 – MRS ELIN & EVAN

	Research question 1: What happens during Solution-Focused Brief Therapy?
Similar Perceptions	Asking questions – "Asking lots of questions" (YP) – "Maybe me not giving up on some of the questions" (EP)
Unique and/or Differing Perceptions	Direct vs. indirect role of EP – "She asked… what happened and … told me what to do about it" (YP) – "In this work, he was the one that was changing everything because my role was to ask good questions" (EP)

	Research question 2: How do the EP and the young person describe the experience of SFBT?
Similar Perceptions	Fun and laughter – "Fun and… exciting… I was smiling…." (YP) – "Fun, you get a lot of laughter and fun. I know you might not think of fun when you think about something therapeutic but it was fun" (EP)

	Research question 3: How do the EP and the young person describe the therapeutic relationship?
Similar Perceptions	Positive – "Probably lots of smiling between me and Mrs Elin… having fun…. Asking about the holidays and how things are at home" (YP) – "He was comfortable enough to talk to me… I would say quite well… I got a couple of 'hello's' on the corridor and he was turning up quite promptly" (EP)

	Research question 4: Does SFBT lead to positive outcomes / change?
Similar Perceptions	Change at different levels – "I've made friends and… found out what I enjoy… like reading and …. My work" (YP) – "It's changed how I am as a person" (YP) – "To name the strategies and resources he has to cope with things because life is hard and friendship is hard so I just hope that he's aware that he has the tools to deal with it in life" (EP)

Unique and/or Differing Perceptions	Ownership of the change – "I've been without friends but after seeing Mrs Elin I'm able to make friends" (YP) – "He had the ownership over the change" (EP)

2.9.1.1.7. **Case Vignette 4 – Mrs Jones & Jac (fiction names)**

Brief History of EP Involvement
Previous EP involvement had included consultation meeting with parents and school about dyslexia. However, no direct EP involvement occurred. Jac's secondary school requested EP involvement following concerns about his disruptive behaviour in class, his tendency to respond to female staff in a sexist manner and incidents of physical abuse towards other pupils. The current intervention involved five individual SFBT sessions with the EP. It must be noted that the initial session was conducted with Jac at the end of the summer term 2016, with the four following sessions being conducted from September to November 2016. Alongside the SFBT sessions, the EP reported that the pastoral manager was also checking in on Jac.

2.9.1.1.8. THEMATIC MAPS FOR CASE STUDY 4 – MRS JONES & JAC

Research Question 1: *What happens during Solution-Focused Brief Therapy?*

Figure 16. *Thematic Network 4.1. Nature of the SFBT Process.*

This network describes how SFBT is made up of core techniques which involve a focus on the positives. The process is described as involving 'talking' between the EP and the young person, with some 'serious' talking alongside change talk.

Research Question 2: *How do the EP and young person describe the experience of SFBT?*

Figure 17. *Thematic Network 4.2. A Positive Experience.*

This network provides an overview of the therapeutic process, including the use of specific techniques and a positive focus, as well as the experience of therapy as being appealing and empowering. There is also mention of the significance of the first session of therapy.

Research Question 3: *How do the EP and young person describe the therapeutic relationship?*

Figure 18. *Thematic Network 4.3. Developing a Positive Relationship.*

This network highlights the development of a positive bond between the EP and the young

person. It also reflects the therapist qualities that are valued by the young person e.g., calmness

and helpfulness. A contrast was seen between how the young person places the emphasis on

therapist qualities in facilitating the relationship, whilst the EP places emphasis on the process.

Research Question 4: *Does SFBT lead to positive outcomes/change?*

Figure 19. *Thematic Network 4.4. Something good will come of this.*

This network demonstrates how change happens at different levels of the young person's

system ranging from positive change at an individual level, to change at the school level and

extending to the home as well. A key factor in this success was related to the young person's

motivation and ability to make the change.

Table 11. Dyad 4. Similar and unique/differing perceptions.

CASE 4 – MRS JONES & JAC

Research question 1: What happens during Solution-Focused Brief Therapy?

Similar Perceptions	Positive experience – "Just like asking…reading like off the computer, compliments off the teachers" (YP) – "The first session was just so positive" (EP) Talking – "They appreciate having someone listening and that they have had the chance to talk" (EP) – "Just talking really" (YP)
Unique and/or Differing Perceptions	Young person not attributing change to the EP – "My behaviour and how I've changed"(YP)

Research question 2: How do the EP and the young person describe the experience of SFBT?

Similar Perceptions	Different – "Head of year could be angry with you and stuff… and give you like a row" (YP) – "That problem talk makes you feel helpless and then you have learned helplessness. Whereas with solution focused… 'No harm will come of this, some good will come". (EP) Relaxed – "He wasn't nervous at all after a while" (EP) – "Just like asking…reading like off the computer, compliments off the teachers" (YP) Self-Reflection – "Just getting a chance to talk about how things are going" (YP) – "Looking at where we want to go, what the positive aspects are, what this will look like and how much of that is already happening" (EP)

	Research question 3: How do the EP and the young person describe the therapeutic relationship?
Similar Perceptions	Importance of relationship – "Important I think" (YP) – "Crucial, crucial. If you haven't got the rapport, you're just not going to get… the child isn't going to feel comfortable in your company, you're going nowhere, because then you'll get the "don't knows" (EP) Positive – "I hope the relationship was positive… he didn't show any nervousness or unwillingness to be there, he answered the questions" (EP) – "She was nice and tried to help me with stuff" (YP)
Unique and/or Differing Perceptions	Young person noting significance of relationship – "It would help make you listen more"(YP) – "Stop people from getting into trouble" (YP) EP placing more emphasis on the process – "I believe that this method leads towards a comfortable relationship, if you get your rapport skills right" (EP)
	Research question 4: Does SFBT lead to positive outcomes / change?
Similar Perceptions	Impact at different levels; self, family and school – "Change can happen at any point in the system… maybe it wasn't my input that made a different but the school's systems?" (EP) – "I'm getting free time, so that's better for school and home as well". (YP)

2.9.1.1.9. Thematic Networks From Cross Case Synthesis

Following the analysis of each case, the findings were compiled using a cross case synthesis in relation to each of the research questions (Yin, 2014). This was done in order to enhance the external validity of the findings. This involved a process of examining the thematic networks produced for each pair and looking for similarities and patterns across the data. Each basic theme was numbered from 1 to 4 to track from which case it had arisen (see Appendix P).

Research Question 1: *What happens during Solution-Focused Brief Therapy?*

10.1. Map/ Network: It's More Than Something Positive

Figure 20. *Thematic Network 5.1. It's More than Something Positive.*

Complex Nature

Questions
- "Like some were quite complex" (Glyn, 1)
- "In a way, he was really open, just the level of questioning was quite difficult for him". (Mrs Mair, 2)

Understanding
- "Challenging in some ways because I had to simplify and rephrase… explain what I was asking with examples… I'm not sure if he understood you know, with the level of language". (Mrs Mair, 2)
- "Maybe struggling because they are difficult. You're not used to these kinds of questions if you haven't done this before. You'd probably see a lot of pauses and "dunno's." (Mrs Elin, 3)

Hard Work
- "This method is hard, and it's more than something positive". (Mrs Elin, 3)
- "Difficult because I was constantly thinking about the questions, so it's exhausting but fun as well… you work hard when you do it". (Mrs Elin, 3)

Communication Skills
- "I wasn't able to get much depth with Glyn, probably because of his communication skills". (Mrs Rhys, 1)
- "It was a bit like getting blood from a stone… maybe he had put more in place and that he didn't want to or couldn't say". (Mrs Mair, 2)

Core Features

Tools
- "There was one thing. She did like a scale on 1 to 10 and then she was asking like where I'd like to be at the end and asking me where I am now and that was at the first session". (Alun, 2)
- "Going after his perspective, the perspective of the people around him, his mother, his brothers and then when he got to school…". (Mrs Elin, 3)

Direct vs. indirect

Advice Giver
- "I'm not sure if I was re-wording a little too much because I was asking 'is that what you're saying?'… maybe I was putting words in his mouth" (Mrs Rhys, 1)
- "I had to give examples quite often". (Mrs Mair, 2)
- "She'd give me advice on things" (Glyn, 1)

The Invisible Therapist
- "There was a lot of 'ownership' on him to find his own way" (Mrs Mair, 2)
- "So in this work, he was the one that was changing everything because my role was to ask good questions". (Mrs Elin, 3)
- "Evan George has written about footprints in the sand… asking your questions and you don't want them to remember you". (Mrs Elin, 3)

Developing Resilience

Empowering
- "You've got to believe that the young person has the answers, they have the resources… they are the 'expert' in their situation.". (Mrs Elin, 3)
- "Trying to get them to see, although things are hard, that they have some control over their situation and they can do it … 'you're a stronger person than you think, you've got talents that you didn't realise'". (Mrs Jones, 4)

Self-Reflection
- "I think just giving him that chance to reflect on why he was getting a lower score on his report card versus a higher score". (Mrs Rhys, 1)
- "She was asking me stuff like what I do if I feel someone gets angry and it's kind of difficult to explain…" (Glyn, 1)
- "The process of being in self-reflection, thinking about resilience, thinking … I have the ability to do it, it will be better for me". (Mrs Jones, 4)
- "Asking what I like doing in my own time… what's better and what's going to help me like to chill out more". (Alun, 2)

Research question 2: *How do the EP and young person describe the experience of SFBT?*

10.2. Map/ Network: Unique Features Of The Experience
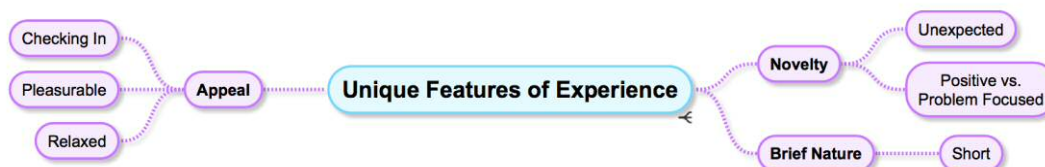
Figure 21. *Thematic Network 5.2. Unique Features of the Experience.*

Brief Nature

Short
- "It was ok… they weren't really long sessions, they were only… I'd say around half an hour." (Glyn, 1)
- "Like twenty minutes." (Jac, 4)
- "At the start of the session it was slow, but then I remember thinking he was on a roll." (Mrs Elin, 3)

Novelty

Unexpected
- "It was a bit different to the kind of things I normally do." (Glyn, 1)
- "The sessions were different because it was more solution-focused… it was more therapeutic because it was only me and him." (Mrs Rhys, 1)

Positive vs. Problem focused
- "Maybe what the things the school have been doing is asking why he's had a 4 on his report card, whereas in these sessions we were re-looking at why he had 1's or how he could get a better score." (Mrs Rhys, 1)
- "Head of Year could be angry with you and stuff… and give you like a row." (Jac, 4*)*

Appeal

Checking In
- "We were talking a lot with each other." (Alun, 2)
- "Getting the chance to talk about how things were going". (Jac, 4)
- "They appreciate having someone listening and that they have had the chance to talk." (Mrs Jones, 4)

Relaxed
- "He could talk with me about things, without feeling any pressure to go into things from his past." (Mrs Elin, 3)
- "It wasn't like… pressure or anything... but she just talked a bit quietly and then made it a bit easier to answer the questions". (Glyn, 1)

Pleasurable
- "It was fun… talking and getting the pressure off me." (Evan, 3)

- "You get a lot of laughter and fun. You think about something therapeutic and fun might not come in to it but it was fun." (Mrs Elin, 3)
- "It was a good experience." (Alun, 2)

Research question 3: *How do the EP and young person describe the therapeutic relationship?*

10.3. Map/ Network: The Therapeutic Relationship

Figure 22. *Thematic Network 5.3. The Therapeutic Relationship.*

Value
Session 1   – "Certainly during the first session." (Mrs Jones, 4)   – "You've got about 10 minutes as the start of your session to establish it. If you don't do it straight away, I don't think you can." (Mrs Rhys, 1)   **Crucial**   – "It's crucial isn't it?... The research that one of the most important things is the affinity between the psychologist and the client… it's so important." (Mrs Rhys, 1)   – "On a scale of 1-10 I'd give it a 7 or a 9… it's important that they get on because if they don't get on, then they won't get anywhere in the meeting… otherwise it would be… more difficult to get through the meeting." (Glyn, 1)
Looks for the Best in People
Positive   – "Not a process that leads people to feel defensive." (Mrs Elin, 3)   – "I think that this method of working helps to promote the alliance because you're talking about more positive things and talking about the young person's resources and strategies … and that's a recipe isn't it towards creating the alliance." (Mrs Jones, 4)   **Self-Esteem**   – "The fact that he came back and was willing and happy to share that he had had no B2's at all… he was so proud to say that he hadn't had any of these behaviour sanctions." (Mrs Jones, 4)   – "I was able to say, you've done this all on your own, you know, you've done fantastically already." (Mrs Jones, 4)   **Balance**   – "It gives that balance that you are not there as the expert… the dynamic that is between you, I wouldn't say equal but they are more of the expert." (Mrs Elin, 3)   – "The client has more respect for you, you have more patience.... I think it works both ways." (Mrs Rhys, 1)   – "We were like a team by the end". (Mrs Mair, 2)

Therapist Qualities

Calm
- "What I really liked was how she was really patient because sometimes it took me a while to think of an answer." (Glyn, 1)
- "Mrs Jones was calm and stuff." (Jac, 4)

Helpful
- "She helped me." (Alun, 2)
- "She was nice and tried to help me with stuff." (Jac, 4)

Sense of Humour
- "We laughed." (Evan, 3)
- "He laughed at my rubbish jokes!" (Mrs Mair, 2)

Familiar
- "I had seen her before." (Alun, 2)
- "If the young person doesn't know who she is… maybe he wouldn't talk a lot with her… maybe not say a lot…" (Evan, 3)
- "Maybe it helped that I wasn't another stranger."(Mrs Rhys, 1)
- "He wasn't nervous at all after a while." (Mrs Elin, 3)

Client Factors

Engaged

- "His mannerisms and the way he was engaging in the session were the signs." (Mrs Mair, 2)
- "I think it's important that you're open and that you get that with the person you're working with". (Mrs Rhys, 1)

Research Question 4: *Does SFBT lead to positive outcomes/change?*

10.4. Map/ Network: Change At Different Levels

Figure 23. *Thematic Network 5.4. Change at Different Levels.*

Positive Change
Immediate vs. long term change – "Sometimes they work, sometimes they don't." (Glyn, 1) – "I'm always optimistic but at the same time I'm realistic." (Mrs Mair, 2) – "It's changed how I am as a person." (Evan, 3) – "Big change." (Jac, 4) **Future Coping** – "I'd be just using those methods to kind of help me through the years." (Glyn, 1) – "I've been without friends but after seeing Mrs Elin I'm able to make friends." (Evan, 3) – "Knowing how to walk away from a situation." (Jac, 4)
Ripple Effect
Self – "Made me think that there are better things to do in life… other things to worry about than cleaning." (Alun, 2) – "I've made friends and… found out what I enjoy… like reading and…. My work." (Evan, 3) **Family** – "I've done a session before when the young person wasn't there and you know, sometimes it's enough just to work with someone close." (Mrs Mair, 2) – "I'm getting free time, so that's better for school and home as well." (Jac, 4) **School** – "Going out with friends more." (Alun, 2) – "Lot of difference because if young people don't have like friends… are sad all the time… talking with Mrs Elin can make it better…." (Evan, 3) – "I don't get into trouble as much." (Jac, 4) – "Change can happen at any point in the system… maybe it wasn't my input that made a different but the school's systems?" (Mrs Jones, 4)

Trust in the Process

Hope and Expectation

- "There might be an expectation that someone is going to that place and that change will happen so it carries the process." (Mrs Mair, 2)
- "I think there's a lot of trust in this process, that the process can create change." (Mrs Mair, 2)
- "There's something about imagining this preferred future that helps to move you forward." (Mrs Elin, 3)

Ability to Change

Resources
- "You had the feeling that they were going to act on the hopes… and I feel that he needed an 'ally'… it just felt like change was more likely." (Mrs Mair, 2)
- "I wasn't sure if it's possible for him to make it on his own because he was quite entrenched in the patterns." (Mrs Mair, 2)

Motivation
- "I felt that he wanted to make the change and that's more than half the battle, isn't it?" (Mrs Jones, 4)

2.10. Quantitative Analysis

2.10.1. Participant Information

Four cases from different Local Authorities in Wales participated in this study. The young people attended different mainstream secondary schools in Wales. The mean age of the young people was 13.5 (SD = 0.5). Table 12 summarises the EPs' use of SFBT (see Appendix Q).

Table 12. *Summary of information gathered about the EPs' experience and use of SFBT.*

Educational Psychologist	Years of Experience as EP	Preferred Model of Practice	Nature of SFBT Training	Frequency of SFBT Use
Mrs Rhys	11	Solution Focused and Consultation	Diploma in SFBT (Brief London)	Once a term
Mrs Mair	9	Solution Focused and Consultation	Diploma in SFBT (Brief London)	Once / twice a term
Mrs Elin	5	Solution Focused and Consultation	Diploma in SFBT (Brief London)	Daily
Mrs Jones	20	Solution Focused and Consultation	Training days at Brief London; *SFBT with Children and Young People; Solution Docused Coaching*	Daily

Research Question 1: *What happens during Solution-Focused Brief Therapy?*

2.10.2. *SFBT Techniques*

Each SFBT session was audio-recorded and transcribed by the researcher for analysis. A checklist (see Appendix M) was applied to explore the techniques used during the sessions. The average number of sessions was three and ranged from two to five. Figure 22 illustrates the number of times each technique was used per session. Figure 23 highlights the mean number of techniques used in each session.

Table 13. *Number of SFBT sessions completed by each pair/case.*

EP Pair	No of SFBT Sessions
1 – Mrs Rhys & Glyn	3
2 – Mrs Mair & Alun	2
3 – Mrs Elin & Evan	3
4 – Mrs Jones & Jac	5

Table 14. *Frequency of SFBT techniques used in each session by EP 1.*

EP 1	Frequency of technique used each session		
Technique	*Session 1*	*Session 2*	*Session 3*
Goal Setting	2	1	0
Miracle Question	1	0	0
Pre-session Change	0	0	0
What's Better?	0	2	0
Systemic Impact	5	5	2
Exception Finding	2	5	0
Scaling Questions	2	1	4
Coping Questions	3	3	2
Compliments	2	1	1
Formula First Session Task	1	1	0
Break	0	0	0

Table 15. *Frequency of SFBT techniques used in each session by EP 2.*

EP 2	Frequency of technique used each session	
Technique	*Session 1*	*Session 2*
Goal Setting	1	0
Miracle Question	1	1
Pre-session Change	0	0
What's Better?	0	1
Systemic Impact	3	2
Exception Finding	1	2
Scaling Questions	2	2
Coping Questions	1	1
Compliments	1	0
Formula First Session Task	1	1
Break	0	0

Table 16. *Frequency of SFBT techniques used in each session by EP 3.*

EP 3	Frequency of technique used each session		
Technique	*Session 1*	*Session 2*	*Session 3*
Goal Setting	1	0	0
Miracle Question	1	0	0
Pre-session Change	0	0	0
What's Better?	0	4	2
Systemic Impact	6	2	3
Exception Finding	0	0	0
Scaling Questions	2	2	2
Coping Questions	7	6	5
Compliments	0	0	1
Formula First Session Task	1	1	0
Break	0	0	0

Table 17. *Frequency of SFBT techniques used in each session by EP 4.*

EP 4	Frequency of technique used each session				
Technique	*Session 1*	*Session 2*	*Session 3*	*Session 4*	*Session 5*
Goal Setting	1	1	0	0	0
Miracle Question	0	0	0	0	0
Pre-session Change	1	0	0	0	0
What's Better?	1	1	1	2	1
Systemic Impact	5	1	0	0	0
Exception Finding	0	2	1	0	0
Scaling Questions	2	1	1	1	1
Coping Questions	2	2	2	0	3
Compliments	1	1	1	1	1
Formula First Session Task	1	1	1	0	0
Break	1	0	0	0	0
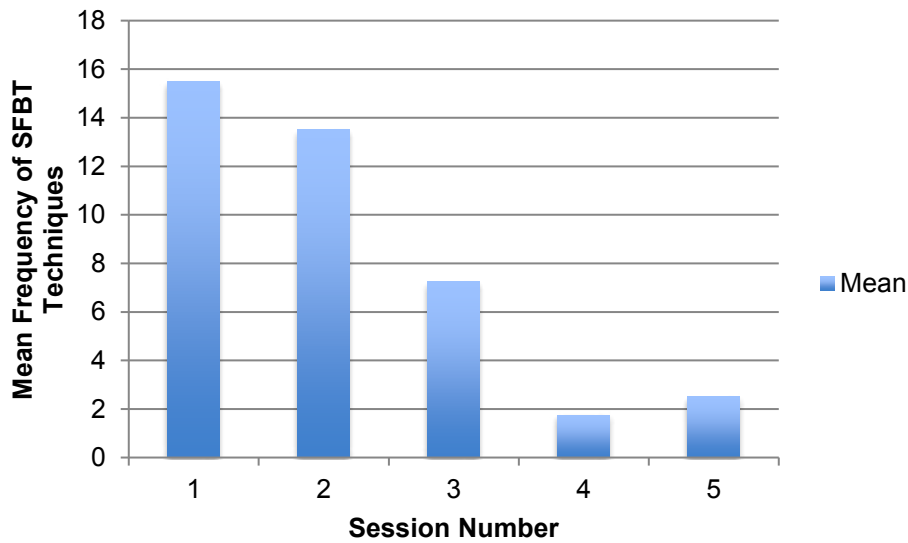
Figure 24. Mean number of techniques used in each session.

Research question 4: *Does SFBT lead to perceived positive outcomes/change?*

2.10.3. *Goal Attainment Scaling*

A pre and post measure of the young person's goal was completed by the young person and the EP together at the start and at the end of therapy to see where the client was in relation to his goal. Each case showed a positive improvement on the GAS measure. Figure 26 illustrates the amount of change made (see Appendix R).

Table 18. Pre-and post GAS score for each case.

Case	GAS Score – Session 1	GAS Score – Final Session
1	-1 (worse than expected)	0 (goal)
2	-1 (worse than expected)	1 (somewhat better than expected)
3	-1 (worse than expected)	2 (best possible expected)
4	1 (somewhat better than expected)	2 (best possible expected)
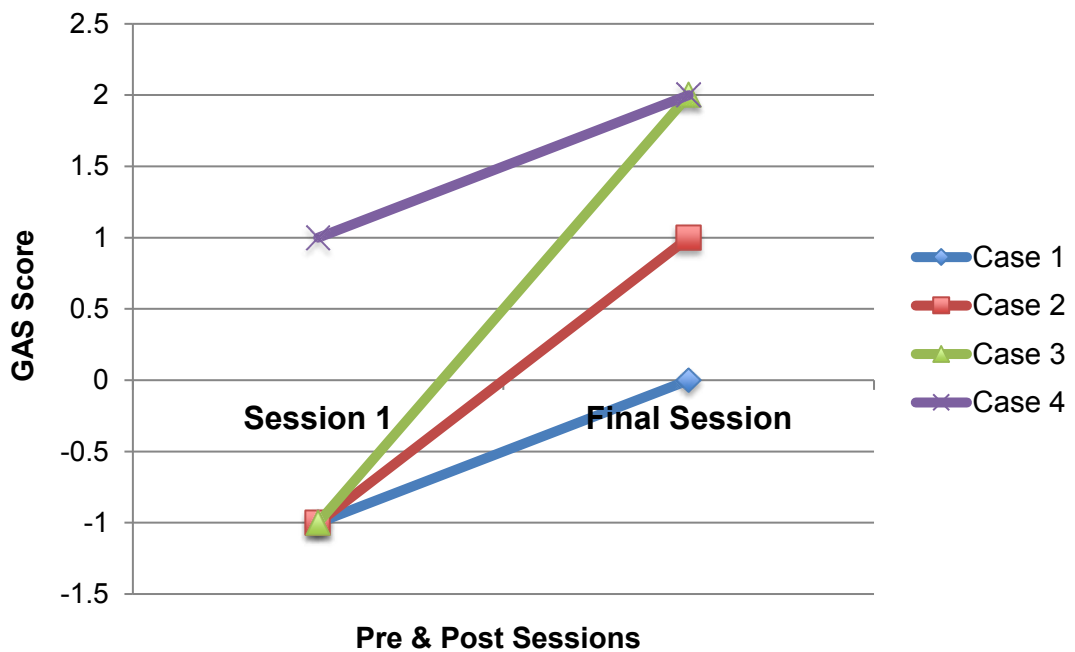
Figure 25. Visual representation of pre-and post GAS score for each case.

2.11. Discussion

This study explored SFBT from the perspective of both the young person and the EP. In particular, the study sought to explore the process, the experience and the therapeutic relationship as well as the amount of change perceived to have taken place. The results of this study will be explored in relation to the four research questions and research literature. The strengths and limitations of this study will be discussed along with implications for EP practice.

2.11.1. What happens during Solution-Focused Brief Therapy?

Analysis of what happened in therapy was consistent with the techniques outlined in the SFBT literature. It was also found that the majority of techniques were used in the first session. However, it is important to interpret these findings with caution, as there was a variation in the number of sessions the EPs completed.

The most frequently used techniques were coping questions, relationship questions and scaling, which is largely supportive of findings from Stobie et al. (2005) and Skidmore (1993). In contrast to the assumptions of SFBT, pre-session change was only used once, in Case 4. This is likely to be because the school had informed the EP that Jac had made positive change since the referral. The lack of pre-session change in other cases could be related to the fact that children and young people are referred by others and are not necessarily 'customers' in the process. Further, there was little evidence of EPs taking a formal break in therapy and this might reflect the difference in how SFBT is used with children and young people in short sessions versus its use in more formal therapeutic settings.

2.11.1.1. It's more than something positive

Complex Nature

The complex nature of the SFBT model was highlighted, noting how it is "more than something positive". This was reflected in discussion about the nature of the questions asked by EPs, alongside the acknowledgement made by some of the EPs that the young people's engagement was limited due to their level of understanding, e.g., *"as much as he could, he was*

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with the process" (Mrs Mair). Given that young people are often referred by others to the school EP, who might offer SFBT sessions as an intervention, they are unlikely to be 'customers' in the process and for this reason, Bickman et al. (2004) noted the need to work harder with children and young people who are more 'reluctant' within the process of therapy.

Many have criticised SFBT for being 'simple' due to its focus on solutions rather than problems (Kim, 2008). However, despite such criticisms, Rhodes and Ajmal (1995) noted that *"on one hand, the solution-focused approach has a set of very practical and sometimes simple procedures; on another level, it contains ideas and theories which challenge many assumptions"* (p. 9).

Great emphasis was placed by the EPs in this study on specific techniques. In contrast, the young people mentioned few techniques. One technique that was mentioned as useful by Alun was scaling; "I could see where I was and where I wanted to be". This is consistent with Metcalf and Thomas' (1994) finding that only one couple having therapy mentioned therapist technique as being influential in the change process whilst the therapists placed more emphasis on this.

A further contrast was evident as some of the young people reflected on the process involving a discussion of their problems. However, when analysing the SFBT sessions, little problem talk occurred, and this outcome supports the findings of Simon and Nelson (2008). It could be argued that it was the expectation associated with meeting a psychologist that led to this assumption on the part of the young person, i.e., that there was a problem.

Role of the Therapist

The majority of the young people noted that the EP played an active role in the process by giving advice. Mrs Rhys and Mrs Mair supported this to an extent. This is consistent with Gale and Newfield's (1992) findings that the therapist spoke for his or her clients.

In contrast, Mrs Elin and Mrs Jones maintained a 'theoretically correct' view of SFBT, noting that the young people were in control and the experts in their own situations (de Shazer & Dolan, 2007), and that their role was to ask questions. This supports the concept of the SFBT

therapist being invisible in the process i.e., "good brief therapists leave no footprints on their clients" (George, Iveson & Ratner 1999, p.36). This contrast between the EP's and young person's perception of the therapist's role in therapy echoes previous research (Metcalf, Thomas, Duncan, Miller & Hubble, 1996).

2.11.2. How do the EP and young person describe the experience of SFBT?

2.11.2.1. Unique Features of the Experience

Brief Nature

SFBT was described as being brief in nature; both in terms of session length and in terms of the number of sessions provided. For example, Glyn and Jac valued the brevity of the sessions. Many of the EPs noted that change happened quickly and that it often happened early in the process, and this is consistent with Metcalf, Thomas, Duncan, Miller and Hubble's (1996) finding, that most frequent improvement occurs early on in therapy. It is not unusual for SFBT to involve only a small number of sessions, with even single sessions being common (George, Iveson & Ratner, 1999). However, the brief nature of SFBT raises questions relating to longer-term outcomes and there appears to be less research exploring the long-term outcomes of SFBT (Steenberger, 1990).

Novelty

The novelty of the SFBT experience appeared to lie in its positive focus, suggesting that young people were more familiar with problem focused and punitive approaches. Johnson (1995) noted the benefits of a novel experience with young people, noting how an element of surprise is crucial when working with reluctant adolescents. As adolescents are continually faced with issues regarding problems, SFBT could offer something different (Ellwood, 1996)

Pleasurable Experience

SFBT was described positively by all participants. It is likely that the positive focus of SFBT helps to create a positive and fun atmosphere. For example, Mireau and Inch (2009) reported that clients favoured the positive atmosphere of SFBT and the focus on strengths.

Checking In

An appealing element of SFBT in this study was that it offered the young person a chance to 'check in' i.e., a chance to speak with the EP to review how things were going for him. As Lawson, McElheran and Slive (1997) noted, "for many clients, the most valuable aspect of the therapy session is the opportunity to tell their story and be heard" (p.15), following Rogers (1951) assertion that people need to be heard and gain more when they are simply able to check in and feel listened to (Rees, 2005).

2.11.3. How do the EP and young person describe the therapeutic relationship?

Value

All participants valued the therapeutic relationship, supporting previous findings that the therapeutic relationship is key (Lambert, 1992). Interestingly, the majority of the EPs noted that the relationship is formed during the first session. This supports Lipchick and de Shazer's (1986) view that the purpose of the first session is to establish rapport with the client.

Looking for the best in people

EPs emphasised how the solution-focused approach contributes to the therapeutic alliance, noting how it creates a platform for a good relationship. Many have supported that holding a competency-based view of people can help foster relationships (Christensen, 1993; Dunst & Paget, 1991). Further, EPs also mentioned the effects of focussing on the young person's self-efficacy and how this helped foster a positive relationship (Bandura, 1997).

Therapist qualities

Conversely, the young people placed greater emphasis on therapist qualities when describing the relationship, noting how they valued the EP's attributes. Creed and Kendall (2005) suggest that the factors that positively contribute to the therapeutic alliance are collaboration and finding positive ground, while the negative aspects involve forcing the client to talk. This is supported by Jac who shared *"she didn't force me into saying anything"* and Glyn who valued the EP's patience"what I really liked was how she was really patient because sometimes it took me a while to think of an answer." (Glyn) which is consistent with the finding of Shilts, Filippino and Nau (1994) of what that the client valued in the therapist, as their client noted "he wasn't rushing, he took his time and he, you know… just made me feel comfortable*"* (p.47).

2.11.4. Does SFBT lead to perceived positive outcomes/change?

2.11.4.1. Change at Different Levels

Positive change

When evaluating the effectiveness of the SFBT sessions, the findings were positive, with the majority noting that the sessions had already helped them and how it could help them in the future. Powerful assertions were made, "it's changed how I am as a person" (Evan). This is further supported by the findings on the GAS, as all participants perceived that they had achieved their goals and beyond in some cases. This supports previous research findings on the effectiveness of SFBT in dealing with both externalising and internalising behaviour problems. However, caution should be applied when interpreting the results from the GAS measure given the high level of subjectivity involved in the scoring process (Hart, 2009).

Ripple Effect

SFBT resulted in change not only in the young person themselves, but also in other areas of their lives; including school and home life. This supports the systemic element of the

model that views change as an inevitable part of everyday life (de Shazer, 1985) and how "a small change in any part of the system can ripple into larger changes" (Murphy, 1996, p.185).

SFBT was considered to increase the young person's resilience to be able to deal with challenges. For example, Glyn noted how he would be using the techniques to help him through the years and Jac noted that he knew how to walk away from a situation. Given SFBT's competency based view of people, it can be argued that it is similar to other resiliency models such as motivational interviewing (Miller & Rollnick, 2002).

Ability to change

EPs reflected that an important element in the perceived success of the SFBT was the young person's motivation and ability to change. As Gameson, Rhydderch, Ellis and Carroll (2003) asserted, "people are more likely to change when they are actively, willingly and openly in the process of change and when they are empowered and enabled to make conscious choices to achieve their desired outcomes or consequences" (p.97).

Trust in the process

EPs placed great emphasis on the SFBT model in creating change, as it created a sense of hope and expectation. As solution-focused therapists refrain from eliciting details about the problem, an expectancy of change is created to gain a more hopeful view of the helping process (de Jong & Berg, 2008). The notions of hope and expectancy is consistent with the literature. For example, Bozeman (1999) compared the effects of problem focused vs. SFBT interventions and found that those who received SFBT had higher expectations that they would accomplish their goals. As Berg and Miller (1992) noted, "the most important gift a therapist can give to a client; hope and vision of possibility" (p.78).

2.11.5. Strengths and Limitations

Whilst this study provides an in depth account of SFBT and the therapeutic relationship from the perspective of the EP and young person, alongside the change that was perceived to

occur, it is important to note its limitations. Despite the positive findings relating to the efficacy of SFBT in creating perceived positive change, the small sample means that limited generalisations can be made.

The analysis of what happened in therapy sessions involved subjectivity on behalf of the researcher. This issue of could have been addressed by seeking another person's perception of the techniques that were used during the SFBT sessions to enhance the validity of the findings. Further, the use of the GAS measure involved a degree of subjectivity, which might have led to social desirability effects on the part of the EP and young person. The GAS measure relies upon subjective judgement on behalf of both the therapist and the client and so the findings should be interpreted with caution. Furthermore, since the GAS measure was only completed at the start and at the end of the process, it could have potentially masked changes that occurred from session to session, as well as contributing to social desirability effects that influenced both the EP's and young people's post-evaluation. Furthermore, the lack of a longer-term follow up means that it is difficult to evaluate the long-term benefits of SFBT.

However, despite these limitations, the current study has addressed some of the deficiencies in previous research, by providing an in depth account of what happens during SFBT between young people and EPs, offering a small contribution to the evidence-base of SFBT.

2.11.6. Implications for EP Practice

The findings of this study appear to have several implications for EPs at both an individual and systemic level. First of all, given the positive findings, it could be considered as a first, albeit small, step in establishing practice-based evidence for the efficacy of SFBT with young people.

With regards to implications at an individual EP level, the findings could be applied in the context of all individual and therapeutic work that EPs engage in, especially when considering how the young people valued the relaxed nature of the sessions and the chance to 'just talk'. Value was also placed on familiarity. Given the time-limited involvement of EPs and

brief nature of SFBT, EPs might wish to consider other ways of supporting the development of this relationship and increasing a sense of familiarity through, for example, letter writing (Bozic, 2004).

The findings also suggest the systemic impact that SFBT can have in creating a 'ripple effect', suggesting implications for EPs working with schools to develop whole-school approaches to create positive change. To further engender this 'ripple effect', the school system must recognise and reward the small changes that are being made by the individual. As such, the EP role could be to facilitate and encourage staff to report on the positive changes and notice even the smallest improvements. As Ratner (2003) recommends, regular therapist-school contact would help to facilitate this process.

2.11.7. Future Research

Future research could explore the long-term maintenance of change, an area which is neglected in the literature. Future research may also wish to expand upon the current findings by exploring other people's perceptions of the change, in particular, teacher and family views.

Further, whilst this study sought to capture what happens in therapy, future research may wish to examine these data in greater detail by employing a conversational analysis, to explore the interactions that occur between client and therapist (Sacks, Schelgloff & Jefferson, 1974).

2.11.8. Conclusion

This study set out to explore the phenomenon of SFBT between young people and EPs by investigating their perceptions of the experience, what happens in therapy, and the therapeutic relationship and measuring how much change was perceived to have occured. Findings were positive at a number of levels, for example; a high level of consistency was found between theory and practice in relation to the process of SFBT. Further, all young people reported improvements on the GAS measure and the experience of SFBT was described positively. Not only was significant change reported to have occurred in the young person's

own situation *"it's changed how I am as a person",* but mention was made to how change had occurred in other parts of the young person's system including home and school.

However, a difference was found in relation to the common factors in therapy as proposed by Lambert (1992). Although EPs recognised the importance of the therapeutic relationship, more focus was placed on techniques used; whilst young people valued relationship factors.

Although this study's findings are indeed positive in relation to the application of SFBT in EP practice, the conclusions of this study must be considered as tentative and exploratory. It is hoped that the current study lends some support to the field, which might stimulate further research in this area.

References

Ajmal, J., & Rees, I. (2001). *Solutions in schools: Creative applications of Solution Focused Thinking with young people and adults.* London: BT Press.

Atkinson, C., Bragg, J., Squires, G., Muscutt, J., & Waslewski, D. (2011). Educational psychologists and therapeutic interventions: Preliminary findings from a UK-wide survey. *Debate, 140*, 6–16.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: Findings from four site visits. *Educational Psychology in Practice, 29*(1), 54-68.

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research, *Qualitative Research, 1,* 385-405.

Austin, N., Liberman, R. P., King, L., & DeRisi, W. J. (1976). A comparative evaluation of two day hospitals: Goal Attainment Scaling of behaviour therapy vs. milieu therapy. *Journal of Nervous and Mental Diseases, 163,* 253-251.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman.

Berg, I. K., & Miller, S. D. (1992). *Working with the problem drinker: A solution-oriented approach.* New York: Norton.

Beyebach, M., Morejon, A. R., Palenzuela, D. L., & Rodriguez-Anas, J. L. (1996). Research on the process of solution-focused therapy. In S. D. Miller, M. A., Hubble & B. L., Duncan (Eds.). *Handbook of Solution Focused Brief Therapy* (pp 299-334). San Fransisco: Jossey Bass.

Bhaskar, R. (1989) *The possibility of naturalism.* Brighton: Harvester.

Bhaskar R., & Danermark, B. (2006). Metatheory, interdisciplinarity and disability research: a critical realist perspective. *Scandinavian Journal of Disability Research, 8*(4), 278–297.

Bickman, L., Vides de Andrade, A. R., Lambert, E. W, Doucette, A., Sapyta, J., Boyd, A. S., Rumberger, D. T., Moore-Kurnot, J., McDonough, L. C., & Rauktis, M. B. (2004). Youth therapeutic alliance in intensive treatment settings. *The Journal of Behavioral Health Services & Research, 31*(2), 134-148.

Bozeman, B. N. (1999). *The efficacy of solutionfocused therapy techniques on perceptions of hope in clients with depressive symptoms.* (Unpublished doctoral dissertation). New Orleans Baptist Theological Seminary, New Orleans.

Bozic, N. (2004). Using letters to support consultative work in schools. *Educational Psychology in Practice, 20*(4), 291-302.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Cane, F. (2016). ~~Whose problem?~~ Everyone's solution: A case-study of a systemic and solution-focused approach to therapeutic intervention in a secondary school. *Educational and Child Psychology, 33*(4), 66-79.

Cardillo, J. E., & Smith, A. (1994). Psychometric issues. In T. Kiresuk, A. Smith, & J. Cardillo (Eds.), *Goal attainment scaling: Applications, theory, and measurement* (pp. 173-212). Hillsdale: Lawrence Erlbaum Associates.

Christensen, P. (2003). The social construction of help among Danish children: The intentional act and the actual content. *Sociology of Health and Illness: A Journal of Medical Sociology, 15*(4), 488-502.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education.* London: Routledge.

Creed, T. A., & Kendall, P. C. (2005). Therapist alliance-building behavior within a cognitive behavioral treatment for anxiety in youth. *Journal of Consulting and Clinical Psychology, 73*(3), 498-505.

Creswell, J. W., & Plano Clark, V. L. (2011). Designing and conducting mixed methods research (2nd Ed.) Thousand Oaks, CA: Sage.

Denzin, N. K. (1988). Triangulation. In J. P. Keeves (Ed.), *Educational Research, Methodology, and Measurement: An International Handbook,* (pp.511-513). Oxford: Pergamon Press.

De Jong, P., & Berg, I. K. (2008). *Interviewing for solutions (3rd Ed).* Belmont: Thomson.

De Shazer, S. (1985). *Keys to solution in brief therapy.* New York: W. W. Norton.

De Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: W.W. Norton.

De Shazer, S. (1991). *Putting difference to work.* NewYork: W.W Norton and Company.

De Shazer, S. (1994). Words were originally magic. New York: W. W. Norton.

De Shazer, S., & Dolan, Y. (2007). *More than miracles: The state of the art of solution- focused brief therapy.* Binghamton: Haworth Press.

De Shazer, S., & Berg, I. K. (1997). What works? Remarks on research aspects of solution- focused brief therapy. *Journal of Family Therapy, 19,* 121-124.

Dunst, C. J., & Paget, K. D. (1991). Parent-professional partnerships and family empowerment. In M. J. Fine (Ed.), *Collaboration with parents of exceptional children* (pp. 25-44). Brandon: Clinical Psychology Publishing.

Durrant, M. (1993). *Creative strategies for school problems.* Australia: Eastwood Family Therapy Centre.

Ellwood, J. (1996). Work with adolescents: The use of boundaries, rules and sanctions in institutions for adolescents. In C. Jennings & L. Kennedy (Eds.), *The reflective practitioner in education: Psychological perspectives on changing contexts* (pp. 87-102). London: Kingsley.

Gale, J., & Newfield, N. (1992). The conversation analysis of a solution-focused marital therapy session. *Journal of Marital & Family Therapy, 18*(2), 153-165.

Gameson, J., Rhydderch, G., Ellis, D., & Carroll, T. (2003). Constructing a flexible model of integrated professional practice: Part 1 – conceptual and theoretical issues. *Educational and Child Psychology, 20*(4), 97-116.

George, E., Iveson, C., & Ratner, H. (1999). *From problem to solution.* London: BT Press.

Gibbs, L., & Gambrill, E. (2002). Evidence-based practice: Counterarguments to objections. *Research on Social Work Practice, 12*(3), 452–476.

Gingerich, W. J. & Eisengart, S. (2000). Solution-Focused Brief Therapy: A review of the Outcome Research. *Family Process 39*(4), 477–98.

Goldfried, M.R., & Wolfe, B. E. (1998). Toward a more clinically valid approach to therapy research. *Journal of Consulting and Clinical Psychology, 66,* 143–150.

Greig, A. (2007). A framework for the delivery of cognitive behaviour therapy. *Educational & Child Psychology, 24,* 19–35.

Harker, M. (2001). How to build solutions at meetings. In Y. Ajmal & I. Rees (Eds.), *Solutions in schools* (pp. 30–44). London: BT Press.

Iveson, C. (2002). Solution focused brief therapy. *Advances of Psychiatric Treatment, 8,* 149-157.

Johnson L., D. (1995). *Psychotherapy in the age of accountability.* New York: Norton.

Kaplan, J. M., & Smith, W. G. (1977). The use of Goal Attainment Scaling in the evaluation of a region mental health program. *Community Mental Health Journal, 13,* 188-193.

Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63,* 146–159.

Kiresuk, T., & Sherman, R. (1968). Goal Attainment Scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal 4*, 443–53.

Kiresuk, T., Smith, A., & Cardillo, J. (1994). *Goal attainment scaling: Applications, theory, and measurement.* London: Erlbaum.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (pp. 94-129). New York: Basic Books.

Lawson, A., McElheran, N., & Slive, A. (1997). Single session walk in therapy: A model for the 21st century. *Family Therapy News, 30*(4), 15-25

Layard, R. (2011). Time for action. *New Scientist, 210,* 2808.

Littrell, J. M., Malia, J. A., & Vanderwood, M. (1995). Single-session brief counselling in a high school. *Journal of Counselling and Development, 73*(4), 451–58.

Metcalf, L., & Thomas, F. (1994). Client and therapist perceptions of solution focused brief therapy: A qualitative analysis. *Journal of Family Psychotherapy, 5*(4), 49-66.

Metcalf, L., Thomas, F. N., Duncan, B. L., Miller, S. D., & Hubble, M. A. (1996). What works in solution-focused brief therapy. In S. D. Miller, M. A. Hubble, & B. L. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 335-349). San Francisco: Jossey-Bass.

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behaviour*. New York: Guilford Press.

Miller, S. D., Hubble, M. A., & Duncan, B. L. (1996). *Handbook of Solution-Focused Brief Therapy*. San Francisco: Jossey-Bass.

Milton, J., & Lewalski, B. K. (2007). Paradise Lost. Malden, MA: Blackwell Pub.

Mireau, R., & Inch, R. (2009). Brief solution-focused counseling: a practical effective strategy for dealing with wait lists in community-based mental health services. *Social Work, 54*(1), 63-70.

Murphy, J. J. (1996). Solution focused brief therapy in the school. In S. D. Miller, M. A. Hubble & B. L. Duncan (Eds.), *Handbook of Solution Focused Brief Therapy* (pp. 184-204). San Francisco: Jossey-Bass.

Najavitis, L., & Strupp, H. (1994). Differences in the effectiveness of psychodynamic therapists: A process-outcome study. *Psychotherapy, 31,* 114-123.

O'Connell. B. (2003). Introduction to the solution-focused approach. In B. O'Connell & S. Palmer (Eds.) *Handbook of solution-focused therapy* (pp.1–11). London: Sage.

O'Hanlon, W. (2000). *Do one thing different: Ten simple ways to change your life.* New York: Harper Books.

O'Hanlon, W.H. & Weiner-Davis, M. (1989). *In search of solutions: A new direction in psychotherapy*. New York: W. W. Norton.

Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of reviews. *Psychotherapy, 21,* 431-438.

Perepletchikova, F., Treat, T. A., & Kazdin, A. E. (2007). Treatment integrity in psychotherapy research: Analysis of the studies and examination of the associated factors. *Journal of Consultation and Clinical Psychology, 75,* 829-841.

Pinsoff, W. M., & Wynne, L. C. (2000). Towards progress research: closing the gap between family therapy practice and research. *Journal of Marital and Family Therapy, 26,* 1–8.

Ratner, H. (2003). Solution-focused therapy in schools. In B. O'Connell & S. Palmer (Eds.). *Handbook of solution-focused the*rapy (pp. 95–105). London: Sage.

Redpath, R., & Harker, M. (1999). Becoming Solution-Focused in Practice. *Educational Psychology in Practice, 15* (2), 116-121.

Rees, I. G. (2005). *Solution-Focused Brief Therapy as perceived by the educational psychologist and adolescent client.* (Doctoral dissertation, Cardiff University, Wales). Retrieved from http://orca.cf.ac.uk/55404/.

Rees, I. G. (2008). A systemic solution-oriented model. In B. Kelly, L. Woolfson & J. Boyle (Eds.). *Frameworks for practice in educational psychology: A textbook for trainees and practitioners (*pp.162–181). London: Jessica Kingsley.

Rhodes, J., & Ajmal, Y. (1995). *Solution-Focused Thinking in Schools.* London: BT Press.

Robson, C. (2011). *Real world research: a resource for social scientists and practitioner-researchers.* West Sussex: John Wiley & Sons Ltd.

Rogers, C. (1951). *Client-centred therapy: Its current practice, implictions and theory.* London: Constable.

Rutter, M., & Smith, D. (1995). *Psychosocial disorders in young people: Time trends and their causes.* Chichester: Wiley.

Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn taking for conversation. *Language, 50*(4), 696-735.

Seagram, B. C. (1997). *The efficacy of solution-focused therapy with young Ooffenders.*(Unpublished doctoral dissertation). York University, Ontario, Canada.

Shilts, L., Flippino, C., & Nau, D. S. (1994). Client-informed therapy. *Journal of Systemic Therapies, 13,* 39-52.

Simon, J., & Nelson, T. (2004). Results of last session interviews in solution-focused brief therapy. *Contemporary Family Therapy, 19,* 117-132.

Skidmore, J. E. (1993). *A follow-up of therapists trained in the use of the solution-focused therapy model.* (Doctoral dissertation, University of South Dakota, USA) cited in S. D. Miller, M. A. Hubble & B. L. Duncan (Eds.), *Handbook of Solution Focused Brief Therapy* (pp. 184-204). San Francisco: Jossey-Bass.

Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist, 32,* 752-760.

Steenbarger, B. N. (1992). Toward science-practice integration in brief counseling and counseling. *The Counseling Psychologist, 20,* 403-450.

Stobie, I., Boyle, J. & Woolfson, L. (2005). Solution-focused approaches in the practice of UK educational psychologists: A study of the nature of their application and evidence of their effectiveness. *School Psychology International, 26*(5), 5–28.

Stringer, B., & Mall, M. (1999). *A solution focused approach to anger management with children. a group work manual for practitioners.* Birmingham: The Questions Publishing Company.

Suldo, S. M., Freidrich, A., & Michalowski, J. (2010). Personal and systems-level factors that limit and facilitate school psychologists' involvement in school-based mental health services. *Psychology in the Schools, 47*(4), 354–373.

Thorley, C. (2016). *Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services.* London: Institute for Public Policy Research.

Yin, R. K. (2009). *Case study research design and methods (4th Edition)*. London: Sage.

Exploring Solution Focused Brief Therapy from the Perspective of the Educational Psychologist and Young Person.

Part 3: Critical Appraisal

3.1. Part A: Contribution To Knowledge

This section of the research project will aim to present reflections in terms of the contribution to research knowledge as well as present a critical account of the research practitioner as part of this process. Parts of the Critical Appraisal will be written in the first person in an attempt to share the personal research journey.

This study aimed to explore the perceptions of both young people and educational psychologists of SFBT sessions. Particular focus was placed on the exploration of four aspects of the SFBT sessions: the process – what happens in SFBT, perceptions of the experience, and perceptions of the therapeutic relationship, as well as the perceptions of the outcome of therapy. A multiple case study design employing mixed methods was used to address these four research areas, allowing for an in-depth investigation. Semi-structured interviews were conducted with the young people and the EPs in order to gain insight into the experience of SFBT. Qualitative information was also gathered from the recordings of SFBT sessions between the EP and the young person, in terms of what happened during sessions. Information from these sessions was also explored quantitatively using a checklist created by the researcher based on the key SFBT techniques in the literature. Quantitative information regarding the perceptions of the outcome of SFBT was gathered using an adapted form of the Goal Attainment Scaling measure, offering an insight in terms of whether or not change was perceived to have occurred in relation to the young person's goals and what this meant in terms of their behaviour.

As I wanted to conduct an in depth exploration of the SFBT sessions between EPs and young people, I felt that adopting a case study design would enable me to explore the phenomenon of interest in depth using multiple sources of data.

3.1.1. Initial conception of the research question

The development of the research was influenced by factors both at a personal and professional level. Having worked as an assistant educational psychologist prior to starting the DEdPsy course, I was aware of the problem-laden nature of the role and found myself

somewhat surprised when shadowing one of my first EP consultations to hear the EP asking "What are your best hopes from today?" I, along with the school staff, had expected the EP to ask about the problem. I believe that my interest in solution-focused approaches was further increased after attending training in SFBT approaches with Brief in London (centre for solution-focused practice). This, along with further teaching on the DEdPsy course, also enabled me to reflect on how I might use some of these approaches in my casework.

I have always felt that SFBT offers something different in my work with children and young people, especially in light of the circumstances in which they are often referred to EPs. In my work, I also place great emphasis on systemic thinking and how various elements of the system might be influencing the concern and how they might play a part in the change process. And I believe that this is one of the key elements of SFBT, that it enables the exploration of the systems around the child. However, my interest in SFBT was not enough by itself to produce a research study and I realised that I needed to narrow this down by exploring the literature.

When forming initial ideas, I came across Kennedy, Frederickson and Monsen's (2008) paper discussing whether or not EPs "walk the talk" when consulting, which led me to the work of Argyris and Schön (1974) and the concept of espoused theory (that is, the theory) and theory in action (that is, what we actually do). I kept this in mind and continued to explore the SFBT literature in the context of EPs.

Surprisingly, little research has been conducted on SFBT in relation to the context of the EP. Where there has been research conducted with children and young people, the evidence base is mixed and the literature suggests that there was only anecdotal evidence relating to the effectiveness of SFBT.

At this point, I felt that I had identified an area that was lacking in research but I also questioned whether or not exploring SFBT as a individual therapeutic approach would be a worthwhile area, given that there is a move towards systemic and whole school working. However, further research provided support that EPs do use SFBT in their practice and that therapeutic work is one way in which this is done (Atkinson, Bragg, Squires, Muscutt & Wasilewski, 2011; Stobie, Boyle & Woolfson, 2005).

Given the gap in the psychotherapeutic literature in relation to the process of SFBT and keeping in mind Argyris and Schön's concept of espoused theory and theory in action, I began to question if SFBT is applied with children and young people in the way it is intended? I believed that exploring this could offer a contribution to knowledge within EP practice. Further, whilst there appeared to be research exploring adults' perceptions of SFBT (e.g., Simon & Nelson, 1994; Metcalf & Thomas, 1993) there was less research exploring young people's perceptions of SFBT (Rees, 2005). Whilst their views might have been sought through completion of questionnaire measures, I did not feel that this allowed for a true reflection of their voice.

At this point I was quite conscious of the influence of my own personal interest in the area of SFBT and how this could potentially be a barrier to retaining my research practitioner role in the process. However, through reflection it was felt that personal interest and experience could be considered valid reasons to begin research in a particular area (Lowe, 2007).

3.1.2. Gaps in the Literature / Contribution to Knowledge

A critical part of the research journey was the Literature Review. A large part of the research into SFBT stemmed from earlier studies conducted within the context of the Brief Family Therapy Centre (BFTC) with later integration into social work and counselling literature. From the outcome studies it appeared that there was a gap in the literature in relation to what happened during therapy sessions, leading to questions about what led to positive outcomes. Questions also arose regarding the application of standardised measures and use of high quality robust designs for exploring real-world issues. When exploring the psychotherapeutic literature, a key influence was the research suggesting that 80% of those receiving therapy of any sort are more likely to show improvement than those not receiving any therapy (Smith & Glass, 1997) leading to a question about what accounts for that success.

Lambert's (1992) theory, that there are common factors that transcend therapeutic approaches, suggests that other factors such as the therapeutic relationship and extra-therapeutic factors are important; perhaps more important than the actual type of therapy being used. For

example, SFBT was reported to be as effective as other methods e.g., CBT and problem-focused approaches in creating change (e.g., Littrell, Malia & Vanderwood, 1996; Corcoran, 2006). Whilst reviews of the research appeared to view this as a weakness of the SFBT approach, I felt that it supported Lambert's notion of the common factors in therapy and warranted further exploration of what works in SFBT. Whilst the therapeutic relationship has received widespread attention within the psychotherapeutic literature, little research has directly explored this in relation to SFBT (Rees, 2005).

Another critique of the outcome research was the use of standardised measures to measure success or change. Whilst the use of standardised measures is welcomed as it increases the rigour and validity of the research, I reflected that SFBT is about working towards an individual's goals and how, maybe, evaluation of these goals would be a better measure of success. I came across Goal Attainment Scaling as an alternative measure for evaluating SFBT as it involves gathering information about the client's goals and measuring these against a 5-point scale. GAS encourages the participation of the client in evaluating the perceived success of an intervention and requires subjective judgement. Given that clients are considered to be the experts in their own situation and the authority when it comes to evaluating success, it was felt that GAS would be appropriate for the current study.

When reflecting on the process of conducting the Literature Review, I found producing it challenging. There appeared to be a clear distinction and gap in terms of the earlier 'in depth' research versus the more recent attempts to produce more rigorous research designs. Much of the research was conducted within family therapy and clinical settings and so I had to draw myself back to the context of the work of the EP. Furthermore, the lack of relevant research meant that I cited earlier research studies in the Literature Review as there appeared to be significant a gap between the earlier studies and the present day. Nevertheless, I believe that the process was key in leading to the formation of my research questions.

It is hoped that my research will add to existing literature that supports the effectiveness of SFBT with children and young people. Further, it is hoped that the in-depth account will enable EPs to reflect on their practice, not only with regard to SFBT but also with regars to all

individual work with children and young people, when considering the therapeutic relationship and what young people value. The research offers a first, albeit small, step in establishing practice-based evidence for the efficacy of SFBT. It is acknowledged that future research is needed to explore the long-term effects.

3.1.2.1. Research Question 1

The findings are largely supportive of agreement what happened in SFBT and the assumptions of SFBT. However, EPs placed more emphasis on specific techniques used, compared to the young people. Scaling was the only method mentioned by one young person. It is possible that the scaling activity offered a more tangible and visual aid to the change process, than something more abstract.

When listening to the recordings of the SFBT sessions, I was mindful to ensure that I was not missing out or masking the richness of the data in any way by reducing the sessions into techniques on the checklist. At times, this proved to be challenging, determining when one technique began and another ended. In order to address this issue, I re-visited the literature on the process of SFBT and examples of specific techniques in order to aid my analysis of the sessions and re-listened to the recordings of the SFBT sessions.

3.1.2.2. Research Question 2

The findings exploring the experience of SFBT were supportive of the model as the experience was described positively by all. I believe that it was important to explore this, especially since young people are often not considered to be 'customers' in the process of change. The findings suggest that the young people valued the novelty of the approach as they offered something different, having a more positive focus rather than being problem focused. This has potential implications in terms of EPs facilitating and training school staff to adopt a similar positive approach to working with children and young people.

3.1.2.3. Research Question 3

All cases reported that the relationship developed was positive. Both the EPs and young people recognised the importance and value of the relationship. EPs noted how the relationship often developed in the first session; with one EP saying that it is established within the first ten minutes. Although the EPs acknowledged the value of the relationship, two of them appeared to place greater emphasis on the SFBT techniques in creating this relationship. The young people, on the other hand, placed greater emphasis on the relationship and talked about it in terms of the therapist qualities that they valued, e.g., being calm, and patient and developing the element of familiarity. Whilst familiarity might be hard to develop given the time-constraints faced by EPs, it might be important to explore other ways of increasing this alliance, such as letter writing.

3.1.2.4. Research Question 4

All of the young people reported that they had made positive changes in reaching their goals, and this was supported by both the information gathered via the GAS and through the interviews. An interesting finding was that all but one of the young people appeared to place ownership on the EP in leading this process of change. The EPs also reflected on the young people's ability to change and how the model can increase motivation by creating hope and expectancy.

The findings relating to the outcome and change also highlighted the systemic impact of the work and how change had happened at various systems around the young person e.g., school and home life, echoing the notion of a 'ripple effect'.

3.1.3. Contribution to Knowledge for Educational Psychologists and Other Professionals

Given the increased recent interest in the well-being and mental health of children and young people and that many have argued that therapeutic intervention is becoming a core element in the practice of EPs (Boyle & Lauchlan, 2009), the current study has provided an insight into both outcome and process of SFBT in EP practice, an area which appears to be lacking in research. It is also important to consider the findings in relation to the change that

occurred beyond the young person and the reported systemic impact or 'ripple effect'. However, although this was not directly investigated through discussion with school staff or parents, it is a potential area for future research. The emphasis the young people placed on the relationship offers professionals an opportunity to reflect on the time spent in establishing that relationship and how the young people valued a calm and fun environment. Further, it was suggested that SFBT was an empowering experience and they valued the positive focus of the approach, leading to this potentially being applied at a systemic, whole school level (Rees, 2008).

3.1.4. Contribution to Knowledge as a Researcher and as a Practitioner

The research process and findings have and will contribute to my knowledge as both researcher and applied psychologist. Not only have the findings increased my knowledge of the change process in SFBT, it has also enhanced my knowledge of conducting research.

I was initially nervous about conducting a large piece of research and incorporating mixed methods. I found myself constantly reflecting on the identified gaps in the research as well as questioning the relevance of the study to EP practice. I also reflected that I needed to adopt a degree of neutrality as a researcher, as I would probably consider myself as an advocate of SFBT in my own practice.

Whilst SFBT is considered to be a collaborative process it is important to note how in family therapy and clinical settings, therapists are more likely to work with 'customers', whereas in educational settings, young people are not often 'customers' and are considered to be 'visitors' in the process. As such, I feel that it is important to include the voice of the young person and gain their views. Overall, I believe that the process has made me reflect on my own practice and that we should make adaptations to allow young people to communicate their views to ensure that their voice is heard and to allow them to exert more control and independence over their own situation.

3. 2. Part B: Critical Account Of The Research Practitioner

3.2.1. Epistemological Position as a Researcher

One of the most challenging aspects of the research process was determining my epistemological position. This was an area not only of confusion due to the complexity of the terminology but also as a result of my previous experiences. My undergraduate and postgraduate studies in Psychology involved conducting empirical research that aligned with the positivist paradigm. However, upon beginning my journey as a trainee educational psychologist, I found my practice being guided by a constructionist approach through exploration of key stakeholder's construction of events (Rhydderch & Gameson, 2010). And so, had anyone asked me at the start of the research process, I would have probably asserted that my views aligned with the constructivist paradigm. I also reflected on my professional practice as an applied psychologist, noticing that I rarely use one approach, as I often supplement qualitative data with quantitative methods in order to gain an in depth version of events.

A critical realist perspective was chosen for this study. The critical realist position argues that there may be an independent reality, but that this reality is open to interpretation (Bhaskar, 1989). Whereas a positivist approach would adopt a more traditional empirical investigation to show cause and effect in search for one truth, a critical realist notes how effects are caused by a combination of objects and structures that interact in a particular context (Sawyer, 2000).

Bhaskar and Danermark (2006) have argued that critical realism is one of the most inclusive ontological perspectives as it can accommodate the views of other complex positions. As such, critical realism avoids reliance on a single method of inquiry and is consistent with the mixed methods approach.

3.2.2. Methodology

The adoption of a mixed methods approach raises concerns that quantitative and qualitative approaches represent two worldviews that are philosophically incompatible (Guba &

Lincoln, 1994). However, Miller, Hubble and Duncan (1996) argue that studies can be strengthened by combining both qualitative and quantitative methods:

> The distinction between quantitative and qualitative research is a false dichotomy; most studies can be strengthened by using qualitative and quantitative research strategies. A marriage of these two approaches will allow the consumer of the research to benefit from the rich qualitative descriptions as well as to gain from the information about generalisability that quantitative studies provide.
> (p. 226)

Some mixed methods researchers adopt a pragmatic approach, which claims that methodology is independent of ontology (Patton, 1990). However, Hall (2012) asserted that no study should be considered paradigm-free. The current study adopted a single paradigm approach, critical realism, encompassing the assumptions of both qualitative and quantitative research methods.

In the current study, the use of GAS to measure change and analysis of techniques used in SFBT could be considered independent of context and could reflect a realist ontology and positivist epistemology (Braun & Clark, 2006). Analysis of interviews, however, draws upon the principles of relativism and acknowledges the interpretive-and context-dependent nature of knowledge.

3.2.2.1. Case Study Design

Case study methodology is often applied to research that seeks to provide a rich and detailed understanding of a person's experience of a situation or phenomenon (Cohen, Mannion & Morrison, 2007). In contrast to empirical experiments, in which the researcher seeks to measure certain variables to establish cause and effect, researchers using case study designs seek to understand the phenomenon in context. This is considered to be one of the strengths of case study design as it represents the unique experience of a real person in a real context (Cohen, Mannion & Morrisson, 2007).

Whilst case study is well suited within a qualitative paradigm, it is also known to suit both quantitative and qualitative methods (Yin, 2009). A multiple case study design with four cases was adopted as it is thought that multiple case studies produce more compelling and more

robust evidence (Yin, 2009). It was also felt that this would produce a manageable amount of data and would allow for replications to provide evidence to the theoretical framework. The purpose of the case is not to generalise across populations but rather to generalise to theoretical propositions and so it aims to expand upon theories through analytical generalisations rather than applying knowledge across populations (Yin, 2009).

The current study adopted an exploratory approach to explore whether SFBT leads to positive change and what features are considered important as part of this process. Cases were defined as the EP and young person pairs.

3.2.2.2. Data Gathering Methods

A semi-structured interview was chosen to gather the qualitative data as I felt that it gave participants a flexible platform in which to share their views. I developed a semi-structured interview guide following the guidelines of Robson (2011). Open-ended questions were used to give participants more freedom in their responses. The literature review was used to develop the research questions, in particular the papers by Metcalf and Thomas (1994) and Rees (2005). I had hoped that there would have been a more even balance between my questions and the young person's responses, as a better balance was observed in the EP interviews. I was conscious that I wanted to gain the views of the young people, but also did not want them to feel pressured into sharing if they did not feel comfortable to do so. I drew upon skills from my professional practice as an applied psychologist to support the development of rapport at the beginning of each interview.

I was also mindful of my lack of experience in conducting semi-structured interviews and felt conscious about the formal nature of the set-up, especially when compared with focus groups. On reflection, I feel that I should have offered the young people another way of sharing their views during the interview, possibly using visual aids to reduce the formal nature of the interview.

All participants completed the GAS measure at the start and at the end of the SFBT sessions. I had relatively little knowledge about the measure prior to conducting the research. I

was aware that some had criticised the measure as being too complex and how it is often adapted in different situations, which meant that there were numerous variations and adaptations in the literature. Within EP practice, Dunsmuir et al (2009) noted that GAS is considered too complex and that Target Monitoring Evaluation (TME) would be a better alternative. One of the reasons why I decided against the use of TME was that it I felt the ten point scale used is too similar to the scaling used in SFBT and I was conscious that I did not want to replicate the SFBT techniques used by EPs in the sessions. I felt that using the GAS measure would be the better option as it would capture both perceived quantitative changes as well as provide a description of what this behaviour change looked like.

Initially, I had intended to analyse the pre-and post-GAS scores statistically, which would have been possible if I had been able to recruit my intended minimum of 6 pairs. However, as I was reliant on EPs to find appropriate cases within my research time-frame to apply SFBT with, unfortunately I was unable to recruit the six intended pairs. I am aware that the statistical analysis with six cases would still have raised issues in terms of attempts to generalise. A key reflection is the need to improve recruitment and also to factor in the possibility that the EPs may not find appropriate cases within my short time-scale, to apply SFBT with. I also should have asked the participants rate the GAS during every session, as only using it pre-and post-therapy could have masked other changes i.e., all sessions might not have been perceived as a positive step towards change. Nevertheless, despite not being able to conduct any statistical analysis on the amount of change, it is important to highlight the perceived positive changes made on the GAS in all cases.

3.2.2.2.1. SFBT Techniques

A key element of my research was examining what happens during SFBT sessions. Challenges arose when designing and constructing the SFBT checklist that was used to evaluate what happens in therapy. Given the flexible way in which SFBT is conducted, variations were found in terms of the SFBT fidelity measures within the literature. I was conscious of the potential of missing out a rich amount of data and so I created a checklist of techniques from a

number of different sources. Analysing the SFBT sessions involved re-listening to the recordings on several occasions to ensure that I had captured what happened. It was also difficult to know where one technique began and another ended. Therefore, caution should be applied when interpreting the results. Nevertheless, I believe that it offered insight into how often and when the techniques were used in SFBT. For example, it was interesting that the majority of the techniques were used during the first session. It is possible that future research might choose to analyse the therapy process in more depth, for example by means of a conversational analysis. On reflection, one thing I could have done to improve the quality and reliability of the results was to have another individual listen to the tapes and count the number of techniques.

3.2.2.3. Data Analysis

The interviews were transcribed verbatim in the days following their occurrence to assist analysis. I also felt that I had underestimated the time it took to transcribe the data. I was also conscious as the majority of the interviews were conducted in the participants' first language (all EP interviews were conducted in Welsh and two of the young people interviews were conducted in Welsh, with two in English) and I did not want to lose the richness of the data through the translation process.

Given the critical realist position adopted by the research, it was important that the qualitative analysis was not restricted to any theoretical grounding and that the results could be interpreted and defined independently of constructivism theory. Thematic analysis was chosen as it is considered to be flexible and to allow for freedom from particular epistemological positions (Braun & Clark, 2006). This is why it was chosen over other interpretative approaches such as Interpretative Phenomenological Analysis, which draws upon interpretivist epistemology, or Grounded Theory (Glaser, 1992). Further, as conducting qualitative research is a relatively new area for me as a researcher, it was important to note that it has been argued that thematic analysis' flexibility lends itself well to researchers who are new to the approach.

Whilst the flexibility of thematic analysis is welcomed, it can also be criticised from the point of view of clarity of the process (Braun & Clark, 2006).

Four separate thematic analyses were conducted on the interview data from each case study. Each thematic analysis was intended to provide an in-depth account of the themes in relation to the four research questions. I applied a theoretical rather than inductive approach to the analysis and approached the data with specific questions in mind, rather than creating the research questions from the coding process (Braun & Clark, 2006). Given that I was looking at four cases, this also allowed for a clearer structure ensuring that the analyses were comparable across the cases. To support the process, the procedures outlined by Attride-Stirling (2001) to produce thematic networks were employed to facilitate a visual representation of the different levels of themes generated that are traceable back to the original data.

The individual analysis for each case also allowed for comparison of EP and young person views within the cases (see Tables 8, 9, 10 & 11). Whilst some differences were noted within the cases, there was a large degree of agreement on several aspects of the four research questions. At times I had to take a break and allow time in between analysing each case.

As case studies rely on analytic rather than statistical generalisation, they seek to generalise to particular theory not the wider population. Given that reliability and validity in a case study approach is often criticised, a cross-case synthesis was applied to compare findings across cases by examining each of the networks in relation to each research question and looking for patterns across the data to increase the external validity of the study.

3.2.2.2.3.1. Triangulation

Triangulation is considered as a way of increasing the validity of the research findings (Denzin, 1988). The current study adopted a data triangulation approach, involving gathering of multiple sources of data collection. As Casey and Murphy (2009) described, triangulation can combine both quantitative and qualitative data to study a particular phenomenon to provide a more comprehensive understanding of the issue being investigated. When reflecting on the analysis process as a whole, I feel that the quality and reliability of my findings could have been

enhanced by seeking other people's opinions along the way, as this would have offered a more objective perspective on the research findings.

3.2.2.4. Ethical concerns

Recording of the SFBT sessions between EPs and young people raised several ethical issues such as informed consent, anonymity and confidentiality, all of which are crucial to consider when conducting research with children and young people (Felzmann, 2009). It was imperative that I carefully considered and addressed all ethical considerations appropriately. Whilst my research hoped to provide a naturalistic account of SFBT, I also wanted to ensure that participating, or deciding not to engage in the research, would not have any negative impact on the work going on between the young person and the EP. The process of gaining ethical approval was relatively straightforward once specific issues had been addressed.

A key reflection at this point was the importance of gaining parental consent as well as the young person's informed consent. Within my everyday practice, I rely on parental consent; however, I began to think about what voice the young person had in the process. Especially when they are able to, I feel that it is important to reflect on the importance of children and young people giving assent to our involvement.

3.2.2.5. Recruitment

It was anticipated and evident that recruitment proved to be challenging. Given that I was exploring what I believed to be a widely used approach in EP practice, the depth and naturalistic element of my enquiry meant that it was difficult to recruit participants in a relatively short time-scale. I had little control over when the sessions between EPs and young people would take place; the summer break meant that there was a long period of time where no sessions were taking place. My difficulty in recruiting also led me to question and reflect on whether or not EPs are actually engaging in therapeutic approaches in every day practice. Whilst I was disappointed that I was unable to recruit more participants, on reflection I feel that

obtaining data from various sources still provided an in depth account of SFBT. I was also

fortunate that the EPs who responded were all very enthusiastic about taking part.

3.2.3 Summary

This critical reflection has attempted to present and discuss both reflective and reflexive

comments relating to the process of conducting the research, as well as the research itself. It is

hoped that the reflections that have informed my choices on this journey have been made clear

to the reader, along with the rationales that underpin them. Despite facing challenges along the

way, I believe that the process has the potential to contribute to the advancement of my own

knowledge and practice and it is hoped that it will also offer a contribution to the practice of the

EP.

References

Argyris, C., & Schön, D. A. (1974). *Theory in practice: increasing professional effectiveness.* San Francisco: Jossey-Bass.

Atkinson, C., Bragg, J., Squires, G., Muscutt,, J. & Waslewski, D. (2011). Educational psychologists and therapeutic interventions: Preliminary findings from a UK-wide survey. *Debate, 140*, 6–16.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: Findings from four site visits. *Educational Psychology in Practice, 29*(1), 54-68.

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research, 1,* 385-405.

Bhaskar, R. (1989). *The possibility of naturalism*, (2nd Edition). Brighton: Harvester.

Bhaskar R., & Danermark, B. (2006). Metatheory, interdisciplinarity and disability research: a critical realist perspective. *Scandinavian Journal of Disability Research, 8*(4), 278–297.

Boyle, C., & Lauchlan, F. (2009). Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice, 25,* 71–84.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Casey, D., & Murphy, K. (2009). Issues in using methodological triangulation in research. *Nurse Researcher, 16*(4), 40-55.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education*. London: Routledge.

Corcoran, J. (2006). A comparison group study of solution-focused therapy versus ''treatment-as-usual'' for behavior problems in children. *Journal of Social Service Research, 33,* 69–81.

De Shazer, S. (1985). *Keys to solution in brief therapy.* New York: W. W. Norton.

Denzin, N. K. (1988). Triangulation. In J. P. Keeves (Ed.), *Educational Research, Methodology, and Measurement: An International Handbook,* (pp.511-513). Oxford: Pergamon Press.

Dunsmuir, S., Brown, E., Iyadurais, S., & Monsen, J. (2009). Evidence-based practice and evaluation, from insight to impact. *Educational Psychology in Practice, 25*(1), 53-70.

Felzmann, H. (2009). Ethical issues in school-based research. *Research Ethics Review*, *5*(3), 104-109.

Glaser, B. (1992). *Basics of Grounded Theory analysis*. Mill Valley: Sociology Press.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp.105-117). California: Sage Publications.

Hall, R. (2012). Mixed methods: In search of a paradigm. Retrieved 28 January, 2016, from https://pdfs.semanticscholar.org/6ce5/ecc6d8ce34ce883c76ef0f32e590d6e8bdb6.pdf

Kennedy, E.K., Frederickson, N., & Monsen, J. (2008). Do educational psychologists 'walk the talk' when consulting? *Educational Psychology in Practice, 24*(3), 168-187.

Kim, J. S. (2008). Examining the effectiveness of solution-focused brief therapy: A meta-analysis. *Research on Social Work Practice, 18,* 107-116.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (pp. 94-129). New York: Basic Books.

Littrell, J. M., Malia, J. A., & Vanderwood, M. (1995). Single-session brief counselling in a high school. *Journal of Counselling and Development, 73*(4), 451–58.

Lowe, M. (2007). *Beginning research.* London: Routledge.

Metcalf, L., Thomas, F. N., Duncan, B. L., Miller, S. D., & Hubble, M. A. (1996). What works in solution-focused brief therapy. In S. D. Miller, M. A. Hubble, & B. L. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 335-349). San Francisco: Jossey-Bass.

Miller, S. D., Hubble, M. A. & Duncan, B. L. (1996). *Handbook of Solution-Focused Brief Therapy.* San Francisco, CA: Jossey-Bass.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications.

Rees, I. G. (2005). *Solution-Focused Brief Therapy as perceived by the educational psychologist and adolescent client.* (Doctoral dissertation, Cardiff University, Wales). Retrieved from http://orca.cf.ac.uk/55404/.

Rees, I. G. (2008). A systemic solution-oriented model. In B. Kelly, L. Woolfson & J. Boyle (Eds.). *Frameworks for practice in educational psychology: A textbook for trainees and practitioners* (pp.162–181). London: Jessica Kingsley.

Rhydderch, G., & Gameson, J. (2010). Constructing a flexible model of integrated professional practice: Part 3–The model in practice. *Educational Psychology in Practice*, *26*(2), 123-149.

Robson, C. (2011). *Real world research: a resource for social scientists and practitioner-researchers.* West Sussex, UK: John Wiley & Sons Ltd.

Sawyer, A. (2000) *Realism and social science*. London: Sage.

Simon, J., & Nelson, T. (2004). Results of last session interviews in solution-focused brief therapy. *Contemporary Family Therapy, 19,* 117-132.

Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist, 32,* 752-760.

Stobie, I., Boyle, J., & Woolfson, L. (2005). Solution-focused approaches in the practice of UK educational psychologists: A study of the nature of their application and evidence of their effectiveness. *School Psychology International, 26* (5), 5–28.

Yin, R.K. (2009) *Case study research design and methods*, Fourth Edition. London: Sage.

Appendices

Appendix A. Ethical approval from Cardiff University Ethics Committee.

Appendix B. Gatekeeper letter to Principal Educational Psychologists.

Appendix C. Information sheet and consent form for Educational Psychologist.

Appendix D. Information sheet and consent form for young person.

Appendix E. Information sheet and consent form for parent.

Appendix F. Gatekeeper letter shared with school.

Appendix G. Interview schedule for educational psychologist

Appendix H. Interview schedule for young person.

Appendix I. Debrief form shared with young person.

Appendix J. Debrief form shared with educational psychologist.

Appendix K. Debrief form shared with parent.

Appendix L. Example of Goal Attainment Scaling form.

Appendix M. Demographic information gathered from cases (EP semi structured interview).

Appendix N. Example of SFBT technique checklist used to analyse SFBT sessions.

Appendix O. Thematic analysis process.

Appendix P. Supportive quotations for case 1, 2, 3 & 4.

Appendix Q. Cross case analysis visual representation.

Appendix R. Pre and post GAS forms for case 1, 2, 3 & 4.

Appendix A. Ethical approval from Cardiff University Ethics Committee.

Dear Sioned

The Ethics Committee has considered your revised project proposal: *Exploring Solution-Focused Brief Therapy from the perspective of the educational psychologist and young person. (EC.16.03.08.4470R).*

The project has now been approved.

Appendix B. Gatekeeper letter to Principal Educational Psychologists.

Sioned Griffiths
Trainee Educational
Psychologist
School of Psychology

Cardiff University
Tower Building
Park Place
CF10 3AT

Dear Principal Educational Psychologist,

My name is Sioned Griffiths and I am currently in my second year of my doctoral studies in Educational Psychology at Cardiff University. As part of my doctorate, I am carrying out a research project on the use of Solution-Focused Brief Therapy (SFBT) between educational psychologists and young people.

There is much research on solution-focused brief therapy in clinical settings with some promising results reported, however, there appears to be less research conducted within schools. Further, there is less research that has included the views of both young people and educational psychologist's on what happens in therapy that makes it successful. My research project, **"*Exploring pupil and EP perceptions of SFBT in creating positive change*",** aims to address this gap by exploring secondary school age pupil's and educational psychologist's experiences and perceptions of solution-focused brief therapy, in order to attempt to develop a better understanding of the processes that lead to positive change. The research that I am conducting is being supervised by Dr Kyla Honey, my supervisor at Cardiff University.

I am writing to you to enquire whether you or any educational psychologists in your service would be willing to participate in the research. I have included further information about what the study would involve below.
If you or any educational psychologists from your service would be interested in taking part, could you please forward their contact details to me by e-mail (GriffithsS30@cardiff.ac.uk) so that I can forward further information about the project.

Thank you in advance for your consideration of this project. Please let me know if you or any of your colleagues require further information or have any questions about the project. My contact details are listed below.

Yours sincerely,

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Trainee Educational Psychologist

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Exploring pupil and EP perceptions of SFBT in creating positive change

What will the project involve?

With your permission, I am hoping to recruit educational psychologists who have attended training in solution-focused brief therapy and who will be conducting SFBT sessions with a secondary school-aged pupil between (date) and (date).

If the educational psychologist wishes to participate in the research, they will be asked to complete a short background questionnaire. They will then be asked to audio-record the SFBT sessions that they hold with the young person and will be asked to take part in an interview with the researcher about their experience of using SFBT. When recording the SFBT sessions, the EP can choose to use either his or her own electronic method or using a Dictaphone that will be provided by the researcher.

Prior to starting the SFBT sessions with the young person, the educational psychologist will be asked to share an information sheet about the study with the young person if they are aged 16 or over and for a young person aged under 16 will be asked to share information with their parent/guardian as well asking for their permission to record the SFBT sessions and also for them to participate in an interview with the researcher.

It is hoped that both interviews will take place at the young person's school on a day that is convenient for the school and the EP and it is anticipated that the interviews would last approximately 1 hour each. The interviews will be audio-taped to help transcription.

How will the information be kept?

All of the information collected will be kept confidentially on a password-protected computer so that only the researcher can trace this information back to any individual.

The recordings from the therapy sessions will be listened to to help aid the researcher in what the therapist asked during the SFBT sessions. Once the recording has been listened to (DATE), it will be deleted.

Once the interviews have been recorded, the information gathered will be held confidentially and anonymized when the audiotapes have been transcribed on (DATE). I will write a transcript of the discussion using code-names; after which the audio tape will be deleted, in accordance with the Data Protection Act (1998). At this point, no-one will be able to trace the information in the transcript back to any individual. The transcript may be held indefinitely.

What are the risks and benefits of participating?
There are no foreseeable risks for educational psychologists or young people taking part in this research project. Whilst there are no direct benefits for taking part, it is hoped that the research will lead to a better understanding of what happens during therapy that is useful in the process of change.

The right to withdraw
Please note that participants will have the right to withdraw at any stage during the project, without reason, up until the point at which the data will be anonymised and amalgamated. After this point, the data will be untraceable.

What will happen to the information gathered?
The recordings from the therapy sessions will be listened to to help aid the researcher in what the therapist asked during the SFBT sessions.
The information from the interviews will be analysed (by myself) to explore the EP's and young person's experience of SFBT. The findings will be reported as part of my research report. If any participants wish to, they can request to be provided with a brief summary of the findings. If a young person asks for a summary of the findings, the educational psychologist will be asked to share these. The findings will be reported in general terms, so it will not be possible to identify individual responses.

Thank you for taking the time to read this information sheet

Sioned Griffiths
Seicolegydd Addysgol dan
Hyfforddiant
Ysgol Seicoleg

Prifysgol Caerdydd
Tower Building
Park Place
CF10 3AT

Annwyl Prif Seicolegydd,

Fy enw i yw Sioned Griffiths ac rwyf ar hyn o bryd ar fy ail flwyddyn ym mhrifysgol Caerdydd yn astudio Doethuriaeth mewn Seicoleg Addysg. Fel rhan o'r cwrs, rwyf yn cynnal prosiect ymchwil ar ddefnydd "Solution-Focused Brief Therapy" (SFBT) rhwng Seicolegwyr Addysgol a phobl ifanc.

Mae llawer o ymchwil wedi archwilio effaith SFBT o fewn lleoliadau clinigol ac mae'r canlyniadau yma yn bositif iawn, fodd bynnag, mae'n ymddangos nad oes gymaint o waith ymchwil o fewn ysgolion. Yn fwy fwyth, mae yna lai o ymchwil sydd yn cynnwys barn plant/ pobl ifanc a Seicolegwyr Addysg ar beth yw'r ffactorau sydd yn cyfrannu tuag at lwyddiant y broses o therapi.

Mae fy mhrosiect ymchwil, "Ymchwilio effaith SFBT o greu newid bositif drwy bersbectif y person ifanc a'r Seicolegydd Addysg" yn gobeithio archwilio y bwlch yma ym myd ymchwil drwy edrych ar brofiad plant a phobl ifanc, ynghyd â'r seicolegydd addysg, er mwyn ceisio datblygu gwell dealltwriaeth o'r hyn sydd yn digwydd yn ystod therapi sydd yn arwain tuag at newid bositif yn y pen draw. Mae'r ymchwil yn cael ei oruchwylio gan Dr Kyla Honey, fy nhiwtor ymchwil ym Mhrifysgol Caerdydd.

Rwyf yn ysgrifennu atoch i holi os y byddech chi neu unrhyw seicolegwyr yn eich gwasanaeth yn fodlon cymrydd rhan yn yr ymchwil. Mae rhagor o wybodaeth am yr ymchwil i'w weld drosodd.

Os oes gennych chi neu unrhyw un o'r seicolegwyr o'ch gwasanaeth ddiddordeb mewn cymryd rhan, a fyddwch o gystal â rhannu eu manylion cyswllt gyda fi drwy e-bost (GriffithsS30@cardiff.ac.uk) fel y gallaf rannu fwy o wybodaeth am dan yr ymchwil.

Diolch am eich amser i ddarllen y cais yma. Gadewch i mi wybod os hoffech chi neu unrhyw un o'ch gwasanaeth fwy o wybodaeth ynglyn â'r prosiect neu os oes ganddoch unrhyw gwestiynau am dan y prosiect.

Yn gywir,

Sioned Griffiths

Seicolegydd Addysgol dan Hyfforddiant

Sioned Griffiths
Seicolegydd Addysgol dan Hyfforddiant
Ysgol Seicoleg
Prifysgol Caerdydd
Tower Building
Park Place
CF10 3AT
GriffithsS30@cardiff.ac.uk

Dr Kyla Honey
Goruchwiliwr Ymchwil
Ysgol Seicoleg
Prifysgol Caerdydd
Tower Building
Park Place
CF10 3AT
HoneyK1@cardiff.ac.uk

Ymchwilio effaith SFBT o greu newid bositif drwy lygaid/bersbectif y person ifanc a'r seicolegydd addysgol

Beth fydd y prosiect yn cynnwys?

Gyda eich caniatad, rwyf yn gobeithio recriwtio Seicolegwyr Addysg sydd wedi derbyn hyfforddiant mewn 'SFBT' ac sydd yn bwriadu cynnal sesiynnau 'SFBT' gyda disgyblion oedran uwchradd rhwng Ebrill a Hydref, 2016

Os hoffech chi neu seicolegydd o'ch gwasanaeth gymryd rhan yn yr ymcwhil, bydd gofyn iddynt gwblhau holiadur fer. Bydd hefyd gofyn iddynt recordio'r holl sesiynau SFBT maent yn cynnal. Er mwyn recordio'r sesiynau, gall y seicolegydd ddewis defnyddio eu teclyn eu hunain neu gallaf ddarparu 'Dictaphone'. Byddaf hefyd yn gofyn i'r seicolegydd gymryd rhan mewn cyfweliad am dan eu profiad o ddefnyddio 'SFBT'.

Cyn cychwyn y sesiynnau SFBT gyda'r person ifanc, bydd gofyn i'r seicolegydd rannu taflen gwybodaeth am dan yr ymchwil gyda'r person ifanc os ydynt dros 16 mlwydd oed, ac os ydynt o dan 16 mlwydd oed bydd gofyn i'r seicolegydd rannu taflen gwybodaeth gyda'u rhieni/gwacheidwad hefyd yn gofyn am eu caniatad i recordio'r sesiynau SFBT ac i gymryd rhan mewn cyfweliad gyda'r ymchwilydd.

Y gobaith yw y bydd y cyfweliadau yn cael eu cynnal yn ysgol y person ifanc ar ddiwrnod sydd yn gyfleus i'r ysgol ac i'r seicolegydd addysg. Mae'n debygol y bydd y cyfweliadau yn parau oddeutu awr yr un. Mi fydd yr cyfweliadau yn cael eu recordio gan dddefnydio Dictaphone er mwyn galluogi i'r ymchwilydd eu trawsgrifio. Mae'n debygol y bydd y cyfweliadau yn para oddeutu awr yr un.

Sut bydd y wybodaeth yn cael ei gadw?

Mi fydd yr holl wybodaeth a gasglwyd yn cael ei gadw yn gyfrinachol ar gyfrifiadur wedi ei ddiogelu gan gyfrinair fel mai dim ond yr ymchwilydd all olrhain y wybodaeth yn ôl at unrhyw unigolyn.

Mi fydd y recordiadau o'r sesiynau yn cael eu gwrando ar er mwyn archwilio os

cafodd y cwestiynau a ofynwyd yn ystod y sesiynau unrhyw ddylanwad ar y broses. Unwaith y bydd yr ymchwilydd wedi gwrando ar yr recordiadiau, fe caiff eu dileu.

Unwaith y bydd y cyfweliadau wedi cael eu recordio, mi fydd y wybodaeth yma yn cael ei gadw yn gyfrinachol nes y caiff ei wneud yn gwbl ddi-enw wedi iddynt cael eu trawsgrifio. Unwaith y bydd y cyfweliadau wedi cael eu trawsgrifio, byddant yn cael ei dileu. Mi fyddaf yn defnyddio ffug enwau ar gyfer y trawsgrifiad. Wedi'r pwynt yma, ni fydd neb yn gallu olrhain y wybodaeth yn ôl at unrhyw unigolyn. Gall y trawsgrifiad gael ei gadw am gyfnod amhenodol.

Beth yw'r risg o gymryd rhan?

Nid oes unrhyw risg rhagweladwy ar gyfer seicolegwyr addysgol sydd yn cymryd rhan yn y prosiect ymchwil yma. Er nad oes manteision uniongyrchol i gymryd rhan, y gobaith yw y bydd yr ymchwil yn arwain at ddealltwriaeth gwell o'r prosesau sydd yn arwain at newid cadarnhaol o ganlyniad i waith 'SFBT' gyda phobl ifanc.

Yr hawl i dynnu yn ôl.

Nodwch fod gan gyfranogwyr yr hawl i dynnu allan o'r ymchwil ar unrhyw adeg heb orfod rhoi rheswm. Mae hyn yn wir nes bydd y data a gasglwyd wedi cael ei wneud yn gwbl ddi-enw, wedi hynny, ni fydd bosib dileu nac olrhain data unrhyw unigolyn.

Beth fydd yn digwydd i'r wybodaeth a gasglwyd?

Bydd y wybodaeth o'r cyfweliadau yn cael eu dadansoddi (gan yr ymchwilydd) i archwilio eich canfyddiadau a'r person ifanc o'r broses 'SFBT'. Bydd y canfyddiadau yn cael eu hadrodd fel rhan o adroddiad ymchwil. Os bydd unrhyw gyfranogwyr yn dymuno, gallant wneud cais i gael crynodeb byr o'r canfyddiadau. Os yw person ifanc yn gofyn am grynodeb o'r canfyddiadau, gofynnir i'r seicolegydd addysgol i rannu'r rhain gydag aelod penodol o staff yr ysgol. Bydd y canfyddiadau yn cael eu hadrodd yn gyffredinol, felly ni fydd yn bosibl adnabod ymatebion unigol.

Diolch o flaen llawr am ystyried cymryd rhan yn y prosiect yma. Rhowch wybod i mi wybod os hoffech gael rhagor o wybodaeth am y prosiect.

Diolch am gymryd yr amser i ddarllen y daflen wybodaeth hon.

Appendix C. Information sheet and consent form for Educational Psychologist.

My name is Sioned Griffiths and I am a Trainee Educational Psychologist currently completing my doctoral training at Cardiff University. I am hoping to carry out a piece of research for my thesis investigating both secondary school aged pupil's and EP experiences and perceptions of solution-focused brief therapy, in order to develop a better understanding of the processes that lead to positive change.

You have received this information sheet as I am hoping to recruit educational psychologists who have received training in solution focused brief therapy and who would be willing to participate in the research.

What will the project involve?
If you wish to participate, the research will involve identifying a secondary school aged pupil who you are planning to conduct SFBT sessions with between April and October, 2016. You will be asked to complete a short background questionnaire.

As I am interested in finding out about what happens in during therapy, with your consent, I would ask you to audio-record all of the SFBT sessions. You will be asked to share an information sheet about the research with the young person if they are aged 16 or over and also with their parent/guardian(s) if they are under the age of 16, asking for their consent for the sessions to be audio-recorded and to attend an interview with the researcher as part of the current research project. This should happen before the start of the SFBT sessions so that the young person has time to think whether or not they wish to take part. You can choose to either use your own recording device or a Dictaphone can be provided by the researcher to record the SFBT sessions.

After the completion of the SFBT sessions, you and the young person will be invited to attend separate interviews exploring your experiences of the process.

The interviews will take place at the young person's school on a day that is convenient for the school and yourself. It is anticipated that the interviews would last approximately 1 hour each. The interviews will be audio-taped to help transcription.

How will the information be kept?
All of the information collected will be kept confidentially on a password protected computer so that only I can trace this information back to any individual.

The recordings from the therapy sessions will be listened to to help aid the researcher in what the therapist asked during the SFBT sessions to see

whether this had any influence on the change process. Once the recording has been listened to, it will be deleted.

Once the interviews have been recorded, the information gathered will be held confidentially and anonymized once the audiotapes have been transcribed and deleted. I will write a transcript of the discussion using code-names; after which the audio tape will be deleted, in accordance with the Data Protection Act (1998). At this point, no-one will be able to trace the information in the transcript back to any individual. The transcript may be held indefinitely.

What are the risks and benefits of participating?
There are no foreseeable risks for educational psychologists taking part in this research project. Whilst there are no direct benefits for taking part, it is hoped that the research will lead to a better understanding of the processes that lead to positive change in SFBT with young people.

The right to withdraw
Please note that participants will have the right to withdraw at any stage during the project, without reason, up until the point at which the data will be anonymised and amalgamated. After this point, the data will be untraceable.

What will happen to the information gathered?
The recordings from the therapy sessions will be listened to to help aid researcher in what the therapist asked during the SFBT sessions.

The information from the interviews will be analysed (by myself) to explore both your perceptions and the young person's of the SFBT process. The findings will be reported as part of my research report. If any participants wish to, they can request to be provided with a brief summary of the findings. If a young person asks for a summary of the findings, the educational psychologist will be asked to share these with a named member of school staff. The findings will be reported in general terms, so it will not be possible to identify individual responses.

Many thanks in advance for your consideration of being part of this project. Please let me know if you require further information or have any questions about the project. My contact details are listed below. If you are willing to participate in the project, can you please complete and sign the attached consent form and return it to me in the stamp addressed envelope provided?
Yours sincerely,

Sioned Griffiths
Trainee Educational Psychologist

Sioned Griffiths	Dr Kyla Honey
Trainee Educational Psychologist	Research Supervisor
School of Psychology	School of Psychology
Cardiff University	Cardiff University
Tower Building	Tower Building
Park Place	Park Place
CF10 3AT	CF10 3AT

GriffithsS30@cardiff.ac.uk   HoneyK1@cardiff.ac.uk

If you have any complaints regarding this research project, then please direct these to the School of Psychology Ethics Committee at the following address:

Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360

Please read the following statements:

- I have read the information sheet regarding this study and I understand what this study is about.
- I understand that taking part in this study will involve identifying a secondary school aged pupil with whom I will be conducting SFBT sessions with between April and October, 2016.
- I agree to contact the researcher once I have identified a suitable young person to conduct SFBT sessions with.
- I understand that I will be asked to share an information sheet with the young person and obtain their informed consent to be part of this research project. For pupils aged 11-15 I understand that I will also be asked to share an information sheet and obtain parental consent for the young person to be included in the research.
- I understand that I will be asked to audio-record all SFBT sessions that I conduct with the young person, with his/her and his/her parent/guardian consent for pupils aged 11-15 and not to share the recordings with anyone apart from the researcher.
- I understand that my participation will involve completing an interview with the researcher about the SFBT process.
- I agree to liaise with the researcher to identify suitable times and rooms for the interviews to take place.
- I understand that I can withdraw from the study at any point without having to give a reason, but that my data can only be withdrawn from the study up until the data is transcribed and made anonymous.
- I understand that the recordings will be deleted once they have been transcribed
- I understand that the anonymised data may be held indefinitely
- I understand that at the end of the study, I can ask the researcher for feedback about the findings of the study and that I will share this information with the young person should they ask for it.

I ………………………………………………………… (NAME) consent to

participate in the study conducted by Sioned Griffiths, School of Psychology,

Cardiff University, under the supervision of Dr Kyla Honey.

Signed…………………………………….. Date…………………………………..

Please return this form to Sioned Griffiths as soon as possible.

Taflen wybodaeth a ffurflen caniatad Seicolegwyr Addysg.

Fy enw i yw Sioned Griffiths ac rwyf ar hyn o bryd yn hyfforddi fel Seicolegydd Addysg ym Mhrifysgol Caerdydd. Fel rhan o'r cwrs, rwyf yn cynnal proseict ymchwil yn archwilio perspecrtif a phrofiadau Seicolegwyr Addysg a phobl ifanc o 'Solution Focused Brief Therapy' (SFBT), er mwyn datblygu dealltwriaeth ehangach o'r hyn sydd yn digwydd mewn sesiynau therapi sydd yn helpu creu newid bositif ym mywydau pobl ifanc.

Beth fydd cymryd rhan yn olygu?

Os hoffech chi gymryd rhan, bydd y prosiect yn cynnwys adnabod disgybl oedran uwchradd yr ydych yn bwriadu cynnal sesiynau 'SFBT' hefo rhwng mis Ebrill a Hydref, 2016. Cyn dechrau y sesiynau SFBT, bydd gofyn i chi gwblhau holiadur fer.

Gan fy mod eisiau archwilio beth sydd yn digwydd yn ystod sesiynau 'SFBT', gyda eich caniatad, byddaf yn gofyn i chi recordio'r holl sesiynau 'SFBT'. Cyn i chi gychwyn y sesiynau SFBT, bydd gofyn i chi rannu taflen wybodaeth hefo'r person ifanc am y prosiect os ydynt yn hŷn na 16 mlwydd oed, ac hefyd gyda eu rhieni os ydynt yn ieuengach na 16 mlwydd oed, yn gofyn am eu caniatad i recordio'r sesiynnau gyda chi ac hefyd i ofyn am eu caniatad i gymryd rhan mewn cyfweliad gyda'r ymchwilydd. Mi ddylai hyn ddigwydd cyn cychwyn y sesiynnau 'SFBT' fel gall y person ifanc benderfynu os ydynt am gymryd rhan neu ddim. Gallwch ddefnyddio eich dyfais eich hun i recordio'r sesiynau neu gall yr ymchwilydd rannu 'Dictaphone' gyda chi.

Wedi cwblhau'r sesiynnau 'SFBT', mi fydd yr ymchwilydd yn eich gwahodd chi a'r person ifanc i fynychu cyfweliad fer yn ymchwilio eich profiadau o'r broses.

Y gobaith yw bod y cyfweliadau yn cael eu cynnal yn ysgol y person ifanc ar ddiwrnod sydd yn gyfleus i'r ysgol ac i chi. Mae'n debygol y bydd y cyfweliadau yn para oddeutu awr yr un. Mi fydd y cyfweliadau yn cael eu recordio er mwyn galluogi cael eu trawsgrifio.

Sut bydd y wybodaeth yn cael ei gadw?

Mi fydd yr holl wybodaeth a gasglwyd yn cael ei gadw yn gyfrinachol ar gyfrifiadur wedi ei ddiogelu gan gyfrinair fel mai dim ond yr ymchwilydd all olrhain y wybodaeth yn ôl at unrhyw unigolyn.

Mi fydd y recordiadau o'r sesiynau 'SFBT' yn cael eu gwrando ar er mwyn archwilio os cafodd y cwestiynau a ofynwyd unrhyw ddylanwad ar y broses. Unwaith y bydd yr ymchwilydd wedi gwrando ar yr recordiadiau, fe caiff eu dileu.

Unwaith y bydd y cyfweliadau wedi cael eu recordio, mi fydd y wybodaeth yma yn cael ei gadw yn gyfrinachol nes y caiff ei wneud yn gwbl ddi-enw wedi iddynt cael eu trawsgrifio. Unwaith y bydd y cyfweliadau wedi cael eu trawsgrifio, byddant yn cael ei dileu. Mi fyddaf yn defnyddio ffug enwau ar gyfer y trawsgrifiad. Wedi'r pwynt yma, ni fydd neb yn gallu olrhain y wybodaeth yn ôl at unrhyw unigolyn. Gall y trawsgrifiad gael ei gadw am gyfnod amhenodol.

Beth yw'r risg o gymryd rhan?

Nid oes unrhyw risgiau rhagweladwy ar gyfer seicolegydd addysg sydd yn cymryd rhan yn y prosiect ymchwil yma. Er nad oes manteision uniongyrchol i gymryd rhan, y gobaith yw y bydd yr ymchwil yn arwain at ddealltwriaeth gwell o'r prosesau sydd yn arwain at newid cadarnhaol o ganlyniad i waith SFBT gyda phobl ifanc.

Yr hawl i dynnu yn ôl.

Nodwch fod ganddoch hawl i dynnu allan o'r ymchwil ar unrhyw adeg heb orfod rhoi rheswm. Mae hyn yn wir nes bydd y data a gasglwyd wedi cael ei wneud yn gwbl ddi-enw, wedi hynny, ni fydd yn bosib dileu nac olrhain data unrhyw unigolyn.

Beth fydd yn digwydd i'r wybodaeth a gasglwyd?

Bydd y wybodaeth o'r cyfweliadau yn cael eu dadansoddi (gan yr ymchwilydd) i archwilio eich canfyddiadau a'r person ifanc o'r broses 'SFBT'. Bydd y canfyddiadau yn cael eu hadrodd fel rhan o adroddiad ymchwil. Os byddech yn dymuno, gallwch wneud cais i'r ymchwilydd i dderbyn crynodeb byr o'r canfyddiadau. Os yw'r person ifanc yn gofyn am grynodeb o'r canfyddiadau, gofynnir i chi i rannu'r rhain gydag aelod penodol o staff yr ysgol. Bydd y canfyddiadau yn cael eu hadrodd yn gyffredinol, felly ni fydd yn bosibl adnabod ymatebion unigol.

Diolch o flaen llawr am ystyried cymryd rhan yn y prosiect yma. Rhowch wybod i mi wybod os hoffech ragor o wybodaeth am y prosiect. Mae fy manylion cyswllt i'w gweld isod. Os rydych yn fodlon cymryd rhan yn y prosiect, a wnewch chi gwblhau'r ffurflen ganiatad (gweler trosodd) a'i ddychwelyd yn yr amlen amgaeedig?

Yn gywir,
Sioned Griffiths

Sioned Griffiths
Seicolegydd Addysgol dan Hyfforddiant

Sioned Griffiths	Dr Kyla Honey
Seicolegydd Addysgol dan Hyfforddiant	Goruchwiliwr Ymchwil

Ysgol Seicoleg
Prifysgol Caerdydd
Tower Building
Park Place
CF10 3AT
GriffithsS30@cardiff.ac.uk

Ysgol Seicoleg
Prifysgol Caerdydd
Tower Building
Park Place
CF10 3AT
GriffithsS30@cardiff.ac.uk
HoneyK1@cardiff.ac.uk

Os oes gennych unrhyw gwynion ynghylch y prosiect ymchwil hwn, yna cyfeiriwch y rhain i'r Pwyllgor Moeseg Seicoleg ar y cyfeiriad canlynol :

Pwyllgor Moeseg Seicoleg
Ysgol Seicoleg
Prifysgol Caerdydd
Tower Building
Park Place
CF10 3AT
CF10 3AT
029 2087 0360

Darllenwch y datganiadau canlynol:

- Rwyf wedi darllen y daflen wybodaeth am yr astudiaeth hon ac yr wyf yn deall beth mae'r astudiaeth am dan.
- Rwyf yn deall y bydd cymryd rhan yn yr astudiaeth hon yn cynnwys adnabod disgybl oedran ysgol uwchradd y byddaf yn cynnal sesiynau SFBT gyda rhwng Ebrill a Hydref, 2016.
- Rwyf yn cytuno i gysylltu â'r ymchwilydd unwaith y byddaf wedi adnaod person ifanc byddaf yn cynnal sesiynau SFBT gyda.
- Deallaf y bydd gofyn i mi rannu taflen wybodaeth gyda'r person ifanc a chael eu cydsyniad gwybodus i fod yn rhan o'r prosiect ymchwil. Ar gyfer disgyblion rhwng 11-15 mlwydd oed, deallaf y bydd hefyd gofyn i mi rannu taflen wybodaeth a caniatâd eu rhieni iddynt gymryd rhan yn yr ymchwil.
- Deallaf y byddaf yn recordio'r holl sesiynau 'SFBT' byddaf yn cynnal gyda'r person ifanc, gyda ei ganiatad/chaniatad os ydynt dros 16 mlwydd oed, ac hefyd gyda caniatad eu rhieni/gwarcheidwad os ydynt o dan 16 mlwydd oed.
- Rwyf yn deall bydd fy nghyfranogiad yn golygu cwblhau cyfweliad gyda'r ymchwilydd am y broses SFBT.
- Rwyf yn cytuno i gysylltu â'r ymchwilydd i nodi amserau ac ystafelloedd addas ar gyfer y cyfweliadau.
- Rwyf yn deall y gallaf dynnu'n ôl o'r astudiaeth ar unrhyw adeg heb orfod rhoi rheswm, ond ni fydd modd dileu unrhyw ddata a roddaf wedi iddo gael ei drawsgrifio a'i wneud yn gwbl ddienw.
- Rwyf yn deall y bydd y recordiadau o'r cyfweliad yn cael eu dileu unwaith y byddant wedi eu trawsgrifio
- Rwyf yn deall y gall y data di-enw cael ei gadw am gyfnod amhenodol.
- Rwyf yn deall, ar ddiwedd yr astudiaeth, gallaf ofyn i'r ymchwilydd am adborth ynghylch a canfyddiadau'r astudiaeth.

Rwyf i .... (ENW) yn cytuno i gymryd rhan yn yr astudiaeth a gynhaliwyd gan Sioned Griffiths, Ysgol Seicoleg, Prifysgol Caerdydd, o dan oruchwyliaeth Dr Kyla Honey.

Llofnod .... Dyddiad ....

** Dychwelwch y ffurflen hon at Sioned Griffiths cyn gynted a phosib,

Appendix D. Information sheet and consent form for young person.

You are being asked if you would like to take part in a research project to look at:

Young people's experiences of solution-focused sessions with an educational psychologist

Before you decide if you want to take part, it's important to understand why this research is being carried out and what it will involve for you. So please think about this information carefully.

Why is this research being carried out?
Research has shown that educational psychologists working with individual children and young people can be helpful in creating positive change for them. But less is known about how this work helps to create positive change for children and young people. The researcher aims to carry out a study which contributes towards a more detailed understanding of young people's experiences of working with an educational psychologist and how it has helped them.

Why have I been invited to take part?
You are being invited to take part because you are going to take part in some solution-focused sessions with the Educational Psychologist (EP).

Do I have to take part?
No, it's entirely up to you. If you would like to take part, you can tell your EP and they will arrange for you to meet with the researcher to carry out the interview. If you decide to take part you are still free to stop taking part at any time without giving a reason. Even after you have taken part you can ask for your information to be deleted up until it has been transcribed.

Will my parents be told?
Yes, if you are under 16 years of age then the researcher will need to ask your parents whether they are happy for you to take part in this study. Also, it is important that you understand that if your parent(s) is not happy for you to take part then you will not be able to participate. However, we do not need to ask for your parent's consent if you are 16 years or above.

What will happen to me if I take part?
The educational psychologist will ask you if you are happy for your work together to be audio-recorded. When you have finished all of your sessions with the EP, you will be asked to meet with the researcher at a suitable time during your school day. The researcher will ask questions about your experiences of

the work with the EP. The discussion will last about 30 minutes, depending on how much you have to say about your experience. To help the researcher type up the conversation, the discussion will be audio-recorded.

What will happen to the information I give?
The information that you and other young people provide will be used to write a report about young people's experiences of working with an educational psychologist for the researcher's university course. Your name will not be written anywhere in the research report, and there will be no way that anyone can trace the information back to you. The EP might ask for a copy of the findings, and if you would like to see a copy you can ask the educational psychologist to share these with you.

Is there anything to be worried about if I take part?
There should not be anything for you to worry about if you take part. The information from your sessions with the EP will be kept confidential. No-one apart from you, the educational psychologist and the researcher will know what was said. Once the researcher has listened to these, the recordings will be deleted.

The interviews will be kept confidential, which means that what you say during the interview will not be told to your teachers, parents, EP or anyone else. However, if I do feel that you say something that puts you at risk of harm during the interview, I will need to tell the appropriate person at your school and the EP.
It is important for you to know that you are aware that the only time details of the discussion will be shared with someone else is if you talked about:
- An actual or possible threat to your safety
- An actual or possible threat to the safety of someone else

Benefits of taking part
The information that you provide may help us to understand more about what young people find particularly helpful when working with an educational psychologist.
Thank you for reading this information sheet. If you would like to take part, please fill out the table below. Please let the educational psychologist know if you have any further questions about this project.

Sioned Griffiths,
Trainee Educational Psychologist

Sioned Griffiths	Dr Kyla Honey
Trainee Educational Psychologist	Research Supervisor
School of Psychology	School of Psychology
Cardiff University	Cardiff University
Tower Building	Tower Building
Park Place	Park Place
CF10 3AT	CF10 3AT
GriffithsS30@cardiff.ac.uk	HoneyK1@cardiff.ac.uk

If you have any complaints regarding this research project, then please direct these to the School of Psychology Ethics Committee at the following address:

Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360

Please tick if you agree	
I have listened to what the educational psychologist has said about this study and understand what this study is about.	
The educational psychologist has explained the study to me.	
I am happy for my sessions with the educational psychologist to be audio-recorded.	
I understand that my participation in this study will involve an interview about my experiences of working with an educational psychologist with the researcher.	
I understand that the interview with the researcher will be audio-recorded.	
I understand that anything I say during the interview will be treated confidentially, unless the researcher is concerned about harm to myself or another person (in which case I will be told who the information will be passed on to).	
I understand that my participation is voluntary and it is ok to stop taking part at any time without giving a reason.	
I understand that the information I give will be kept confidentially so only the researcher will be able to trace the information back to me.	
I understand that the information will be made completely anonymous so that no one can trace it back to me.	
I understand that I can only ask for my comments to be deleted from the study up until when it has been transcribed.	
I understand that the anonymous information will be kept indefinitely.	

I have read the above statements and I am happy to take part in the research:
Name:_____

Signature:_____

Date:_____

Taflen wybodaeth pobl ifanc

Rwyf yn gofyn i chi os hoffech gymryd rhan mewn prosiect ymchwil sydd yn edrych ar:

Profiadau pobl ifanc o sesiynau 'Solution-Focused Brief Therapy' (SFBT) gyda Seicolegydd Addysgol

Cyn i chi benderfynu os ydych am gymryd rhan, mae'n bwysig deall pam fod yr ymchwil yma yn digwydd a beth fydd cymryd rhan yn ei olygu i chi. Felly darllennwch y daflen wybodaeth hon yn ofalus.

Pam fod ymchwil hwn yn cael ei gynnal?
Mae ymchwil yn dangos y gall seicolegwyr addysg yn gweithio gyda phlant a phobl ifanc unigol fod o gymorth wrth greu newid bositif iddynt. Ond rydym yn gwybod llai am sut mae'r gwaith yma yn helpu i greu newid bositif i blant a phobl ifanc. Mae'r ymchwilydd yn gobeithio cynnal ymchwil sydd yn cyfrannu tuag at ddealltwriaeth fwy manwl o brofiadau pobl ifanc o weithio gyda seicolegydd addysg a sut y mae wedi eu helpu.

Pam ydw i wedi cael gwahoddiad i gymryd rhan?
Fe'ch gwahoddir i gymryd rhan oherwydd eich bod yn mynd i gymryd rhan mewn rhai sesiynau SFBT gyda'r seicolegydd addysg.

Oes rhaid i mi gymryd rhan?
Na, mae'n gwbl i fyny i chi. Os hoffech chi gymryd rhan, gallwch ddweud wrth yr seicolegydd addysg a byddant yn trefnu i chi gyfarfod â'r ymchwilydd i gynnal y cyfweliad. Os byddwch yn penderfynu cymryd rhan, mae gennych hawl i roi'r gorau i gymryd rhan ar unrhyw adeg heb orfod roi rheswm.

A fydd fy rhieni yn cael gwybod?
Bydd, os ydych o dan 16 oed, yna bydd angen i'r ymchwilydd i ofyn i'ch rhieni os ydynt yn fodlon i chi gymryd rhan yn yr ymcwhil. Hefyd, mae'n bwysig eich bod yn deall, os nad yw eich rhiant/gwarcheidwad yn fodlon i chi gymryd rhan, yna ni fyddwch yn gallu cymryd rhan. Fodd bynnag, nid oes angen i ni ofyn am ganiatâd eich rhieni os ydych yn 16 mlwydd oed neu'n hŷn.

Beth fydd yn digwydd i mi os wyf yn cymryd rhan?
Bydd y seicolegydd addysg yn gofyn i chi os ydych yn fodlon i'ch sesiynau gyda'ch gilydd cael eu recordio gan ddefnyddio recordydd sain. Pan fyddwch wedi gorffen eich holl sesiynau gyda'r seicolegydd, bydd gofyn i chi gwrdd â'r ymchwilydd yn ystod eich diwrnod ysgol. Bydd yr ymchwilydd yn gofyn cwestiynau am eich profiadau o'r gwaith gyda'r seicolegydd. Bydd y drafodaeth yn para oddeutu 30 munud, yn dibynnu ar faint sydd gennych i'w ddweud am

eich profiad . Er mwyn helpu'r ymchwilydd trawsgrifio y sgwrs, bydd y drafodaeth yn cael eu recordio.

Beth fydd yn digwydd i'r wybodaeth a roddaf?

Bydd y wybodaeth y byddwch chi a phobl ifanc eraill yn ei roi yn cael eu ddefnyddio i ysgrifennu adroddiad am brofiadau pobl ifanc o weithio gyda seicolegydd addysgol. Ni fydd eich enw yn cael ei ysgrifennu yn unrhyw le yn yr adroddiad ymchwil, ac ni fydd unrhyw ffordd i unrhyw un olrhain y wybodaeth yn ôl i chi. Os hoffech weld copi o ganfyddiadau'r ymchwil, gallwch ofyn i'r seicolegydd addysg i rannu'r rhain gyda chi.

A oes unrhyw beth i boeni am os byddaf yn cymryd rhan?

Ni ddylai fod unrhyw reswm i chi boeni am gymryd rhan yn yr ymchwil. Bydd y wybodaeth o'r sesiynau gyda'r seicolegydd addysgol yn cael ei gadw'n gyfrinachol. Ni fydd unrhyw un ar wahân i chi, y seicolegydd addysg a'r ymchwilydd yn gwybod yr hyn a ddywedwyd yn y sesiynau. Unwaith y bydd yr ymchwilydd wedi gwrando ar y sesiynau, bydd y recordiadau yn cael eu dileu.

Bydd y cyfweliadau yn cael eu cadw'n gyfrinachol, felly ni fydd eich athrawon, rhieni neu unrhyw un arall yn dod i wybod beth a ddywedoch. Fodd bynnag, os wyf yn teimlo eich bod yn dweud rhywbeth yn ystod y cyfweliad sy'n eich rhoi mewn perygl o niwed, bydd angen i mi ddweud wrth y person priodol yn eich ysgol a'r seicolegydd addysgol.

Mae'n bwysig i chi wybod eich bod yn ymwybodol mai yr unig adeg y byddaf yn rhannu beth ddyewdoch yw os ydych yn siarad am :

• Bygythiad gwirioneddol neu bosibl i'ch diogelwch
• Bygythiad gwirioneddol neu bosibl i ddiogelwch rhywun arall

Manteision cymryd rhan.

Mae'r wybodaeth a gasglwyr gennych chi ac eraill yn helpu i ni ddeall mwy am yr hyn mae pobl ifanc yn gweld yn ddefnyddiol wrth weithio gyda seicolegydd addysgol.

Diolch am ddarllen y daflen wybodaeth hon. Os hoffech chi gymryd rhan, cwblhewch y tabl isod. Rhowch wybod y seicolegydd addysg yn gwybod os oes gennych unrhyw gwestiynau pellach am y prosiect hwn.

Sioned Griffiths,
Seicolegydd Addysgol dan Hyfforddiant

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HoneyK1@cardiff.ac.uk

Ticiwch os ydych yn cytuno	
Yr wyf wedi darllen y daflen wybodaeth ac rwyf yn deall beth mae'r ymchwil am dan.	
Mae'r seicolegydd addysgol wedi egluro'r ymchwil i mi.	
Rwyf yn hapus i'r sesiynau gyda'r seicolegydd addysgol cael eu recordio.	
Rwyf yn deall y bydd cymryd rhan yn yr ymchwil yma yn cynnwys cymryd rhan mewn cyfweliad gyda'r ymchwilydd am dan fy mhrofiadau o weithio gyda'r seicolegydd addysgol.	
Rwyf yn deall y bydd y cyfweliad gyda'r ymchwilydd yn cael eu recordio.	
Rwyf yn deall y bydd unrhyw beth fyddaf yn dweud yn ystod y cyfweliad yn cael ei gadw yn gyfrinachol, oni bai bod yr ymchwilydd yn poeni am niwed i fi fy hun neu berson arall (ac yn yr achos yma, bydd yr ymchwilydd yn dweud wrthaf pwy bydd yn cael gwybod am yr hyn a ddywedaf).	
Rwyf yn deall fod cymryd rhan yn yr ymchwil yma yn wirfoddol a gallaf dynu yn ôl ar unrhyw adeg heb orfod rhoi rheswm.	
Rwyf yn deall bydd yr holl wybodaeth a rannaf yn cael ei gadw yn gyfrinachol fel dim ond yr ymchwilydd gall olrhain y wybodaeth yn ôl ataf.	
Rwyf yn deall y bydd yr holl wybodaeth yn cael ei wneud yn gwbl ddi-enw fel na all neb olrhain y wybodaeth yn ôl ataf.	
Rwyf yn deall y gallaf dim ond gofyn i'r wybodaeth a roddaf gael ei ddileu hyd nes y bydd y wybodaeth yn cael ei wneud yn gwbl ddi-enw.	
Rwyf yn deall y bydd y wybodaeth a roddaf yn cael ei gadw am gyfnod amhenodol.	

Rwyf wedi darllen y datganiadau uchod ac rwyf yn hapus i gymryd rhan yn yr ymchwil.

Enw:_____

Llofnod:_____

Dyddiad:_____

Appendix E. Information sheet and consent form for parent.

Your child has been invited to take part in a research project looking at young people's perceptions of working with an Educational Psychologist.
Before you decide whether you are happy for your child to take part, it is important for you to understand why this research is being carried out and what it will involve for your child.

Why is this research being carried out?
Research has shown that Educational Psychologists working with individual children and young people can be helpful in creating positive change for them. But less is known about how this work helps to create positive change for children and young people. The researcher aims to carry out a study which contributes towards a more detailed understanding of young people's experiences of working with an Educational Psychologist and how it has helped them.

Why has my child been invited to take part?
Your child has been invited to take part in this research because he/she has been invited to engage in a number of solution-focused brief therapy sessions with the educational psychologist.

Does my child have to take part?
No, it is entirely up to you and your child. If you (and your child) are happy for your child to take part in this research project, then please return the attached consent form to the researcher in the enclosed envelope. The educational psychologist will then arrange a time with the school for your child to meet with the researcher to carry out the interview. If your child does take part they are free to stop taking part at any time without giving a reason. Even after they have taken part, you or your child can ask for their information to be deleted up until the data has been transcribed when the data will be anonymised and amalgamated. After this point, your child's data will be untraceable.

What will happen if my child takes part?
With your permission and if your child agrees, the educational psychologist will audio-tape their sessions together. After completion of the sessions with the educational psychologist, your child will be invited to attend an interview with the researcher at a suitable time during the school day, but not during lesson time so as not to disrupt their schooling. The researcher will ask questions about your child's experience of their sessions with the educational psychologist and ask about what they found useful. It is expected that the discussion with the researcher will last around 30 minutes, depending on how much your child has to say about their experience. So that the researcher can type up the conversation, the interview discussion will be audiotaped.

What will happen to the information my child gives?
The information that your child and other young people provide will be used to write a report about young people's experiences of working with an educational psychologist for the researcher's university course. Your child's name will not be written anywhere in the research report and there will be no way that anyone can trace the information back to your child. The educational psychologist might ask for a summary of the findings of the research and if you or your child would like to have a copy of the information, your child can ask a (named staff at school) to contact the researcher who will be able to share this with you.

Is there anything to be worried about if my child takes part?
There should not be anything for you or your child to worry about if they take part.

The audio-recordings from the work between your child and the educational psychologist will be kept confidential. Only the researcher will have access to these. Once the researcher has listened to the recordings, they will be deleted.

The interview between your child and the researcher will be kept confidential, which means that what your child says during the interview will not be told to you (parents), teachers, the EP or anyone else*. In the unlikely event that your child finds the interview upsetting, I will provide reassurance and ask them if they would like me to inform their teacher that they found the interview upsetting, to ensure that there is a member of school staff that they can speak to about this.

*Limits of anonymity/confidentiality
It is important that you and your child are aware that the only time the details of the discussion with your child during the interview would need to be told to someone else would be if your child talked about:
- An actual or possible threat to their safety
- An actual or possible threat to the safety of someone else

If this happened, the researcher would have to talk to your child about who the information would be passed on to.

Benefits of taking part
The information that your child provides may help us to understand more about what individual sessions with an educational psychologist is like for young people and what they find particularly helpful.

Thank you for reading this information sheet. If you are happy for your child to take part then please return the form to your child's school for the attention of the Educational Psychologist.

Sioned Griffiths
Trainee Educational Psychologist

Sioned Griffiths   Dr Kyla Honey
Trainee Educational Psychologist   Research Supervisor
School of Psychology   School of Psychology

Cardiff University   Cardiff University
Tower Building   Tower Building
Park Place   Park Place
CF10 3AT   CF10 3AT
GriffithsS30@cardiff.ac.uk   HoneyK1@cardiff.ac.uk

If you have any complaints regarding this research project, then please direct these to the School of Psychology Ethics Committee at the following address:

Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360

- I have read the information sheet and I understand what this study is about.
- I understand that I am giving consent for my child to take part in this research that will involve the educational psychologist audio-recording the sessions held with my child and sharing these recordings with the researcher.
- I understand that I am giving consent for my child to take part in an interview with the researcher held at his/her school to gather his/her views on the experience of working with an educational psychologist.
- I understand that the interview with the researcher will be audiotaped.
- I understand that anything my child says will be treated confidentially so only the researcher can trace it back to them, unless the researcher is concerned about harm to my child or another person (in which case my child will be told who the information is being passed on to).
- I understand that my child's participation is voluntary and that they are able to stop taking part at any time without giving a reason.
- I understand that once the data has been transcribed, my child's information will be made completely anonymous so that no one can trace it back to them
- I understand that I can ask to withdraw the information provided by my child at any time up until the data is anonymised, at which point it will not be possible to identify individual responses.
- I understand that the anonymous information gathered may be held indefinitely, but that the audio-tape of the interview will be deleted once this has been transcribed.
- I also understand that at the end of the study, my child and I will be provided with additional information about the purpose of the study.

I ……………………………………………………… (NAME) consent for my

child to participate in the study conducted by Sioned Griffiths, School of

Psychology, Cardiff University, under the supervision of Dr Kyla Honey.

Signed………………………………….. Date…………………………………..

Please return this form to Sioned Griffiths as soon as possible.

Taflen wybodaeth i rieni (11-15)

Mae eich plentyn wedi cael gwahoddiad i gymryd rhan mewn prosiect ymchwil yn edrych ar brofiadau pobl ifanc o weithio gyda Seicolegydd Addysgol.
Cyn i chi benderfynu os ydych yn fodlon i'ch plentyn gymryd rhan, mae'n bwysig i chi i ddeall pam fod yr ymchwil yma yn cael ei wneud a beth fydd cymryd rhan yn ei olygu ar gyfer eich plentyn.

Pam fod yr ymchwil yma yn cael ei gynnal?
Mae ymchwil wedi dangos y gall gwaith unigol rhwng seicolegwyr addysgol a plant/phobl ifanc fod o gymorth iddynt. Ond, rydym yn gwybod llai am sut mae'r gwaith hwn yn helpu i greu newid bositif i blant a phobl ifanc. Y gobaith yw y bydd yr ymchwil yma yn cyfrannu tuag at ddealltwriaeth fwy manwl o brofiadau pobl ifanc o weithio gyda seicolegydd addysgol a sut mae'r profiad wedi eu helpu.

Pam fod fy mhlentyn cael gwahoddiad i gymryd rhan?
Mae eich plentyn wedi cael gwahoddiad i gymryd rhan yn yr ymchwil yma oherwydd ei fod / bod am fod yn cymryd rhan mewn sesiynau Solution-Focused Brief Therapy (SFBT) gyda'r seicolegydd addysgol.

Oes rhaid i fy mhlentyn i gymryd rhan?
Na, mae'n gwbl i fyny i chi a'ch plentyn. Os ydych chi (a'ch plentyn) yn fodlon i'ch plentyn gymryd rhan yn y prosiect ymchwil, yna dychwelwch y ffurflen ganiatâd ynghlwm i'r ymchwilydd yn yr amlen amgaeedig.

Beth fydd yn digwydd os bydd fy mhlentyn yn cymryd rhan?
Gyda'ch caniatâd ac os bydd eich plentyn yn cytuno, mi fydd y seicolegydd addysgol yn recordio ar dâp sain eu sesiynau gyda'i gilydd. Ar ôl cwblhau'r sesiynau gyda'r seicolegydd addysgol, bydd eich plentyn yn cael eu gwahodd i fynychu cyfweliad gyda'r ymchwilydd ar adeg addas yn ystod y diwrnod ysgol, ond nid yn ystod amser gwersi er mwyn peidio ag amharu ar eu haddysg. Bydd yr ymchwilydd yn gofyn cwestiynau am brofiad eich plentyn o'u sesiynau gyda'r seicolegydd addysgol. Disgwylir y bydd y drafodaeth gyda'r ymchwilydd yn para oddeutu 30 munud, yn dibynnu ar faint sydd gan eich plentyn i'w ddweud am eu profiad. Er mwyn galluogi i'r ymchwilydd ddadansoddi y sgwrs, mi fydd y drafodaeth yn cael eu recordio ar dâp sain.

Beth fydd yn digwydd i'r wybodaeth mae fy mhlentyn yn rhannu?
Bydd y wybodaeth y mae eich plentyn a phobl ifanc eraill yn rhoi yn cael ei ddefnyddio i ysgrifennu adroddiad am brofiadau pobl ifanc o weithio gyda seicolegydd addysgol. Ni fydd enw eich plentyn yn cael ei ysgrifennu yn unrhyw le yn yr adroddiad ymchwil a ni fydd unrhyw ffordd y gall unrhyw un olrhain y wybodaeth yn ôl at eich plentyn.

A oes unrhyw beth i boeni am os bydd fy mhlentyn yn cymryd rhan?
Ni ddylai fod unrhyw beth i chi neu eich plentyn i chi boeni am os byddant yn cymryd rhan.

Bydd y recordiadau sain o'r gwaith rhwng eich plentyn a'r seicolegydd addysgol yn cael ei gadw'n gyfrinachol. Dim ond yr ymchwilydd fydd gan mynediad at rhain. Unwaith y bydd yr ymchwilydd wedi gwrando ar y recordiadau, byddant yn cael eu dileu.

Bydd y cyfweliad rhwng eich plentyn a'r ymchwilydd yn gyfrinachol, sy'n golygu ni fydd yn cael ei rannu gyda chi (rhieni), athrawon, yr seicolegydd addysgol neu unrhyw un arall *. Yn yr achos annhebygol y bydd eich plentyn yn teimlo yn anghyfforddus yn ystod y cyfweliad, byddaf yn gofyn os hoffent i mi adael i aelod o staff wybod er mwyn iddynt allu gyda nhw am hyn.

* Terfynau anhysbysrwydd / cyfrinachedd
Mae'n bwysig eich bod chi a'ch plentyn fod yn ymwybodol mai yr unig adeg y bydd angen i mi rannu manylion o'r drafodaeth gyda'ch plentyn gyda rhywun arall yw, os yw eich plentyn yn siarad am:
• Bygythiad gwirioneddol neu bosibl i'w diogelwch
• Bygythiad gwirioneddol neu bosibl i ddiogelwch rhywun arall

Os yw hyn yn digwydd, byddai'n rhaid i'r ymchwilydd i siarad gyda eich plentyn am bwy y byddai'r wybodaeth yn cael ei rannu gydag.

Manteision cymryd rhan yn yr ymchwil.
Mae'r wybodaeth y mae eich plentyn yn rhannu yn ein helpu i ddeall mwy am yr hyn sydd yn ddefnyddiol am sesiynau unigol gyda seicolegydd addysgol.

Diolch am ddarllen y daflen wybodaeth hon. Os ydych yn fodlon i'ch plentyn gymryd rhan, yna cwblhewch y ffurflen ganiatâd ynghlwm a'i ddychwelyd i'r ysgol at sylw y Seicolegydd Addysgol.

Sioned Griffiths
Seicolegydd Addysgol dan Hyfforddiant

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Goruchwilydd Ymchwil
Ysgol Seicoleg
Prifysgol Caerdydd
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HoneyK1@cardiff.ac.uk

- Rwyf wedi darllen y daflen wybodaeth ac yr wyf yn deall beth mae'r ymchwil am dan.
- Rwyf yn deall fy mod yn rhoi caniatâd i fy mhlentyn gymryd rhan yn yr ymchwil hon a fydd yn cynnwys y seicolegydd addysgol yn cadw record sain o'r sesiynau maent yn cynnal gyda fy mhlentyn.
- Rwyf yn deall fy mod yn rhoi caniatâd i fy mhlentyn gymryd rhan mewn cyfweliad gyda'r ymchwilydd a gynhaliwyd yn ei ysgol i gasglu ei barn am y profiad o weithio gyda seicolegydd addysgol.
- Rwyf yn deall y bydd y cyfweliad gyda'r ymchwilydd yn cael ei recordio gyda recordydd sain.
- Rwyf yn deall y bydd unrhyw beth mae fy mhlentyn yn ei ddweud yn cael ei drin yn gyfrinachol fel mai dim ond i'r ymchwilydd gall olrhain yn ôl i fy mhlentyn, oni bai bod yr ymchwilydd yn pryderu am niwed i fy plentyn neu berson arall (yn yr achos yma, bydd fy mhlentyn yn cael gwybod pwy bydd y wybodaeth yn cael ei basio ymlaen i).
- Rwyf yn deall bod cyfranogiad fy mhlentyn yn yr ymchwil yn wirfoddol a gallant roi'r gorau i gymryd rhan ar unrhyw adeg heb orfod rhoi rheswm.
- Rwyf yn deall y bydd y wybodaeth mae fy mhlentyn yn ei rannu yn cael ei wneud yn gwbl ddi-enw.
- Rwyf yn deall y gallaf ofyn i ddileu'r wybodaeth a rannwyd gan fy mhlentyn ar unrhyw adeg hyd nes bod y data yn cael ei wneud yn gwbl ddi-enw (pan caiff y recordiad ei drawsgrifio) wedi'r pwynt yma, ni fydd yn bosibl adnabod ymatebion unigol.
- Rwyf yn deall y gall y wybodaeth ddi-enw a gasglwyd gael ei gadwam gyfnod amhenodol, ond y bydd y tâp sain o'r cyfweliad yn cael ei dileu ar ôl hyn wedi cael ei drawsgrifio.
- Rwyf hefyd yn deall bod ar ddiwedd yr astudiaeth, bydd fy mhlentyn a minnau yn derbyn gwybodaeth ychwanegol am y pwrpas yr astudiaeth.

Rwyf i .... (ENW) caniatâu i fy mhlentyn gymryd rhan yn yr astudiaeth a gynhaliwyd gan Sioned Griffiths, Ysgol Seicoleg, Prifysgol Caerdydd, o dan oruchwyliaeth Dr Kyla Honey.

Llofnod .... Dyddiad ....

** Dychwelwch y ffurflen hon at Sioned Griffiths cyn gynted â sydd phosib.

Appendix F. Gatekeeper letter shared with school.

Sioned Griffiths
Trainee Educational
Psychologist
School of Psychology
Cardiff University
Tower Building
Park Place
CF10 3AT

Date

Dear *******,

My name is Sioned Griffiths and I am a Trainee Educational Psychologist currently completing my doctoral training at Cardiff University. I am carrying out a piece of research for my thesis on the work that is undertaken between educational psychologists and young people. I am hoping to investigate secondary pupil's and educational psychologists' experiences of solution-focused brief therapy (SFBT) sessions that are carried out by EPs, in order to better understand how such work can help young people. My research supervisor at Cardiff University is Dr Kyla Honey, and her contact details are below.

I am writing to you as your school EP has expressed an interest in assisting with the recruitment of suitable young people, and I would like to obtain your consent to carry out this research within your school.

The research project will require the participation of a pupil who has been identified by the school's educational psychologist. The educational psychologist will obtain consent from the pupil if he/she is aged 16 or over to audio-record the SFBT sessions. If a pupil is aged between 11-15, then the educational psychologist will also obtain informed consent from the pupil's parent/guardian(s). The pupil will be provided with information about the study by the educational psychologist and asked whether or not they wish to participate. Again, pupils who are aged 16 or over will be able to provide their own consent to participate but parental consent will be sought for those pupils aged between 11-15 before any interviews with the researcher are carried out.

The research itself would involve the pupil and educational psychologist participating in separate 60 minute audiotaped interview held by myself at the school, at a convenient time and date arranged through the school EP. The information gathered would be held confidentially and anonymised once the audiotapes had been transcribed and destroyed (date). A report summarising the key findings will be provided to the educational psychologist if they wish, who will then share this information with (named member of staff) should the young person ask for it. However, none of the data reported will be traceable to any individual participant.

I would be grateful if you could contact myself, to let me know if you are willing for me to carry out this research in your school.

Many thanks for your consideration of this project.

Sioned Griffiths

Trainee Educational psychologist

Sioned Griffiths   Dr Kyla Honey
Trainee Educational Psychologist   Research Supervisor
School of Psychology   School of Psychology
Cardiff University   Cardiff University
Tower Building   Tower Building
Park Place   Park Place
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GriffithsS30@cardiff.ac.uk   HoneyK1@cardiff.ac.uk

If you have any complaints regarding this research project, then please direct these to the School of Psychology Ethics Committee at the following address:

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School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360

Appendix G. Interview schedule for educational psychologist

Thank you for taking the time to meet with me today, I really appreciate it. During this interview I would like to ask you a few questions about your experience of using SFBT in your work with XXX.

Brief history of EP involvement	

Referral concern (EP report)	

Current intervention	

EP Name	Child Name

Years as EP	Age

Preferred model of practice	Gender

SFBT use		School context, known ability
Nature of training received?		
How often do you use SFBT with children and young people?		

1. Please tell me what it was like working with your adolescent client?	
Positive probe	*Good, how come?*
Negative probe	*Not good, how come?*
2. Do you think this way of working was new for your client?	
Positive probe	In what way was it the same do you think? Was this a good or a bad thing?
Negative probe	In what way was it different do you think? Was it a good or a bad thing?
3. What would you say that you did during the sessions that seemed to help change occur?	
Positive probe	How do you think this helped the young person?
Negative probe	Is there anything that was not helpful?/why was this not helpful?
4. If I sat in the room during the session, how would you describe to me what was going on?	
Positive probe	What was liked by you or them?
Negative probe	Why do you think it was not enjoyable?
5. Do you believe the work has helped the client or will help?	
Positive probe	In what ways do you think it has/will help?
Negative probe	Why do you think it has not/will not help?
6. Were there things you'd say worked well with your client?	
Positive probe	Why do you think it/they worked?
Negative probe	Why do you think only little/nothing worked?
7. How well did you and the client get on?	
Positive probe	What were the signs that you were getting on well? What were you/the client doing that told you this?
Negative probe	Why do you think you did not get on?
8. How important do you think the relationship between you and your client is?	
Positive probe	Why do you think it's important? What difference does it make?
Negative probe	Why don't you think it's important?

Appendix H. Interview schedule for young person.

Information read out to the young person, prior to the start of the interview and proposed interview questions adapted from previous literature (Rees, 2005 unpublished thesis; Metcalf & Thomas, 1993).

I am glad that you have agreed to have a chat with me. In my work, we call this kind of chat an "interview".

Discuss:

- **Confidentiality**
- **Confidentiality clause –** *If I feel that you say something that would put you or others at harm, then I will need to share this with a member of staff from your school.*
- **Voluntary participation** *(but once I have transcribed the discussion I will not be able to delete it because I will have anonymised it)*

This interview will be short and the questions I'll be asking you won't be hard to answer. There are no right or wrong answers – I just want to hear what you think about things. At any time you can;

- Change your mind and stop taking part
- Not answer a question if you don't want to
- Ask for help

I will be using a digital audio-recorder to tape the interview so I can listen to it again afterwards and write about our interview. I promise to keep this confidential so I won't share it with anyone else. Also:

- I promise to get rid of the tape once I have listened to everything I need
- I promise not to use your real name when I write about you. I will make up a different name for you, so no-one will know it was you.

Interview Questions

1. Please tell me what it was like working with the Educational Psychologist?	
Positive probe	*Good, how come?*
Negative probe	*Not good, how come?*
2. Was this a different way of sorting out problems do you think?	
Positive probe	*In what way was it different? Are you glad that it was different?*
Negative probe	*In what way was it the same as before? Are you glad that it was the same?*
3. What would you say that happened during the sessions that you found most helpful?	

Positive probe	In what way was this helpful?
Negative probe	In what way was this not helpful?

4. Say you were to describe what you went through with the EP to a friend, how would you describe to them what was going on?

Positive probe	What did you enjoy, or think was good about it?
Negative probe	Why do you say it was not enjoyable?

5. Has the work you have done with the EP helped you or do you think it will help you?

Positive probe	In what ways do you think it has/ will help?
Negative probe	Why do you think that it has not / will not help?

6. Were there things you'd say that worked well in your work with the EP?

Positive probe	Why do you think it/ they worked?
Negative probe	Why do you think only a little or nothing at all worked?what could have been done differently to make it work?

7. How well did you and the EP get on?

Positive probe	If I'd been a fly on the wall during your meetings, how would I know that you were getting on? What would I have seen you or the EP doing?
Negative probe	Why do you think you did not get on well with the EP?

7. How important do you think that it is that EPs get on with people like you, if they are able to help you?

Positive Probe	Why do you think it is important? What difference can it make?
Negative Probe	Why do you think it's not important?

Appendix I. Debrief form shared with young person.

Exploring young people's experiences of individual work with an educational psychologist

Thank you for taking part in this research study. The aim of this research was to find out about young people's and educational psychologist's experiences of working together, in order to find out how working with an educational psychologist can help young people. Interviews were used to do this, as they are a really good way of getting in-depth information about your experiences. Your interview, along with other young people who have been working with an educational psychologist, will be looked for similarities against what you said. This will help the researcher find out what educational psychologists do well when working with young people so that we can do more of it in the future.

All of the information you provided during the sessions with the educational psychologist and during the interview with the researcher will be held confidentially, which means that only the researcher can trace this information back to you. I will write a transcript of the interview on (date) at which point the information will become anonymous. After this point, no-one will be able to trace the information back to you. If you want to withdraw your information from this study, this can be arranged by asking the educational psychologist to contact the researcher before (date).

If you have any questions about the study, you can ask (named person at school) and they will be able to forward these on to the researcher.

Thank you again,

Sioned Griffiths
Trainee Educational Psychologist

Sioned Griffiths
School of Psychology
Cardiff University
Tower Building
Park Place
CF10 3AT
GriffithsS30@cardiff.ac.uk

Dr Kyla Honey
Professional Director (DEdPsy)
School of Psychology
Cardiff University
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HoneyK1@cardiff.ac.uk

If you have any complaints regarding this research project, then please direct these to the School of Psychology Ethics Committee at the following address:

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Appendix J. Debrief form shared with educational psychologist.

Exploring young people's experiences of solution-focused methods used by an educational psychologist

Thank you for taking part in this research study. The aim of this research was to find out about young people's and educational psychologist's experiences of Solution-Focused Brief Therapy, in order to find out more about 'what works' in creating positive change. Further, EPs often use SFBT but there is less evidence about the effectiveness of the approach. It is hoped that the information will add to the existing literature by adding to the evidence base of SFBT in EP practice

All of the information you provided during the sessions with the young person and during the interview with the researcher will be held confidentially, which means that only the researcher can trace this information back to you. I will write a transcript of the interview on (date) at which point the information will become anonymous. After this point, no-one will be able to trace the information back to you. If you want to withdraw your information from this study, this can be arranged by contacting the researcher before (date).

If you have any questions about the study, or would like a brief summary of the findings, please do not hesitate to contact me.

Yours sincerely,

Sioned Griffiths
Trainee Educational Psychologist

Sioned Griffiths   Dr Kyla Honey
School of Psychology   Professional Director (DEdPsy)
Cardiff University   School of Psychology
Tower Building   Cardiff University
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Appendix K. Debrief form shared with parent.

Exploring young people's experiences of solution-focused methods used by an educational psychologist

Thank you for letting your child take part in this research study. The aim of this research was to find out about young people's and educational psychologist's experiences of Solution-Focused Brief Therapy, in order to find out more about 'what works' in creating positive change. Your child's interview, along with other young people who have been working with an educational psychologist, will be looked for similarities against what was said. This will help the researcher find out what educational psychologists do well when working with young people so that we can do more of it in the future.

All of the information provided during the sessions between your child and the educational psychologist and during the interview with the researcher will be held confidentially, which means that only the researcher can trace this information back to your child. I will write a transcript of the interview on (date) at which point the information will become anonymous. After this point, no-one will be able to trace the information back to your child. If you want to withdraw your child's information from this study, this can be arranged by asking the educational psychologist to contact the researcher before (date).

If you have any questions about the study, you can ask the educational psychologist and they will be able to forward these on to the researcher.

Yours sincerely,
Sioned Griffiths
Trainee Educational Psychologist

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Appendix L. Example of Goal Attainment Scaling form.

SFBT Session 1

Please complete this form with the young person after the first SFBT session.

EP:	Client:	Date:

Young person's identified goal(s) from SFBT:

_____
_____
_____
_____

Please think where the person is at in relation to their goal at the start of therapy. Baseline measures are usually rated at -1. However, if you and the young person feel that things were as bad as they could be, it would be -2.
Please include detail about what this looks like (client's behaviour) and what this would look like (client's behaviour) on each point on the scale.

Rating	Level at start of SFBT	Behavioural outcomes – what this looks like
+2 Much better		
+1 Somewhat better		
0 **Goal**		
-1 Somewhat worse		
-2 Much worse		

Appendix M. Example of SFBT technique checklist used to analyse SFBT sessions.

Technique	S1	S2	S3	S4	S5
Goal Setting					
Miracle Question					
Pre-session change					
What's better?					
Systemic / relationship questions					
Scaling Questions					
Eliciting Exceptions					
Coping Questions					
Compliments					
Formula First Session Tasks					
Taking a break					

Appendix N. Thematic analysis process.

Familiarisation with the data

- Listened to full audio of each interview
- Re-listened and fully transcribed the audio from each interview, anonymising data
- Read and re-read the transcripts making initial notes on thoughts or ideas that arose.

Applied a coding framework to generate initial codes

- Each transcription was looked at individually and initial codes were generated using hand written notes.
- A coding framework based on the theoretical propositions was devised to support a thorough and systematic coding of the textual data
- The full data set was coded manually and highlighted in different colours to indicate segments of text representing the different initial codes from the coding framework.
- The most pertinent codes were noted on Post-its.
- Transcriptions were re-read to ensure all initial codes had been represented sufficiently by Post-its.

Search for and abstracted themes from initial coded segments

- All segments of text with the same initial code were grouped together and reviewed to identify any salient, common or significant themes.
- Each theme identified was then recorded manually onto post-its.

Reviewed and refined themes

- These main themes were reviewed and some more minor themes were moved to a more major theme.
- Some smaller codes were discarded due to lack of evidence during review.
- Themes which were broad enough to encapsulate a set of ideas in several text segments. (Attride-Stirling, 2001, p.392).
- The segments of text represented by each theme were then revisited to ensure each theme succinctly summarised the text and the full data set was reviewed to check if any further data needed to be coded within any of the themes.

Arranged themes

- All the themes generated from the original text were arranged on Post-it notes on a large piece of A1 paper.
- With the theoretical propositions in mind, themes representing a similar issue or meaning were grouped together. Each grouping was presented on a separate piece of paper in preparation for each group to become its own thematic network.

Constructed thematic networks

- The themes generated from the original text are presented as the basic themes.
- These basic themes were grouped into clusters which could be united by a larger shared issue or meaning. An organising theme was identified for each cluster to represent the overarching essence of what the group of basic themes was about.

- The different organising themes were then reviewed and grouped together to unify under a new global theme representing the overall message portrayed in that specific network.
- Thematic network diagrams were produced to depict each network and the original data extracts supporting each network were revisited to ensure each network accurately reflected the original data (Attride-Stirling, 2001).

Described and explored the thematic networks

- Each thematic network was described with the aid of text segments from the original text.
- The themes that emerged were explored by revisiting the original text and noting underlying patterns in the data.

Summarised and interpreted the thematic networks

- A summary of each thematic network was produced to highlight the patterns that had emerged in the data.
- Each thematic network was then further discussed and interpreted in relation to the theoretical propositions and the study's research questions.

Visual examples of the coding process.

Appendix O. Supportive quotations from cases 1, 2, 3 & 4.

Dyad 1 – Mrs Rhys & Glyn
Global theme 1: Therapeutic Approach

---

1. **Therapeutic Approach**

   1.1. **Locus of Control**

The first organising theme under the global theme **Therapeutic Approach** focussed on **Locus of Control.** This related to exploring the EP's influence on the process. The quotations represent each of the basic themes:

   1.1.1. **Advice Giver**

   – "When looking back, I'm not sure if I was re-wording a little too much because I was asking 'is that what you're saying?' and maybe I was putting words in his mouth because he was so tangential" (Mrs Rhys)
   – "she like gave me advice on some things… she'd give me some advice for what to do if it did happen, so if someone tries to annoy me."(Glyn)

   1.1.2. **Direct Role**

   – "The method that she taught me" (Glyn)

1.2 **Novelty**

The second organising theme under the **Therapeutic Approach** focussed on **Novelty.** The quotations represent each of the basic themes:

   1.2.1. **Non-Judgemental**
   – "Maybe what the things the school have been doing is asking why he's had a 4 on his report card, whereas in these sessions we were re-looking at why he had 1's or how he could get a better score" (Mrs Rhys)
   – "We were starting from a different place. With Solution-Focused, you don't go in with any background" (Mrs Rhys)

   1.2.2. **Therapeutic**
   – "The sessions were different because it was more solution-focused… it was more therapeutic because it was only me and him". (Mrs Rhys)

   1.2.3. **'Just Talking'**
   – "Just talking really". (Glyn)
   – "There wasn't any technology or anything involved because I normally have to fill out a form on like a website or on a computer or something but that time she only had one of the… erm… folders". (Glyn)

1.3. Session 1

The third organising theme under **Therapeutic Approach** focussed on **Session 1.** The

quotations represent each of the basic themes:

1.3.1 Detail

 – "although we did get a lot in the first session" (Mrs Rhys)
 – "Well, we spent a bit of time during the first session looking at details" (Mrs Rhys)

1.3.2 Engagement

 – "Although we did get a lot, we did get a lot during the first session" (Mrs Rhys)
 – "You've got around 10 minutes right at the start of the session to establish it and if you don't do it straight away, I don't think that you can" (Mrs Rhys)

1.4. Self-Reflection

The fourth organising theme under the **Therapeutic Approach** focussed on **Self-Reflection.**

The quotations represent each of the basic themes:

1.4.1 Simple Vs. Hard Questions
 – "She was asking me stuff like what I do if I feel someone gets angry and it's kind of difficult to explain…" (Glyn)
 – "They were quite simple questions, they weren't really difficult questions to answer… like some were quite complex" (Glyn)

1.4.2 Reinforcing Exceptions
 – "I don't know if I was asking anything that gave him a big revelation, but I think just giving him that chance to reflect on why he was getting a lower score on his report card versus a higher score". (Mrs Rhys)
 – "Trying to reinforce with him, get him to tell me what he was doing when he was ok" (Mrs Rhys)

1.4.3 Systemic Impact
 – "Important for Glyn to think about the impact on other people because he really wanted to please his family". (Mrs Rhys)

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Global theme 2: Therapeutic Experience

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2. Therapeutic Experience

2.1. Appeal

The first organising theme under the global theme **Therapeutic Experience** focussed on

Appeal. This related to the appeal of the therapeutic experience. The quotations represent each

of the basic themes:

2.1.1 Relaxed
- "It wasn't like… pressure or anything… like if someone's talking loud it makes you feel different about doing something, like it makes you feel that you need to answer it quickly, but she just talked a bit quietly and then made it a bit easier to answer the questions". (Glyn)

2.1.2 Comfort
- "I'd say it was quite quiet in there, she wasn't talking a lot… or no… it wasn't like, she wasn't talking loud". (Glyn)
- "She could have chose a different room 'cause in there it's freezing!" (Glyn)

2.1.3 Duration
- "It was ok… like they weren't really long sessions, they were only like… I'd say around half an hour or so at a time and she just asked some questions and write them down in a folder". (Glyn)

2.2 Hard Work

The second organising theme under the global theme **Therapeutic Experience** focussed on

Hard Work. This related to the effort involved in the process. The quotations represent each

of the basic themes:

2.2.1 Energy
- "I had to concentrate to take chunks of information out" (Mrs Rhys)
- "With him it was hard" (Mrs Rhys)
- "I don't think he enjoyed the second session because he was exhausted" (Mrs Rhys)

2.2.2 Depth
- "Thinking how I could get more information out because I'm not getting enough information here, not going deep enough, you know?" (Mrs Rhys)

2.2.3 Repetition
- "I felt like we reached a point with him and he just repeated himself. So he'd say "Oh I'd just be listening" (Mrs Rhys)

2.3 Skills and Competence

The third organising theme under the global theme of **Therapeutic Experience** focussed on

Skills and Competence. This related to the EP and the young person's skills and abilities. The

quotations represent each of the basic themes:

2.3.1 Feeling 'Rusty'
- "Felt rusty because I had not done much since I saw him last". (Mrs Rhys)

2.3.2 Communication Skills

- "I wasn't able to get much depth with Glyn, probably because of his communication

  skills". (Mrs Rhys)

Global theme 3: Relationship is Key to the Process

---

3. **Relationship is Key to the Process**
    3.1. Value

The first organising theme under **Relationship is Key to the Process** focuses on **Value.** This

related to the appeal of the therapeutic experience. The quotations represent each of the basic

themes:

3.1.1. Crucial
- "It's crucial isn't it?... The research that one of the most important things is the affinity between the psychologist and the client… it's so important…. I don't know how you get it but… you either get it or you don't." (Mrs Rhys)
- "On a scale of 1-10 I'd give it like a 7 or a 9 maybe, because it's important that they get on because if they don't get on, then they won't get anywhere in the meeting, they'll just keep trying to get an answer and the person they're working with just won't answer so it's like important that they have a good relationship because otherwise it would be just like… more difficult to get through the meeting". (Glyn)

3.1.2 At the Start
- "You've got about 10 minutes as the start of your session to establish it and if you don't do it straight away, I don't think that you can". (Mrs Rhys)

3.2. Facilitates Change
The second organising theme focuses on **Facilitates Change.** The quotations represent each of

the basic themes:

3.2.1 Smooth
- "Make it easier like, make it easier to get it over and done with" (Glyn)

– "It opens things up a bit better if your both co-operating I think" (Mrs Rhys)

3.2.3 Participation
– "I'd be answering the questions… if I wasn't getting on with her then I would be in more of a mad mood". (Glyn)
– "like it's important that they get on because if they don't get on, then they won't get anywhere in the meeting, they'll just keep trying to get an answer and the person they're working with just won't answer" (Glyn)

3.3 Positive Connection

The third organising theme focuses on **Positive Connection.** The quotations represent each of

the basic themes:

3.3.1 Respect
– "The client has more respect for you, you have more patience… carrying on to ask questions if you get the "dunno's" and you know that if you feel that you have some sort of a relationship.... I think it works both ways". (Mrs Rhys)

3.3.2 Patience
– "what I really did like was how she was really patient because sometimes it took me a while to think of an answer and I think I would have like lost the plot if I would have had to wait for a bit for an answer." (Glyn)
– "Yeah so like if I couldn't think of an answer then she'd be patient." (Glyn)

3.3.3 Calm
– "I'd just say it was quiet in there, she wasn't talking a lot… or no… it wasn't like loud like, she wasn't talking loud". (Glyn)

3.3.4 Familiar Face
– "He's used to having people work with him" (Mrs Rhys)
– "Maybe that helped, that I wasn't another stranger" (Mrs Rhys)

Global theme 4: Creating Change

---

4. Creating Change
4.1. Effectiveness

The first organising theme under the global theme of **Creating Change** focuses on

Effectiveness. The quotations represent each of the basic themes:

4.1.1 More Sessions
– "I think we might need a couple more sessions. I'm sure that he has changed in the past and I'm sure it will help him to discuss how he's managed that". (Mrs Rhys)

4.1.2 Optimistic
– "I tried the methods she taught me and they seem to work pretty well." (Glyn)
– "Sometimes they work, sometimes they don't." (Glyn)

4.2 Immediate Vs. Long Term

The second organising theme under the global theme of **Creating Lasting Change** focuses on

Immediate vs. Long Term. The quotations represent each of the basic themes:

4.2.1 Ongoing Process

− "I'm sure that he has changed in the past and I'm sure it will help him to discuss how he's managed that." (Mrs Rhys)
− "I think we'll need to do a couple more sessions." (Mrs Rhys)

4.2.2 Future Reference

− "So I'd be just using those methods to kind of help me through the years." (Glyn)

4.3 Awareness Raising

4.3.1 Personal Attributes

− "Trying to reinforce with him, get him to tell me what he was doing when things were ok." (Mrs Rhys)
− "He said the same thing over and over so maybe that might have made a difference because he might have realised "oh, I actually do these things." (Mrs Rhys)

4.3.2 Exceptions

− "But I think just the chance for him to reflect on why he had 1 on his report card compared to a 4." (Mrs Rhys)

4.3.3 Coping Skills

− "If someone likes winds you up just ask for permission so that you can walk away or something. I do that still… sometimes… and then erm… another one was to just ignore them." (Glyn)
− "She'd give me advice on things, like say now somebody tried to like wind me up or something, just try not to react to it or she'd just give me some sort of advice for what I do if it did happen". (Glyn)

> **Dyad 2 – Mrs Mair (EP) & Alun (YP)**
> **Global theme 1: Direct and Indirect Features of Therapy**

1. Direct and Indirect Features of Therapy
1.1 Locus of control

The first organising theme under the global theme of **Direct and Indirect Features of Therapy**

focuses on **Locus of Control.** The quotations represent each of the basic themes:

1.1.1. Advice Giver
− "The techniques she… told me like just to think and try and fight the… like every time I hoover so she was telling me to just like sit back and not worry about the mess and things". (Alun)
− "I had to give examples quite often". (Mrs Mair)

1.1.2. Dependence
− "They get to know you and how they can help you and things like that." (Alun)
− "Actually expecting him to come up with things rather than offering things." (Mrs Mair)
− "There was a lot of 'ownus' on him to find his own way and that was maybe… that was difficult for him". (Mrs Mair)

1.2. Reflection
The second organising theme under the global theme of **Direct and Indirect Features of**

Therapy focuses on **Reflection.** The quotations represent each of the basic themes:

1.2.2. Awareness
− "Asking what I like doing in my own time… what's better and what's going to help me like to chill out more." (Alun)
− "There was more focus then… so tomorrow, when things are better." (Mrs Mair)

1.2.3. Coping Strategies
− "Get him to consider what he does already to de-stress." (Mrs Mair)
− "Questions around his coping strategies at the moment." (Mrs Mair)
− "Asking what makes me feel chilled." (Mrs Mair)

1.3. Key Tools
The third organising theme under the global theme of **Direct and Indirect Features of**

Therapy focuses on **Key Tools.** The quotations represent each of the basic themes:

1.3.2. Best Hopes
− "Best hopes… he found it really hard to get the best hopes." (Mrs Mair)

1.3.3. Exception Finding
− "Asking what I like doing in my own time… what's better and what's going to help me like to chill out more." (Alun)

1.3.4. Problem Talk

− "Because she was talking with me and like saying what was worrying me basically."
   (Alun)

1.3.5. Scaling
− "We did a scaling activity you know, "where are you at the moment with this and
   that"…. And also questioning, "what difference would that make?" and how he might
   consider the whole family, what difference would that make…" (Mrs Mair)
− "There was one thing. She did like a scale on 1 to 10 and then she was asking like
   where I'd like to be at the end and asking me where I am now and that was at the first
   session." (Alun)
− "I could see where I was and where I'd like to be." (Alun)

1.4. Cognitive Element
The fourth organising theme under the global theme of **Direct and Indirect Features of**

Therapy focuses on **Cognitive Element.** The quotations represent each of the sub-themes:

1.4.2. Reframing
− "Questioning what is controlling him and what he's controlling." (Mrs Mair)

1.4.3. Maintenance Cycle
− "We figured out it was a coping mechanism really... so thinking about how to adapt it to
   something that would be good for him really." (Mrs Mair)
− "So, considering that we need to create a new network in order to create a better habbit,
   like some sort of 'buffer' to the cleaning, it was maybe… opening other avenues for
   him, like trigger points if he noticed…. So that he identified that the choice points at
   times when things are getting too much for him." (Mrs Mair)

Global theme 2: Appeal and Barriers to the Experience

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2. Appeal and Barriers to the Experience
2.1. Enjoyment
The first organising theme under the overarching theme of **Appeal and Barriers to the**

Experience focuses on **Enjoyment.** The quotations represent each of the basic themes:

2.1.1 Fun
− "Light conversation and using lots of humour and I think that's always a good thing
   because it doesn't make him feel like as much of a job to change things." (Mrs Mair)
− "It was a good experience. (Alun)

2.1.2 Relaxed
− "I tried to make it as relaxed as possible." (Mrs Mair)
− "It was really enjoyable, really nice." (Alun)
− "He's a lovely boy and it's really easy to be a in a session with him in some ways."
   (Mrs Mair)
− "Pleasurable and easy because he knew what he wanted to work on." (Mrs Mair)

2.2 New Experience

The second organising theme under the global theme of **Appeal and Barriers to the Experience** focuses on **New Experience.** The quotations represent each of the sub-themes.

2.2.2 Different
− "That kind of questioning is new for a lot of people." (Mrs Mair)
− "It was different." (Alun)

2.3 Complex Nature

The fourth organising theme under the overarching theme of **Appeal and Barriers to the Experience** focuses on **Complex Nature.** The quotations represent each of the the basic themes:

2.4.1 Understanding
− "Challenging in some ways because I had to simplify and rephrase… explain what I was asking with examples… because I'm not sure if he understood you know, with the level of language." (Mrs Mair)
− "You felt that as much as he could, he was with the process." (Mrs Mair)

2.4.2 Style of Questioning
− "In a way, he was really open, just the level of questioning was quite difficult for him." (Mrs Mair)
− "The questions were easier than I thought." (Mrs Mair)

2.4 Young Person Factors

The fifth organising theme under the global theme of **Appeal and Barriers to the Experience** focuses on **Young Person Factors.** The quotations represent each of the basic themes:

2.4.1 Shy
− "He was very shy and quite closed but then he relaxed more into it and started to chat a bit more." (Mrs Mair)
− "In the first he was chatting a bit more…" (Mrs Mair)
− "It could be a bit strained sometimes you know because I was asking a question and then there was a pause and then I'd try to rephrase." (Mrs Mair)
− "It was a bit like getting blood from a stone…" (Mrs Mair)

2.4.2 Communication Skills
− "I don't know, maybe he had put more in place and that he didn't want to or couldn't say." (Alun)
− "We were talking lot with each other." (Alun)

Global theme 3: The Relationship and the Change it Creates

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3. The Relationship and the Change it creates

3.1 Engagement

The first organising theme under the global theme of **The Relationship and the Change it**

Creates focuses on **Engagement.** The quotations represent each of the basic themes:

3.1.1 Humour
- "We laughed." (Alun)
- "We were like a team by the end." (Mrs Mair)
- "It was quite fun and really nice." (Mrs Mair)

3.1.2 Familiar
- "I had seen her before." (Alun)
- "I wasn't nervous." (Alun)

3.3 Therapist Factors
The third organising theme under the global theme of **The Relationship and the Change it**

Creates focuses on **Therapist Factors.** The quotations represent each of the basic themes:

3.3.1 Funny
- "We laughed." (Alun)
- "He laughed at my rubbish jokes!" (Mrs Mair)

3.3.2 Good Listener
- "She listened to me." (Alun)

3.3.3 Helpful
- "She helped me." (Alun)

3.4 Value of the Relationship
The fourth organising theme under the global theme of **The Relationship and the Change**

it Creates focuses on **Value of the Relationship.** The quotations represent each of the

basic themes:

3.4.1 Important
- "Really important." (Alun)
- "On one hand I think it is important, but again I've seen examples of sessions where it's quite…. Formal and doesn't seem to be much of a rapport between the people… maybe with children the rapport is more important." (Mrs Mair)
- "Maybe it depends on who your working with… maybe you have to work harder with some." (Mrs Mair)
- "They get to know you and how they can help you and things like that." (Alun)

3.4.2 At the Start

- **F:** How important do you think this relationship and rapport is between you and the young person? (Facilitator of Interview)
- **EP:** With children I think the rapport is more important maybe… it certainly happens at the start". (Mrs Mair)

Global theme 4: Personal and Social Improvements

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4. Personal and Social Improvements

4.1 The Power of One

The first organising theme under the global theme of **Personal and Social Improvements**

focuses on **The Power of One.** The quotations represent each of the basic themes:

4.1.1 Ability to Change
- "You had the feeling that they were going to act on the hopes… and I feel that he needed an 'ali'… it just felt like change was more likely." (Mrs Mair)
- "Change seemed more possible." (Mrs Mair)

4.1.2 Systemic Impact
- "Going out with friends more." (Alun)
- "Going after mum's perspective could change things as well." (Mrs Mair)
- "I've done a session before when the young person wasn't there and you know, sometimes it's enough just to work with someone close." (Mrs Mair)

4.2 Change in Perspective

4.2.1 Awareness Raising
- "Made me think that there are better things to do in life… other things to worry about than cleaning." (Alun)
- A different way for him to see the problem." (Alun)

4.2.2 Self-Concept
- "How he would know that he could let it go and not clean the sofa and he came up with loads of things that he could see himself doing instead." (Mrs Mair)

4.3 Reliance

4.3.1 Dependence
- "I wasn't sure if it's possible for him to make it on his own because he was quite entrenched in the patterns." (Mrs Mair)
- "It has helped"… "probably after the second session." (Alun)

4.3.2 See Again

- **F:** Ok. Do you think there would be something, I don't know…. Something she could have done differently to make the work together better?

- **P:** I'd like a few more sessions. (Alun)
  ……..
- **F:** How do you think that would have helped?

    − **P:** Maybe seeing her once or twice a week would help me. (Alun)

4.4. Trust in the Process

4.4.1 . Process Led
    − "I think there's a lot of trust in this process, that the process can create change." (Mrs Mair)

4.4.2 Hope and Expectation
    − "When I look at people who have taught me, they are quite rigid, you know? And change does happen. But there might be an expectation that someone is going to that place and that change will happen so it carries the process. I don't know, it's as though the rapport doesn't get as much of an emphasis maybe." (Mrs Mair)
    − "It's hard to say, sometimes after the first session things have changed dramatically and then sometimes, your on the 6th session." (Mrs Mair)
    − "I'm always optimistic but at the same time I'm realistic." (Mrs Mair)

Dyad 3 – Mrs Elin (EP) & Evan (YP)
Global theme 1: It's More than Something Positive

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1. It's More than Something Positive

1.1 Technique

The first organising theme under the global theme of **It's More than Something Positive**

focuses on **Technique.** The quotations represent each of the basic themes:

1.1.1 Structure
− "Regarding the process, there was a structure, even though it might not have sounded like that!"(Mrs Elin)

1.1.2 Detail
− "I think in the first session, the description is the main thing… detailed description…" (Mrs Elin)
− "Invest a lot of time in doing the description." (Mrs Elin)
− "Asking lots of questions." (Evan)

1.1.3 Specific Tools
− "Going after his perspective, the perspective of the people around him, his mother, his brothers and then when he got to school… who would notice… and going after positive statements." (Mrs Elin)
− "going into a scale and asking lots of questions about why he is there and not less and strategy questions about how he's done it, what it took and what he learnt about himself and identity questions, what does that tell you about yourself." (Mrs Elin)
− "Then the process of going after instances… the things that already fit in with the preferred future and going after those and asking lots of identity and strategy questions." (Mrs Elin)
− "Those tools really… I think the scales as well, because they give something tangible for the young person… it gives a window of opportunity." (Mrs Elin)

1.2 The Most Difficult Thing I Do

The second organising theme under the global theme of **It's More than Something Positive**

focuses on **The Most Difficult Thing I Do.** The quotations represent each of the basic themes:

1.2.1 Collaborative Effort
− "This is the most difficult thing I think I do in my practice and you have to listen on what they tell you and make each question count, and that's hard, it's exhausting." (Mrs Elin)
− "Maybe struggling because they are difficult. You're not used to these kinds of questions if you haven't done this before. You'd probably see a lot of pauses and "dunno's." (Mrs Elin)
− "Maybe me not giving up on some of the questions." (Mrs Elin)
− "Difficult because I was constantly thinking about the questions, so it's exhausting but fun as well… you work hard when you do it." (Mrs Elin)

1.2.2 Serious

- "One thing that I've learnt by doing it is that it is extremely difficult. This method is hard, and it's more than something positive." (Mrs Elin)
- "It is serious, I'm not saying that it lightens the seriousness of the problem or the situation, but it puts people in a situation where they can think more clearly." (Mrs Elin)

1.3 The Invisible Therapist

The third organising theme under the global theme of **It's More than Something Positive**

focuses on **The Invisible Therapist.** The quotations represent each of the sub-themes:

1.3.1 Footprints in the Sand

- "He was expecting me to teach him something or to be the 'agent of change' for him. So in this work, he was the one that was changing everything because my role was to ask good questions." (Mrs Elin)
- "Evan George has written about footprints in the sand and he says just trying to have that effect or influence… so almost, asking your questions and you don't want them to remember you." (Mrs Elin)
- "The advice she gave me." (Evan)
- "She asked… what happened and … told me what to do about it." (Evan)
- "You don't go into what would bring you up to a 6 on the scale, just the signs of you moving up one position the scale. So I wasn't asking him to do anything, or telling him to do anything. I was just asking him to notice." (Mrs Elin)

1.3.2 Setting Up an Expectation

- "I think it sets up that expectation at the end. Not giving jobs, not giving tasks.... so he had the expectation of seeing me in the second session that I was going to ask him what was better." (Mrs Elin)
- "just noticing between now and next time when things are better. Maybe he would have expected me to tell him what to do… but there was none of that." (Mrs Elin)

1.4 Developing Resilience

The fourth organising theme under the global theme of **More than Something Positive** focuses

on **Developing Resilience.** The quotations represent each of the basic themes:

1.4.1 Empowering

- "To name the strategies and resources he has to cope with things because life is hard and friendship is hard so I just hope that he's aware that he has the tools to deal with it in life." (Mrs Elin)
- "You've got to believe that the young person has the answers, they have the resources, they have the things that work and they are the 'expert' in their situation. So it's a real shift… they are centre stage." (Mrs Elin)
- "It's helped me with my confidence… friends and things… and my brother." (Evan)
- "To give resilience, and that he know that he has the resilience to manage and cope." (Mrs Elin)

Global theme 2: Unique Features of the Experience

2. Unique features of the experience

2.1 The joy of it

The first organising theme under the global theme of **Unique Features of the Process** focuses

on **The Joy of It.** The quotations represent each of the basic themes:

2.1.1 Fun and Exciting
– "It was fun… talking and getting the pressure off me." (Evan)
– "Fun and… exciting… I was smiling…." (Evan)

2.1.2 Pleasurable
– "It brings me a lot of pleasure but it is exhausting." (Mrs Elin)
– "Privilege to work with him… and lovely because I got to talk about his future and what he saw in his future." (Mrs Elin)
– "I think he enjoyed having someone listen, having a chance to discuss a better future for himself." (Mrs Elin)

2.2 Creates Hope
The second organising theme under the global theme of **Unique Features of the Process**

focuses on **Creates Hope.** The quotations represent each of the basic themes:

2.2.1 Expectation
– "When it works well… it creates hope and momentum." (Mrs Elin)
– "You can learn about what you're doing already and build on that. It's more focused. You know where you are going and that's important." (Mrs Elin)
– "It helps you imagine a better future… it makes it clearer what this would look like because a lot of the time we know what we don't want in our lives, we don't want to feel depressed or don't want to feel anxious and it's often quite difficult for someone to tell you what that would look like so in a way that description helps the young person to think about what this would look like and this creates hope and helps you think how this would look and helps you to realise the bits that are already working so it raises your awareness of these times when it's working already." (Mrs Elin)
– "There's something about imagining this preferred future that helps to move people forward." (Mrs Elin)

2.3 Having faith in the young person

The third organising theme under the global theme of **Unique Features of the Process** focuses

on **Having Faith in the Young Person.** The quotations represent each of the basic themes:

2.3.1 Ownership
– "Having ownership over that, he has control over it and it means that it is more sustainable because everything he's talking about is part of his life and lots of things that he does already, so change is based on what's working already to the young person which makes it easier to carry on in a way." (Mrs Elin)
– "Everything came from him… he had the ownership over the successes because there were successes in the first session." (Mrs Elin)
– "He had the ownership over the change." (Mrs Elin)

2.3.2 Positive Focus
- "and lovely because I got to talk about his future and what he saw in his future." (Mrs Elin)
- "And thinking about what's going on already that fits with his preferred future." (Mrs Elin)
- "Talk a lot about what was working already really." (Evan)

Global theme 3: Therapeutic Relationship

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3. Therapeutic relationship

3.1 Positive Bond
The first organising theme under the global theme of **Therapeutic Relationship** focuses on

Positive Bond. The quotations represent each of the basic themes:

3.1.1 Prompt
- "In the second session, I think he couldn't wait to come in and tell me what had improved." (Mrs Elin)
- "He turned up promptly and you know, he was by the door one day and we didn't have a session because it had been re-arranged." (Mrs Elin)

3.1.2 Comfortable
- "He was comfortable enough to talk to me… I would say quite well… I got a couple of 'hello's' on the corridor." (Mrs Elin)
- "Yeah, like more comfortable." (Evan)
- "Probably lots of smiling between me and Mrs Elin… having fun…. Asking about the holidays and how things are at home." (Evan)
- "He was open with me. He talked about home, the future and things… and he was honest with me…I guess you're not going to say that to someone if you don't feel comfortable, so he did say some big things you know." (Mrs Elin)

3.2 Ingredients
The second organising theme under the g,lobal theme of **Therapeutic Relationship** focuses on

Ingredients. The quotations represent each of the basic themes:

3.2.1 Familiar Face
- "Because if the young person doesn't know who she is… maybe he wouldn't talk a lot with her… maybe not say a lot… and just not talk." (Evan)

3.2.2 Power Balance
- "And it gives that balance that you are not there as the expert, you know? You're there, the dynamic between you, I wouldn't say equal, but they are more of the expert and your just curious and asking 'how did you do that?'" (Mrs Elin)

3.2.3 Humour
- "Fun, you get a lot of laughter and fun. I know you might not think of fun when you think about something therapeutic but it was fun." (Mrs Elin)

- "When we talk we just have fun." (Evan)

3.3. Process Led

The third organising theme under the global theme of **Therapeutic Relationship** focuses on

Process Led. The quotations represent each of the sub-themes:

3.3.1 Positive Focus
- "Not a process that leads people to feel defensive." (Mrs Elin)
- "Lots of fun and laughter." (Evan)
- "Well, I think there's lot's of research on the alliance and that's the thing that creates the change, right? That it's more than the model. But I think that this method of working helps to promote the alliance because you're talking about more positive things and talking about the young person's resources and strategies… you're going after their strengths, you're going after what's working… and that's a recipe isn't it towards creating the alliance." (Mrs Elin)

Global theme 4 Creating Change at Different Levels

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4. Creating Change at Different Levels

4.1 Systemic Levels

The first organising theme under the global theme of **Creating Change at Different Levels**

focuses on **Systemic Levels.** The quotations represent each of the sub-themes:

4.1.1. Self
- "I've made friends and… found out what I enjoy… like reading and …. My work." (Evan)
- "It's changed how I am as a person." (Evan)

4.1.2 Social Interaction
- "Lot of difference because if young people don't have like friends… are sad all the time… talking with Mrs Elin can make it better…. Know how to make friends and be more happy." (Evan)
- "It's helped me with my confidence… friends and things… and my brother." (Evan)

4.2 Developing Resilience
The second organising theme under the global theme of **Creating Change at Different Levels**

focuses on **Developing Resilience.** The quotations represent each of the basic themes:

4.2.1 Self-Reflection
- "Nobody's going to be able to give solution to things like friendships because it's just going to be a rough ride throughout your life." (Mrs Elin)
- "To name the strategies and resources he has to cope with things because life is hard and friendship is hard so I just hope that he's aware that he has the tools to deal with it in life." (Mrs Elin).

– "found out what I enjoy… like reading and…. My work" (Evan)

4.2.2 Coping Ability
– "Like my anger… my anger won't…. I won't stress out with everyone." (Evan)
– "I've been without friends but after seeing Mrs Elin I'm able to make friends." (Evan)
– "To give resilience, and that he know that he has the resilience to manage and cope." (Mrs Elin)

4.3 Momentum and Change
The third organising theme under the global theme of **Creating Change at Different Levels**

focuses on **Momentum and Change.** The quotations represent each of the basic themes:

4.3.1 Quick
– "There's something about imagining this preferred future that helps to move you forward." (Mrs Elin)
– "At the start of the session it was slow, but then it went, I remember thinking it was like he was on a roll." (Mrs Elin)
– "I hope so. He moved on quite quickly." (Mrs Elin)
– "A lot had changed." (Evan)

4.3.2 Exciting
– "Fun and… exciting… I was smiling…. It's changed how I am as a person." (Evan)
– "Couldn't wait to come in and tell me what was better." (Mrs Elin)

Dyad 4 – Mrs Jones (EP) & Jac (YP)
Global theme 1: Nature of the SFBT Process

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1 Nature of the SFBT Process

1.1 SFBT Techniques

The first organising theme under the global theme of **Nature of the SFBT Process** focuses on

Core Techniques. The quotations represent each of the basic themes:

1.1.1 Tools
− "I try to do scaling… I always use the exception questions… usually, the first session I do the 'best hopes', and the second is 'what have you been pleased to notice, who noticed, how did you do it and what difference did that make to you?" (Mrs Jones)
− "So I make it clear to the children, that I don't want to go into the problems and go over the things that don't work because we can go round and round in circles and not come to any solution and so the way forward is to look at what's working already as the key." (Mrs Jones)

1.1.2 Future Focused
− "Looking at where we want to go, what the positive aspects are, what this will look like and how much of that is already happening." (Mrs Jones)
− "I believe that the fact that we were looking at where he wanted to go. He knew that I wasn't going to question him about every misdemeanour." (Mrs Jones)

1.1.3 Structured
− "I always start off by explaining my role to the young person, my role as an Educational Psychologist." (Mrs Jones)
− "Then we go on to paint a picture of exactly what this change will look like, so when this is in place, exactly how this will look like to anyone who looks from the outside in." (Mrs Jones)
− "It's crystalised for him I think." (Mrs Jones)

1.2 Positive vs. Punitive

The second organising theme under the global theme of **Nature of the SFBT Process**

focuses on **Positive vs. Punitive.** The quotations represent each of the basic themes:

1.2.1 Different
− "It was different." (Jac)
− "Head of year could be angry with you and stuff… and give you like a row." (Jac)
− "There's a risk that someone will leave feeling worse than when they came in. and I never feel that with solution focused. I always feel that the young person leaves feeling a little better than when they came in." (Mrs Jones)
− "That problem talk makes you feel helpless and then you have learned helplessness. Whereas with solution focused… 'no harm will come of this, some good will come." (Mrs Jones)
− "If you look at problems, it sucks the energy out of you. Any meeting you go to that focuses on problems is just… soul destroying. So going in and asking… where we are going, what we are going to do about it, let's have a think about what's going well, let's see how we can do more of it… it's just much better." (Mrs Jones)

1.3 'Just Talking'

The third organising theme under the global theme of **Nature of the SFBT Process** focuses

on **'Just Talking'.** The quotations represent each of the basic themes:

1.3.1 "Serious"
- "Just talking with her." (Jac)
- "Little bit of serious talking." (Jac)

1.3.2 Short
- "Only like twenty minutes or so." (Jac)

1.3.3 Change Talk
- "My behaviour and how I've changed." (Jac)

Global theme 2: A Positive Experience

2. A Positive Experience

2.1 Appeal

The first organising theme under the global theme of **A Positive Experience** focuses on

Appeal. The quotations represent each of the basic themes:

2.1.1 Relaxed
- "It was relaxed." (Jac)
- "Just like asking…reading like off the computer, compliments off the teachers." (Jac)

2.1.2 Checking in
- "They appreciate having someone listening and that they have had the chance to talk." (Mrs Jones)
- "Just like, getting the chance to talk about how things were going." (Jac)

2.2 Significance of Session 1
The second organising theme under the global theme of **A Positive Experience** focuses on

Significance of Session 1. The quotations represent each of the basic themes:

2.2.1 Positive
- "Started with what have you been pleased to notice since the referral…" (Mrs Jones)
- "The first session was just so positive." (Mrs Jones)
- "We started the first session and he had already improved since the referral." (Mrs Jones)

2.3 Empowering
The third organising theme under the global theme of **A Positive Experience** focuses on

Empowering. The quotations represent each of the basic themes:

2.3.1 Self-Reflection
– "Looking at where we want to go, what the positive aspects are, what this will look like and how much of that is already happening." (Mrs Jones)
– "Reading like off the computer, compliments off the teachers." (Jac)
– "I could say 'that's amazing, you've done that on your own.'" (Mrs Jones)
– "It's going to be a good thing for you and it's going to be under your control with the right choices, you can have all of this and you've done it before." (Mrs Jones)
– "Just like, getting a chance to talk about how things are going." (Jac)

2.3.2 Sense of Agency
– "I'm here to work with you and think about the choices that you can make in order to help yourself." (Mrs Jones)
– "That difference, when in behaviour meetings in schools where they give contracts… I always feel that they are punitive. That's the difference I believe. This is the preferred future. It comes from them." (Mrs Jones)
– "A lot of the young people we see feel as though they have no control over the situation, you know, why am I bothering kind of thing. So I'd hope that the sessions help the young people realise that they have a voice, and that they can do it." (Mrs Jones)

Global theme 3: Developing a Positive Relationship

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3. Developing a Positive Relationship

3.1 Looking for the Best in People

The first organising theme under the global theme of **Developing a Positive Relationship**

focuses on **Looking for the Best in People.** The quotations represent each of the basic

themes:

3.1.1 Positive Process
– "It's much easier to develop a relationship when you're looking for the best in people than when you're talking about their problems and trying to solve things on their behalf… so I'm there to say you know, 'something good will come of this!'" (Mrs Jones)
– "Just reading off the computer, like compliments off the teachers." (Jac)
– "I believe that this method leads towards a comfortable relationship, if you get your rapport skills right." (Mrs Jones)

3.1.2 Self-Esteem
– "I hope there was a rapport, as much of a rapport as you can get out of Jac! … because I was able to say, you've done this all on your own, you know, you've done fantastically already." (Mrs Jones)

3.2 Engagement
The second organising theme under the global theme of **Developing a Positive**

Relationship focuses on **Engagement.** The quotations represent each of the basic themes:

3.2.1 Openness
- "The fact that he came back and was willing and happy to share that he had had no B2's at all… he was so proud to say that he hadn't had any of these behaviour sanctions." (Mrs Jones)

3.2.2 Relaxed
- "I hope the relationship was positive… he didn't show any nervousness or unwillingness to be there, he answered the questions." (Mrs Jones)
- "Just felt fine about it." (Jac)

3.3 Value
The third organising theme under the global theme of **Developing a Positive Relationship**

focuses on **Value.** The quotations represent each of the basic themes:

3.3.1 1st Session
- "Certainly during the first session." (Mrs Jones)
- "I believe that really, after I do the explanation, that they look a little more relaxed." (Mrs Jones)

3.3.2 Crucial
- "Important I think." (Jac) (regarding importance of relationship*)
- "Crucial, crucial. If you haven't got the rapport, you're just not going to get… the child isn't going to feel comfortable in your company, you're going nowhere, because then you'll get the "dunno's." (Mrs Jones)
- "It would help make you listen more." (Jac)
- "Stop people from getting into trouble." (Jac)
- "Yeah, like wouldn't care as much." (Jac)

3.4 Therapist Qualities
The fourth organisational theme under the global theme of **Developing a Positive**

Relationship focuses on **Therapist Qualitites.** The quotations represent each of the basic

themes:

3.4.1 Calm
- "She didn't force me into saying anything if I didn't want to." (Jac)
- "Mrs Jones was calm and stuff." (Jac)

3.4.2 Helpful
- "She was nice and tried to help me with stuff." (Jac)

Global theme 4: Something Good Will Come of This

4.1 Ripple Effect

The first organising theme under the global theme of **Something Good Will Come of This**

focuses on **Ripple Effect.** The quotations represent each of the basic themes:

4.1.1 Ripple Effect: School, Self & Home
- "Change can come from anywhere." (Mrs Jones)
- "Change can happen at any point in the system… and that can change the young person's attitude… maybe it wasn't my input that made a different but the school's systems?" (Mrs Jones)
- "I'm getting free time, so that's better for school and home as well." (Jac)
- "I don't get into trouble as much." (Jac)

4.2 'Customer'
The second organising theme under the global theme of **Something Good Will Come of**

This focuses on **'Customer'.** The quotations represent each of the basic themes:

4.2.1 Motivation
- "He knew what he needed to do." (Mrs Jones)
- "It was positive in that it Jac obviously wanted to improve… which always makes it easier. He has the motivation to change." (Mrs Jones)
- "I felt that he wanted to make the change and that's more than half the battle, isn't it?" (Mrs Jones)

4.3 Resilience
The third organising theme under the global theme of **Something Good Will Come of This**

focuses on **Resilience.** The quotations represent each of the basic themes:

4.3.1 Coping
- "Knowing how to deal with it better." (Jac)
- "Knowing how to walk away from a situation." (Jac)
- "So, trying to get them to see, although things are hard that they have some control over their situation." (Mrs Jones)
- "If we look at problems, there's a risk that you just talk about all of the things that have gone wrong for the pupil. They don't feel like they have any control over their situation, what we are trying to do with solution focused is build on that resilience." (Mrs Jones)

4.3.2 Locus of Control
- "Trying to get them to see, although things are hard, that they have some control over their situation and they can do it, give them that feedback to them… 'you're a stronger person than you think, you've got talents that you didn't realise and behaving in a different way or making the decision to behave in this way, this is going to make a difference to you.'" (Mrs Jones)

- "I could say 'that's amazing, you've done that on your own.'" (Mrs Jones)
- "My behaviour and how I've changed." (Jac)

- "It's going to be a good thing for you and it's going to be under your control with the right choices, you can have all of this and you've done it before." (Mrs Jones)

4.4 Change

The fourth organising theme under the global theme of **Something Good Will Come of**

This focuses on **Change.** The quotations represent each of the basic themes:

4.4.1 Made a Difference

- "I'm so pleased that he has managed to change and I hope that if we can carry it on, that things will continue to improve in year 10." (Mrs Jones)
- "Big change." (Jac)
- "I don't get into trouble as much." (Jac)
- "I never feel that with solution focused sessions. I always feel that the person leaves feeling a little better than when they came in." (Mrs Jones)

Appendix P. Cross-case analysis visual representation.

	Research Question 1; It's more than something positive	
1	Advice Giver	**Direct vs. Indirect**
1	Influence	
1	Directive Role	Advice giver
2	Advice Giver	
2	Dependence	Invisible Therapist
3	Footprints in the Sand	
3	Setting up Expectations	
4	Clarity	
3	Equal	
1	Simple vs. Hard Questions	**Complex Nature**
2	Understanding	Questioning
2	Level of Questioning	Understanding
3	Perseverance	Hard work
3	Struggling	Communication Skills
4	"Serious"	
2	Strained	
2	Questioning	
1	Depth	
1	Repetition	
1	Rusty	
1	Energy	
2	Shy	
2	Quiet	
2	Communication Skills	
1	Communication Skills	

2	Process Led	**Core Features**
3	Structure	Tools
3	Process Focus	
3	Detail	
4	Structured	
2	Techniques	
2	Scaling	
2	Best Hopes	
3	Best Hopes	
3	Scaling	
3	Miracle Question	
4	Compliments	
4	Future Focus	
4	Best Hopes	
1	Exceptions	**Developing Resilience**
2	Exception Finding	Self-reflection
2	Awareness Raising	
3	Instances	Empowering
2	Awareness	
1	Personal Attributes	
4	Exceptions	
1	Systemic Impact	
2	Coping	
3	Coping Ability	
3	Self-Reflection	
4	Self-Reflection	
2	Reframing	
2	Problem Talk	
2	Maintenance Cycle	
4	Giving Voice	
4	Sense of Agency	

Research Question 2;		
Unique features of experience		
1	Relaxed	**Appeal**
2	Relaxed	Relaxed
4	Relaxed	Pleasurable
1	Comfort	Checking In
4	Comfortable	
4	"This is Alright"	
4	Positive Process	
4	Positive	
2	Pleasurable	
3	Fun	
2	Fun	
4	Hopeful	
3	Exciting	
4	Heard	
4	Checking In	
4	Change Talk	
1	Therapeutic	
1	Just Talking	
		Novelty
2	Different	Unexpected
3	Expectation	Positive vs. Punitive
3	Expectation	
4	Different	
1	Non-Judgemental	
1	Smooth	**Brief Nature**
1	Duration	Short
1	Quick	
4	Short	

Research Question 3		
The therapeutic relationship		
1	Crucial	**Value**
4	Crucial	Crucial
2	Important	Session 1
4	1st session	
1	Detail	
1	At the Start	
2	At the Start	
1	Hit and Miss	
3	Honest	
3	Comfortable	
4	Comfortable	
1	Engagement	
4	Engaged	
3	Prompt	
4	Proud	
1	Participation	
4	Openness	
1	Tone of Voice	**Therapist Qualities**
1	Calm	Calm
4	Calm	Sense of Humour
4	Nice	Helpful
2	Humour	Familiarity
3	Humour	
2	Funny	
1	Considerate	
1	Helpful	
2	Good Listener	
2	Helpful	
4	Helpful	
1	Seen Before	
1	Familiar Face	
2	Familiar	
3	Familiar Face	

4	Positive Process	**Looking for the Best in**
1	Self-Esteem	**People**
3	Respect	Positive Focus
3	Equal Balance	Self-Esteem
4	Power Balance	Balance

Research Question 4		
Change at different levels		
1	More Sessions	**Positive Change**
1	Optimistic	Immediate vs. long-term
1	On-going Process	Future coping
1	Future Reference	
1	Coping Skills	**Ability to change**
4	Coping	Resources
3	Ownership	Motivation
4	Resilience	
3	Maintenance	
2	Control	
4	Motivation	
2	Ability to Change	
2	See Again	
2	Dependence	
2	Systemic Impact	**Ripple Effect**
4	Home	Self;Family;School
4	Change at different levels	
4	School	
3	Social Interaction	
2	Friends	
4	Self	
3	Self	

2	Process vs. relationship led	**Trust in the Process**
3	Positive focus	Hope
3	Creates hope	Expectation
4	Energy	
2	Technique	
2	Hope and expectation	
3	Quick	
4	Made a difference	
2	Self-Concept	

Appendix Q. Demographic information gathered from cases (EP semi structured interviews)

CASE 1 Mrs Rhys & Glyn		
EP Name	**Years as EP**	**Preferred model of practice**
Mrs Rhys*	11	Solution-focused model and consultation.
SFBT use		
Nature of training received?	Diploma in Solution-Focused Brief Therapy at Brief (London).	
How often do you use SFBT with children and young people?	At an individual level, not very often, maybe once a term. I would like to be able to offer more solution-focused sessions in my work as schools ask for this.	
Child Name	**Age**	**Gender**
Glyn*	13	Male
School context, pupil ability		
Medium sized school located in an deprived rural area. Ability as reported by the educational psychologist – GCA 45th percentile.		
Brief history of EP involvement		
Previous consultation and cognitive assessment that was completed by the Educational Psychologist (December, 2015) as the pupil had transferred from another school. Following on from the consultation, the EP completed two solution-focused sessions with the pupil but these were not 1:1 and were more consultative in style (school and family present).		
Referral concern (EP report)		
School raised concerns about Glyn's* behaviour in school as he was being disruptive in the classroom, unable to complete his work and answering the teachers back.		
Current intervention		
The EP engaged in 1:1 solution-focused brief therapy sessions with Glyn*. The school had also completed a Boxall profile and were working on strategies following on from the results of the profile and implementing these in school.		

CASE 2		
Mrs Mair & Alun		
EP Name	**Years as EP**	**Preferred model of practice**
Mrs Mair*	9	A combination of solution-focused approaches and consultation.
SFBT use		
Nature of training received?	Solution-focused brief therapy diploma at Brief (London).	
How often do you use SFBT with children and young people?	After completing the diploma, used SFBT every week. However, now, I only use it maybe once or twice every term.	
Child Name	**Age**	**Gender**
Alun*	14	Male
School context, pupil ability		
Large secondary school in an urban and deprived area. No known concerns about Alun's* ability.		
Brief history of EP involvement		
Previous EP involvement following concerns about Alun's* hyperactive behaviour. EP was involved at primary school following concerns about short-term memory and then followed by CAMHS assessment. Has received a diagnosis of ADHD.		
Referral concern (EP report)		
School raised concerns about Alun's* tendency to become stressed and frustrated as a result of his obsession with cleaning.		
Current intervention		
Individual solution-focused brief therapy sessions with Mrs Mair* (EP). School was also mentoring Alun* and were thinking of starting mindfulness sessions with him to help reduce his anxieties and stress levels.		

CASE 3 Mrs Elin & Evan		
EP Name	**Years as EP**	**Preferred model of practice**
Mrs Elin*	5	Solution-oriented model and consultation.
SFBT use		
Nature of training received?	Diploma in SFBT at Brief (London).	
How often do you use SFBT with children and young people?	This is my main way of working with children and young people and I use it every term. If not in a therapeutic capacity, I use the solution-focused tools in my daily practice.	
Child Name	**Age**	**Gender**
Evan*	13	Male
School context, pupil ability		
Large secondary school located in a deprived urban area.		
Brief history of EP involvement		
No previous EP involvement prior to the individual solution-focused sessions with Mrs Elin*.		
Referral concern (EP report)		
School raised concerns as Evan* appeared quite disheartened since starting school and found it difficult in creating and maintaining friendships and were concerned that this was leading to a sense of frustration on his behalf.		
Current intervention		
3 solution-focused brief therapy sessions. School mentor / pastoral support was also checking in with Evan* during the intervention to see how things were going.		

CASE 4		
Mrs Jones & Jac		
EP Name	**Years as EP**	**Preferred model of practice**
Mrs Jones*	20	Solution-focused model and consultation.
SFBT use		
Nature of training received?	Several training courses at Brief (London) – 4 day training in SFBT, SF coaching course.	
How often do you use SFBT with children and young people?	Every day	
Child Name	**Age**	**Gender**
Jac*	14	Male
School context, pupil ability		
Large secondary school located in a deprived urban area.		
Brief history of EP involvement		
EP consultation during primary school following concerns about dyslexia. No direct EP involvement since.		
Referral concern (EP report)		
School referred Jac* following concerns about his disruptive behaviour, tendency to respond to female staff in a sexist manner, physical abuse towards other pupils.		
Current intervention		
Individual SFBT sessions with the EP. Pastoral manager also checking in.		

Appendix R. Pre and post GAS forms for cases 1, 2, 3 & 4.

CASE 1
Goal Attainment Scaling - SFBT Session 1

Please complete this form after the first SFBT session.

EP: Mrs Rhys*	**Client:** Glyn*	**Date:** 16.05.2016

Young person's identified goal(s) from SFBT:
- To get better scores on report card
- To learn more in lessons
- Take the stress off dad (so that he is less worried if Glyn* is having a good or a bad day)

Please think where the person is at in relation to their goal at the start of therapy. Baseline measures are usually rated at -1. However, unless you and the young person feel that things are as bad as they could be, it would be -2.

Please include detail about what this looks like (client's behaviour) and what this would look like (client's behaviour) on each point on the scale.

Rating	Level at start of SFBT	Behavioural outcomes – what this looks like
+2 Much better		
+1 Somewhat better		
0 **Goal**		
-1 Somewhat worse		Disruptive behaviour in the classroom. Showing hyperactive behaviour. Becoming over excited. Arguing when being told off by the teacher.
-2 Much worse		

CASE 1

Goal Attainment Scaling - Final SFBT session

Please complete this form after the last SFBT session.

EP: Mrs Rhys*	**Client:** Glyn*	**Date:** 16.06.16

Young person's identified goal(s) from SFBT:

- To get better scores on report card
- To learn more in lessons
- Take the stress of dad (so that he is less worried if Glyn* is having a good or a bad day)

Please think where the person is at the end of therapy (now).

Please include detail about what this looks like <u>now</u> (client's behaviour).

Rating	Level at end of SFBT	Behavioural outcomes – where the client is now
+2 Much better		
+1 Somewhat better		
0 **Goal**		Better scores on school report card. Receiving more praise from teachers. Receiving more praise from dad for effort made in school. More work completed.
-1 Somewhat worse		
-2 Somewhat better		

CASE 2
Goal Attainment Scale - SFBT Session 1

Please complete this form after the first SFBT session.

EP: Mrs Mair*	Client: Alun*	Date: 10.06.16

Young person's identified goal(s) from SFBT:

- To stop cleaning as much.
- To be more chilled
- To be less stressed

Please think where the person is at in relation to their goal at the start of therapy. Baseline measures are usually rated at -1. However, unless you and the young person feel that things are as bad as they could be, it would be -2.
Please include detail about what this looks like (client's behaviour) and what this would look like (client's behaviour) on each point on the scale.

Rating	Level at start of SFBT	Behavioural outcomes – what this looks like
+2 Much better		To shout less at members of the family. Everyone at home would be less stressed and more chilled.
+1 Somewhat better		Not cleaning everyday. Sitting down more. Watching TV, going out with friends. Going out to the garden.
0 **Goal**		Not cleaning as much. Being less stressed and more chilled.
-1 Somewhat worse		Cleaning the house everyday. Not being able to leave things be, especially the sofa. Shouting and becoming frustrated with members of the family. Cleaning is ruling Alun*.
-2 Much worse		

CASE 2

Goal Attainment Scaling - Final SFBT session

Please complete this form after the last SFBT session.

EP: Mrs Mair*	**Client:** Alun*	**Date:** 5.7.16

Young person's identified goal(s) from SFBT:

- To stop cleaning as much.
- To be more chilled
- To be less stressed

Please think where the person is at the end of therapy (now).

Please include detail about what this looks like <u>now</u> (client's behaviour).

Rating	Level at end of SFBT	Behavioural outcomes – where the client is now
+2 Much better		Going for a walk after cleaning with mother instead of cleaning. Everyone in the household doing their own share of the cleaning. Having a cleaning 'rota'. Watching TV in the morning before coming to school. Chilling out a bit more – playing Xbox, reading and cooking.
+1 Somewhat better		Not hovering as much. Listening more on mum and will say 'no'. Going to bed earlier instead of cleaning the house. Watching clips on YouTube instead of cleaning.
0 **Goal**		
-1 Somewhat worse		
-2 Somewhat better		

CASE 3

Goal Attainment Scaling - SFBT Session 1

Please complete this form after the first SFBT session.

EP: Mrs Elin*	Client: Evan*	Date: 5.5.16

Young person's identified goal(s) from SFBT:
- Learn skills which will enable him to make friends and deal with social situations better.
- Feel happier and more confident.

Please think where the person is at in relation to their goal at the start of therapy. Baseline measures are usually rated at -1. However, unless you and the young person feel that things are as bad as they could be, it would be -2.
Please include detail about what this looks like (client's behaviour) and what this would look like (client's behaviour) on each point on the scale.

Rating	Level at start of SFBT	Behavioural outcomes – what this looks like
+2 Much better		
+1 Somewhat better		
0 **Goal**		Get on better with his brothers and mother at home. Being more confident in making friends. Being able to cope with the conflict between friends and being able to move forward from it.
-1 Somewhat worse		Finding it difficult to make friends. Feeling isolated on the school yard. Having arguments with his brothers at home, not being included in their play/games.
-2 Much worse		

CASE 3

Goal Attainment Scaling - Final SFBT session

Please complete this form after the last SFBT session.

EP: Mrs Elin*	Client: Evan*	Date: 8.7.16

Young person's identified goal(s) from SFBT:
- Learn skills which will enable him to make friends and deal with social situations better.
- Feel happier and more confident.

Please think where the person is at the end of therapy (now).

Please include detail about what this looks like <u>now</u> (client's behaviour).

Rating	Level at end of SFBT	Behavioural outcomes – where the client is now
+2 Much better		Much more confident in himself. Lots of examples of how to respond in difficult situations such as conflict amongst friends. Has made several small groups of friends. Feeling happier in himself within school. Happier also at home as getting on with brothers. This is also allowing Evan* to spend time with his mother and supporting her.
+1 Somewhat better		
0 **Goal**		Get on better with his brothers and mother at home. Being more confident in making friends. Being able to cope with the conflict between friends and being able to move forward from it.
-1 Somewhat worse		
-2 Somewhat better		

CASE 4

SFBT Session 1

Please complete this form after the first SFBT session.

EP: Mrs Jones *	**Client:** Jac *	**Date:** 6.7.16

Young person's identified goal(s) from SFBT:

To have more leisure time to play football by answering more politely in music lessons.

Please think where the person is at in relation to their goal at the start of therapy. Baseline measures are usually rated at -1. However, unless you and the young person feel that things are as bad as they could be, it would be -2.
Please include detail about what this looks like (client's behaviour) and what this would look like (client's behaviour) on each point on the scale.

Rating	**Level at start of SFBT**	**Behavioural outcomes – what this looks like**
+2 Much better		
+1 Somewhat better		Jac's* behaviour has improved a great deal since the referral. Jac is not answering back in lessons and is 'keeping his mouth shut'. This is resulting in less detentions, meaning that he has more free time to spend with his friends and play football.
0 **Goal**		Jac* will be answering politely in his music lessons. This will enable him to have more free time as he will not have to attend lunch time detention.
-1 Somewhat worse		Answering back when being told off in the classroom. Not being able to keep frustrations in resulting in detention. Xbox being taken off Jac* at home as mum is being called in to school.
-2 Much worse		

CASE 4

Final SFBT session

Please complete this form after the last SFBT session.

EP: Mrs Jones*	**Client:** Jac*	**Date:** 9.11.16

Young person's identified goal(s) from SFBT:

To have more leisure time to play football by answering more politely in music lessons.

Please think where the person is at the end of therapy (now).

Please include detail about what this looks like <u>now</u> (client's behaviour).

Rating	**Level at end of SFBT**	**Behavioural outcomes – where the client is now**
+2 Much better		Jac* behaves appropriately in class. He responds in a more measured and calmer way. This ensures that he has more leisure time (no detentions). He has attained more merit points on the school's behaviour system. His mother has noticed this improvement and as a result, Jac's* home life is calmer and he has been rewarded by his mother.
+1 Somewhat better		
0 **Goal**		
-1 Somewhat worse		
-2 Somewhat better		